

Gloucestershire County Council

Service User Diversity Report 2021/22

March 2023

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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.

One of the Council's ambitions for Gloucestershire, as set out in the Council Strategy (2022 – 2026), is to be an inclusive county. Our equality objective is as follows:

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 2021 - Ethnic group](#)
- Long term health problems or disability: [Census 2021 - Long-term health problems or disability \(day to day activities are limited\)](#)

Key Demographics from 2021 Census

- In 2021 51.1% of the Gloucestershire Population were female
- In 2021 48.9% of the Gloucestershire Population were male
- In 2021 21.7% of the Gloucestershire Population were aged over 65
- In 2021 21.8% of the Gloucestershire Population were aged 19 or under
- In 2021 93.1% of the Gloucestershire Population were from a white ethnic group
- In 2021 6.9% of the Gloucestershire Population were from BAME ethnic groups
- In 2021 17.8% of the Gloucestershire Population were registered as having a long-term health problem or disability which limited their life a lot or a little

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 2021/22 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 people who use our services and how we use equality monitoring data

When people 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. 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.

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 2022/23 have included seeking views on a proposed strategy for our Libraries, a Road Safety strategy, a review of our Healthy Lifestyles Service, local cycling and walking infrastructure plans, reducing transport carbon, traffic enforcement, a mental wellbeing helpline for adults and the 2023/24 budget.

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 people using our services 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. Trend data has been used as far as possible in order to compare demand over the last three and a half financial years. This helps us to understand the impact of the pandemic; for instance, whether demand levels have returned to pre-pandemic norms or whether we are seeing an increased level need arising.

Equality, Diversity and Inclusion Update

During 2022, we undertook a self-assessment exercise using the LGA's Equality, Diversity and Inclusion framework. The overall outcome of which showed that we are a 'Developing' Council 'with some elements of Achieving'.

We have a range of groups in place to support the various strands of our equalities network. Further development of the governance framework around these groups will take place during 2023 to support the delivery and monitoring of actions arising from our self-assessment. Representatives from these groups are involved in decision making in a variety of ways to ensure that issues relating to equality, diversity and inclusion are given due regard. One example of this work is the equalities element that has formed a part of the interview process for a number of positions at a director level during 2022.

One of the key areas of work taking place during 2022, has been to strengthen the insights that we have relating to the protected characteristics of people using our services (which in turn provides us with intelligence about those people who we may not be reaching).

Work has been undertaken to improve the consistency of data and data quality, this involved:

- using a standard template for all services which includes all protected characteristics and a breakdown of sub-categories
- requesting data about service user numbers (rather than percentages) to better understand changes in demand
- setting out clearer definitions to ensure that we understand who is included in the data provided and over what period
- where data is not provided, ensuring that it is clear whether individuals preferred not to disclose information or whether information has not been obtained. Both may indicate different learning and development requirements for staff.
- data requested for set periods (financial years) or based on a snapshot at the end of the financial year
- age and sex have been consistently compared to Gloucestershire's population level data throughout the report.

This report has previously focussed on data for the most recent financial year. This year, the report includes data for one full year (financial or academic) prior to the pandemic, the two years during the pandemic and the first half of 2022/23. This has enabled us to comment on how trends have changed over time, including how they may have been impacted by the pandemic.

Where we already have socio-economic data i.e. for care experienced adults who are in education, employment or training or pupils in receipt of free school meals, information has been included in this year's report. In addition, where we have geographic data such as for children being supported, protected or cared for by Children's Social Care, this is included in the report.

We are currently working on developing a reporting framework which will make better use of the findings in this report both corporately and working with individual services and partners.

During 2022, our Equality Impact Assessments have also undergone review and revision. These now include a broader range of factors relating to equalities, inclusion and levelling up. This will help consideration of how decisions might adversely impact people, to ensure that no community is left behind. Communication and training will be rolled out across the organisation to support the delivery of good quality, robust Equality Impact Assessments.

What do we need to do next?

During the 2022 data collection exercise, it was evident that different sub-categorisations are used relating to protected characteristics on different systems. A report on differences across the organisation and our providers will be produced which will include recommendations on how these might be aligned to nationally defined datasets. The intention would be to develop a single set of characteristic sub-categories that we all recognise and that reflect modern, respectful thinking.

We have not made enough use of population data in the past. With the publication of the Census 2021 data, we will have a new suite of up-to-date population data and will develop a set of information against each protected characteristic, where available, in order to enable comparison and to identify significant under or over-representation that needs to be highlighted.

Not all services have been included in the report historically. Gaps have been identified and we will be working with those areas to include information about the people to whom they provide a service in future reports.

Use of socio-economic and geographic data will be expanded. This will be supported by the use of Power BI analytics to assess demand at a District level and compare this with information about indices of deprivation. This will help us to consider why there may be geographic inequalities and whether access to services meets need appropriately to address these. We will also include information on national identity and language spoken where this is collected.

At the moment, we report on protected characteristics separately. The next step in developing our understanding of our people using our services will be to develop profiling. We will begin this work with the Children's and Adult's Services as we have access to the greatest amount of data. This work will support thinking about whether there is work that could be done upstream to divert people through early, lower levels of support and prevent escalated need arising.

