

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	Building Better Lives policy document & Cabinet Paper
Person(s) responsible for completing this statement	Chris Haynes – Joint Lead Commissioner Agy Pasek- Strategy and Transformation Manager Alison Cathles – commissioning and strategy SEN and disability
Briefly describe the activity being considered including aims and expected outcomes	1. The adoption of the Building Better Lives policy being considered by Cabinet on 23 July. The policy would provide a 10 year framework to direct the direction of travel and guide the implementation of changes in services to disabled people. Future direction of services to disabled people would be based on the following principles: Early help Inclusion Independence

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	<p>Contribution Shared responsibility Personalization through choice and control A whole life approach</p> <p>2. The creation of a unified service for people with a disability which joins up all ages and all disabilities into a single delivery system</p> <p>3. Increasing peer support and self directed help delivered by people with a disability recognizing and valuing the skills and abilities they bring to the table.</p>
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our website including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

<p>Who is responsible for delivering the service?</p>	<p>Gloucestershire County Council.</p>															
<p>Service user data/Needs analysis information</p>																
<p>Age</p>	<p>Of Service Users</p> <p>In 2011, 99,800 people in Gloucestershire reported to the national Census that they had a long-term health problem or disability.</p> <p>Of these, 43,300 reported a condition that limited their day-to-day activities 'a lot', which could represent the potential number of people who might require care services from the council at some point.</p> <p>Of the people who reported that their condition affected their activities 'a lot':</p> <ul style="list-style-type: none"> → 1,300 were children aged 0-15. → 1,000 were young people aged 16-24. → 15,500 were aged 25-64 → 25,500 were aged 65 or above <p>This is the best overall picture we have about the population of people with a disability in Gloucestershire, although we are aware that the figures for people aged 65 include some older people with a disability which was acquired due to</p>	<p>Of Workforce Staff</p> <table border="1"> <thead> <tr> <th>Age Range</th> <th>Percentage of Workforce</th> </tr> </thead> <tbody> <tr> <td>16-25</td> <td>3.40%</td> </tr> <tr> <td>26-35</td> <td>15.50%</td> </tr> <tr> <td>36-45</td> <td>23.90%</td> </tr> <tr> <td>46-55</td> <td>35.87%</td> </tr> <tr> <td>56+</td> <td>21.32%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> </tr> </tbody> </table> <p>The highest percentage of the workforce is in the 46 to 55 age range, closely followed by the 36 to 45.</p> <p>3.4% of the workforce is aged 16 to 25.</p> <p>There is a rise in our over 56 demographic.</p>	Age Range	Percentage of Workforce	16-25	3.40%	26-35	15.50%	36-45	23.90%	46-55	35.87%	56+	21.32%	Grand Total	100.00%
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	<p>their age.</p>													
<p>Disability</p>	<p>National data: Although the overall prevalence of disability in Gloucestershire at 16.8% was below the national level, it was higher than the level 10 years ago (16.1%).</p> <p>The overall rate of growth has been faster than nationally (9.4% compared to 5.7%). This was largely due to a growing number of older people living longer with a long term illness or disability, which resulted in higher prevalence among the oldest age groups.</p> <p>GPs do not hold a single register of all patients with disabilities but they have a few registers of individual conditions and disabilities that can be used as indicators for showing the levels of disabilities and long term conditions in the county compared to general England trends. As with any health data, it should be noted that the register is partly dependent on how likely clinicians (and patients) are to diagnose and recognise certain conditions, and many less obvious conditions can go undetected for entire lifetimes.</p> <p>According to GP data for the year 2012/13, the overall reported disability prevalence in Gloucestershire was similar to national levels.</p> <ul style="list-style-type: none"> • In sensory disability, the county's reporting rate 	<table border="0"> <tr> <td>Disability</td> <td>Percentage of Workforce</td> </tr> <tr> <td>Not Disabled</td> <td>86.25%</td> </tr> <tr> <td>Disabled</td> <td>4.68%</td> </tr> <tr> <td>Prefer not to say</td> <td>0.61%</td> </tr> <tr> <td>Unstated</td> <td>8.46%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> </tr> </table> <p>(2012-2013)</p> <p>The percentage population of disabled people in Gloucestershire aged between 16 and 64 is 7%. The council is committed to supporting and developing all staff and appointing the 'best' person for the job. We are keen to enable employees who become disabled to remain in work by providing reasonable adjustments to their working environment or how they carry out their duties.</p>	Disability	Percentage of Workforce	Not Disabled	86.25%	Disabled	4.68%	Prefer not to say	0.61%	Unstated	8.46%	Grand Total	100.00%
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	<p>of blindness/severe visual impairment and deafness/severe hearing impairment are 0.9% and 4.1% respectively, compared to the national averages of 1.1% and 4.0%.</p> <ul style="list-style-type: none"> • There is no direct measure of physical disability. • For mental health issues, Gloucestershire is better than the national picture except for conditions relating to older people, as the county has an older age profile than nationally. For instance, the county rates for depression and long term mental health problems are 5.5% and 4.2% respectively, lower than national rates of 5.8% and 4.5%. • The county figure for recorded dementia is 0.7% of all people, marginally above the national rate of 0.6%. • In learning disabilities, 0.6% of all adults in Gloucestershire have the conditions recorded by GPs, compared to 0.5% nationally. <p><i>Local data: In January 2014 there were 3,618 service users aged 18-64 receiving social care services (including re-ablement and other short term services). 9.4% of these service users were aged 18-25 (340 people).</i></p> <p><i>Of those receiving social care services</i></p> <ul style="list-style-type: none"> • <i>36% (1,319) had a primary care need of Learning Disability</i> • <i>50% (1,825) had a Physical Disability</i> • <i>5% (169) had a Mental Health issue</i> • <i>9% other primary need</i> 	
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	<p>People with mental health issues 243 people are funded from the adult mental health community care budget.</p> <p>Approximately 2,784² individuals receive support from specialist mental health teams that have an integrated Social Work function.</p> <p>Out of those 2,784 people approx:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 179 receive supported accommodation. <input type="checkbox"/> 191 receive specialised employment support. <input type="checkbox"/> 243 receive a funded social care package. <p>Disabled Children and Young People:</p> <p>National data: In 2011 there were 6,078 children and young people aged (0-24) with a limiting long-term health problem or disability in Gloucestershire. This represents 3.7% of the 0-24 year old population, which was lower than the regional and national average of 4.3%.</p> <p>The prevalence of limiting long term health problems or disability is highest amongst the older age groups, with 4.9% of 20-24 year olds reporting a limiting long term health problem or disability compared to 1.7% of 0-4 year olds.</p> <p>Local data: There are about 480 children and young</p>
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² This number excludes people with organic disorders, Learning Disability, Eating Disorders, Criminal Justice Liaison, Eating Disorder liaison and inpatient services

