

## Equality Impact Assessment (EIA)

This document demonstrates how the Council is meeting its duties under the Equality Act 2010, by giving due regard to the requirement to: eliminate discrimination; advance equality of opportunity; and promote good relations.

### 1. Background

Directorate	Adult Social Care
Service area	Integrated Disabilities Hub (Mental Health Commissioning)
Title of the activity being assessed i.e. the strategy, plan, policy or service	Mental Health Supported Accommodation Service
Brief outline of the proposal(s)	<p>Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) currently provides Mental Health Supported Accommodation services by way of sub-contracts with 13 third party placement providers. The Council's contract with GHCNHSFT is due to expire at the end of March 2021.</p> <p>In July 2020 Cabinet approved the recommissioning of these services based on the evidence provide by an independent review (Oct 2019) which made recommendations to both Gloucestershire County Council (GCC) and Gloucestershire Clinical Commissioning Group (GCCG) that due to quality issues this service should be recommissioned.</p> <p>Due to the operational difficulties caused by Covid-19 we are seeking approval for an extension of the arrangements and deadlines set out in the commissioning strategy project for individuals requiring mental health supported accommodation services that were originally approved by the Cabinet in July 2020.</p> <p>We are looking for approval to delegate authority to the Executive Director of Adult Social Care and Public Health to direct award to the incumbent supplier (namely GHCNHSFT) a 12 month contract commencing 1st April 2021 for the supply of mental health supported accommodation services on grounds that the contract award is strictly necessary for the purpose of ensuring the</p>

	health and welfare of service users as described within this assessment for reasons of extreme urgency given that the recommissioning timeline for such services has been substantially impacted by Covid-19, with service providers and Individuals who receive this service unable to fully respond to any consultation and engagement on the subject of appointing replacement providers. The proposed short-term contract award will provide the council with an opportunity to consult/engage as described in this assessment .
Who is affected by the proposals?	Service users <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Other, please specify: <input type="text"/>
Decision to be taken and decision maker	Cabinet: Key Decision
Person(s) responsible for completing this assessment	Steve Hubbard, Interim Outcome Manager, on behalf of the Integrated Disabilities Hub
Date of this assessment	29 <sup>th</sup> January 2021

## 2. Information Gathering

Briefly outline your approach to consultation and engagement, together with details of any other information and data sources you have utilised:

Research, Consultation and Engagement	
Service users	<p>Data is taken from information provided by GHCNHSFT regarding the current people within the Supported Accommodation Service (January 2020) and information taken from the Gloucestershire Adult Mental Health and Wellbeing Needs Assessment (December 2017).</p> <p>The proposed changes were developed from the October 2019 independent review that made recommendations to both GCC and GCCG.</p> <p>As part of the recommissioning of this service described within this paper, the GCC MH Commissioning Team is planning a process of engagement, starting in April 2021, with all the people that are supported by the Supported Accommodation Service.</p>

Workforce	<p>Advice has been taken from HR Business Partners in both GCC and GHCNHSFT regarding the proposed changes to the roles of the people currently employed by GHCNHSFT within the Supported Accommodation Service.</p> <p>Formal consultation processes to manage these changes have been designed based on this advice and will be delivered by GHCNHSFT in April 2021.</p> <p>Again, based on this advice there are no TUPE issues.</p>
Partners	<p>A Project Board is in place, made up of senior officers from both GCC and GHCNHSFT.</p> <p>All of the proposed changes outlined within this paper have been approved by this Project Board.</p>
Other	<p>As part of the recommissioning of this service described within this paper, the GCC MH Commissioning Team is planning a 3-month formal consultation with the current 13 placement providers, commencing in April 2021.</p>

### 3. Equality Assessment

Briefly explain your assessment of the impact of the proposed activity on the protected characteristics below. This section evidences how the council is giving due regard to the three aims of the general equality duty, which are to: eliminate discrimination; advance equality of opportunity; and promote good relations.

