

# Cabinet

Date: **Monday 1 July 2024**

Time: **10 am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich NR1 2DH**

## **SUPPLEMENTARY A g e n d a**

### **Advice for members of the public:**

This meeting will be held in public and in person.

It will be live streamed on YouTube and, members of the public may watch remotely by clicking on the following link: [Norfolk County Council YouTube](#)

We also welcome attendance in person, but public seating is limited, so if you wish to attend please indicate in advance by emailing [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

Current practice for respiratory infections requests that we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19.

### **10 Stronger Families 3 Year Contract Renewal**

**(Page A3)**

Report by the Executive Director of Children's Services

**Tom McCabe**  
**Chief Executive**

County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Supplementary Agenda Published: 26 June 2024



If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

# Cabinet

Item No: 10

**Report Title: Stronger Families – 3 year extension**

**Date of Meeting: 3rd June 2024**

**Responsible Cabinet Member: Cllr Penny Carpenter** (Cabinet Member for Children's Services)

**Responsible Director: Sara Tough**

**Is this a Key Decision? Yes**

**If this is a Key Decision, date added to the Forward Plan of Key Decisions: 28 May 2024**

## **Executive Summary / Introduction from Cabinet Member**

Since February 2019, Norfolk County Council's Stronger Families program has successfully used Functional Family Therapy Child Welfare (FFT-CW) to improve family relationships and reduce the demand for placements. By December 2023, 93% of the 184 participating families remained out of care, amounting to 161,255 days out of care.

In July 2023, the program was extended for a year with a renewed focus on reunification to address placement sufficiency and financial pressures. By the end of the year, the pilot had achieved 83% of its reunification target.

The current funding from the Department for Digital, Culture, Media, and Sport (DCMS) ends in October 2024, but Bridges Outcome Partnerships proposes a 25% discount on the price per outcome for a three-year extension.

We seek approval to extend the Stronger Families program for three more years to continue supporting NCC's strategy of keeping families together and reducing care placements. The outcome-based payment model ensures that NCC pays only for successful outcomes, thereby reducing overall care costs.

Enhanced reunification services will decrease the need for fostering and residential placements, and the FFT-CW model will continue to prevent children from entering

care. With a minimum of 264 referrals over the contract period, the program will benefit families holistically, aligning with Norfolk's Flourish ambition to keep children safe, connected, and supported. The proposed extension with Bridges Outcome Partnership promises continued success for Stronger Families, providing both financial and service delivery benefits for Norfolk families.

## **Recommendations:**

To approve a further, capped, outcome-based 3-year contract with Bridges Outcome Partnership, as this continues to offer significant advantages whilst mitigating potential challenges.

## **1. Background and Purpose**

- 1.1 Stronger Families has been operational in Norfolk County Council (NCC) since February 2019, focusing on reducing the demands on placements by providing Functional Family Therapy Child Welfare (FFT-CW), an evidence-based manualised model of intervention which aims to rebuild relational functioning between parents and their children. As of December 2023, Stronger Families had completed FFT-CW with 184 families, of which 93% of them have remained out of care, spending 161,255 days out of care.
- 1.2 In July 2023, Stronger Families was extended for a year and was repositioned to focus more on reunification to address some of the current challenges presenting in NCC, including sufficiency, financial pressures, and gaps in clinical services. With 7 months remaining of the extension and by 31st December 2023, the pilot had already reached 83% (10/12) of the overall target of 12 reunification cases. With 80% of these having been with young people being in care for longer than six months. In terms of referring teams, 50% (5/10) were from Family Assessment and Safeguarding Teams / Early Help teams, 40% (4/10) were from Corporate Parenting team, and 10% (1/10) was from a Children with Disability team.
- 1.3 The Department for Digital, Culture, Media and Sport (DCMS) through the Life Chances Fund (LCF) is currently funding 20% of the Stronger Families service. DCMS funding will be ending in October 2024. Nonetheless, prices per outcome have not been increased since the programme started in 2019. Due to the high inflation experienced since NCC will, in real terms, be paying a lower price per outcome even after losing the 20% co-payment from the LCF. Additionally, Bridges Outcomes Partnerships, the current provider, is proposing a 25% discount to the current price per outcome (from £107.2 per day out of care saved to £80.4) to extend Stronger Families in NCC for an additional 3 years of additional referrals.