	<p>people with disabilities in Gloucestershire who are known to the social care disabled children and young people service.</p> <p>The majority (approximately 350) are being worked with by Targeted Support teams while the remainder (approximately 130 children) are being worked with in Children & Families (C&F) teams.</p> <p>At the same time, about 220 children are identified in the social care system Liquid Logic as having a disability, meaning that just under 100 children open to social care are recorded as having disabilities but do not meet children with disability service criteria.</p> <p>Learning Disabilities Gloucestershire has a population of adults with a learning disability known to GPs of 5.8 per 1,000. This is significantly above both the national and regional averages, in part due to the significant imported population of people with learning disability who has been placed in residential care or supported living by other authorities.</p>							
<p>Sex</p>	<p>The 2011 census states that of people with 'a disability that limits their day to day activities a lot' (across the age brackets), 55.2% were male and 44.8% female.</p> <p>The available statistics show that: - According to the 2011 census, males account for</p>	<p>Gender Percentage of Workforce</p> <table border="0"> <tr> <td>Female</td> <td>72.75%</td> </tr> <tr> <td>Male</td> <td>27.25%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> </tr> </table> <p>73% of the council's workforce is female, this remains significantly higher than the workforce population as a</p>	Female	72.75%	Male	27.25%	Grand Total	100.00%
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	<p>the largest proportion of children and young people with a limiting long term health problem or disability across all age groups, with the exception of 20-24 year olds where females account for 52.6% of the total.</p> <p>- There are slightly more females than males with a disability aged between eighteen and sixty-four.</p> <p>- There are more women than men with a disability amongst people aged over sixty-five.</p>	<p>whole (53%).</p> <p>53% of the female workforce works part time.</p> <p>We have good representation of women in senior management levels</p>																		
<p>Race (including Gypsy & Traveller)</p>	<p>National Census data suggests that in Gloucestershire, of those who reported a condition or disability that limited their day-to-day activities 'a lot', the vast majority were of white ethnic backgrounds (97.3%), which was broadly in line with the county's ethnic structure.</p> <p>The 2011 census showed there were 12,269 children and young people from a Black or Minority Ethnic group, which equates to 7.2% of the age group; this was much lower than the England average of 20.8%. However, the child population of Gloucestershire is becoming increasingly diverse</p> <p>The number of 0-24 year olds from a BME group has increased since 2001 when 7,402 people or 4.4% of the age group were from a Black or Minority Ethnic Group. The number of 0-24 year olds classed as "white other" which includes migrants from Europe, has also increased from 2,286 people in 2001 to 4,915 in 2011.</p>	<table border="0"> <tr> <td>Race</td> <td>Percentage of Workforce</td> </tr> <tr> <td>White British</td> <td>86.25%</td> </tr> <tr> <td>Unstated</td> <td>5.82%</td> </tr> <tr> <td>White Other</td> <td>3.43%</td> </tr> <tr> <td>Black</td> <td>1.49%</td> </tr> <tr> <td>Asian</td> <td>1.46%</td> </tr> <tr> <td>Mixed</td> <td>1.17%</td> </tr> <tr> <td>Other</td> <td>0.37%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> </tr> </table> <p>There is a larger proportion of BME employees amongst younger workers, particularly those aged 16-25, where nearly 9% of all employees, double the organisational average, are from a BME background.</p>	Race	Percentage of Workforce	White British	86.25%	Unstated	5.82%	White Other	3.43%	Black	1.49%	Asian	1.46%	Mixed	1.17%	Other	0.37%	Grand Total	100.00%
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Gender reassignment	Data has not been collated as it is not currently available.	We have identifiable representation of staff identifying themselves as transgender but as this is a very small number GCC does not disclose this number in public reports, as the data is protected to avoid illegally identifying anyone.
Marriage & civil partnership	Data has not been collated as it is not currently available	<p>Marriage and Civil Partnership</p> <p>Partnership 0.32%</p> <p>Divorced 3.91%</p> <p>Living with Partner 22.73%</p> <p>Marriage/Civil Partnership 1.14%</p> <p>Separated 6.22%</p> <p>Single 0.08%</p> <p>Widow 0.72%</p> <p>Prefer not to say 64.88%</p> <p>Unstated 100.00%</p> <p>Grand Total</p>
Pregnancy & maternity	GCC systems do not enable this personal data to be aggregated.	Last year the Council had 116 employees who returned from maternity leave and four who did not. This a good return rate.
Religion or Belief	GCC systems do not enable this personal data to be aggregated.	<p>Religion</p> <p>Buddhist 0.19%</p> <p>Christian 16.46%</p> <p>Hindu 0.11%</p> <p>Muslim 0.40%</p> <p>None 0.16%</p> <p>Not religious 10.32%</p> <p>Other 0.74%</p>