Protected Characteristic	Service Users	Workforce
Age	<p>The independent review of the service in October 2019 recommended that the current service should be recommissioned for the following reasons:</p> <ul style="list-style-type: none"> <li>The need to work with providers/developers to ensure that both</li> </ul>	Not affected

	<p>accommodation and support are of sufficient quality for individuals supported by the service.</p> <ul style="list-style-type: none"> <li>• The need to work with providers/developers to ensure that the future model of accommodation-based support is robust and aligned to the Mental Health NHS Long Term Plan and the recent GCC Housing with Care Strategy.</li> <li>• The need to ensure that the service delivers value for money.</li> <li>• Issues relating to the hourly rates and service quality expectations being out of sync with other Council contracts and the possibility of some hidden care costs for some of the older people within the service.</li> </ul> <p>All of the recommendations, as described above, will allow for this much-needed recommissioning of this service to be undertaken in a timely and safe way which will improve the quality of the lives of the people that currently receive this service</p>	
Disability	As above	Not affected
Sex	As above	Not affected

Race	As above	Not affected
Gender reassignment	As above	Not affected
Marriage & civil partnership	As above	Not affected
Pregnancy & maternity	As above	Not affected
Religion and/or belief	As above	Not affected
Sexual orientation	As above	Not affected

#### 4. Completed Actions

Set out how the proposed activity has already been amended following the equality assessment, to maximise the positive impact or minimise the negative impact:

Change	Reason for Change
<p>To meet the challenges outlined within Mind's Brick by Brick report and the Council's new Housing with Care Strategy.</p> <p>The planned recommissioning of this service is underpinned by a process of continual co-production and consultation.</p> <p>As part of this process, each of the 108 people currently in this service will receive an individual co-produced needs-led assessment.</p> <p>Through this process each individual will have access to an independent advocate.</p> <p>Based on the results of these assessments, new types of accommodation will be designed and built to meet these individual needs.</p> <p>The individuals using this new accommodation will be involved in the commissioning of these developments,</p>	<p>The independent review of the service in October 2019 found that:</p> <p>The current business model of most landlords of providing both tenancy and care creates a perverse incentive that keeps residents dependent and maintains care costs.</p> <p>There is a concern that in reality a large part of this service is providing very cheap unregistered residential care and that any changes to this service will drive up the costs of the Community Care Placement Budget.</p> <p>The overall poor quality of the placements within the Supported Accommodation Service is also contributing to further negatively impact on the mental health of some residents within the service and in turn driving increased complexity and cost. Based on the data within the review, most service users within the service live in a bedroom in shared accommodation,</p>

<p>including design, planning and the physical build, along with the recruitment of any support staff.</p> <p>Through this process, it is hoped that the people in receipt of these services feel valued and that there is a real sense of hope to aid their recovery.</p>	<p>sharing a bathroom and having their meals provided for them in a central kitchen.</p> <p>At the time of the review, it was very concerning that new people were still being referred to this service. What message regarding how these service users are valued and what hope for their future does this type of referral convey?</p>
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## 5. Planned Actions

Set out improvements that will be undertaken, following the equality assessment, to further maximise the positive impact or minimise the negative impact:

Potential impact (positive or negative)	Action	By when	Owner
Positive	Proposed recommissioning of the Mental Health Supported Accommodation Service	Proposed completion recommissioning of the Mental Health Supported Accommodation Service with all of the current 108 placements in mostly new built accommodation March 2024	Karl Gluck: Lead Commissioner, Mental Health, Advocacy & Autism

## 6. Monitoring and review

<p>The following processes/actions will be put in place to keep this 'activity' under review:</p>
<p>The Project Team will provide monthly reporting to the Project Board on its progress and performance, through a set of measures that will be used to monitor the service recommissioning progress.</p> <p>Personal Recovery Plans will be reviewed regularly as a way of monitoring and evaluating the impact of the service on individuals.</p>

Quarterly progress/update reports will be provided to the ICS Mental Health Clinical Programme, with highlight information reported by the Mental Health Clinical programme to the ICS Executive.

## 7. Officer / Decision-maker Sign off

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

Signature of Senior Officer	K Gluck
Name of Senior Officer	Karl Gluck: Lead Commissioner, Mental Health, Advocacy & Autism
Date	11.3.21

Decision maker: 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.

