

Equality Impact Assessment (EQIA)

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	Economy, Environment, and Infrastructure
Service area	Economy & Strategic Planning
Title of the activity being assessed i.e. the strategy, plan, policy or service	Gloucestershire Economic Strategy – seven-week public engagement.
Brief outline of the proposal(s)	<p>There is no statutory requirement for the County Council to undertake a public consultation on the Economic Strategy. However, as an organisation that makes informed choices about priorities and service delivery, it is important for the County Council that we understand the needs of our communities and businesses. We are therefore committed to a programme of engagement during the production of the Economic Strategy and have engaged the expert advice of colleagues from the Communications Team to help officers eliminate any unlawful discrimination, advance equality of opportunity and foster good relations between people of different equality groups during the public engagement process.</p> <p>Effective engagement is key to ensuring that we can demonstrate ‘due regard’ to the equalities duty. The production of the Economic Strategy is split into three stages of engagement. This enables the emerging strategy priorities to be identified, tested, and honed before forming part of the final strategy document. Stage 1 of this process included a desk-top review of existing strategy and policy documents alongside nearly 100 stakeholder interviews during which views were requested on what they considered to be the main economic challenges and priorities for the county. This helped identify the content of the Economic Strategy public engagement document. Through Stage 2 of the process the priorities identified during Stage 1 will be tested through a public engagement process in which views will be</p>

	<p>sought in terms of agreeing or disagreeing with the proposals identified with the option for additional information to be provided in response to several open questions. Stage 3 includes a series of workshops with key stakeholders to provide feedback from the public engagement process and finalise the content of the final strategy document. At the conclusion of the strategy production process a report will be produced for GCC's Cabinet to consider the formal adoption of the strategy. This will be supported by a separate Engagement response report. This robust approach to engagement seeks to eliminate any possible of pitfalls or unintended consequences that might arise in the future once the strategy is formally adopted.</p> <p>This EQIA covers the Stage 2 public engagement process only. The proposed approach to the engagement process is fully consistent with GCC's consultation process identified within the Consultation Planning and Implementation Protocol. Officers have produced an Engagement Plan that includes the outcome of the stakeholder mapping process and risk assessment. Production of this plan has been supported by GCC's Communications Team.</p>
<p>Who is affected by the proposals?</p>	<p>Service users <input type="checkbox"/> Workforce <input type="checkbox"/></p> <p>Other, please specify: <input type="text" value="Local Communities"/></p>
<p>Decision to be taken and decision maker</p>	<p>Cllr Mark Hawthorne, Leader of the Council</p>
<p>Person(s) responsible for completing this assessment</p>	<p>Name: Ben Watts Telephone: 01452 426771 Email: ben.watts@gloucestershire.gov.uk</p>
<p>Date of this assessment</p>	<p>20/06/23</p>

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, Workforce & Partners	<p>During Stage 1 of the strategy production process approximately 100 stakeholders were interviewed to understand their views and priorities for Gloucestershire's economy. Stakeholders included officers and members at GCC, each District authority, the Local Enterprise Partnership and other voluntary and interest groups.</p> <p>Having analysed the feedback provided this informed the themes of the emerging strategy. To aid a greater understanding of the key themes a desk-top research exercise was also completed.</p>
Other	N/A

3. Equality Assessment

Briefly explain your assessment of the impact of the proposed activity on the protected characteristics below. This section evidence 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
<ul style="list-style-type: none"> • Age • Disability • Sex • Race 	<p>The proposals outlined within the engagement document aim to have a positive impact on people of all ages, disabilities, gender, or race.</p> <p>It is proposed that a seven-week public engagement will take place from the 31 July 2023 to the 15 September 2023. In recognition that the engagement will take place over the summer it is proposed that it is one week longer than minimum six-week consultation timeframe to provide sufficient time for members of the public to engage in the process.</p> <p>The engagement document has been designed in a highly accessible format in terms of content by using plain English where possible and where any technical concepts are used these are fully explained. As outlined previously the public engagement forms part of Stage 2 in the strategy production process and the feedback received through the engagement will influence the content of the final document. Once completed a report will be produced outlining the feedback received through the engagement process and how this has</p>

been used to inform the final strategy. This will be published on the GCC website.

Information on the public engagement will be promoted by the County Council using appropriate media channels to maximise awareness. In addition, other stakeholders have confirmed that they will also promote the engagement using their own distribution lists. An example of this is that the GFirst LEP who will promote it through their weekly newsletter which includes over 11,000 recipients including business sectors, the public sector, academia, and voluntary sector. Other stakeholders have also confirmed they will support raising awareness of the public engagement including the GCC leads for inclusive employment and skills. In addition, colleagues from the district authorities have also confirmed that they will distribute details of the public engagement using their own authority's distribution lists. All efforts will be made to ensure that the public engagement is accessible to protected characteristic groups and the experience from colleagues that have successfully engaged traditionally hard to reach groups shall be sought to foster good relations between people of different equality groups during the public engagement process.