Findings and Recommendations

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, where appropriate. Whilst there have been areas of improvement, there are still significant gaps in information.

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 processes also aim to ensure that equality monitoring data is requested from providers who deliver services on our behalf.



There are observations, questions and recommendations throughout this report. It is proposed that the relevant report sections are presented to Directorate Senior Leadership Teams with the aim of agreeing actions to be taken forward. These should then be tracked and progress reported in the next annual report.



We continue to 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. We also recognise that there are data gaps across the protected characteristics of sexual orientation, religion and/or belief, pregnancy/maternity 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. However, it is clear that in many cases, we are simply not collecting this information despite its relevance to people in at risk groups and to our assessment and planning work. This is not the case across all service areas, and we can learn from those areas where disclosures are higher for certain protected groups. In addition, further targeted and specific training should be undertaken to equip staff with a strong understanding of how this information directly relates to good practice and the delivery of their work.



A significant disparity in provision between males and females was particularly notable across a range of services and age groups.

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, young males make up

- 63% of those with an Early Help My Plan/My Plan Plus (the vast majority of which are led by Education),
- 73% of those with an Education Health and Care Plan
- 62% of children receiving advocacy support while subject to a protection plan or in care
- 73% of pupils in special schools

In addition to receiving more support however, young males are also over-represented when it comes to punitive consequences for behavior, making up:

- 73% of those suspended
- 80% of those permanently excluded
- 59% of children in care

This data suggests that there may be institutional bias within our and partner systems which is making identification of need easier for males than for females, while adversely impacting young males in terms of tolerance of certain behaviours.

For older males, engagement with early help through healthy lifestyle services is lower than for females despite a prevalence of poor health factors/conditions for this group, while there is an over-representation of males receiving support for more harmful health behaviours, poor health or impairment:

- 15% of weight management referrals are for males
- 38% of people using the healthy lifestyles service (weight loss, increased physical activity, smoking cessation, reduction in alcohol consumption)
- 68% of people in treatment for drugs and alcohol
- 80% of people accessing HIV testing

A cross-service, multi-agency approach is recommended to:

- better understand these issues,
- identify any inequalities and/or unmet need and address these and
- identify any areas where earlier support or intervention could improve outcomes at a later stage.

Assessment of Diversity Data Provision by Service

KEY:

- ✓ Full dataset provided in numerical format with protected characteristic sub-categories and less than 10% of data not obtained
- ⓘ Dataset provided in numerical format with protected characteristic sub-categories (unless stated in comments) but more than 10% of data not obtained, significantly impacting assessment of under or over-representation
- ⓘ Data not provided
- ? Information is relevant, investigate whether this is captured
- ⓘ Data not provided but not relevant to service delivery or not appropriate to collect for this service/group

	Protected Characteristics									Other Factors Considered in Equality Impact Assessments				Other	Comments	
	Age	Sex	Disability	Race	Religion/Belief	Sexual Orientation	Gender Reassignment	Pregnancy/Maternity	Civil partnership and marriage	Asylum	Geographic Information	Socio-economic factors (Education, employment and training/ Free School Meals)	National Identity/Language			Numerical Data Provided
Adult Social Care	18-64 years physical support	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	?	✓		2024	?	✓		
	65's and over physical support	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ	✓		2024	?	✓		
	Mental Health	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	?	✓		2024	?	✓		
	Learning Disabilities	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	?	✓		2024	?	✓		
	Reablement	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ				✓	Race not broken down into sub-categories	
	Telecare Service	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	✓	ⓘ	✓				✓		
	Blue Badge Scheme															Total beneficiaries of service provided The service uses the Department for Transport template for applications which does not require collection of protected characteristics
	Adult Mental Health Professional Assessment	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ					ⓘ	
	Advocacy - Adults	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ					ⓘ	No data provided, limited narrative on EDI activities
	Carers	✓	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	✓			✓		✓	
	Safeguarding Enquiries	2024													Report development needed	
Public Health and Communities	Stop Smoking Service	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ					✓	
	Alcohol Cessation	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ					✓	
	Physical Activity	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ					✓	
	Weight Loss	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ					✓	
	Weight Management Services (on Referral)	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ					✓	
	Drugs and Alcohol Treatment	✓	✓	✓	✓	✓	✓	ⓘ	✓	ⓘ					✓	
	Sexual Health Service	✓	✓	ⓘ	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ					ⓘ	Data provided in percentage format for a limited number of protected characteristics
	Community HIV Testing	✓	ⓘ	ⓘ	ⓘ	ⓘ	✓	✓	ⓘ	ⓘ					✓	Some protected characteristics not broken down into sub-categories, or sub-categories limited
	Community HIV Support and Prevention	ⓘ	✓	ⓘ	✓	ⓘ	✓	✓	ⓘ	ⓘ					ⓘ	Data provided in percentage format Some protected characteristics no broken down into sub-categories, or sub-categories limited
	Public Health Nursing and Immunisations	✓	✓	ⓘ	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ		?	?		✓	Immunisation programme to be included in 2024
	Domestic Abuse	2024														
Housing/Homelessness	2024															

