

# **Gloucestershire County Council**

## **Service User Diversity Report 2021/22**

**March 2022**

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## Introduction

Our service user diversity report provides an overview of the diversity profile of individuals using our services. This diversity profile is reported by the protected characteristics of our service users and includes: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage.

We use service user diversity data, as well as national data, to inform our work. This information helps us to understand who is using our services, whether there may be barriers to accessing our services for some people and whether services need to be better targeted to certain groups of people.

A new Council Strategy was agreed by Cabinet in December 2021. One of the Council's ambitions for Gloucestershire, as set out in the strategy, is to be an inclusive county. Our equality objective for the next four years (2022 – 2026) remains:

***An Inclusive County*** – the economic and social benefits of growth to be felt by all communities, including rural, urban and our areas of highest deprivation. Opportunities to be available for all and good relations between those who have protected characteristics and those who do not.

This objective will include the aim to 'level up' opportunities and quality of life across the County, reducing inequalities and deprivation for people living in Gloucestershire.

### ***Inequalities and deprivation***

*Inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They are usually as a result of the social, economic and environmental conditions in which we are born, grow, live, work and age. While living standards in Gloucestershire are high overall, there are areas of the county where residents' outcomes fall well below national averages and where, as a result, local people are more likely to depend on the services we provide. The word 'deprivation' is sometimes used to describe these areas, but it really describes neighbourhoods in which residents face greater social, economic and environmental challenges (e.g. lower incomes, poorer housing or lower educational attainment).*

*In Gloucestershire 19,415 people (3.1% of the county's population) currently live in areas amongst the most deprived 10% in England. Males living in these most deprived areas live 8.7 years less than those in the least deprived 10%, and females live 6.5 years less. (This is based on data for the period 2017-2019.)*

*Health inequalities have existed in our society for many years but were brought into focus during the Covid-19 pandemic. We quickly saw evidence of a disproportionate impact on those who already face disadvantage and discrimination. For example, those living in areas of high deprivation, people from ethnic minority communities, older people and people with disabilities. The measures put in place to limit the spread of the virus have also impacted disproportionately on those already facing disadvantage, including through loss of employment and income, and school closures.*

*However, there are a great many 'assets' within our communities, including knowledge and skills, relationships, resourcefulness and compassion. These were rapidly and efficiently used during the pandemic with the contributions of volunteers, community groups and individuals helping to protect and promote the health and wellbeing of all of us.*

*As we emerge from the pandemic the council is committed to ensuring no community is left behind and we support them to 'level up'. Our approach will be to make sure we build on the local assets, relationships and good examples of working with communities that already exist. We are also working closely with other local groups and organisations, to develop a community-centred approach to creating a place where everyone can thrive.*

This broadly encompasses the principles of the Public Sector Equality Duty on public bodies to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

All population figures are taken from the following sources:

- Age and Sex: [Mid-year population estimates](#)
- Race: [Census 2011 - Ethnic group by sex by age](#)
- Long term health problems or disability: [Census 2011 – Long term health problems or disability by sex, age and disability \(day to day activities are limited\)](#)

### **Key Demographics from 2011 Census**

- In 2011 50.9% of the Gloucestershire Population were female
- In 2011 49.1% of the Gloucestershire Population were male
- In 2011 21.6% of the Gloucestershire Population were aged over 65
- In 2011 22.4% of the Gloucestershire Population were aged 19 or under
- In 2011 95.6% of the Gloucestershire Population were from a white ethnic group
- In 2011 4.4% of the Gloucestershire Population were from BAME ethnic groups
- In 2011 16.1% of the Gloucestershire Population were registered as having a long-term health problem or disability

Data from the 2021 Census will be released in Summer 2022 and will be used to update population information in the service user diversity report published in March 2023.

## What is the Service User Diversity Report?

The service user diversity report provides a breakdown of the protected characteristics of the people who use our services, often referred to as equality monitoring data. The protected characteristics are: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage.

This report provides an update to the 2020/21 service user diversity report and includes information across our people-based services.

### Why we are publishing this report

Annually collating and publishing information about our service users and workforce by protected characteristic is a legal requirement. Publishing equality information about our customers promotes transparency and allows the Council to demonstrate how it is meeting the aims of the general duty that is to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

### How we collate equality monitoring data about service users and how we use equality monitoring data

When service users use Council services or take part in any engagement activities they will often find an option to complete an [Equalities Monitoring Form](#). They are then asked to complete a number of questions about themselves. Gathering this information allows the Council to identify which communities or groups they might belong to. All information is confidential and data protection regulations will apply.

Stonewall have produced a leaflet to explain [10 reasons why you should fill in those funny monitoring box things at the end of forms](#).

Our equality monitoring data helps us to understand who is and isn't accessing our services and how well service users' needs are being supported by them. This enables the Council to plan, deliver and make improvements to our services so that they meet the needs of all the different communities living in Gloucestershire. The analysis of service user data highlighting participation/experience and outcome by protected characteristic is an important element of our [due regard process](#).

The Council has a wide evidence base which we use to inform how we plan and deliver our services. This includes evidence obtained directly by the Council, for example performance data requested from our suppliers. Other sources of data are developed with our partners including the Joint Strategic Needs Analysis data and we also use external data sources such as those published within Census reports.

## Children and young people

We do not collect data against certain protected characteristics of young people, for example their sexual orientation, gender reassignment status, marriage or civil partnership or pregnancy and maternity. Although, if a young person receiving a service identifies against one of these characteristics it would be captured through their assessment.

We currently collect data on children in care who are parents and teenage mothers. We also monitor under-18 conception rates.

## Service user confidentiality

In publishing our equality information we have sought to ensure that it is accessible and follows the [Public Sector Transparency Board's Public Data Principles](#), which can be viewed online.

We have also sought to ensure that the equality information we publish complies with the [Data Protection Act 2018](#) including the General Data Protection Regulation (GDPR).

We recognise that in some cases the data that the Council collates relates to small number of people, particularly when disaggregated by protected characteristic. Where the number of service users with a particular protected characteristic is fewer than 5, and the information is 'sensitive personal information' that might lead to individuals being identified, we have replaced the number with an asterisk.

## Consultations and engagement

Consultation plays an important role in ensuring the transparency of our decision-making processes and helps us to ensure that we consider a range of views – both for and against. As such, it is at the heart of ensuring that we act democratically.

The Council offers a range of consultation tools which support us in our commitment to be truly led by the needs of our communities. The Consultation Protocol, Consultation Toolkit and Consultation Plan have been reviewed and updated in 2022 and are all been fully endorsed by the Consultation Institute. These documents have a strong equality focus throughout.

[Consult Gloucestershire – The People's Panel](#) is made up of Gloucestershire residents of all different backgrounds, members of the panel are asked to give their views about Council services and issues affecting Gloucestershire. This enables them to play an influential and important role in shaping services in our communities.

We also have an online Consultation Portal in place which allows us to fully engage with our communities. [Have Your Say Gloucestershire](#) is a web-based consultation platform for consultation management, analysis and reporting across the whole organisation. The portal enables us to consult in a variety of ways to meet the needs of our target audience. We are also able to easily disaggregate our consultation data, so that we can identify the impact of any changes to any of the protected characteristic groups.

Consultations undertaken during 2021/22 include Gloucestershire Fire and Rescue Service's Community Risk Management Plan, the 2022/23 budget and the bus service improvement plan.

## Coronavirus Impact

2021/22 continued to be impacted by the disruption of the global Coronavirus pandemic. Following the third lockdown between January to March 2021, children returned to school. However, some of the Council's services continued to be closed, limited or delivered through alternative mechanisms throughout the phased easing of restrictions to July 2021 and then as the new Omicron variant emerged later in the year and cases began to rise again. The rise in cases in the latter part of 2021 impacted workforces, particularly in care sectors, as well as further disrupting attendance and teaching and learning for school pupils.

Given the importance of Gloucestershire County Council's services the majority of our workers, projects and initiatives continued throughout. However, it is important to note that some of the volumes and behaviours of our service users may have altered due to the virus and its impact on our daily lives. This may affect performance comparability between years pre and post 2020.

## Key Findings 2021/22

We aim to gather service user information covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage. Whilst there have been areas of improvement, there are still significant gaps in information.

We recognise that there are data gaps across the protected characteristics of sexual orientation; religion and/or belief, and gender reassignment which are often considered to be sensitive personal characteristics. This means people can be reluctant to provide information which in many instances, leads to poor disclosure rates. This is not the case across all service areas and we can learn from those areas where disclosures are higher for certain protected groups.

The Council has [equality monitoring guidance](#) to support our staff to improve disclosure rates and with how to use the service user information collected. Our contract process also aim to ensure that equality monitoring data is requested from providers who deliver services on our behalf.

### Key Finding 1

We do, however, have significant gaps in our data around characteristics which are considered commonly collected and provided. In particular, relating to race. This is impacting on our understanding of whether specific groups are or aren't accessing our services, problems people may have in doing so and outcomes for people of different ethnicities. Greater clarity is needed regarding whether this information has not been requested or has not been disclosed to help inform actions to address this.

### Key Finding 2

There are more young Males than Females, and than the overall population, who are receiving support from a number of services. While there is around a 50/50% split between the sexes in the overall population, there is over a 60/40% split in young Males on an Early Help My Plan/My Plan Plus (the vast majority of which are led by Education), there is a 75%/25% split between the sexes in young people who have an Education Health and Care Plan and the same proportion are in our Special schools and 60% of the young people open to Youth Support are Male. Further work to understand this would be beneficial.

### Key Finding 3

There is inconsistency across Council ICT systems in relation to the types of characteristics for which data is collected and the way that data is classified. This means that it can be difficult for our staff to record the information that they capture about people using our services against an appropriate category that best describes them and how they see themselves. In some cases, we are able to configure systems ourselves or our software providers can make adjustments to systems. In others, changes may not be possible. It would be useful to undertake a system's audit over the coming year to ensure that where we can amend systems, this work is undertaken so that people's characteristics are appropriately recognised and classified.

**Key Finding 4**

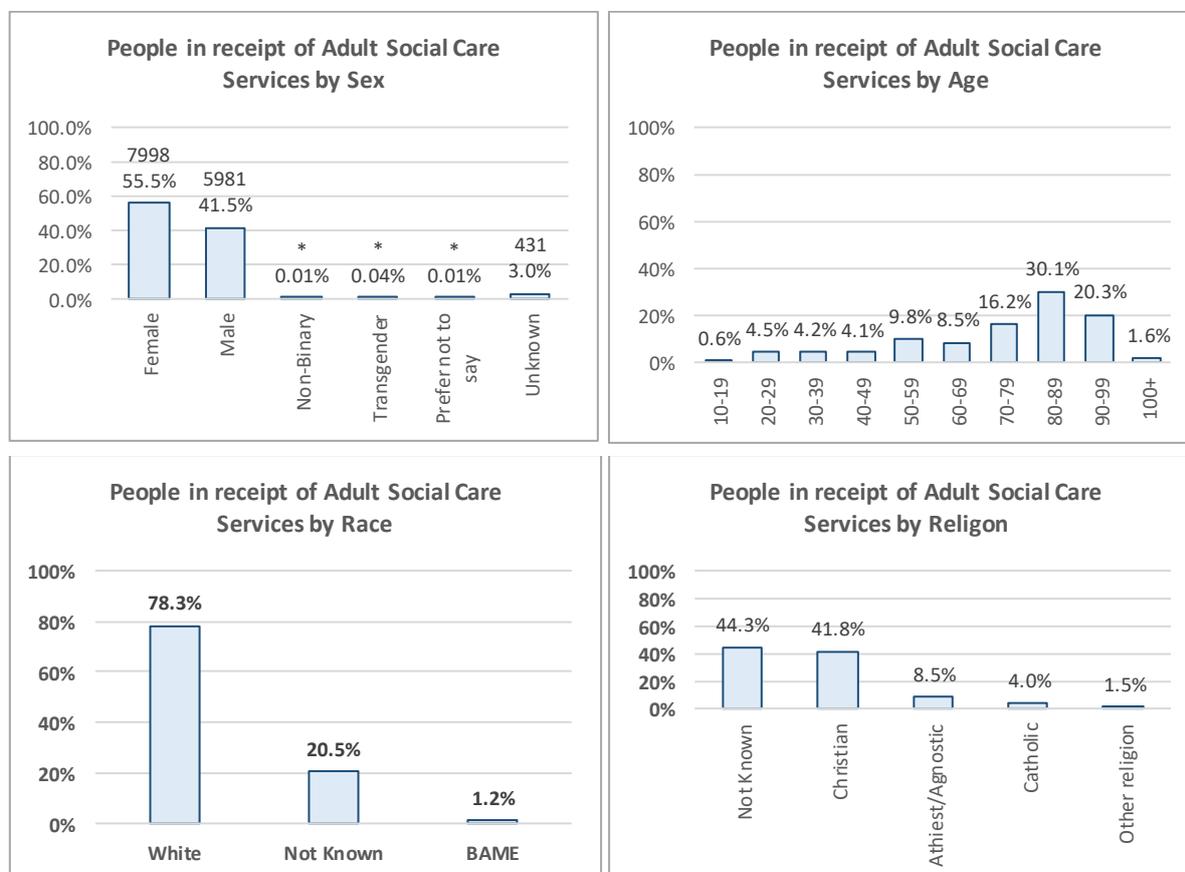
During 2022/23, we will work on developing this report so that there is greater consistency in the information reported for different service areas as well as providing a trend over time wherever possible. This will help us to understand how the people who use our services are changing. This will be particularly important in terms of understanding need arising following the pandemic and the impact of our levelling up objectives.

