

Camden Council Equality Impact Assessment Form

Camden Council Equality Impact Assessment Form

Before beginning this equality impact assessment (EqIA) form, you should use the [EqIA screening tool](#) to decide whether you need to complete an EqIA for your activity and read the [EqIA guidance](#).

The term "activities" is used by the Council to mean a range of things, such as policies, projects, functions, services, staff restructures, major developments or planning applications.

Most significant activities that affect Council stakeholders will require an EqIA when they are in the planning stage. Many will also require an EqIA to monitor their impact on equality over time or if there is a significant change that prompts a review, such as in local demographics.

EqIAs help the Council to fulfil its legal obligations under the Equality Act's public sector equality duty. The duty requires the Council to have due regard¹ to the need to:

- eliminate unlawful behaviour, such as discrimination, harassment and victimisation;
- promote equality of opportunity between those who share a protected characteristic and those who don't; and
- promote good relations between people who share a protected characteristic and those who don't.

The way that we demonstrate that we have due regard for these three aims, and therefore that we are complying with the public sector equality duty, is by undertaking an EqIA.

EqIAs will almost certainly be required when a new activity affecting people who share the protected characteristics is being developed and when reviewing or changing such activities.

They will also be likely required before and during any staff re-organisations .

An EqIA should be started at the beginning of a new activity and developed in parallel with it. Activities such as services and projects should also be regularly reviewed for their impact.

An EqIA should be revisited and updated to determine whether any planned positive impacts have been achieved and whether any identified negative impacts have been mitigated. You can indicate the version of the EqIA below.

For more complex enquiries on EqIAs, in the first instance please contact equalities@camden.gov.uk where you will be able to receive dedicated support.

EqIAs should be signed off by the relevant sponsor, director or Head of Service.

¹ [Due regard](#) is a legal requirement and means that decision makers have to consider the equality implications of a proposal before a commissioning or policy decision has been made that may affect people who share each of the protected characteristics. Paying 'due regard' means giving a proportionate amount of resource to this analytical exercise relevant to the potential impact on equality.

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Title of the activity	
Camden All-Age Autism Strategy 2025 – 2030	
Officer accountable for the EqlA (e.g. director or project sponsor)	
Full name:	Chris Lehman and Vikram Hansrani
Position:	Director of ASC Strategy and Commissioning, Director of Education and Inclusion
Directorate:	Adults and Health, Children and Learning
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Lead person completing the EqlA (author)	
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Person reviewing the EqlA (reviewer)	
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Position:	Project Manager – Children's Social Care
Directorate:	Children and Learning
Email:	Hannah.raffin@camden.gov.uk
Version number and date of update	

Step 1: Clarifying aims

1.a Is it a new activity or one that is under review or being changed?

- ☒ New
☐ Under review
☒ Being changed

1.b. Which groups are affected by this activity?

- ☒ Staff
☒ Residents
☒ Contractors
☒ Other (please detail): Camden's Autistic Community, Partners

1.c Which Directorate does the activity fall under:

- ☒ Supporting People
☒ Supporting Communities
☒ Corporate Services
☒ More than one Directorate. Please specify:

Primarily Supporting People but affects all directorates

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1.d Outline the aims/objectives/scope of the activity. (You should aim for a summary, rather than copying large amounts of text from elsewhere.)

Camden's proposed All-Age Autism strategy is for both residents and professionals in the autistic community in Camden – it is a strategy for everyone working to improve things for Camden's autistic community. We acknowledge intersectionality and diversity, and we know that autistic individuals will have a range of different and varied experiences. That is why it is important to remember that "if you've met one autistic person you've met one autistic person". This strategy includes autistic people without an accompanying learning disability, as well as those with a learning disability. Autism is a form of neurodivergence, and we also know that autistic people are often diagnosed with other co-occurring neurodivergent conditions such as ADHD – this is why our vision is for Camden to be a neurodiversity and autism friendly borough. The strategy also includes people who don't have a formal diagnosis, or self-identity as autistic. This strategy sits firmly within the Council's wider commitment to an Accessible and friendly Camden.

