

## 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'.<sup>1</sup>

- 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':	<p>Gloucestershire Over 11's Intensive Recovery Intervention Service (IRIS) Model</p> <p>In Gloucestershire during 2015/16 to date, 69 young people had challenging behaviour and complex needs which made living with their family or in a family-based foster placement very difficult. For these young people it was difficult to find suitable family based support or when necessary a suitable local placement. This led to some young people experiencing multiple placement moves, emergency placements, residential settings, out of county placement and school exclusions. Caring for the escalating needs of young people who experience unstable living arrangements has led to a large overspend in our 2015/16 Agency Placement budget. Furthermore, 25 children and young people were sent out of county to psychiatric inpatient units.</p> <p>A more integrated, intensive response is required in order to effectively meet the needs of these children and young people and ensure that they receive the help required in a timely way. It is proposed to jointly develop an intensive intervention service with the Clinical Commissioning Group (CCG) as key partners and with the support of stakeholders. It will provide:</p> <ul style="list-style-type: none"><li>• Local dedicated short term and emergency residential placements (used as an intervention across two children's homes)</li><li>• Highly skilled foster care</li><li>• Timely intensive one to one support, maintaining relationships with one key worker for young people</li></ul>
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<sup>1</sup> 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.

	<ul style="list-style-type: none"> <li>• Integrated mental health, physical and sexual health support</li> <li>• Education, employment, training and positive activities through day provision</li> <li>• Parent and carers support</li> </ul> <p>The service will be a combination of home based support, residential and foster care delivered by skilled social workers, family workers as well as mental health workers within day service or in residential/foster placements where required.</p> <p>This proposal will offer a whole system approach which replicates the best aspects of the national best practice examined: similar models in North Yorkshire and Surrey have strong evidence of reduced spend, placement breakdowns and significantly improved outcomes for young people. It will allow for flexible deployment of staff across all aspects that will allow for key relationships to be developed and maintained wherever a young person is placed. It allows for flexible deployment of the total staff resource offering a 24 hour response, actively seeking to de-escalate crisis and avoid family or placement breakdowns. These arrangements would actively seek to where possible keep young people close to home and to promote and support engagement with local education and community solutions. Given the inability of private residential and fostering providers to respond to the needs of these young people, these services will initially be delivered through the current main providers, the Council, Prospects and 2gether NHS Foundation Trust.</p>
<p>Person(s) responsible for completing this statement</p>	<p>Helen Price/Helen Ford</p>
<p>Briefly describe the activity being considered including aims and expected outcomes</p>	<p>In line with a new approach to working with adolescents at risk, this Intensive Recovery model will provide dedicated local interventions and a range of multi-agency support to intensively work with young people, their families and their communities, under one management umbrella. The aim is to take the interventions to the young person and their family, to reduce risky behaviours and keep families together where it is safe to do so. In that regard the overarching objective will be to achieve better outcomes for young people and families through effective interventions more flexible and dynamic than current residential or in-patient care.</p> <p>The Intensive Service represents a single integrated service containing the right mix of specialists, practitioners and resources which will negate the need to re-refer and associated transactional costs, as well as being experienced by young people and their families as a single point of contact, support and understanding.</p>

	<p>Moreover, this Service represents a very real opportunity to flex the workforce and associated resources to create blended interventions that move away from a traditional approach of “buying from the menu” and its associated limitations to an approach that is more about selecting from a range of ingredients to create bespoke solutions.</p> <p>At its heart will be a broad team of Residential Workers, mental health professionals and the Diversion and Placement Support function, which will offer a Key Worker approach to every young person. The team, whilst responsible for staffing the residential intervention service, will also work as part of the broader outreach response that sees consistent and seamless support to all young people on a 24/7 x 365 day basis. Enabling the core workforce to work flexibly in this way will ensure that all interventions are timely, tailored and tenacious – in essence the service fits the young person, not the other way around. There will also be dedicated mental health support for these children and young people.</p>
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**Service information (if applicable) or Needs analysis (if applicable)**

<b>Who is responsible for delivering the service?</b>	Gloucestershire County Council Children’s Social Care, Children in Care Division, Virtual School, Over 11’s Division, In-House Fostering Division, Prospects Services. In partnership with Education, NHS CAMHS/Mental Health Services, Police, Psychology Support Services, Supported Living and Housing Services, Property Services, Private Provider Services
<b>Service user data/Needs analysis information</b>	
<p>A recent detailed analysis of all children and young people in care during 2015/16 who experienced a residential episode evidenced the following headline categories of need.</p> <ul style="list-style-type: none"> <li>● 81% Violent/aggressive behaviour – of which 64% were male and 36% female</li> <li>● 48% Substance misuse – of which 64% were male and 36% female</li> <li>● 46% Running away/missing – of which 54% were male and 46% female</li> <li>● 40% Youth offending, remand or custody – of which 95% were male and 5% were female 33% Poor mental health – of which 53% were male and 47% female</li> </ul>	

