

Appendix 4.

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title	
Equality Analysis title: Rotherham All-Age Autism Strategy 2024-2027 Progress Update	
Date of Equality Analysis (EA): 14/07/2025	
Directorate: Adult Care, Housing & Public Health	Service area: Strategic Commissioning
Lead person: Garry Parvin, Joint Head of Service, Learning Disability and Autism Commissioning	Contact number: garry.parvin@rotherham.gov.uk Mobile: 07887057491
Is this a:	
<input checked="" type="checkbox"/> Strategy / Policy	<input type="checkbox"/> Service / Function <input checked="" type="checkbox"/> Other

If other, please specify

This is a progress update on the delivery of the All-Age Autism Strategy 2024-2027, agreed at Cabinet in February 2024.

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance

Name	Organisation	Role (e.g. service user, managers, service specialist)
Garry Parvin	RMBC/ NHS South Yorkshire Integrated Care Board, Rotherham Place	Joint Head of Service, Learning Disability and Autism Commissioning
Kay Nicholes	RMBC Strategic Commissioning	Strategic Commissioning Manager, Learning Disability and Autism Commissioning
Michelle Hague	RMBC/ NHS South Yorkshire Integrated Care Board, Rotherham Place	Project Officer
Lorna Quinn	RMBC Public Health	Public Health Intelligence Principal

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance
Aim/Scope (who the Policy/Service affects and intended outcomes if known)

Providing a progress update from the original information gathered for the February 2024 Rotherham's All Age Autism Strategy 2024-2027.

The Strategy has been built on work carried out in Rotherham and South Yorkshire by individuals, groups and communities, as well as the Council and partners to improve the lives of people with autism.

This update follows on from the work completed under the 2020-23 Strategy. The Plan continues to work on the principle of a strength-based approach; this means the Strategy should continue to encourage people to recognise their strengths to support choice and control.

Progress to date:

- Annual audit conducted in January 2025
- The expansion of the Promoting Inclusion and Neurodiversity in Schools.

This project supports 10 primary educational settings in order to develop both the knowledge and skills of teachers and support staff. The Department for Education (DfE) announced that the PINS project will be extended until March 2026.

- The relaunch of Rotherham's Neurodevelopmental Pathway.

The pathway provides assessment and support for children and young people (5-18 years) who may have neurodevelopmental conditions like autism or ADHD. The pathway aims to ensure needs are met regardless of diagnosis and may involve referrals to other services like CAMHS for mental health support.

Rotherham is also preparing to open the Rotherham SEND Hub. A joint project between Rotherham Parent Carers Forum and Rotherham Council, the hub will be based at the Eric Manns Building. The Hub will offer a range of activities, training, support and partnership with services, with inclusive amenities throughout to reflect the needs of the whole SEND community.

- RDaSH is committed to reducing waiting times for an autism assessment to a 4-week wait in 2026. In Rotherham, waits have significantly reduced over the past 12 months. A trajectory and plan are in place to achieve this.
- Oliver McGowan mandatory training for learning disability and autism.

All Rotherham provider Trusts (RDaSH and TRFT) have plans to meet regional training targets. The Council is impacted by these statutory obligations. Funding to support Oliver McGowan mandatory training will end in November 2026. It will become Business As Usual (BAU) plans/costings for each organisation are required. Regional planning is in progress to ensure the training is sustainable.

- Be the One campaign - As part of Rotherham's suicide prevention activity, a task and finish group has been created to look at the Be the One campaign and how we can make the campaign more accessible and reach out to autistic adults and other neurodivergent groups. The task group includes representation from Speak Up, RANSS, RMBC and RDASH.
- Rotherham Place - RDaSH, TRFT, ICB and the Council have been working to implement the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- Kooth and Qwell are commissioned online mental wellbeing community resources. Both Kooth and QWELL are working to meet Web Content Accessibility Guidelines 2.1 Level AA. Their Clinical model (i-RESPOND) has been adjusted to allow the flexibility to support neurodivergent people and does provide a structure around working with these populations.
- RDaSH have shared examples of making reasonable adjustments to enable autistic people to access talking therapies. These adjustments included meeting an autistic person outside the premises so they would not have to sit in a crowded waiting room and avoiding the receptionist's questions or agreeing to longer sessions or promoting the use of fidget spinners during appointments.