The primary method people will feedback their views to the public engagement process will be through the County Council's on-line consultation portal. This will enable effective engagement management and help to maximise the analysis and use of the engagement results. Using the portal to capture feedback is important due to the project timescales of using this information to report back to stakeholders during the Stage 3 workshops planned for two weeks after the public engagement process concludes.

It is fully recognised that not everyone will have access to the internet, so an alternative approach is required to ensure this preferred method for capturing views is not a barrier to engagement. Paper copies of the engagement document will be provided upon request by contacting the county council. Anyone that requires a paper copy of the document can also submit a paper response form should they also need to do so. Any paper responses received will be manually transferred by GCC officers onto the online portal. No personal information is required as part of the public engagement and a GDPR compliant statement has been included within the document to make this clear to all recipients this should reduce the risk of any information being provided.

If anyone requires any formatting changes to the document such as larger font size or for the content to translated to a

different language this request will be fulfilled, and the bespoke document issued. Depending on the type of request this may take up to two weeks to be fulfilled. It is recognised that this is not ideal, and some flexibility could be considered to ensure sufficient time is provided for the engagement response to be returned late if the request for this is made near the end of the seven-week engagement window. Unfortunately, the extend of the timeframe to fulfil bespoke request reflects the limited capacity constraints within the team managing the engagement process and the physical ability to access printing and postage facilities at Shire Hall.

A combination of both Qualitative and Quantitative questions is recognised as being the best way to ensure that all views have been invited and considered before a final decision is made. Within the proposed public engagement document this approach is embraced. A quantitative type of question will ask respondents to share their views on a subject in terms of quantifying the extent they agree or disagree with a proposal. Four options will be presented, and they will be required to indicate which best matches their opinion in term of Strongly agree, Agree, Disagree, strongly disagree. The wording of the question was finalised based on feedback from GCC's consultation specialist to maximise understanding and accessibility. Qualitative data will be captured by respondents answering open style questions about anything being missed within the strategy or if they have any general comments to make. This provides the opportunity for the respondent to openly share their views. For those using the online portal the free text responses shall have a word limit to encourage brevity and directness within the information provided. This approach makes for a more meaningful exchange of views and avoids respondents submitting tomes of information which may not be relevant to the engagement subject. The approach taken in designing the questions seeks to achieve simplicity and consistency so the responder fully understands and engages in the type of response the authority may be requiring and is relevant to the issues being engaged with. Prior to the engagement being launched the questions shall be tested to ensure that they achieve what is expected of them and revised if any accessibility issues are identified.

<ul style="list-style-type: none"> • Gender reassignment • Marriage & civil partnership • Pregnancy & maternity • Religion and/or belief • Sexual orientation 	<p>Neutral</p> <p>We have considered this characteristic and can find no disproportionate impact based on gender re-assignment, marriage & civil partnership, Pregnancy & maternity or Sexual orientation.</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
<p>A robust communications plan has been prepared to ensure the engagement document is available both in digital and paper formats.</p>	<p>The original intention was for the engagement document to only be provided digitally. This was challenged by support service officers based on the potential for excluding older people or low-income families that may not have access to the internet.</p>
<p>The design and language used within the document will fully comply with corporate standards to reduce the risk of excluding anyone and maximise engagement from all members of the public, businesses, and delivery partners.</p>	<p>There was never any intention to exclude people from understanding the content of the engagement document – but advice provided by the Communications Team on the best practice use of language and design principles has ensured the final document is fully accessible to all.</p>

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	Increased peer reviews of the engagement document prior to publication will reduce the risk	Before launching the	Officer


	of any inadvertent issues arising in terms of excluding potential participants.	document on the 31 July 2023.	
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6. Monitoring and review

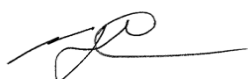
The following processes/actions will be put in place to keep this 'activity' under review:
Once the engagement process is completed officers will undertake an evaluation of the process to understand what worked well and what didn't with a view to improve any future consultations that are undertaken on the economic strategy. The outcome of this assessment will be captured within the Cabinet report produced seeking formal adoption of the economic strategy early 2024.