	<ul style="list-style-type: none"> <li>• 27% Sexualised behaviour – of which 85% were male and 15% female</li> <li>• 23% Not in education, employment or training (NEET) – of which 75% were male and 25% female</li> <li>• 23% Child sexual exploitation (CSE) – of which 92% were female and 8% male</li> <li>• 21% Self harming – of which 82% female and 18% male</li> </ul>
Age	<p>The age range of the anticipated cohort for this intensive service is 11 to 18 years, with 69 young people (11-16) in high cost social care placements in 2015/16, and 25 young people (11-17) in out of county tier 4 mental health placements. The service will have an ongoing connection with care leavers whilst transition plans are embedded and allow post 18s to still have some contact and support from the keyworker they have established a relationship with.</p> <p>Also if there is an under 11 that would benefit from this service then they could be referred and supported.</p>
Disability	<p>Building Better Lives offers a service for young people with a disability where the disability is the main reason a service is required. For IRIS the main reason for requiring a service would be placement instability or mental health crisis, but some of the anticipated cohort might also have a disability or a longer term condition that might become a disability (such as 'emerging' to actual personality disorder). The proposed service will be designed accordingly.</p>
Sex	<p>The anticipated cohort of approximately 100 young people will be a subset of the population currently using social care, youth offending and mental health services.</p> <ul style="list-style-type: none"> <li>• Of all Children in Care (CIC) aged 11-15 (March 2015) 47% were female and 53% male</li> <li>• Of all Children in Care (CIC) aged 16-18 (March 2015) 41% were female and 59% male</li> <li>• Of those in youth offending services, remand or custody (10-17), 5% were female and 95% male.</li> <li>• Of those under-19s admitted to acute services following self-harm 80% were female and 20% male</li> </ul> <p>As can be observed above (service user needs data), as compared to the whole children in care population this cohort is likely to have more males than females in most of the targeted groups. The only exception is the self-harming group where most are females. These findings indicate the need to ensure that the workforce across the new service is sufficiently balanced in terms of gender offering positive role models for both genders.</p>

Race (including Gypsy & Traveller)	<p>The anticipated cohort of approximately 100 young people will be a subset of the population currently using social care, youth offending and mental health services, and will be monitored to check if there is any variation in referral rates for protected characteristics, such as race, between IRIS and wider services.</p> <p>According to the 2011 census 7.6% of 0-19 year olds were from a Black or Minority Ethnic Group. This proportion is considerably lower than the national average of 21.1%.</p> <p>Analysis of all Children in Care in September 2014 showed that the proportion of children in care from a 'White British' background (89.0%) was in line with the CYP population in the County (89.1%). The proportion from 'Any Other Mixed Background' was four times the County average (2.4% vs. 0.6%) the numbers are small in these groups so some caution is applied in terms of making broad assumptions. However sufficiently balanced and representative staffing for key areas of the service will be sought.</p>
Gender reassignment	<p>Children's services do not collect data against certain protected characteristics of young people, for example their sexual orientation and gender reassignment status. The service will be sufficiently skilled and have appropriate knowledge to support young people with their emerging sexuality and gender identity.</p>
Marriage & civil partnership	<p>Children's services do not collect data against certain protected characteristics of young people in this case marriage or civil partnership. The service would not expect children and young people to be engaged in marriage or civil partnership due to their age.</p>
Pregnancy & maternity	<p>Referral and assessment would aim to collect any relevant information about a young person's pregnancy or maternity status, with services responding accordingly.</p> <p>Being in care is a high risk factor for young women conceiving and becoming mothers under the age of 18, with often over a quarter of all teenage parents being looked after, and over 70% having had some historic, family or current contact with social care. Overall, though, teenage conception rates have been reducing in Gloucestershire for many years. Young parents, and especially care leavers, are always supported by the Youth Support Team often with Independent Supported Living providers.</p>
Religion or Belief	<p>The service will collect any relevant information about a young person's religion or beliefs, with teams and care plans responding accordingly (e.g. requirement for quiet space for prayer etc.). IRIS will be an inclusive service that will respect different religions/beliefs.</p>
Sexual Orientation	<p>Children's services do not collect data against certain protected characteristics of young people, for example their sexual orientation and gender reassignment status. The service will be sufficiently skilled and have appropriate knowledge to support young people with their emerging sexuality and gender identity.</p>

## Other information

Other similar initiatives are currently in place within North Yorkshire and Surrey. Within Surrey it has been reported that hospital admissions are lower than 2014 with bed count seeing a positive downward trend – which is the lowest since records began. It is anticipated that in North Yorkshire up to £2 million will be saved – with positive impact for children and young people living in the county.

