

## 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	Children and Families
Service area	Commissioning
Title of the activity being assessed i.e. the strategy, plan, policy or service	Translation and Interpretation Service
Brief outline of the proposal(s)	Commissioning a provider to deliver Translation and Interpretation for service users who need it as part of a joint framework with NHS partners.
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	To enter into a contract for the provision of Translation and Interpretation Services, using a joint framework with NHS partners.
Person(s) responsible for completing this assessment	Bilkis Bhula
Date of this assessment	28/04/2023

### 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	Gloucestershire County Council has a responsibility to provide an environment where services are delivered without discrimination and are committed to providing equality of access to all services users. This Translation and Interpretation Service will enable Gloucestershire County Council to ensure that all services users of any background or community are

	<p>enabled to have access to information and participate in all aspects of their assessment and care planning.</p> <p>Although we have not been able to do direct engagement at this time, we have captured learning from secondary sources, such as best practice documents and recent local research projects linked to Translation and Interpretation.</p>
Workforce	<p>The workforce use the service to book interpretation and translation and may also be present at appointments where the service is carried out.</p> <p>Feedback collected from workforce service users, eg Legal team in respect of the current Translation and Interpretation service have mainly been satisfaction with the service. However there are few comments highlighting provider capacity and timescales to deal with urgent requests and with uploading large files to their portal. These comments will support the development of the new specification requirements.</p>
Partners	We have analysed best practice guidance from the NHS.
Other	N/A

### 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 Translation and Interpretation Service is available to all ages.</p> <p>Maintaining a professional interpretation service in Gloucestershire will ensure that children continue to be prevented from being used as interpreters which is inappropriate both from a safeguarding and competency perspective. This will protect the service user, as the information they are conveying will be done so more accurately, and the child, as they will be prevented from experiencing vicarious trauma through listening to and relaying sensitive and potentially distressing information.</p>	No significant impact identified.

In the current service requests can be made for the same interpreter for the service user over multiple appointments, which is in line with best practice.

The new service should improve this further by enabling the same interpreter to support individuals regardless of whether they are accessing health or GCC services to improve continuity of care and the experience of the service user.

This can be particularly beneficial for service users attending appointments related to child health, dementia and end-of-life care.

The current service offers face-to-face interpreters. The new service should continue a robust face-to-face interpretation provision as it is best practice to use this in cases of suspected child protection issues (where separate face to face interpreters should be provided for the child and parent to allow the child's voice to be heard independently) and palliative care.

#### Considerations for the new service

In line with best practice guidance the new service should ensure where the service user has an identified carer (i.e., someone who provides regular, unpaid care and support) then the carer should be able to access language support to understand the discussions between practitioners and the service user, with the service user's consent to improve care for the service user.

There has been an increase in the number of unaccompanied asylum-seeking children (UASC) in Gloucestershire, who will require a Translation and Interpretation service as they are very likely to have English as an additional language. The service needs to understand the needs of this group, for example implementing trauma-informed practice by enabling the same interpreter to support individuals across services.

In line with best practice guidance the new service should make every effort to respect the rights of the child and support them in ensuring that interpreting services are provided to them, including if an independent medical consultation is requested.

Older people were less likely than younger people to be proficient in English. Of those people aged 50+ who did not speak English as a main language 32.2% could not speak English well or very well, this compares to 12.0% of people under 50 who did not speak English as a main

	<p>language. Further work needs to be undertaken to understand barriers for older people to access the service.</p>	
<p>Disability</p>	<p>0.7% of people who are classed as Disabled under the Equality Act cannot speak English or cannot speak English well.</p> <p>If someone has a disability and English is not their first language their needs will be assessed to understand how we can provide professional interpreters with the appropriate skills and understanding to avoid any barriers in accessing our services. (There is an alternative contract in place for service users who are hearing impaired that covers British Sign Language (BSL), lip speakers and/or other interpretation for the Deaf/Blind community.).</p> <p>In the current service requests can be made for the same interpreter for the service user over multiple appointments, which is line with best practice.</p> <p>The new service should improve this further by enabling the same interpreter to support individuals regardless of whether they are accessing health or GCC services to improve continuity of care and the experience of the service user.</p> <p>This can be particularly beneficial for service users attending appointments related to trauma, mental health, learning disabilities and dementia.</p> <p>The current service allows for an interpreter with specific skills or knowledge to be requested to ensure the service user feels comfortable communicating in their presence.</p> <p>The new service should continue with this approach to ensure accessible interpretation, for example people with learning disabilities may need verbal information provided in simpler and slower format.</p> <p>The current service offers face-to-face, video and telephone interpreters.</p> <p>The new service should continue a robust face-to-face interpretation provision as it is best practice to use this in cases of mental health appointments. They should also ensure a robust video and telephone offer to ensure that disabled services users are able to access the type of interpreting that best matches their needs.</p> <p>The current service provides</p>	<p>The current service uses an online portal booking system. More work needs to be carried out to ensure that online booking websites are accessible to website users with disabilities.</p>