KEY:		Protected Characteristics									Other Factors Considered in Equality Impact Assessments				Other	Comments
		Age	Sex	Disability	Race	Religion/Belief	Sexual Orientation	Gender Reassignment	Pregnancy/Maternity	Civil partnership and marriage	Asylum	Geographic Information	Socio-economic factors (Education, employment and training/ Free School Meals)	National Identity/Language	Numerical Data Provided	
✓	Full dataset provided in numerical format with protected characteristic sub-categories and less than 10% of data not obtained															
ⓘ	Dataset provided in numerical format with protected characteristic sub-categories (unless stated in comments) but more than 10% of data not obtained, significantly impacting assessment of under or over-representation															
ⓘ	Data not provided															
?	Information is relevant, investigate whether this is captured															
ⓘ	Data not provided but not relevant to service delivery or not appropriate to collect for this service/group															
Children's Services	Early Help Service - My Plans	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ		2024	?	✓		
	Early Help Service - Targeted Support	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ		2024	?	✓		
	Children in Need	✓	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ		✓	?	✓		
	Children Subject to a Protection Plan	✓	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ		✓	?	✓		
	Children in Care	✓	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	ⓘ	✓	✓	2024	✓		
	Care Experienced People	✓	✓	✓	✓	ⓘ	ⓘ	✓	✓	ⓘ	✓	✓	?	✓		
	Child Advocacy	✓	✓	ⓘ	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	?		?	✓	Mixed and Asian races not broken down into sub-categories	
	Early Years Education	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ		?	?	✓		
	Education Health and Care Plans	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ		?	?	✓		
	Special Schools	✓	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ			?	✓		
	Suspensions from School	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ			?	✓		
	Permanent Exclusions from School	✓	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ			?	✓		
	Young Carers															
	Youth Support															
Economy, Environment and Infrastructure	Library Services	✓	✓	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ		?	?	✓	Narrative on EDI activities provided	
	Public Transport															Narrative on EDI activities sourced from Public Health annual report
Community Safety – Gloucestershire Fire and Rescue Service	Home Fire Safety Checks and Safe and Well Visits	✓	✓	✓	ⓘ	ⓘ	ⓘ	✓	?	ⓘ		?	?	?	✓	
	Safety Days										✓					Narrative on EDI activities sourced from Public Health annual report
Corporate Resources	Complaints/Compliments	ⓘ	ⓘ	2024	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ					ⓘ	Limited data sourced from complaints/compliments annual report (Children's and Adult's)
	Gloucestershire Heritage Hub	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ	ⓘ					ⓘ	Limited data from survey respondents provided in percentage format. Narrative on EDI activities provided

Diversity Data by Service

Adult Social Care

Support and Care

We help people to find your own solutions to stay independent or may offer some short-term support to get people back on their feet, until they are confidently living an independent life. For those who need a plan for their long-term care and support, we work with partners and providers to ensure that this fully meets the needs identified.

The role of Adult Social Care is to make sure adults (aged 18 or over) and their carers (including young carers) who need care or support in their daily lives can get the help and advice they need to live as independently as possible. Care and support can be a mixture of practical, financial and emotional support for people who need extra help to manage their lives and be independent.

At the end of September 2022, almost 5,700 people were receiving support of care by the service either through a social care or self-funded pathway. This remains broadly similar to the three previous financial years (+/- 1-2% points). Older people (65 years and over) with a physical support need make up more than half of those supported by Adult Social Care (54.5%). People with a learning disability account for a quarter of people receiving support or care (26.2%), 18-64 year olds with a physical support need made up around 15% of those in receipt of a service and people with a mental health need formed the remaining 5% of those supported. The balance of care between these groups has remained steady over time.

At the end of the first half of 2022/23, more females than males were in receipt of support from Adult Social Care (56.6% compared with 43.0%). This has remained constant over the last three financial years. This means that females are over-represented compared to the overall female population of Gloucestershire, aged 18 years and over (51.6%) and, in particular. This reflects the longer life expectancy of females. However, there is variation between the sexes depending on the type of support or care being provided. For example, the balance between males and females receiving help for a mental health condition is fairly even and is similar to the overall population levels. Males are slightly over-represented in terms of those aged 18-64 with a physical primary support need as well as those seeking support for learning disabilities (56.4% and 56.0% respectively, compared with an overall male population aged 18 years and over of 51.6%). The most significant difference can be seen for those aged 65 years and over, where females make up more than two-thirds of those receiving support or care (67.2%). A small proportion of people stated that they were transgender, or their sex had not been obtained (less than 0.5%).

As should be expected from a healthy, strengths-based population, people in the younger 10-year age bands 20-29 years, 30-39 years, 40-49 years, 50-59 years and 60-69 years are all under-represented compared to overall population levels for these age groups in Gloucestershire. 70-79 year olds are slightly over-represented compared with the overall population for that age group (making up 16.5% of those aged 18 years and over receiving support compared with 13% of the overall over 18's population, +3% points). 80-89 year olds, account for a quarter of all adults receiving a service from Adult Social Care (24.3%) and exceed the overall population of 80-89 year olds by 18% points, while those aged over 90 years olds exceed the overall population by 14% points.