## Diversity Data by Service

### Adult Social Care

#### Support and Care

The data presented below is based on all Adults supported by Adult Social Care in 2020/21.



As age increases, Females outnumber Males by an increasing margin; in Gloucestershire in 2020, 52.8% of people aged 65-84 were Female, whilst amongst people aged 85 years and over, Females accounted for 63.4% of the population. This is due to the fact that Females have a longer life expectancy than Males.

#### What does the data tell us?

- While the proportion of Females receiving an Adult Social Care service decreased in 2020/21 from 58.0% to 55.5%, more Females than Males continued to receive a service (55.5% compared with 41.5%).
- Females account for 51.4% of the adult population in Gloucestershire, while Males account for 48.6%. Slightly more Females are receiving an Adult Social Care service than the overall adult Female population, while fewer Males are in receipt of support or care than the overall adult Male population.
- There has been a small increase in people who are Transgender or Non-binary compared with nobody recorded in these categories in 2019/20.
- Almost one-third of people receiving an Adult Social Care service are aged between 80-89 years. While this age group was also the largest in 2018/19 and 2019/20, it is increasing (up from 26.5% and 27.0% respectively).

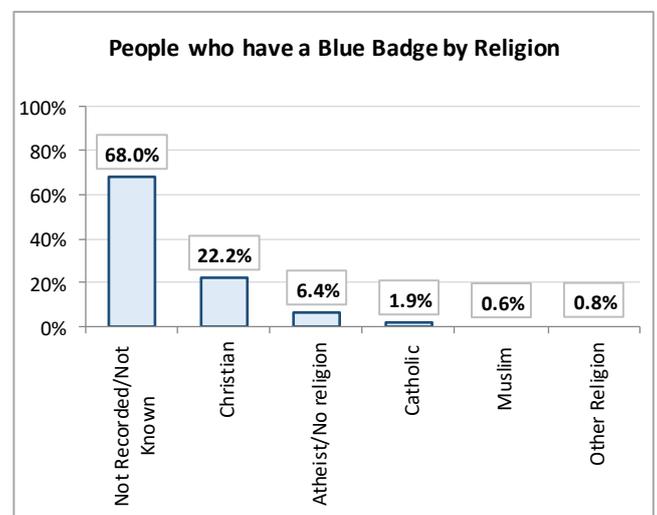
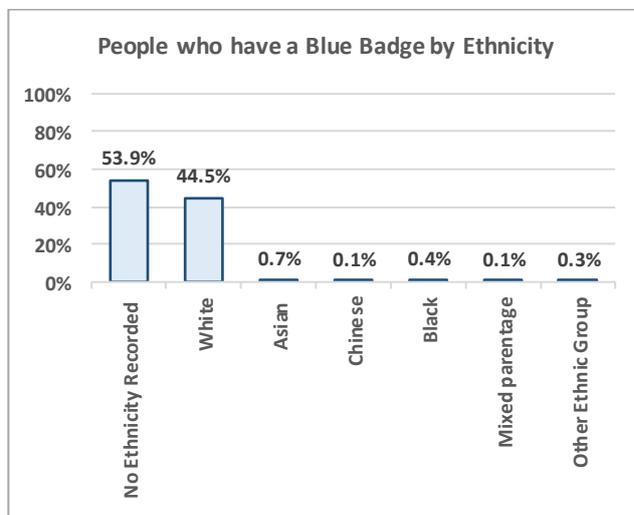
- There has been a decrease in the proportion of people receiving a service aged under 50 years old (down from 18.6% to 13.5%).
- The proportion of people receiving an Adult Social Care service who are Christian increased from 36.9% to 41.8%, while people recorded as Other Religions decreased from 4.7% to 1.5% in 2020/21.
- There continue to be a significant proportion of people for whom information about protected characteristics is not known: Sex (3%), Race (20.5%), this is an increase from 6.5% compared with the previous year), Religion (44.3%)

### What do we need to do?

There are significant gaps in our knowledge of the people we provide services for. This may impact whether we deliver the support and care that people need in a way that suits their needs.

### Blue Badge Scheme

In the calendar year of 2021 there were 32,390 users of the Blue Badge Scheme. This is a large increase on users compared with 2020 (11,004). The data for this section has been taken from an ICT system which has subsequently been replaced and outliers suggest that the data should be treated with caution.



### What does the data tell us?

- For Blue Badge holders where race was recorded, the majority of people were White

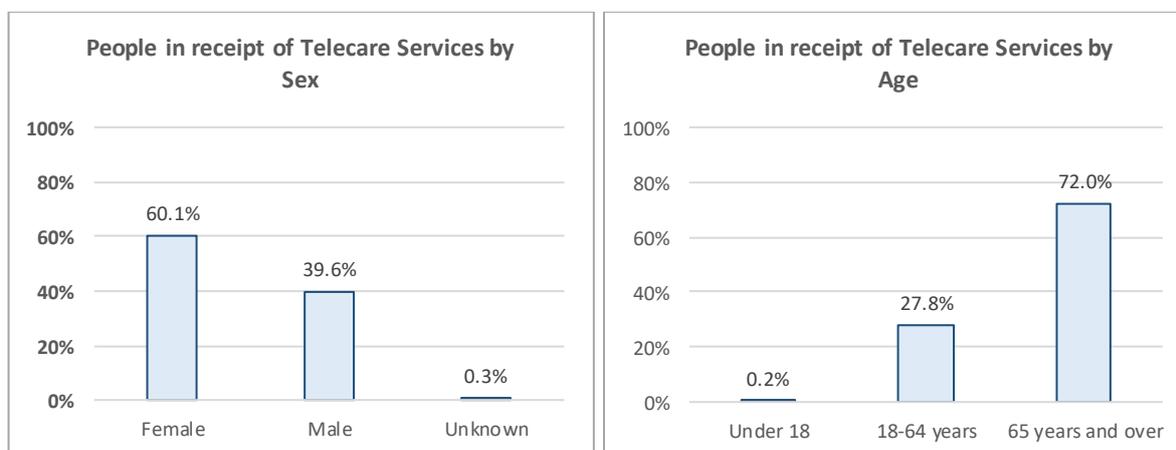
### What do we need to do?

There are significant gaps in our knowledge for this area of service. In particular, 53.9% of people holding a Blue Badge did not have a race recorded. It is therefore not clear whether people from Black Asian Minority Ethnic groups are under-represented compared with overall population levels and whether this indicates issues around barriers to being aware of, accessing or being granted this service.

## Telecare Service

Telecare equipment supports people to live safely and independently in their own home. Types of Telecare sensors include fall detectors, bed and chair sensors, movement sensors, door contacts and smoke and heat detectors. Using Telecare equipment can help to manage risks so that people can stay living independently, rather than having to move into residential or nursing care.

Telecare is often used in conjunction with other Council services. As at 1<sup>st</sup> December 2021 there were 1,189 people whose only Adult Social Care service was Telecare. This is similar to the same time last year (1,203).



As a result of the higher life expectancy of Females compared with Males in Gloucestershire, a high proportion of single pensioner households (71%) are headed by a Female.

### What does the data tell us?

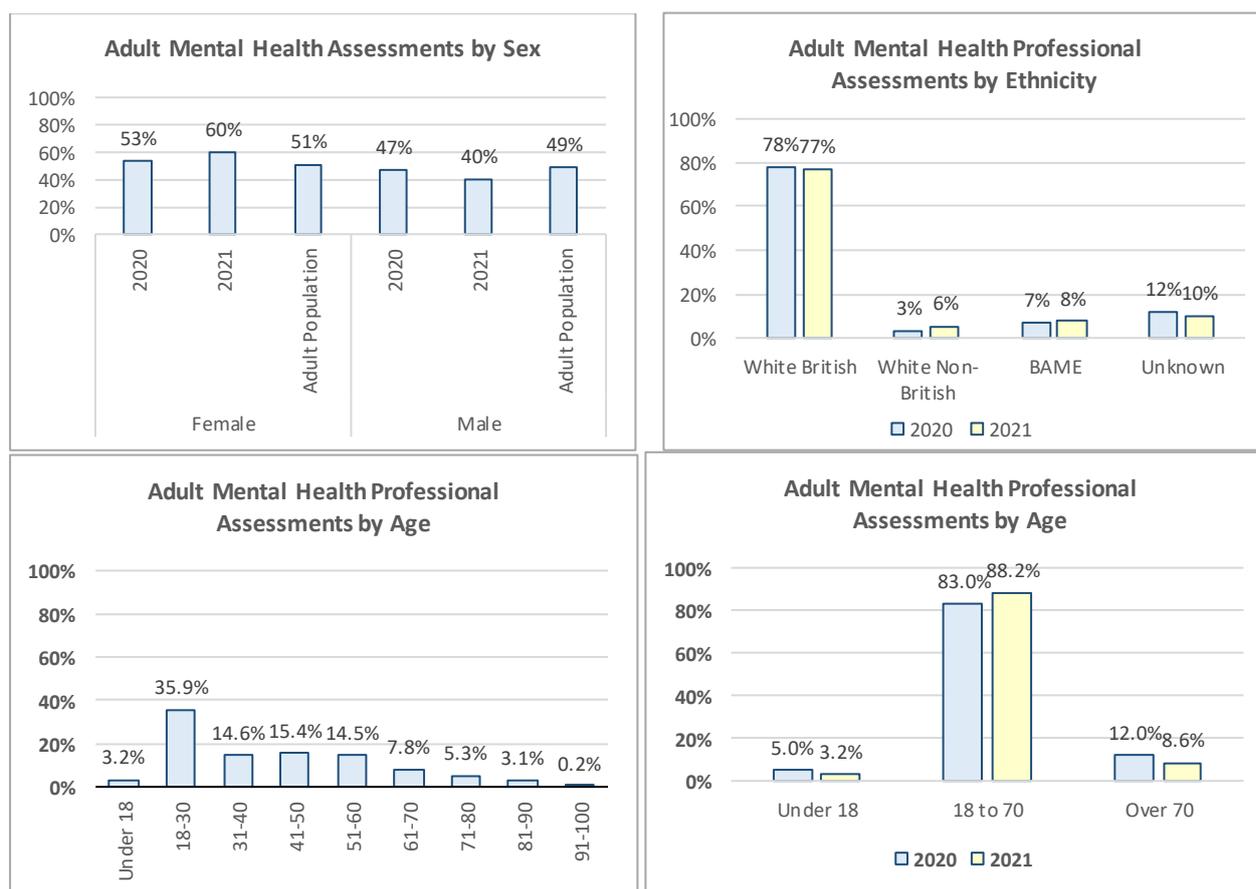
- The majority of people supported by Telecare are Female (60.1%); this is similar to last year. This may be expected based on the higher proportion of older Females living alone.
- There has been an increase in the proportion of people with Telecare who are aged between 18-64 years in 2021 (24.3% to 27.8%)

## Approved Mental Health Professional (AMHP) Assessments

The Director of Adult Social Services (DASS) is accountable on behalf of the Local Social Services Authority (LSSA) for the Statutory requirement to provide a 24/7 Approved Mental Health Professional (AMHP) service. AMHPs are people who have been trained and approved to carry out certain duties under the Mental Health Act.

Between 1 April and 1 November 2021, there was 905 completed assessments with an average of 113.1 per month. 406 assessments led to detention under the Mental Health Act (under Sections 2, 3, 4, 5 or 37). This has continued to reduce from 58.2% in 2019, 51.0% in 2020 and 44.9% in 2021.

## Sex, Age and Race



### What does the data tell us?

Between 1 April and 1 November 2021:

- An increase was seen in the proportion of Females assessed compared with 2020 (60% up from 53%), while assessments for Males decreased from 47% to 40%.
- Assessments for Females in 2021 have been disproportionately higher than the overall adult Female population (60% compared with 51%) and for Males, assessments were lower than the adult Male population level (40% compared with 49%).
- The majority of assessments were for White British people (77%).
- There was an increase in the proportion of assessments undertaken for White Non-British people (35 to 6%)
- There was a small reduction in assessments where the race of the individual was unknown which may indicate a small improvement in collecting this information which in turn helps to inform development of assessment outcomes and our understanding of mental impacts across different groups within our community. However, there is still work to be done with 10% of assessments where race has not been captured.
- A greater proportion of assessments were for adults aged between 18 and 70 in 2021 (88% compared to 83% in 2020), while assessments for under 18's and over 70's both reduced.