translated information in formats disabled people can access and understand, for example in audio, braille, large print and subtitled videos.

Considerations for the new service

The new service should expand on the current offer of accessible translated material to provide sight translation), easy read and subtitled videos.

In line with best practice the new service should ensure all interpreters are made aware of the Mental Capacity Legislation and how to support a person to make informed decisions.

The service should also ensure translated documents are in an accessible or 'tagged' format that allows them to be read by assistive technology, such as a speech synthesiser, Braille keyboard or large print display. This also includes the document type as some people who are blind or have visual loss may require information to be sent or shared with them electronically (emailed) in one or more specific formats, such as plain text (with or without attachments), HTML, and with attachments in Word or PDF format.

The service specification, contract and other policy documents should stipulate that the service provider is able to offer interpreters with knowledge/proficiency/training and/or experience in medical, social care and any other relevant terminology to ensure that disabled people receive the service and treatment they need.

Wider work will need to consider how to support deaf service users who are from a different language background and; don't use British Sign Language, are more likely to communicate in non-verbal and non-traditional ways and currently use Speech and Language Services.

Wider work will also need to be done to understand how situations where no exact translation between two languages due to one concept being non-existent in another cultural context are managed, A common case is that of mental health and mental illnesses that are often not directly translatable to Asian languages.

In line with best practice guidance the new service should ensure where the service user has an identified carer (i.e. someone who provides regular, unpaid care and support) then the carer should be able to access language support to understand the discussions between practitioners and

	<p>the service user, with the service user's consent to improve care for the service user.</p>	
Sex	<p>The current service allows for a specific sex of interpreter to be provided on request for any interpreter for the service user over multiple appointments, which is line with best practice reason to ensure the service user feels comfortable communicating in their presence in line with best practice guidelines.</p> <p>The new service should continue this practice to eliminate discrimination on the basis of sex and advance equality of opportunity between the sexes.</p> <p>In the current service requests can be made for the same interpreter.</p> <p>The new service should improve this further by enabling the same interpreter to support individuals regardless of whether they are accessing health or GCC services to improve continuity of care and the experience of the service user.</p> <p>This can be particularly beneficial for service users attending appointments related to gender-specific concerns.</p> <p>The current service offers face-to-face interpreters.</p> <p>The new service should continue a robust face-to-face interpretation provision as it is best practice to use this in cases of gender-based violence.</p> <p><u>Considerations for the new service</u></p> <p>The Institute for Research into Superdiversity (IRIS), at the University of Birmingham has shown that that women are more open and driven to communicate than men, which will need to be explored further in relation to the service to understand what needs to be put in place to ensure equality of opportunity between the sexes.</p>	No significant impact identified.
Race	<p>The current service will enable service users to fully understand their contact with GCC and therefore eliminate discrimination; advance equality of opportunity; and promote good relations.</p>	No significant impact identified.