- There are a number of employment projects working in South Yorkshire to open employment opportunities. These include Working Win (South Yorkshire Mayoral Authority), Pathways to ICB (SY ICB), Employment is for Everyone and the development of the Supported Employment Team in the Adult Care Directorate. So far, this academic year has seen 36 supported interns enrol. The Council are hosting 4 internships and the NHS 3. In Rotherham, 50 autistic people and people with a learning disability have found employment.
- Ensuring voice - autistic people are asking about ensuring that the voice of autistic people is included in shaping how Rotherham includes autistic people. This has meant that work is currently ongoing to review and transform Rotherham's All Age Autism Partnership Board.
- Work has commenced with public health, voluntary sector and Rotherham Place ICB to develop an early intervention and prevention offer in relation to promoting better mental health for autistic people.

This progress report highlights the work that has been undertaken (progress) and work that is ongoing to deliver the vision set out in Rotherham's All Age Autism Strategy and Implementation Plan 2024-2027. The progress made aligns to the vision and passion expressed in both the Council Plan and in Rotherham's Integrated Health and Social Care Place Plan - based on the values of ensuring collaboration and co-production.

The update report shows how the Strategy continues to use the 'whole life approach' used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activity focused on 5 areas. These remain:

1. **Starting Well:** All Rotherham's autistic children and young people are healthy and safe from harm.
2. **Developing Well:** All Rotherham's autistic children and young people start school ready to learn for life.
3. **Moving on well to independence:** Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
4. **Living well:** Autistic adults living in Rotherham will get the right support when needed
5. **Ageing well:** Autistic adults living in Rotherham will be better supported as they grow old.

The All-Age Autism Strategy is providing an overarching framework for the Council, NHS South Yorkshire Integrated Care Board and partners. Progress is being made on that priority areas based on the national requirements and local findings.

Rotherham's All Age Autism Strategy set out a vision for all people with autism, to have the same opportunities as anyone else, to live rewarding and fulfilling lives whatever their age. This vision is shared by all public, voluntary and independent organisations that have worked together to develop the Strategy. Feedback in developing the Action Plan highlights that although progress has been made further work is required

What equality information is available? (Include any engagement undertaken)

To ensure that Rotherham's All Age Autism Strategy 2024-27 considers customers, future customers, key stakeholders such as Unpaid Carers. The purpose is to ensure that everyone's protected characteristics are considered.

The strategy uses a 'whole life approach' which is used in the Rotherham Health and Wellbeing Strategy. The strategy is based on a clear co-produced vision and identifies key activity focused on 5 areas. These are:

- **Starting Well:** All Rotherham's autistic children and young people are healthy and safe from harm.
- **Developing Well:** All Rotherham's autistic children and young people start school ready to learn for life.
- **Moving on well to independence:** Rotherham's autistic children and young people are provided with the same opportunities to thrive going into adulthood.
- **Living well:** Autistic adults living in Rotherham will get the right support when needed.
- **Ageing well:** Autistic adults living in Rotherham will be better supported as they grow old.

The All-Age Autism Strategy 2024-2027 continues to provide the overarching framework for the Council, NHS South Yorkshire Integrated Care Board and partners. It identifies priority areas based on the national requirements and local findings.

The Strategy builds on work being carried out in Rotherham and South Yorkshire by individuals, groups and communities, as well as the Council and partners to improve the lives of people with autism.