Of those people aged 65 years and over with a primary need of physical support, the majority were aged 80 years and over (69.5%). Again, for adults aged 18-64 years receiving a service for a physical need, older people within this group made up the greatest proportion of those needing support (71.5% were aged between 40-64 years).

Around one-fifth each of people receiving support for a mental health condition are aged 50-59 years (21.9%) and 60-69 years (20.9%). This is a slight over-representation compared with the overall adult population (18.7% and 15.4% respectively). The proportion of people supported for their mental health grows each decade from 12.9% for the 20-29 years olds to 21.9% for 50-59 year olds before beginning to reduce for older age group. For those in the 10-year age ranges under 50 years, representation in the overall population is fairly similar. By the time people reach the age of 80 years and over, there is an under-representation compared with the overall population. This may be because other health needs are considered to form the primary need or may be due to a reticence in older people to address mental health issues.

People aged 20-29 years and 40-49 years make up around one-fifth of those receiving support for a learning disability (18.9% and 19.0% respectively). Those aged 30-39 years, 50-59 years and 60-69 years make up around 15% of the group each. Just under 15% are aged over 70 years. People aged 20-29 are over-represented compared to the overall population (18.9% compared with 39.5), while people aged 70-79 and 80-89 are slightly under-represented (-5% points and -3% points respectively).

More than half of people receiving support or care at the end of September 2022 were single, divorced/dissolved civil partnership, widowed/surviving civil partner or separated (57.1%), with single people making up the more than one-third of those supported (35.5%). Around one-fifth of people with a package of support or care were married/civil partnership or lived with their partner. Information about support and social contact within the household has not been obtained for a quarter of those with a service (23.7%, up from 15.4% over the last three financial years). Where data on marital status has been captured, younger adults with a physical need, people with a learning disability and those supported for a mental health condition were all more likely to be single (53.0%, 77.1% and 60.8% respectively), compared with adults aged 65 years and over with a physical impairment/disability (8.6%). More than a quarter of older adults were married/civil partnership (28.6%) compared with those with other support needs (young adults with a physical need (13.9%), people with a learning disability (2.3%) and people with a mental health condition (6.5%). However, older adults were also more likely to be widowed (26.8%) compared with the other groups which ranged from 1.6%-2.2%.

The majority of people receiving support of care from Adult Social Care at the end of September 2022 were white (83.8%, white British, white Irish, white European, white other). This is similar to the previous three financial years. Information for 12.9% of people had not been obtained (around 750 people); there has been no material improvement in this area over time. People from other races made up around 2.0% of people receiving a service. Based on the people for whom information relating to race has been recorded, 96.2% were white, a slight over-representation compared with the overall population for Gloucestershire (93.1%).

The religion for almost half of people receiving a package of support or care had not been obtained at the end of the first half of 2022/23 (46.5%); this has followed a slightly increasing trend, up from 42.2% in 2019/20. Just over one-third of people stated that they were Church of England (31.4%) or Christian (4.3%), down from two-fifths of people in 2019/20 (36.3% and 3.1% respectively). Just under 10% of people said that they were agnostic, while 2.4% of people were Catholic and 1.6% of people were Russian Orthodox. All other religions accounted for fewer than 1% of people supported each but covered a wide range of belief systems.

What do we need to do?



- Are our age groups still appropriate for younger/older people receiving support for a physical impairment or disability, given the abolition of the retirement age and the proportion of people aged 70 years and over making up 93% of the older people's group?
- Address gaps in information about marital status/living arrangements, race and religion/belief as these should all be considered as part of care assessment and planning.

Reablement

We know most people are happier living in their own homes, and we want to provide people with support and choices to allow them to do so. One of the options available is Reablement. This is short term support for up to 6 weeks to help get people back to independent living following:

- a period of ill health
- a hospital stay
- a residential care stay
- or a fall or accident

Between April to September 2022, 545 people received reablement. If this remains similar in the second half of the financial year, service provision will be down around 30% compared with last year (1,589 people reabled) and prior to the pandemic (1,531 people reabled).

Two-thirds of people receiving reablement are women (58.2%). This has remained consistent over time. While the overall adult population is split fairly evenly between males and females, the balance becomes more heavily weighted towards the female population with growing age, reflecting the increased life expectancy of females. For over 70's, females make up 54.7% of the population and this increases further to 58.5% for the over 80's population. The sex for around 2% of people receiving reablement had not been obtained.

People who received reablement were predominantly aged over 65 years (93.8%), with almost half of all people reabled age between 81-90 years (45.0%). The race for two-thirds of people reabled had not been obtained (39.1%). Where race had been obtained, people were mainly white 96.4%.



- Understand the reduction in people being reabled in 2022/23.

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 of 30th September 2022, there were 2,834 people who received a Telecare service. This has followed a reducing trend over the last three financial years, from 3,326 at the end of 2019/20 (down 15%).