We want Camden to be a neurodiverse and autism-friendly borough where Camden's autistic community can start well, live well and age well. We want to create a culture change in Camden around autism. We want to make Camden a better borough for autistic people across all ages and for their families, friends, carers and support networks.

'We Make Camden' sets out a commitment for the council play a leadership role in tackling structural injustice and inequality in all its form. This includes challenging ableism - discrimination or prejudice against Disabled and autistic people - using our collective resources to tackle and address the systemic roots of inequality and ensuring that everyone has the opportunity to participate in the community.

Camden is home to huge opportunities, with sector-leading public services, a rich community of voluntary sector organisations and exciting global and local employers. But not all residents in Camden can access these opportunities due to structural inequalities. Camden autistic residents are also impacted by the national housing crisis, and the cost of living crisis. We want to ensure Camden's autistic residents have access to all that Camden has on offer, and reduce the impact of these challenges on our autistic residents.

This Autism Strategy is our co-produced vision and strategy for how we will reduce the barriers faced by Camden's autistic community and create a culture change across the system. This all-age Autism Strategy is focused on autistic children, young people, and adults in Camden. Our residents have told us that "*we need to take a life-span approach – autism is lifelong, and the right support should be too*". Therefore, this strategy takes a life course approach, looking at how we can support autistic people to Start Well, Live Well and Age Well under 7 key themes which have come from co-production groups and meetings, and which have been matched to Think Local Act Personal (TLAP) themes.

There are some themes from our previous strategy that are still a priority for us. We know there is more to do to improve waiting times for diagnostic services, and to improve access to housing and employment. We also need to improve data collection around autism and ensure that universal services are accessible for autistic residents.

This strategy outlines commitments in Camden from across the Council and our partners to support autistic residents. The strategy has been created in co-production with children, adults, parents and carers. It outlines our shared vision for the culture change we want to create in Camden.

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A note on the evidence used in this Equality Impact Assessment (EQIA):

This EQIA draws on available evidence about autistic residents across all age groups in Camden. However, it is important to acknowledge that this evidence does not capture the full autistic population, due to the ongoing issue of underdiagnosis—particularly among adults, women and girls, and people from minoritised communities.

We have four key local data sources that inform our understanding of autism in Camden:

- Children and young people with an Education, Health and Care Plan (EHCP) that identifies autism as primary need – 707 children
- School census data, and specifically children recorded as receiving SEN support with autism as primary need – 339 children
- Children known to social care services who have an autism diagnosis flag on Mosaic – 276 children
- Adults who have undergone a social care assessment and are recorded as autistic in Adult Social Care Services Database – 236 adults

While these sources do not provide a complete picture, they offer valuable insight into the profile of Camden's autistic population and how autism—as a recognised disability—intersects with other protected characteristics.

In addition to local data, this EQIA draws on national research to help identify broader patterns and inequalities that may also be relevant in Camden. It also considers the experiences of parents and carers of autistic people, in line with the aims of the All-Age Autism Strategy.

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Step 2: Data and evidence

What data do you have about the people affected by the activity, for example those who use a service? Where did you get that data from (existing data gathered generally) or have you gone out and got it and what does it say about the protected characteristics and the other characteristics about which the council is interested?

Is there currently any evidence of discrimination or disadvantage to the groups?

What will the impact of the changes be?

You should try to identify any data and/or evidence about people who have a **combination, or intersection, of two or more characteristics**. For example, homeless women, older disabled people or young Black men.

2.a Consider any relevant data and evidence in relation to all Equality Act protected characteristics:

- ☒ Age
- ☒ Disability, including family carers²
- ☒ Gender reassignment³
- ☐ Marriage and civil partnership
- ☒ Pregnancy and maternity
- ☒ Race
- ☒ Religion or belief
- ☒ Sex
- ☒ Sexual orientation

² This is the legal term in the Equality Act. In practice there are specific legal protections for a diverse range of people who have physical, mental and sensory impairments, long-term health conditions and/or neurodivergence, as well as carers who provide unpaid care for a friend or family member who cannot function without their support. Census and local datasets use the Equality Act definition and will include people who may not use the language of disability to describe themselves.

