Appendix 5

North
Yorkshire County Council

Equality Impact Assessment

Transforming Services for Children with Special Needs and Disability

Strategy for meeting the needs of Children and Young People with Autism in North Yorkshire

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

October 2012

Undertaking an Equality Impact Assessment

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as **'protected characteristics'** or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

The Council must publish your equality impact assessment and a summary will be included on the NYCC website in line with statutory requirements. Please be aware that it will become a public document.

Name of the Directorate and Service Area	Children and Young People's Service; Access and Inclusion			
Name of the service/policy being assessed	Strategy for Children and Young People with Autism SEND Change Programme Work Strand J: Strategies for meeting SEN			
Is this the area being impact assessed a	**Strategy& its implementation?**	x	**Service?**	
	Function		**Initiative?**	
	Project?		**Procedure & its implementation?**	
Is this an Equality Impact Assessment for a (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	**Existing service or a policy and its implementation?**			
	Proposed service or a policy and its implementation?			x
	Change to an existing service or a policy and its implementation?			
	Service or Policy carried out by an organisation on behalf of NYCC?			
How will you undertake the EIA? E.g. team meetings, working party, project team, individual Officer	The SEND Change and Integration programme Board will oversee the Equality Impact Assessment. Individual Officers with support from the York and North Yorkshire Strategic Steering Group			
Names and roles of people carrying out the Impact Assessment	Jenny Morgan, Head of SEND Support and Outreach Kathryn Shaw, Senior Commissioner Manager, Children's NHS North Yorkshire and York			
Lead Officer and contact details	Jenny Morgan Tel: 01609 534967 jenny.morgan@northyorks.gov.uk Kathryn Shaw Tel: 01904 694720 kathryn.shaw@nyypct.nhs.uk			
Date EIA started	January 2011			
Date EIA Completed	October 2012			
Sign off by Service Head/ Business Unit Head				

Sign off by Assistant Director (or equivalent)	Andrew Terry, Assistant Director Access and Inclusion
Date of Publication of EIA	October 2012
Monitoring and review process for EIA	The EIA will be reviewed annually in conjunction with the review of the implementation of the strategy.

1. Operating Context

Please consider issues around impacts (positive or negative) raised for **all** protected characteristics and show your evidence

1.1 Describe the service/policy What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services? If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change? Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative) Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact? How will the policy be put into practice? Who is responsible for it?	The Strategy for Children and Young People with Autism is a new strategy designed to improve and better integrate services for children and young people with autism, pre diagnosis through to transition to adulthood. The strategy relates to children and young people 0-25. The strategy, which is a joint strategy between health and the Children and Young People's Service, is predominantly applicable to children and young people with special educational needs relating to autism, but also to those who work with and provide services for these young people and their families. The age limit for paediatric health assessment and diagnosis is 0–19, in accordance with NICE Guidelines. It is recognised that there is a broad range of the type and severity of need in terms of autism within this group. The purpose and intended outcomes of the strategy are to: • increase awareness and understanding of autism across all services and professionals; • improve access to autism diagnosis services by developing a clear, consistent pathway for diagnosis and post-diagnostic support, including early intervention; • improve equality of access for children and young people with autism to services, support and provision; • raise expectations and achievement by delivering improvements in partnership working; • increase the involvement of parents / carers and children and young people with autism in service planning and delivery and involve young people and their parents / carers in making

decisions that affect them;

- remove any barriers to the participation and inclusion of children and young people with autism particularly at stages of transition;
- provides a flexible package of support using the best aspects of evidence-based interventions;
- ensure good quality, clear and accurate information on the range of services available;
- enable smoother transition for young people with autism into adult services;
- ensure multi agencies work together;
- provide sustainable services; and
- enable provision to be managed within available resources.

The strategy outlines our shared understanding of autism, the aims and principles, national and local drivers for change, current provision and priority actions for the future. The strategy will impact on commissioners and providers within health, education and children's social care, schools and settings, parents and children.

The strategy is likely to have an impact on: multi-agency diagnostic panels; children and young people with suspected autism or a diagnosis of autism and their families; pre-school settings and schools; a range of professionals who support children and young people with autism; all stages of transition including into adulthood.

A multi disciplinary strategy will benefit children and young people pre and post diagnosis, their families through information, support and awareness raising; schools and settings; local authority service providers and a wide range of professionals through workforce development.

The strategy's overarching aim is to improve outcomes for all children and young people 0-25 with autism [and their families, it has been developed where possible with regard to the protected characteristics outlined in section 2.1 below.

