



**Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics**  
(form updated June 2023)

## North Yorkshire All age Autism Strategy 2024- 2027

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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۔

**Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people find completed EIAs, we also publish them in our website's Equality and Diversity section. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.**

Name of Directorate and Service Area	Health and Adult Services (lead), Children & Young People's Services <i>[note this is a partnership strategy]</i> Impacts a range of service areas including Public Health, Adult Social Care, Prevention & Service Development, Inclusion, Wider Council services and departments
Lead Officer and contact details	Louise Wallace, Director for Public Health ( <a href="mailto:louise.wallace@northyorks.gov.uk">louise.wallace@northyorks.gov.uk</a> ) and Abigail Barron, Assistant Director for Prevention and Service Development ( <a href="mailto:abigail.barron@northyorks.gov.uk">abigail.barron@northyorks.gov.uk</a> )
Names and roles of other people involved in carrying out the EIA	Stacey Annandale, Strategic Service Development Manager (NYC) Naomi Smith, Head of HAS Population Planning (NYC) Emma Ryan, Senior Service Development Officer (NYC) Members of the Autism Steering Group which includes senior representatives from

	<ul style="list-style-type: none"> <li>• Humber &amp; North Yorkshire Integrated Care Board (North Yorkshire Place)</li> <li>• West Yorkshire Integrated Care Board (Bradford District and Craven Place)</li> <li>• Tees, Esk &amp; Wear Valley (TEWV) NHS Foundation Trust</li> <li>• North Yorkshire Council</li> <li>• HMP Prisons &amp; Probation service</li> <li>• Community First Yorkshire</li> <li>• Healthwatch North Yorkshire</li> <li>• Lived experience representative</li> </ul> <p>Advice also sought from Equalities specialists at NYC</p>
How will you pay due regard? for example, working group, individual officer	Through the Autism Steering Group
When did the due regard process start?	During the review of the current Autism Strategy which began in winter 2022.

<p><b>Section 1: What are you proposing to do?</b></p> <p>The co- development, publication, and implementation of a new all age strategy for meeting the needs of all people with autism in North Yorkshire 2025- 2030</p> <p>The strategy is being developed and overseen by lead officers for autism across the following agencies</p> <ul style="list-style-type: none"> <li>• Humber &amp; North Yorkshire Integrated Care Board (North Yorkshire Place)</li> <li>• West Yorkshire Integrated Care Board (Bradford District and Craven Place)</li> <li>• Tees, Esk &amp; Wear Valley (TEWV) NHS Foundation Trust</li> <li>• North Yorkshire Council (Health &amp; Adult Services and Children &amp; Young People's Services)</li> <li>• HMP Prisons &amp; Probation service</li> <li>• Community First Yorkshire</li> <li>• Healthwatch North Yorkshire</li> <li>• Parent/carer representative</li> </ul> <p>Co-production is being undertaken throughout the strategy with autistic people, carers, and families, as well as practitioners supporting them through a range of events from April through to September 2023 (further details below). This has created an autism 'network' of interested parties who are keen to continue to be involved with the development of the strategy. A public consultation was undertaken from 27<sup>th</sup> November 2023 to 15<sup>th</sup> March 2024 (15 weeks and 4 days), providing the opportunity for people to comment and feedback about the strategy. The draft EIA was made available as part of the public consultation process – no specific comments were received in relation to the EIA. Following the consultation period, the strategy has been amended and strengthened as necessary to reflect the input of respondents, and the year 1 delivery plan has been drawn together to demonstrate what action will be taken during the first year in support of the strategy's aims. A full consultation feedback report has also been produced, outlining the methodology, participation rates, emerging themes and how this has influenced the updated strategy (which can be read in conjunction with this EIA). The final strategy is due</p>
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to be adopted and published in Summer 2024, following which time the delivery of actions will commence. The EIA will be further reviewed during strategy implementation.

The data and research referenced in this EIA can be found in more detail along with source information in the accompanying data pack, which was published as part of the approval to launch the public consultation here: [Agenda for Health and Adult Services - Executive Members & Corporate Director Meetings on Friday, 3rd November, 2023, 1.30 pm | North Yorkshire Council](#)

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?** (For example, to save money, meet increased demand, do things in a better way.)