The strategy is expected to:

- Improve health and wellbeing for autistic people living in Rotherham – noting the programmes that have been commenced in CYPS services and adults services
- Improve the delivery of health, care, housing, criminal justice system services in Rotherham for autistic people.

Engagement (summary):

RDASH continue to work as part of the South Yorkshire Provider Collaborative to ensure that the waits for autism assessments are reduced to 4 weeks as part of its 28 promises programme.

Ensuring voice – Voice and Coproduction

In 2017 Rotherham established an Autism Partnership Board. The purpose of the Partnership Board was to improve the provision of services and support for autistic children, young people

and adults and their families in Rotherham, by monitoring the progress of Rotherham's All Age Autism Strategy and Plan.

Autistic people asked about ensuring that the voice of autistic people is included in shaping how Rotherham includes autistic people.

This has meant that the original Rotherham's All Age Autism Partnership Board has been transformed to better reflect the voice of autistic people. The Partnership Board brings together representation from the Council, NHS, community and voluntary sector organisations and services, Service Users, their parents and family members, and other relevant organisations and individuals.

Data:

Rotherham prevalence rates and GP data

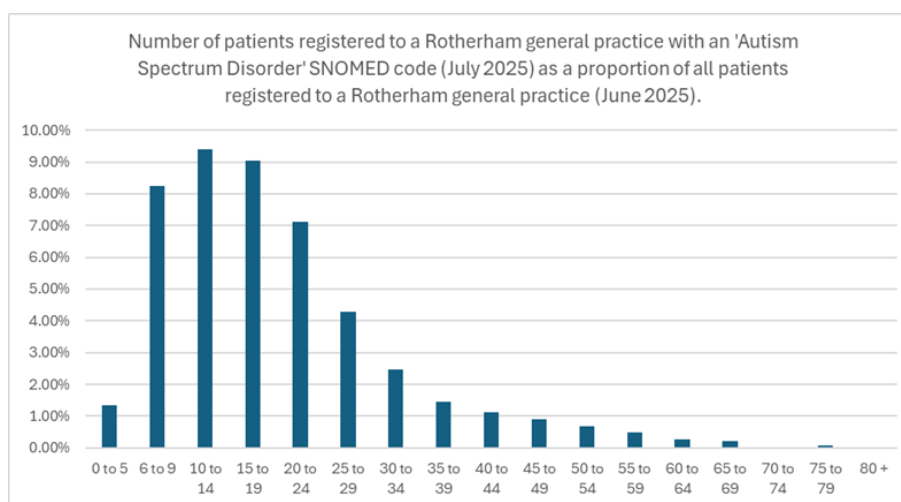
According to primary care data as of 8th July 2025, there are 7578 individuals registered to a Rotherham General Practice with an 'autism spectrum disorder' SNOMED code. Autism is more prevalent in children and young people than in adults.

In the UK, the estimated prevalence in adults is about 1.1%, with relative consistency across studies [Huang, 2020; NCCWCH, 2022; BMJ Best Practice, 2023; NCCMH, 2023]. Comparing this estimated prevalence of ASD in adults with that of children (1-2%) suggests that ASD is underdiagnosed among adults (National Institute for Health and Care Excellence, Autism in adults).

The British Medical Association estimates that around 700,000 people in the UK have a diagnosis of autism. One in 100 children in the UK have a diagnosis of autism spectrum disorder.

In Rotherham, based on a diagnosis of 7,578 individuals registered to a Rotherham general practice with Autism (July 2025) and a total of 276,225 patients registered to a Rotherham general practice, we estimate an autism prevalence of 2.7% in Rotherham.

This prevalence ranges across age groups as seen in the chart below:



Autistic Children and Young People:

As of the end of July 2025, the Council Children's Inclusion SEND dataset shows:

- 1466 children aged 0-25 years old are recorded with a Primary need of Autism. This works out at 35% of the overall cohort where a need has been recorded.