More females than males are supported by the Telecare service (59.1% compared with 40.6%). As discussed earlier, this is likely to reflect the increased life expectancy of female who have a greater level of representation in the population overall as age increases. A small number of people affirmed that they were non-binary or transgender, while the sex of a handful of people had not been obtained.

Three-quarters of people who had Telecare were aged 60-99 years (77.2%), with 80-89 year olds most commonly having the service (32.5%). Around 20% of people aged 20-59 had Telecare. 1.1% of people benefitting from the service were aged over 100 years.

More than two-fifths of people who had a Telecare service were single, separated, divorced/civil partnership dissolved or widowed/surviving civil partner (45.3%). A quarter of people were married/civil partnership (26.6%). For the remaining quarter of people, information had not been obtained (27.0%). This follows a rising trend, from 18.9% at the end of 2019/20.

The majority of people using the service were white (76.9%, white British, white Irish, white European, white other). However, race had not been obtained for just under one-fifth of those in receipt of Telecare (18.3%); this has remained static over time.

For almost half of people, information about religion had not been obtained (45.2%). One-third of people were Church of England (27.6%) or Christian (4.8%), around 10% declared themselves to be atheists, while around 5% stated that they were Catholic.

What does the data tell us?



- Address gaps in information about marital status/living arrangements to better understand risk for people with the Telecare service should an incident take place.

Blue Badge Scheme

The Blue Badge Scheme helps eligible people with a disability or a health condition to park closer to where they want to go. Applications can be made through the Department for Transport direct online or by post via the Blue Badge team.

At the end of September 2022, just over 28,000 people benefited from the Blue Badge scheme. This has increased over the last three years from just over 21,000 at the end of 2019/20 (up 32%). Around 4,000 people with a blue badge also have an Adult Social Care service (14.3%), while the remainder do not require additional support or care from us.

The application form for a Blue Badge is produced by the Department of transport and does not include the collection of information about protected characteristics.

Approved Mental Health Professional (AMHP) Assessments

Note: underlying data relating to numbers of people receiving mental health assessments has not provided. Only limited data was provided relating to age, sex and race. This impacts to what extent analysis can be undertaken.

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.

In the first half of 2022/23, there were 671 assessments completed. Just over half of assessments were for females (56%). This is an over-representation compared with the overall adult population in Gloucestershire.

18-30 year olds accounted for just under one-third of assessments (29%), followed by 31-40 years olds (17%). 41-50, 51-60 and 61-70 year olds each account for between 10-14% of those assessed.

Three-quarters of those assessed were white British. The race for 12% of people assessed was unknown, while 4% each of those assessed were white non-British or black. A small proportion of assessments were for people who were Asian, mixed race or other ethnic groups.

Advocacy for Adults

In 2022, the Advocacy Team for Adults has recruited one person to work permanently with the team and one person on a fixed term contract whose roles will be to work with communities where there is a gap in engagement with advocacy support.

This year, the team were also looking to raise awareness of people's rights through a communications campaign, for example targeting parents who are carers for an autistic child.

Not enough referrals are being received from the NHS regarding their inpatients. Work is being undertaken to raise awareness of this to ensure that those who need advocacy receive it.

Over the next few years, the need for advocacy support is expected to increase due to changes in legislation relating to Liberty Protection Safeguards, Mental Health and Adult Social Care charging reform.

Carers

In the 2021 Census, there were 51,862 unpaid carers in Gloucestershire (8.9% of the population, down from 10.5% in the previous Census).

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.

In 2021/22, 2,322 carers were supported by Carers Gloucestershire. This is a significant reduction compared with 2019/20 when 4,070 people were supported by the service (down 43%).

More females were carers than males in 2021/22 (72.3%, up from 67.8% prior to the pandemic). A small proportion of carers stated that they were non-binary (0.1%).

More than half of carers were working age, between 26-64 years (54.3%, up from 43.2% over the last two years). There has been a reduction in older carers, with just over one-third of Carers aged 65-84 years in 2021/22 (37.3%, down from 43.9% in 2019/20) and 7.3% of people aged over 85 years, down from 12.1%. A small proportion of carers were aged 18-25 years (1.2%).

Just under half of carers were retired (43.1%, down from 50.3% in 2019/20). A quarter of people cared for another person in addition to working full time or part-time (27.0%, up from 15.7% prior to the pandemic). However, 7.2% of carer were unemployed and 9.2% reported that they were unable to work due to their caring responsibilities (up from 3.4% in 2019/20).

The majority of carers were white (93.2%, white British, white Irish, white other). 1.3% each of carers were black or Asian. Under 1% each were travelers/gypsy heritage or were from a mixed-race background.

One-fifth of carers had a physical or mental health condition of their own. Around 7% of carers had a mental health condition, while around 5% had a physical disability or impairment relating to mobility. Just under 2% of Carers had a sensory impairment (eyesight or hearing). A small proportion of carers had a learning disability or Asperger's or Autism (0.5%). Around 7% of carers felt their condition related to another category that had not been specified. 57.8% of carers stated that they had no disability. For one-fifth of carers, this information had not been obtained.

