

## 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':	Preparing for Adulthood
Person(s) responsible for completing this statement	Vicky Townsend, Outcome Manager, Children and Families Commissioning Hub
Briefly describe the activity being considered including aims and expected outcomes	<p>This document considered the impact of the Preparing for Adulthood Strategy.</p> <p>This a joint health, education and social care strategy. As an integrated care system we want to work closely across organisations, and adult and children's services to ensure transition into adulthood is as seamless as possible.</p> <p>The main identified cohorts of young people who will need additional support to transition to adult services are:</p> <ul style="list-style-type: none"><li>• Young people who are leaving care</li><li>• Young people with special educational needs and/or disabilities</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.

- Young people with long term health conditions
- Young people with mental health needs
- Young people who are at risk of going on to become NEET (not in education, employment or training)
- Young carers

It is recognised that there will be overlap between these cohorts. Parents and carers of these young people who are transitioning into adult services should also be supported throughout the process.

#### **Guiding Principles**

Gloucestershire's guiding principles for effective transitions to adulthood are:

- Early identification and planning
- An holistic, young person focused approach
- Active involvement of young people and their families
- Raising aspirations and focusing on key life chances
- Provision of information and advocacy
- Flexibility in transfer arrangements
- Working together to ensure timely, appropriate, integrated streamlined assessments and
- planning processes across all agencies.

This strategy outlines the key priorities for improving the preparation for adulthood for the groups of young people outlined above. The aim is for transition into adult services to be a seamless process with adult and children's service working closely together focusing on achieving the best possible outcomes for young people. A well planned transition will benefit the health and social care system by reducing episodes of mental or physical crisis and unplanned admissions as well as improving the experience for young people and their families.

## 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 also 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)**

<b>Who is responsible for delivering the service?</b>	Preparing for Adulthood is a strategy with a very a broad remit. It will be delivered by a range of professionals across the integrated care system. This will include Gloucestershire Health and Care Services, Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Clinical Commissioning Group, Schools and Colleges and Gloucestershire County Council (Education and Social Care teams). It will require children's and adult services to work closely together.
<b>Service user data/Needs analysis information</b>	
Age	<p>In 2018, the resident population of Gloucestershire was estimated to be 633,558 people of which 22.5% (137,861) were aged 0-19.</p> <p>This strategy is targeted at young people preparing for adulthood. The age this begins will depend on the young person's needs however for most young people we would expect it to be from Year 9 (age 13/14). If services become aware of young people at a later date the planning for adulthood will being immediately.</p>
Disability	<p>Some of the most complex transitions into adulthood are for those with a disability. One of the key elements of the strategy is focusing on improving the service for this group of young people.</p> <p>In January 2020 there were 14,859 children in Gloucestershire schools with special educational needs; 11,872 had non-Education Health and Care Plan (EHCP) support, 2,987 had an EHCP. Of those children with an EHCP just under half attended special schools in the county.</p> <p>The special educational needs that have seen the most growth in the previous 5 years are Moderate Learning Disability, Social, Emotional &amp; Mental Health and Autistic Spectrum Disorder; the need contributing most in terms of numbers of children in the SEN cohort 2020 is Moderate Learning Disability (30%), however Social, Emotional &amp; Mental Health and Autistic Spectrum Disorder make up a further 41% of the cohort.</p>
Sex	<p>The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%. The strategy covers all young people and therefore we would expect an approximate 50/50 split between males and females.</p> <p>However boys are more likely to have identified special education needs (SEN) than girls, with a ratio of almost 2:1 (1.8) in the whole population. Some primary needs have a higher ratio of boys to girls; ASD with a ratio of 4:1 and Social, Emotional &amp; Mental Health with a ratio of just under 3:1.</p> <p>Where support is offered as non-Education Health and Care Plan support the ratio of boys to girls is again 2:1. A higher ratio of boys to girls is seen in children identified with the following needs; ASD (4:1), Multiple Sensory Impairment (4:1), Social, Emotional &amp; Mental Health (2:1) and Speech, Language &amp; Communication Needs (2:1).</p> <p>Overall for every one girl with an EHCP there are 3 boys. The ratio of boys to girls is higher for all needs except Profound</p>

