



Equalities Analysis Assessment Template

An Equality Analysis Assessment (EAA) should be conducted and this template completed, when a major decision is being made. If you are unsure about what a major decision is, then please refer to the EAA guidance on SharePoint.

The EAA process is a continuous one, analysis of impact has to be done throughout the life of the decision, to ensure that groups are not inadvertently impacted by circumstances that were not foreseen at the beginning. The EAA can follow a decision or project along the service user journey, beyond team boundaries. If ownership of a decision is unclear then the EAA should be jointly undertaken.

A completed copy of this document should be attached to all reports, even if this EAA simply notes that a full assessment is not required and why. EAAs have to be produced even where there is no data available. A lack of data should not be a barrier to any consideration of equalities, where there isn't the best evidence available, it is still essential that the process is followed and the decision-makers are made aware of any limitations.

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Date	20 January 2023	Service	Integrated Commissioning
1. The activity or decision that this assessment is being undertaken for			
The Lewisham All Age Autism Partnership			
The Lewisham All Age Autism Strategy (2023-2028) prioritises the areas that Lewisham will be working on over the next five years to deliver a whole-system partnership approach to make Lewisham a more autism-inclusive place to live and work.			
It is the first of its kind in the borough and ensures the Council is meeting its statutory requirements as per the Autism Act 2009 and builds on the national strategy, tailored to the local need.			
It seeks to make real improvements for autistic people who live and work to improve their quality of life. It aims to improve access to services and support to meet the needs of autistic people locally.			
This Equality Analysis Assessment will feed into the Lewisham Autism Partnership action plan. The strategy will focus on eight objectives to delivers its vision:			
Priority 1: Improving understanding and acceptance of autism within society			
Priority 2: Improving autistic children's and young people's access to education			
Priority 3: Improving diagnostic pathways and autism support services			
Priority 4: Tackling health and care inequalities for autistic people			

- Priority 5: Supporting more autistic people into employment
- Priority 6: Reducing mental health admissions & supporting quality inpatient care
- Priority 7: Improving support within the criminal and youth justice systems
- Priority 8: Improving experiences of caring

To implement the All-Age Autism Strategy, we will develop the 'Lewisham Autism Partnership Board' that will develop specific action groups for each of the priorities and commission the 'Lewisham Autism Wellbeing Hub'. The hub will be a new service in the borough that specifically caters to our autistic population. It will be responsible for delivering a number of interventions that will support us to achieve our strategic objectives.

Through an extended development process of the strategy we have identified the need to establish an Autism Hub Wellbeing service and have secured non-recurrent investment to pilot this. The implementation, evaluation and continued funding will be through the Lewisham Autism Partnership Board (LAPB).

2. The protected characteristics or other equalities factors potentially impacted by this decision

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Ethnicity/Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Language spoken	<input type="checkbox"/> Other, please define:
<input checked="" type="checkbox"/> Gender/Sex	<input checked="" type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Household type	
<input checked="" type="checkbox"/> Income	<input checked="" type="checkbox"/> Carer status	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Socio Economic	
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy and Maternity	<input type="checkbox"/> Refugee/Migrant/Asylum seeker	<input checked="" type="checkbox"/> Health & Social Care	
<input type="checkbox"/> Nationality	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Veterans or reservists		

Autism occurs in all racial, ethnic, and socioeconomic groups as above. However, on conducting further research it is evident that the characteristics that are most impacted. This includes Sex, Age, Ethnicity, Disability, Socioeconomic, Income and Employment.

Sex: In Lewisham autism diagnostic prevalence is four times more common among males than the female population. Growing evidence suggests that female presentations of autism are more easily missed so there is diagnostic inequality as opposed to the male sex being a risk factor.

Gender Identity: There is some evidence to show a link between autism and gender dysphoria, and that autistic people may be more likely than other people to have it.

Age: Autism is a lifelong condition but three quarters of those with a diagnosis are under 25, indicating that adults are also experiencing inequalities in relation to identification and assessment.

Ethnicity: Two thirds of those with a diagnosis of autism are from an ethnic minority group, which is in line with our local population.