Around three-quarters of carers were married, in a civil partnership or living with a partner (75.6%). The marital status for 12.6% of our carers has not been obtained and around 10% of carers are single. Over half of carers supported a spouse/partner or member of their extended family (52.9%). Just over a quarter of people cared for were the child of the carer (26.8%), while around one-fifth were a parent of the carer (18.6%). A small proportion of carers cared for a neighbor or friend (1.2%).

7.3% of carers had a child/children who they were responsible for in addition to their caring responsibilities.

One-third of those cared for had needs relating to memory or cognition (34.0%, up slightly from 30.8% prior to the pandemic). Just over a quarter of people cared for had a long-term health condition (27.5%). Around 8% of people each suffered from a mental health condition or frailty, while around 5% each of cared for people had autism or a learning disability and around 3.5% each of people had a physical disability or had suffered from a stroke.

What do we need to do?



- Understand the significant reduction in carers supported by the service between 2019/20 to 2021/22 and the impact this may have on people needing support from Adult Social Care.

Public Health and Communities

Healthy Lifestyles Service

The Healthy lifestyles service provides support with smoking cessation, alcohol reduction, weight loss and increased physical activity. During the first year of the pandemic, the service saw a 23% increase in demand, supporting almost 3,800 people compared with just over 3,000 people in 2019/20. A subsequent drop off in demand was seen in year two of the pandemic (down 10% to just under 3,300 people), although this remained higher than prior to the pandemic. In the first half of 2022/23, 1,850 people were supported by the service. If demand remains the same in the second half of the financial year, levels of people requiring support will have returned to those seen in year 1 of the pandemic during 2020/21.

In 2021/22, people who wanted to quit smoking made up just under half of those accessing support through the healthy lifestyles service (45%). Around a quarter of people supported by the service wanted to lose weight and a further quarter of people wanted to increase their physical activity. 6% people wanted to reduce their alcohol intake. This remained fairly consistent with the previous two financial years (within +/- 1% point). In the first half of 2022/23, we have seen a reduction in people seeking support to quit smoking (down to 40%), while the primary aims of 54% of people were to either lose weight or increase their physical activity. The proportion of people seeking support to reduce alcohol consumption remained similar.

The population of Gloucestershire is split fairly evenly between females and males (51%:49%). The majority of people seeking support from the Healthy Lifestyles service in the first half of 2022/23 were female (61%). This has increased marginally since 2019/20 (59%). The sex of just under 1% of participants was not obtained, compared with 0.1% in 2021/22 and 0.0% in the two previous financial years.

Female participation with the Healthy Lifestyles service is consistent with global information relating to sex in relation to longevity, health outcomes and engagement with health and healthy lifestyle services:

Journal of Advanced Nursing, April 2022: "The World Health Organisation has reported that the global life expectancy for males is 70.9 years compared with a life expectancy of 75.9 years in females. This suggests that globally females outlive males by some 5 years. In the United Kingdom, the life expectancy of males has dropped for the first time in over 40 years, from 79.2 years in 2015–2017 to 79 years in 2018–2020 (Office for National Statistics). Males are also dying earlier than females due to preventable causes and lifestyle factors such as poor diet, smoking, alcohol and insufficient physical activity (Pirkis et al.). It is important to note that these factors are modifiable and can be enhanced by behaviour change and quality health care. Accessing health care services and improving health literacy are key contributing factors in overall health and achieving behaviour change. Males have been seen to ineffectively use health services, particularly primary care and health screening (Baker), and utilise health services less often than their female counterparts. Such factors have contributed to worse health outcomes and decreased life expectancies for males."

Fewer people aged 30 years and younger are seeking support from the Healthy Lifestyles service, with the proportion of participants in this age group declining from 18.7% in 2019/20 to 13.4% in the first half of 2022/23. This is slightly lower than the 18-30 year old population of Gloucestershire (16.3%). There has also been a slight reduction in 31-40 year olds engaging with the service, down 2% points over the same period to 18.6%.

The proportion of people aged 41-60 who are working with the service has remained fairly similar over time (around 20% each). People receiving support from the service aged between 31-60 make up 59% of the client group overall, while this age group only accounts for 50% of the adult population of Gloucestershire (over 18's). We've seen an increase in participants aged 61 and over, rising from 19.4% in 2019/20 to 27% in the first half of 2022/23, although this remains lower than the population for this age group (34%). Age has not been obtained for fewer than 0.5% of people receiving a service.

Those seeking support from the Healthy Lifestyles service are predominantly white (92%). This is slightly higher than the overall population of Gloucestershire that are white (87.7%). Around 6% of people using the service are of mixed race, up from 1.3% in 2019/20. The proportion of people who are Asian taking part in the service has remained consistent at 2%. There has been a reduction in people who are black (African/Caribbean/British) and people whose race was categorised as Other using the service, down from around 1.5% to 0.3% in both cases.

Participants in the Healthy Lifestyles service are asked whether they have a long-term condition that may need to be considered when providing support. A small proportion of people declared that they had a learning disability (2.6%); this is similar to previous years. Almost one-third of participants in the first half of 2022/23 stated that they had a mental health condition (30.2%). This has followed an increasing trend, up from one-fifth of people in 2019/20 (20.5%).