³ This is the legal term in the Equality Act. In practice there are specific legal protections for anyone whose gender identity does not match the sex they were assigned at birth. This means, for example, that people who are trans and people who are non-binary or gender fluid are considered a specific protected group under the Equality Act.

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Age

Out of our Adult Social Care autistic cohort, 41% are between 20-29 years of age, and a further 19% are between 30-39 years of age.

The majority of Camden children on EHCPs are aged 4 to 11, which 66% of children on EHCPs comprised in this age bracket. We know that these children will have evolving needs as they transition into adolescence and adulthood and it is imperative to anticipate how we can meet these going forward.

National evidence tells us that diagnosis rates are higher among children and adolescents, especially boys aged 10–19. Conversely, autism is significantly underdiagnosed in adults over 50. A 2023 UCL study estimated that over 90% of autistic older adults remain undiagnosed. Older autistic adults can face misdiagnosis and may have developed extensive coping strategies or “masking” behaviours, making autism harder to identify. Nationally, most autism services are designed for children or younger adults.

There is a lack of post-diagnostic support for older adults, including in residential care, mental health, and social inclusion.

Disability, including family carers

81% of autistic adults known to Adult Social Care also have a learning disability. This is partly because of under-diagnosis, and recording of autism within Adult Social Care. 59% of the autistic children known to Children’s services have an additional disability registered on Mosaic – Speech, Language and Communication Needs are by far the largest additional need of this group.

According to NHS England and research supported by the National Autistic Society, a significant proportion of autistic people — particularly those with higher support needs — also have one or more additional disabilities. These co-occurring conditions can compound barriers to accessing education, healthcare, and employment, and often lead to more complex support needs. Despite this, services are often fragmented, with autism and other disabilities treated in isolation. This can result in diagnostic overshadowing, where the presence of one condition (e.g. a learning disability) masks or delays the recognition of autism. It also contributes to inequities in care, especially for people with multiple diagnoses who may fall between service thresholds or be excluded from support altogether. Evidence also shows that autistic people, especially those without a Learning Disability, are over-represented in mental health services. We also know that challenges with mental health are a common reason for residents attending the Autism Lead Practitioner drop-in at the Autism Hub, with 19% of these themes being focused on inappropriate, or lack of mental health support during the period April-November 2024.

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Gender reassignment

There are a number of challenges with recording around gender reassignment. The Mosaic system allows us to record both sex (divided based on their reproductive functions at birth) and gender (one of a range of other identities that do not correspond to established ideas of male and female). However, we know that this is not consistently recorded which means that current available data does not give us an honest picture of this. Improved data recording is an area of focus for the new strategy.

Although there is limited national data, emerging research suggests autistic people may be more likely to identify as transgender or non-binary. National evidence also shows services often lack inclusive approaches for autistic people undergoing or considering gender transition, and there is a challenge with waiting list for gender services.

Marriage and civil partnership

Data not available.

Pregnancy and maternity

There is limited evidence on autistic people who are pregnant or experience maternity. Autistic women may face barriers in accessing appropriate maternity care due to sensory sensitivities and communication differences. NHS guidance recommends reasonable adjustments in maternity services for autistic people.

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Race

Camden data from 2023 shows that the prevalence of EHCPs was significantly higher among pupils with Black/Black British ethnicity than for pupils with White, Chinese and 'any other' ethnicities (bearing in mind that Autism is the primary need in 42% of 0-25 years old Camden residents with an EHCP). Out of our autistic cohort in Adult Social Care, around 40% are White, 19% are Black or Black British, 17% are Asian or Asian British and 12% are mixed. Out of the cohort recoded as autistic in Children's Social Care, 36% are Black or Black British, 21% are Asian, 20% are White, and 14% are mixed.