Producing a local autism strategy was a requirement from the national strategy “Fulfilling and Rewarding Lives” which stemmed from the Autism Act 2009, the first single-disability statute in the UK. The requirement was reiterated in the refresh of the national strategy ‘Think Autism’ which was published in April 2014 and its statutory guidance document ‘Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy’, published March 2015. In 2021, the government launched a new national strategy, ‘the national strategy for autistic children, young people and adults 2021 -2026 and associated action plan 2021/2022. The new autism strategy for North Yorkshire has been developed as a local response to the national strategy as well as in order to build on the work of previous local strategies.

The vision set out within the draft North Yorkshire all-age autism strategy is that “Autistic children, young people and adults and their families in North Yorkshire enjoy full, happy, and healthy lives”. The strategy outlines 8 priorities which aim to improve the lives of autistic people across a various areas including education, employment, housing, adult and youth justice, health and supporting carers. This work will be enabled by a focus on working together, workforce, data & research and making best use of our resources.

**Section 3. What will change? What will be different for customers and/or staff?**

This strategy sets out plans to improve information, support, guidance, and services available for autistic people of all ages in North Yorkshire across a wide range of partners and organisations as well as communities. These actions have been developed to work towards the vision for each of our priority areas, as follows:

Priority Area	Vision
Education & Preparing for Adulthood	Autistic children and young people thriving at school and into adulthood
Employment	Autistic people thriving at work
Housing	To support autistic young people and adults with appropriate housing
Carers	Parents, carers, and families of autistic people are supported to thrive

Assessment, diagnosis, and support	Everyone can access the support they need when they need it. Access to assessment and diagnosis happens as early as possible in a person's life, with priority for those with the greatest need regardless of diagnosis
Health and care	Autistic people of all ages live healthier and longer lives, supported by autism-friendly health and care services
Adult and Youth Justice	Supporting autistic children, young people, and adults to be well supported when accessing the adult and youth justice systems
Inclusive communities	North Yorkshire is an inclusive place to live, work and visit

A full consultation feedback report has been prepared, outlining the key themes for each chapter and the response. A summary of the consultation findings is as follows:

- Strategy content (priorities):** Survey respondents were asked for each of the 8 priority areas how far they agreed that the priority should be a key theme for the strategy. Across the general and easy read surveys, between 96% and 80% agreed that each priority should be a key theme, with Inclusive Communities priority having the highest rate of agreement and Carer's priority having the lowest rate of agreement. Overall, this demonstrates that the 8 priorities are the right ones for the strategy.
- Strategy content (actions):** Those responding to the general survey were asked about how well the draft actions under each priority reflect and respond to the key issues for autistic people in North Yorkshire. Between 71% and 52% agreed that the proposed actions reflect and respond to the key issues, with Inclusive Communities priority having the highest rate of agreement and Carer's priority having the lowest rate of agreement. Overall, this data suggests that whilst some changes or additions may need to be made (see below), most participants agreed with the proposed actions.
- Strategy content (gaps) and working together:** During the consultation events, participants had the opportunity to give their views on the proposals in the draft strategy, with workshops focussing on exploring the key issues affecting people and any gaps in the strategy. Survey participants were also invited to provide feedback about their responses and any gaps through free-text boxes. This qualitative data has been analysed for each of the 8 priority areas, as well as the theme of "working together" and general feedback on the strategy, to identify areas where the strategy needs to be strengthened, amended or added to. This report outlines the key themes, number of responses and a summary of comments, and then goes on to explain how we have updated the draft strategy in response to the areas raised.
- Prioritising actions:** The consultation also sought feedback on which of the proposed actions were most important to people. This information is presented under each priority theme and has been used to inform areas of focus for the year 1 action plan which has been developed alongside the updated strategy.

- **Measuring success:** Participants were also asked about how we should measure the success of the strategy. The feedback given has informed updates to the draft strategy and success measures for the year 1 action plan.
- **Strategy design:** People also had the opportunity to provide feedback on the strategy design (which is summarised in this report and has informed the final design of the strategy document) and also to express an interest in being involved in producing the final version of the strategy design, for example by contributing artwork or poetry.

The extensive feedback received through the consultation has resulted in a number of changes to the draft strategy to strengthen areas which are important to people and address the gaps identified, building on the strategy which was itself shaped by engagement with people with lived experience. The rich insights gathered through the consultation will also be used to inform strategy implementation, when the more detailed ideas and suggestions put forward during consultation can be considered and further built upon to deliver improvements for autistic people of all ages along with their carers and families living in North Yorkshire.

Alongside the refinement of the draft strategy in response to public consultation feedback, a more detailed annual action plan for the first year of strategy delivery has been developed to outline how we will take the commitments within the strategy forward.