	<p>By way of example, the need for translation in Legal Services relates to ensuring there are no barriers due to an individual's race to enable them to understand and take part in the legal proceedings concerning their children. Therefore, the use of professional interpreters is provided in legal cases to ensure an individual has a fair hearing.</p> <p>By continuing a professional interpretation service, the new service will continue to eliminate racially based discrimination and advance equality of opportunity between ethnic groups and promote good relations between ethnic groups.</p> <p>The current service offers the opportunity to choose dialects for example Dari and Farsi.</p> <p>This should continue to be offered in the new service to assure correct interpretation and a good quality of service to people from diverse cultural and ethnic backgrounds.</p> <p>The current services allows for an interpreter with specific skills or knowledge to be requested for any reason to ensure the service user feels comfortable communicating in their presence. There is the potential to ask for someone from the same cultural background, but this is currently not clearly promoted.</p> <p><u>Considerations for the new service</u></p> <p>The new service should promote the importance of a cultural identity match to ensure that cultural needs are taken into account, for example a French interpreter from France may not have the local nuance required for a French speaker from the Ivory Coast.</p> <p>Research has found that translators often filter what the service user says due cultural understandings of what is deemed 'appropriate' to discuss, 'put their own slant' on translation or feel uncomfortable with translating sensitive topics. For instance, conversations around contraception or smear testing were deemed inappropriate by some interpreters due to cultural understandings and thus were reluctant to discuss the importance in detail. A lack of communication between service user and translator can consequently create a lack of trust and frustration on both sides.</p> <p>The new service should address cultural barriers to effective translation through ongoing formal cultural competence training.</p> <p>There is also need for a stream of work adjacent and connected to the service that addresses cultural nuances</p>	
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	<p>of language issues and supports services to adapt to the diverse cultural backgrounds of service users. For example, research by Black South West Network in Gloucestershire found that healthcare professionals often misdiagnose Jamaican elders due to miscommunication based on the assumption that Jamaican Patois is the exact same language as British English. In fact, it is effectively an English-based creole language with West African influences which utilises different terminology when referring to body parts compared to British English.</p>	
Gender reassignment	<p>The current services allows for an interpreter with specific skills or knowledge to be requested for any reason to ensure the service user feels comfortable communicating in their presence.</p> <p>This should be continued in the new service to reduce barriers to communication for service users who are proposing to undergo, are undergoing or have undergone gender reassignment.</p> <p><u>Considerations for the new service</u></p> <p>The service specification, contract and other policy documents should stipulate that the service provider is able to offer interpreters with knowledge/proficiency/ training and/or experience in medical, social care and any other relevant terminology to ensure that people who are proposing to undergo, are undergoing or have undergone gender reassignment receive the service and treatment they need.</p>	No significant impact identified.
Marriage & civil partnership	<p>The current services allows for an interpreter with specific skills or knowledge to be requested for any reason to ensure the service user feels comfortable communicating in their presence.</p> <p>This should be continued in the new service to reduce barriers to communication for service users who are married or are in a civil partnership.</p>	No significant impact identified.
Pregnancy & maternity	<p>In the current service people can request an interpreter of the same sex.</p> <p>The new service should continue this practice, as pregnant people may feel more comfortable communicating in the presence of someone of the same sex.</p>	No significant impact identified.



	<p>In the current service requests can be made for the same interpreter for the service user over multiple appointments, which is line with best practice.</p> <p>The new service should improve this further by enabling the same interpreter to support individuals regardless of whether they are accessing health or GCC services to improve continuity of care and the experience of the service user.</p> <p>This can be particularly beneficial for service users attending appointments related to maternity appointments.</p> <p>The current service offers face-to-face interpreters.</p> <p>The new service should continue a robust face-to-face interpretation provision as it is best practice to use this in cases of complex maternity appointments.</p> <p>Considerations for a new service</p> <p>The service specification, contract and other policy documents should stipulate that the service provider is able to offer interpreters with knowledge/proficiency/training and/or experience in medical, social care and any other relevant terminology to ensure that pregnant people receive the service and treatment they need.</p>	
<p>Religion and/or belief</p>	<p>The current service allows for interpreter with specific skills or knowledge to be requested for any reason to ensure the service user feels comfortable communicating in their presence.</p> <p>This should be continued in the new service to reduce barriers to communication for service users from diverse religions and beliefs.</p> <p><u>Considerations for the new service</u></p> <p>Research has found that translators can filter what the service user says due religious understandings of what is deemed 'appropriate' to discuss, 'put their own slant' on translation or feel uncomfortable with translating sensitive topics. For instance, conversations around contraception or smear testing were deemed inappropriate by some interpreters and were reluctant to discuss the importance in detail. A lack of communication between service user and translator can consequently create a lack of trust and frustration on both sides.</p>	<p>No significant impact identified.</p>

	The service should address religious barriers to effective translation through ongoing formal cultural competence training.	
Sexual orientation	<p>The current service allows an interpreter with specific skills or knowledge to be requested for any reason to ensure the service user feels comfortable communicating in their presence.</p> <p>This should be continued in the new service to reduce barriers to communication for service users from diverse sexual orientations.</p>	No significant impact identified.