National evidence tells us that autistic people from global majority backgrounds are less likely to be diagnosed or are diagnosed later in life compared to white peers ([Under diagnosis of autism in England: a population-based study](#)). Cultural stigma, language barriers, and lack of culturally competent services can contribute to this disparity ([Autism and BAME people](#)). NHS data and research from the National Autistic Society show that ethnic minority families often face greater challenges navigating the diagnostic process and accessing post-diagnostic support. There is a lack of interpreters, culturally appropriate materials, and awareness among professionals of how autism may present differently across cultures. Standard diagnostic tools may be less effective for children from ethnic minority backgrounds due to cultural differences in communication styles and behaviour expectations. This can lead to misdiagnosis or missed diagnosis, especially in girls and non-speaking children.

Religion or belief

Out of our Adult Social Care autistic population, over 25% of the cohort is recorded as Christian and 25% are recorded as Muslim (with 40% of the cohort having 'unknown' or 'not specified' marked for religion). Out of our Children's Social care population with a record of an autism diagnosis, over 40% are Muslim.

Nationally, there is little direct evidence on the intersection of autism with religion and beliefs, but inclusive service design should consider religious and cultural practices, especially in education and health settings. Services ought to be culturally competent and respectful of belief systems.

Sex

75% of Children with an autism diagnosis on their Electronic Mosaic Social Work Record are male. This is a large increase in males compared to the wider population of children supported by our Children's Social Care services, which is 60% male.

A recent JSNA also showed that boys are more likely than girls to be identified through Autism assessment or EHCP by the age of 5, whereas girls are more likely to be identified after they are 13.

Most recent EHCP data shows that over 79% of children on EHCPs are male and 21% are female.

In Adult Services, 66% of the autistic cohort are male. Out of our Adult Social Care autistic population, 65% of the cohort is male and 33% is female.

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Nationally, we know that boys are more likely to be diagnosed than girls, with a commonly cited ratio of around 3:1 (NAS), which corroborates with Camden statistics. This gap is increasingly understood to reflect diagnostic bias rather than true prevalence differences. Girls are more likely to mask their traits, develop social coping strategies, or be misdiagnosed, or have co-occurring conditions like anxiety or eating disorders. As a result, many women receive a diagnosis much later in life, often after years of unmet needs. Diagnostic tools and services have historically been designed around male presentations of autism, leading to gaps in recognition and support for females.

Sexual orientation

Sexual orientation is not recorded on Mosaic. However, there is some national data on the intersection of autism and sexual orientation.

Some research and lived experience accounts suggest that autistic people are more likely to identify as lesbian, gay, bisexual, or queer compared to the general population. Autistic LGBTQ+ individuals often face double marginalisation—from both autism services that are not LGBTQ+ inclusive, and LGBTQ+ spaces that may not be autism-friendly. There is a lack of targeted support services for autistic people exploring or expressing diverse sexual orientations. Autistic LGBTQ+ people are at higher risk of mental health issues, including anxiety, depression, and suicidal ideation, due to compounded stigma and isolation.

Intersectional Groups

All of the groups listed above are intersectional by nature – ie autistic women, or LGBTQ+ autistic individuals.

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2.b Consider evidence in relation to the additional characteristics that the Council is concerned about:

- ☐ Foster carers
- ☒ Looked after children/care leavers
- ☒ Low-income households
- ☒ Refugees and asylum seekers
- ☒ Parents (of any gender, with children aged under 18)
- ☒ People who are homeless
- ☒ Private rental tenants in deprived areas
- ☒ Single parent households
- ☒ Social housing tenants
- ☒ Any other, please specify

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Foster Carers

Looked after children/care leavers

11 of our children looked after (5.5%) and 8 of our care leavers (2%0 are identified as autistic on our records. A 2024 report by Research in Practice found that autism is one of the most commonly recorded disabilities among children in care and care leavers. In the same study, professionals reported low confidence in identifying neurodiversity, suggesting underdiagnosis and unmet needs.