## **2. Proposal**

- 2.1 Children's Social Care seeks agreement to extend provision of the Stronger Families service for a further three years to achieve:

**Continued Outcomes for Children and Families:**

Families will continue to be offered systemic intervention that support their communication and interpersonal relationships. Through this approach we will continue to deliver successful outcomes by keeping families together and have fewer children going to care. Stronger Families as a service has a strategic fit and aligns with our prevention strategy.

Since the start of the service, 184 families have completed Stronger Families interventions where 93% of children and young people remain within the family unit. Sibling and parental relationships are strengthened and supported to ensure those children remain out of care. In total, we would estimate that c. 112k care days have been saved<sup>1</sup>.

In addition, between August 2023 and February 2024, the service reunified 10 young people back with their families. This number is expected to exceed the target of 12 reunification by the end of July 2024.

### **3. Impact of the Proposal**

#### **3.1 Placement sufficiency:**

Reduce fostering and residential placements through enhancing the overall reunification package, thereby reducing care episodes. Decrease any subsequent CLA episodes following reunification.

#### **3.2 Specialised, therapeutic, systemic model:**

Continue to prevent children from coming into care through FFT-CW systemic model, alongside robust social work practice.

#### **3.3 Expected Outcomes:**

With a minimum referral rate of 264 over the course of the contract, interventions can benefit the main referral, their siblings and the parents, providing a holistic approach to the whole family.

This aligns to Norfolk's Flourish ambition that children are safe, connected and supported through positive relationships and networks.

#### **3.4 Cost Savings:**

Continue with current Edge of Care and Reunification service, where Norfolk County Council only pays upon successful outcomes in supporting families to stay together, thereby generating cost-savings for NCC care provision.

---

<sup>1</sup> The number of care days saved is lower than the number of days that referees have remained out of care. This is because the number of care days saved presumes that not all children referred into the programme would have become looked after due to the preventative nature of the service.

## **4. Evidence and Reasons for Decision**

- 4.1 The recommended option will continue to maintain the same objectives and volumes of the reunification pilot, providing a strategic advantage.
- 4.2 Reduced fostering and residential placements through enhancing the overall reunification package, thereby reducing care episodes.
- 4.3 Decreased any subsequent CLA episodes following reunification.
- 4.4 Continue to prevent children from coming into care through FFT-CW systemic model, alongside robust social work practice, retain the successful partnership with an experienced therapeutic team that has been integrated into NCC for the past 5 years.
- 4.5 The need for, potentially, complex transition arrangements will be avoided where the same staff group, whoever employed by, would be expected to be working on referral cases for 6 months under the old arrangements whilst also working on new case work for referrals from the end of the referral period.
- 4.6 Additionally, NCC will mitigate potential challenges associated with TUPE, recruitment and clinical governance of an in-house model, or the risks of working with a small provider who are used to being commissioned by a third party, while still maintaining accountability and oversight through the established partnership. This strategic approach positions NCC to benefit from future co-commissioning funds and emphasises the long-term success and impact on family outcomes.
- 4.7 The collaborative effort of the pilot and this, proposed, subsequent extension between the commissioner and ourselves, underlines the comprehensive and forward-thinking nature of this option.

## **5. Alternative Options**

- 5.1 Alternative options considered include:
  - Decommission the service.
  - Transition to an inhouse service.
  - Commission Family Psychology Mutual
- 5.2 Each option is summarised, with associated costs, advantages and disadvantages overleaf.