#### 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
None required.	

#### 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
Improvement in service user care	Ensure where the service user has an identified carer (i.e. someone who provides regular, unpaid care and support) the carer can access language support to understand the discussions between practitioners and the service user,	Ongoing	Bilkis Bhula

	with the service user's consent to improve care for the service user.		
Meeting the needs of unaccompanied asylum-seeking children (UASC)	Further work to understand the needs of this group, for example implementing trauma-informed practice by enabling the same interpreter to support individuals across services.	Ongoing	Bilkis Bhula
People from older age groups experiencing disadvantage when accessing the service.	Further work to understand barriers for older people to access the service.	Ongoing	Bilkis Bhula
Protecting children's rights	Ensure interpreting services are provided to children, including if an independent medical consultation is requested.	By the start of the new service introduction	Bilkis Bhula
Improving translation accessibility for disabled service users	Explore how the new service can expand on the current offer of accessible translated material to provide sight translation), easy read and subtitled videos.	Ongoing	Bilkis Bhula
Adhering to mental capacity legislation	Ensure the new service makes all interpreters aware of the Mental Capacity Legislation and how to support a person to make informed decisions.	By the start of the new service introduction	Bilkis Bhula
Service users with specific disabilities experiencing disadvantage when accessing the service.	Wider work will need to consider how to support deaf service users who are from a language background other than English and:	Ongoing	Bilkis Bhula

	<ul style="list-style-type: none"> <li>- don't use British Sign Language,</li> <li>- communicate in non-verbal and non-traditional ways</li> <li>- currently use Speech and Language Services</li> </ul>		
Men experiencing disadvantage when accessing the service.	Further work to understand barriers for men to access the service.	Ongoing	Bilkis Bhula
Improved relationships between interpreter and service user and outcomes for service users.	Explore ways to introduce ongoing formal cultural competence training for interpreters.	By the start of the new service introduction	Bilkis Bhula
Addressing cultural nuances of language issues and adapting to the diverse cultural backgrounds users of people who have language needs outside the scope of the service.	Working with the Black and Minoritised Voluntary and Community Sector could facilitate effective knowledge sharing between communities and services. A local example is a session hosted by Ebony Community Carers on improving community members' communication skills and knowledge of body parts in British English.	Ongoing	Bilkis Bhula
Cultural needs may not be fully taken into account.	a) Ensure the new service promotes the importance of a cultural identity match and is able to facilitate one wherever possible so that cultural needs are taken into	Ongoing	Bilkis Bhula

	<p>account, for example a French interpreter from France may not have the local nuance required for a French speaker from the Ivory Coast.</p> <p>b) Wider work to be done to understand how situations where no exact translation between two languages due to one concept being non-existent in another cultural context are managed. A common case is that of mental health and mental illnesses that are often not directly translatable to Asian languages.</p>		
Improved understanding of service access	Assess how to collect and analyse data on protected characteristics in a way that enables effective understanding of gaps in usage by people with different protected characteristics, as the nature of the service means that a simple population and service user comparison is not effective.	Ongoing	Bilkis Bhula

<p>No in-depth understanding of service user experience</p>	<p>No feedback is currently collected from service users. To collect further insights separate engagement will need to be undertaken including teams doing work with individuals they support.</p>	<p>Ongoing</p>	<p>Bilkis Bhula</p>
<p>Improve service access for disabled people, pregnant people and people who are proposing to undergo, are undergoing or have undergone gender reassignment.</p>	<p>The service specification, contract and other policy documents should stipulate that the service provider is able to offer interpreters with knowledge/proficiency/training and/or experience in medical, social care and any other relevant terminology to ensure that people receive the service and treatment they need.</p>	<p>By the start of the new service introduction</p>	
<p>Booking website access issues for disabled members of the GCC workforce.</p>	<p>Further work needs to be carried out to ensure that online booking websites are accessible to website users with disabilities. For example, the ability to change colours, contrast levels and font, zoom in up to 300% without the text spilling off the screen, navigate most of the website using just a keyboard, navigate most of the website using speech recognition software and</p>	<p>Ongoing</p>	<p>Bilkis Bhula</p>


	listen to most of the website using a screen reader.		
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## 6. Monitoring and review

