

Equality Impact Assessment (EIA)

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

1. Background

Directorate	Prevention Wellbeing and Communities Hub
Service area	Commissioning
Title of the activity being assessed i.e. the strategy, plan, policy or service	Elected Member Community Grant Scheme Build Back Better – Councillor Scheme
Brief outline of the proposal(s)	<p>The purpose of the grants programme is to invest in local community groups which are vital to the county’s recovery from the pandemic as we support our communities to “Build Back Better”. It will give light touch funding to community initiatives that:</p> <ul style="list-style-type: none"> • Help communities to recover, rebuild and protect themselves from the impacts of Covid-19 • Promote and encourage community health and wellbeing • Improve digital inclusion • Promote nature and/or the environment • Promote healthy lifestyles • Encourage safer neighbourhoods <p>The scheme will make up to £40,000 available to each electoral division in the county (total of 53 divisions) contributing to the priorities of the Health and Wellbeing Strategy.</p>
Who is affected by the proposals?	<p>Service users <input type="checkbox"/> Workforce <input type="checkbox"/></p> <p>Other, please specify: Community Groups and elected members</p>
Decision to be taken and decision maker	Sarah Scott – Director of Public Health Cllr Lynden Stowe – Deputy Leader and Cabinet

	Member for Finance and Change
Person(s) responsible for completing this assessment	Diana Billingham – Head of Commissioning (voluntary and community Partnerships) Naz Kapadia – Commissioning Officer Prevention, Wellbeing and Communities Hub
Date of this assessment	28/06/21

2. Information Gathering

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

Research, Consultation and Engagement	
Service users	<p>Given that this is a discretionary grant and not a service, no specific consultation has been done regarding the scheme. The criteria and guidance for the scheme specifies the need to ensure that projects are accessible and open to all of the characteristics under Due Regard and where appropriate specifically targeted to these groups. Furthermore, the grant application form will ask applicants to specify how they have considered the needs of those characteristics outlined in the Equality Act 2010.</p> <p>The scheme will support the delivery of the priority areas in the Joint Health and Wellbeing Strategy which were consulted on. A questionnaire booklet was produced and an online version via the GCC and NHS Gloucestershire websites was also available. An easy read version of the questionnaire was also produced. Staff from Gloucestershire County Council attended three of the county's drop in centres to assist adults with learning disabilities in completing these questionnaires. A series of deliberative workshops also took place to facilitate more detailed discussion from seldom heard groups these included:</p> <p>Young and older people, men, women, carers, BME members of the community, people with physical disabilities, long term conditions and sensory impairments, people with learning difficulties and disabilities, members of the LGBT community.</p> <p>A range of engagement techniques were used as part of developing the Health and Wellbeing strategy. An engagement programme included targeting seldom heard groups through:</p> <ul style="list-style-type: none"> • Questionnaire • Launch event • Road shows

	<ul style="list-style-type: none"> • Deliberative workshops • Social media engagement
Workforce	The workforce was not consulted directly although key members of staff have attended workshops.
Partners	<p>Stakeholder focus groups and workshops were held; in addition they were able to comment via the following engagement techniques:</p> <ul style="list-style-type: none"> • Questionnaire • Launch event • Road shows • Deliberative workshops • Social media engagement
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3. Equality Assessment

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

Protected Characteristic	Service Users	Workforce
Age	<p>This grant scheme will have a positive impact on people of all ages.</p> <p>The scheme is open to organisations who work with their local community</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on age.</p>

population. Therefore, the intended beneficiaries of this programme could vary in age significantly. The scheme is intended to benefit the wider community and address areas such as help communities to recover, rebuild and protect themselves from the impacts of Covid19, promote and encourage community health and wellbeing and promote healthy lifestyles which could be experienced by a person of any age.

Advance equality of opportunity:

Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.

Eliminate Discrimination:

A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.

Promote good relations:

The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.

<p>Disability</p>	<p>This grant scheme will have a positive impact on people with disabilities.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include people with disabilities and people without. The scheme is intended to benefit the wider community and address areas such as support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods.</p> <p><u>Advance equality of opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.</p> <p>Although there is currently limited information on what type of community activities</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on disability.</p>
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	<p>people with disabilities are accessing by identifying barriers to access, the scheme is an opportunity to trial innovative solutions to addressing such barriers.</p> <p><u>Promote good relations</u></p> <p>The scheme will particularly welcome and encourage applications from organisations which aim to encourage participation from those with a disability. The communication plan will ensure that organisations working with disabled people have access to the information they need to apply for funding.</p>	
<p>Sex</p>	<p>This grant scheme will have a positive impact on people of all genders.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could be any gender. The scheme is intended to benefit the wider community and address areas such as support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods.</p> <p><u>Advance equality of</u></p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on sex.</p>

	<p><u>opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.</p> <p><u>Promote good relations</u></p> <p>The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.</p>	
Race	<p>This grant scheme will have a positive impact on all race.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include individuals of any race. The scheme is intended to benefit the wider community and address areas such as support communities to recover, rebuild and protect themselves from</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on race.</p>

the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods.