	Summary	Advantages	Disadvantages
<b>Option 1</b>  <b>Contract concludes</b>	<ul style="list-style-type: none"> <li>Referral intake ends in Jul-24</li> <li>Plan decommissioning process</li> <li>Continue to pay for outcomes until tracking period ends in the current contract</li> </ul>	<ul style="list-style-type: none"> <li>NCC stops paying for Stronger Families service and therefore there are short-term costs reductions in costs for NCC</li> </ul>	<ul style="list-style-type: none"> <li>Fewer children and adolescents are reunified with their families at a significant medium and long cost to NCC and to outcomes for families</li> <li>More children and adolescents enter care at a significant medium and long cost to NCC and to outcomes for families</li> <li>Reduced offer to families and reduced support for practitioners – service has been advertised in recruitment space</li> <li>In reality, FFTCW prevents far more than the 'index' child from entering care, so likely to see a higher increase in care admissions</li> </ul>
<b>Option 2</b>  <b>Extend the social outcomes partnership with a focus on reunification</b>	<ul style="list-style-type: none"> <li>Maintain the same objectives and volumes of the reunification pilot</li> <li>Extend current outcomes-based commissioning partnership</li> </ul>	<ul style="list-style-type: none"> <li>Addresses reunification and edge of care therapy gap in NCC</li> <li>Based on learning from a partnership that has been embedded in NCC for the last 5 years</li> <li>Retains successful partnership and experienced therapeutic team</li> <li>Norfolk continues to pay for the service conditional on successful outcomes being achieved</li> <li>Bridges are offering a lower than cost extension as Norfolk is a 'flagship' partner</li> <li>Removes the risks around recruitment and retention</li> <li>No hidden costs, we know what we will pay</li> <li>Norfolk will be able to benefit for any future co-commissioning funds to support outcomes-based partnerships (like the Life Chances Fund)</li> <li>Redundancy risk held by Bridges</li> </ul>	<ul style="list-style-type: none"> <li>Direct costs higher than in house option</li> <li>Reduced influence over which children/families the service will work with compared to an in-house model</li> <li>Entering a further contractual relationship potentially restricts future choices to switch to an alternative model of edge of care / reunification intervention without costs to extricate from the contract</li> <li>There is a risk that at the end of a renewed contract it would be difficult to make alternative arrangements due to the potentially complex arrangements that would be needed for transition; significant consideration should be given well in advance of the end of the contract period as to how this should be managed</li> </ul>

<p><b>Option 3</b></p> <p><b>Develop in house FFT-CW service</b></p>	<ul style="list-style-type: none"> <li>• Maintain the same objectives and volumes of the reunification pilot</li> <li>• Bring the service in-house</li> </ul>	<ul style="list-style-type: none"> <li>• Retains FFT-CW offer in the county</li> <li>• Direct control of the service and clinical oversight of service</li> <li>• Financial: the lowest direct cost based upon indicative calculations and, therefore, could, potentially, achieve the highest savings.</li> <li>• Potentially retain some experience from the existing team subject to TUPE.</li> </ul>	<ul style="list-style-type: none"> <li>• Potential gap in the service (i.e. FFT-CW not available in current framework)</li> <li>• Needs to include TUPE and future potential redundancy liabilities</li> <li>• Likely we will need to recruit and train staff as it would be expected that not all existing therapists would wish to transfer</li> <li>• Risk of variability in the quality of service provided depending on area/oversight</li> <li>• Risk of difficulties recruiting and training staff, leading to high levels of void</li> <li>• Loss of existing clinical governance and model fidelity</li> <li>• Risk of loss of financial performance</li> <li>• Not payment by results, so NCC would pay for therapy on a traditional basis and therefore regardless of outcomes achieved and whether families complete the intervention</li> <li>• Would need to implement new reporting/recording system required</li> <li>• Likely hidden costs associated with running a fully compliant model according to licence</li> <li>• The transition arrangements will potentially be very complex due to the nature of the current outcome based contract with work from previous referrals still ongoing</li> </ul>
--	---	--	---



## 6. Financial Implications

6.1 The 3-year contract cost has been capped at £3.2m.

NB: An annual cap cannot be applied, as it cannot be predicted how referral flow will fluctuate over the period.