**Section 4. Involvement and consultation** (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

The strategy has been co-produced, designed and developed by autistic people and carers and practitioners supporting individuals. This has been achieved through the partnership of the Autism Steering group and the development of an 'Autism network' created through several engagement sessions.

The steering group journey commenced in 2022, with the establishment of the network from April 2023. Engagement sessions were undertaken in April 2023 with a mix of in person and virtual events taking place across each of North Yorkshire's main market towns. 104 people attend the events in April with 72 autistic people / carers. Supporting these sessions was also a robust questionnaire that was completed by 170 people with almost 6000 individual responses, with around 74% being an autistic person (126 people) or on behalf of an autistic person and 26% being a family/ parent carer. 82% of individuals were between the ages of 16 and 64 (with 22% of these between 16 years and 34 years and almost 60% between 34 and 64 years). The remaining 12% were over 65 and 6% preferred not to say. The respondents were located across all the 7 districts of North Yorkshire with approximately, 9% in Craven, 14% in Hambleton, 26% in Harrogate, 10% in Richmondshire, 5% Ryedale, 18% Scarborough, 15% in Selby and 3% other. Around 52% of people considered themselves not to be disabled and around 42% considering themselves to be disabled and 6% preferring not to answer. The survey captured several key themes but in particular we heard that there is a lack of understanding around autism, especially around presentation in women and girls with comments such as 'you don't look autistic' and 'autism in women is chronically underdiagnosed or ignored in women'.

A further 7 events were held in July for practitioners with around 104 people in attendance and additional attendance at community groups. A mix of in person and virtual events. Following this a further 7 events, specifically around action planning have been undertaken in September 2023 with around 77 people in attendance, with around 11 neurodiverse individuals or carers in attendance (noting that some people also attended multiple workshops). Feedback from this extensive engagement was used to develop the first draft of the strategy ready for consultation.

Our EIA findings prior to consultation (see below) highlighted that we need to ensure we hear feedback during consultation from people of different ages as well as different genders, given that diagnosis rates vary between these different groups. Similarly, as the prevalence of autism nationally varies between different ethnic groups, we will aim to reach people from a range of groups. We will aim to reach the armed forces community. The prevalence of autism is higher amongst transgender people and people identifying as LGBTQIA+. We will aim to reach as many people as possible as part of this consultation.

During the public consultation period (27<sup>th</sup> November 2023 – 15<sup>th</sup> March 2024), people were given the opportunity to give their views on the draft strategy, focussed on gaining feedback on strategy content, prioritizing actions, measuring success, strategy design and working together.

A total of **392 contributions** to the public consultation were received, via the following consultation methods:

- 4 different surveys for different audiences / age groups (available online, as paper copies and in other formats as required) - **181** participants in total across:
  - Full Survey - 92 responses
  - Easy Read Survey – 65 responses
  - Primary School Age Survey – 12 responses
  - Teenage Survey – 12 responses
- Events – Presentation and workshop: 1 launch event, 7 in-person workshops (one in each locality) plus 3 online workshops including one evening and one weekend session, and visits to 4 established groups – **172** participants
- Submissions via email - **33**
- Public questions to North Yorkshire Council committees via the democratic process - **6**
- Presentation to Scrutiny of Health Committee public meeting (March 2024)

The consultation was promoted in a variety of ways (see consultation feedback report for more details) and accessibility was carefully considered in the consultation design and during the delivery through the following steps:

- Easy read versions of the strategy and survey were available online alongside full versions. Paper copies of the strategy and survey (both the standard and easy read versions) were made available at consultation events. Paper surveys were available at local libraries, links shared with local GP surgeries and other formats made available as required. Survey links and paper copies were signposted during the consultation events, and the webpage to access surveys also included details of the events, so that people could make their own choice of how to take part.

- The in-person conversational approach at the events was designed to be inclusive and adaptable. As well as the above, other channels for feedback included telephone and email. The strategy documents were also available in other formats on request.
- The format of public consultation events was adapted after first session in response to feedback from autistic people and carers. This was in order to make the session more welcoming and accessible (rather than changing the nature of the consultation or opportunities to participate), which was validated by feedback from subsequent events.
- Survey participant data was reviewed twice by the Steering Group during the consultation period (17.01.24 and 29.02.24), and this identified a number of groups which were under-represented in responses received to that point, as follows: Children and Young people, military community, LGBTQI+, Craven and Ryedale localities. A number of actions were agreed across agencies to support proactive promotion of the consultation with these groups with a view to reaching more people to respond.