Disability/Employment/Income: The majority of Autistic adults are capable of paid employment. Despite this, employment rates for autistic adults are much lower than the general

population. Autistic people experience barriers in the job application process and describe a lack of reasonable adjustments in the workplace as barriers to employment.

Social Economic: It is reported that autistic people are much more likely to face significant social disadvantage.

3. The evidence to support the analysis

The evidence to support this equality analysis assessment has come from a range of data both at National and Local levels. It also includes insights received via direct consultation through the Lewisham Council consultation portal.

The Autism Strategy Plan has been researched and consulted on to support the data provided in this document.

Anecdotal outcomes have been implied where a logical conclusion can be made based on the data, current knowledge and responses provided.

Data has been provided by:

1. Demographics information gathered by Lewisham and Greenwich Trust (LGT) Population Health Team that incorporates all Lewisham residents with a diagnosis of autism.
2. Office for National Statistics Outcomes for Disabled people in the UK that was sourced in 2020.
3. Lewisham Council's Lewisham All Age Autism Strategy consultation– August 2022 which was responded to by 148 Lewisham residents.
4. Autism All-Age Strategy 2023-28 –this is still ongoing and is being made in conjunction with partners such as Children and Young People (CYP), SEND, South London and Maudsley NHS Foundation Trust (ADHD & LD), MH Alliance, Lived Experience and Lewisham Council.
5. Learning Disability Mortality Review (LeDeR) process and reviews 21/22.

4. The analysis

There are just over 4,000 people in the borough with an autism diagnosis and many waiting for an assessment. Using national figures, we can estimate there may be up to 9,000 autistic people in Lewisham.

Through conversations with our autistic community and their carers we know that our autistic population continue to experience numerous inequalities with mental, physical, economic and social health outcomes being some of the worst.

LeDeR is a service improvement programme which aims to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability. A review in March 2021 outlined several changes to the policy including the inclusion of Autism reviews for the very first time.

One of the learning and recommendations made by the reviewers as part of the LeDeR process in 2021/2022 is below:

Learning	Recommendation
Patient not correctly identified as having a Learning Disability when admitted to hospital	For the acute hospital flagging system to identify people with a Learning Disability on admission

Health inequalities in autism include suicide, inability to access health care, reduced take up of screening services, difficulties in communicating health needs to medical staff, long waiting lists for diagnosis and lack of post diagnostic support.

The barriers in the diagnosis of autism could be a strong factor as to why there is an estimated gap in autistic diagnosis for the borough of Lewisham.

The data below is based on an active diagnosis of autism and supplied by Lewisham and Greenwich Trust Population Health. The statistics supports certain characteristics considered in section 2 to be most impacted.

Age

74.1% are under the age of 25.

Age group	Grand Total
Less than 25	2824
25-34	578
35-49	238
50-74	162
75+	9
Grand Total	3811

Three quarters of those with a diagnosis are under 25, indicating that adults also experience inequalities in relation to identification and assessment.

The figure for adults 25+ being diagnosed with autism is disproportionate to those in the up to 25 age group, this could determine that the route for diagnosis via education is more accessible and encouraged by educational professionals. In contrast it seems to suggest that the adult pathway is difficult and complex to access and/or the need for diagnosis goes unrecognised.

6.76% of our respondent to the LBL consultation had determined that they were an autistic person without a formal diagnosis.

Lewisham Adult Social Care have 263 adults registered with a health condition of Autism. There are a further 70 where they have recorded a 'Yes' answer to "Do they have a diagnosis of autism" but it is not recorded as a health condition. Autism recorded as a health condition is a statutory requirement for Safeguarding. This further identifies that the recording of an adult autism diagnosis is not straight forward and/or some persons are self-diagnosing which could have an impact on figures in the adult population.

Sex

National inequalities in diagnosis are mirrored in Lewisham, with 75% of those with a diagnosis recorded as male.