Sexual Orientation	GCC systems do not enable this personal data to be aggregated.	<p>prefer not to say 1.33%</p> <p>Unstated 70.30%</p> <p>Grand Total 100.00%</p>
		<p>Sexual Orientation Percentage of Workforce</p> <p>Bisexual 0.29%</p> <p>Gay man 0.61%</p> <p>Gay woman/lesbian 0.48%</p> <p>Heterosexual/straight 40.02%</p> <p>Prefer not to say 3.19%</p> <p>Unstated 55.41%</p> <p>Grand Total 100.00%</p>

Other information

Please see the *GCC Building Better Lives Policy 2014-2020* for a full environmental scan and predictions and forecasts around future demand.

This is further supported by the *GCC Equality and diversity service user report 2013-2014*.

Please see the Workforce Equality and Diversity Report (2013/14) for a complete breakdown of GCC staff data.

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC Workforce diversity reports** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	All teams within the children and young people social care and adult social care.
Age	We have considered these protected characteristics, and can identify no disproportionate impact for any potential staff involved with this protected characteristic.
Disability	
Sex	
Race (including Gypsy & Traveller)	
Gender reassignment	
Marriage & civil partnership	
Pregnancy & maternity	
Religion or Belief	
Sexual Orientation	

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

<p>Service users</p>	<p>Implementation will not commence unless the policy is approved by Cabinet in July 2014, and (if policy approval is given) the implementation plan is approved by cabinet in September 2014.</p> <p>Service users who were consulted include:</p> <ul style="list-style-type: none"> ➢ Adults with a disability and/or mental health issue ➢ Children and young people to whom either one or more of the following apply: they have a disability, they have a special educational need, they have a mental health issue. ➢ Carers and family members of children, young people or adults with a disability, mental health issue or special educational need. <p>This wide-ranging consultation heard from almost 1500 respondents.</p> <p>Top respondent groups have included:</p> <ul style="list-style-type: none"> • People who are disabled • Children and Young People with Special Educational Needs and disabilities • Family members and Carers • The social care workforce • Providers • Education colleagues • Health colleagues <p>A detailed breakdown of all stakeholders who participated in the consultation can be found at the beginning of the consultation report.</p>
<p>Workforce</p>	<p>Workforce who were consulted include:</p>