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	Simon Excell
Date	3 rd July 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. Mark Hawthorne
Date	3 rd July 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
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<p style="text-align: center;"><i>Age percentage/profile of service user ages</i></p>	<p>Current Population</p> <p>In 2019, the resident population of Gloucestershire was estimated to be 637,070 people, of which:</p> <ul style="list-style-type: none"> • 22.4% were aged 0-19; • 56% were aged 20-64; • 21.6% were aged 65 and over. <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 the figure for England. There is considerable variation at district level:</p> <ul style="list-style-type: none"> • at 25.0% Gloucester has the highest proportion of children and young people (aged 0-19) and exceeds the county and national figure. • Cheltenham and Gloucester have the highest proportion of people aged 20-64 (58.9% and 58.8% respectively), exceeding the county and national figure. • Cotswold, the Forest of Dean, Stroud and Tewkesbury all have a higher proportion of people aged 65+ when compared to the county and national figure. At 25.1% Cotswold has the largest proportion of people aged 65 and over. <p>Table 1: Gloucestershire population by broad age group, 2019</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Area</th> <th rowspan="2">Number of people</th> <th colspan="3">% of population</th> </tr> <tr> <th>0-19</th> <th>20-64</th> <th>65+</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>116,306</td> <td>22.8</td> <td>57.8</td> <td>19.7</td> </tr> <tr> <td>Cotswold</td> <td>89,862</td> <td>20.3</td> <td>53.8</td> <td>25.9</td> </tr> <tr> <td>Forest of Dean</td> <td>86,791</td> <td>21.2</td> <td>54.1</td> <td>24.7</td> </tr> <tr> <td>Gloucester</td> <td>129,128</td> <td>24.6</td> <td>58.5</td> <td>16.9</td> </tr> <tr> <td>Stroud</td> <td>119,964</td> <td>22.1</td> <td>55.3</td> <td>22.6</td> </tr> <tr> <td>Tewkesbury</td> <td>95,019</td> <td>22.6</td> <td>55.4</td> <td>22.1</td> </tr> <tr> <td>Gloucestershire</td> <td>627,070</td> <td>22.4</td> <td>56.0</td> <td>21.6</td> </tr> <tr> <td>England</td> <td>56,286,961</td> <td>23.6</td> <td>58.0</td> <td>18.4</td> </tr> </tbody> </table> <p>Outcomes by age</p> <p>The age of an individual, combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Analysis of the 2008 European Social Survey in 2012 found that age discrimination was the most common form of prejudice experienced in the</p>	Area	Number of people	% of population			0-19	20-64	65+	Cheltenham	116,306	22.8	57.8	19.7	Cotswold	89,862	20.3	53.8	25.9	Forest of Dean	86,791	21.2	54.1	24.7	Gloucester	129,128	24.6	58.5	16.9	Stroud	119,964	22.1	55.3	22.6	Tewkesbury	95,019	22.6	55.4	22.1	Gloucestershire	627,070	22.4	56.0	21.6	England	56,286,961	23.6	58.0	18.4
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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
Gloucestershire	16.7	3.1	7.8	18.3	49.0
England	17.6	3.7	8.7	23.8	53.6

Dementia is one of the major causes of disability in older people. Estimates suggest that in 2018 there are approximately 9,500 people aged 65+ living with dementia in Gloucestershire. Incidents of dementia increase with age, people aged 65-69 account for 4.9% of dementia sufferers over 65, this increases to 24.4% for the 85-89 age group. Given the ageing population the number of dementia sufferers will increase in the future.

Estimates suggest that in 2018 there are approximately 11,750 people aged 18+ living with a learning disability in Gloucestershire (see Table 7) equating to 2.3% of the adult population¹⁰. Of this group, about 2,400 are estimated to have moderate or severe learning disabilities, equating to 0.5% of the adult population. With regards to children, 3,346 school pupils in Gloucestershire (3.6% of school pupils) were known to have a learning disability in 2014¹². Of these children, 2,753 had a moderate learning disability and 593 had a severe learning disability.

In 2016/17 Gloucestershire GPs recorded that 0.6% of their registered patients were known to have a learning disability; this was higher than the England figure of 0.5%. In the same year, 2.4% of people aged 18+ who completed the GP patient survey in Gloucestershire, reported that they had a learning disability¹⁵; this was lower than the England figure of 3.0%. The discrepancy between the percentage of people reporting a learning disability and the percentage recorded by GPs may be due to under-reporting amongst GPs of people who have mild learning disabilities.

Outcomes by disability

Evidence shows that people with learning disabilities have poorer health than the general population, much of which is avoidable, and that the impact of these health inequalities is serious; people with learning disabilities are three times as likely as people in the general population to have a death classified as potentially avoidable through the provision of good quality healthcare. Men with learning disabilities die on average 13 years younger than men in the general population and women with learning disabilities die on average 20 years younger than women in the general population¹⁷. These inequalities result to an extent from the barriers which people with learning disabilities face in accessing health care¹⁸.

Vision and hearing impairments affect people from all sections of society and across all age groups. In 2016/17 approximately 1.0% of the 18+ population

in Gloucestershire reported blindness or severe visual impairments. During the same period 3.8% of the adult population reported deafness or severe hearing impairments²⁰. As people get older they become increasingly likely to suffer from hearing and vision impairments; given the ageing population this means the number of people affected by these conditions is likely to increase in the future.