<p>Race (including Gypsy &amp; Traveller)</p>	<p>Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were born outside the UK compared with a national figure of 13.4%; of this group, 40.8% were born in another European country and 22.3% were born in the Middle East or Asia. More recent estimates suggest that in 2018/19 11.2% of Gloucestershire residents were born in another country.</p> <p>With regards to ethnic origin, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and 0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK.</p> <p>The 2011 Census found that overall, 4.6% of the population in Gloucestershire was from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. The proportion of people from Black and Minority Ethnic backgrounds was considerably lower than the national figure of 14.6%.</p> <p>Overall children from BME backgrounds are significantly less likely to have identified SEN needs than children from White backgrounds. However BME children are significantly more likely to have Profound &amp; Multiple Learning Difficulties at a population level; White children are significantly more likely to be identified as Social, Emotional &amp; Mental Health and Specific Learning Difficulty (Dyslexia) than BME children at a population level.</p> <p>Where support is offered as non-EHCP; significantly more BME children were identified with Moderate Learning Difficulty and Speech, Language and Communication Needs than White children; significantly more White children were identified as ASD, Physical Disability and Specific Learning Difficulty (Dyslexia) than BME children.</p> <p>Where a child had an EHCP, significantly more BME children were identified as ASD when compared to White children. No other primary need saw a significant difference between the cohorts except Social, Emotional &amp; Mental Health where significantly more White children were identified.</p> <p>Around 8% of the school cohort in January 2020 had English as an additional language; this proportion was slightly lower although not significantly in those with SEN support (7%) and those who had an EHCP (6.7%).</p>
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Gender reassignment	Children’s services do not collect data against certain protected characteristics of young people, for example sexual orientation or gender reassignment status. There are no official estimates of gender reassignment at either national or local level.
Marriage & civil partnership	Preparation for adulthood will include any young people who are married or in a civil partnership but due to their age (under 18 or under 25 for young people with SEND) we would expect these numbers to be low.
Pregnancy & maternity	Preparation for adulthood will include any young people who are pregnant but due to their age (under 18 or under 25 for young people with SEND) we would expect these numbers to be low.
Religion or Belief	As this strategy covers all young people those with all religions and beliefs will be represented at population levels. According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population. Those aged 0-19 are more likely to report no religion than older age groups. This trend is reflected at a regional, national and district level.
Sexual Orientation	Children’s services do not collect data against certain protected characteristics of young people, for example sexual orientation or gender reassignment status. There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7%. of the population aged 16 and over are lesbian, gay or bisexual. If this figure were applied to Gloucestershire it would mean somewhere between 26,000 and 36,400 people in the county are LGB. A more recent estimate from the 2018 ONS Annual Population Survey (APS) suggests that 2.3% of the England population aged 16 and over is LGB73: if this figure were applied to Gloucestershire it would mean that there are approximately 11,900 LGB people in the county.

**Other information**

*For example: National research, partner data, officer knowledge, complaints data, links to reports*

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**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>	Not affected
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**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	Online meeting with Young Carers. Telephone conversations with Gloucestershire Parent Carers.
Workforce	No direct workforce
Partners	<i>Online meetings with</i> <ul style="list-style-type: none"> <li>• <i>Adult Social Care commissioners and providers</i></li> <li>• <i>Education teams within GCC</i></li> <li>• <i>Disabled Children and Young Peoples Service.</i></li> <li>• <i>Children's Clinical Programme Group</i></li> <li>• <i>Learning Disabilities and Autism Clinical Programme Group</i></li> </ul>
External providers of services	Online meetings with Gloucestershire Health and Care Services and Gloucestershire Hospitals NHS Foundation Trust.

## 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..

Protected group	Challenge or opportunity considered and what we did
<b>Age(A)</b>	This strategy is age specific as it is targeting young people who will be leaving children's services. The strategy is aimed at young people age 13-14 until they move into adult services and are engaging with