Signature of decision maker	
Name of decision maker	Councillor Carole Allaway-Martin
Date	11.3.21

## 8. Publication

If this document accompanies a Cabinet report or an Individual Cabinet Member (ICM) decision report it will be published, as part of the report publication process, on the GCC website. If this statement is not to be submitted with a Cabinet report or an Individual Cabinet Member (ICM) decision report, please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

## Appendix 1 – Service User Data

Details of service users affected by the proposed activity

Protected Characteristic	Service User Data and Information
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<p>Age percentage/profile of service user ages</p>	<p><i>The following table shows the age distribution of the people currently within the Supported Accommodation Service as of June 2020.</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #d3d3d3;">Age</th> <th style="background-color: #d3d3d3;">%</th> </tr> </thead> <tbody> <tr><td>Under 18</td><td></td></tr> <tr><td>18-24</td><td>4.63%</td></tr> <tr><td>25-29</td><td>4.63%</td></tr> <tr><td>30-34</td><td>4.63%</td></tr> <tr><td>35-39</td><td>8.33%</td></tr> <tr><td>40-44</td><td>11.11%</td></tr> <tr><td>45-49</td><td>10.19%</td></tr> <tr><td>50-54</td><td>19.44%</td></tr> <tr><td>55-59</td><td>14.81%</td></tr> <tr><td>60-64</td><td>12.96%</td></tr> <tr><td>65-69</td><td>6.48%</td></tr> <tr><td>70-74</td><td>1.85%</td></tr> <tr><td>75-79</td><td></td></tr> <tr><td>80-84</td><td>0.93%</td></tr> <tr><td>85-89</td><td></td></tr> <tr><td>90 and over</td><td></td></tr> <tr><td>Did not wish to disclose</td><td></td></tr> <tr><td><b>Total</b></td><td><b>100%</b></td></tr> </tbody> </table> <p><i>This compares with the ONS Annual Mid-year Population Estimates; the total population aged 18+ for Gloucestershire was 487,526 in 2014, which represents a rise of approximately 18,000 (4%) people since 2010. The population age structure presents as:</i></p> <ul style="list-style-type: none"> <li>• 24.4% aged 18-34</li> <li>• 25.2% aged 35-49</li> <li>• 25.0% aged 50-64</li> <li>• 13.7% aged 65-74</li> <li>• 11.7% aged 75 and over.</li> </ul> <p><i>Compared to the national average, Gloucestershire has a slightly smaller proportion of working age adults (18-64); England - 77.7%</i></p>	Age	%	Under 18		18-24	4.63%	25-29	4.63%	30-34	4.63%	35-39	8.33%	40-44	11.11%	45-49	10.19%	50-54	19.44%	55-59	14.81%	60-64	12.96%	65-69	6.48%	70-74	1.85%	75-79		80-84	0.93%	85-89		90 and over		Did not wish to disclose		<b>Total</b>	<b>100%</b>
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	<p><i>and Gloucestershire - 74.6%. Gloucestershire has a lower percentage of people aged 18-49 and higher percentage of people aged 50+ than the English average.</i></p> <p><i>The proportion of females is very slightly higher than males, respectively 51% and 49% of the whole population; in 2014 there were 12,000 more females than males across all ages. The proportion of females and males of ages up to 64 ranges between 49% and 51%. However, there are more significant gender differences for older age bands. The number of females is higher from the age of 50 (51%), and the proportion of females increases with older age. The largest discrepancy is seen in the over 85 year olds, where there are nearly twice as many women than men (5,458 more females than males). The difference is largely attributable to the gender life expectancy.</i></p> <p><i>By 2037 Gloucestershire's:</i></p> <ul style="list-style-type: none"> <li><i>• 0-19 year old population is expected to account for 148,600 people (increase of 11,500 people or 8.4%)</i></li> <li><i>• 20-64 year old population is projected to be 346,200 (decline of 1,800 people or 0.5%)</i></li> <li><i>• 65+ population is projected to stand at 201,600 people (increase of 85,000 people or 72.2%)</i></li> </ul>
<p><i>Disability percentage/profile of service users who have a disability</i></p>	<p><i>All the people currently within the Supported Accommodation Service described themselves as being disabled by their mental health problems.</i></p> <p><i>Using the GP register of People suffering from a Serious Mental Illness there are approximately 5,000 people living in Gloucestershire between the ages of 18 and 65 with a Serious Mental Illness at any one time. (June 2020)</i></p> <p><i>The information from the Gloucestershire Adult Mental Health and Wellbeing Needs Assessment (December 2017), which states that at least 30% of people with a long-term condition encounter a mental health problem. The recent evidence suggests that this population group is two to three times more likely to experience poor mental health than the whole population. Additionally, as presented in Section 7.1, people with a disability rate their personal wellbeing distinctly lower than those without.</i></p> <p><i>Common disorders occurring in people with long-term conditions are: depression, anxiety, dementia in the case of older people or cognitive decline. These and other mental health problems are strongly associated with long-term conditions such as cardiovascular diseases, diabetes, chronic obstructive pulmonary disease and musculoskeletal disorder. Additionally, there is also evidence for co-morbidities among people with asthma, arthritis, cancer and HIV/AIDs.</i></p> <p><i>Groups with multiple long-term conditions encounter co-morbid</i></p>