When looking at the ethnicity breakdown for these 1466 children:

- 82.2% CYP are recorded as White British, 16.3% are recorded as BME (black and minority ethnic group).
- Other than White British being the highest %, the 2nd next higher % ethnicity is Asian Pakistani children at 3.6%.

There are:

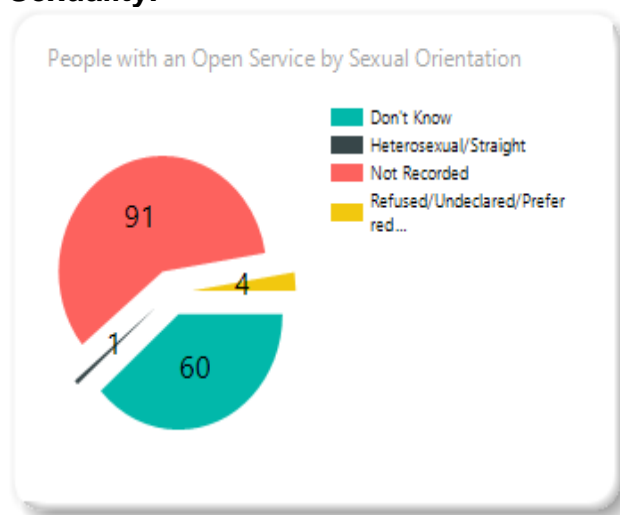
- 35.7% (1377 from 3860) of children aged 0-25 years old who have an Education, Care and Health plan with a Primary need of Autism.
- For Children with an EHCP - Autism is Rotherham's most prevalent need type (35.7%) followed by Social, Emotional, Mental Health (21.7%) and Speech Language and Communication (18.8%)

Data for all the above is from our Internal SEND cohort report, as of the end of July 2025

Autistic Adults (18 +)

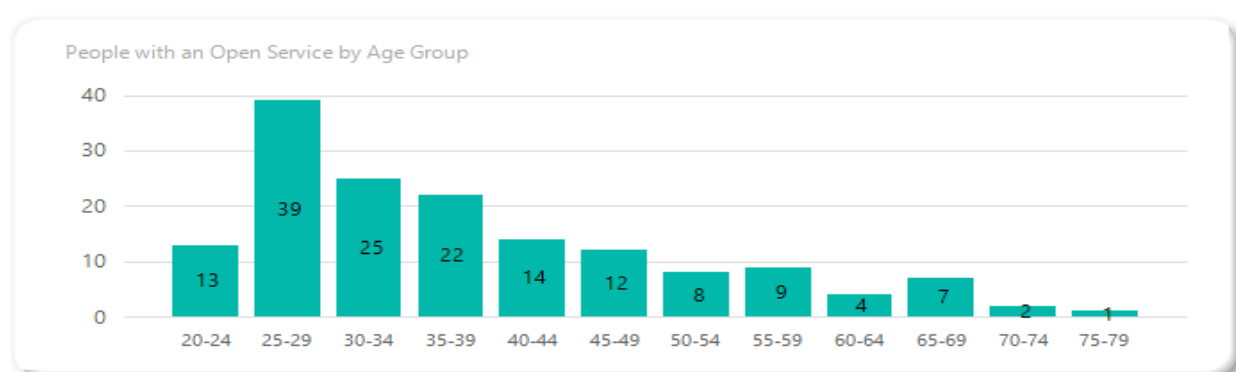
Rotherham Council from its data sets have identified that there are 156 people identified on Adult Care systems with autism. This is very low when compared to the predicted prevalence. In part, this low figure can be explained that a large number of autistic people will be recorded under another service category, for example, learning disabilities and/ or mental health. Analysis of the 156 people highlighted the following protected characteristics:

Sexuality:

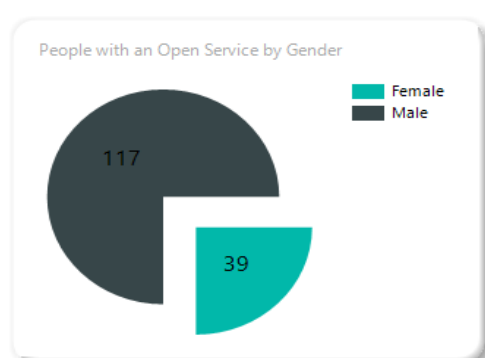


The data shows that most autistic adults have not had their sexuality recorded on adult social care systems.