The 2011 Census found that people in Gloucestershire with a long-term limiting illness or disability were more likely than people without such illnesses or disabilities to be providing unpaid care, to be living in a household without access to a car or van and to be living in social housing. Amongst people aged 25 or over, people with long-term limiting illnesses or disability were more likely than others to have never worked and to be in routine occupations and were less likely to be in managerial positions.

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

Current population

The overall gender split 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.

Table 3: Population by gender, Gloucestershire 2019

	% of population	
	male	female
Cheltenham	49.3	50.7
Cotswold	48.3	51.7
Forest of Dean	49.1	50.9
Gloucester	49.4	50.6
Stroud	49.2	50.8
Tewkesbury	48.8	51.1
Gloucestershire	49.1	50.9
England	49.4	50.6

As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. In Gloucestershire in 2019, 53.0% of people aged 65-84 were female, whilst for people aged 85+ the difference was even more marked with females accounting for 64.8% of the total population; this trend is observed at district, regional and national level. These gender differences have resulted in 71% of single pensioner households being headed by a woman. However, the proportion of men in the older population is increasing as the life expectancy of men increases; thus amongst the population aged 85 and over in Gloucestershire, the proportion of men increased from 30.6% in 2006 to 35.2% in 2016.

Outcomes by gender

The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their gender. A report

	<p>by the European Social Survey found 24% of respondents had experienced prejudice based on gender. Discrimination on the grounds of gender was reported by more respondents than discrimination based on ethnicity.</p> <p>Analysis of the 2011 Census shows that in Gloucestershire:</p> <ul style="list-style-type: none"> • Women were more likely than men to head lone parent households with dependent children. In Gloucestershire, 89.9% of such households were headed by a woman, a figure which was in line with the national figure. • Women were more likely than men to be living in a household without access to a car, and to be living in a single person household. • Amongst people aged 50-64, women were more likely than men to be providing unpaid care. Amongst people aged 65 and over, men were more likely than women to be providing unpaid care. • Amongst people aged 16-24, men were more likely than women to have no qualifications. Amongst people aged 25-34, women were more likely than men to have a level 4 qualification (a degree or higher). • Amongst people aged 25-64, men were more likely than women to be in higher managerial, administrative or professional qualifications. <p>Analysis of health data for Gloucestershire shows that:</p> <ul style="list-style-type: none"> • men have a shorter life expectancy than women; • healthy life expectancy was the same for men and women in 2013-15 • the difference in life expectancy between men and women is greater in the most deprived decile of Gloucestershire compared with the least deprived decile; • men have higher mortality rates than women from causes considered preventable; • men have higher suicide rates than women; <p>women over 80 have higher rates of hospital emergency admissions due to falls than men over 80</p>
<p>Race percentage/profile of service users who are from black and minority ethnic backgrounds</p>	<p>Current population</p> <p>The Equality Act states that race includes colour, nationality, ethnic or national origins. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were born outside the UK compared with a national figure of 13.4%; of this group, 40.8% were born in another European country and 22.3% were born in the Middle East or Asia. More recent estimates suggest that in 2016/17 9.3% of Gloucestershire residents were born in another country.</p> <p>With regards to ethnic origin, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and 0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK.</p>

The 2011 Census found that overall, 4.6% of the population in Gloucestershire was from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. The proportion of people from Black and Minority Ethnic backgrounds was considerably lower than the national figure of 14.6%.

At district level:

- Gloucester had the highest proportion of people from Black and Ethnic Minorities, at 10.9% of the total population. However, this is still considerably lower than the national figure.
- Cheltenham also had a higher proportion of people from Black and Ethnic Minorities (5.7%) than the county-wide figure.
- Forest of Dean had the lowest proportion of people from a Black and Ethnic Minority, at 1.5% of the total population.
- The proportion of people that were classified as 'other White' was higher in Cheltenham than Gloucestershire and England as a whole (5.0% compared with 3.1% for Gloucestershire and 4.6% for England).
- 42% of people who were of Gypsy/Irish Traveller origin lived in Tewkesbury district

At ward level:

- Barton and Tredworth ward in Gloucester was the most ethnically diverse ward with 41.4% of its population from a Black and Minority Ethnic group and 10.3% from a white background other than White British.

