

## 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	Prevention Wellbeing and Communities Hub
Service area	Children’s Public Health Commissioning
Title of the activity being assessed i.e. the strategy, plan, policy or service	Public Health Nursing Service
Brief outline of the proposal(s)	<p>The purpose of recommissioning the Public Health Nursing Service (PHNS) with the current provider Gloucestershire Health and Care NHS Foundation Trust (GHC) is to ensure the Council continues to provide universal and targeted PHN services to families with children aged from pre-birth to 19 years . PHN services cover both Health Visiting and School Nursing services.</p> <p>The Council is required, as a condition of the Public Health grant, to offer five mandated visits in early years and to deliver the Healthy Child Programme for families and children aged 0 to 5 years, and 5 – 19 years. The Council also has a responsibility to deliver the annual National Child Measurement Programme which is carried out by the school nursing team.</p> <p>The PHN service is delivered by a team of qualified Public Health Nurses, Children’s Nursery Nurses and members of the Health and Well-being Team. The services are delivered through skill mixed teams working in locality areas. Local demographics are used to determine the skill mix balance within each team.</p> <p>Public Health Nursing services are currently provided by GHC under the arrangements of the Collaborative Commissioning Agreement with the Integrated Care Board (ICB). As a result it forms part of the contract between the ICB and GHCNHSFT. It is funded from the Public Health Grant with a S76 agreement transfer of funding between the council and the ICB. The contract between the ICB and GHCNHSFT is agreed annually.</p>

Who is affected by the proposals?	Service users <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Other, please specify: <input type="text"/>
Decision to be taken and decision maker	Public Health Nursing Service  Siobhan Farmer – Director of Public Health Cllr Mark Hawthorne – Leader of the Council
Person(s) responsible for completing this assessment	Beth Bennett-Britton – Consultant in Public Health Alison Comley – Senior Commissioning Manager Naziya Kapadia – Commissioning Officer
Date of this assessment	November 2022

## 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 on population and need has been obtained from the following local and national sources, including:</p> <ul style="list-style-type: none"> <li>• Gloucestershire County Council Population Profile, 2022</li> <li>• Gloucestershire Pupil Wellbeing Survey findings, 2020/22</li> <li>• Office of National Statistics</li> <li>• Office for Health Improvement and disparities</li> <li>• Census 2021 for Gloucestershire</li> </ul> <p>We have worked with the Family Hubs project team in the Children and Families Commissioning hub to identify relevant outputs from their engagement activities to inform this EIA.</p> <p><b>Completed Engagement:</b></p> <p>In October 2022, we engaged with service users through virtual workshops and one to one interviews to explore their attitudes towards and experiences of the PHN service.</p> <p>We also completed extensive engagement with young people in schools via in person focus groups, one to one interviews and youth groups to explore their attitudes towards and experiences of the School Nursing service in schools.</p> <p>We have analysed responses and identified trends from an engagement exercise carried out just before the pandemic in early 2020. The exercise included the following surveys:</p>

	<ul style="list-style-type: none"> <li>• Health Visiting survey aimed at families</li> <li>• School Nursing survey aimed at families</li> <li>• Youth school nursing survey aimed at young people</li> </ul> <p><b>PHN service remodelling project</b></p> <p>To inform the previous remodelling of the service between April 2018 and March 2020, the following consultation and engagement activities were carried out.</p> <p>A significant amount of engagement and consultation was undertaken during this project to inform the remodelling exercise. The activities are summarised below. The feedback gathered has been drawn upon to inform this EIA.</p> <ul style="list-style-type: none"> <li>• <b>Pre-Engagement</b> - A period of pre-engagement activities (May to August 2017) was used to identify what proposed changes should be considered and issues to explore positive and negative.</li> <li>• We identified groups of potentially more vulnerable, service users and those more at risk of not having the best start in life or experiencing barriers to accessing services or health inequalities or issues with transition.</li> <li>• <b>Public Consultation</b> - Public Consultation (September 2017 to November 2017) took place to test agreement with and gather feedback on the impact of the proposed changes.</li> <li>• <b>Consultation Responses</b> - A total of 752 responses were received to the consultation survey, respondents were parents, carers and secondary school pupils.</li> </ul>
Workforce	<p><b>Completed Engagement:</b></p> <ul style="list-style-type: none"> <li>• In August 2022, we engaged with the PHN Leadership team through a 3.5 hour in-person workshop, to explore their attitudes towards and experiences of the PHN Service. The workshop gathered input on what good looks like, what is currently working well within the service, where the priority areas currently exist and ideas of where the service can be strengthened further.</li> <li>• Members of the PHN workforce were also invited to take part in focus groups or interviews during Autumn 2022. Feedback was received from both the Health Visiting team and the School Nursing team as part of this exercise.</li> <li>• We have analysed and pulled out trends from responses from the PHN workforce survey that was carried out before the Covid Pandemic in 2020.</li> </ul> <p><b>Ongoing Engagement Activities</b></p>

	<ul style="list-style-type: none"> <li>• As the service will largely be staying the same with some changes to better meet current needs, we will be in regular contact with the PHN Service through the existing Contract Monitoring Meetings to engage with them on how the current service is working and to seek their views on areas for improvement and make best use of available resources.</li> <li>• To improve the service further and quality assurance, GCC will conduct 1 audit a year to seek feedback and opinions from the workforce.</li> </ul> <p>During the remodelling process, the following GHCNHSFT staff engagement events took place, supported by Gloucestershire County Council/ Public Health:</p> <p>Health Visitor Forum, School Nursing Forum, Big Conversation event to collect ideas and proposals from all staff, Informal staff engagement activities, Use of Learning into Action (LiA) groups.</p>
Partners	<p><b>Completed Engagement</b></p> <ul style="list-style-type: none"> <li>• In October 2022, we engaged with key and wider stakeholders via in-person and virtual focus groups as well as one to one interviews. The purpose of the engagement was to gather feedback on their experiences of working with the PHN teams and the processes surrounding these. The views also sought on priority areas for strengthening.</li> </ul> <p>As part of the previous remodelling project, the following engagement was undertaken:</p> <ul style="list-style-type: none"> <li>• A professional stakeholder engagement event was held and thematic analysis of feedback from the Stakeholder event was conducted.</li> <li>• <b>Pre-engagement Activities and Public Consultation</b> The Public Consultation received 122 survey responses from Professionals and 7 from Organisations. The outcomes from the consultation and associated recommendations were published and disseminated to the public and all partners in spring 2018.</li> <li>•</li> </ul>
Other	<p>Children’s Public Health commissioners hold quarterly contract monitoring meetings with GHCNHSFT in addition to ongoing regular contact as required to manage the contract and the interfaces with other projects such as Family Hubs.</p> <p><b>Completed Engagement</b></p>

	<ul style="list-style-type: none"> <li>• We have worked with the Family Hubs team to identify relevant outputs from their engagement activities to better align the PHNS service with the Family Hubs Model.</li> <li>• In October 2022, we engaged with key professionals from the Voluntary and Community Sector via virtual focus groups to explore their attitudes towards and experiences of the PHN service.</li> </ul>
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### 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>This service will have a <b>positive impact</b> on all ages between 0-19 years and families.</p> <p><b>Challenge:</b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017, there was a variation in the age profile of those who participated in the general consultation survey which generally reflects the age spread of new mothers e.g. 157 (approximately 40%) of the general consultation responses were received from people aged 30 to 39 and 6 responses (1.5%) from people aged 16-24.</p> <p><b>Youth School Nursing Survey/Health Visiting Survey for families 19/20</b></p> <p>The Youth School Nursing Survey indicates 87% of children had not seen a person from the school nursing team in the last 12 months</p>	<b>No identified significant impact</b>