*mental health problems most commonly.*

*People with at least two long-term conditions are seven times more likely to have depression than the whole population. Detection of mental health problems is more difficult among people with long-term conditions. Evidence suggests that patients and practitioners have a tendency to focus only on physical symptoms during consultations.*

*Physical and mental health is correlated with each other in a two-way relationship. Experiencing mental health problems may lead to the onset of a range of physical illnesses. For example, studies suggest, that depression increases the risk for onset of coronary artery disease and ischemic heart disease between 50% and 100%.*

*It is estimated that in Gloucestershire in 2014 there were 29,392 people aged 18-64 years old with a moderate physical disability and 8,839 people with a serious disability. These numbers are predicted to rise respectively to 30,483 (by 3.7%) and to 9,194 (by 6.5%) by 2025, which is at a lower rate than the national increase of 5.6% of people with a moderate physical disability and 8.6% of people with a serious disability.*

*The highest increase of people with a moderate and serious disability is predicted for people aged 55-64 (by 21.2% for both groups), and the highest decline is predicted for age band 45-54 (by -14.6%). These trends are in line with the projection for the whole population.*

**Sex  
percentage/profile of  
service users who are  
male and who are  
female**

*The table below shows the number of males and females currently in the Supported Accommodation Service as of June 2020.*

<b>Gender</b>	<b>%</b>
Male	80.56%
Female	19.44%
<b>Total</b>	<b>100%</b>

*This compares with information from the Gloucestershire Adult Mental Health and Wellbeing Needs Assessment (December 2017) which states that by 2025, there will be 19,933 (7.9%) more over 18 year olds females and 20,337 (8.6%) more over 18 year olds males than in 2014. The highest increase in numbers of females and males populations is expected for the age group of 75-79 year olds there will be 6,389 (52.8%) more females and 5,447 (50.9%) more males. The largest decrease in numbers and proportions is predicted for males and females aged 45-49 years old; there will be 4,706 (-20%) fewer females and 4,812 (-20.7%) fewer males.*

*The population of females and males from most age groups will*

change in similar ratios. However, the exceptions are:

- The highest discrepancy in female and male projections concerns the age group of 25-29 year olds; it is predicted that the number of females in that group will decrease by 5.5% and the number of males will increase by 6.6%. For the following age group of 30-34 years old, the male population is predicted to increase at a higher rate than females, retrospectively 9.8% and 3.6%. As a result, by 2025 there will be more males than females in the age group 25-34 years old, as opposed to 2014.
- The numbers of females 35-39 years old will increase by 16%, while numbers of males from this age group will increase only by 10.6%.
- The population of males aged over 80 will increase at a higher rate than females. It is predicted that there will be 49.6% more males aged 80-84 (female 32.6%), 54.5% more males aged 85-89 (female 22.8%) and 71.7% more over 90 year old males (female 26.6%). This will result in the reduction of the difference between the numbers of over 85 years old females and males; in 2014 there were nearly twice as many women as men, by 2025 it will be 1.5 times more females than males.

Gender affects the risk and protective factors and the way of expressing experiences of mental distress. Females are more likely to experience depression, anxiety and self-harm, and are also more vulnerable to poverty, unemployment, domestic violence and sexual violence. Suicide, drug and alcohol use, crime and violence are more prevalent in males.

Race  
percentage/profile of  
service users who are  
from black and  
minority ethnic  
backgrounds

The table below shows how the current people within the Supported Accommodation Service describe their ethnicity as of June 2020.