6.2 The financial benefits have been calculated using the following assumptions:

- 24 months benefit for those that remain out of care or step down and remain with family
- Average weekly costs: step down from foster placement c. £0.8k per week, step down from residential c. £5k per week
- Total number of cases to be worked with to completion of 55 per year – this is based upon current performance data
- Edge of Care cases cost avoidance is fostering only whereas reunification cash saving is 80% fostering step down and 20% residential step down
- Three scenarios have been modelled with the same overall completions but with a varying split between Edge of Care cases and reunifications.

6.3 The table below estimates the minimum net saving projected for future years, but the final numbers will depend upon the delivery model agreed upon:

Financial Year	Estimated net saving
2024/25	(£1.9m)
2025/26	(£3.7m)
2026/27	(£3.2m)
2027/28	(£3.2m)

It should be noted that the values include the savings impact from existing contracts as there will be cross over.

6.4 For reference purposes, the net savings target per year (as per our budget adjustments) is c. (£1.7m), and so this extension would be expected to deliver this. Children's services have future demand and sufficiency savings built into the MTFs, which any additional benefit is expected to contribute towards delivery of.

6.5 The proposed arrangements will mean that Norfolk benefits from an outcome payment that is 25% lower than the county council has been paying for the pilot, which the commissioner has advised would be below cost for them. However, they are offering Norfolk, as a key partner, this due to Norfolk's flagship status for them, combined with the reduced risk of outcome delivery to them as the pilot has evidenced its success and the ability for the three parties to work successfully in partnership. Additionally, Norfolk will avoid the cost pressures due to recent years' inflationary increases for those children that would have been looked after without this intervention.

6.7 The risk of exceeding budgeted spend in relation to Bridges option is mitigated through a cap for the overall contract. This means that even if we exceed the number of referrals, we will not be charged more, if the team has capacity to

undertake additional work. Bridges have assured that we will not spend beyond the capped contract costs even if they over perform.

## **7. Resource Implications**

**7.1 Staff:** none, as this proposal builds on existing successful partnership and experienced therapeutic team.

It should be noted, the tracking period will continue after the 3-year referral period for the purposes of monitoring the impact on those YP – e.g. a YP beginning FFT in July 2027 will still have their entry into care tracked for 18 months (until Jan 2028). Some NCC staff resource will be required to support this.

**7.2 Property:** none, as this proposal extends a current working arrangement.

**7.3 IT:** Not identified – Already in place through the existing operating structure.

## **8. Other Implications**

**8.1 Legal Implications:** The original contract was awarded following a procurement exercise. The possibility that the contract would be extended was made clear at that time and appropriate provision has been included within its terms to allow us to do that. nplaw will be instructed to assist with any variation required.

**8.2 Human Rights Implications:** Not identified

**8.3 Equality Impact Assessment (EqIA):** Completed and included

**8.4 Data Protection Impact Assessments (DPIA):** Already in place as part of the existing contract

**8.5 Health and Safety implications (where appropriate):** None identified

**8.6 Sustainability implications (where appropriate):**  
None identified

**8.7 Any Other Implications:**  
Careful and complex planning would be required if the current contract were not to be extended.

## **9. Risk Implications / Assessment**

- 9.1 Stronger Families service will cease, leaving a number of families and children without this type of provision.
- 9.2 Loss of experienced therapeutic team already well integrated into NCC.
- 9.3 Reputational damage as the partnership with Bridges and FPM brings recognition at the national level.
- 9.4 Increased commissioning of external specialist services to provide family-based therapy sessions which will have financial implications in terms of higher costs.
- 9.5 Increased pressure on existing services, including upon commissioned in-house residential, semi-independent and foster care services, where pressures are already experienced in relation to sufficiency, to provide care for additional children and young people

## 10. Recommendations

1. To approve a further capped, outcome-based 3 year contract with Bridges Outcome Partnership, as this continues to offer significant advantages whilst mitigating potential challenges.

### Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

**Officer name:** Fiona Corless  
**Telephone no.:** 01603 692471  
**Email:** [fiona.corless@norfolk.gov.uk](mailto:fiona.corless@norfolk.gov.uk)



If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.



## Equality impact assessment (EqIA)

### Stronger Families

#### 1. Title of EqIA

Stronger Families Equality Impact Assessment (EqIA)

#### 2. What is the aim of the proposal? (max. 250 words)

Children's Social Care seeks agreement to extend provision of the Stronger Families service for a further three years, to achieve:

**Continued Outcomes for Children and Families:** Families will continue to be offered systemic intervention that support their communication and interpersonal relationships. Through this approach we will continue to deliver successful outcomes by keeping families together and have fewer children going to care. Stronger Families as a service has a strategic fit and aligns with our prevention strategy.

**Cost Savings:**

- Continue with current Edge of Care and Reunification service, where Norfolk County Council only pays upon successful outcomes in supporting families to stay together, thereby generating cost-savings for NCC care provision.

**Placement sufficiency:**

- Reduce fostering and residential placements through enhancing the overall reunification package, thereby reducing care episodes. Decrease any subsequent CLA episodes following reunification.

**Specialised, therapeutic, systemic model:**

- Continue to prevent children from coming into care through FFT-CW systemic model, alongside robust social work practice.

#### 3. Context to the proposal

The attached business case was presented to CSLT on 24<sup>th</sup> January 2024. Option 2, extending the existing social outcomes partnership was a focus on reunifications for an additional 3 years was identified as the preferred route forward



## 4. Who will the proposal impact on?

- Everyone in Norfolk
- A particular group or cohort of people - please state who they are:  
Children, their siblings and families on the edge of care and being reunified.
- Employees
- External organisations
- Other - Please state if anyone else will be affected:  
[Click or tap here to enter text.](#)

## 5. The numbers of people affected

With a minimum referral rate of 264 over the course of the contract, interventions can benefit the main referral, their siblings and the parents, providing a holistic approach to the whole family.

## 6. The demographic profile of the people affected

[Children and young people on the edge of care, or in care, their siblings and the parents will all be affected.](#)

## 7. Evidence gathering

**Please tick all the statements that apply.**

**If the proposal goes ahead:**

- It will help to deliver our [Council vision and strategy](#).  
**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)
- Service users will not experience any reductions in the quality, standards, or level of services or benefits they **currently** receive.  
**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)
- Service users who currently receive a service or benefit will continue to do so. Something will not be taken away from them which they have previously had access to.  
**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)



- No changes are proposed to eligibility criteria for services or benefits.

**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)

- The proposal will not change how service users experience existing services or benefits – e.g., opening hours or travel arrangements.

**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)

- The proposal will not lead to new or increased costs for service users or employees.

**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)

- There will be no changes to staffing structures or staff terms or conditions.

**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)

- If we consult on the proposal, this will be accessible for disabled people. We will include people with different protected characteristics.

**If you cannot tick this**, please explain why: [Click or tap here to enter text.](#)

## 8. Potential impact for each protected characteristic

- Will the proposal unintentionally disadvantage people of different ages – or will it promote equality and ease of access? [No, the proposal will not unintentionally disadvantage people of different ages. It will have a positive impact on children, young people and their parents as more families stay or get back together.](#)

### 8.1. Disabled people

- Will the proposal unintentionally disadvantage disabled people – or will it promote equality and ease of access? [No, the therapy is delivered within the home](#)

### 8.2. People from different ethnic groups

- Will the proposal unintentionally disadvantage people from different ethnic groups – or will it promote equality and ease of access? [No, there will be no unintentional disadvantage. Allocation will be on the basis of need](#)