## What do we need to do?

It would be useful to understand both the change in proportion of assessments by Sex in 2021 and compared with the overall adult population to ensure that any health inequalities are identified in terms of access to mental health support and diagnosis.

Improvement is needed in capturing data relating to race for people undergoing assessment.

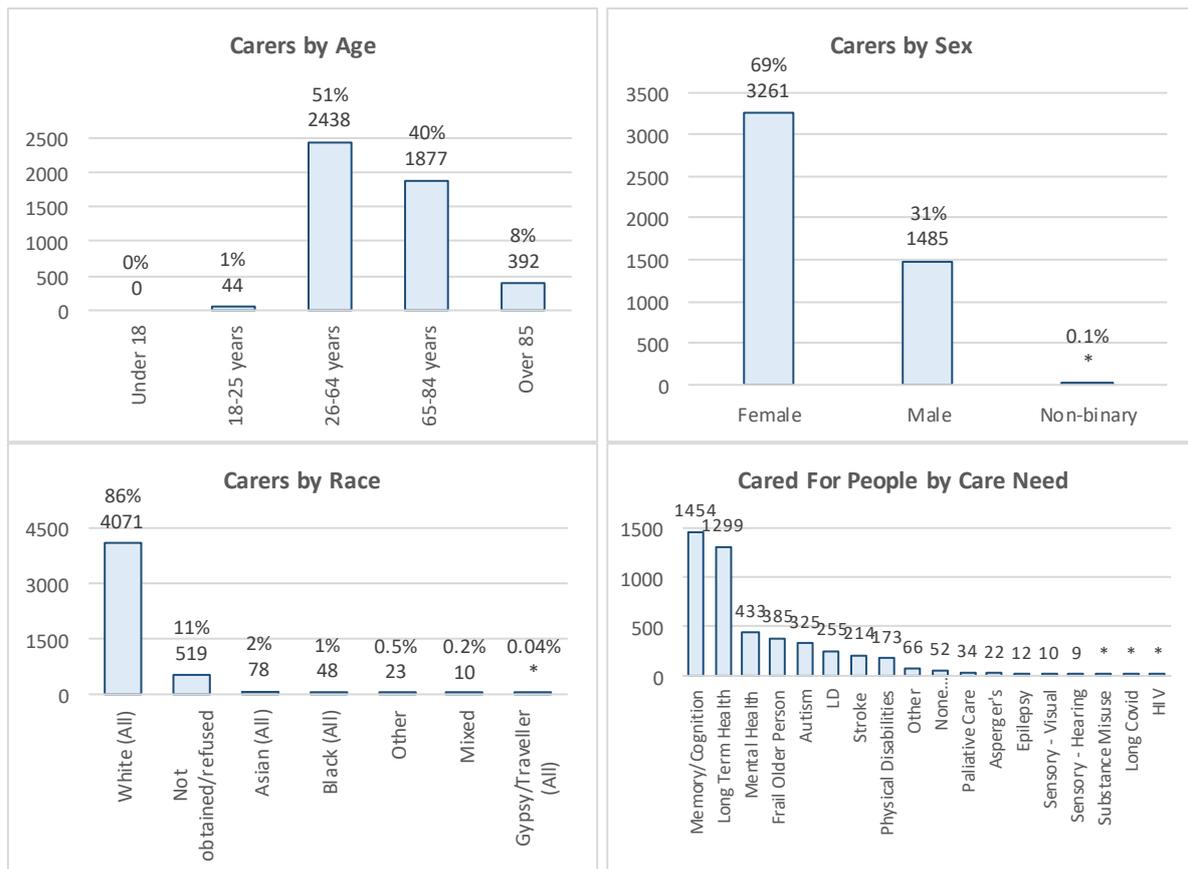
## Carers

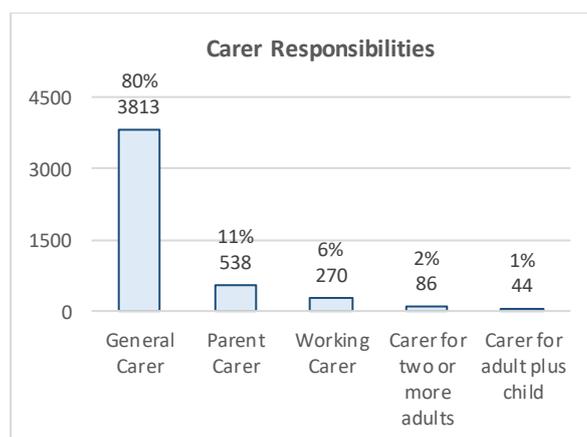
In the 2011 Census there were 62,644 unpaid carers (10.5% of the population) in Gloucestershire in 2011. A small proportion of carers were children under the age of 16 (1.7%) but the majority were aged 50 or over (64%).

The total population of Gloucestershire is projected to increase by 6.4% from 2020 to 2030 but the population aged 65 and over is increasing four times faster (25.8%). If the proportion of carers in the population stays the same, the number of carers aged 65 and over was predicted to rise from 20,157 in 2020 and to 25,077 by 2030, a rise of 24.4%, with the greatest increase predicted for 80-84 year olds (53.4%).

Carers caring for long hours are more likely to experience poor health themselves and are less likely to be economically active. Many carers face very difficult financial situations, often finding their own income affected by due to having to give up work or reduce their hours to provide care or because they use their own income or savings to pay for care or support services, equipment or products for the person they care for.

## Age, Sex, Race, Carer Responsibilities and Care Need





### What does the data tell us?

- In 2020/21, we provided support to 4,751 carers.
- Half of Carers are of working age (52%) but may find their ability to work impacted by their caring responsibilities.
- The remainder of carers are aged over 65 years. Caring responsibilities may impact them both financially and may have a greater adverse impact health than for younger carers.
- Just over two-thirds of Carers are Female (69%) and 86% of Carers are white.
- Only 3% of Carers were BAME. This is mainly because BAME groups have an age profile that is significantly younger than the white majority population. As the BAME population ages, the proportion of BAME carers is likely to increase.
- The primary care needs of Memory/cognition and general long-term health conditions account for almost three-fifths of cared for people (58%).

### Welfare Support Scheme

The Gloucestershire Welfare Support Scheme supports those most in need, providing one-off practical support or other forms of assistance to those people meeting the eligibility criteria.

The scheme is based on having little to no cash payments, making the best use of recycled goods and food deliveries and provides for:

- People moving into or remaining in the community. For example, moving out of residential or institutional care to live independently, people being resettled, and people who need help to stay in their own home and not go into residential care or hospital
- For families and vulnerable individuals facing exceptional pressure and/or fleeing domestic abuse.

Demand for crisis and care awards has been reduced slightly in 2020/21, due to other temporary grant funding for emergency welfare support provided through the COVID pandemic.

**Note:** those supported within the Children's Social Care and Youth Support are not included in this report.

## Age, Disability and Sex

### What does the data tell us?

- Comparison of the age profile between the County's adult population and recipients of Gloucestershire Welfare Scheme awards in 2020-21 indicates that people aged 16-44 are highly represented in the award process: 76% of care awards and 67% of crisis awards compared to 32.6% of the population. The representations are also particularly high among the 16-24 & 25-34 years in care awards.
- By contrast, the number of recipients aged 65+ is lower than their representation in the population, this may be due to additional forms of assistance being available for older people.

Information on the ill health and/or disability of Gloucestershire Welfare Scheme award recipients was collected under the categories of 'disabled', 'chronically sick', 'terminally ill', 'learning disability' and 'mental health'. Data from these categories was combined and compared to the prevalence of disability or limiting long term illness recorded in the Census.

- The comparison indicates that people with a disability/long term illness have a higher representation in welfare support scheme awards made in 2020-21 than the overall population: 31.4% of recipients of care awards have a disability/long term illness, compared to 16.7% of the population. The number of people with a disability/long term illness receiving the crisis award is below that of the population (0.5%).
- Household information collected from award recipients shows single Males accounted for 85.7% of crisis awards, significantly above the overall population which is divided almost equally between Males and Females.
- Almost half of care awards go towards supporting children (45.3%) of which 39% were from a lone parent (39%) while the remainder were from couples with a child(ren).

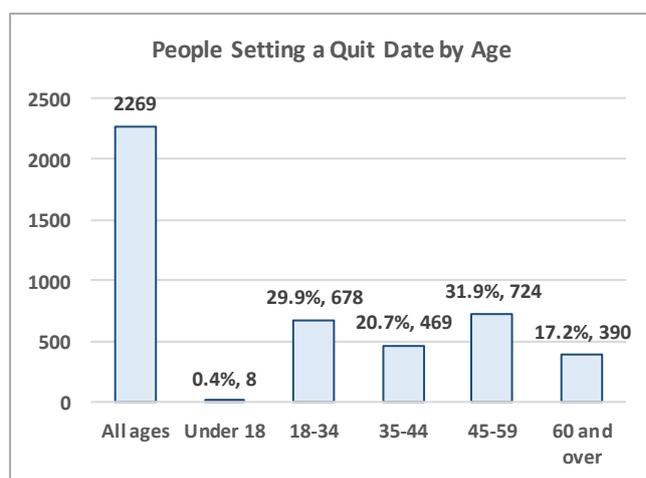
## Prevention, Wellbeing and Communities

### Stop Smoking Service

Based on the latest data published in 2019, 13% of people aged 18 years and over smoke in Gloucestershire (just under 66,500 people).

In 2020/21, the Healthy Lifestyles Service, GP's and Pharmacies provided stop smoking support to those wishing to quit. In total, 2,269 people set a quit date and 1,415 (62%) people achieved a 4-week quit. This is an improvement, rising from 55% in 2019/20.

#### Gender, Age, Race, Disability, Pregnancy and Mental Health



Race	Number	Percentage
White	2118	93.3%
Mixed	4	0.2%
Asian or Asian British	4	0.2%
Black or Black British	4	0.2%
Other ethnic groups	13	0.6%
Not Stated	126	5.6%
Total	2269	100%

#### What does the data tell us?

- More Females engaged with the stop smoking service to set a quit date in 2020/21 than Males (1,328, 59% compared with 941, 41%). This is higher than the overall adult female population (51.4%).
- The proportion of Females and Males achieving success in a 4-week quit was similar to proportions engaging with the service overall (58%, 827 compared with 42%, 588)
- In 2020/21, people in the 45-59 age band formed the largest group trying to stop smoking, followed by people aged 18-34 (31.9% and 29.9%).
- In 2020/21 the majority of people accessing support to stop smoking were white (93%).
- The race for 6% of clients receiving support to stop smoking was not stated, up from 3.7% the previous year.
- In 2020/21, 167 people who set a quit date were sick/disabled and unable to work. Of these, 88 (53%) achieved a 4-week quit.
- 220 were pregnant women were supported by the stop smoking service in 2020/21. Of these, 187 (86%) achieved a 4-week quit.
- 415 of 1557 people receiving support from the Healthy Lifestyle Service to quit smoking were recorded as having a Mental Health issue (27%). 223 of these people achieved a successful 4 week quit (54%).

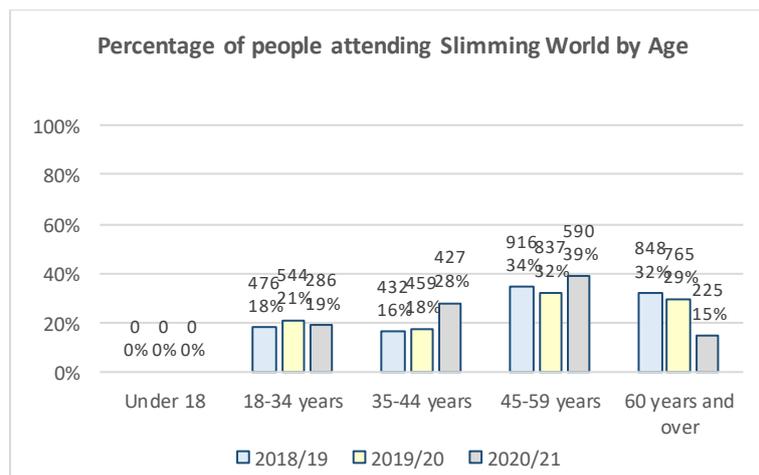
## Weight Management Services

### Weight Management on Referral Service (Slimming World)

In 2020/21 Slimming World and Weight Watchers were commissioned by the Healthy Lifestyles Service to deliver weight management support. Due to Coronavirus restrictions they were unable to offer a full face to face service. Patients referred to the service would receive up to 16 weeks of online support from Weight Watchers or 12 weeks face to face sessions at a Slimming World class of their choice (this was only a limited service).

