

Equalities Screening Record Form

Date of Screening: 18 April 2011	Directorate: Adult Social Care & Health	Section: Joint Commissioning Team
1. Activity to be assessed	Adult Autism Joint Commissioning Strategy	
2. What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Val Bray, Joint Commissioning Officer	
5. Who are the members of the EIA team?	Nick Ireland, Head of Learning Disabilities Val Bray, Joint Commissioning Officer Cathy Tissot, Parent John Warren, Expert by Experience of Asperger Syndrome Sue Hall, Team Manager CYPL – CSC Lydia Hodges, National Autistic Society Sylvia Coglatti, Head of Learning Disability NHS Berkshire East Chris Dickenson, Commissioning and Contracts Manager NHS Berkshire East Steph Bartrop, Autism Personal Facilitator	
6. What is the purpose of the activity?	The strategy sets out how we intend to implement locally the Government's vision for 'transforming the lives and outcomes for adults with autism'. In order to develop the strategy, a local consultation was carried out with individuals who have ASD and their families, social care and health care staff and voluntary and community groups with a focus on ASD. The strategy is framed around the 7 quality outcomes the Government has suggested as an approach to evaluating progress.	
7. Who is the activity designed to benefit/target?	<ul style="list-style-type: none"> • Adults over 18 with ASD (autistic spectrum disorder) • Young people 14 – 18 with ASD • Parents, families and carers of adults with ASD • Social care professionals and practitioners • Health care professionals and practitioners • Voluntary and community sector organisations • Commissioners of support and services 	
8. a Racial equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	Y X	N A positive impact: <ul style="list-style-type: none"> • The intention of the strategy is to improve support and services to all adults with ASD in Bracknell Forest. The prevalence of autism is not thought to be higher in any specific ethnic

			<p>group but the diversity of the population in Bracknell is expected to widen and this will be a factor to take into account when planning culturally sensitive support.</p>
<p>8. b What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc.</p>			<ul style="list-style-type: none"> • The ethnicity of people with ASD known to the LD Team and the ASD Team supports the national research that autism is not thought to be higher in any specific ethnic group. • One of the main actions in the strategy is to raise awareness of ASD in the community and to make training mandatory for staff. This will ensure that any barriers, faced by people from racial and ethnic groups, will be removed. <p>Staff working with adults who have ASD need to be aware of the following significant factors:</p> <ul style="list-style-type: none"> • Individuals with ASD may not access services or ask for support because the condition may not be recognised in some communities or there is little information available in the language spoken in that community. • Some families may want to care for adults with ASD without any external help or support • Some communities may find the diagnosis hard to accept as it is not 'visible' in the way that a physical disability or a learning disability such as Downs Syndrome is. • Some ethnic communities, notably Gypsy/Roma/Travellers, may experience poor relationships with the Council which may deter them from making an approach for support. • It will be important to work with community leaders and link officers when raising awareness of ASD in the community.
<p>9. a Gender equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p>	<p>N</p>	<p>A positive impact:</p> <ul style="list-style-type: none"> • It is widely acknowledged that the prevalence of ASD is much higher in males than females however the actions identified in the strategy are designed to benefit everyone including transgender individuals.
<p>9. b What evidence do you have to support this?</p>			<ul style="list-style-type: none"> • National research shows that 90% of people with ASD are male and 10% female. • Local Bracknell Forest data shows a similar bias towards males although not as marked as national data (almost 75% were male and 25% female). Information on transgender individuals is not available. The transition data base shows a similar trend with 85% male and 15% female. • There could be a danger that services and support is geared towards males. • As ASD is linked predominately to males, health professionals may overlook the condition in females (females might be better at hiding their condition and being diagnosed with personality disorders). • The diagnosis of females is expected to increase as a result of awareness raising and training and when the strategy is reviewed annually we will ensure we respond to specific needs of this group. • Some individuals with Asperger Syndrome can become fixated with their gender as one of the 'causes' of their condition. • There are a significant number of transgendered women with Asperger Syndrome but not

	<p>necessarily transgendered men.</p> <ul style="list-style-type: none"> • Transgender people with ASD can experience isolation if they feel misunderstood by society. 		
<p>10. a Disability equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y x</p>	<p>N</p>	<p>A positive impact:</p> <ul style="list-style-type: none"> • An action from the strategy is to improve care pathways following diagnosis. • There are strong links between ASD and learning disability and mental ill health. • The National Autistic Society states that it is not possible to estimate the proportion of people with ASD and LD (IQ less than 70) as some are very able and have never come to the attention of support services as they have learned strategies to overcome difficulties with communication and social interaction. • A positive impact of the strategy is that training for all teams will improve knowledge of the effects on the individual of a dual diagnosis. • The ways services are currently structured may have a negative impact on people with ASD as they often fall between the criteria.
<p>10. b What evidence do you have to support this?</p>	<ul style="list-style-type: none"> • There is evidence to support ASD and links to epilepsy. • Research has highlighted that often a mental health condition is recognised and treated but the ASD is left undiagnosed and unsupported. • A diagnosis of ASD may be masked by a learning disability. • Without a diagnosis of ASD, access to services may not be as straightforward. If individuals have a dual diagnosis they may be inappropriately directed to a team not as well informed to provide support. • Individuals with ASD are at risk of social exclusion and at risk of mental illness. This could mean they only engage with services when their health has deteriorated to a point of requiring acute interventions. 		
<p>11. a Age equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p>	<p>N</p>	<p>A positive impact:</p> <ul style="list-style-type: none"> • There are a large number of older adults who may have undiagnosed ASD or have been misdiagnosed with having a mental health condition. • A positive impact of the strategy is that as GPs increase their knowledge of ASD and