## 8.3. People with different sexual orientations

- Will the proposal unintentionally disadvantage people with different sexual orientations – or will it promote equality and ease of access? [There will be no unintentional disadvantage](#)

## 8.4. Women and men

- Will the proposal unintentionally disadvantage women or men – or will it promote equality and ease of access? [There will be no unintentional disadvantage](#)

## 8.5. Non-binary, gender-fluid and transgender people

- Will the proposal unintentionally disadvantage non-binary, gender fluid or transgender people – or will it promote equality and ease of access? [There will be no unintentional disadvantage](#)

## 8.6. People with different religions and beliefs

- Will the proposal unintentionally disadvantage people with different religions and beliefs – or will it promote equality and ease of access? [There will be no unintentional disadvantage](#)

## 8.7. People from the armed forces, their families, and veterans

- Will the proposal unintentionally disadvantage people from the armed forces, their families, and veterans, or will it promote equality and ease of access? [There will be no unintentional disadvantage](#)

## 9. Additional information

The service will be offered to those on the edge of care or those being reunified. A positive outcome is expected for those referred, as well as their siblings and parents. With referrals being generated and agreed by Childrens Services, unintentionally disadvantage is unlikely.



## 10. Mitigating actions / reasonable adjustments

No.	Action	Lead	Date (dd/mm/yy)
1	Potential that service providers do not give due regard to equality and inclusion. This is considered low risk as referrals will be generated from within Children’s Services	Strategic Commissioner	28/05/24

## 11. Conclusion

**This proposal is assessed to have the following impact:**

- Positive** impact on people with protected characteristics.
- Detrimental** impact on people with protected characteristics that can be mitigated.
- Detrimental** impact on people with protected characteristics that cannot be fully mitigated.
- Positive and detrimental** impacts on people with protected characteristics.
- No impacts** on people with protected characteristics.

## 12. Advice for the decision-maker responsible for this proposal

- **Please explain here** (if applicable) why it may be necessary to go ahead with the proposal, even if it could have a detrimental impact on some people:

It is recommended this proposal goes ahead, as positive impacts are expected. The service delivery supports Norfolk’s vision of being a ‘place where everyone can start life well, live well and age well, and where no one is left behind.’

No detrimental impacts have been identified to service users with protected characteristics, as long as the service provider takes ownership of equality and inclusion for their service. Family Psychology Mutual (FPM) and Bridges Outcomes, the partners have worked with Norfolk County Council for a number of years. This service continues these existing relationships and expectations.





## 13. Evidence used to inform this assessment

Select all that apply:

- [Norfolk population data](#) (provide links to any population data you draw upon, e.g. [Norfolk's Story](#)):

[Click or tap here to enter text.](#)

- Data about existing or future service users - please state:

Business case

- Data about the workforce - please state:

[Click or tap here to enter text.](#)

- Legislation - please state:

[Click or tap here to enter text.](#)

- National/local research - please state:

Better Together, for Norfolk (2021-25)

- Consultation (Tip: Please provide details of any consultation)

Remember - if a proposal constitutes a change to an existing service or benefit or a removal of an existing service or benefit those affected may have a 'legitimate expectation' to be consulted.

[Click or tap here to enter text.](#)

- Consultancy - please state:

[Click or tap here to enter text.](#)

- Advice from in-house/external experts - please state:

[Click or tap here to enter text.](#)

- Other - please state:

[Click or tap here to enter text.](#)

## 14. Administrative information

**Author** (name and job title): [Rashid Almutairi, Strategic Commissioner](#)

**Decision-maker** (e.g., Full Council, a committee, elected member, working group or officer with delegated responsibility): [Click or tap here to enter text.](#)

**EqIA start date:** [Click or tap to enter a date.](#) 28.05.2024

**Contact further information:** [Click or tap here to enter text.](#) Fiona Corless, Assistant Director



# Norfolk County Council

If you need this document in large print, audio, Braille, alternative format or in a different language



please contact [Click or tap here to enter text.](#)on [Click or tap here to enter text.](#)or [Click or tap here to enter text.](#) (Text relay)



## 15. Annex 1

Examples of common barriers that people with protected characteristics may face when accessing services or employment:

### People of different ages

Older and younger people may experience discrimination or negative beliefs that restrict their professional or social opportunities.