	<p>and only 13% had seen someone from the school nursing team.</p> <p>In 2019 the project group developed a Health Visiting Engagement Survey for families to review and seek feedback related to the remodelling of the service. The survey was distributed to a small cohort of users. The survey indicated the age ranges of children/the children cared for varies in Gloucestershire with 34.26% at or under 1, followed by 29.63% at age 3, 27.78% at age 2 and 20.73% at age 4.</p> <p><b>Two year health and development review</b></p> <p>4 people (67%) aged 16-24 considered that the reason for families not taking up the offer of a two year check could be because they 'do not feel it's important'.</p> <p>158 people (49%) aged 25-54 considered that the reason for families not taking up the offer of a two year check could be because 'the timings of the appointments aren't convenient'.</p> <p><b><u>Advance equality of opportunity:</u></b></p> <p><b>Ongoing Communications</b></p> <p>Ongoing communication via traditional and virtual methods of branding and advertising has been run to raise awareness of the role of the Public Health Nursing Service (Health Visitors, Community Nursing Nurses and School Nurses) to improve visibility and access.</p> <p><b>Public Facing Website</b></p> <p>The public facing website has been updated and now has improved links to selfcare resources and contacts for direct support. In 2019 the project group developed a</p>	
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	<p>Health Visiting Engagement Survey for families to review and seek feedback related to the remodelling of the service. The survey was distributed to a small cohort of users. The HV for families survey has indicated that 55% of users have found what they are looking for on the website.</p> <p><b>Children and Young People in/out of School</b></p> <p>School nurses within GHCNHSFT work with children and young people in the community, both in school and out of school. The school nurses are registered nurses or midwives that support children and young people with emotional and mental health issues, as well as relationships, bladder and bowel issues, lifestyle health and family worries.</p> <p><b>Gloucestershire Maternity and Neonatal system</b></p> <p>The Public Health Nursing Service is also very much involved in the Gloucestershire Maternity and Neonatal system, specific to co-producing the Equity and Equality plan. The plan sets out an ambition to improve equity in outcomes for mothers and babies from Black, Asian and mixed ethnicity groups, those living in the most deprived areas and the young mother.</p> <p><b>CYP Portfolios</b></p> <p>The Public Health Nursing Service has representation and involvement in other Children and Young People portfolios across the county which includes Best Start in life and the Infant Feeding Strategy for Gloucestershire.</p> <p><b>‘This Mum Can’ Campaign</b></p>	
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	<p>The 'This Mum Can' campaign is currently running a pilot in Gloucestershire. The pilot aims to support young pregnant women and young mums to share knowledge, confidence and capability to breastfeed. The campaign engages with women to share tips, inspiration and real stories from young women based in Gloucester and develop an online community to share experiences.</p> <p><b>22/23 engagement activities with Service Users both Families and Children</b></p> <p>We have completed a wide range of engagement activities with service users and stakeholders to understand what works well and what can be improved to the service. The engagement activities include 1-1 interviews, in person and virtual focus groups and conversations with youth groups in schools.</p> <p>The age profile of service users that took part in the engagement activities ranged from 11-17 and 25-34.</p> <p>We advertised the engagement activities through email, phone calls, social media and text messaging via the Health Visiting and School Nursing Service.</p> <p><b>School Nursing:</b> Service users reported, if every school had a named school nurse run the drop ins, give health promotion talks and be a familiar face, students will be more likely to visit them about concerns and ask for help and advice. This will allow school nurses to target their interventions to the specific needs of their school/population, develop</p>	
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	<p>relationships with students and staff, which should lead to improved outcomes.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>The universal offer is accessible to all families/carers of children between 0-19 years of age. There is no discrimination on the basis of age for any parents or carers of children supported by the service</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will be flexible to adjust as appropriate if it is found that a particular group are unable to access the service. This will be informed by monitoring through provider engagement and data collection.</p>	
<p>Disability</p>	<p>This service will have a <b>positive impact</b> on children and young people with disabilities.</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017 it was detailed that, 14 people (3.5%) of those who participated in the general consultation survey considered themselves to have a disability.</p> <p>In the general consultation, a higher proportion of people (89%) with disabilities agreed with the principle to improve PHN services based on what evidence has indicated</p> <p><b>Youth Consultation</b></p> <p>23 people (6.5%) of those who participated in the general consultation survey considered themselves to have a disability..</p>	<p><b>No identified significant impact</b></p>

	<p>38% of children with a disability thought that the availability of Public Health Nursing to every family would have a positive impact on them compared to 25% of those without a disability.</p> <p><b>20/22 PWS Survey</b></p> <p>Data from the 20/22 PWS Survey indicates that there is an increasing trend in pupils reporting to having a physical and learning disability. Similarly there is an increasing trend in the proportion of pupils receiving SEN support or an EHCP.</p> <p><b>20/21 NCMP Report:</b></p> <p>In 2020/2021 - 13.5% of reception pupils were classed as obese, this was broadly in line with the national average of 14.4%. Levels of obesity amongst reception pupils increased between 2019/20 and 2020/21 at both a local and national level, and this increase was statistically significant.</p> <p>In 2018/2019 18.6% of year 6 pupils were classed as obese, this was better than the national average of 20.2%.</p> <p><b><u>Advance equality of opportunity</u></b></p> <p><b>Health Visiting Survey for families 19/20</b></p> <p>The findings from the Health Visiting Survey for families 19/20 indicate that the introduction of Baby Hubs has offered families improved opportunities to share experiences, build friendships and support each other which could help more vulnerable people to strengthen their support network.</p> <p><b>School Nursing Engagement with Young People 22/23</b></p>	
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	<p>The findings from the engagement with young people informed that when children with disabilities visiting the school nurse, the school nurse was very helpful where the process of getting assessed and referrals were explained using easy language.</p> <p><b>Routine Vision Screening</b></p> <p>In 2020/21 local authorities were advised to complete measurements in a representative 10% sample of schools so that we could make estimates about all children. In Gloucestershire, we measured 98% of Reception children by using routine vision screening appointments. This gives us a very high level of confidence in our 2020/21 data for Reception.</p> <p><b>CYP Weight Management Pilot</b></p> <p>A Children and Young people's Healthy Weight Management Pilot is currently being run in Gloucestershire, where both School Nurses and Health Visitors are crucial in gathering the benchmark for the NCMP data. Both School Nurses and Health Visitors are also one of the key partners that refer into the service by sending letters to families inviting them to the pilot.</p> <p>The service will continue to provide a specifically focused SEND PHNS workforce element.</p> <p><b>Focus Group and 1-1 interview engagement with Service Users 22/23</b></p> <p>It was mentioned by stakeholders there is a need to upskill health visitors to provide low level mental health advice and signpost users to other services</p>	
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	<p><b><u>Eliminate Discrimination:</u></b></p> <p>Every family with a child aged 0-5 years receives a Family Health Needs Assessment to identify the level of Health Visiting service that should be offered. Families identified as vulnerable will receive an enhanced level of Health Visiting service, either universal plus or partnership plus.</p> <p><b>Experience of Health Visitors</b></p> <p>Health visitors are well placed to probe mothers on their mental health and encourage/signpost service users to access specialist support.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be informed by monitoring through engagement and data collection.</p>	
Sex	<p>This service will have a <b>positive impact</b> on both boys and girls</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017, it was detailed that, 5% of the responses were from males and 88% were from females with 7% choosing not to say/answer the question.</p> <p>A higher proportion of females (55%) had used the Public Health Nursing Service in the last 12 months than males (37%).</p> <p>There was some variation in responses by gender to the impact of the introduction of School Nursing Hubs</p>	No identified significant impact

- Males 25% positive impact, 35% negative impact, 40% no impact
- Females 50% positive impact, 17% negative impact, 33% no impact

**NCMP Report**

According to the NCMP data:  
**Reception obesity current (20/21)**

**rates:**  
 14.8% of boys  
 14.1% of girls

**Year 6 obesity current (20/21)**

**rates:**  
 29.2% of boys  
 21.7% of girls

In both Reception Year and Year 6, boys in Gloucestershire are more likely to be overweight than girls over the past 5 years.