			<p>how/where to refer for diagnosis; younger people will be diagnosed sooner.</p> <ul style="list-style-type: none"> The ageing population is living longer and there will be more people with ASD requiring support in the future. A positive impact of the strategy is that implementation of the action plan and regular reviews of the action plan will ensure we respond to needs appropriately.
<p>11. b What evidence do you have to support this?</p>	<ul style="list-style-type: none"> Autism is often thought of a childhood condition i.e. one which a young person will 'grow out of' Specialist health services providing diagnosis and treatment tend to be focused on children and young people, adults may find it more difficult and challenging to get a diagnosis and access to services, support and therapy. People with ASD are living longer and some individuals are supported by their parents or family carers. As the carers age and inevitably die, there will be more individuals with ASD who may need supported housing and other services. The statutory guidance from the national autism strategy advises that it is a requirement of local authorities and health bodies to collect data on the numbers of people with ASD living in their area. 		
<p>12. a Religion and belief equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p>	<p>N</p>	<p>A positive impact:</p> <ul style="list-style-type: none"> The intention of the strategy is to ensure social inclusion of all groups of adults with ASD and efforts will be made to make links with community leaders to publicise knowledge of support available. A positive impact of the strategy will be to encourage religious groups and church leaders to make their services easier to understand for people with a learning disability.
<p>12. b What evidence do you have to support this?</p>	<ul style="list-style-type: none"> Some religious/faith groups think that ASD is caused by demon. If this view is held by the relatives of the individual, it is unlikely they will approach social care or health care for support. This could have a detrimental, if not fatal consequence for the individual if for example this thinking leads to unsupervised exorcism. Muslims believe that people with a low I.Q are not counted as guilty by Allah and they will not train them in the ways of Islam. This would mean that people with a dual diagnosis of LD and ASD will be excluded. Some faith groups, for example Charismatic Christians believe that God will heal sickness. If this is the belief of the individual and/or their family they will not approach social care or health care for support. This can have a very serious negative impact on individuals, especially young people and needs to be addressed. The rights of people to self determination and beliefs must be balanced with safeguarding vulnerable individuals. 		

13. a Sexual orientation equality - Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	Y X	N	A positive impact: <ul style="list-style-type: none"> The strategy should make a positive impact as it aims to raise awareness of ASD to all groups and to promote social inclusion. Information on the sexual orientation of adults with ASD living in Bracknell is not currently available but should be in the future as the new data base system has a field to collect this information.
13. b What evidence do you have to support this? .			<ul style="list-style-type: none"> Individuals with ASD can experience difficulty with reading signals given by other people who may or may not be looking to form a relationship. Individuals with ASD who are confused about their sexual orientation may find it difficult to seek the support they need and will find homophobic abuse very confusing.
14. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders) and on promoting good community relations.			NAS research suggests that only 15% of people with ASD are in full time employment and 66% not working at all. An outcome to be achieved in the Bracknell Autism Strategy is "Adults with autism are included and economically active"
15. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?			No adverse impact has been identified.
16. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?			
17. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?	Y	N	<i>Please explain for each equality group</i>
18. What further information or data is required to better understand the impact? Where and how can that information be obtained?			<i>The Council's budget consultation in December 2010 will enable consultation with equality groups on the budget proposals the consultation responses and results will be added to the impact assessment.</i>
19. On the basis of sections 7 – 17 above is a full impact assessment required?	Y X	N	<i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i> <ul style="list-style-type: none"> The Bracknell Forest Adult Autism Joint Commissioning Strategy is a statutory requirement arising from the National Autism Strategy. The intention of the strategy is to raise awareness of ASD to all stakeholders and to improve support and services to individuals with ASD. The strategy will have a positive impact on all individuals with ASD and will help to ensure that everyone is socially included.

20. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Action plan to be monitored by Autism Partnership Board	Ongoing	Nick Ireland	Actions and outcomes identified achieved.
21. Which service, business or work plan will these actions be included in?	<ul style="list-style-type: none"> The action plan which forms part of the commissioning strategy. The DH self assessment tool for local areas to evaluate progress in developing services for adults with autism. 		
22. Have any current actions to address issues for any of the groups or examples of good practice been identified as part of the screening?	Please list <ul style="list-style-type: none"> A programme of training to promote awareness of ASD is already underway. On going development of the advocacy strategy. The commissioning Strategy will be reviewed annually. Input to the strategy has been provided by a wide and diverse cross section of the community. 		
23. Chief Officers signature.	Signature:  Date: 18.05.11		
24. Which PMR will this screening be reported in?	Adult Social Care & Health Q1 2011-12		