Low-income households

Camden's JSNA on SEND found that SEND prevalence is associated with free school meal eligibility and areas of greater deprivation. We know that in Camden, nearly two in 5 children live in poverty after housing costs (ONS, 2025). Hence, we can safely assume that a non-negligible proportion of autistic children and adults in Camden live in low-income households.

An England population-based study of the National Autistic Society from 2023 showed that socioeconomic deprivation is linked to lower service engagement, longer waiting times, and reduced access to therapies.

Refugees and asylum seekers

In Camden Children's Services, we have one Unaccompanied Asylum Seeking Minor who is recorded as being autistic.

There is limited national data, but evidence suggests that refugee and asylum-seeking families face significant barriers to autism diagnosis and support, such as: language barriers, trauma and unfamiliarity with UK systems; cultural stigma around disability and neurodiversity; and a lack of interpreters and culturally appropriate services.

Parents (of any children, with children aged under 18)

National data tells us that autistic parents may face discrimination in parenting assessments, especially in child protection contexts. This is often due to misunderstandings of autistic communication styles, sensory needs, or emotional expression, which may be misinterpreted as neglect or lack of empathy ([Disability discrimination in schools in England](#)). Services can often fail to consider the needs of the whole family, including siblings and carers (National Autistic Society).

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People who are homeless

There is emerging evidence that undiagnosed autism may be a risk factor for homelessness, particularly among young adults ([Autism and homelessness | Autistica](#)).

Autistic people experiencing homelessness may struggle with navigating services, sensory environments, and social expectations in shelters ([Under diagnosis of autism in England: a population-based study](#)).

Private rental tenants in deprived areas

Research from the Autism Education Trust and other national bodies shows that parents of autistic children, particularly in low-income or deprived areas, often report high levels of stress, financial strain, and limited access to respite care or specialist support. These families may also face barriers to navigating the education system, including exclusions, lack of reasonable adjustments, and inconsistent access to autism-trained staff ([exclusion-research-report final.pdf](#)).

Single Parents Households

National evidence tells us that single parents of autistic children often face increased caregiving caregiving burdens, financial hardship, and reduced access to support networks. They may be more reliant on public services, which are often fragmented or under-resourced ([Under diagnosis of autism in England: a population-based study](#)).

Social Housing Tenants

Research from the Autism Education Trust and other national bodies shows that parents of autistic children, particularly in low-income or deprived areas, often report high levels of stress, financial strain, and limited access to respite care or specialist support. These families may also face barriers to navigating the education system, including exclusions, lack of reasonable adjustments, and inconsistent access to autism-trained staff ([exclusion-research-report final.pdf](#)).

Any other, please specify:

2.c Have you found any data or evidence about intersectionality. This could be statistically significant data on disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.

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All the data and evidence pointed above is intersectional in nature.

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Step 3: Impact

Given the evidence listed in step 2, consider and describe what potential **positive and negative impacts** this work could have on people, related to their **protected characteristics** and the **other characteristics** about which the Council is interested.

Make sure you think about all three aims of the public sector equality duty. Have you identified any actual or potential discrimination against one or more groups? How could you have a positive impact on advancing equality of opportunity for a particular group? Are there opportunities within the activity to promote "good relations" - a better understanding or relationship between people who share a protected characteristic and others?

3.a Potential negative impact on protected characteristics

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Age	No	
Disability including carers	No	
Gender reassignment	No	
Marriage/civil partnership	No	

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Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Pregnancy/ maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	

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3.b Potential positive impact on protected characteristics

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Age	Yes	The strategy's all-age approach ensures that autistic people are supported throughout their lives—from early childhood through to older adulthood—addressing gaps in diagnosis, transition, and support at key life stages.
Disability (including carers)	Yes	By recognising autism as a disability and committing to reasonable adjustments across services, the strategy promotes inclusion, accessibility, and equity for autistic people with varying support needs.
Gender reassignment	Yes	The strategy's commitment to inclusive practice and reducing stigma can help ensure that autistic people who are transgender or non-binary receive respectful, affirming support across services.
Marriage/Civil Partnership	Yes	Although not directly addressed, the strategy's focus on improving wellbeing, relationships, and community inclusion may support autistic people in maintaining meaningful personal relationships, including marriage and civil partnerships.