Table 4: Population by ethnic group, Gloucestershire 2019 (% of population)

	Total Black and Ethnic Minority	Mixed / Multiple Ethnic Group	Asian/Asian British	Black/African/Caribbean/Black British	Other Ethnic Group	Total White	English/Welsh/Scottish/Northern Irish/British	Irish	Gypsy or Irish Traveller	Other White
Cheltenham	5.7	1.6	3.2	0.6	0.3	94.3	88.3	0.9	0.1	5.0
Cotswold	2.2	0.8	1.0	0.3	0.1	97.8	94.5	0.6	0.1	2.7
Forest of Dean	1.5	0.6	0.6	0.2	0.1	98.5	96.7	0.3	0.1	1.4
Gloucester	10.9	2.9	4.8	2.9	0.3	89.1	84.6	0.7	0.1	3.8
Stroud	2.1	1.1	0.7	0.2	0.1	97.9	94.9	0.5	0.1	2.4
Tewkesbury	2.5	0.9	1.1	0.3	0.1	97.5	94.0	0.6	0.4	2.6
Gloucestershire	4.6	1.5	2.1	0.9	0.2	95.4	91.6	0.6	0.1	3.1
England	14.6	2.3	7.8	3.5	1.0	85.4	79.8	1.0	0.1	4.6

Gloucestershire's 0-19 year old population is more diverse than other age groups. According to the 2011 Census 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 (please see dynamic report for more information).

Outcomes by Race

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:

- amongst people aged 65 and over, Asian/Asian British people and Black African/Caribbean/Black British people were more likely than people from other ethnic backgrounds to have a long-term limiting illness and to be in poor health;
- people of Gypsy or Irish Traveller origin were considerably more likely to be in poor health compared with all other ethnic groups (15.9% of Gypsy/Irish Travellers compared with 4.6% of White British people).
- households headed by people from 'other White', mixed/multiple, Asian/Asian British, Black African/Caribbean/Black British and 'other' ethnic backgrounds were all more likely than households headed by people from White British backgrounds to have fewer bedrooms than was required;
- people from mixed/multiple and Black African/Caribbean/Black British backgrounds were more likely than other ethnic groups to live in social housing;
- people from White British and White Irish backgrounds were less likely than other ethnic groups to be living in private rented housing;
- people from all groups which were not White British were more likely than White British people to be living in a household without access to a car or van;
- amongst people aged 25-34, people from White backgrounds were less likely to be unemployed than people from Black and Minority ethnic backgrounds.
- amongst people aged 25-34, people from White Irish and Asian/Asian British backgrounds were more likely to have level 4 qualifications (a degree or higher) than White British people, whilst people from Black African/Caribbean/Black British, 'other' White, and 'other' ethnic backgrounds were less likely than White British people to have this level of qualification;
- amongst people aged 16-24, people from mixed multiple, White Irish, 'other' White and 'other' ethnic backgrounds were all more likely than people from White British backgrounds to have no qualifications. In the same age group, people from Asian/Asian British backgrounds were less likely than White British people to have no qualifications. The percentage of people in this age group with no qualifications was similar for Black African/Caribbean/Black British people and White British people;

	<ul style="list-style-type: none"> • amongst people aged 25-49, people from White Irish, White British and ‘other’ White backgrounds were less likely to be unemployed than people from Black and Minority ethnic backgrounds; • amongst people aged 25-49, White Irish and Asian/Asian British people were more likely to be in higher managerial, administrative and professional occupations than White British people, whilst people from Black African/Caribbean/Black British, ‘other’ White, mixed/multiple, and ‘other’ ethnic backgrounds were less likely than White British people to be in such occupations. <p>Someone’s race can impact on their health and wellbeing and lifestyle choices. For instance: some ethnic minority groups have higher rates of diabetes than the general population. Rates of mental ill health are higher among some BME groups (including Gypsy and Traveller Communities), and there is evidence that ethnic minority groups experience barriers to seeking help with mental health issues. In terms of health behaviours there is also some variation, for example smoking rates are typically higher among Bangladeshi men; while overall alcohol consumption tends to be lower in BME communities than the population at large. There is also evidence to suggest that BME users are less likely to access social care services. Gloucester City and Cheltenham have the largest proportion of BME communities in the County, however there are also pockets of diverse communities in rural parts of the county and engagement of these communities will need to be addressed as part of the communication strategy.</p>
<p><i>Gender reassignment percentage/profile of service users who have indicated they are transgender</i></p>	<p>Gender reassignment is defined by the Equality Act 2010 as a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.</p> <p>Evidence shows that when transgender people reveal their gender variance, they are exposed to a risk of discrimination, bullying and hate crime. Transgender people are more likely to report mental health conditions and to attempt suicide than the general population³³; one study found that 48% of 16-24 transgender people had attempted suicide³⁴. Research has also found that transgender people encounter significant difficulties in accessing and using health and social care services due to staffs’ lack of knowledge and understanding and sometimes prejudice. Research carried out by Stonewall in 2015 found that a quarter of health and social care staff were not confident in their ability to respond to the specific care needs of transgender patients and service users.</p> <p>An increasing number of trans people are accessing Gender Identity Clinics; it is unclear if this represents an increase in the trans population or an</p>

increasing proportion of the trans population accessing Gender Identity Services.

Current population

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIRES) estimate that between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,070 and 5,120 adults in the county that are experiencing some degree of gender variance.