## 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.

<b>Total number of GCC staff affected</b>	<p>Managers and staff will be/will continue to be employed by their current organisations: mainly GCC, 2gether, other NHS provider or Prospects Services. The development of IRIS, as a wrap-around and 24/7 model, may offer opportunities for flexible working, as well as career development in a multi-disciplinary environment. We have considered these protected characteristics and can identify no disproportionate impact for any current or potential staff however this will be reviewed regularly throughout the change programme. At the relevant time formal consultation will commence with employees and due regard will be paid to ensure that everyone will be able to contribute to this, and that specific needs during the consultation period will be considered.</p> <p>The business case envisages a manager and staff complement of 28.8 FTE posts, of which about 20 would be new posts funded through GCC or NHS, and some allied posts funded by Police. Recruitment would initially be through existing provider organisations, using their current policies on equality and diversity.</p>
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	<p>Given the challenging nature of working with adolescents at risk, much work has already been done with and within social care, diversion and youth support management to ensure these services recruit and retain the optimum mix of staff to respond to specific needs of young people, for instance for strong role models of both sexes and from different majority and minority communities and for those able to work on single-sex projects as well as mixed. We want to build on this established diversity to create a multi-agency IRIS staff team with an appropriate mix of gender, ethnicity and experience to meet the needs of the specific cohort and, more broadly, to reflect the communities served.</p>
Age	<p>The development of IRIS as a wrap-around and 24/7 model may offer opportunities for flexible working, as well as career development in a multi-disciplinary environment. With a wide range of skills and coverage needed we will ensure that opportunities are made attractive to workers of all ages.</p> <p>The current age profile of two GCC teams that it is proposed will transfer into IRIS is younger than the GCC average, with a higher proportion of staff in the 26-45 bracket, and a much lower proportion in the 56+.</p>
Disability	<p>With a wide range of skills and coverage needed we will ensure that opportunities are made attractive to workers of all disabilities and none.</p>
Sex	<p>The current gender balance of two GCC teams that it is proposed will transfer into IRIS, though still more than two thirds female is proportionally more male than the GCC average. The slightly higher proportion of male staff in these teams will mirror the higher proportion of males in the target cohort for this service..</p>
Race (including Gypsy & Traveller)	<p>The current ethnicity profile of two GCC teams that it is proposed will transfer into IRIS, though still more than three quarters non-BAME or unstated, has more than twice the proportion of BAME staff than the GCC average. The higher proportion of BAME staff in these teams might be useful to IRIS as it develops appropriate adolescent services.</p>
Gender reassignment	<p>This information is not currently collected for these staff groups</p>

Marriage & civil partnership	This information is not currently collected for these staff groups
Pregnancy & maternity	This information is not currently collected for these staff groups
Religion or Belief	This information is not currently collected for these staff groups
Sexual Orientation	This information is not currently collected for these staff groups

## 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

Service users	<p>Young people have been consulted in order to develop proposals for the new service specifically, to understand what would have made their pathways and care more successful and less traumatic. Children and young people current provision as being as a negative experience, highlighting that being away from friends, family and school can exacerbate their issues and result in further problems later on. They value key relationships with a trusted worker, to be near to friends and family and maintain links. They felt that time out when crisis occurred to think about their next move might have been helpful.</p> <p>There has also been one discussion with a group from the Young Ambassadors and 2 interviews with children and young people who have experience of mental health services, both in county and out of county. More engagement is planned.</p>
Workforce	<p>3 engagement events have been held (the third was a repeat of the 2<sup>nd</sup> for anyone who had been unable to attend). These events have been for a mix of providers, partners and internal staff. The first event explored the North Yorkshire 'No Wrong Door' model, while the second presented North Yorkshire as well as the Surrey 'HOPE' and 'extended HOPE' models.</p> <p>In addition, there have also been a small number of workshops for internal staff and partners such as Prospects Youth Support Service, NHS, 2gether and the CCG. Other providers have not been involved in these sessions.</p>
Partners	<p>3 engagement events have been held (the third was a repeat of the 2<sup>nd</sup> for anyone who had been unable to attend). These events have been for a mix of providers, partners and internal staff. The first event explored the North Yorkshire 'No Wrong Door' model, while the second presented North Yorkshire as well as the Surrey 'HOPE' and 'extended HOPE' models.</p>



External providers of services	A specific engagement event for providers was held in the development phase of ideas for the service, with ongoing dialogue with providers in Gloucestershire and elsewhere.
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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.