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Pregnancy/ maternity	Yes	By supporting autistic people through life transitions and improving access to health and social care, the strategy has the potential to improve experiences for autistic parents and those accessing maternity services.
Race	Yes	The strategy highlights the need to reduce inequalities in diagnosis and access to support for autistic people from Black, Asian and minority ethnic backgrounds, and commits to culturally competent services and co-production with diverse communities.
Religion or belief	Yes	While not explicitly referenced, the strategy's commitment to inclusive, person-centred services creates opportunities to ensure that autistic people's religious and cultural beliefs are respected and accommodated, particularly in education, health, and community settings.
Sex	Yes	The strategy acknowledges the underdiagnosis of girls and women and commits to improving awareness and training to ensure that autistic people of all genders are identified and supported appropriately.
Sexual orientation	Yes	While not explicitly referenced, the strategy's emphasis on inclusive, person-centred support and staff training creates opportunities to better meet the needs of autistic LGBTQ+ individuals.

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3.c Potential negative impact on other characteristics

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Foster carers	No	
Looked after children/care leavers	No	

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Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Low-income households	No	
Refugees and asylum seekers	No	
Parents (of any gender, with children aged under 18)	No	

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Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
People who are homeless	No	
Private rental tenants in deprived areas	No	
Single parent households	No	

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Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Social housing tenants	No	
Any other, please specify	No	

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3.d Potential positive impact on other characteristics

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Foster carers	Yes	The strategy outlines our vision to better support our foster carers so that they are able to successfully care for our children in care.
Looked after children/care leavers	Yes	The strategy's focus on early identification and multi-agency working can improve outcomes for autistic children in care and ensure smoother transitions for care leavers.
Low-income households	Yes	By improving access to support and reducing service barriers, the strategy can help mitigate the additional challenges faced by autistic people in low-income families.

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Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Refugees and asylum seekers	Yes	The strategy's emphasis on inclusive and accessible services can help address the unique barriers faced by autistic refugees and asylum seekers, including language and cultural differences.
Parents (of any gender, with children aged under 18)	Yes	The strategy recognises the vital role of families and carers of autistic children and adults, committing to better support, information, and involvement in service design and delivery.
People who are homeless	Yes	By promoting early identification and cross-sector collaboration, the strategy can help prevent homelessness among autistic people and improve access to housing support.

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Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Private rental tenants in deprived areas	Yes	The strategy's focus on reducing inequalities and improving access to support can benefit autistic people living in insecure or poor-quality housing. In addition to this, 10% of those visiting the Autism Lead Practitioner within Adult Social Care between April and November 2024 were raising housing issues.
Single parent households	Yes	Support for families and carers, including flexible and accessible services, can help reduce the pressures faced by single parents of autistic children.
Social housing tenants	Yes	The strategy's commitment to inclusive community services and reasonable adjustments can improve the experience of autistic people living in social housing.
Any other, please specify	NA	

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3.e Consider intersectionality.⁴ Given the evidence listed in step 2, consider and describe any potential **positive and negative impacts** this activity could have on people who have a **combination, or intersection, of two or more characteristics**. For example, people who are young, trans and homeless, disabled people on low incomes, or Asian women.

The strategy's commitment to an all-age, inclusive, and person-centred approach offers significant potential benefits for autistic people who face multiple and intersecting disadvantages. For autistic children and adults from low-income households, the strategy's focus on improving access to timely diagnosis, coordinated support, and reasonable adjustments across services can help reduce the barriers that are often intensified by poverty—such as long waiting times, fragmented care, and limited access to advocacy or respite.