#### **Demographic representation during consultation**

##### Public Events and Visits to Established Groups

Some people self-declared as autistic, carers etc within the events or at the time of booking but this was not required in order to participate. The conversational method used at the events means it is not possible to distinguish between responses of different groups. In terms of attendance and consultation events and events with established groups, these have been categorised as follows:

Type of attendee	Participation (all events/groups)
Carers – based on self declaration during booking or at the event.	27
Autistic people – based on self declaration during booking or at the event.	19
Other participants who did not declare a category	72
Partners – representing organisations	50
North Yorkshire Council Elected Member	4
<b>Total participants (excluding facilitators, steering group members and senior leaders of partner organisations)</b>	<b>172</b>

##### Survey respondents

The general survey received a total of 92 responses, of which the majority of respondents were female (83% [n=74]) and 14% [n=12] were male. A further 3% [n=<5] preferred not to say. Over half of the respondents were aged between 40 and 64 (58% [n=52]). People aged between 16 and 19 years were the smallest represented group of respondents (1% [n=<5]). There was a slightly higher representation of people aged between 20 and 29 (7% [n=6]). The majority of respondents described their ethnic origin as white (92% [n=82]), a minority of respondents were Asian and 7% [n=6] preferred not to say.

Most respondents identified as Heterosexual or straight (84% [n=74]), 7% [n=6] preferred not to say and the remaining 9% of responses were split between Bisexual, Gay or Lesbian and other sexual orientation.

People were asked about whether they identified as autistic and/or as part of any other group, with responses as follows:

	Autistic - Formal Diagnosis		Autistic - Self-Identify	
	%	Number	%	Number
Adult	56%	21	54%	7
Young Person	10%	<5	15%	<5
Child	34%	13	31%	<5

**Commented [GK1]:** At what age does someone go from being a child to a young person?

And other groups:

	%	Number
A family member	43%	29
A family carer	34%	16
Someone who directly works with or supports an autistic child, young person, or adult	18%	12
Someone who has wider interest in autism but does not directly work with autistic people.	4%	<5
Other – a space for comments was provided. These were varied and related to personal and professional circumstances and/or interests.	12%	8

#### Easy Read Survey

The easy read survey received a total of 65 responses, of which people identified as:

	%	Number
<b>Autistic child</b>	<b>0%</b>	<b>&lt;5</b>
<b>Young person</b>	5%	<5
<b>Adult</b>	38%	25
<b>A Carer</b>	9%	6
<b>A family member</b>	8%	5
<b>A worker with autistic people</b>	5%	<5



23% (n=15) had been diagnosed as autistic, 32% (n=21) had not been diagnosed as autistic and 8% (n=5) did not know. 26% (n=17) were male, 25% (n=23) were female and 3% (n=5) said they thought about themselves in a different way.

The age profile of people completing the Easy Read Survey was as follows:

	%	Number
16 - 19	5%	<5
20 - 29	12%	8
30 - 39	14%	9
40 - 49	18%	12
50 - 64	12%	8
65 - 74	3%	<5

#### Children and Young Person's Survey

No demographic data was collected via these surveys, however they had the following response rates:

- Children's Survey (aimed at primary school age children) = 12 responses
- Young Person's Survey (aimed at secondary school age young people) = 12 responses

Building on what we heard during engagement, consultation feedback highlighted that consideration needs to be given to the diverse and different needs of autistic individuals from different groups, such as those with and without a learning disability; and women and girls. Challenges associated with the geography of North Yorkshire were also raised, such as access to services and support in rural areas, and the sparse nature of the county exacerbating the difficulties already faced by autistic people in connected with other people with lived experience and/or forming a collective voice.

#### **Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

Cost neutral? Yes.

Increased cost? No

Reduced cost? No

Within North Yorkshire Council there is no specific budget ring-fenced for autism, but rather, a range of services and budgets which are used to meet the needs of autistic people. There are no plans for the Council to derive savings specifically as a result of the autism strategy, and any incidental savings may be re-invested. There is no new funding for work on autism and any expenditure must be resourced from existing budgets.