6.6% of people supported by the Healthy Lifestyles service in the first half of 2022/23 have been pregnant. This has followed a slight reducing trend from 9.1% in 2019/20. There is information on the Healthy Lifestyles website dedicated to support for pregnant Mum's and those people who are planning to conceive.

Information relating to religion or belief, sexual orientation or civil partnership and marriage is not collected by the service. However, coaches do ask if there are any factors that need to be considered and which may impact the success of the support programme.

What do we need to do?



- What activities have been undertaken to target males and what more could be done, to increase awareness of and engagement with the Healthy Lifestyles service?
- Understand the change in engagement levels of younger and older people with the service.
- Compare what we know about health inequalities and those experiencing significant health risk factors in Gloucestershire across different protected characteristic groups, as well as based on geographic and socio-economic information, to determine whether there are gaps in people accessing the service. Is the reduction in early engagement by people aged under 30 a concern?
- Assure that services are appropriately tailored to take into account race and religion or belief and that this information is appropriately visible, so that all people feel that the service is accessible to them i.e. diet/food plans. The Healthy Lifestyles website could benefit from improved consideration of cultural preferences on its recipes pages to avoid potential exclusion at the first point of contact. The Equality, Diversity and Inclusion networks could provide input into this area of service.

Weight Management Services

Weight Management on Referral Service (Slimming World and Weight Watchers)

The Healthy Lifestyles service commissioned Slimming World to deliver weight management support to people who have been referred to the service. People accessing this service must be 18 years old or over, be registered with a GP and have a Body Mass Index of 27.5 or more. During the pandemic, Weight Watchers were also commissioned to provide weight management services. Due to Coronavirus restrictions during this time, face to face services were limited. Patients referred to the service during this time 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).

The method of delivery, as well as other factors arising for people and referral services during the pandemic, has impacted the number of people engaging with the service. During the first year of the pandemic, the number of people referred for support declined from around 2,600 in 2019/20 to just over 300 people in 2020/21 (down 88%). While there was some recovery seen in 2021/22, the number of referrals remained at half of pre-pandemic levels (just over 1,350 people). In the first half of 2022/23, we have seen a continue increase in referrals, with around 1,750 people referred. If this trend continues throughout the remainder of the financial year, demand on the service will be up by one-third compared to pre-pandemic levels (34%).

In the first half of 2022/23, the greater majority of referrals to weight management services were for females (85%); this is significantly higher than the proportion of females making up Gloucestershire's adult population (51%).

As with the Healthy Lifestyles service, where people voluntarily engage with support to reduce health risk factors, we have also seen a reduction in people aged 30 years and under being referred to weight management services (down from 14% in 2019/20 to 10% in the first half of 2022/23). Referrals for people aged 31-40 and 41-50 increased from under one in five prior to the pandemic (18.2% and 17.8% respectively) to over one in four during the first year of the pandemic (26.0% and 25.7% respectively). However, referrals between April-September 2022 for these age groups have normalised to around pre-pandemic levels. Referrals for people aged between 51-60 have followed an increasing trend, up from 23.6% to 27.6%. The over 60's age group has seen the most variation over recent years, with far fewer referrals during 2020/21 and 2021/22. However, in the first half of 2022/23, this returned to pre-pandemic levels and accounted for around 1 in 4 people referred (24.7%).

The vast majority of referrals are for white people (96.3%). There has been an improvement in data collected relating to race with information not obtained for few than 1% of referrals compared with 5.3% of referrals in 2019/20.

One-fifth of people referred to weight management services have stated that they had a mental health condition during the first half of 2022/23 (20.3%). This is higher than during the pandemic (4.8% in 2020/21 and 15.6% in 2021/22) but remains below 2019/20 (24.7%).

0.5% of people referred to weight management services in the first half of 2022/23 have been pregnant. This has followed a slight reducing trend from 2.3% in 2019/20.

What do we need to do?



- Work with partners to encourage the engagement of under-represented groups with health services responsible for referring to weight management support (males, under 30's, people of a non-white race)
- Analyse data by referrer to assure that when presenting with similar issues there is no unconscious bias affecting referral rates between different protected characteristic groups.

Drugs and Alcohol Treatment

Change Grow Live Gloucestershire is a free and confidential drug and alcohol service for adults (including offenders), families, carers and affected others. It provides support to people to make changes in their life. This might be reducing, controlling or stopping alcohol and substance use.

The number of people receiving treatment through the service during the first year of the pandemic remained similar to the previous year (just over 2,600). During 2021/22, this increased by 8% to around 2,850 people. This was due to more people remaining in treatment for longer to receive continued support during this challenging time.

Data relating to sex, age and race is reported for all people who have received treatment during the financial year through the national drug treatment monitoring system. More males than females receive treatment for drug or alcohol addiction. Around 68% of people receiving treatment over the last 3 ½ years were male. This is significantly higher than the male population in Gloucestershire overall (49%). This is in contrast to those people who are seeking support, including alcohol reduction, through our healthy lifestyles service.