Age group	Female	Male	Not specified	Grand Total
Less than 25	689	2134	1	2824
25-34	161	416	1	578
35-49	87	151		238
50-74	54	108		162
75+	4	5		9
Grand Total	995	2814	2	3811

There is no factual data to support that being a male is an independent risk factor for Autism. Research suggests that the female presentation is very different to males, they are more likely to be verbal and have more developed social communication skills. In addition, females tend to be more 'aware' of social differences and 'masking' leads to under diagnosis. It has also been suggested that current diagnostic tools were made to identify the male phenotype, resulting in many females being missed. This is an area of ongoing research.

Gender Identity: However, there is little evidence about the reasons why there is a link between autism gender dysphoria, and recent research suggests the link between autism and gender dysphoria is not so clear and more research is needed (www.autism.org.uk)

Ethnicity

National statistics show that **two** thirds of those with a diagnosis of autism are from an ethnic minority group. Lewisham's data is in line with the population make up, with only a slight over representation in Black and mixed heritage groups.

However, there are concerns that the 'British' category could include the Black, Asian and minority ethnic (BAME) community who are British Nationals as it is not specific to White British.

National codes	Total
British	1276
Not stated	520
African	400
Caribbean	320
Any other White background	297
Any other Black background	294
Any other Asian background	155
White and Black Caribbean	127
Any other mixed background	125
White and Black African	50
Ethnicity not recorded	77
Bangladeshi	34
Chinese	33
White and Asian	31
Pakistani	26
Irish	18
Indian	15
Any other ethnic group	13
Grand Total	3811

Nb.

Nat_codes	Ethnic Origin
British	British or mixed British - ethnic category 2001 census
	English - ethnic category 2001 census
	White British
	White British - ethnic category 2001 census

Despite having a diverse population in Lewisham, the information available to patients and the support groups available are not always culturally sensitive or appropriate. One of the key objectives of the strategic plan is to address the inequality of support available to BAME groups.

Due to the lack of research about the experience of people from BAME groups it can be even harder for autistic people in the BAME community to get the support they need. The National

Autistic Society explored this further and identified 5 key reasons for this as listed in a summarised version below:

1. Challenges getting a diagnosis - some participants considered levels of understanding of autism to be lower in their communities.
2. Barriers to accessing support services - parents talked about the challenges of understanding autism and knowing what services are available.
3. Communication problems with professionals - some families said they didn't feel confident dealing with professionals.
4. Awareness and understanding of autism within communities - close communities can be an important source of support for people, but many participants reported coming across judgemental attitudes.
5. Denial and isolation - some families said they initially refused to acknowledge that their child was autistic.

Diverse perspectives: the challenges for families affected by autism from Black, Asian and Minority Ethnic communities (2014) Report - [Diverse-perspectives-report.pdf \(thirdlight.com\)](#)

Statistics or research for autistic persons from ethnic minority backgrounds are not readily available via internal means or associated services, so it is difficult to provide a more in-depth analysis of the direct impact on minority groups. However, research studies support the barriers associated with diagnosis for ethnic groups could mean that ethnic minorities are under-diagnosed.

(ASCOF, gov.uk, Mencap, Beyond autism, NHS digital, NCSA, National Autistic Society, NSCH,BMA)

Socioeconomic/Income

The IMD decile statistics provided by the LGT Population Health Team illustrates that the most deprived areas have the more significant representation of those diagnosed with autism. This data is founded incorporating the census data.

IMD_Decile	Female	Male	Not specified	Grand Total
1	32	139		171
2	276	804		1080
3	274	723		997
4	170	488		658
5	102	281		383
6	97	223	1	321
7	34	108	1	143
8	8	39		47
9	2	9		11
Grand Total	995	2814	2	3811

These figures support research that signifies that there is a higher representation of persons with autism in deprived areas. This concept could feed into the socially disadvantages this group is reported to have experienced.