In total, 1528 people attended at least one Weight Watchers or Slimming World session.

### Age and Sex



### What does the data tell us?

- 1000 fewer people attended sessions to support weight loss in 2020/21 which may be due to Covid-19 restrictions and the altered offer available in terms of online sessions rather than face to face.
- More Females than Males engaged with our weight loss service (89.5% compared with 10.5%). However, while still low, there was an increase in Males accessing this service (up 6.5% points).
- The proportion of 35-44 year olds attending at least one weight management session increased from 32% to 39%. However there was a decline in people aged 60 and over attending at least one session (29% down to 15%).

### What do we need to do?

It would be beneficial to know more about why people chose to engage more or less with the service throughout the pandemic. For example, did the suspension of face to face services and people's skills and preferences in terms of technology adversely impact older people from accessing services but support younger people and Males to do so?

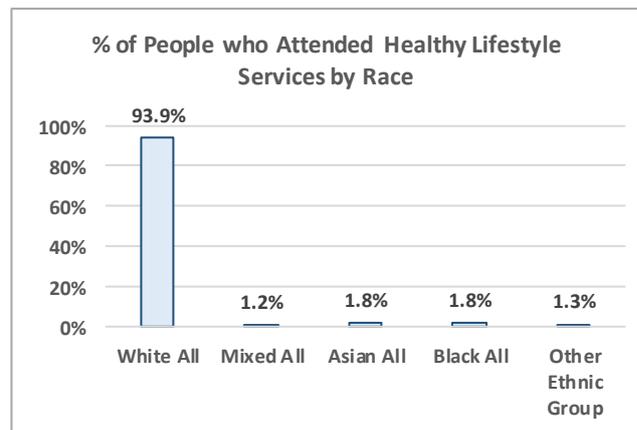
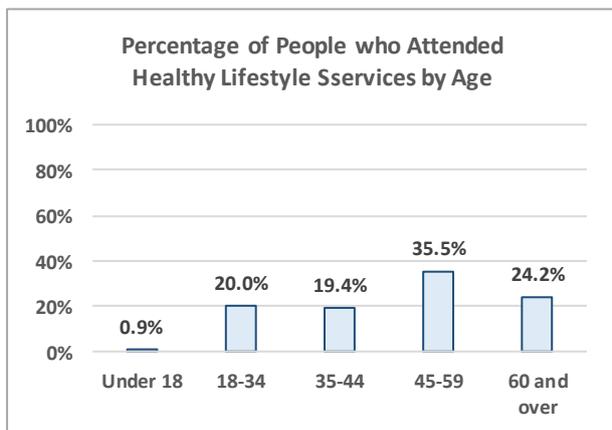
Excess weight and obesity adversely impact health outcomes and life expectancy, which is lower for Males in Gloucestershire. It would be useful to know from Males currently engaged with the service whether there are cultural barriers to attending weight management sessions and what changes might encourage greater usage.

There was no data provided in relation to race. The chance of developing diabetes, heart disease, and other weight-related health risks increases with increasing body mass index (BMI). These health risks are markedly higher in some ethnic groups than others at any BMI but excess weight increases the risk for these groups. It is important to know whether we are reaching these people in order to support improvement to this risk factor.

### Weight Management support from the Healthy Lifestyles Service

The Healthy Lifestyles Service provides one to one coaching to people, supporting them to set and achieve their own weight loss goals.

### Age, Race and Sex



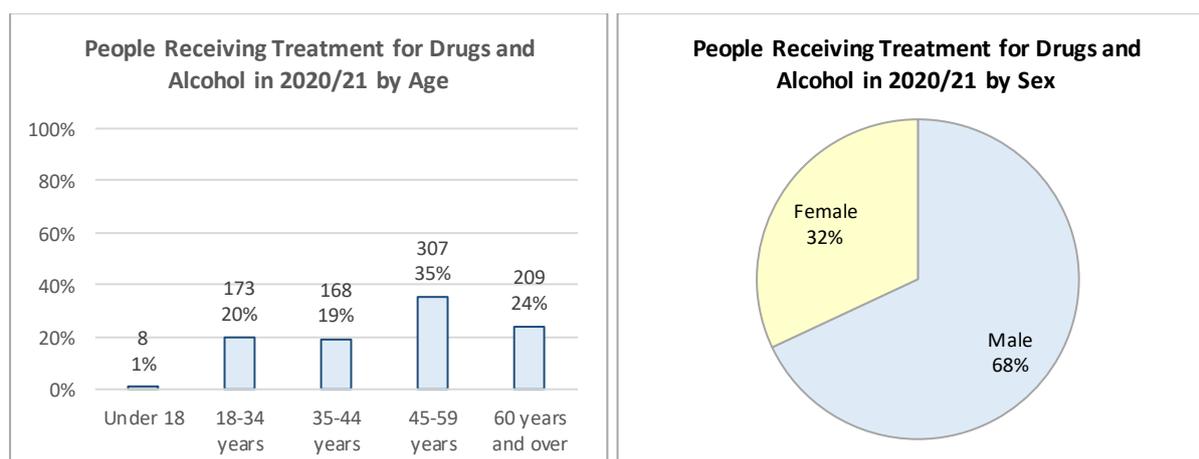
### What does the data tell us?

- In 2020/21, 865 people presented to Healthy Lifestyles with a BMI of 25+ and were offered support to lose weight. As with the Weight Watchers and Slimming World services, more Females than Males engaged with the service (61% to 39%).
- One-third of people accessing support from the Healthy Lifestyles Service were aged 45–59 years (35.5%). This may reflect increasing concerns about health and the impact of being overweight as we age.
- The age group with the lowest referrals is the under 18 age group (0.9%).
- The majority of people accessing the Healthy Lifestyles Service for weight management were white (812, 94%).

### Drugs and Alcohol Treatment

The community drug and alcohol service is an externally commissioned countywide service. During 2020/21, there were 2,606 people receiving treatment through the service. This is similar to 2019/20 (2,605).

## Age, Sex and Race



### What does the data tell us?

- Two-thirds of those receiving treatment from the Drugs and Alcohol service in 2020/21 were Male (68%, 1,773) compared with one-third who were Female (32%, 833). This is similar to the past three years.
- Although the 35-44 year old age group makes up the smallest proportion of people receiving treatment overall, this group contained the largest group of users when broken down into 5 year age bands, with 35-39 year olds making up almost one-fifth of those in treatment (18.2%).
- White British people accounted for 90% of those receiving Drugs and Alcohol services in 2019/20. This is similar to 2019/20 (88%).
- BAME groups made up 4.6% of all users of the service (118 people).

In 2020/21, there were 1,248 people newly accessing treatment through the service.

## Sexual Orientation, Religion, Disability and Mental Health

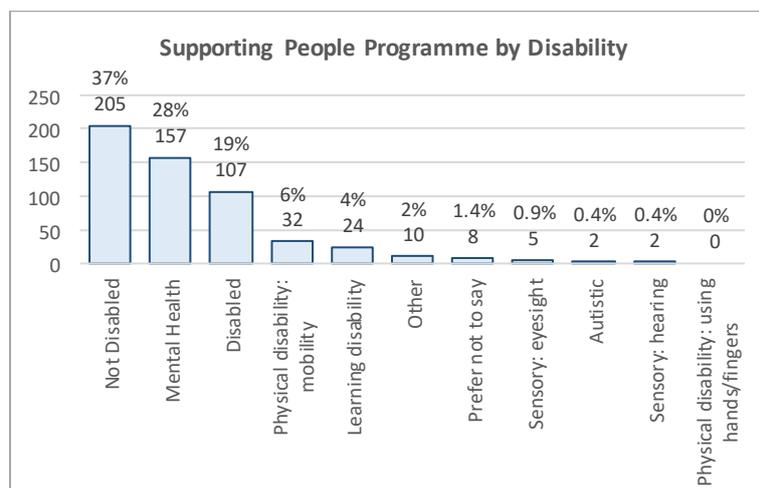
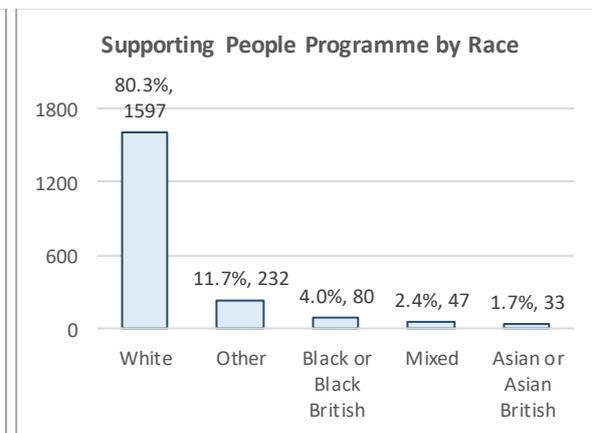
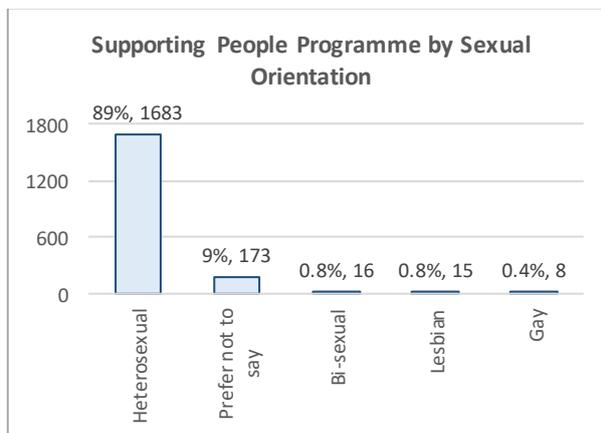
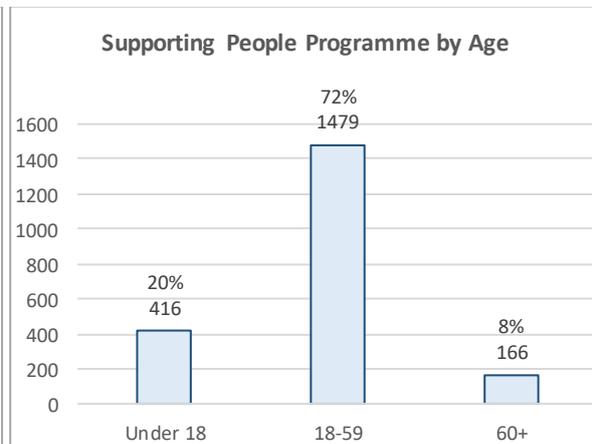
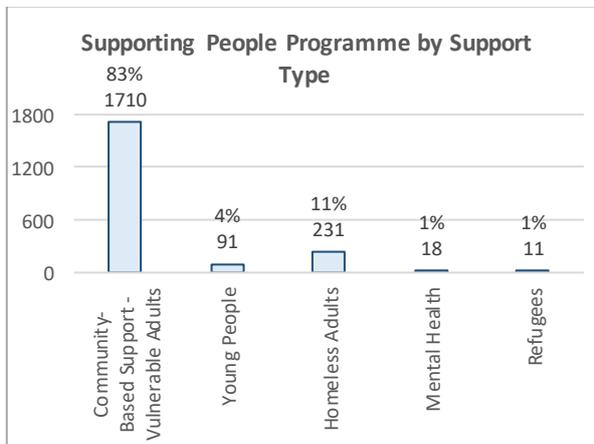
### What does the data tell us?

- 88.9% of people newly accessing the service identified themselves as Heterosexual; this is similar to the previous year (89.5%).
- Bi-Sexual/Gay/Lesbian users accounted for 4.3% of people newly accessing treatment in 2020/21. Again, this is similar to 2019/20 (4.6%).
- 6.5% of new users did not state their sexuality.
- One-fifth of new users stated that they were Christian (22.2%, down from 27.4%)
- Two-thirds of new users identified with having no religion (61.6%, compared with 55.3% the previous year).
- Half of new users stated that they did not have a disability (47.8%).
- One third of new users disclosed a need under the category of Behavioral and Emotional disability (31.5%). This is a decrease from 38.4% in 2019/20.
- An increasing number of new users are identified as having a Mental Health treatment need (75.7%, 945 people. This is up from 66.1% in 2018/19 and 72.0% in 2019/20).

## Supporting People Programme

The Supporting People Programme aims to provide housing related support to vulnerable people in Gloucestershire to help them live independently. The majority of people receive community-based support for adults with other vulnerabilities (83%, up from 78.4% in 2019/20), but we also offer support to those suffering from mental health difficulties, the homeless, young people, offenders and refugees. 2,061 people were supported by the programme in 2020/21.