Both older and younger people are likely to be on lower incomes.

Older age is associated with lower use of digital technology and an increased likelihood of disability or long-term limiting health conditions.

### Disabled people

Disabled people face barriers to physical environments, information, and communication (as sometimes do people with other protected characteristics).

The nature of these barriers varies tremendously depending upon the nature of someone's disability. It is important to carefully consider the barriers faced by people with physical or mobility impairments; people who are blind or D/deaf; people with learning disabilities; people who are neurodiverse; people with mental health issues or people with a combination of impairments or long-term health conditions.

Disabled people are more likely to experience reduced lifelong outcomes compared to non-disabled people in relation to education, employment, health and housing and barriers to social, sport, leisure, and transport opportunities.

Disabled people may be under-represented in some services; public life; the workforce and participation. They may be more likely to be on a lower income, experience discrimination, hate incidents and social isolation.

### People from different ethnic groups

People from some ethnic minority groups (which includes Gypsies, Roma, and Travellers) experience reduced lifelong outcomes compared to White British people and they may be less likely to do well in education, employment and health, and experience barriers in housing, sport, and leisure opportunities.

People from some ethnic minority groups may be under-represented in some services; public life; the workforce; participation; or over-represented (e.g., in criminal justice). They may be more likely to be on a lower income, experience hate incidents and cultural stereotyping.



People from some ethnic groups (for example Gypsies and Travellers) may have low literacy skills or may not access public sector websites.

## People with different sexual orientations

Consider how you will provide welcoming spaces for people of all sexual orientations.

Some public services assume that heterosexuality is the 'norm'. For example, heterosexual couples are usually presented in marketing materials but rarely lesbian or gay couples.

People with different sexual orientations may experience barriers to some services and workforce opportunities, discrimination and hate incidents.

## Women and men

Women and men experience different lifelong outcomes - e.g., they may have different experiences or be treated differently in education, employment, health, housing, social, sport and leisure opportunities.

Women may experience different life stages to men – e.g., pregnancy, maternity, menopause which can impact them in many ways. Women and men may have different experiences of caring or parenting.

Women and men may be under or over-represented in some services; public life; the workforce, consultation, and participation. They may experience sex discrimination or barriers to accessing support services.

## Non-binary, gender-fluid and transgender people

Consider how you will provide welcoming spaces that recognise gender diversity (unless you are categorised as a [separate or single-sex service](#)).

Check whether your business systems can record a person's sex if the person does not identify as 'female' or 'male', and whether you can meet the needs of non-binary, gender-fluid and trans people.

People who are non-binary, gender fluid or trans may be under-represented in public life and participation. They may experience barriers to some services and workforce opportunities, discrimination and hate incidents.

Remember that some transgender people do not identify as 'trans' – they may identify as 'female', 'male' or non-binary.



## **People with different religions and beliefs**

Consider how you will provide welcoming spaces for people with different religions and beliefs.

This includes being aware of prayer times, festivals, and cultural practices, where this is appropriate.

“Belief” can refer to an individual’s philosophical beliefs where these are genuinely held and fundamentally shape the way a person chooses to live their life - for example ethical veganism may be a protected belief.

Measures to promote inclusion for people with different beliefs should not impact on the rights of others – e.g., the rights of women or gay people.

People with different religions or beliefs may face barriers to some services; public life; participation and workforce opportunities. They may experience discrimination and hate incidents.

## **People from the armed forces, their families, and veterans**

People from the armed forces, whether serving, their spouse, partner, family, or a veteran, experience a range of barriers to accessing public services – due to the unique obligations and sacrifices of their role.

This includes being regularly posted to different locations; separation; service law and rights; unfamiliarity with civilian life; hours of work and stress.