Through our work on the strategy, we will work towards improving value for money of Council services and making best use of resources by joining up across agencies. More widely, the strategy will have a positive economic impact through the priority focus on supporting autistic people to gain and/or maintain employment.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		X		<p>Diagnosis rates are highest among children and younger people. School-based data, shows that the ratio of boys to girls with a diagnosis is around 3:1 while the Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) models use a ratio of 9:1 male to females. These models project population trends in adults (18 – 65 PANSI and 65+ POPPI). Therefore, showing that there are different age and gender ratios across diagnosis.</p> <p>Between April 2014 and April 2023, the number of PIP cases with entitlement who had autism increased year on year from 802 to 167,064 nationally. Cases for those aged 16-24 made up 62% of all cases with autism in April 2023 while those aged 45-64 made up a further 32%.</p> <p>Evidence suggests that autism may have a hereditary component. We have heard examples of children or young people being diagnosed with autism and then parent carers later also being diagnosed or self-identifying as autistic.</p> <p>Most of the local provision is focused on children and young people, as evidenced through a recent quote from engagement: “lots of people believe that autistic children become normal adults, so don’t need support after adulthood”.</p> <p>The strategy seeks to improve support and information available for adults. However, the strategy will also improve access and provision for children with autism. It should be noted that Covid has had a detrimental effect on access to services due to close downs and therefore the strategy aims to improve access around services.</p> <p>We recognise that some chapters maybe more relevant to particular age groups e.g.,</p>

			education, employment, housing, and age-appropriate services, but anticipate overall benefit throughout the changes being proposed.
Disability		X	<p>Autism is a recognised disability. University of Newcastle research published in 2021 found that 18.1% of pupils with a diagnosis of autism also had learning difficulties.</p> <p>There are links between Autism and ADHD, dyslexia and dyspraxia, insomnia, anxiety, depression, obsessive compulsive disorder, learning disability, epilepsy, joint issues such as joint hypermobility syndrome / Ehlers – Danlos syndromes (NHS).</p> <p>The strategy aims to improve the experience of accessing information, guidance, and support for people with autism, and reduce barriers to access. The strategy also recognises that people may have autism and another condition which may increase the challenge for accessing services and increase the likelihood of poor health outcomes based on data/evidence. As we deliver our autism strategy, the challenges faced by autistic people with one or more additional conditions will also be considered.</p> <p>During public consultation, Comments were received about the need to understand and respond to the distinct needs of different groups within the autistic population including those with and without learning disabilities (5 comments), and considering autism, ADHD and wider neurodiversity together (1 comment). The Strategy and EIA already acknowledge that different autistic people have different needs and that autism is individual. However, gaps in data/knowledge are also acknowledged therefore the Year 1 action plan includes an action around reviewing and update available data and evidence on autism needs.</p>
Sex		X	<p>We recognise that autism is often under-diagnosed in women and girls. School-based data, shows that the ratio of boys to girls with a diagnosis is around 3:1 while the POPPI and PANSI models (to project adult population trends) use a ratio of 9:1 male to females.</p>

			<p>Local engagement information highlights some of the challenges women and girls face around people's understanding of the way autism presents differently in girls; 'you don't look autistic, there is a lack of understanding as I'm female'.</p> <p>We will monitor the number of girls/women being diagnosed to identify whether numbers of girls and women diagnosed with autism are changing over time. The strategy aims to improve pre and post diagnosis support for all based on a needs led approach. The strategy will explore the use of resources to reduce waiting times for assessment focussed on those with greatest need. The strategy will also work to improve equity of access and consistency of assessment.</p>
Race		X	<p>There is limited evidence available about the prevalence within these groups locally. However national figures from the University of Newcastle published in March 2021 showed that black and Chinese pupils were 26% and 38% more likely to be autistic respectively. Prevalence was found to be highest amongst pupils of black ethnicity (2.1%) and lowest in Roma/Irish Travellers (0.85%). It is anticipated that with target communication and appropriate support, the strategy should have a positive effect in reducing stigma and improving awareness across these groups.</p> <p>We know that gender identity and sexuality are more varied amongst autistic people than in the general population. Autism is more common amongst people who do not identify as their assigned sex at birth, a 2022 study stated that it was three to six times as common.</p> <p>National research also shows that autistic girls and women are more likely to identify as LGBTQIA+ and the prevalence of autism is higher amongst transgender people, which can result in discrimination when accessing care, cultural stigmas, violence and poor mental health outcomes and higher rates of suicidality.</p> <p>During local engagement in North Yorkshire, people told us they "don't feel like people understand how autism presents differently in everyone. Especially</p>
Gender reassignment		X	
Sexual orientation		X	
Religion or belief		X	
Pregnancy or maternity		X	
Marriage or civil partnership		X	