### Age, Sex, Sexual Orientation, Race, Disability



## What does the data tell us?

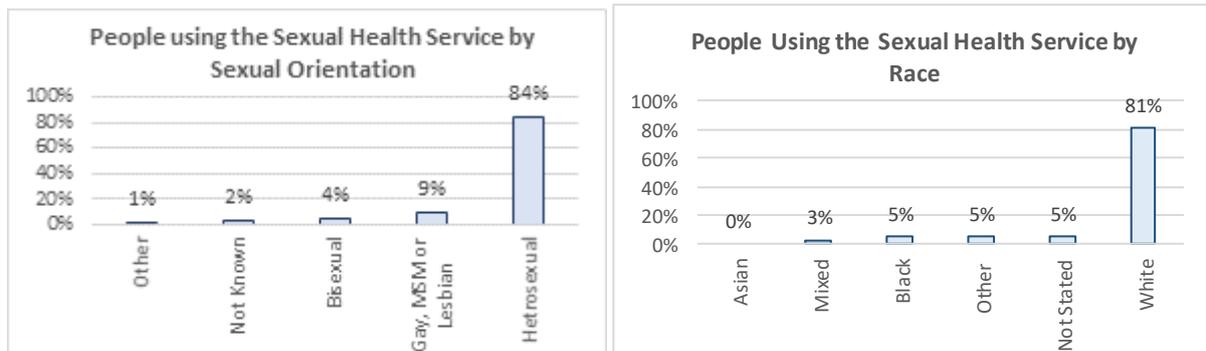
- The proportion of Females supported by the programme is higher than Males 54.8% compared with 45.2% and has increased over the past two years from 52.4%.
- The majority of people supported by the programme continue to be White, however, there has been a reduction from 87.8% to 80.3% compared with the previous year. 8% of people were BAME while the Race for 11.7% of people supported was recorded as Other.
- One-fifth of the people supported by the programme are under the age of 18.
- The proportion of people aged over 60 years old has reduced from 13.6% in 2019/20 to 8% in 2020/21.
- Most people supported by the service are White (80.3%) and Heterosexual (89%).
- Just over a quarter of people disclosed information on whether they had a disability (552 people, 26.8%). Of those, almost one-third of people cited Mental health as an issue.

## Sexual Health Services

### Specialist sexual health service

Gloucestershire County Council commissions Gloucestershire Health and Care NHS Foundation Trust to provide a Specialist Sexual Health Service. The service is predominantly commissioned to provide:

- Testing and treatment for sexually transmitted infections (STIs);
- The provision of contraceptive services; and
- Specialist psychosexual services.



### Age, Sex, Sexual Orientation and Race

#### What does the data tell us?

- Half of service users are under the age of 25 (50%). Vulnerable or higher risk patient groups, including all those under the age of 25, are prioritised by the specialist sexual health service.
- More Females than Males use the service (64%). This is because more Females use the contraception service offered by the specialist sexual health service.
- The majority of service users were White (81%), while 6% did not state their race.
- 84% of service users were Heterosexual, while 9% were Gay or Lesbian and 4% Bisexual.

## Community HIV Testing, Support and Prevention

Community HIV support and prevention is provided in Gloucestershire by The Eddystone Trust who deliver services to those at higher risk of poor sexual health, including those at higher risk of HIV. This includes support to people living with HIV and their carers and community based targeted HIV testing.

During 2020/21, the national restrictions put in place due to the pandemic meant that delivering HIV testing face to face in the community was not possible. Instead, the provider offered HIV testing kits delivered via post and people were given support by telephone. As a result, the number of HIV tests carried out as part of this service during 2020/21 was significantly reduced.

There are a number of ways to access HIV testing in Gloucestershire. As well as through this service, a HIV test can also be accessed via the specialist sexual health service (either in person at a clinic, or online via their website [www.hopehouse.nhs.uk](http://www.hopehouse.nhs.uk), via a primary care sexual health clinic, or through your GP.

## Sex, Sexual Orientation and Race

### What does the data tell us?

- In 2020/21, people accessing community based HIV testing were predominantly Male (97%) and Gay (92%). Whilst HIV testing through this service is open to everybody, it is targeted to those who may be at increased risk of HIV infection, including men who have sex with men (MSM).
- Most people receiving community based HIV testing were over the age of 25 (89%).
- 81% of people accessing HIV testing through the service were White. There was a reduction in Black people accessing this service during 2020/21 (5% compared to 35% in 2019/20).

### What do we need to do?

We will carefully monitor take up of testing as service delivery returns to normal, to ensure that we are reaching those who are at risk, especially where there has been a significant change for a particular group in 2020/21 i.e. Black people accessing HIV testing.

## Public Health Nursing

The Public Health Nursing Service provides access to universal services for all children aged 0-19 years, and offers a more targeted and multi-agency approach to children and young people who may have more complex or additional needs.

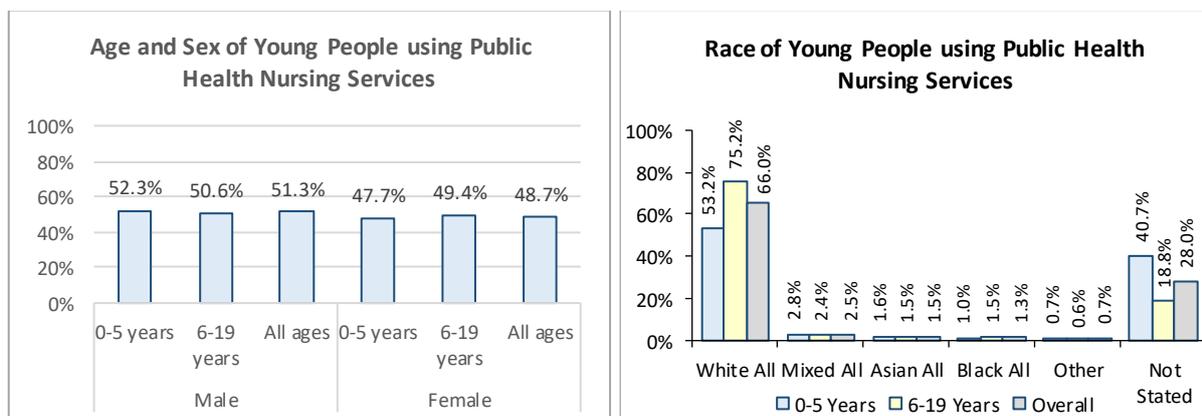
The service is currently delivered by a Health Visiting Service for families with children aged 0-5 years resident in Gloucestershire, and a School Nursing service for children aged 5-19 years. Both of these contracts are with Gloucestershire Health and Care NHS Trust. These services focus on promoting the health and wellbeing through delivering the Healthy Child Programme, carrying out timely health and development reviews, screening and immunisations.

The services are delivered by a team of qualified Public Health Nurses, Community Nursery Nurses and members of the Health and Well-being Team across the County in locality areas.

In 2020/21 the service reached 72,889 children compared to 78,786 reported in 2019/20. This has been attributed to the number of school aged immunisations and screenings under the National Child Measurement Programme which were delayed because of Coronavirus.

## Age and Race

	0-5 years	6-19 years	Total
2019/20	32,831	45,955	78,786
2020/21	30,667	42,222	72,889
Difference	-2,164	-3,733	-5,897



### What does the data tell us?

- There was a marginally higher proportion of Males in 0-5 year age group (52.3%) than in the 6-19 age group (50.6%). This is similar to the overall Male population for children of these ages (51.4% and 50.7% respectively).
- For Females, a slightly higher proportion engaged with public health nursing service between the ages of 6-19 compared with the 0-5 years group (49.3% compared with 47.7%). Again, this is very similar to the overall population of Females for the age ranges (48.6% and 49.3% respectively).
- Slightly more males than females engaged with public health nursing services overall; this is an increase from last year (51.3% from 49.5%).
- Race has been stated for 28% of the users of public health nursing. This was significantly higher within the 0-5 year old age group (40.7% compared with only 18.8% of the 6-19 year old age group).
- White All continues to be the largest ethnic group overall (66%)
- 5.7% of young people using public health nursing services stated their race to be BAME (Black, Asian, Minority Ethnic)

### What do we need to do?

There is a significant gap in data relating to race for this service affecting our understanding of engagement with health visiting, weight measurement and immunisation. Lack of engagement by a particular ethnic group may require education and awareness raising by the service to reduce health inequalities developing in childhood and impacting young people now and in later life.

# Children's Services

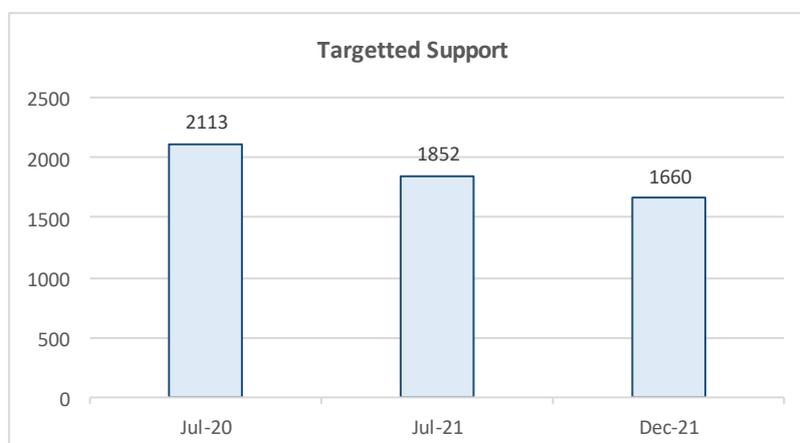
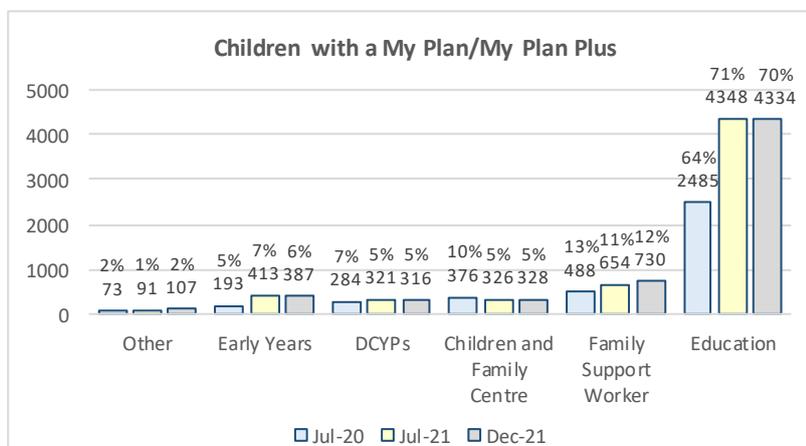
## Early Help Service

All children receive Universal Services, however, some children will need extra support in order to be healthy, safe and to achieve their potential.

Early Help is about getting timely and effective support to children, young people and their families who need it, and also focuses on how families can be supported to do things for themselves and build on their strengths.

Often families are best supported by practitioners who are already working with them, as well as other organisations and services within their local community. These organisations include health services, schools, learning providers, councils, charities and voluntary groups, children and family centres, the police, housing providers and many others.

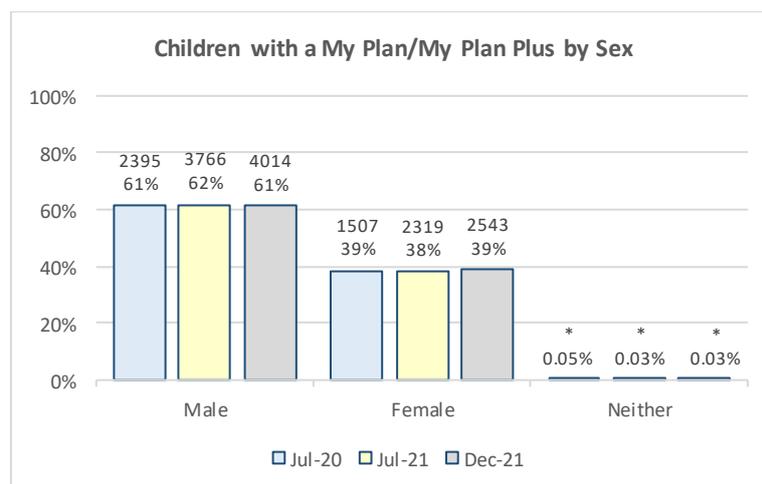
The services we offer provide a range of advice guidance and support directly to families or other practitioners who are supporting them, alongside a range of targeted services where more help is needed.