Disability

Outcomes for disabled people in the UK - Office for National Statistics (ons.gov.uk)

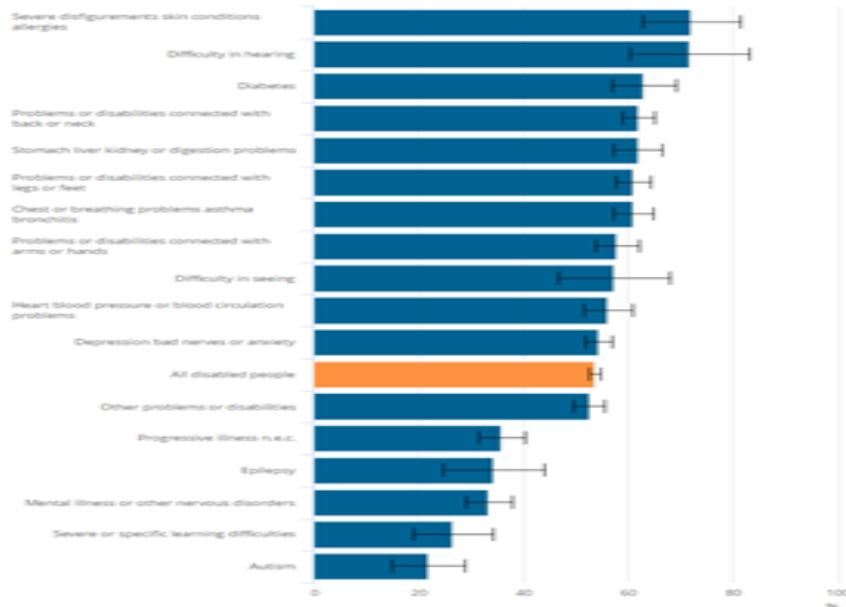
The Office of National statistics report 'Outcomes for Disabled people in the UK: 2020' demonstrates that persons with autism has the lowest employment rate.

These figures are not available locally, nationally figures may be indicative of the local picture for Lewisham.

Employment

Figure 2: Disabled people with autism were among those disabled people with the lowest employment rate

Employment rates of disabled people, by main impairment, aged 16 to 64 years, UK, 6 months year ending June 2020



The National Statistics office statistics show that Autistic people have the lowest rate of employment amongst disabled people.

The limited access to work would have a significant impact on their income and social-economic status and they would face further social disadvantage in addition to these factors.

Some actions to help deliver a more thorough analysis for future assessments are listed below:

1. Data needs to be recorded more effectively with the condition of autism being defined in health care, workforce, social and community settings.
2. Demographic characteristics should be captured as part of the data so more detailed data can be analysed such as ethnicity ranges within age groups.
3. Assessments for diagnosis needs to increase and be easily accessible.
4. Further research on the significance (or insignificance) of gender and ethnicity characteristics would give insight to coordinate strategies.
5. Local consultations with this cohort need to engage a more diverse population in age and ethnicity. Only 27.4% of respondents to the Lewisham Council consultation were from ethnic groups and 8.78% were under 25.
6. Extensive KPI's are required to inform, monitor and measure strategic objectives and outcomes.

5. Impact summary

The Autism All-Age Strategy 2023-2028 is being developed in coproduction with autistic residents, carers/guardians and local professionals and will develop actions plans to address objectives and key findings to support positive outcomes for Lewisham residents.

A consultation was held via the Lewisham Council consultation portal "We asked, you said, we did" where 148 residents took part. These outcomes assisted in the development of the Autism All-Age Strategic objectives and should potentially enhance a more worthy experience.

Autism statements outcomes from consultation:

- 7.43% Strongly Disagree, 22.97% Disagree - I am accepted by the wider community for who I am'
- 32.43% Strongly Disagree, 25.00% Disagree - I can access an autism assessment when I need it
- 24.32% Strongly Disagree, 31.08% Disagree - I receive support while waiting for an autism assessment
- 22.97% Strongly Disagree 28.32% Disagree - My carer(s) receive the help they need to care for me and themselves
- 16.22% Strongly Disagree 21.62% Disagree - I am able to learn in ways that work for me
- 8.78% Strongly Disagree 21.62% Disagree - I am able to take part in training that helps me into employment;
- 10.14% Strongly Disagree 27.70% Disagree - I am taken seriously no matter my sex, gender, ethnicity, sexuality or ability level.