<b>Ethnicity</b>	<b>%</b>
White	
British (including Scottish and Welsh)	92.59%
Other white background	0.93%
Black or Black British	
Caribbean	3.70%
Other black background	0.93%
Asian or Asian British	
Indian British	0.93%
Mixed	
White and black Caribbean	0.93%
Other	
Did not wish to disclose	
Total	100%

This compares with information from the Gloucestershire Adult

*Mental Health and Wellbeing Needs Assessment (December 2017), which states that variances in levels of mental wellbeing and prevalence of mental health disorders in different ethnic and racial groups result from a combination of factors, such as socio-economic factors, racism, diagnostic bias, and cultural and ethnic differences, and the way of presenting, perceiving and interpreting mental health distresses. Different cultures may also develop different reactions of coping with psychological stressors.*

*The highest prevalence of Common Mental Disorder by ethnicity is among Black and Black British women. Black women are significantly more likely to have depressive episodes, while panic disorder is more prevalent in mixed, multiple and other ethnic groups. Psychotic disorder is more common among black men than in other men's ethnic groups. African-Caribbean people are more likely to suffer severe mental illness. Black and Minority Ethnic groups make 4.6% of the Gloucestershire population, which is significantly lower than the national average; Gloucester has the highest proportion out of all Gloucestershire districts, which is still lower than the national average.*

*The Gloucestershire County Council ethnicity profile indicates that the Black and Minority Ethnic population represents 4.6% (27,337 people) of the population, which is significantly lower than the England average of 14.6% (based on Census 2011). Out of that the largest proportion is made up by Asian/Asian British groups (12,433). Gloucester presents the highest proportion of Black and Minority Ethnic groups, which is nearly double the Cheltenham percentage, and around 5 times more than in the other districts (although, it is still lower than the national average). Forest of Dean has the lowest percentage of people from a Black and Ethnic Minority groups (1.5%). Non-British white people make up a higher proportion in Cheltenham than the average in Gloucestershire and England.*

*Locally, the 2015/16 numbers of patients from many ethnic groups who moved to recovery were smaller than five as such recovery rates could not be calculated.*

*The highest recovery rates were amongst 'Asian or Asian British – Any Other Asian Background' and 'Asian or Asian British – Indian' (44.4% and 37.8% respectively). The recovery rates of the 'White British' ethnic group were lower than the national average (25.5% locally, 47.7% nationally).*

*The proportion of people from 'White – Any Other White Background' and 'Mixed – Any Other Mixed Background' who moved to recovery was similar to the proportion of people of White British ethnicity (24.4%, 28.6% respectively) similarly these rates are lower than the national average (46.6%, 40.3%).*

*The recovery rate of people from 'Mixed – White and Black Caribbean' ethnic group was 12.5%.*

	<p><i>As indicated by Public Health England only 3% of adults in contact with mental health services are from black and ethnic minorities. This is slightly lower than the overall population breakdown of 4.6%.</i></p>
<p><i>Gender reassignment percentage/profile of service users who have indicated they are transgender</i></p>	<p><i>We currently do not have any information regarding Gender reassignment for the people currently in the Supported Accommodation Service as of June 2020 but the Gloucestershire Adult Mental Health and Wellbeing Needs Assessment (December 2017) states that data for transgender people is limited. There is no definite data on local and national population size.</i></p> <p><i>A service working with this group of people in London, reported that over 50% of transgender people have contemplated or attempted suicide and over 80% suffer with depression. Additionally, a local research project commissioned by Gloucestershire Care Services NHS Trust in 2013, which investigated the mental wellbeing needs of Transgender people in the Gloucestershire and Bristol area found out that:</i></p> <ul style="list-style-type: none"> <li><i>• 15.7% of respondents indicated that they had self-harmed; however, for respondents living in Gloucester, the figure for self-harm was almost three in ten (28%).</i></li> <li><i>• 61.4% of respondents reported that they had contemplated suicide; for Gloucester this proportion was slightly higher: 65.6%.</i></li> <li><i>• 30.0% of respondents declared that they had attempted suicide; however again, this proportion was significantly higher for people living in the Gloucester area (43%).</i></li> </ul> <p><i>The higher prevalence of mental ill health can be related to a range of risk factors experienced by this group of people, such as homophobic, bi-phobic and trans-phobic hate crimes, discrimination and isolation. It has been suggested that the needs of this group are poorly recognised by professionals and conversely LGBT people are reluctant to express their health needs to professionals; this results in lack of data to inform commissioners. This relates not only to mental health services, but to all health and care services.</i></p>
<p><i>Marriage &amp; civil partnership percentage/profile of service users who are married or in a civil partnership</i></p>	<p><i>None of the current people within the Supported Accommodation Service were married or in a Civil Partnership. This means that if 50% of adult Gloucestershire residents are married and 33% are single (based on the Census from 2011), people who are single are disproportionately represented in this service.</i></p>
<p><i>Pregnancy &amp; maternity percentage/profile of service users who are female and who are</i></p>	<p><i>None of the current people within the Supported Accommodation Service as of June 2020 were pregnant.</i></p>