For autistic people from Black, Asian and minority ethnic backgrounds, the strategy acknowledges the need to address inequalities in diagnosis and service access. By promoting culturally competent practice, co-production with diverse communities, and better data collection, the strategy aims to ensure that ethnicity is not a barrier to recognition or support. Similarly, the strategy's recognition of gender disparities in autism diagnosis—particularly for women and girls—signals a commitment to more equitable identification and tailored support that reflects the diverse ways autism presents.

Together, these commitments represent a meaningful step toward reducing systemic inequalities and ensuring that the most marginalised autistic residents in Camden are seen, heard, and supported.

⁴ Intersectionality refers to the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

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Step 4: Engagement - co-production, involvement or consultation with those affected

4.a How have the opinions of people potentially affected by the activity, or those of organisations representing them, informed your work?

List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation? ⁵	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
Autistic people and their families	
Camden's Autism Partnership Board	
Autistic young people	

5 This could include our staff networks, advisory groups and local community groups, advice agencies and charities.

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List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation? ⁵	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
Health and social care professionals	
Voluntary and community sector supporting autistic people	
Education Professionals	

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List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation? ⁵	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
Camden officers supporting autistic residents	

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4.b. Where relevant, record any engagement you have had with other teams or directorates within the Council and/or with external partners or suppliers that you are working with to deliver this activity. This is essential where the mitigations for any potential negative impacts rely on the delivery of work by other teams.

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Step 5: Informed decision-making

5. Having assessed the potential positive and/or negative impact of the activity, what do you propose to do next?

Please select one of the options below and provide a rationale (for most EqIAs this will be box 1). Remember to review this and consider any additional evidence from the operation of the activity.

1. Change the activity to mitigate potential negative impacts identified and/or to include additional positive impacts that can address disproportionality or otherwise promote equality or good relations.	
2. Continue the work as it is because no potential negative impacts have been found	<p>No potential negative impacts have been found.</p> <p>The impact of Camden's all-age autism strategy should be either neutral or positive for all the characteristics examined in the EQIA when looking at Camden's autistic community, their parents and carers, and their intersecting identities.</p>

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<p>3. Justify and continue the work despite negative impacts (please provide justification - this must be a proportionate means of achieving a legitimate aim)</p>	
<p>4. Stop the work because discrimination is unjustifiable and there is no obvious way to mitigate the negative impact</p>	

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Step 6: Action planning

6. You must address any negative impacts identified in steps 3 and/or 4. Please demonstrate how you will do this or record any actions already taken to do this.

Please remember to add any positive actions you can take that further any potential or actual positive impacts identified in step 3 and 4.

Make sure you consult with or inform others who will need to deliver actions.

Action	Due	Owner
Create an Easy Read version of the strategy for children and adults with learning disabilities and younger children.	X 2025	X
Translate key points of the strategy into the languages most spoken in Camden by residents whom English is their second language following publication.	X 2025	X

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Action	Due	Owner

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Step 7: EqlA Advisor

Ask a colleague, preferably in another team or directorate, to 'sense check' your approach to the EqlA and ask them to review the EqlA form before completing it.

They should be able to clearly understand from what you have recorded here the process you have undertaken to assess the equality impacts, what your analysis tells you about positive and negative actual or potential impact, and what decisions you have made and actions you have identified as a result.

They may make suggestions for evidence or impacts that you have not identified. If this happens, you should consider revising the EqlA form before completing this version and setting a date for its review.

If you feel you could benefit from further advice, please contact the Equalities service at equalities@camden.gov.uk

Camden Council Equality Impact Assessment Form

Step 8: Sign-off

EqlA author	Name Florence Henry Job title Portfolio Lead – Children and Learning Date 02/07/2025
EqlA advisor / reviewer	Name Hannah Raffin Job title Project Manager – Children's Social Care Date 02/07/2025
Senior accountable officer	Name Chris Lehman and Vikram Hansrani Job title Director of ASC Strategy and Commissioning, Director of Education and Inclusion Date 02/07/2025