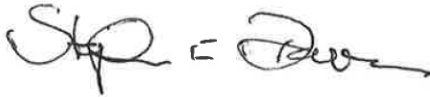
The following processes/actions will be put in place to keep this 'activity' under review:
<p>GCC's management role for the Translation and Interpretation Service partnership will be managed by the Children and Families Commissioning Hub. A joint partnership with NHS Commissioners and GCC will manage the overall contract. GCC will meet regularly with the provider as part of the contract monitoring and review process but will also be part of a joint meeting (minimum twice a year).</p> <p>Any complaints, concerns or compliments will be managed by the Children and Families Commissioning Hub working in partnership with the provider.</p> <p>The Provider will send Commissioners detailed Management Information electronically on a monthly basis.</p> <p>The Commissioner and Provider will attend a quarterly monitoring meeting which will focus on the performance in that quarter.</p> <p>The contract will be reviewed 12-18 months prior to the contract end date.</p>

## 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	Ann James
Date	9 <sup>th</sup> June 2023

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 Stephen Davies
Date	9 <sup>th</sup> June 2023

## 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
<p>Age <i>percentage/profile of service user ages</i></p>	<p>Currently data is not collected against protected characteristics of service users relating to age.</p> <p>The predominant user of this service is currently Children’s Social Care and the associated legal services. The Translation and Interpretation Service is available to all ages. The age of people using the service is not recorded to minimise the data we collect on individuals as it is not required to access the service. Interpreters will only attend appointments with the responsible GCC professionals.</p> <p>Growth in the rate of children in care in Gloucestershire was low in 2022/23 (up 2.9%, compared with the 5-year average growth rate of 5.5%). This is despite an increase in the number of unaccompanied asylum seeking children (UASC). There were 57 UASCs in care at the end of March 23, up from 26 at the end of March 2022. Unaccompanied asylum seekers accounted for 2.0 of the overall rate of Gloucestershire's children in care per 10,000 0-17 years population at the end of 2021/22. This had increased to a rate of 4.3 by the end of 2022/23 (6.6% of our children in care overall, up from 3.1%). Taking into account the growth in unaccompanied asylum seekers, the number and rate of non-UASC children in care saw a slight reduction between the end of 2021/22 and 2022/23 (815 children to 808 children, 64.1 to 63.5), so we could see a shift in the make up of our children in care if the current trends in relation to children who are UASC and who are non-UASC continues.</p> <p>Older people were less likely than younger people to be proficient in English. Of those people aged 50+ who did not speak English as a main language 32.2% could not speak English well or very well, this compares to 12.0% of people under 50 who did not speak English as a main language.</p> <p>In 2021 the total population of Gloucestershire was calculated as 645,076.</p> <p>In 2021 there were an estimated 140,686 children and young people aged between 0-19 living in Gloucestershire. (Source: Mid-2021 Population Estimates, Office for National Statistics)</p> <p>As of 20/04/2023 there were 886 Children in Care in Gloucestershire. (Source: GCC web reports).</p>

<p>Disability <i>percentage/profile of service users who have a disability</i></p>	<p>Currently data is not collected against protected characteristics of service users relating to sex.</p> <p>Information on the disability of people using the service is not recorded to minimise the data we collect on individuals as it is not required to access the service. Interpreters will only attend appointments with the responsible GCC professionals, the GCC professional will be responsible for assessing the needs of the individual and putting the appropriate support in place.</p> <p>According to the 2021 Census, 16.8% of Gloucestershire's population (108,379 people) are classed as disabled under the Equality Act 2010. This means they have a physical or mental health condition(s) expected to last 12 months or more and limits their day-to-day activities. This is below the national and regional average.</p> <p>In 2020 there was an estimated 21,847,231 people aged 18-64 with an impaired mobility living in Gloucestershire and an additional 25,710 people aged 65+ who are unable to manage at least one mobility activity on their own (Source: Poppi and Pansi).</p> <p>In Gloucestershire 7.4% of children in care are disabled.</p> <p>The children in need census as at 31 March 2022 showed that there were 404,310 Children in Need in England of whom 49,680 (12.3%) were recorded as having a disability. There were 4,634 Children in Need in Gloucestershire with 7.3% recorded as having a disability.</p> <p>In the 2021/22 academic year 4,854 of Gloucestershire's children and young people had an Education Health and Care plan (EHCP)</p> <p>There will be a separate contract in place for the provision of non-verbal interpretation therefore the number of severely hearing impaired service users is likely to be low.</p>
<p>Sex <i>percentage/profile of service users who are male and who are female</i></p>	<p>Currently data is not collected against protected characteristics of service users relating to sex.</p> <p>The 2021 Census data shows a 51.1% female to 48.9% male split.</p> <p>As age increases the gender difference becomes more significant where women account for 62.7% of the population aged 85+.</p> <p>Boys are over-represented in the Children in Care cohort with 57% being male (as of 31<sup>st</sup> March 2022). This proportion has been stable over time and is in line with comparators.</p>
<p>Race</p>	<p>Currently data is not collected against protected characteristics of service users relating to race.</p>