<b>Protected group</b>	<b>Challenge or opportunity considered and what we did</b>
<b>Age(A)</b>	The practice development behind the development of the intensive service is specifically and rigorously designed to improve the approach to adolescent risk and resilience –this approach combined with adolescent specific service responses offers the opportunity for the service to be much more relevant and effective for this age group.. Service is aimed at the cohort who are all over 11, however if an individual below the age of 10 is identified as needing support the service will be considered.
<b>Disability (D)</b>	Building Better Lives offers a service for young people with a disability where the disability is the main reason a service is required. For IRIS the main reason for requiring a service would be placement instability or mental health crisis, but some of the anticipated cohort might also have a disability or a longer term condition that might become a disability (such as ‘emerging’ to actual personality disorder). The proposed service will be designed accordingly.
<b>Sex (S)</b>	Specific consideration will be given to designing the various elements of the intensive service (mental health crisis assessment, remand and emergency accommodation, day provision, step

	down) to the current gender profile of service users. The new service will build on existing positive gender profiles and seek to develop accommodation which enables single sex, gender specific provision to be available if needed.
<b>Race (including Gypsy &amp; Traveller)(R)</b>	The analysis above indicates that some groups may be over represented in this cohort. The staff group currently have a wider BaME profile than GCC as a whole. Recruitment, retention and training of staff will offer opportunities to ensure that the profile of users is reflected within the staff teams.
<b>Gender reassignment(GR)</b>	We do not yet collect information on this protected characteristic from children and young people in care/in-patient treatment. The new service will seek to collect this information in the future. The service will be sufficiently skilled and have appropriate knowledge to support young people with their emerging sexuality and gender identity. Thus seeking to offer a more positive experience of services for this group of young people.
<b>Marriage &amp; civil partnership (MCP)</b>	n/a
<b>Pregnancy &amp; maternity (PM)</b>	Individual circumstances will be taken into account when a child/young person accesses the service – pregnancy and maternity will be one such consideration. The intensive service might be appropriate as a temporary stabilising measure for a young person in the early stages of pregnancy before they return to more general support, but it is not conceived of as a mother and baby unit. It could offer a more positive service for this group of young people.
<b>Religion and/or Belief (RAOB)</b>	The IRIS will be an inclusive service that will respect different religions/beliefs. This information will be collected at the time of assessment and individual needs will be built into the care plan (e.g. requirement for quiet space for prayer etc.)
<b>Sexual</b>	We do not yet collect information on this protected characteristic from children and young people

<b>Orientation(SO)</b>	in care/in-patient treatment. The new service will seek to collect this information in the future. The service will be sufficiently skilled and have appropriate knowledge to support young people with their emerging sexuality and gender identity. Thus seeking to offer a more positive experience of services for this group of young people.
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### 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.

If none, state 'none' below.

#### Action Plan

Action	Who is accountable	Time frame
Further analysis of initial cohort profile to establish baseline. Mechanisms to record the protected characteristics not currently recorded to be developed and embedded as part of the new service. Changes to this baseline to be monitored regularly.	Work stream leads	Dec 2017
Further engagement and consultation with CIC/Youth Ambassadors. Recruitment of care-experienced young people is inclusive and aims to reflect	Work stream leads	July 2017

the balance of protected characteristics within the wider youth & care populations.		
Recruitment, retention and training plans to incorporate the findings from this statement to ensure that sufficient skills, knowledge and staff are available to support these groups in the new service.	Work stream leads	July 2017
Accommodation and capital developments to ensure that the findings from this statement are reflected in the design of residential and day provision to enable specific needs around gender and identity are supported.	Work stream leads	July 2017

## 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

Progress will be monitored and reported to the Project Board, escalated upwards as required to the Senior Teams within the Council/Clinical Commissioning Group and this document will be updated as required throughout the project life.

## 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

<b>Senior level sign off:</b> <i>Ude Wan</i>	<b>Date:</b> <i>23.1.17</i>
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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.

<b>Name of relevant Portfolio Holder/Cabinet Member:</b> <i>PAUL McLAIN</i>	
<b>Signed by Portfolio Holder/Cabinet Member:</b> <i>Paul McLain</i>	<b>Date:</b> <i>23.1.17</i>

## 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.