	<ul style="list-style-type: none"> ➤ The Gloucestershire Corporate Management Team (COMT) ➤ Internal GCC operational and commissioning staff ➤ Unions
Partners	<p>Partners who were consulted include:</p> <ul style="list-style-type: none"> ➤ Gloucestershire Clinical Commissioning Group ➤ Gloucestershire Hospitals NHS Foundation Trust ➤ The 2gether Trust ➤ The Learning Disability Partnership Board ➤ The Autism Partnership Board ➤ The Mental Health and Wellbeing Board ➤ User-led organisations (PING, DROP, Gloucestershire Voices) ➤ Gloucestershire Safeguarding Adults Board ➤ Gloucestershire Safeguarding Children Board ➤ The Health Overview and Scrutiny Committee ➤ Children and Families Overview and Scrutiny Committee ➤ Gloucestershire Commissioning Board ➤ The Public Protection Bureau ➤ Department of Works and Pensions
External providers of services	<p>External providers and services who were consulted include:</p> <ul style="list-style-type: none"> ➤ The Parent Carer Council

	<ul style="list-style-type: none">➤ Carers Gloucestershire➤ Schools and Further Education / Higher Education colleges (including the schools forum)➤ Disability-related groups and associations➤ Providers, the Gloucestershire Care Providers Association and Aiming High Network Group and their representatives➤ The Department for Work and Pensions➤ The Voluntary Sector / GAVCA➤ Local businesses➤ Gloucestershire Care Services➤ Public Health➤ The police➤ The general public➤ The media
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Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show 'due regard' to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations

Introduction: The fundamental intention of the Building Better Lives policy is to promote these three aims of the general equality duty, as the next stage of a continuing journey to recognise and support the right of disabled people to full citizenship. We have recognised that this stage of the journey began with the first legal definition of disability in the UK in 1944, and the first residential homes for disabled people in the 1940s and 1950s. 1966 saw the first disability rally in London, and The Chronically Sick and Disabled Persons Act became law in the UK in 1970. As the 1970s progressed the focus shifted from welfare to rights, and from a medical model of disability to a social model (recognising that society disables people, rather than focusing on individual 'deficits'). The 1980s saw the setting up of hundreds of new organisations controlled by disabled people, including the British Council of Disabled People, 'People First' and the first UK Centres for Independent Living. In 1990 the first Black Disabled People's Network was established. The Disability Discrimination Act in 1995 made discrimination illegal (though the definition of disability used the medical model), and the scope of this Act was extended in 2005. In 2010 the UK ratified the UN Convention on the rights of disabled people. The Building Better Lives policy is intended to progress this journey towards making equal rights and full citizenship a daily reality for disabled people in Gloucestershire. The evidence of the consultation shows that there is general agreement that the policy will indeed take us in the right direction to achieve this aim, if we adhere to the principles not only in words but in the practice of the whole workforce.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>Service Users – Building Better Lives aims to have a positive impact on service users of all ages in relation to</p> <ul style="list-style-type: none"> • Eliminating discrimination • Advancing equality of opportunity • Promoting good relations <p>Much of the policy focuses on the positive outcomes of an all age approach. Messages from consultation feedback related to age were that</p> <ul style="list-style-type: none"> • older people were generally supportive but did not report specific views about the policy • young people were the most optimistic about the policy • younger people and carers expressed concerns that an all age service could result in resources currently supporting younger disabled people could be depleted by demand resulting from the increasing numbers of older people. Such concerns are mitigated by the fact that one of the principles on which the service is based is 'early help'. This principle dictates that investments in early years funding would actually be maximised. This concern