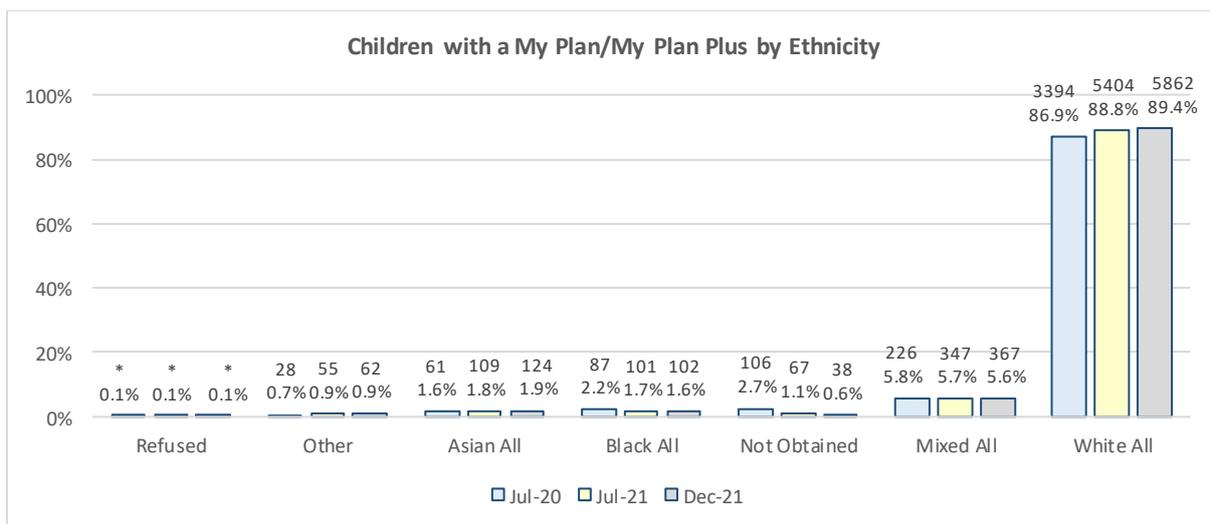
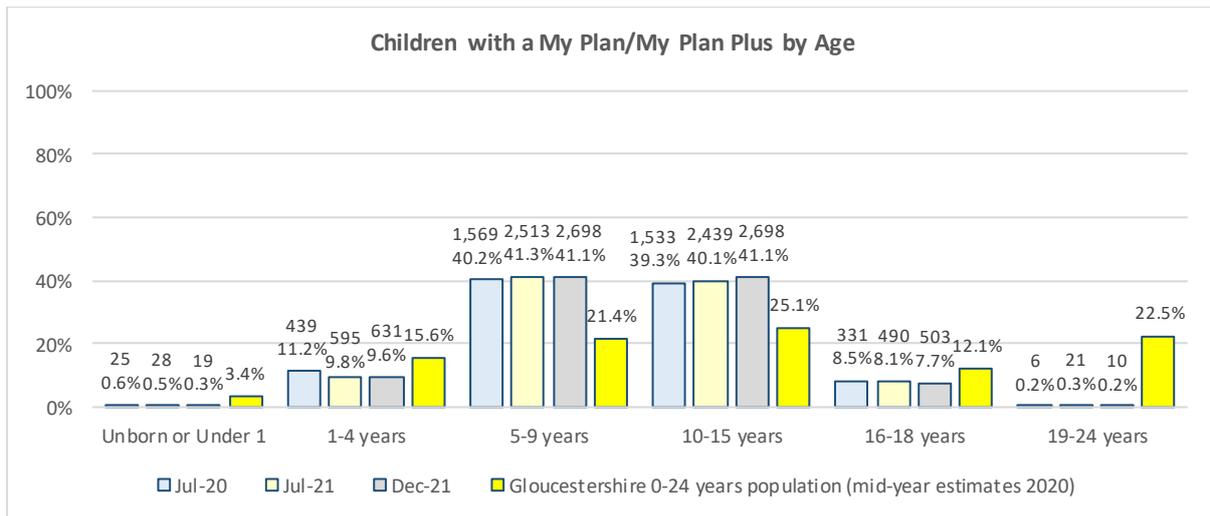


## What does the data tell us?

- We have seen a significant increase in children who are supported by ourselves or partners within the community through a My Plan or My Plan Plus. The number of children with a plan has risen from 3,903 at the end of the 2019/20 academic year to 6,559 at the end of December 2021 (up 68%).
- The most significant increase has been seen in children with plans open to Education. This rose from 2,485 children at the end of the 2019/20 academic year to 4,348 at the end of the 2020/21 academic year, an increase of 75%. By December 2021, the number of children with plans supported by Education continued to be high and remained at a similar level.
- The number of children receiving support from Early Years through a My Plan/+ more than doubled between the end of the 2019/20 and 2020/21 academic years (up 53%), although this had subsequently reduced slightly by December 2021.
- Plans held by a Family Support Worker have also doubled between July 2020 and December 2021 (up 49.6%).
- While the number of My Plan/+ have increased, there has been a decrease in the number of children receiving targeted support where more help is needed. My Plan/+, targeted support, social care and education, health and social care plan (EHCP) data all indicate that there are two distinct levels of need emerging:
  - increased support in education through My Plan/+ and EHCPs
  - escalating support and protection, with numbers of children receiving targeted support work at an Early Help stage reducing and children open to Social Care, and in particular, with a protection plan or in care increasing.

## Sex, Age and Race





#### What does the data tell us?

- Males make up 51% of the 0-24 year old population in Gloucestershire. At the end of December 2021, 61% of the children with a My Plan/+ were Male and are therefore significantly over-represented compared to the population as a whole. This has not changed over the last 18 months during which demand rose substantially.
- There increase in with a My Plan/+ has impacted all age groups with the exception of children aged under 1 year old. The proportion of plans by age group has therefore remained relatively steady, changing by only 1-2% points.
- There was a higher proportion of children aged 5-9 and 10-15 years with a My Plan/+ compared with the overall population for those age groups (41.1% against an overall population of 21.4% and 41.1% against 25.1% respectively).
- The majority of children with a My Plan/+ continue to be White. There has been slight growth in this category from 86.9% to 89.4% while all other groups have remained the same or reduced slightly.
- There has been a reduction in the number of children for whom race has not been obtained, from 106 children in July 2020 (2.7%) to 38 children in December 2021 (0.6%).

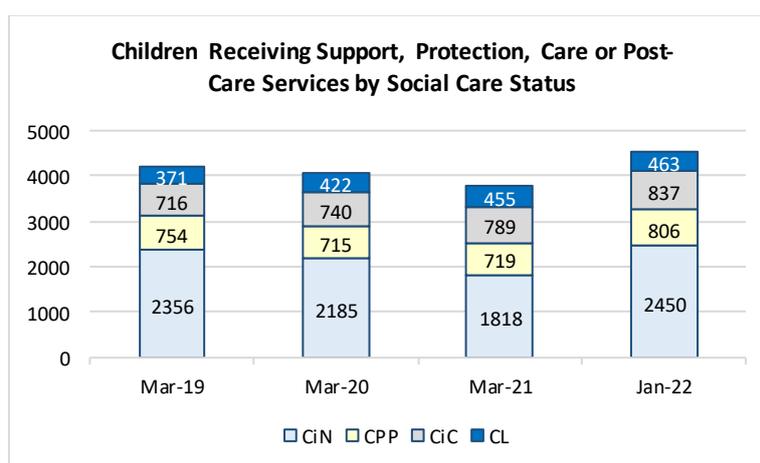
## Children's Social Care

The Council delivers social care services to children with eligible needs through personal budgets, contracted provision and in-house services.

While young people cease to receive support from children's services upon reaching the age of 18, some young people aged 18 or over may continue to receive care and accommodation or post-care support (leaving care services) from Children's Services.

The Children's Social Care data presented below is taken at 31<sup>st</sup> January 2022 compared with the end of the last three financial years and includes all children receiving a service from social care including:

- Children in Need (CIN) (undergoing assessment of need or on a Child in Need plan)
- Children subject to a Child Protection Plan (CP)
- Children in Care (CiC)
- Care Leavers (CL)

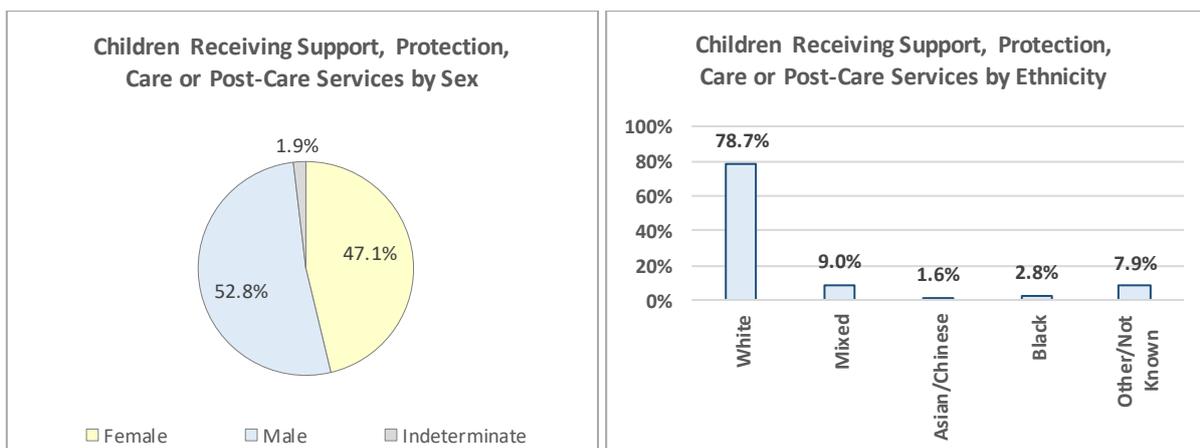


### What does the data tell us?

- There has been a 20.6% increase in the number of children across the service.
- The Children in Need category (children undergoing assessment and on a Child in Need plan) has seen the highest increase, up 34.5% from March 2021.
- However, when comparing current need with the end of the 2018/19 financial year (pre-pandemic), growth is at 8.7% overall and the categories of need which have seen the largest increases are children in care and young people receiving leaving care services (up 16.9% and 25.6% respectively).

### Age, Sex and Race

	Number of children open to Social Care	% of children open to Social Care	Gloucestershire 0-24 years population
Unborn or Under 1	304	6.7%	3.4%
1-4 years	743	16.3%	15.6%
5-9 years	1,041	22.8%	21.4%
10-15 years	1,529	33.6%	25.1%
16-18 years	616	13.5%	12.1%
19-24 years	323	7.1%	22.5%
Total	4,556	100.0%	100.0%



### What does the data tell us?

- The largest proportion of children open to Social Care users are aged between 10-15 years (33.6%). This age band also has the largest proportion of children across the 0-24 years Gloucestershire population. 10-15 year olds account for around 40% of Children in Need (assessment and plans) and children in care, while one-third of children subject to a protection plan are in this age range.
- Slightly more Males than the overall Male population (51%) and than Females (47%) are open to Social Care but we do not see the same level of difference between sexes at this level of intervention as we do for children receiving Early Help support.
- White continues to be the largest ethnic group overall (78.7%).
- 12.4% of young people receiving Social Care services stated their race to be BAME (Black, Asian/Chinese, Mixed)
- The race for more children than in 2021 was recorded as Other/Not Known (7.9% up from 5.5%)
- There are 361 children who are open to Social Care and recorded as having a disability, 98 of these are held by the Disabled Children and Young People's Services team

### What do we need to do?

The assessment of children and families, development of a support of protection plan and the care that we provide children who we look after should take into race into account and how cultural background may inform what is happening within the home or what factors need to be considered to ensure needs are being met appropriately. The gap in our knowledge for 7.9% of children receiving a Social Care service is therefore particularly important to address.

## Early Years Education

### Age and Children's Social Care Status

- Just under two-thirds of eligible two year olds in Gloucestershire benefitted from Early Years education during the 2020/21 academic year (63%). This reduced for the second year, from 71% and 69% in the 2018/19 and 2019/20 academic years.
- Early Years take up is much higher for 3 and 4 year olds in Gloucestershire, although again this reduced slightly during to 2020/21 academic year from 96% to 93%. A similar dip was seen in the peer group average from 97% to 94.8%. Performance is in the upper middle quartile.

- Two-fifths of children aged 2 years old open to Social Care, do not benefit from early Years Education (41%). Just under 20% and 15% of 3 and 4 year olds open to Social Care also aren't accessing Early Years education.

#### What does the data tell us?

- The reduction in takeup of Early Years education among eligible two year olds may reflect a reticence to have young children mix with larger groups during the pandemic. However, this is lower than the peer group average for the 2019/20 and 2020/21 academic years, with a higher proportion of eligible children attending Early Years settings during this period in other areas (78.3% and 69.5%).
- As at January 2021, a lower proportion of the 2, 3 and 4 year olds accessing Early Years education attended a Good or Outstanding setting than in other areas (92%). This places Gloucestershire in the bottom quartile for Good or better provision for 2 year olds and the lower middle quartile for 3 and 4 year olds.

#### What do we need to do?

In order to support Early Years education take up among vulnerable children, work is being undertaken to prioritise encouraging families engaged with Children's Social Care to access their entitlement of early education and childcare provision.

## Schools

Information about Gender and Race is collected in the school census that takes place in January each year. The data below reflects the latest information available from the January 2021 school census.