The gap between boy/girl obesity is greater in Year 6 and recorded NCMP data shows that this gap is widening from 2.5% in 2014/15 to 5.1% in 2018/19.

[National Child Measurement Programme, England 2020/21 School Year - NHS Digital](#)

**Advance equality of opportunity:**

All Children of both genders resident in Gloucestershire between 0 – 19 years will have access to the PHN Service. Mothers and fathers and female and male carers of all children can access the service.

**Ongoing Communications**

Ongoing communication via traditional and virtual methods of branding and advertising has been run to raise awareness of the role of the Public Health Nursing Service (Health Visitors, Community Nursing

	<p>Nurses and School Nurses) to improve visibility and access.</p> <p><b>Collaboration</b></p> <p>Collaborative work across the early years system has been supported and promoted by PHNS to improve engagement of male carers into the service.</p> <p><b>Gender Distribution</b></p> <p>This universal offer ensures the service user profile reflects this total population gender distribution. It should also be mentioned that Dads are always welcome for the mandated checks.</p> <p><b>22/23 engagement activities with Service Users both Families and Children</b></p> <p>Feedback suggested that young people particularly males don't feel comfortable to talk within a group setting. Therefore the service model continues 1-1 support to this cohort.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>All Children of genders resident in Gloucestershire between 0 and 19 years have access to the PHN services offered. Mothers and fathers and female and male carers of all children can access the service.</p> <p><b>Children's Healthy Weight Management Programme in Gloucestershire</b></p> <p>The PHN Service will work with the future Healthy Weight Management Provider to ensure equitable access to the service for all genders.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to</p>	
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	access the provision. This will be informed by monitoring through engagement and data collection.	
Race	<p>This service will have a <b>positive impact</b> on all race.</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017 it was noted that, the majority of responses (82%) were from those who consider themselves to have a White ethnic origin with 78% identifying themselves as English.</p> <p>No Gypsy or Irish travellers completed the general survey although 3 people (0.84%) completed the youth version.</p> <p>0.5% of respondents identified as being from a Black or Minority Ethnic Community (BME).</p> <p><b>20/22 PWS Data</b></p> <p>The PWS data indicates that 79% of pupils in schools are white British, followed by 5% white – any other white background, followed by 2% as unclassified and 2% classed as Asian-Indian.</p> <p><b><u>Advance equality of opportunity:</u></b></p> <p>The service promotes accessibility through ensuring the School nursing service is commissioned and delivered for all school aged children not just pupils in school regardless of race.</p> <p>Support will generally be targeted to those in greatest need regardless of race. However, some interventions could be targeted on the basis of</p>	<b>No identified significant impact</b>

	<p>race, when this is specifically associated with need.</p> <p>The service will aim to actively collaborate with local partners to develop local data and knowledge of the families within the area. Where access may be more difficult for parents from a minority ethnic group because language and/or custom may present a barrier and explore actions to mitigate this impact.</p> <p><b>The PHNS Equality, Diversity and Inclusion Workstream</b> includes current focus on:</p> <ul style="list-style-type: none"> <li>• <b>Interpreting Services</b> - staff competence &amp; confidence in accessing</li> <li>• <b>S1 Communication Icon</b> – prompt professional to navigate language need &amp; record of preferred 2<sup>nd</sup> language</li> <li>• <b>Translation &amp; Communication</b> - Inclusive language in all documentation &amp; comms – multi-lingual resources for HV Handy Guides prompt stickers for service users to request interpreters for appointments, complete Vitamin D video, ensure all HV/MW leaflets available in most common languages</li> <li>• <b>Migrant family HV Pack</b> – Liaise with GARAS regarding HV welcome pack for refugee families</li> </ul> <p><b>Support for Asylum Seekers</b></p> <p>Health Visitors have links with known hotels in Gloucestershire where asylum seekers are placed. The service ensures that identified families whether placed in temporary or permanent</p>	
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	<p>accommodation are offered a Universal Health Visiting offer. All families are given a Family Health Needs Assessment that determines the service offer for future contacts.</p> <p><b>22/23 engagement activities with Service Users both Families and Children</b></p> <p>All service users of the service were invited to take part in the engagement. The majority of service users that took part in the engagement were of white British ethnicity, Asian/Asian British ethnicity. Participants lived in Gloucester, Cotswolds and Tewkesbury.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>The PHNS offer is available to all people regardless of their Race.</p> <p>The PHN Service work both in settings and in communities. The PHN Service will continue with efforts to reach hard to reach communities such as Gypsy/Traveller communities as well as Home Schooled children and families.</p> <p>The PHN Service has established links with the Clinical Lead Nurse for Migrant Health at Gloucestershire CCG. The team advises the PHNS of families residing in hotels.</p> <p>The PHNS work closely with GARAS and participate in regular meetings where public health concerns are raised.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be</p>	
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	informed by monitoring through engagement and data collection.	
Gender reassignment	<p>This service will have a <b>positive impact</b> on all children, young people and families.</p> <p><b><u>Challenge</u></b></p> <p>There is minimal data available for this protected characteristic, however we have found:</p> <p><b>20/22 PWS Survey</b></p> <p>Data from the 20/22 PWS survey details the responses made from pupils related to gender identity. A high percentage of 80.6% of pupils identify as Cis gender followed by 6.5% reporting they 'don't know'. 1.1% of pupils reported their identity as transgender.</p> <p><b><u>Eliminate discrimination</u></b></p> <p>There will be no adverse or negative impact on this protected characteristic resulting from the proposed changes of the PHN Service.</p> <p><b>School Nursing Engagement with Young People 22/23</b></p> <p>Engagement with young people indicated that it would help if school nurses had better training about gender awareness. The service will aim and have concluded a plan to train the workforce on gender awareness that is inclusive and highlight the mental health aspects.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be informed by monitoring through engagement and data collection.</p>	<b>No identified significant impact</b>

<p>Marriage &amp; civil partnership</p>	<p>This service will have a <b>positive impact</b> on children, young people and families.</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017 it was noted that, 68.5% of the people who responded to the general consultation were married or in a civil partnership, 20% were not, 7.5% preferred not to say and 4% did not answer the question.</p> <p><b><u>Advance equality of opportunity:</u></b></p> <p>The introduction of Baby Hubs has offered families improved opportunities to share experiences, build friendships and support each other. The baby hubs are open to all.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>There will be no adverse or negative impact on this protected characteristic.</p> <p><b>Family Needs Assessment</b></p> <p>The PHN Service will always consider the quality of relationships of couples using a family needs assessment. The needs assessment informs support that is available.</p> <p><b>ASQ's</b></p> <p>The ASQ is part of the Safeguarding Practice Standards, which helps to identify those that are vulnerable or at risk.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to</p>	<p><b>No identified significant impact</b></p>
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	<p>access the provision. This will be informed by monitoring through engagement and data collection. The service is open to all.</p>	
<p>Pregnancy &amp; maternity</p>	<p>This service will have a <b>positive impact</b> on users that are pregnant and in the maternity stage.</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017, it was detailed that 17% of respondents to the general consultation were pregnant or had been pregnant in the last year.</p> <p>For those that were pregnant or had been pregnant in the last year</p> <ul style="list-style-type: none"> <li>• 86% had used the Public Health Nursing Service in the last 12 months</li> </ul> <p>For those that were not pregnant or had not been pregnant in the last year</p> <ul style="list-style-type: none"> <li>• 48% had accessed the Public Health Nursing service in the last 12 months</li> </ul> <p><b>Breastfeeding:</b> According to PHOF, OHID, in 21/22 57% of infants in Gloucestershire are totally or partially breastfed at age 6-8 weeks.</p> <p><b>Smoking</b> - In 2020/21 10.9% of mothers in Gloucestershire were smoking at the time of delivery which was higher than the national average</p> <p><b>Teenage Mothers:</b> In 2020/21 0.4% of deliveries in Gloucestershire were amongst mothers aged under 18, this was in line with the national average of 0.6%</p>	<p><b>No identified significant impact</b></p>

**Focus Group and 1-1 interview engagement with Service Users 22/23**

**Health Visiting:** Service users reported that across their health visits, having a named health visitor or a Health Visiting team which the service user sees consistently will help them develop rapport, improve trust and thus service users will feel more comfortable and confident disclosing concerns and asking questions.