Advance equality of opportunity:

Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.

Eliminate Discrimination:

A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.

There is currently little information on Gypsy and Traveller communities' engagement in community involvement.

Promote good relations

The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.

<p>Gender reassignment</p>	<p>We have considered this characteristic, and can find no particular disproportionate impact based on gender re-assignment</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include individuals who have undergone gender reassignment and those who have not.</p> <p>The scheme is intended to support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods. which could be experienced by any person.</p> <p><u>Advance equality of opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on gender reassignment.</p>

	<p>assess the levels of uptake by key target groups.</p> <p>Despite this particular group being a small minority, service providers will need to ensure activities are accessible for those who have, or are undergoing, gender re-assignment. Aspects to consider include, liaising with organisations who support trans-gendered people.</p> <p><u>Promote good relations</u></p> <p>The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.</p>	
<p>Marriage & civil partnership</p>	<p>We have considered this characteristic, and can find no particular disproportionate impact based on marriage & civil partnership</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include people within any marital status. The scheme is intended to benefit the wider community and address areas such as support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on marriage and civil partnership.</p>

	<p>inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods. which could be experienced by any person.</p> <p><u>Advance equality of opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.</p> <p><u>Promote good relations</u></p> <p>The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.</p>	
<p>Pregnancy & maternity</p>	<p>We have considered this characteristic, and can find no particular disproportionate impact based on pregnancy & maternity.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on pregnancy and maternity.</p>

intended beneficiaries of this programme could include women who are or have recently been pregnant. The scheme is intended to benefit the wider community and address areas such as support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods which could be experienced by any person.

Advance equality of opportunity:

Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.

Eliminate Discrimination:

A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.

Promote good relations

The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by

	<p>monitoring through engagement and data collection.</p>	
<p>Religion and/or belief</p>	<p>We have considered this characteristic, and can find no particular disproportionate impact based on Religion and/or belief.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include people of any or no religion. The scheme is intended to support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods which could be experienced by any person.</p> <p><u>Advance equality of opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on religion and/or belief.</p>

	<p>been allocated in order to assess the levels of uptake by key target groups.</p> <p><u>Promote good relations</u></p> <p>The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.</p>	
<p>Sexual orientation</p>	<p>We have considered this characteristic, and can find no particular disproportionate impact based on sexual orientation.</p> <p>The scheme is open to organisations who work with their local community population. Therefore, the intended beneficiaries of this programme could include people of any sexual orientation. The scheme is intended to support communities to recover, rebuild and protect themselves from the impacts of Covid-19, Promote and encourage community health and wellbeing, Improve digital inclusion, promote nature and/or the environment, Promote healthy lifestyles and encourage safer neighbourhoods which could be experienced by any person.</p>	<p>Neutral</p> <p>We have considered this characteristic, and can find no particular disproportionate impact based on sexual orientation.</p>

	<p><u>Advance equality of opportunity:</u></p> <p>Officers will be encouraging councillors to consider supporting community groups with wide reaching influence, encouraging equality of opportunity throughout.</p> <p><u>Eliminate Discrimination:</u></p> <p>A review meeting will take place every six months to review the scheme, which will monitor how the money has been allocated in order to assess the levels of uptake by key target groups.</p> <p><u>Promote good relations</u></p> <p>The fund will be flexible to adjust as appropriate if it is found that a particular group are unable to access the fund. This will be informed by monitoring through engagement and data collection.</p>	
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4. Completed Actions

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

Change	Reason for Change
Monitoring and engagement with applicants	To ensure monitoring and engagement with applicants who receive a grant is booked for learning purposes.
A robust communication plan will be developed to ensure that the scheme is proactively publicised to organisations working with those groups listed in the Equality Act 2010.	To ensure fair equality of grant funding between organisations

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	Offer support to applicants to complete the application form	Ongoing	Officer
Positive	Inform and approach protected groups of the funding scheme	Ongoing	Officer
Positive	Where appropriate introduce protected group reporting requirements into grant scheme data collection and reporting.	Ongoing	Officer

6. Monitoring and review


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

This Equalities Impact Assessment Statement will be reviewed and updated accordingly as the fund moves forward. Through continued engagement throughout the life of the grant scheme, we will assess whether we are appropriately and accurately considering the needs and inequalities for all applicants that are successful in receiving a grant.