Age:

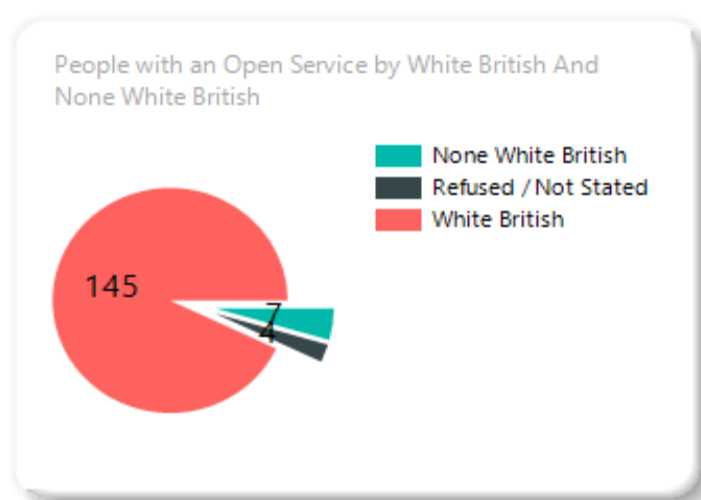


Gender:



More males are identified as autistic on Rotherham's Adult Social Care databases.

Ethnicity:



People with an Open Service by None White British Ethnicity

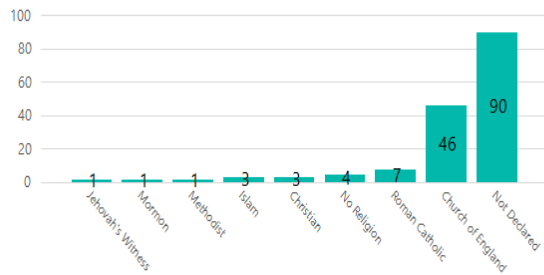


Rotherham's 18+ 92.36% of autistic adults identify as White British.

Residents from Black Minority Ethnic (BME) groups appear to be underrepresented in this cohort; 4.46% of the cohort are from a BME background. The 'Pakistani' BME group has the highest number of customers.

Religion or Belief

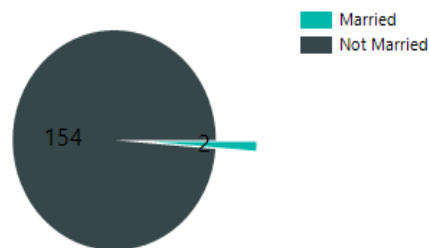
People with an Open Service by Religion



The graph above shows that current Adult Care records show most autistic adults have not declared their religion or belief.

Marital Status

People with an Open Service by Marital Status



The graph above shows that most of autistic adults on adult care records are single.

Health Outcomes and Autism:

More detail was obtained from GP records covering 40% of the Rotherham registered population which show:

- 6% of patients with ASD also had epilepsy (lower than 20-40% expected by research).
- 20% of patients with ASD also had learning disabilities (lower than 50% expected by prevalence study).
- 7% of patients with ASD also had anxiety, depression or stress (lower than expected).

Carers: There are 340 carers (aged 50+) who provide care for people with a learning disability and / or autism.

Are there any gaps in the information that you are aware of?

Equality data in relation to autistic people as a standalone characteristic is often incorporated into other protected characteristics e.g., learning disability. This means that data in relation to sexual orientation or marital status is currently missing.