<p><i>pregnant or on a maternity leave</i></p>																									
<p><i>Religion and/or belief percentage/profile of service users religious beliefs</i></p>	<p><i>The table below shows how the people currently within the Supported Accommodation Service describe their religious beliefs as of June 2020.</i></p> <table border="1" data-bbox="507 427 1150 909"> <thead> <tr> <th><b><i>Religion and/or Belief</i></b></th> <th><b><i>%</i></b></th> </tr> </thead> <tbody> <tr> <td><i>Christian</i></td> <td><i>36.11%</i></td> </tr> <tr> <td><i>Muslim</i></td> <td><i>0.93%</i></td> </tr> <tr> <td><i>Hindu</i></td> <td></td> </tr> <tr> <td><i>Jewish</i></td> <td></td> </tr> <tr> <td><i>Buddhist</i></td> <td><i>0.93%</i></td> </tr> <tr> <td><i>Sikh</i></td> <td></td> </tr> <tr> <td><i>Atheist</i></td> <td><i>6.48%</i></td> </tr> <tr> <td><i>Taoist</i></td> <td><i>0.93%</i></td> </tr> <tr> <td><i>No religion</i></td> <td><i>54.63%</i></td> </tr> <tr> <td><i>Did not wish to disclose</i></td> <td></td> </tr> <tr> <td><i>Total</i></td> <td><i>100%</i></td> </tr> </tbody> </table>	<b><i>Religion and/or Belief</i></b>	<b><i>%</i></b>	<i>Christian</i>	<i>36.11%</i>	<i>Muslim</i>	<i>0.93%</i>	<i>Hindu</i>		<i>Jewish</i>		<i>Buddhist</i>	<i>0.93%</i>	<i>Sikh</i>		<i>Atheist</i>	<i>6.48%</i>	<i>Taoist</i>	<i>0.93%</i>	<i>No religion</i>	<i>54.63%</i>	<i>Did not wish to disclose</i>		<i>Total</i>	<i>100%</i>
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<p><i>Sexual orientation percentage/profile of service users who are lesbian, gay, bisexual, heterosexual</i></p>	<p><i>We currently do not have any information regarding the Sexual orientation of the people currently within the Supported Accommodation Service.</i></p> <p><i>However the Gloucestershire Adult Mental Health and Wellbeing Needs Assessment (December 2017) states that Lesbian, Gay, Bisexual and Transgender people are more likely to have poor mental health and are more vulnerable to experience factors that increase risk of poor mental health and wellbeing, such as bullying, discrimination and verbal assault.</i></p> <p><i>The prevalence of mental ill health among lesbian, gay, bisexual and/or transgender (LGBT) people is approximately 40%, which is higher than among the whole population (25%). However, there are variations in prevalence for different groups of the LGBT population:</i></p> <ul style="list-style-type: none"> <li><i>• 42% of gay men</i></li> <li><i>• 70% of lesbian women</i></li> <li><i>• 90% of lesbian women from BME communities</i></li> </ul> <p><i>encounter mental health problems at some point of their lifespan.</i></p> <p><i>Additionally, bisexual people experience poorer mental health than lesbian women and gay men with higher rates of self-harming, anxiety, depression and suicidality.</i></p> <p><i>In Gloucestershire recovery rates were highest amongst those who do not know or are not sure of their sexual orientation; nationally this group had the lowest recovery rates. There is a significantly higher proportion of heterosexual people who moved to recovery than those who are gay, lesbian or bisexual.</i></p>																								



## Appendix 2 – GCC Workforce Data

Details of Gloucestershire County Council staff affected by the proposed activity

Protected Characteristic	Total number of GCC staff affected:
Age	None
Disability	None
Sex	None
Race	None
Gender reassignment	None
Marriage & civil partnership	None
Pregnancy & maternity	None
Religion and/or belief	None
Sexual orientation	None