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

Not all services users will have English as their first language. The Languages spoken by the individuals requiring Translators and Interpreters is monitored and available on request. The 10 Languages with the highest volume of requests are as follows:

- Polish
- Arabic
- Czech
- Punjabi
- Slovak
- Romanian
- Pashtu
- Portuguese
- Bengali
- Ukranian

(Source: Translation and Interpretation service contract data, April 2022- end January 2023)

According to the 2011 census the number of people born outside of the UK has risen to 10.0% of Gloucestershire’s population.

Since 2011 Gloucestershire has become more diverse, with the proportion of people identifying as “White” falling from 95.4% in 2011 to 93.1% in 2021.

"Asian, Asian British or Asian Welsh" accounted for the second largest proportion of Gloucestershire’s population at 2.9%.

The third largest ethnic group in Gloucestershire was “Mixed or Multiple ethnic groups”.

<b>Ethnic groups in Gloucestershire 2021 Census Data</b>	<b>Number</b>	<b>% of total</b>
Asian, Asian British or Asian Welsh: Total	18,464	2.90%
Black, Black British, Black Welsh: Total	7,777	1.20%
Mixed or Multiple ethnic groups: Total	14,149	2.20%
White: Total	600,314	93.10%
Other ethnic group: Total	4,375	0.70%

The urban districts of Gloucester and Cheltenham have the largest proportion of ethnically diverse communities in the county, however there is also a more diverse population around the urban districts of Gloucester and Cheltenham and around the market towns of Cirencester, Bishops Cleeve and Stroud.

	<p>According to the 2021 census around 27,287, (15.7%) of 0–19-year-olds in Gloucestershire were classed as an minority ethnic (this includes all categories except white British) this is an increase from 11.6% at the time of the 2011 Census.</p> <p>In Gloucestershire after English, Polish was the most common language, followed by Romanian, Portuguese, Bulgarian, French, Spanish, Italian, German, Slovak and Czech. This differs from 2011 when the most common languages in Gloucestershire after English were Polish, Gujarati, Czech, Malayalam, Bengali, Portuguese, Urdu, Chinese, Tagalog/Filipino and Slovak.</p> <p>Over 100 languages have been identified as being spoken in the county.</p> <p>As minority ethnic communities in Gloucestershire are relatively small and often live in close proximity, drawing on local translation and interpreting services can currently raise privacy issues, as cases often involve the processing of sensitive and personal information. These issues will need to be managed through stringent agreements with service providers to ensure no breaches of confidentiality occur.</p> <p>The range of languages spoken across the county will be regularly reviewed to ensure that the TIS needs of all members of minority ethnic communities can be met.</p>
<p><i>Gender reassignment percentage/profile of service users who have indicated they are transgender</i></p>	<p>Currently data is not collected against protected characteristics of service users relating to gender identity or gender reassignment status.</p> <p>Gender identity refers to a person’s sense of their own gender, whether male, female, or another category such as non-binary. This may or may not be the same as the sex registered at birth. The gender identity question was a new voluntary question for the 2021 Census.</p> <p>In Gloucestershire, 0.41% of Gloucestershire’s population (over the age of 16 years) answered that their gender identity is different to the sex they were assigned at birth.</p>
<p><i>Marriage &amp; civil partnership percentage/profile of service users who are married or in a civil partnership</i></p>	<p>Currently data is not collected against protected characteristics of service users relating to marriage and civil partnership</p> <p>In 2021 48.0% of Gloucestershire residents aged 16 and over were married or in a civil partnership, which is higher than the national average meaning this group accounts for the largest proportion of total residents.</p> <p>Gloucestershire has a lower proportion of people who are single, in a same sex marriage, or are separated when compared to the national figure. In contrast the proportion of people who are</p>