Table 5: Estimates of gender reassignment, 2019

	Lower Estimate		Upper Estimate	
	Number of people	% of 16+ population	Number of people	% of 16+ population
Cheltenham	580	0.6	970	1.0
Cotswold	430	0.6	720	1.0
Forest of Dean	430	0.6	710	1.0
Gloucester	620	0.6	1,030	1.0
Stroud	580	0.6	960	1.0
Tewkesbury	440	0.6	730	1.0
Gloucestershire	3,070	0.6	5,120	1.0
England	268,430	0.6	447,390	1.0

GIRES also reported in 2011 that approximately 100 children and adolescents were referred annually to the UK's sole specialised gender identity service, compared with 1500 adults. However, presentation amongst younger people is growing rapidly and could accelerate if young people feel increasingly able to reveal their gender variation.

Information derived from surveys conducted by Gloucestershire County Council around the budget and use of the libraries and archives, found the proportion of respondents who stated their gender identity was not the same as the gender they were assigned at birth, varied from around 0-1.2% of respondents.

Evidence shows that transgender people have certain additional health and wellbeing needs, particularly related to mental health and emotional wellbeing.

Other evidence also shows that when transgender people reveal their gender variance, they are exposed to a risk of discrimination, bullying and hate crime. Transgender people are more likely to report mental health conditions and to attempt suicide than the general population.

	<p>Engagement with organisations which support transgender people will form part of the communication action plan.</p>
<p>Marriage & civil partnership percentage/profile of service users who are married or in a civil partnership</p>	<p>The Equality Act 2010 protects individuals who are in a civil partnership, or marriage, against discrimination.</p> <p>Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships.</p> <p>Current population Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>At district level:</p> <ul style="list-style-type: none"> • Cheltenham has the highest proportion of single people (38.8%) and exceeds the county and national figures. In contrast 25.7% of people in Cotswold are single, which is below the county and national level. • Cotswold has the highest proportion of residents who are married at 54.9%, which is higher than the county and national figures. The lowest proportion was recorded in Cheltenham. The proportion of same-sex civil partnerships is fairly consistent across all districts. • Gloucester has the highest proportion of people who are separated and divorced. • Cotswold has the highest proportion of people who are widowed or a surviving partner of a same-sex civil partnership while Gloucester and Cheltenham have the lowest. This reflects the age structure of these districts.

Table 6: Marital Status of Gloucestershire residents, 2019

% of population	Single (never married or never registered a same-sex civil partnership)	Married	In a registered same-sex civil partnership	Separated (but still legally married or still legally in a same-sex civil partnership)	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	Widowed or surviving partner from a same-sex civil partnership
Cheltenham	38.8	42.6	0.2	2.4	9.2	6.7
Cotswold	25.7	54.9	0.3	2.2	9.0	8.0
Forest of Dean	27.4	53.2	0.2	2.1	9.2	7.9
Gloucester	34.1	46.6	0.3	2.7	10.0	6.4
Stroud	27.5	53.0	0.3	2.3	9.6	7.3
Tewkesbury	26.1	54.3	0.3	2.3	9.7	7.4
Gloucestershire	30.5	50.2	0.3	2.3	9.5	7.2
England	34.6	46.6	0.2	2.7	9.0	6.9

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

The Equality Act protects women who are pregnant, have given birth in the last 26 weeks (non work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

Current situation

There were 6,739 live births in Gloucestershire in 2019. Table 16 shows the age of mothers at the delivery of their baby in five year age bands), the highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a slightly lower proportion. At district level:

- Gloucester and the Forest of Dean have a higher proportion of births to mothers aged under 20 (4.0% and 3.6% respectively) than Gloucestershire and England.
- Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.

Table 7: Live Births by age of Mother, Gloucestershire, 2019

	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	1,328	2.0	10.6	24.4	36.3	21.5	5.1	0.2
Cotswold	730	1.5	10.5	25.2	34.2	22.6	5.3	0.5
Forest of Dean	844	3.6	15.8	32.5	29.5	15.2	3.3	0.2
Gloucester	1,768	4.0	16.2	31.6	31.6	13.7	2.7	0.3
Stroud	1,094	1.9	10.3	28.6	34.3	19.7	4.8	0.3
Tewkesbury	975	1.9	11.7	31.4	33.8	17.5	3.5	0.1
Gloucestershire	6,739	2.6	12.8	29.1	33.3	17.9	4.0	0.3
England	663,157	3.2	14.6	28.0	31.8	18.1	4.0	0.3

We do not have local data on the levels of Community Involvement amongst pregnant women, however research shows the largest proportion of deliveries in Gloucestershire was among the 30-34 year old age group, continuing the trend of later motherhood.