	Linked policies / services include:- North Yorkshire Strategy for SEND 2011 -14 and EIA; Strategy for Vulnerable Learners (draft); Strategy for Children and Young People with Speech, Language and Communication Needs (draft); Strategy for Children and Young People with Specific Learning Difficulties (draft); proposed Health and Adult Services Strategy for Adults with Autism; Parenting Strategy; North Yorkshire Specialist Standards for Support and Outreach Services; Joint Strategic Needs Assessment (JSNA) updated 2012. NICE Clinical Guideline 128 - Autism: Recognition, referral and diagnosis of children and young people on the autism spectrum (2011). Support and Aspiration Green Paper 2011 and 'Progress and Next Steps' 2012 A range of supplementary good practice guidance packages / pathways. All professionals including specialist staff working with children and young people with autism are responsible for implementing this strategy: health and children's social care commissioners and providers; local authority officers and professionals.
1.2 How do people use the policy/service? How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community? Does the policy/service support customers to access other services? Do you charge for your services? Do these changes affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?	The strategy for children and young people with autism is an initiative to improve, enhance, integrate, and streamline existing services. A North Yorkshire and York Strategic Steering Group has been established to support the development and consequent implementation of this strategy. The steering group includes representative parents/ health (Paediatricians, CAMHS), education and social care professionals, schools, local authority officers and voluntary organisations e.g. NYPACT. In formulating the strategy we have engaged with, listened to and taken account of feedback from a range of internal and external professionals (including the National Autistic Society, regional and national), a parents' focus group and young people with autism. The Flying High group have supported the development of an information pack.

How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?	The strategy will be implemented across all stages/phases- from the identification, assessment and diagnosis of autism, statutory assessment (where applicable), proposed Education, Health and Care Plan. The Strategy will be published on the Council's website / Health website and people can also contact the SEND Support and Outreach Service through e-mail, telephone or local authority website. The eligibility criteria include children and young people with communication and interaction needs (through the Primary EMS) as well as those with a health diagnosis of autism. There is no charge for the service / support and outreach provision which is part of local authority SEND service provision. The strategy will develop a clearer 'pathway' approach by drawing together health and education services around children and young people with autism and their families. The strategy will be delivered in partnership with health, an information pack for parents and professionals will be jointly developed, as will autism awareness raising training for parents/carers (from Sept. 2012). Equalities are embedded across all our practices. A coherent strategy is much needed as we seeing an increase in the prevalence of autism and increasingly encountering unrealistic expectations, legal challenges and demands on limited resources e.g. out of authority placements. We have rigorous monitoring and quality assurance procedures in place and we consult with children and young people and value their voice in shaping our services (see below – Section 2.1).

2. Understanding the Impact (using both qualitative and quantitative data)

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

2.1 What information do you use to make sure the service meets the needs of all customers? What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How current is the data? Where is it from? Is it relevant? What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?	Data is collected twice annually and includes PLASC schools' census. The data relating to children and young people with autism is detailed and is broken down for age, primary and secondary need in relation to autism, stage of SEN (e.g. School Action, School Action Plus), gender, locality etc. Data relating to children and young people with a diagnosis of autism is included in the Strategy. In addition to this we keep a database to monitor service delivery, including records of support and intervention for individual children and young people. The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005. Whilst there has been a decreasing number of statements overall in North Yorkshire, there has been a steady increase in statements for children and young people with autism, which is now the most common primary need for pupils with a statement (19.5% in 2011). We have undertaken a variety of engagement work to inform both the strategy and this equality impact assessment. This has included: parents; voluntary organisations NAS, Autism Education Trust (AET); NYPACT (representatives on strategic steering group); health service providers; children's social care; local authority officers; head-teachers; educational psychology service; paediatric therapy service managers; CAMHS; clinical psychologists; health and adult services; young people etc. The draft strategy for autism and the accompanying EIA was the subject of a public consultation from 4th May – 27th July 2012, with engagement from professionals from health, education and children's social care, parents and young people via the Flying High Group and

	EMS. Draft documents were also made available on line for people outside of these groups to access. During the course of the consultation, 12 public consultation meetings were held across the county, with 174 people attending and contributing to discussions. These views then informed the final version of the strategy. With reference to specific protected characteristics, the strategy aims to improve outcomes for all children and young people with autism, with assessment identifying individual need. The approaches within the strategy will therefore not negatively impact on children based on their gender, sexual orientation, race, religion or age. However, service data is analysed by age, primary and secondary need in relation to autism, stage of SEN (e.g. School Action, School Action Plus), gender, locality etc, to ensure that a comprehensive understanding of need is developed and used to provide services effectively. The strategy also includes a focus on girls with autism, as presentation and need often differs from that of boys. This specific focus aims to ensure that services and support are equitable and appropriate for all children and young people with autism, regardless of gender. Children and young people's special educational needs and disabilities are specifically addressed in this strategy and have directly influenced the development of the document. The strategy explicitly acknowledges that every child with autism is different. Therefore, the strategy aims to meet the needs of the individual child or young person; for example, through the development of personalised learning pathways.
2.2 What does the information tell you? Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people?	Data is available to identify children / young people with autism by: Age at diagnosis / EY Key Stage / Statement of SEN, Action Plus, School Action / gender / level of need etc. This enables us to track, identify trends and predict movement of cases. This informs the LA in identifying trends and potential changes in