**School Nursing:** Service users reported, if every school had a named school nurse run the drop ins, give health promotion talks and be a familiar face, students will be more likely to visit them about concerns and ask for help and advice. This will allow school nurses to target their interventions to the specific needs of their school/population, develop relationships with students and staff, which should lead to improved outcomes.

**Advance equality of opportunity:**

The anticipated minor changes will ensure that the service delivery continues to focus on early intervention and engaging with all parents when they access ante-natal services.

**Universal Ante-Natal Contract**

The universal ante-natal contract will look at how well service delivery continues to focus on early intervention and engagement with parents.

**Infant Feeding Strategy**

The service is involved within the Infant Feeding Strategy for

	<p>Gloucestershire, which develops and investigates the benefits of breastfeeding through joint collaboration with other services and social media. The group are currently developing an Early Years Strategy which will also highlight the Public Health elements of breastfeeding in detail.</p> <p><b>Liaison with the Midwifery Service</b></p> <p>The PHN Service work closely with Midwifery services to improve pathways and transition for service users. The collaboration includes face to face and virtual drop in sessions.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>There will be no adverse or negative impact on this protected characteristic.</p> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be informed by monitoring through engagement and data collection.</p>	
<p>Religion and/or belief</p>	<p>This service will have a <b>positive impact</b> on all religion and belief</p> <p><b><u>Challenge:</u></b></p> <p><b>General Consultation</b></p> <p>Within the general consultation that took place in 2017 it was noted that, 45% of the respondents to the general consultation were Christian, 37% had no religion, 3.3% were Muslim, 0.25% were Buddhist, 1% chose 'any other religion' with the remaining preferring not to say/not answering the question.</p>	<p><b>No identified significant impact</b></p>

There was no significant difference in level of agreement with the principles or the changes between those who had a religion or belief and those who had no religion or belief.

**Gloucestershire JSNA**

Evidence from the Gloucestershire JSNA indicates that younger people aged 0-19 were more likely to report no religion than older age groups (33.5% of 0-19 year olds compared with 9.1% of people aged 65 and over)

[ugjsna\\_2017-14.pdf](#)  
[\(gloucestershire.gov.uk\)](#)

**Advance equality of opportunity:**

The service will aim to actively collaborate with local partners to develop local data and knowledge of the families within the area. Where access may be more difficult for parents from a minority ethnic group because language and/or custom may present a barrier and explore actions to mitigate this impact.

**Eliminate Discrimination:**

Support for children and young people will be provided according to their individual need/s and therefore there will be no adverse or negative impact on any particular religious or belief group or individual.

**The PHNS Equality, Diversity and Inclusion Workstream** includes current focus on with conjunction with Midwifery Services:

- Population Analysis
- Service User Engagement

	<ul style="list-style-type: none"> <li>• Staff Training – Cultural Competency Training</li> </ul> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be informed by monitoring through engagement and data collection.</p>	
<p>Sexual orientation</p>	<p>This service will have a <b>positive impact</b> on children, young people and families.</p> <p><b><u>Challenge:</u></b></p> <p><b>20/22 PWS Survey</b></p> <p>The local PWS survey indicates the proportion of pupils identifying as lesbian, gay or bisexual (LGB) is increasing by the year. The data indicates:</p> <ul style="list-style-type: none"> <li>• 5.2% of pupils considered themselves LGB in 2016</li> <li>• 6.3% in 2018</li> <li>• 7.9% in 2020</li> <li>• 10.7% in 2022.</li> </ul> <p>The data indicates that there is an increasing trend in confidence in pupils that consider themselves LGB.</p> <p><b><u>Advance equality of opportunity</u></b> GHCNHSFT in offering universal services for children and young people and their families would be expected to demonstrate how they would mitigate any negative impact based on the sexual orientation of a child or adult service user.</p> <p><b><u>Eliminate Discrimination:</u></b></p> <p>Support for children and young people will be provided according to</p>	<p><b>No identified significant impact</b></p>



	<p>their individual need/s and therefore there will be no adverse or negative impact from the proposed minor changes on any particular individual or group who identifies with a different sexual orientation.</p> <p><b>The PHN Service Equality, Diversity and Inclusion Workstream</b> includes current focus on:</p> <ul style="list-style-type: none"> <li>• <b>Translation &amp; Communication</b> - Inclusive language in all documentation &amp; communications</li> </ul> <p><b><u>Promote good relations:</u></b></p> <p>The service will aim to be flexible to adjust as appropriate if it is found that a particular group are unable to access the provision. This will be informed by monitoring through engagement and data collection.</p>	
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#### 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
Commissioners continue to review the implementation of the remodelled PHN Service every quarter.	The remodelled service has been delivered to a high performance and has been awarded a 'good' in all areas of the CQC rating in 2022.
Improve access for all service users for the mandated checks focusing on antenatal and two year check.	<p>The actions to improve take up of the 2.5 year check has resulted in major improvement.</p> <p>The service has focused on antenatal contact where the service has considered a range of access methods to improve delivery which also includes virtual options for convenience. The PHN Service is also in partnership with the Early Years' Service as well as Maternity to improve the service offer.</p>

Engage with service users to understand issues of access to SN for pupils not in school such as Gypsy and traveller children, home schooled and excluded pupils.	The service continues to work on alternative routes for children that are not in school. This is a challenge for the service.
Engage with service users to understand if service offer is meeting needs of disabled children accessing services. Use this to inform the specialist skilled SEND service implementation.	No negative feedback has been found and demand for the service continues to grow.

## 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	To improve and enhance the service further and ensure quality assurance, GCC will conduct 1 audit a year to seek feedback and opinions from the workforce.	Ongoing	PHNS Team
Positive	<p>Ongoing communication via traditional and virtual methods of branding and advertising to raise awareness of the role of the Public Health Nursing Service to improve visibility and access, this will include:</p> <ul style="list-style-type: none"> <li>• Communication Plan for engagement with the provider and wider partners, to include approaches to understand challenges and opportunities associated with service uptake and protected characteristics</li> <li>• Develop a clear remit of roles between public health nurses and wider health services with a clear vision</li> </ul>		

	<p>of what the PHNS can deliver.</p> <ul style="list-style-type: none"> <li>• School nurses to be visible within the school, such as seeing the nurse in person regularly during assemblies. Promote the role of the school nurse in schools.</li> <li>• Involve young people including experts by experience, School Councils, Youth Groups and other organisations working with young people to co-produce promotional materials and a communications plan for the School Nurse Service.</li> <li>• Training support for key staff such as Form Tutors, Heads of Year and Youth Workers to help signpost young people to the School Nurse or Chat Health.</li> </ul>		
Positive	Where appropriate introduce protected group reporting requirements into PHNS data collection and reporting. Ensuring the service specification, KPIs and contract monitoring promote ED&I and work to reduce health inequalities amongst protected groups, allowing for adaptations as needs arise and ensuring acceptable performance reporting.	Ongoing	PHNS Team
Positive	Engage further through engagement activities with service users to understand issues of accessing the PHN Service for pupils not in school such as Gypsy and traveller children, home schooled children and children with disabilities.	Ongoing	PHNS Team
Positive	PHN Service to become more integrated with the Family Hubs Model and be part of the Integrated Leadership team	Ongoing	PHNS Team

Positive	The service will aim to train the workforce on gender awareness that is inclusive and highlight the mental health aspects.	Ongoing	PHNS Team
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## 6. Monitoring and review


The following processes/actions will be put in place to keep this 'activity' under review:

This Equalities Impact Assessment Statement will be reviewed and updated accordingly as the service moves forward. Through the continued engagement planned to review the service, we will assess whether we are appropriately and accurately considering the needs and inequalities for all individuals within the service offer.