			<p>how autistic people can mask, which is very common in women, trans/ nonbinary and ethnic minorities.”</p> <p>There has been some research undertaken by Sarah Hampton, Carrie Allison, Ezra Aydin and Simon Baron-Cohen, and Rosemary Holt from University of Cambridge in Feb 2022 that suggest that autistic women and other pregnant autistic people might be at a higher risk of perinatal mental health conditions given that autism and mental health conditions commonly co-occur, and that autistic people face additional stressors such as barriers to appropriate maternity care. The study explored self-reported stress, depression, and anxiety during the third trimester of pregnancy and self-reported parenting confidence and parenting styles explored at 6 months after birth. Autistic participants scored significantly higher than non-autistic participants on stress, depression, and anxiety across the time points although there were no group differences for satisfaction with life. Anxiety scored significantly decreased over time for both groups. No group differences were found for parenting confidence nor parenting anxiety, nurturance involvement or routine, although the autistic group scored lower on parenting discipline.</p> <p>We know that more work needs to be done to understand autism amongst different groups and this has been included within the strategy delivery plan.</p>
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<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
. live in a rural area?		X		North Yorkshire is the largest non-metropolitan county in England, covering an area of 3,342 sq. miles with around 40% of the county covered by a national park (including Yorkshire Dales and North York Moors. North Yorkshire comprises of 8 district areas: Hambleton, Richmondshire, Harrogate, Craven, Scarborough, Selby and Ryedale. Due to the size and

			<p>geography of North Yorkshire, some provisions are concentrated around the populous towns and villages.</p> <p>One of the aims of the strategy is to provide improved services and support/advice to all parts of North Yorkshire, regardless of rurality.</p>
...have a low income?		X	<p>One of the strategy's priorities is to support more autistic people to gain and sustain paid employment. Autistic adults are significantly under-represented in the labour market, with only 21.7% of autistic people in employment, the lowest rate of any disabled group. This means that many are dependent on benefits, and the under representation also indicates that employers are not benefitting from the skills and talents which autistic people can offer in the workplace. The commitments contained in the all-age strategy aim to make things better for autistic people who wish to gain employment, need support to continue working and/or wish to progress in their careers.</p>
...are carers (unpaid family or friend)?		X	<p>Carers have been actively involved in the steering group and autism network to help develop the strategy. There is a key priority on support for carers with information, advice, and guidance, as well as practical support.</p> <p>Of those who participated in the consultation, 34% of general survey participants identified as a family carer and 43% of participants identified as a family member. 9% of Easy Read survey responses were from carers and 8% were from family members. 16% of people attending events self-declared as carers. Across both full and easy read surveys, the data shows that 80% [n=89] of people strongly/agreed carers should be a key theme within the strategy. Amendments have been made to the carers chapter to reflect feedback from consultation</p>
..... are from the Armed Forces Community		X	<p>It is recognised that Looked After Children, children from military families and those from travelling communities may be less likely to be referred for a diagnosis of autism. There may be a reluctance to engage with services either because of a lack of trust or a lack of knowledge of services available. The transient nature of these people's lives may mean that they are</p>

			<p>not settled in one place long enough to complete necessary assessments to receive a diagnosis. A key issue for armed forces families is around moves resulting in children/family members moving down the waiting list.</p> <p>Robust data to evidence these statements is lacking, both nationally and locally. We will have a focus on improving data and research through our strategy which will include consideration of how we can learn more about autism within these groups.</p>
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**Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)**

North Yorkshire wide	X
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	

**If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.**

All districts within North Yorkshire should see a positive impact from the strategy as it aims to look at key improvement areas, whilst also considering consistency across geographical areas. We understand that there are differences in pathways and services across North Yorkshire in part due to the different systems and organisations which operate in different areas, however the partnership and strategy aims to help to improve consistency where possible.

In terms of where consultation participants lived, the survey responses were as follows:

Locality	General Survey		Easy Read Survey	
	%	Number	%	Number
Craven	4%	<5	8%	5
Hambleton	12%	11	12%	8
Harrogate	28%	26	22%	14
Richmondshire	18%	17	9%	6
Ryedale	5%	5	2%	<5
Scarborough	16%	15	6%	<5
Selby	11%	10	5%	<5

**Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)**

Outside North Yorkshire	0%	0	N/A	N/A
Prefer not to say	4%	<5	35%	23
Other - Filey	N/A	N/A	2%	<5

Following on from the virtual consultation launch event, 7 in-person consultation events were held (one in each locality) plus 3 online events including one evening and one weekend session.

**Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (For example, older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Autism is classified as a disability and therefore some autistic people will have a combination of protected characteristics, e.g., that they are a female and autistic.

It is envisaged that the commitments in the strategy will affect autistic people in a positive way, so we do not anticipate a detrimental impact because of a combination of protected characteristics. We recognise that this will need to be monitored as the strategy is implemented.

We will develop nuanced approaches for people who have two or more protected characteristics where this may impact of their diagnosis and experience as autistic people, for example the lower diagnosis rate for girls and women.

<b>Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>	<b>Tick option chosen</b>
<b>1. No adverse impact - no major change is needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	X
<b>2. Adverse impact - adjust the proposal -</b> The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
<b>3. Adverse impact - continue the proposal -</b> The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
<b>4. Actual or potential unlawful discrimination - stop and remove the proposal –</b> The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<b>Explanation of why the option has been chosen</b> (include any advice given by Legal Services.)	



It is anticipated that the strategy will have a positive impact on all autistic people including those with the protected characteristics of age, disability, sex, race, gender reassignment, sexual orientation, religion/belief, pregnancy, marriage/civil partnership, and those from the armed forces community. We also believe the strategy will have a positive impact across North Yorkshire, regardless of rurality, however we recognise that there are differences in pathways and services across North Yorkshire due to the different systems and organisations which operate in different areas. The partnership and strategy aim to help to improve consistency where possible. Given the specific focus on employment and carers within the strategy priorities, we anticipate that there will be a particularly positive impact for those people who have a low income or are carers.

**Section 11. If the proposal is to be implemented, how will you find out how it is really affecting people? (How will you monitor and review the changes?)**

The wider autism network comprises of autistic adults, carers/parents and practitioners supporting autistic people who have contributed to the development of the strategy. We will continue work together to deliver on our priorities. The feedback that people give us about their experiences and how involved they are in making the changes will be vital to the delivery of our strategy as well as an important measure of success and impact. The implementation of the strategy will be monitored via the Autism Strategy Steering group to ensure that people with protected characteristics are not adversely affected and opportunities to enhance quality of experience and outcome are identified. Other strategic partnership groups such as the North Yorkshire Place Board will be used to provide leadership and accountability on key issues where required.

During the consultation, people gave feedback about how they thought the success of the strategy should be measured and this has been used to inform the year 1 action plan which identifies specific success measures.

**Section 12. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
<p>As part of the strategy development, an initial data pack has been prepared. This data pack will be updated throughout the development of this strategy.</p> <p>We have made a commitment to improve our data access and to consider how this information will inform further work.</p>	<p>NY Public Health Intelligence Team</p>	<p>Winter 2023</p>	<p>Initial work complete Initial information has been collated, however, there are limited, accurate data sources around autism statistics.</p> <p>Actions for the strategy will be to consider how to expand access and development of data sources to improve data quality.</p>	<p>The initial data pack will be shared as part of public consultation, with further data to be added as it becomes available.</p>
<p>Consider the needs of different groups as part of consultation to ensure we reach and hear feedback from them on the strategy in response to our EIA findings e.g., women/girls, different ages, those who are gender diverse, those from the armed forces community and those from different ethnic groups</p>	<p>Steering Group</p>	<p>October 2023 – March 2024</p>	<p>Consultation complete: planning included review of previous engagement to analyse previous coverage of protect characteristic groups.</p> <p>17.01.24 update: Steering group reviewed data from consultation responses 27th Nov 2023 - 16th Jan, identified a number of groups which were under-represented at that point and agreed a number of actions to support proactive promotion of the consultation with a view to reaching more people in these groups: Children and Young people, military community, LGBTQI+, Craven and Ryedale localities.</p> <p>Further review of responses 29.02.23 and further targeted actions agreed for the above</p>	<p>Steering group will monitor the consultation planning and whilst engagement is ongoing and evaluation of consultation.</p>