	Maternal obesity can lead to chronic conditions such as diabetes is an area of concern for health services. The communication strategy will include targeting of this group.																																																																																																			
<p>Religion and/or belief percentage/profile of service users religious beliefs</p>	<p>According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population. Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.</p> <p>At district level:</p> <ul style="list-style-type: none"> Cheltenham had the lowest proportion of people who are Christian at 58.7% of the total population, this was lower than the county and marginally lower than the national figure. Cotswold had the highest proportion of people who follow Christianity. Cheltenham had the highest proportion of Buddhists, Hindus and people who have no religion. At 3.2% of the total population Gloucester had the highest proportion of Muslims. Stroud had the highest proportion of people who follow an "Other Religion" and of people who did not state their religion. <p>Table 8: Religion in Gloucestershire</p> <table border="1" data-bbox="416 1093 1385 1447"> <thead> <tr> <th rowspan="2"></th> <th colspan="9">% of population</th> </tr> <tr> <th>Christian</th> <th>Buddhist</th> <th>Hindu</th> <th>Jewish</th> <th>Muslim</th> <th>Sikh</th> <th>Other</th> <th>No religion</th> <th>Not stated</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>58.7</td> <td>0.4</td> <td>0.8</td> <td>0.1</td> <td>0.9</td> <td>0.1</td> <td>0.4</td> <td>30.8</td> <td>7.6</td> </tr> <tr> <td>Cotswold</td> <td>68.7</td> <td>0.3</td> <td>0.1</td> <td>0.1</td> <td>0.2</td> <td>0.0</td> <td>0.4</td> <td>22.9</td> <td>7.3</td> </tr> <tr> <td>Forest of Dean</td> <td>65.8</td> <td>0.2</td> <td>0.1</td> <td>0.1</td> <td>0.1</td> <td>0.1</td> <td>0.5</td> <td>25.2</td> <td>7.9</td> </tr> <tr> <td>Gloucester</td> <td>62.4</td> <td>0.3</td> <td>0.6</td> <td>0.0</td> <td>3.2</td> <td>0.1</td> <td>0.4</td> <td>26.2</td> <td>6.9</td> </tr> <tr> <td>Stroud</td> <td>62.0</td> <td>0.3</td> <td>0.1</td> <td>0.1</td> <td>0.2</td> <td>0.0</td> <td>0.8</td> <td>28.3</td> <td>8.1</td> </tr> <tr> <td>Tewkesbury</td> <td>66.6</td> <td>0.2</td> <td>0.3</td> <td>0.1</td> <td>0.3</td> <td>0.1</td> <td>0.3</td> <td>25.0</td> <td>7.1</td> </tr> <tr> <td>Gloucestershire</td> <td>63.5</td> <td>0.3</td> <td>0.4</td> <td>0.1</td> <td>1.0</td> <td>0.1</td> <td>0.5</td> <td>26.7</td> <td>7.5</td> </tr> <tr> <td>England</td> <td>59.4</td> <td>0.5</td> <td>1.5</td> <td>0.5</td> <td>5.0</td> <td>0.8</td> <td>0.4</td> <td>24.7</td> <td>7.2</td> </tr> </tbody> </table> <p>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 (please see the dynamic report for more information).</p> <p>The county has diverse faith groups including a large number of Christian churches catering for those from different religious backgrounds. In addition both Gloucester and Cheltenham have significant population from the Muslim and Hindu community. Engaging with religious institutions and diverse faiths will be an action in the communication plan.</p>		% of population									Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No religion	Not stated	Cheltenham	58.7	0.4	0.8	0.1	0.9	0.1	0.4	30.8	7.6	Cotswold	68.7	0.3	0.1	0.1	0.2	0.0	0.4	22.9	7.3	Forest of Dean	65.8	0.2	0.1	0.1	0.1	0.1	0.5	25.2	7.9	Gloucester	62.4	0.3	0.6	0.0	3.2	0.1	0.4	26.2	6.9	Stroud	62.0	0.3	0.1	0.1	0.2	0.0	0.8	28.3	8.1	Tewkesbury	66.6	0.2	0.3	0.1	0.3	0.1	0.3	25.0	7.1	Gloucestershire	63.5	0.3	0.4	0.1	1.0	0.1	0.5	26.7	7.5	England	59.4	0.5	1.5	0.5	5.0	0.8	0.4	24.7	7.2
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Sexual orientation	Sexual Orientation																																																																																																			

percentage/profile of service users who are lesbian, gay, bisexual, heterosexual

The ‘protected characteristic’ of sexual orientation refers to those individuals who are attracted to those of the opposite sex, the same sex or either sex. There is a substantial body of evidence demonstrating that lesbian, gay, bisexual and trans people experience discrimination and marginalisation in their daily lives including in health care, social care, housing, and education. People who are lesbian, gay or bisexual (LGB) are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general. LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older⁶⁰. LGB people also report that health and social care providers often assume that they are heterosexual, for example, ignoring their partners or giving inappropriate advice about preventing pregnancy⁶¹; one survey of LGB people over 55 found that nearly half would be uncomfortable being out to care home staff. The Office for National Statistics report that LGB people report a lower quality of life than the UK average across all their measures of quality of life.