To address this for future data, the missing protected characteristics are being gathered, and other data confirmed, during annual reviews.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The Rotherham Autism Partnership Board played a key role in developing this strategy.

The Rotherham Autism Partnership Board includes the following partners:

- Service Users, their parents and family members
- RMBC
- Rotherham Parent Carers Forum
- RDaSH
- Voluntary Action Rotherham
- Speak Up Autism – Rotherham
- South Yorkshire ICB, Rotherham Place
- TRFT
- Rotherham schools and colleges.

The new Rotherham Autism Partnership Board will remain actively involved in monitoring the impact and delivery of the Strategy.

Rotherham's SEND Board and Health and Wellbeing Board will have oversight in relation to both the impact and delivery of the Strategy and the implementation plan.

<p>Engagement undertaken with customers. (date and group(s) consulted and key findings)</p>	<p>Rotherham Parent Carers Forum have supported the Council to lead on co-production and capturing voice.</p> <p>During the first quarter (2025), RPCF focused mainly on neurodivergent adults and establishing the All-Age Strategy Priorities and how the community feels about those. They have focused on gathering voice around the Autism Partnership Board and what people want to see happen.</p> <p>RPCF held 7 groups for neurodivergent adults (in person in the community and online), 2 groups for neurodivergent parent/carers (in person and online), 1 in-person group for children and young people. Alongside offering one-to-one sessions for people that find groups inaccessible, created targeted surveys and online anonymous forms for those who want to share online.</p> <p>In this project alone, 17 unique individuals came to groups in person or online during this period, of those 3 were young people and 6 were neurodivergent parents.</p> <p>16 people shared voice on a one-to-one basis or at external partner groups, 11 were unique individuals and of these 2 were neurodivergent parents and 1 was a young person. 4 of these people also attended groups.</p> <p>2 children shared their voice. 60 people shared voice anonymously through online surveys. In total this quarter the All-Age Autism Strategy Delivery Plan Project Lead has directly gathered voice from 93 people (there may be some overlap between the 29 known people and 60 anonymous).</p> <p>Most people did not know about the Autism Partnership Board or how to access it, people stated that they looked online and could not find information or minutes of previous meetings. People were keen to learn more about being on the board and what it entails, along with attending meetings to share voice and hear what is happening in the area. Some people liked the idea of having someone on the board as a spokesperson, people asked if RANSS could fulfil this role.</p>
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	<p>Mental Health</p> <p>The general theme on mental health was that individuals feel that support through the NHS is not neurodivergent friendly, many people stated that they have been offered CBT only and that this does not work for them. People did not feel it had been adapted for their needs, people reported asking for adaptations and being declined. People stated that support from charities, third sector and private counsellors was more “neuro-affirming”. People find that the number of sessions of therapy is too little for autistic people who often need longer to build trust with a new professional and need longer to process emotions and information. Many people felt dismissed and misunderstood; they felt their difficulties were not taken seriously. People shared experiences of their mental health difficulties being minimised and simply put down to being autistic. This is reflected in RANSS reporting that clients struggling with mental health are discharged from the mental health teams leaving them with only RANSS support.</p> <p>People would like to see a wider range of therapies on offer for neurodivergent people that is adapted and trauma informed. They would also like to be able to access longer term therapies.</p> <p>Understanding from practitioners around autism, ADHD and AuDHD (dual diagnosis) was brought up many times and people felt there needed to be more mandatory training. The NATP training may be effective in supporting this need. People said they want professionals to have a better understanding of autistic/neurodivergent burnout, demand avoidance, trauma and neurodivergence (understanding that neurodivergent people are more likely to experience trauma from experiences other may not), BFRB (Body Focused Repetitive Behaviours), executive dysfunction and sensory difficulties.</p> <p>Overall people that shared their voice were feeling negative about mental health support.</p> <p>What is working well:</p> <ul style="list-style-type: none"> • Support from the occupational therapy team in the secondary mental health team, slow and gradual work around getting out of the house.
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	<ul style="list-style-type: none"> • After multiple negative experiences with the crisis team where they felt staff were “rude and abrupt”, a psychologist supported an individual to understand needs better and then updated records for the crisis team, since this they have found their support to be more “compassionate and warm”. • Support from third sector organisations, people mentioned positive experiences with RANSS, Mind, Hopian (Frith Space activities in particular), S62, The Rainbow Project and Pivotal Health. • One person told us about Mind counselling being a positive experience and that the counsellor was neurotypical but had a good understanding of neurodivergence. Checked sensory needs and got rid of the ticking clock in the room, provided fidget toys, there was no pressure to give eye contact, the counsellor was able to prompt when needed, they were ready to accommodate any needs. They gave extra time and support with measurement tools like PHQ9, gave options and helped with understanding emotions with cards and visuals. • Some people talked about other charities offering art therapies and young people’s therapy which was adapted to suit their needs prior to being diagnosed as autistic. <p>What is NOT working well:</p> <ul style="list-style-type: none"> • Being rushed to verbalise situation in appointments and on phone calls. • CBT being the main offer for everyone accessing mental health support without being truly person centred and offering adaptations. • Needing to complete rating scales about emotions and improvements, people talked about finding these difficult and confusing but being told they have to complete them. They would then select a random number because it hadn’t been adapted to their needs. • “Time constraints have been a really big problem for me with accessing therapy and mental health services. Being given a time limit of 8-10 weeks and therapists/mental health workers trying to “cure” you and push
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	<p>you out the door is very discouraging and has actually just made my issues worse”.</p> <ul style="list-style-type: none"> • Understanding of eating disorders and neurodivergence, several people spoke about being rejected by service providers due to BMI being too low or too high for their criteria. Some also were rejected as their symptoms were put down to being autistic but not signposted to autism services. ND parents also told us about similar experiences for their ND children. • Talking Therapies offered ABT instead of CBT and told the individual it would be adapted to their needs, however “It was just a standard, one size fits all. It didn’t help”.
Engagement undertaken with staff (date and group(s) consulted and key findings)	As part of the development of Rotherham’s All Age Autism Strategy 2024 -27 Council officers have been partners in developing both the strategy and implementation plan. The staff Neurodiverse Network were asked to comment on the proposed strategy.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance)