What area of support would you need the most help with before a diagnosis?

- The process of getting an assessment and diagnosis 71.62%
- Mental health issues (e.g. depression/anxiety) 73.65%

The proposal for the Lewisham All-Age Autism Strategy is to include an All-Age Autism Hub which will support to autistic people and their families pre and post diagnosis.

The key objectives for the service are as follows:

- Provide a single point of access to all Lewisham residents who have concerns or queries related to autism, ensuring effective triage and signposting mechanisms are in place to guide residents to the most appropriate support.
- Signposting would include Information and advice, Training, Coaching (employment, education and carers), Peer Support and Group activities.
- Support residents to manage the wider determinants of health through the delivery of information, guidance and advocacy.
- Support residents to learn more about how to manage their own wellbeing through the delivery of psychoeducational and psychosocial programmes in the community.
- Support residents to reduce levels of isolation and/or loneliness through the delivery of peer support and social activities.
- Offer culturally appropriate interventions for our residents, particularly those from an ethnic minority background and our LGBTQ+ community.

The key objectives will be to provide accessible services to all age-groups in line with:

- improving range of pre-diagnostic support.
- Reducing waiting times for diagnosis
- Improved range of post diagnostic support.

These proposed objectives should deliver an overall positive impact on the quality of life for all residents with an autism diagnosis for all characteristics/factors.

- Certain peer and activity groups should enhance access to gainful employment positively impacting on social economic status, employment for autistic person and increasing income.
- Improved communications and education will increase awareness to request an assessment.
- Working with, and establishing, appropriate interventions for minority groups to lead more fulfilling lives would encompass those from ethnic backgrounds
- Awareness raising and training to address autism and race / cultural issues.
- Record and analyse data to inform reasonable adjustments to services.

- Psychosocial and Psychoeducational programmes would improve confidence and understanding on a personal level to aid with social interaction and employment.

The delivery of these key objectives for the Autism All-Age Strategy and the Autism Hub would integrate the Lewisham Council's equality objective which include:

- To ensure that services are designed and delivered to meet the needs of Lewisham's diverse population
- To ensure equal opportunities for marginalised and seldom heard communities
- Reduce the number of vulnerable people in the borough by tackling socio-economic inequality
- To increase the number of people we support to become active citizens
- To improve the quality of life of residents by tackling preventable illnesses and diseases

6. Mitigation

No negative impacts have been identified and key objectives within the Autism All-Age Strategy action plan should help mitigate the delivery of the programme which includes improving understandings of autism by:

- Develop skills and confidence among professionals
- Build an understanding of local needs
- Nurture a compassionate community

In addition to this working with professionals, carers and the autistic community together with developing interlinks with CYP, SEND, ASC, MH Alliance, YOS, LeDeR, Voluntary and Community Sectors should aid in mitigation of negative impacts that might arise. Multi-agency working is a key focus in delivering this strategy.

In reducing the rate of incidence (new cases of diagnosed clients that require specific/specialist interventions for their Autism). We will provide offers of support as early as possible to reduce the likelihood in a deterioration of their physical and mental health i.e.: - annual health checks are an intervention/measure that is an NHS Long Term Plan national requirement.

The implementation of the Autism hub will look at providing information materials for individuals with autism and their carers about maintaining wellbeing, seeking support an early stage from primary care, vol sector or engaging in positive activities through social prescribing, etc.

Early detection and support would help mitigate the expected rise in figures as well as working with partners in developing effective and relevant support systems and services thorough a single point of access incorporating a digital interface.

Record, monitoring and analysing data to inform reasonable adjustments to services and mitigate gaps in services and cohorts.

7. Service user journey that this decision or project impacts

Information should be provided in;

- The Autism All-Age Strategy plan
- The National Implementation plan
- (SEND) Special Education Needs and Disability Strategy (0-25 years)

Contact and service information/access could be found via;

The Lewisham Autism hub
GP's
Schools

The Voluntary and Community Sector

**Signature of
Director**



Kenneth Gregory
Director of Adult Integrated Commissioning (Acting)