The Equalities Impact Assessment Statement will form part of the routine contract monitoring and will be used to assess provider compliance with equalities act, uptake and outcomes across protected characteristics (as applicable and reasonable), and service user satisfaction. This information will be used to drive continuous quality improvement and to inform future commissioning. Performance will be monitored, reported and scrutinised via usual council arrangements.

## 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	
Name of Senior Officer	Siobhan Farmer
Date	12.01.23

**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	Cllr Mark Hawthorne
Date	12.1.23

## 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
Age percentage/profile of service user ages	<p><u>Gloucestershire County Demographics:</u></p> <p>According to the GCC Population Profile 2022, Gloucestershire has a current population of an estimated 640,650 people of which:</p> <ul style="list-style-type: none"> <li>• 22.3% were aged 0-19;</li> </ul> <p>Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+ when compared to England. There is some variation at district level:</p> <ul style="list-style-type: none"> <li>• at 24.5%, Gloucester has the highest proportion of children and young people (aged 0- 19) and exceeds the county and national figures.</li> </ul> <p>Table 1: Gloucestershire population by broad age group, 2020</p>

	Number of people	% of population		
		0-19	20-64	65+
Cheltenham	116,043	22.5%	57.6%	19.9%
Cotswold	90,264	20.3%	53.5%	26.2%
Forest of Dean	87,107	21.0%	54.0%	24.9%
Gloucester	129,709	24.5%	58.4%	17.1%
Stroud	120,903	21.9%	55.3%	22.7%
Tewkesbury	96,624	22.5%	55.4%	22.1%
<b>Gloucestershire</b>	<b>640,650</b>	<b>22.3%</b>	<b>55.9%</b>	<b>21.8%</b>
England	56,550,138	23.6%	57.9%	18.5%

### Population change (2010 – 2020)

During this period the number of children and young people in Gloucestershire increased by 5,802 people or 4.2%; this compares with an increase in England in this age group of 5.2%.

Table 2: Population change in Gloucestershire, 2010-2020

	0-19		
	Number of people		% change
	2010	2020	2010 to 2020
Cheltenham	25,742	26,135	1.5
Cotswold	17,721	18,347	3.5
Forest of Dean	18,576	18,335	-1.3
Gloucester	30,432	31,821	4.6
Stroud	26,297	26,498	0.8
Tewkesbury	18,298	21,732	18.8
<b>Gloucestershire</b>	<b>137,066</b>	<b>142,868</b>	<b>4.2</b>
England	12,667,215	13,330,355	5.2

There is considerable variation at district level:

- Tewkesbury had a faster growth rate in the children/young people age group (18.8%) compared with England, whilst the Forest of Dean experienced a decline in the number children/young people (-1.3%).

Future growth (2018-2043) On current trends, the latest ONS 2018-based interim projections suggest that Gloucestershire's population will increase by 104,924 people or 16.6% to around 738,482 in 2043. This compares to a projected national increase of 10.3%.

- Gloucestershire's 0-19 year old population is also projected to increase, but at a slower rate of 7.6% or 10,800 people by 2043.

At district level:

- Tewkesbury is projected to see the greatest growth in 0-19 year olds (26.6%). Cheltenham and Gloucester are projected to see a decrease in this age group (-4.8% and -1.9% respectively).

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds when compared to the national figure. In contrast the proportion of people aged 65+ exceeds the national figure.

Source: <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

**Mid 2020 Population Estimates, ONS**

In 2020 the 0-19 population stood at around 142,900 people, equating to 22.3% of the total population. This was slightly lower than the national average of 23.6% but higher than the regional average of 21.8%.

Those aged 5-9 make up the greatest proportion of 0-19 year olds (26.3%) followed by 10-14 year olds (26.1%), while those aged 0-4 account for the smallest proportion (23.4%), this is unsurprising given the number of births in Gloucestershire have been on a downward trend since 2016. This picture is reflected at regional level, while at national level those aged 15-19 account for the smallest proportion of 15-19 year olds.

**Source:** Office of National Statistics

Service user context

100% of children in Gloucestershire aged 0 to 2.5 years are registered with the PHNS, each child/family are offered 5 mandated visits from antenatal to 2.5 years of age. All children resident in Gloucestershire between 0 and 19 years have access to the universal services offered by PHNS.

*Disability percentage/profile of service users who have a disability*

Gloucestershire County Context:

According to the GCC Population Profile, Table 5 below shows that as age increases, the proportion of respondents reporting a limiting long term health problem increases.

Table 5: Percentage of people with a long-term limiting health problem or disability, by broad age group, Gloucestershire, 2011

	% of age group				
	All ages	0-15	16-49	50-64	65+
Cheltenham	15.1	2.7	7.0	18.1	48.8
Cotswold	16.1	2.7	6.7	14.8	43.9
Forest of Dean	19.6	3.6	9.2	20.3	52.2
Gloucester	16.8	3.5	8.5	22.6	54.4
Stroud	16.7	3.3	7.9	16.8	47.6
Tewkesbury	16.5	2.9	7.1	16.9	47.6
<b>Gloucestershire</b>	<b>16.7</b>	<b>3.1</b>	<b>7.8</b>	<b>18.3</b>	<b>49.0</b>
England	17.6	3.7	8.7	23.8	53.6

With regards to children, 5,190 school pupils in Gloucestershire (5.9% of school pupils) were known to have a learning disability in 2020. Of these children, 4,442 had a moderate learning disability and 612 had a severe learning disability. In terms of access to the Public Health Nursing Service, the 16-49 age range particularly would likely be to have a child of pre-school age.

Source: <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

**20/22 PWS Data**

Table 6 below details the numbers and percentages of pupils that have a physical and learning disability. The data indicates that there is an increase in pupils reporting a physical and learning disability since the 2020 survey.

Table 6:

**Physical disability**

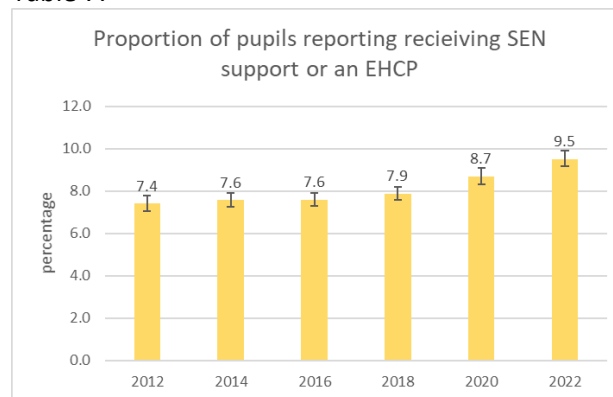
	No	Yes	(blank)	Grand Total	% physical
2020	450	256	544	1250	20.5%
2022	629	323	712	1664	19.4%

**Learning disability**

	No	Yes	(blank)	Grand Total	% learning
2020	217	489	544	1250	39.1%
2022	257	695	712	1664	41.8%

Table 7 below details the percentage of the proportion of pupils reporting receiving SEN support or an EHCP, this data is taken from the 2020 Pupil Wellbeing Survey. (There were 4,854 children and young people with an EHCP maintained by the LA as at January 2022 (SEN2 census). This includes CYP outside school age and those who are resident in Gloucestershire but attend either schools out of the county or independent schools)

Table 7:



The data indicates that there is an increasing trend in pupils reporting to receiving SEN support or an EHCP.