The report highlights how Rotherham’s All Age Autism Strategy 2024-2027 continues to focus on how key agencies will work together to improve the lives of all autistic people living in Rotherham. This will ensure that Rotherham is following the Autism Act and Statutory Guidance. Given the Strategy is ‘all age’ in scope this includes children and young people.

The Strategy continues to support other protected characteristics of Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage and Pregnancy and Maternity.

Does your Policy/Service present any problems or barriers to communities or Groups?

Both the Rotherham All Age Autism Strategy 2024-27 and this update report shows the progress that has been made to remove barriers that autistic people (of all ages) and their families face.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

Rotherham's continued Vision

The vision of making Rotherham an autism-friendly place to live is progressing well. The progress report highlights several positive steps being taken to achieve this, including:

- Ensuring timely diagnoses with appropriate support, and access to professionals who have a good understanding of autism.
- Increasing the availability of appropriate support and services, with organisations and employers making reasonable adjustments where needed.
- Creating a community where autistic people feel safe, have aspirations, can fulfil their potential, and are supported to be active and valued members of society.

Rotherham's All-Age Autism Strategy sets out a clear ambition: that all autistic people, regardless of age, have the same opportunities as everyone else to lead rewarding and fulfilling lives. This vision is supported by public, voluntary, and independent sector organisations who have worked together to develop and implement the strategy.