Current population

There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual. If this figure were applied to Gloucestershire it would mean somewhere between 25,600 and 35,800 people in the county are LGB. A more recent estimate from the 2016 ONS Annual Population Survey (APS) suggests that 1.9% of the England population aged 16 and over is LGB⁶⁴: if this figure was applied to Gloucestershire it would mean that there are approximately 9,700 LGB people in the county.

The APS also found that 2.3% of males compared with 1.6% of females identified as LGB in 2016, and that young adults were more likely to identify as LGB than older age groups (4.1% of people aged 16 to 24 compared with 0.7% of people aged 65 or over). There were also regional variations, with London having the highest percentage (2.7%) and the East of England the lowest (1.2%). The proportion of people in the South West identifying as LGB was 2.1%. These regional variations may be associated with regional differences in the age structure of populations.

Table 9: Stonewall Estimates of the number of Lesbian, Gay and bisexual people living in Gloucestershire.

	Lower Estimate		Upper Estimate	
	N	%	N	%
Cheltenham	4,800	5	6,800	7
Cotswold	3,600	5	5,000	7
Forest of Dean	3,600	5	5,000	7
Gloucester	5,100	5	7,200	7
Stroud	4,800	5	6,700	7
Tewkesbury	3,600	5	5,100	7

Gloucestershire	25,600	5	35,800	7
England	2,236,900	5	3,131,700	7

The ONS is currently carrying out further research and consultation to determine how and whether to meet the need for information on 'sexual identity'.

Information derived from local surveys found considerable variation in the proportion of respondents identifying themselves as lesbian, gay and bisexual. A survey of 8,722 patients attending GP surgeries in Gloucestershire found 1.9% of respondents identified themselves as lesbian, gay or bisexual⁶⁸. A smaller scale survey conducted by Gloucestershire County Council to ask people about the Council's budget, found 3.8% of respondents identified themselves as lesbian, gay and bisexual⁶⁹. A consultation asking libraries users about their protected characteristics saw this increase to 8.5% of respondents⁷⁰.

Research suggests LGB&T individuals often experience discrimination and marginalisation that impacts on wider factors such as education, housing stability and perceptions and experiences of crime and violence, meaning that these groups experience specific inequalities as a result.

- 63% of gay and bisexual men and 39% of lesbian and bisexual women living with a disability had experienced domestic violence from a family member, partner or ex-partner since the age of 16yrs
- Six per cent of the UK population has witnessed verbal homophobic bullying in the workplace and 2% has witnessed homophobic physical violence.
- 49 per cent of lesbian, gay and bisexual people worry about their mental health compared to 37 per cent of heterosexual people.
- Young people may not benefit from the support offered by secondary education settings and therefore would be potentially more vulnerable and distanced from services, unless specific effort is made to engage LGB&T youth.

The communication plan will include action to understand how these national trends relate to gay, lesbian and bi-sexual people locally.

Sources:

- Adults and older people - [Adults and Older People - https://inform.gloucestershire.gov.uk/adults-and-older-people/](https://inform.gloucestershire.gov.uk/adults-and-older-people/)
- Change4Life national programme promoting healthy lifestyle <http://www.glos-care.nhs.uk>
- Children and young people - <https://inform.gloucestershire.gov.uk/children-and-young-people/>

- Disability Facts and Figures, Social and Cultural Activities - <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures#leisure-social-and-cultural-activities>
- Equality Act - <https://www.gov.uk/definition-of-disability-under-equality-act-2010>
- Equality and Diversity - <https://inform.gloucestershire.gov.uk/equality-and-diversity/>
- Joint Health and Wellbeing Strategy - [Joint Health & Wellbeing Strategy - https://www.gloucestershire.gov.uk/council-and-democracy/latest-news-from-council-and-partners/joint-health-and-wellbeing-strategy/](https://www.gloucestershire.gov.uk/council-and-democracy/latest-news-from-council-and-partners/joint-health-and-wellbeing-strategy/)
- LGBT Framework - <https://www.london.gov.uk/sites/default/files/LGBT%20Public%20Health%20Outcomes%20Framework%20Companion%20Doc.pdf>
- Our Communities, Our Health – Improving the health and wellbeing of vulnerable people in Gloucestershire, Annual Report of the Director of Public Health 2016-17 - https://www.gloucestershire.gov.uk/media/1518094/gcc_2040-director-of-public-health-annual-report_dev6.pdf
- PHE – Reducing Social Isolation: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
- The Active People survey data Sport England- includes a local profiling tool to get a profile of sports participation in local areas <http://www.sportengland.org/our-work/local-work/local-government/local-sport-profile/>

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