**Source – 20/22 PWS Survey**

**Prevalence of Obesity:**

Source NCMP - Table 7 below details prevalence in obesity within reception in Gloucestershire. In 2020/2021 13.5% of reception pupils were classed as obese,



this was broadly in line with the national average. Levels of obesity amongst reception pupils increased between 2019/20 and 2020/21 at both a local and national level, and this increase was statistically significant.

Table 7:

Time period	Gloucestershire			England		
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI
2007/08	9.6	8.8	10.4	9.6	9.6	9.7
2008/09	7.8	7.1	8.5	9.6	9.5	9.7
2009/10	9.5	8.7	10.3	9.8	9.7	9.9
2010/11	9.0	8.3	9.8	9.4	9.4	9.5
2011/12	8.8	8.1	9.5	9.5	9.4	9.6
2012/13	9.8	9.1	10.6	9.3	9.2	9.3
2013/14	10.0	9.3	10.8	9.5	9.4	9.6
2014/15	9.2	8.5	10.0	9.1	9.0	9.2
2015/16	8.7	8.0	9.4	9.3	9.2	9.4
2016/17	9.2	8.6	9.9	9.6	9.5	9.7
2017/18	9.9	9.2	10.7	9.5	9.5	9.6
2018/19	9.2	8.5	9.9	9.7	9.6	9.8
2019/20*	10.3	9.4	11.2	9.9	9.8	10.0
2020/21#	13.5	12.7	14.3	14.4	14.2	14.6

Table 8 below details prevalence in obesity within year 6 in Gloucestershire. In 2018/2019 18.6% of year 6 pupils were classed as obese, this was better than the national average of 20.2%.

Time period	Gloucestershire			England		
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI
2007/08	16.2	15.2	17.2	18.3	18.2	18.4
2008/09	15.9	14.9	17.0	18.3	18.2	18.4
2009/10	15.2	14.2	16.1	18.7	18.6	18.9
2010/11	17.6	16.6	18.6	19.0	18.9	19.1
2011/12	17.7	16.8	18.8	19.2	19.1	19.3
2012/13	17.5	16.5	18.5	18.9	18.8	19.0
2013/14	17.3	16.4	18.3	19.1	19.0	19.2
2014/15	17.2	16.3	18.2	19.1	19.0	19.2
2015/16	17.7	16.7	18.7	19.8	19.7	19.9
2016/17	17.1	16.2	18.1	20.0	19.9	20.1
2017/18	17.8	16.8	18.7	20.1	20.0	20.2
2018/19	18.6	17.7	19.6	20.2	20.1	20.3
2019/20*	19.3	18.2	20.4	21.0	20.9	21.2
2020/21#	21.1			25.5		

**Source:** NHS Digital, National Child Measurement Programme

Service user context

	<p>Every family with a child aged 0-5yrs receiving a service from Gloucestershire Care Services receives a Family Health Needs Assessment to identify the level of Health Visiting service that should be offered. Families identified as vulnerable will receive an enhanced level of Health Visiting service, either universal plus (U) or partnership plus (UPP).</p>																													
<p><b>Sex percentage/profile of service users who are male and who are female</b></p>	<p><u>Gloucestershire County context</u> According to the GCC Population Profile, the overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%. This situation is also reflected at district, regional and national level.</p> <p>Table 10: Population by sex, Gloucestershire 2020</p> <table border="1" data-bbox="416 725 946 1025"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">% of population</th> </tr> <tr> <th>male</th> <th>female</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>49.3</td> <td>50.7</td> </tr> <tr> <td>Cotswold</td> <td>48.4</td> <td>51.6</td> </tr> <tr> <td>Forest of Dean</td> <td>49.1</td> <td>50.9</td> </tr> <tr> <td>Gloucester</td> <td>49.5</td> <td>50.5</td> </tr> <tr> <td>Stroud</td> <td>49.1</td> <td>50.9</td> </tr> <tr> <td>Tewkesbury</td> <td>48.7</td> <td>51.3</td> </tr> <tr> <td><b>Gloucestershire</b></td> <td><b>49.0</b></td> <td><b>51.0</b></td> </tr> <tr> <td>England</td> <td>49.5</td> <td>50.5</td> </tr> </tbody> </table> <p>Although there are slightly more males than females in the 0-19 year old age band, as age increases, females outnumber males by an increasing margin.</p> <p><b>Mid 2020 Population Estimates</b> Mid 2020 Population Estimates, ONS indicate males account for 50.9% of the 0-19 population while females account for 49.1%, this slight gender difference is also observed at a regional and national level with males accounting for 51.3% of the 0-19 population and females 48.7%.</p> <p><b>Source:</b> <a href="https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/">https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/</a></p> <p><u>Service User Context</u> As the service is universal, the user profile reflects the total population gender distribution.</p> <p>All Children regardless of gender resident in Gloucestershire between 0 and 19 years have access to the PHN services offered. Mothers, fathers, female, and male carers of all children can access the service.</p> <p>The service has considered and implemented the timing of appointments, where Dad's are able to attend appointments.</p>		% of population		male	female	Cheltenham	49.3	50.7	Cotswold	48.4	51.6	Forest of Dean	49.1	50.9	Gloucester	49.5	50.5	Stroud	49.1	50.9	Tewkesbury	48.7	51.3	<b>Gloucestershire</b>	<b>49.0</b>	<b>51.0</b>	England	49.5	50.5
	% of population																													
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England	49.5	50.5																												
<p><b>Race percentage/profile of service users</b></p>	<p><u>Gloucestershire County context</u> According to the GCC Population Profile, Gloucestershire's 0-19 year old population is more diverse than other age groups. According to the 2011 Census</p>																													

who are from black and minority ethnic backgrounds

around 7.6% of 0-19 year olds were from a Black and Minority Ethnic groups compared to 4.4% of 20-64 year olds and 1.4% of people aged 65+. This trend is reflected at a regional, national and district level

Table 19: Population by ethnic group and age, Gloucestershire

	% of age group		
	0-19	20-64	65+
<b>White Total</b>	<b>92.4</b>	<b>95.6</b>	<b>98.6</b>
White British	89.4	91.0	96.1
White Irish	0.2	0.6	1.2
White Gypsy or Other	0.2	0.1	0.0
White Other	2.6	3.9	1.2
<b>Black and Minority Ethnic Group Total</b>	<b>7.6</b>	<b>4.4</b>	<b>1.4</b>
Mixed/multiple ethnic group	3.6	1.0	0.2
Asian/Asian British	2.8	2.3	0.7
Black/African/Caribbean/Black British	1.0	0.9	0.5
Other ethnic group	0.2	0.2	0.1

A recent report by the Equality and Human Rights Commission found that people from Black and Minority Ethnic groups continue to experience discrimination and inequality in education, employment, housing, pay and living standards, health, and the criminal justice system. The 2011 Census showed differences in outcomes in a number of areas in Gloucestershire:

- People of Gypsy or Irish Traveller origin (all ages) were considerably more likely to be in receipt of unpaid care due to poor health compared with all other ethnic groups (15.9% of Gypsy/Irish Travellers compared with 4.6% of White British people).
- Gloucestershire’s 0-19 year old population is more diverse than other age groups, which may have implications for service delivery.