#### Gender and Race – All Schools

	Number of pupils	Percentage		Number of pupils	Percentage
Female	44,239	49%	White	72,260	80%
Male	45,660	51%	BME	15,844	18%
Total	89,899		Not Obtained*	1,210	1%
			Refused	585	1%
			Total	89,899	

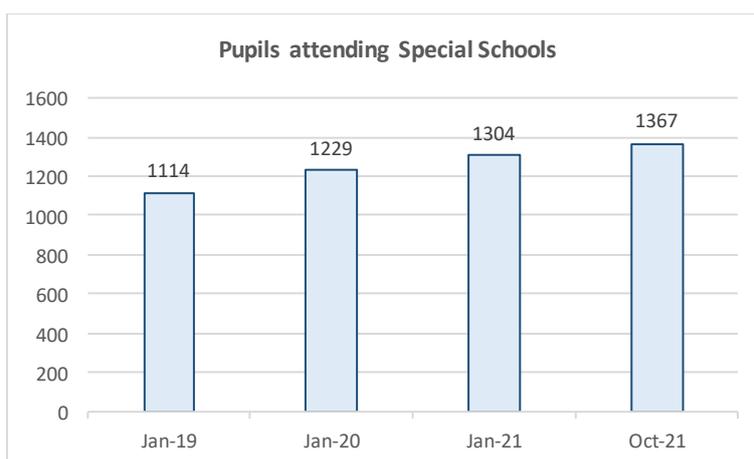
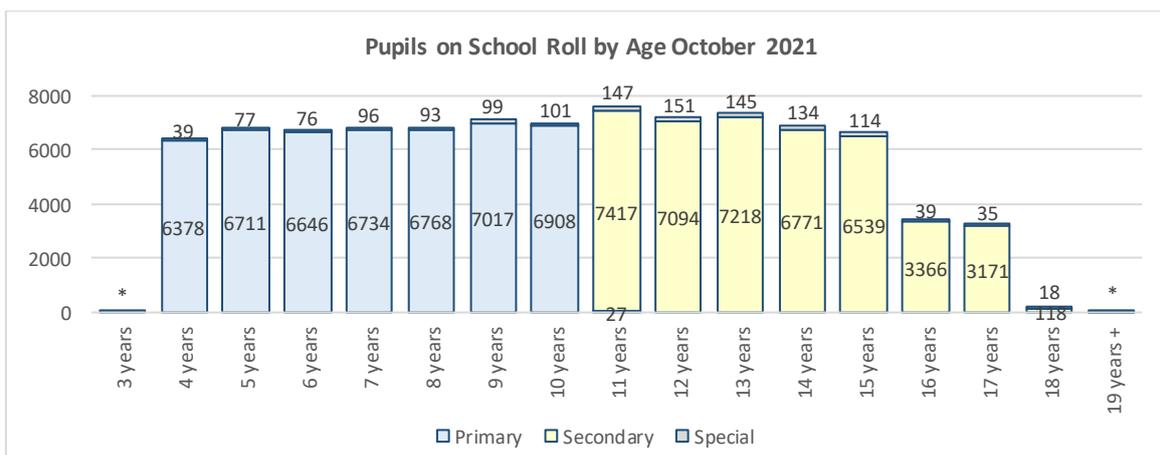
**\*Note:** Race is only collected for pupils aged 5 and over.

#### What does the data tell us?

The gender split between girls and boys in schools generally reflects that of the population. However, there is a continued trend of there being significantly more Males than Females in our special schools (946 of 1,304, 73% based on the January 2021 school census).

#### Age and Vulnerability

Age of children is captured in each of the three school census' undertaken during the academic year. Towards the start of the 2021/22 academic year there were 90,254 children on roll at state funded schools in Gloucestershire (October 2021 school census).



- Children aged 11 years formed the largest year group with almost 1,000 more pupils than those aged 15. This impacts the class intake of senior schools and potentially class sizes.
- There were 1,367 children receiving education at Special schools in October 2021. This is following an increasing trend up by one-fifth since January 2019 (22.7%), although more specialist provision is needed.
- At end of December 2021, the number of pupils eligible for Free School Meals in Gloucestershire was 17,565. This equates to one-fifth of pupils on roll (19.4%) and is an increase of 23% since March 2020.

## Education Health and Care Plans

An education, health and care plan (EHCP) is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHCPs identify educational, health and social needs and set out the additional support to meet those needs.

4,806 children and young people had an Education Health and Care plan (EHCP) at the end of December 2021. This equates to a rate of 27.3 per 1,000 population and represents an increasing trend. This reflects the national trend where the number of children and young people with statements or EHCPs has increased year on year for the last decade. Gloucestershire has a marginally lower rate of EHCPs than our peer group average (28.0).

There continues to be unprecedented demand for EHCP Assessments. In 2020/21, requests for assessment rose by 18% compared to the previous academic year (820 compared with 695). By the end of December 2021, we had received more requests for assessment during the 2021/22 academic year to date (Sep-Dec 2021) than over the same period in 2020 (287 compared with 207).

So far this academic year, there have been slightly fewer EHCPs issued compared with the same time last academic year (231 compared with 215). However, as the service works through assessment requests, there is expected to be a continued growth in the number of children who are issued with EHCPs. There is also a lack of specialist provision available which means some children are remaining in mainstream school places which are unsuitable for their needs.

## Age, Sex Mental Health and Social Care Status

### What does the data tell us?

- Of the 4,806 children and young people with an EHCP, 5.2% are Children in Need, 1.4% are subject of a Child Protection Plan and 4.1% are children in care.
- Three-quarters of children with an EHCP plan at the end of 2020/21 were Male (74%). This has remained similar over time.
- Just over one-third of children with an EHCP are aged 11-15 years and 5-10 years (36.5% and 35.0% respectively). Previously, 5-10 year olds formed the largest group to have an EHCP.
- While an increased support need for older children appears to have been apparent earlier with the proportion of children aged 11-15 years forming the largest group of children with an EHCP in 2020/21, there is now an emerging need for EHC assessment among younger children. Of the requests for assessment received between September and December of the 2021/22 academic year, the largest proportion is for children aged 5-10 years, followed by under 5's.
- Moderate learning difficulty (26.7%) continues to be the most prevalent need recorded in a child and young person's EHCP, followed by Social, Emotional and Mental Health needs (22.2%) and Autistic Spectrum Disorder (19.2%).

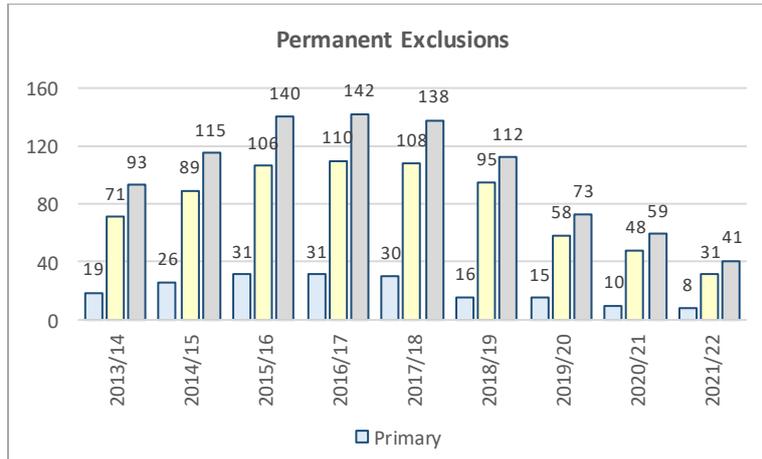
## Permanent Exclusions from School

Gloucestershire has historically had a higher proportion of permanent exclusions than the comparator group average. However, this has been following a reducing trend for the last four years (from 0.17% in the 2016/17 academic year to 0.07% in 2020/21) and the gap between us and our peer group is narrowing.

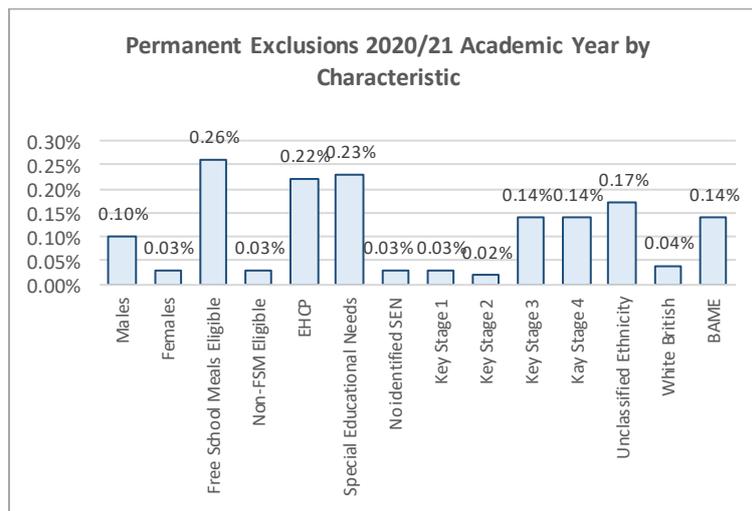
Note: permanent exclusions were lower during the academic years 2019/20 and 2020/21 due to periods where schools were closed for lockdown.

Decisions to exclude are made by the individual schools themselves and all follow Department for Education guidance.

The Local Authority continues to work closely with Head Teachers and Governors. As part of this, we support schools to understand their responsibilities and accountabilities. This is with a key focus on inclusion and preventing exclusion; this can be tailored to a school's specific needs.



### Sex, Economic Need, Educational Need, Race

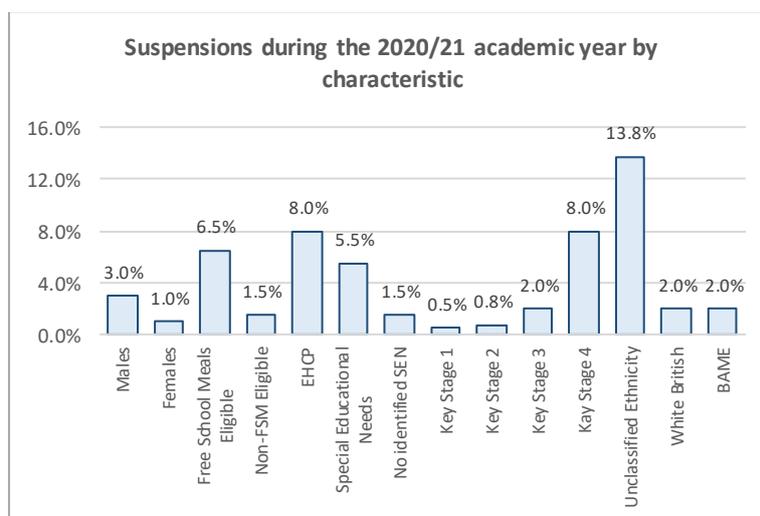


### What does the data tell us?

- There was mass closure of schools during both the 2019/20 and 2020/21 academic years in response to the Covid-19 pandemic. However, permanent exclusions reduced in 2020/21 (down 19.2%, 59 exclusions compared to 73).
- Slightly more Males than Females were permanently excluded in 2020/21
- More pupils from a deprived background or with additional educational needs were permanently excluded than their peers
- There are more exclusions in secondary school compared with primary settings.
- Due to the number of pupils who were permanently excluded for whom their race was not classified, it is not clear whether there is a disproportionately higher number of pupils who are BAME excluded compared to White British students.

## Suspensions from School

Sex, Economic Need, Educational Need, Race



### What does the data tell us?

- Gloucestershire had a slightly higher proportion of suspensions than the peer group average during than 2018/19 and 2019/20 academic years, placing us in the lower middle quartile.
- As with permanent exclusions, more Males and pupils with additional educational needs were suspended than their peers.
- Pupils at Key Stage 4 experienced the highest proportion of suspensions, with behaviour in the classroom and missed schooling potentially impacting GCSE outcomes for these young people.
- Again, race was not classified for the majority of pupils who were suspended.

### What do we need to do?

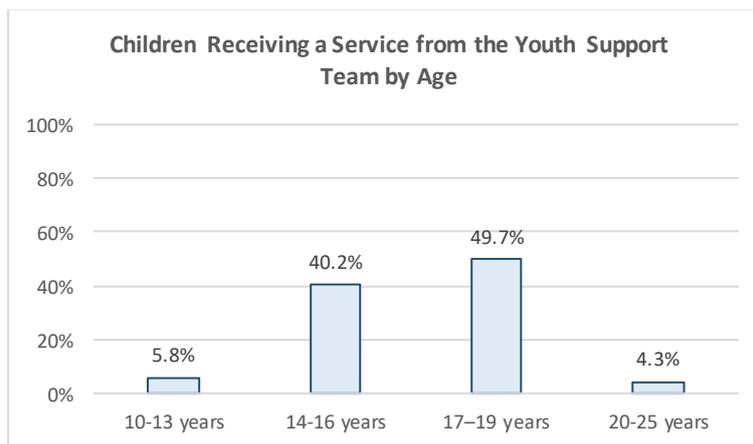
There is a significant gap in data relating to race affecting our understanding of both suspensions and permanent exclusions. This means that we are unable to determine whether there are different approaches being depending on a pupil's race both in terms of support needs being identified and addressed and consequences applied to behaviours.