	<p>is also mitigated by the fact that additional capacity is being generated by the involvement of people with a disability through peer support and self help.</p> <p>Internal Workforce – No staff raised any concerns about the proposed policy's impact in respect of age.</p> <p>External Providers and Services – No providers raised any concerns about the proposed policy's impact in respect of age. The importance of early help was emphasised by providers.</p>
<p>Disability (D)</p>	<p>The Building Better Lives policy is designed to have a positive impact on people who are disabled in respect of</p> <ul style="list-style-type: none"> • Eliminating discrimination • Advancing equality of opportunity • Promoting good relations <p>It is in particular designed to improve equality of opportunity and improve relations by promoting inclusion, participation in the community and citizenship.</p> <p>Concerns were raised in the consultation that the policy could be a smokescreen for budget cuts, which could have a negative impact on disabled people. These concerns were discussed at consultation meetings acknowledging, as the policy does, that there is in fact a growing demand for services whilst central government funding is reducing. The policy intentionally sets out to explore new and innovative ways to provide support. Partnership with user led organisations and the possibility of programmes and services better targeted to address specific issues (such as Telecare and outcome based commissioning) are designed to make the most effective use of available resources.</p> <p>There was general agreement with and support for the principles underpinning the policy, but some concerns that despite GCC's commitment, implementation might not in practise reflect these principles – that the actual destination might not resemble the intended destination. It was felt that this could leave disabled people without the improved outcomes aspired to in the policy. The importance of focusing on culture change for the whole workforce, coproduction (which</p>

	<p>involves power sharing) and quality checking were emphasised in these discussions, as ways of ensuring that we are moving towards our intended destination.</p>
<p>Sex (S)</p>	<p>We do not envisage that there is any reason why the impact of the policy should adversely affect those in this protected group. No concerns were raised in the consultation about a detrimental impact on them.</p> <p>The policy strongly emphasises personalisation, choice and control for disabled people, which is intended to respect differences, promote inclusion and support people to live their lives as they choose.</p>
<p>Race (including Gypsy & Traveller)(R))</p>	<p>Consultation feedback from BME communities suggest that we need to improve our engagement with BME communities in implementation, if this policy is taken forward. There was no feedback to suggest that the policy itself would have a detrimental effect on people in this protected group.</p> <p>The policy strongly emphasises personalisation, choice and control for disabled people, which is intended to respect people's diverse cultures, promote inclusion and support people to live their lives as they choose.</p> <p>The proposed policy recognises the need to place a greater focus on BME groups and if the policy is approved, the implementation plan will be designed to ensure these needs are robustly canvassed and considered.</p>
<p>Gender reassignment(GR)</p>	<p>Consultation feedback did not suggest that there would be a detrimental effect on people in this protected group.</p> <p>The policy is intended to support people to live their lives as they choose, and to promote inclusion. If the policy is approved, implementation plans will be designed to reinforce this.</p> <p>The consultation did not reveal any concerns that this group would be adversely affected by the policy.</p>
<p>Marriage & civil partnership (MCP)</p>	<p>The policy explicitly recognises the importance of relationships to well-being and quality of life,</p>

	and the right of disabled people to have the same aspirations to marriage and civil partnerships as their non-disabled peers.
Pregnancy & maternity (PM)	The consultation did not reveal any concerns that this group would be adversely affected by the policy. The policy promotes the principle of choice for disabled people, respect for life choices, and the right support at the right time.
Religion and/or Belief (RAOB)	The consultation did not reveal any concerns that this group would be adversely affected by the policy. The policy supports the right of disabled people to information and inclusion, to make choices and to be treated with respect, and this includes religion or belief.
Sexual Orientation(SO)	The LGBT community expressed support for retaining specialist services for disabled people, but did not suggest that the policy would have a detrimental effect on people because of their sexual orientation. Sexual orientation is a personal issue, and the policy reinforces disabled people's right to choice, dignity and respect for their personal choices.

Our overall conclusion is that the consultation feedback shows that those consulted are broadly supportive of the policy, and provides strong evidence that the policy, if implemented in accordance with the stated principles, will support the three aims of eliminating discrimination, advancing equality of opportunity, and promoting good relations.

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

Action Plan

Action	Who is accountable	Time frame
Engagement of disabled people of all ages and communities of interest in implementation	Chris Haynes	September 2014 onward
Particular focus on engagement of BME communities in implementation	Chris Haynes	July onward
A Children and Youth reference group	Alison Cathles	September onwards
A reference Group of Disability Service Providers	Chris Haynes	September onwards
A BME Engagement Strategy	Chris Haynes	September onwards

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

This statement will be reviewed and developed on an on-going basis as the programme develops.

The Building Better Lives Policy Programme Board will continue to monitor all activities in relation to the policy and implementation.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off:

Linda Wen

Date:

15/7/14

I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member:	
Signed by Portfolio Holder/Cabinet Member: <i>K. B. Williams.</i>	Date: 15 JULY 2014
Name of relevant Portfolio Holder/Cabinet Member:	
Signed by Portfolio Holder/Cabinet Member: <i>Paul McArd</i>	Date: 14 JULY 2014

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.