	<p>adult services. This will be either around the age of 18 or for young people with SEND up to 25 years old. The specific age at which preparing for adulthood starts will depend on the young person's needs recognising that we need a flexible approach.</p>
<b>Disability (D)</b>	<p>The strategy recognises young people with a disability as a key focus. Reasonable adjustments will be made to ensure that young people with disabilities are able to be a key role in planning for their future. We will be developing resources to support young people with disabilities and their families to access information to enable them to prepare for adulthood.</p>
<b>Sex (S)</b>	<p>Preparing for adulthood is applicable to the whole population of young people in Gloucestershire which would have an approximate 50/50 split of males and females.</p> <p>However Boys are more likely to have identified special education needs (SEN) than girls, with a ratio of almost 2:1 (1.8) in the whole population. Some primary needs have a higher ratio of boys to girls; ASD with a ratio of 4:1 and Social, Emotional &amp; Mental Health with a ratio of just under 3:1. Where support is offered as non-Education Health and Care Plan support the ratio of boys to girls is again 2:1. A higher ratio of boys to girls is seen in children identified with the following needs; ASD (4:1), Multiple Sensory Impairment (4:1), Social, Emotional &amp; Mental Health (2:1) and Speech, Language &amp; Communication Needs (2:1).</p> <p>Overall for every one girl with an EHCP there are 3 boys. The ratio of boys to girls is higher for all needs except Profound Multiple Learning Difficulties and Visual Impairment where the ratio is 1:1. The ratio of boys to girls is particularly high for the following needs; ASD (4:1) and Social, Emotional &amp; Mental Health (4:1).</p> <p>We would therefore expect a higher proportion of boys to require a more complex preparation for adulthood however we do not expect this to impact on how the strategy is delivered.</p>
<b>Race (including Gypsy &amp; Traveller)(R)</b>	<p>Overall children from BME backgrounds are significantly less likely to have identified SEN needs than children from White backgrounds. However BME children are significantly more likely to have Profound &amp; Multiple Learning Difficulties at a population level; White children are significantly more likely to be identified as Social, Emotional &amp; Mental Health and Specific Learning Difficulty (Dyslexia) than BME</p>

	<p>children at a population level.</p> <p>Where support is offered as non-EHCP; significantly more BME children were identified with Moderate Learning Difficulty and Speech, Language and Communication Needs than White children; significantly more White children were identified as ASD, Physical Disability and Specific Learning Difficulty (Dyslexia) than BME children.</p> <p>Where a child had an EHCP, significantly more BME children were identified as ASD when compared to White children. No other primary need saw a significant difference between the cohorts except Social, Emotional &amp; Mental Health where significantly more White children were identified.</p> <p>Around 8% of the school cohort in January 2020 had English as an additional language; this proportion was slightly lower although not significantly in those with SEN support (7%) and those who had an EHCP (6.7%).</p> <p>We need to ensure that the needs of young people from BME backgrounds are recognised and that they are getting the support then need in preparing for adulthood.</p> <p>We have a Translation and Interpretation service in place to enable us to communicate accurately with families whose first language is not English.</p>
<p><b>Gender reassignment(GR)</b></p>	<p>Children’s services do not collect data against certain protected characteristics of young people, for example sexual orientation or gender reassignment status. There are no official estimates of gender reassignment at either national or local level.</p>
<p><b>Marriage &amp; civil partnership (MCP)</b></p>	<p>Preparation for adulthood will include any young people who are married or in a civil partnership but due to their age (under 18 or under 25 for young people with SEND) we would expect these numbers to be low.</p>

<b>Pregnancy &amp; maternity (PM)</b>	Preparation for adulthood will include any young people who are pregnant or have a child but due to their age (under 18 or under 25 for young people with SEND) we would expect these numbers to be low. We will link to specialist services who support these young people to ensure their needs are met.
<b>Religion and/or Belief (RAOB)</b>	The religion and beliefs of the young people and their families will be taken into account in their preparation for adulthood.
<b>Sexual Orientation(SO)</b>	We will link to services in Gloucestershire for young people who are lesbian, gay or bisexual to ensure they are supported in their preparation for adulthood.

## 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
Formalise project management of action plans to deliver this strategy so that the	Children and Families Commissioning Hub	March 2021

<p>issues identified in the analysis section are addressed through the actions.</p>		
<p>Include all stakeholders including parents, carers and young people to develop the action plan, future processes and provision.</p> <p>-Include within this, voluntary sector partners to support the engagement of BAME communities; and</p> <p>-experts to support the complexities of Preparation for adulthood for young people with SEND, taking into account that boys are more likely to have identified special education needs (SEN) than girls.</p>	<p>Children and Families Commissioning Hub</p>	<p>March 2021</p>
<p>Undertake further consultation with specific hard to reach groups, as required, for specific projects within the developed action plan. For example, link with providers, partners and voluntary and community sector to promote the importance of high aspirations for young people with learning disabilities in BAME communities.</p>	<p>Children and Families Commissioning Hub</p>	<p>April 2021 – June 2021</p>

## 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

Regular reporting to the Integrated Commissioning Group.

## 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:



Date: 18.12.20

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 Holders/Cabinet Members: Richard Boyles, Carole Allaway-Martin &amp; Kathy Williams</b>	
<b>Signed by Portfolio Holders/Cabinet Members:</b>      	Date: 20.12.20

**Publication**

Version 2 March 2013

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.