			groups who continue to be under-represented in the participation.	
<p>Review feedback from consultation and refine EIA and strategy in response.</p> <p>We know that during engagement, we have received some feedback from harder to reach groups such as, women, girls, and people with co-occurring conditions, however, we recognise that as part of the consultation plan that there are groups we wish to specifically reach. We have started to pull together a wider stakeholder list, learning from previous experiences and are looking to how we can improve our approach to ensure we reach:</p> <p>Women, girls, LGBTQIA+ communities, older autistic people, carers and younger adults and children's voice (as far as possible) and autistic people with co-occurring conditions.</p>	Steering Group	Easter 2024	<p>Complete:</p> <p>Consultation took place between 27/11/23 and 15/03/24 using mixed methodologies: virtual launch event, 7 in person events and 3 online sessions. Spread across morning, afternoon, early evening, and a weekend session. Surveys – general survey, easy read version and 2 YP versions (primary/secondary age). See above for more information on accessibility considerations.</p>	Steering Group and approval routes
Continue to seek feedback and monitor impact on protected characteristics throughout annual action planning, delivery, and review	Steering Group	Summer 2024 onwards	Action added to annual action plan.	Steering Group
Review and update available data and evidence on autism needs in North Yorkshire, including consideration of trends/changes over time and different groups within the population such as	Steering Group	December 2024	Action added to annual action plan.	Review of annual action plan

women and girls, autistic people with and without a learning disability, military community – and use this to inform delivery and evaluation of the strategy.				
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**Section 13. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

This EIA reflects the due regard considered as part of the development of the North Yorkshire all-age autism strategy which has been led by the partnership Autism Steering Group, with extensive engagement and support from the wider Autism network through a series of workshops, events, and surveys over a 6-month period.

The vision set out within the draft North Yorkshire all-age autism strategy is that “Autistic children, young people and adults and their families in North Yorkshire enjoy full, happy, and healthy lives”. There are several draft priorities with actions which aim to improve the lives of autistic people across various areas including education, employment, housing, adult and youth justice, health and supporting carers. This work will be enabled by a focus on working together, workforce, data & research and making best use of our resources.

It is anticipated that the strategy will have a positive impact on all autistic people including those with the protected characteristic of age, disability, sex, race, gender reassignment, sexual orientation, religion/ belief, pregnancy, marriage/civil partnership, and those from the armed forces community. We also believe the strategy will have a positive impact across North Yorkshire, regardless of rurality, however we recognise that there are differences in pathways and services across North Yorkshire due to the different systems and organisations which operate in different areas. The partnership and strategy aims to help to improve consistency where possible. Given the specific focus on employment and carers within the strategy priorities, we anticipate that there will be a particularly positive impact for those people who have a low income or are carers.

We recognise that local data about autistic people in terms of protected characteristics is limited and therefore further development of data is required to understand and monitor the impact as the strategy is delivered – this has been included in the year 1 action plan.

Our EIA findings to date highlighted that we needed to ensure we hear feedback during consultation from people of different ages as well as different genders, given that diagnosis rates vary between these different groups. Similarly, as the prevalence of autism nationally varies between different ethnic groups, we need to reach people from a range of groups. We will aim to reach the armed forces community. The prevalence of autism is higher amongst transgender people and people identifying as LGBTQIA+.

Public consultation over 15 weeks and 4 days received a total of 392 contributions via a range of methods. Accessibility was carefully considered in the consultation planning and delivery, including mid-point reviews to identify under-represented groups who would benefit from more proactive promotion, and to adapt the format of the consultation events in response to feedback to make them more inclusive and accessible. Building on what we heard during engagement, consultation feedback highlighted that consideration needs to be given to the diverse and different needs of autistic individuals from different groups, such as those with and without a learning disability; and women and girls. Challenges associated with the geography of North Yorkshire were also raised, such as access to services and support in rural areas, and the sparse nature of the county exacerbating the difficulties already faced by autistic people in connected with other people with lived experience and/or forming a collective voice.

The EIA will continue to be reviewed during strategy implementation.

#### **Section 14. Sign off section**

This full EIA was completed by:

**Name:** Stacey Annandale

**Job title:** Strategic Service Development Manager

**Directorate:** Health and Adult Services

**Name:** Naomi Smith

**Job title:** Head of Population Planning

**Directorate:** Health and Adult Services

**Name:** Leo Beacroft

**Job Title:** Senior PH Specialist

**Directorate:** Strategy and Performance

**Name:** Shanna Carrell (quality assurance / review)

**Job title:** Equalities Manager

**Directorate:** Health and Adult Services

**Signature:**

**Completion date: 29/09/23, updated 11/10/23, 17/10/23**  
**Updated post-consultation: April 2024**

**Authorised by relevant Assistant Director (signature): authorised via Health and Adult Services Leadership Team review and approval including Abi Barron: Assistant Director, Prevention & Service Development; and Louise Wallace: Director of Public Health**

**Date: 19/10/23**