The progress report reflects achievements so far and also identifies key challenges that still need to be addressed.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The progress report demonstrates that the principles of equality, diversity, and inclusion are being embedded in the development and delivery of the All-Age Autism Strategy 2024–2027. This commitment is clearly reflected throughout the report.

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Rotherham's All Age Autism Strategy 2024-2027 - Progress Update
Directorate and service area: Adult Care, Housing and Public Health, Strategic Commissioning
Lead Manager: Garry Parvin
Summary of findings:
<p>The Equality Analysis has been completed to ensure that Rotherham's All Age Autism Strategy and the Implementation Plan has considered the Protected Characteristics of key stakeholders such as autistic people (of all ages), their families, unpaid carers and local residents.</p> <p>The Equality Analysis found that the primary focus of the proposal will be to support autistic people, Unpaid Carers as identified by the Autism Act (2009) and subsequent Statutory Guidance. However, the process has identified that there remain data gaps in terms of some of the Protected Characteristics including Gender Reassignment, Pregnancy and Maternity and Sexual Orientation have not been captured. Discussions with policy and performance in CYPS and Adult services are ongoing to ensure that this information is captured.</p> <p>The progress report demonstrates that progress has been made. However, findings from the co-production process to develop priorities highlight the need for reform of Rotherham's All-Age Autism Board. This reform is essential to ensure effective, ongoing, and meaningful co-production. It will provide a stronger foundation for delivery and better support the active inclusion, communication, and involvement of autistic people living and working in Rotherham.</p>

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Data: Autism is captured in Council Children and Adult Care systems and is linked to some Protected Characteristics (Age, Gender and BAME status). There remain gaps in relation to sexual orientation and marital status. Further work is also required to ensure that autism is accurately captured. This will be done as part of the refresh of Rotherham's Joint Strategic Needs Assessment (JSNA). There is a need to explore that all systems in the Rotherham Place (For example: the NHS, leisure and libraries etc.) capture autism as a Protected Characteristic.	Primary focus on D & C and A but also S, GR, RE, RoB, SO, PM, CPM & O	The duration of the Strategy and beyond.
<p>In Rotherham, there is a growth in children and young people where their SEMH and/or Autism is proving to be a significant barrier to their learning. There continues to be two distinct cohorts: those whose academic ability allows them to access the mainstream school curriculum but whose anxieties and sensory sensitivities make it difficult for them to be in a busy environment, and those whose academic ability is significantly lower than age-expected levels. As a result, there is a growing demand for resourced provision in mainstream and specialist provision. There is also growing demand for special school places in relation to SEMH and Autism. Rotherham in its SEND sufficiency strategy committed to:</p> <ul style="list-style-type: none"> • Creating 100 additional SEND places on mainstream sites by the end of 2025/26 • Improving accessibility within mainstream and special schools to help meet a wider level of SEND need • Developing provision for specific SEND cohorts • Developing outreach services, and implementation of Graduated Approach. 	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	The duration of the Strategy and beyond.

Ongoing engagement with autistic people, their families, Unpaid Carers and place partners principally through the redevelopment and reform of Rotherham's Autism Partnership Board led by Rotherham Parents Carers Forum	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	The duration of the Strategy and beyond.
The implementation plan addresses the priorities highlighted in engagements coordinated by Rotherham Parent Carers Forum. Progress updates will be and are being provided to both the Rotherham's SEND Strategic Board and Health and Wellbeing Board.	A, D, S, GR, RE, RoB, SO, PM, CPM, C & O	Annual progress reports.

***A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups**

6. Governance, ownership and approval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.		
Name	Job title	Date
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	04/08/2025
Cllr Joanna Baker-Rogers	Cabinet Member - Adult Social Care and Health	04/08/2025

7. Publishing
The Equality Analysis will act as evidence that due regard to equality and diversity has been given.
If this Equality Analysis relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	30/07/2025
Report title and date	Rotherham All-Age Autism Strategy 2024-2027 Progress Update
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	30/07/2025