## Youth Support

The Gloucestershire Youth Support team provides a range of services targeted at vulnerable young people. These services are aimed at young people aged 10-18 years old (or up to 25 years if the young person has special needs). All young people supported by the service receive support through blended models of delivery.

The figures below are taken from a snapshot of caseloads from December 2021, when there were 652 young people receiving a service from the Youth Support team. This is lower than as at December 2019 (770 young people, pre-pandemic), primarily due to the lower number of referrals received during the lockdown periods.

## Age, Sex and Race



### What does the data tell us?

- 14-19 year olds only make up 37.4% of the 10-25 year old population in Gloucestershire but account for 89.9% of the young people receiving a service from the Youth Support team.
- There has been a reduction in the proportion of 20-25 years olds open to the Youth Support team over the last two years (4.3% down from 9.2% in December 2019).
- 3 in 5 young people are Male (60%) while 2 in 5 are Female (40%)
- 78.8% of young people receiving a Youth Support service are White British, while 18.0% are BAME.
- The race was not known or unanswered for 3.2% of young people.

## Economy, Environment and Infrastructure

### Library Services

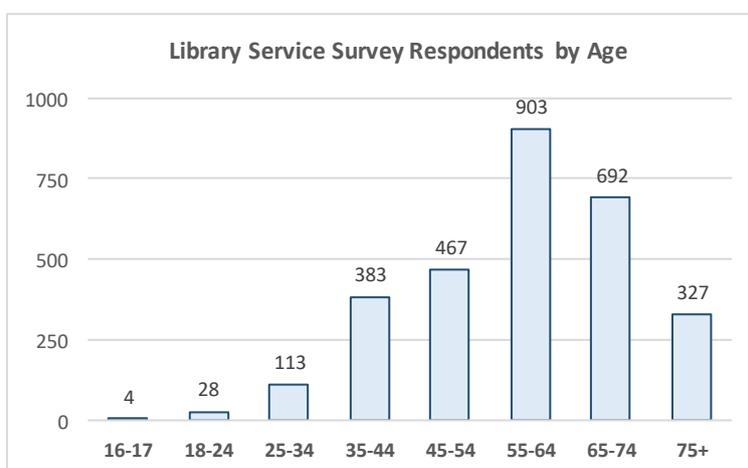
Gloucestershire Library service undertook a customer engagement exercise during May and June 2021 to understand how the COVID-19 pandemic has affected resident's use of library services and particularly how the pandemic has affected use by those with protected characteristics.

#### Sex, Age, Race, Disability, Sexual Orientation and Religion or belief

##### What does the data tell us?

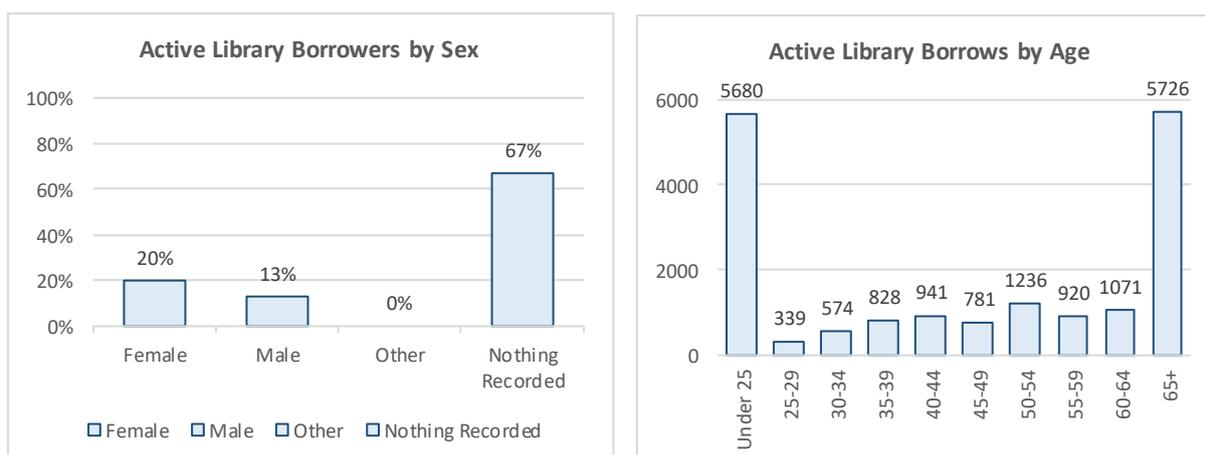
Note: provision of this information was at the discretion of the respondent. For those that completed the equality monitoring data the information tells us the following:

- The overwhelming majority of survey respondents were White (97.6%), while 0.3% were Black, 1.3% were Asian and 0.7% were of Mixed race. 0.7% of respondents categorised themselves as Other in relation to race, 0.1% as Traveller: Irish/Gypsy, Roma and 0.03% as Arabic.
- 71.2% were Female, 28.6% were Male and 0.2% identified as Other.



- Almost one-fifth of respondents consider themselves to have a disability, long term illness or mental health condition (18.6%).
- Most people who responded identified themselves as Heterosexual (94.3%), while 0.8% identified as Gay Woman, 0.4% identified as Gay Man, 2.0% identified as Bisexual and 2.5% as Asexual.
- Of those that completed the form, half identified as Christian (51.8%), 0.3% as Muslim, 0.3% as Jewish, 0.6% as Hindu, 0.7% Buddhist and 35% as No Religion.

The following data is drawn from information about our active borrowers



### What does the data tell us?

- More Females use our services than males. However, information relating to Sex is not recorded for the majority of active library borrowers (67%).
- Around one-third of borrowers are aged under 25 or over 65 years old (31.4% and 31.6% respectively).

We use information about library users to help ensure stock provision and services continue to be relevant to changing needs. Library stock is purchased to cover wide ranging and comprehensive areas of interest and to also promote equality and diversity.

Provision of activities for children and families is a core element of the library service. Our activities promote inclusion and we have hosted Baby Bounce and Rhyme using sign language and in foreign languages. Over the past year we have also hosted a Drag Queen Storytime which aims to inspire a love of reading whilst teaching deeper lessons on diversity.

Libraries offer events and activities for older people to help reduce social isolation, with specific sessions aimed at supporting people suffering from long term illness or a mental health condition.

Libraries have also introduced “quieter times” to enable people to choose to use libraries when there is less noise and bustle.

In order that our services are accessible to all and not just through a physical visit, our e-stock, virtual reference library and online activities can be accessed remotely through mobile devices and computers.

## Community Safety - Gloucestershire Fire and Rescue Service

### Safe and Well Visits

Throughout 2020/21, GFRS have followed National Fire Chiefs Council strategic intentions to limit face to face activity to those people who have been identified as at very high risk of fire, or referrals from partner agencies for their high risk residents. The change to working practices has limited the number of Safe and Well visits being carried out by whole-time watches over the period. Advice on home fire safety and more comprehensive Safe and Well support has been provided by telephone throughout the pandemic alongside a small number of face to face visits. On average 83% of contacts were with people considered to be in high risk groups.

Face to face visiting began to resume as restrictions lifted during Quarter 2 of 2021/22 although recovery has been slow. A full breakdown of Safe and Well visits by demographic will be available in next year's report.

## Corporate Resources

### Complaints and Compliments - Children's Social Care

	2018/19	2019/20	2020/21
Stage 1 Complaints	178	199	239
Compliments	166	147	237

The number of formal Social Care complaints received in 2020/21 increased by 20.1% (239 Stage 1 complaints, compared to 199 in 2019/20). The top three reasons for complaints were communication, staff attitude and unwelcome/disputed decision.

Barnardo's continues to provide an advocacy service, which supports young people in complaining about the service they receive from Children's Services. Their advocates are familiar with the Council's complaints processes, and information about the service is included on the Children's Services complaints page of the Council's website. Young people are also supported by Barnardo's in raising concerns, informally, with the social worker or team with whom they are working. Of the 11 young people who raised comments and complaints this year, 7 were supported by advocates in making their complaints. 3 young people used the Mind of My Own app to raise concerns.

Compliments also increased during 2020/21, up 61% from 147 to 237.

#### What does the data tell us?

- The majority of complaints were received from Parents (either directly or via an MP, councillor or legal representative) (189). Foster Carers and Special Guardians made 23 complaints and 7 complaints were from children and young people (either directly or via an advocate).
- 130 compliments were received from Carers, prospective Carers, Parents or other family members. 10 compliments were received from children.
- 81% of complainants were White British.
- Where stated, two-thirds of complainants were Female (63.5%, while one-third were Male (35%). A small proportion of people indicated that they would prefer not to disclose their Sex (1.5%).

### Complaints and Compliments - Adult Social Care

	2018/19	2019/20	2020/21
Complaints	139	138	92
Compliments		228	158

We saw a reduction in compliments and complaints in 2020/21. This may be due to restrictions in family and friends being able to visit loved ones in receipt of care during this period.

The majority of compliments received were related to high levels of professionalism, the information and advice provided and the friendly manner and positive outlook of staff. Many service users also commented on how supportive staff were in a time of crisis.

Around half of complaints related to quality or appropriateness, frequency or charge for service.

## Gloucestershire Archives

In November 2021, Gloucestershire Archives received a five out of five star rating from Accessible Gloucestershire. The review found that it was “*evident great care had been taken to accommodate the needs of all visitors both inside and outside the Heritage Hub building*”.

This year we were able to undertake our annual customer survey, despite a third period of coronavirus lockdown, following the re-opening of the Heritage Hub in mid-April.

### What does the data tell us?

- Just under half of our users were aged between 19-59 (44%).
- Over a quarter of people accessing Gloucestershire Archives were to the service this year (27%).
- The vast majority of our customers describe themselves as White (96%), with only 4% people coming from a minority ethnic background.
- Just under a fifth of customers declared a disability of some sort (17%), although only about 7% of those described their disability as “limiting” in terms of what they are able to do day to day.
- Slightly more Males than Females use the service (54%).

In December 2020, 49 of our volunteers took part in an online volunteering and wellbeing survey run by The National Archives. This indicated that our volunteers tend to be from similar backgrounds to our customers, though there are higher proportions of those aged over 65 who volunteer and slightly more Females than Males.

Volunteers said that their role gave them a sense of purpose, belonging and wellbeing. We continue to offer support of isolated and/or elderly volunteers through regular online ‘socials’ and remote volunteering tasks (probate inventory transcribing). In addition, we offer ongoing volunteering opportunities for young people facing challenges, as well as those interested in pursuing a career in the heritage industry and/or local government.

When analysing the 411 new archive acquisitions received so far this calendar year through an equalities prism, it is notable that almost two thirds are from a religious organisation. These are mostly marriage registers triggered by the change in legislation arising from the Civil Partnerships, Marriages and Deaths (Registration etc) Act 2019 which came into force this year. A small proportion of the collections (2%) relate to women’s or girl’s activities (Women’s Institutes and Girl Guiding) and 0.49% of collections have been deposited by individuals or organisations advocating for LGBTQ rights. 0.29% of our collections this year specifically covered age (Gloucester Old People’s Centre) and the same proportion disability (Gloucester First County Asylum).

We are piloting an innovative approach to collections development and community building by commissioning nine “community gatherers” from local black and Asian communities. Six are focussing on oral history and have received relevant training. We have commissioned the professional translation (into Gujarati, Urdu and Hindi) of two key permission documents as suggested by the Community Gatherers.

Our contribution to the Public Sector Equalities Duty this year has also involved a number of externally funded partnership projects including:

- [History, Her Story, Their Story, Our Story](#) A creative project involving local black artists mentored by Vanley Burke, godfather of Black British photography, with a range of positive community and archival outcomes, including high profile events at Gloucester History Festival, a double page spread in the Guardian, and a three month exhibition at Gloucester Museum.
- [This is your heritage, stories from the Indian community](#) A partnership project with South Gloucestershire Council and the Arts Council to share the history and experiences of people from the multi-faith Indian community in South Gloucestershire.
- [A stitch in time tapestry](#) 14 craft women from different ethnic backgrounds, met weekly at Gloucestershire Archives and shared stitches, life stories and laughter while creating a tapestry with their own interpretation of the history and heritage of Gloucester. Co – created with Halima Malek, Strike a Light Associate and City Voices strand of Gloucester History Festival.
- We have also provided content and contacts for the newly formed Gloucestershire-wide black history month working group, supported Gloucester City Council's exploratory report into the city's historic links with slavery, and prepared and published a 'slavery: information and resources' fact sheet on how to research the Gloucestershire dimension.