Does it identify how potential changes in demand for services will be tracked over time, and the process for service change? **Please include data and analysis as an appendix**	demand for services. Children are being diagnosed with autism at an increasingly earlier age, with a small but significant growth in the number of children receiving a diagnosis at age 2 – 3. Autism is the most common primary need amongst pupils with a statement of special educational needs in North Yorkshire (20.1%, compared to 19.8% nationally). The proportion of children and SA+ (School Action Plus) in North Yorkshire is also higher than that observed nationally at 4.5%, compared to 4.0% nationally). Placement of children is well documented. Future data will include the number of referrals for assessment and diagnosis of autism, the numbers who receive a diagnosis, cases that are deemed ‘watchful waiting’ and those where a diagnosis of autism is not appropriate.
2.3 Are there areas where we need more information? How could we get this information? What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this? Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information? Please refer to the Community Engagement toolkit on the NYCC intranet	There is joint work with Health and Adult Services to consider how we might share common data and develop and embed links with regards to transition to adulthood. Information regarding direct feedback from service users is available in some areas but is patchy – this has been identified as an area for development. Information is held on compliments and complaints – some corporately and some within individual services. We access and use relevant census data. Data on pupil attainment is available.
2.4 How will you monitor progress on your policy/service, or take-up of your service?	The strategy for children and young people with autism and the EIA will be monitored in a number of ways:

What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service need to be reviewed? Who would be responsible for this?	• Highlight reports and feedback to the SEND Change Programme Steering Group of the Children's Trust • Reports to the York and North Yorkshire Strategic Steering Group at quarterly meetings • Annual data collection and analysis by Performance and Outcomes Team. • Annual monitoring of financial resources / budget relating to autism (in relation to total budget for SEND). The strategy will be monitored annually against the priority actions set out in the Implementation Plan.

3. Assessing the Impact

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

3.1 Has an adverse impact been identified for one or more groups? Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups? Do some needs/ priorities ‘miss out’ because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?	In discussions relating to the development of the strategy, a number of aspects have been highlighted. These include: • Inequity across North Yorkshire in the diagnostic process – this is being addressed through a NY NICE compliant diagnostic pathway. • Very young pre-school children who receive a diagnosis of autism and are not in a school or setting – this has been addressed by the appointment of an additional, part-time, specialist teacher and the development of an early years approach to intervention. • National and local data suggests that girls with autism are a potential ‘missed’ cohort – awareness of girls with autism will therefore be raised through specific actions within the strategy’s implementation plan, which will be developed following the finalisation of the strategy itself. • Children and young people, who do not receive a diagnosis of autism, who have needs that should be met – this will be addressed through the development of an information pack for ‘no diagnosis’ and support which can be accessed via the Primary EMS for Communication and Interaction. • Young people with autism and challenging behaviour / mental health issues / sexual relationships and sexual health and young people with autism involved in the Justice System. • Selby area – lacks a special school provision – however the area now has a dedicated ASCOSS specialist teacher. • Identification of skills and competencies in relation to autism across the workforce – the local authority has set out a competency-based training and professional development plan for professionals who work with schools to support children with SEND, including autism. • Mapping of services available outside of education to children and young people (and adults) with autism and their families – this has

	formed part of an integrated piece of work with Health and Adult Services which we are looking to roll out through the Library Service.
3.2 How could the policy be changed to remove the impact? Which options have been considered? What option has been chosen?	• NICE compliant pathway for diagnosis • Change designation of the Secondary EMS to meet high need autism without the need for a statement of SEN • Raise awareness of girls with autism.
3.3 Can any adverse impact be justified? If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group? **Please seek legal advice on whether this can be justified.**	The impact of the defined scope of the strategy should be mitigated by the actions described above and the priority actions set out in the strategy document. The improved integration of services should ensure greater consistency of standards and accountability throughout the county and across multi-disciplines. An integrated training plan should ensure a better skilled workforce, through targeted, competency-based training to ensure needs are identified, understood and addressed. Overall, the strategy should lead to improved quality, consistency and responsiveness of services to meet the needs of children and young people with autism.
3.4 Are you planning to consult people on the outcome of this impact assessment? When and how will you do this? How will you incorporate your findings into the policy?	The EIA was consulted upon alongside the strategy in May 2012 and both documents will be published on the intranet for staff and public consultation. We propose to work with a group of young people with autism to develop a young-person friendly version of the document. The Officers involved in drawing up the strategy will take account of any changes / recommendations in finalising the document.

3.5 How does the service/policy promote equality of opportunity and outcome? Does the new/revised policy/service improve access to services? Are resources focused on addressing differences in outcomes?	The strategy for children and young people with autism makes a commitment to continue work towards developing better integrated services for children and young people with autism, their families and schools.

Don't forget to transfer any issues you have identified in this section to the Equality Action Plan

Action Plan

What are you trying to change (outcome)?	**Action**	**Officer responsible**	**Deadline**	**Other plans this action is referenced in (e.g. Service Performance Plan, work plan)**	**Performance monitoring**
More effective and efficient diagnostic pathway leading to individualised action plans.		KS			
Improve the quality and accessibility of information to parents, post diagnosis.		JM / KS			
Improve knowledge, skills and competence of professionals through professional		JM			

development and awareness raising training at an appropriate level.					
Continue to improve local provision, including Post 16 and 19 learning opportunities, recognising the need to support young people up to age 25 where there is a learning difficulty.		JM / LB			
Work with Health and Adult Services (HAS) to develop a strategy for adults with autism.		LH / JM			