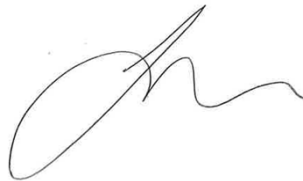
The Equalities Impact Assessment Statement will form part of the routine Steering Group Meetings and will be used to assess applicant compliance with the equalities act, uptake and outcomes across protected characteristics (as applicable and reasonable), and service user satisfaction. This information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

7. Officer / Decision-maker Sign off

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

Signature of Senior Officer	
Name of Senior Officer	Diana Billingham
Date	5/07/2021

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 Lynden Stowe
Date	06/07/2021

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><i>Age percentage/profile of service user ages</i></p>	<p>Current Population 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" data-bbox="391 1568 1157 1960"> <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>	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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	<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 UK, with 28% of respondents saying they had experienced prejudice based on age.</p> <p>Analysis of the 2011 Census shows that Gloucestershire residents aged 65 or over were more likely than those under 65 to:</p> <p>have a long-term limiting illness;</p> <ul style="list-style-type: none"> • be in poor health; • be living on their own; • be without access to a car; • be providing unpaid care of 50 hours or more a week; • be living in a household without central heating; <p>People aged 50 or over were more likely than those under 50 to:</p> <ul style="list-style-type: none"> • be living on their own; • be providing unpaid care; <p>have no qualifications.</p>
<p><i>Disability percentage/ profile of service users who have a disability</i></p>	<p>Current population</p> <p>Under the Equality Act (2010) a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. This is consistent with the Census definition of a limiting long-term health problem.</p> <p>According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability; 7.3% reported that their activities were limited ‘a lot’ and 9.5% reported their activities were limited ‘a little’. The equivalent national figures for England were 17.6%, 8.3% and 9.3%. At a household level, 24.2% of households had at least one person with a long-term limiting health problem or disability; this was slightly lower than the figure for England of 25.7%.</p> <p>The table below shows that the Forest of Dean had the highest proportion of residents reporting a long term limiting health problem at 19.6% of the total population, and was the only district that exceeded the national figure. Cheltenham had the lowest proportion of residents reporting a long-term limiting health problem at 15.1%. At ward level, Coleford Central in the Forest of Dean had the highest proportion (25.7%), followed by Podsmead in Gloucester (24.4%); Ashchurch with Walton in Tewkesbury had the lowest proportion (7.6%) followed by Rissingtons in Cotswold (10.0%).</p> <p>The table below also shows that as age increases, the proportion of respondents reporting a limiting long term health problem increases. In Gloucestershire 18.3% of people aged 50-64 reported a limiting long term health problem, this increased to 49.0% of respondents for the 65+ age group. A similar picture is observed at district, regional and national level.</p>

Table 2: Percentage of people with a long-term limiting health problem or disability, by broad age group, Gloucestershire, 2019

	% of age group				
	All ages	0-15	16-49	50-64	65+
Cheltenham	15.1	2.7	7.0	18.1	48.8
Cotswold	16.1	2.7	6.7	14.8	43.9
Forest of Dean	19.6	3.6	9.2	20.3	52.2
Gloucester	16.8	3.5	8.5	22.6	54.4
Stroud	16.7	3.3	7.9	16.8	47.6
Tewkesbury	16.5	2.9	7.1	16.9	47.6
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

	<p>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 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><i>Race percentage/ profile of service users who are from black and minority ethnic backgrounds</i></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.	79.8	1.	0.1	4.6

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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

	<p>percentage of people in this age group with no qualifications was similar for Black African/Caribbean/Black British people and White British people;</p> <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.</p> <p>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>Gender reassignment percentage/ profile of service users who have indicated they are transgender</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</p>

unclear if this represents an increase in the trans population or an 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.

Engagement with organisations which support transgender people will form part

of the communication action plan.

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

The Equality Act 2010 protects individuals who are in a civil partnership, or marriage, against discrimination. 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.

Current population

Among residents of Gloucestershire:

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

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

At district level:

- 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	Married	In a registered same-sex civil partners	Separated (but still legally married or still	Divorced or formerly in a same-sex civil	Widowed or surviving partner
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	same-sex civil partners hip		hip	legally in a same-sex civil partners hip)	partners hip which is now legally dissolved	from a same-sex civil partners hip
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.

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

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.

At district level:

- 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.

Table 8: Religion in Gloucestershire

	% of population								
	Christi an	Budd hist	Hin du	Jewi sh	Musl im	Sik h	Oth er	No reli gion	Not stat ed
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

Gloucester shire	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

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).

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.

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

Sexual Orientation

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

	<p>education settings and therefore would be potentially more vulnerable and distanced from services, unless specific effort is made to engage LGB&T youth.</p> <p>The communication plan will include action to understand how these national trends relate to gay, lesbian and bi-sexual people locally.</p>
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Sources:

- Adults and older people - 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