Source: <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

**20/22 PWS Data**

The tables below detail the ethnicities of pupils in Gloucestershire schools. The data indicates that 79% of pupils in schools are white British, followed by 5% white – any other white background, followed by 2% as unclassified and 2% classed as Asian-Indian

DfE published 2021/22

ethnicity	headcount	percent_of_pupils
Asian - Bangladeshi	342	0.38
Mixed - White and Asian	1146	1.26
Mixed - White and Black Caribbean	1409	1.55

Asian - Indian	1845	2.03
Mixed - Any other Mixed background	1578	1.74
Asian - Any other Asian background	1094	1.20
Black - Any other Black background	246	0.27
White - Any other White background	5317	5.85
Black - Black African	1025	1.13
White - Gypsy/Roma	252	0.28
White - Traveller of Irish heritage	68	0.07
White - White British	72292	79.58
Black - Black Caribbean	289	0.32
Unclassified	1977	2.18
White - Irish	182	0.20
Any other ethnic group	427	0.47
Asian - Chinese	330	0.36
Asian - Pakistani	399	0.44
Mixed - White and Black African	623	0.69
Total	90841	100
<b>BAME</b>	<b>16572</b>	<b>18.24</b>

OPS/PWS	BAME	Not given	NULL	White British	Grand Total	%BAME
2012	2314	788	228	17004	20334	13.6%
2014	3056	881	198	19682	23817	15.5%
2016	4290	917	215	24085	29507	17.8%
2018	4990	946	286	25884	32106	19.3%
2020	3472	1124	301	15308	20205	22.7%
2022	4305	855	124	18793	24077	22.9%
Grand Total	22427	5511	1352	120756	150046	18.6%

\*Note - we have good completion rates from selective grammar schools in the county that are the most ethnically diverse. This might be why there is a slight inflation of BAME in the PWS population compared to the School Census

**Source** – 20/22 PWS Data

Service user context

The proportion of BME accessing the Public Health Nursing Service for 5-19 year olds is 6.9%.

(**Source:** GCC Service User Diversity Report 2018/19)

	<p>There are no service user figures for gypsy and travellers but the service promotes accessibility through ensuring the School nursing service is commissioned and delivered for all school aged children not just pupils in school.</p> <p>Although barriers for non-white ethnicities are not evident within the data, we are aware that barriers due to aspects such as language and cultural practices exist.</p> <p>The PHNS Equality, Diversity and Inclusion Workstream includes current focus on:</p> <p><b>Interpreting Services</b> - staff competence &amp; confidence in accessing, <b>S1 Communication Icon</b> – prompt professional to navigate language need &amp; record of preferred 2<sup>nd</sup> language, <b>Translation &amp; Communication</b> - Inclusive language in all documentation &amp; comms – multi-lingual resources for HV Handy Guides prompt stickers for service users to request interpreters for appointments, ensure all HV/MW leaflets available in most common languages, <b>Migrant family HV Pack</b> – Liaise with GARAS regarding HV welcome pack for refugee families</p> <p><b>Support for Asylum Seekers:</b> Health Visitors have links with known hotels in Gloucestershire where asylum seekers are placed. All families are given a Family Health Needs Assessment that determines the service offer for future contacts.</p>																											
<p><i>Gender reassignment percentage/profile of service users who have indicated they are transgender</i></p>	<p><u>Gloucestershire County context</u> There are no official estimates of gender reassignment at national level. In the 2021 Census there was a new question around gender, asking “is your gender the same as the sex you were registered at birth?” It was directed only at people aged 16 and over, and answers were voluntary. The results from the 2021 Census are yet to be published.</p> <p><b>20/22 PWS Data</b></p> <p>Data below taken from the 20/22 PWS survey details the responses made from pupils related to gender identity. A high percentage of 80.6% of pupils identify as Cis gender followed by 6.5% reporting they ‘don’t know’. 1.1% of pupils reported their identity as transgender.</p> <table border="1" data-bbox="416 1648 876 2009"> <thead> <tr> <th>Gender identity</th> <th>2022</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>(Not answered)</td> <td>661</td> <td>6.1%</td> </tr> <tr> <td>Cis gender</td> <td>8783</td> <td>80.6%</td> </tr> <tr> <td>Don't know</td> <td>709</td> <td>6.5%</td> </tr> <tr> <td>Gender fluid</td> <td>164</td> <td>1.5%</td> </tr> <tr> <td>Non-binary</td> <td>204</td> <td>1.9%</td> </tr> <tr> <td>Rather not say</td> <td>245</td> <td>2.2%</td> </tr> <tr> <td>Transgender</td> <td>125</td> <td>1.1%</td> </tr> <tr> <td>Grand Total</td> <td>10891</td> <td></td> </tr> </tbody> </table>	Gender identity	2022	%	(Not answered)	661	6.1%	Cis gender	8783	80.6%	Don't know	709	6.5%	Gender fluid	164	1.5%	Non-binary	204	1.9%	Rather not say	245	2.2%	Transgender	125	1.1%	Grand Total	10891	
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**Source** – 20/22 PWS Data

Service User Context:

Service users accessing PHN services are not asked about their sexual preference. There are no current identified issues regarding access to services. (Source: Gloucestershire Sexual Health Needs Assessment 2015)

Although there is limited data on the barriers of the Gender reassignment protected characteristic, after extensive engagement with young people we are aware and have a plan in place where the provider will provide the PHNS with more in-depth training regarding gender and gender identity and supporting those young people with LGBTQ+

*Marriage & civil partnership percentage/profile of service users who are married or in a civil partnership*

Gloucestershire County Context:

According to the GCC Population Profile, among residents of Gloucestershire:

- 30.5% are single and have never married or registered a same-sex civil partnership
- 50.2% are married;
- 0.3% are in a registered same-sex civil partnership;
- 2.3% are separated but still legally married or still legally in a same sex civil partnership;
- 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved;
- 7.2% are widowed or a surviving partner from a same sex civil partnership

Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure. In contrast the proportion of people who are married, divorced or widowed exceeds the national figures.

Table 15: Marital status by age, Gloucestershire

	% of age group				
	16-24	25-34	35-49	50-64	65+
Single (never married or never registered a same-sex civil partnership)	97.0	60.7	23.4	8.9	4.8
Married	2.5	33.7	58.7	68.4	58.6
In a registered same-sex civil partnership	0.1	0.3	0.4	0.3	0.1
Separated (but still legally married or still legally in a same-sex civil partnership)	0.2	2.3	4.3	2.8	0.9
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	0.1	2.7	12.5	16.2	8.3
Widowed or surviving partner from a same-sex civil partnership	0.1	0.2	0.6	3.5	27.2

Just over 50% of Gloucestershire's residents aged 16+ are married, this is higher than the national figure.

**Source:** <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

Service User Context:

Service users accessing PHN services are not asked about their marital status. There are no current identified issues regarding access to services.

The service does not distinguish between service users of differing marital status

**Pregnancy & maternity percentage/profile of service users who are female and who are pregnant or on a maternity leave**

Gloucestershire County Context:

According to the GCC Population Profile, there were 5,800 live births in Gloucestershire in 2020. The highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood.

Table 16: Live births by age of mother, Gloucestershire, 2020

	Total number of live births	% of total births by age of mother						
		under 20	20-24	25-29	30-34	35-39	40-44	45+
Cheltenham	1,035	2.2	12.5	22.9	36.1	20.8	5.1	0.4
Cotswold	696	1.1	10.1	20.0	36.4	23.6	7.6	1.3
Forest of Dean	713	2.0	13.7	30.3	32.7	17.8	3.1	0.3
Gloucester	1,437	3.6	14.4	30.5	31.6	16.2	3.1	0.6
Stroud	973	1.5	10.4	25.9	34.7	21.5	5.4	0.5
Tewkesbury	946	1.1	11.8	26.7	36.8	19.5	3.9	0.2
<b>Gloucestershire</b>	<b>5,800</b>	<b>2.1</b>	<b>12.4</b>	<b>26.5</b>	<b>34.5</b>	<b>19.5</b>	<b>4.5</b>	<b>0.5</b>
England	585,195	2.5	12.8	26.7	33.6	19.4	4.5	0.4

At district level:

- Gloucester has a higher proportion of births to mothers aged under 20 (3.6%) than Gloucestershire and England.