	<p>married to a person of the opposite sex, are divorced, or are widowed exceeds the national figures.</p> <p>There is considerable variation in marital status between the age groups, with those aged 16-24 most likely to be single and those aged 65+ most likely to be widowed. This may have an impact on the family support people have available to them and the level of support they require from elsewhere.</p> <p>Among residents of Gloucestershire aged 16 and over:</p> <ul style="list-style-type: none"> <li>• 47.8% are married</li> <li>• 33.6% are single and have never married or registered a civil partnership</li> <li>• 9.9% are divorced or formerly in a civil partnership which is now legally dissolved</li> <li>• 6.5% are widowed or a surviving partner from a civil partnership</li> <li>• 2.0% are separated but still legally married or still legally in a civil partnership</li> <li>• 0.2% are in a registered civil partnership</li> </ul>
<p>Pregnancy &amp; maternity <i>percentage/profile of service users who are female and who are pregnant or on a maternity leave</i></p>	<p>Currently data is not collected against protected characteristics of service users specifically relating to pregnancy and maternity.</p> <p>There were 6,138 live births in Gloucestershire in 2021. The highest proportion of deliveries were to women aged 30 to 34, continuing the trend of later motherhood. Births to mothers in all age bands above the age of 30 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 30 account for a lower proportion.</p>
<p>Religion and/or belief <i>percentage/profile of service users' religious beliefs</i></p>	<p>Currently data is not collected against protected characteristics of service users specifically relating to their religion or beliefs.</p> <p>According to the 2021 Census of residents in Gloucestershire 49.2% are Christian. This is followed by 'no religion' which accounts for 41.4% of the total population. 1.4% of Gloucestershire's population identified as Muslim, 0.6% as Hindu, 0.5% as Other religion, 0.4% as Buddhist, 0.1% as Jewish, 0.1% as Sikh.</p>
<p>Sexual orientation <i>percentage/profile of service users who are lesbian, gay, bisexual, heterosexual</i></p>	<p>Currently data is not collected against protected characteristics of service users specifically relating to their sexual orientation.</p> <p>In Gloucestershire, 90.40% of residents (481,191 people) over the age of 16 stated that they are straight or heterosexual, 1.28% (6,814) said they are gay or</p>

	<p>lesbian, 1.21% (6,432) answered they are bisexual and 0.31% (1,660 people) of the population is classified as all other sexual orientations.</p> <p>N.B The sexual orientation question was a new voluntary question for Census 2021. As sexual orientation is an umbrella term covering sexual identity, attraction and behaviour, these may be different for respondents, so statistics should be interpreted purely as showing how people responded to the question, rather than being about whom they are attracted to or their actual relationships.</p>
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## 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	No significant impact identified.
Disability	Compared to the population of the county (16.71%), the proportion of employees declaring a disability is lower (5.38%). (Gloucestershire County Council Workforce Equalities, Diversity & Inclusion report February 2022)
Sex	No significant impact identified
Race	No significant impact identified
Gender reassignment	No significant impact identified
Marriage & civil partnership	No significant impact identified
Pregnancy & maternity	No significant impact identified
Religion and/or belief	No significant impact identified
Sexual orientation	No significant impact identified

## Appendix 3 – Secondary Data

Lodi, C. & Vidal, V. (2023). 'The Community-led Momentum in Gloucestershire to Tackle Healthcare Inequalities Through the Strategic Rebuilding of the Black and Minoritised Voluntary Sector,' BSWN, Bristol

NHS England Guidance for commissioners: Interpreting and Translation Services in Primary Care

Public Health England - A rapid evidence review of interpreting interventions in public health

Public Health England West Midlands - Stakeholder consultation Language and communication needs assessment

NHS Scotland Interpreting, Communication Support and Translation National Policy  
Enabling equitable access to safe, effective and person-centred healthcare services through spoken, signed and written language communication support

Gov.UK Language interpreting and translation: migrant health guide

Office of National Statistics 2021 Census

Gloucestershire County Council - Service User Diversity Report 2021/2

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