**Source:** <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

**Office for Health Improvement and Disparities: Breastfeeding Prevalence: 6 weeks after birth**

Time period	Gloucestershire			England		
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI
2015/16	N/A			43.2%	43.0%	43.3%
2016/17	50.9%	49.7%	52.2%	44.4%	44.3%	44.6%
2017/18	N/A			43.1%	43.0%	43.2%
2018/19	54.2%	53.0%	55.4%	46.2%	46.1%	46.3%
2019/20	55.3%	54.0%	56.5%	48.0%	47.9%	48.1%
2020/21	55.9%	54.6%	57.2%	47.6%	47.5%	47.4%

According to PHOF, OHID, in 2020/21 55.9% of infants in Gloucestershire are totally or partially breastfed at age 6-8 weeks, this was better than the national average of 47.6% and has been consistently better than the national average since 2018/19.

**Smoking at time of Delivery:** The below table details the percentage of mothers smoking at time of delivery.

Time period	Gloucestershire			England		
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI
2010/11	14.90%	14.00%	15.80%	13.60%	13.60%	13.70%
2011/12	13.60%	12.80%	14.50%	13.30%	13.20%	13.40%
2012/13	13.50%	12.70%	14.40%	12.80%	12.80%	12.90%
2013/14	11.50%	10.70%	12.30%	12.20%	12.10%	12.20%
2014/15	11.20%	10.50%	12.00%	11.70%	11.70%	11.80%
2015/16	9.40%	8.70%	10.10%	11.00%	10.90%	11.10%
2016/17	8.6%*	7.80%	9.60%	10.70%	10.60%	10.80%
2017/18	10.90%	9.90%	12.00%	10.80%	10.70%	10.90%
2018/19	11.10%	10.30%	11.90%	10.60%	10.50%	10.70%
2019/20	11.00%	10.20%	11.80%	10.40%	10.30%	10.50%
2020/21	10.90%	10.10%	11.70%	9.60%	9.50%	9.70%

In 2020/21 10.9% of mothers were smoking at the time of delivery which was higher than the national average of 9.6%.

**Teenage Mothers:** The table below details deliveries amongst teenage mothers under the age of 18.

Time period	Gloucestershire			England		
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI
2010/11	1.4%	1.1%	1.7%	1.5%	1.5%	1.5%
2011/12	0.9%	0.7%	1.2%	1.3%	1.3%	1.4%
2012/13	1.1%	0.9%	1.4%	1.2%	1.2%	1.3%
2013/14	1.0%	0.8%	1.3%	1.1%	1.1%	1.1%
2014/15	0.8%	0.6%	1.0%	1.0%	0.9%	1.0%
2015/16	0.7%	0.5%	0.9%	0.9%	0.8%	0.9%
2016/17	0.5%	0.4%	0.8%	0.8%	0.7%	0.8%
2017/18	0.6%	0.4%	0.8%	0.7%	0.7%	0.7%
2018/19	0.4%	0.3%	0.7%	0.6%	0.6%	0.7%
2019/20	0.5%	0.3%	0.7%	0.7%	0.6%	0.7%
2020/21	0.4%	0.3%	0.7%	0.6%	0.6%	0.6%

In 2020/21 0.4% of deliveries in Gloucestershire were amongst mothers aged under 18, this was in line with the national average of 0.6%

**Source:** PHOF, OHID

Service User Context:

There are no current identified issues regarding access to services based on pregnancy or maternity for any services users. Under 18s can access the PHNS service if they are pregnant and are not required to be attending a school to access services.



Religion and/or belief percentage/profile of service users religious beliefs

Gloucestershire County Context:  
Table 23: Religion in Gloucestershire 2011

	% of population						
	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion
Cheltenham	58.7	0.4	0.8	0.1	0.9	0.1	0.4
Cotswold	68.7	0.3	0.1	0.1	0.2	0.0	0.4
Forest of Dean	65.8	0.2	0.1	0.1	0.1	0.1	0.5
Gloucester	62.4	0.3	0.6	0.0	3.2	0.1	0.4
Stroud	62.0	0.3	0.1	0.1	0.2	0.0	0.8
Tewkesbury	66.6	0.2	0.3	0.1	0.3	0.1	0.3
<b>Gloucestershire</b>	<b>63.5</b>	<b>0.3</b>	<b>0.4</b>	<b>0.1</b>	<b>1.0</b>	<b>0.1</b>	<b>0.5</b>
England	59.4	0.5	1.5	0.5	5.0	0.8	0.4

Christianity is the most common religion across all age groups, however it is less common amongst those aged 0-19, with 55.7% of 0-19 year olds reporting they are Christian compared to 82.3% of those aged 65+. 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

Table 24: Religion by age, Gloucestershire

	% of age group		
	0-19	20-64	65+
Christian	55.7	60.6	82.3
Buddhist	0.2	0.4	0.1
Hindu	0.4	0.4	0.2
Jewish	0.1	0.1	0.1
Muslim	1.5	1.0	0.3
Sikh	0.1	0.1	0.0
Other religion	0.2	0.7	0.3
No religion	33.5	29.7	9.1
Religion not stated	8.3	7.1	7.7

**Source:** <https://www.gloucestershire.gov.uk/inform/equality-and-diversity/overview/>

Service User Context

Service users accessing PHN services are not asked about their faith beliefs and so the profile of service users is unknown. There are no current identified issues regarding access to services.

If barriers do exist in the future, the service and commissioners will work together to research the issues further and put in interventions to remove the barrier.

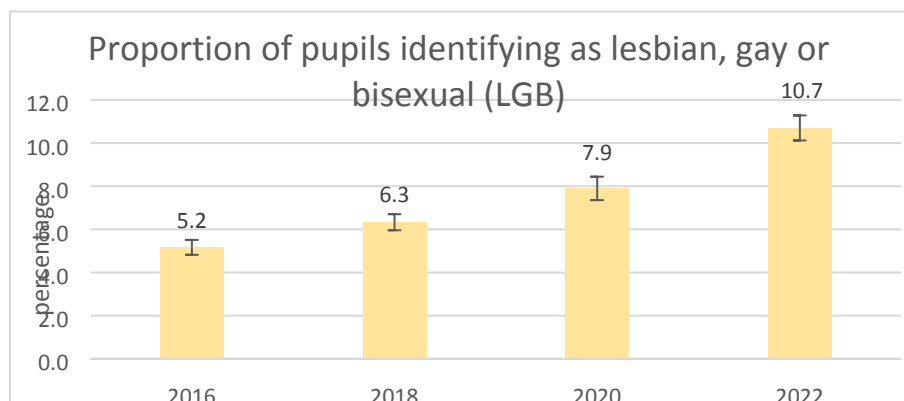
Sexual orientation percentage/profile of service users who are lesbian, gay,

Gloucestershire County Context:  
There are currently no definitive data on sexual orientation at national level. In the 2021 Census there was a new question around sexual orientation, asking “which of the following best describes your sexual orientation?”, and providing a list of options. It was directed only at people aged 16 and over, and answers were voluntary.

*bisexual,  
heterosexual*

**20/22 PWS Survey**

The local PWS survey below indicates the proportion of pupils identifying as lesbian, gay or bisexual is increasing by the year. This gives good indication that pupils are growing in confidence in addressing their sexual orientation.



**Source – 20/22 PWS Data**

Service User Context:

Service users accessing PHN services are not asked about their sexual preference. There are no current identified issues regarding access to services.

If barriers do exist in the future, the service and commissioners will work together to research the issues further and put in interventions to remove the barrier.

**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	GCC staff are not affected
Disability	GCC staff are not affected
Sex	GCC staff are not affected
Race	GCC staff are not affected

Gender reassignment	GCC staff are not affected
Marriage & civil partnership	GCC staff are not affected
Pregnancy & maternity	GCC staff are not affected
Religion and/or belief	GCC staff are not affected
Sexual orientation	GCC staff are not affected

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