While age is recorded in 5 or 10-year bands for most groups, there is a particular focus on treatment for young people with addictions, with 18 and 19 year olds reported as distinct categories. Around 1% of people receiving treatment are in this age group. Half of all people receiving treatment are aged 35-49 years old. Just under two-fifths of people in treatment are in age groups either side of this peak at 25-34 years and 50-59 years (37.5%). The age of people receiving treatment has remained consistent over time for all age bands.

In the first half of 2022/23, people receiving treatment for drugs and alcohol addictions were predominantly white (White British, White Irish, Other White: 94%). This remains consistent with the previous 3 financial years. Participants in treatment are recorded against 13 other categories of race with no one category accounting for more than 0.9%. Race was not obtained for 1.1% of people in treatment during the first half of 2022/23.

An average of 1,300 people have started treatment through the service during each of the last 3 financial years. During the first half of 2022/23, 689 people started treatment, if this trend continues, demand for this service will be up slightly by around 4%.

People starting treatment for Opiate addiction declined during the pandemic, from almost one in three (29.0%) to one in five (20.6%). However, during the first half of 2022/23, the proportion of people seeking help relating to Opiates has risen to one in four (24.8%), although this is still lower than pre-pandemic levels. The proportion of people starting treatment for non-opiate, alcohol and non-opiate and alcohol addictions saw less variation over the last three years, with around 13%, 22% and 41% of people starting treatment receiving help for these addictions respectively.

Data related to religion or belief, sexual orientation, disability and pregnancy and maternity are collected for people starting treatment with the service.

Around three in five people starting treatment report that they do not have a religion (62%). Almost a quarter of people were Christian (22.8%), while information was not obtained for 9.1% of new starters.

During the first half of 2022/23, the majority of people receiving treatment stated that they were heterosexual (89.1%). This is similar to the last 3 financial years. Around 3% of people were gay/lesbian, 3% were bi-sexual and 3% chose not to disclose their sexual orientation.

There has been an increase in people starting treatment who have a disability or health condition, rising from 57.7% in 2019/20 to 76.5% in the first half of 2022/23. Between April-September 2022, two in every five people starting treatment said that they had a behaviour and emotional health condition (41.5%) up from an average of just under one in three people over the last 3 financial years (30.7%). Around 5% of people had a progressive physical condition, another 5% had a condition relating to mobility and gross motor skills and 2.5% have a learning disability. There has been a significant increase in conditions recorded under the category 'Other', from 4.7% in 2019/20 to 18.7% in the first half of this financial year.

In the first half of 2022/23, 2% of people starting treatment were pregnant.

What do we need to do?



- Consider whether increased engagement of males and under 35's in the Healthy Lifestyles programme would support early intervention resulting in a reduced need for treatment for alcohol addiction.
- Almost one in five people starting treatment were categorised as 'Other' in relation to a disability/health condition. This needs to be understood to determine whether there is an emerging trend that will enable us and partners to identify risk for a particular group at an earlier stage.

Sexual Health Services

Note: underlying data relating to numbers of people accessing sexual health services have not provided. This impacts to what extent analysis can be undertaken.

Specialist sexual health service

We commission 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.

In the first half of 2022/23, more females than males use the sexual health service (62.2%). This is because more Females use the contraception service offered by the specialist sexual health service. During the pandemic (2020/21 and 2021/22), the proportion of females accessing the service increased to 65%, suggesting that females were more likely to continue to manage contraception and sexual health during this period than males.

Nearly half of people receiving a sexual health service (48.9%) are under the age of 25. Vulnerable or higher risk patient groups, including all those under the age of 25, are prioritised by the specialist sexual health service. The proportion of young people aged under 16 years or aged 16-17 years accessing the service has increased slightly compared with prior to the pandemic (2.6% up from 1.6% and 6.2% up from 5.1% respectively). There has been a reduction in the proportion of 18-24 year olds using the service (40.2% down from 44.8%). Over 25's have increased slightly from 48.5% to 51.1%.

The majority of service users were white (89.1%, white British, white Irish, white other). This has followed an increasing trend over the last three years, up from 78.6% in 2018/19. This is likely to be due to better recording with people reported as being in an 'other ethnic group – not stated' and for whom race has not been obtained reducing from 8.3% and 7.0% respectively to 3.3% and 0.1%. People from another white background have increased from 3.6% to 5.9% between 2018/19 and the first half of 2022/23. Black people (black African, black Caribbean, black other) made up 2.8% of those using the service, while people of a mixed race made up 2.5% of this group (white and Asian, white and black African, white and black Caribbean, other mixed background). Other races made up less than 1% of patients.

The majority of people accessing the sexual health service during the first half of 2022/23 were heterosexual (79.1%), while around 12% were MSM (men who have sex with men) or lesbian. A further 5% were bisexual. According to the 2021 Census, 3.1% of people in England stated that they were gay, lesbian or bisexual. This group, therefore, has a higher representation accessing sexual health services compared with the overall population.

What do we need to do?



- Without access to underlying patient numbers, it is not possible to determine whether the increase in the proportion of under 18's using sexual health services equates to a significant increase of people in these age groups. It would be beneficial to understand this and whether it reflects changing sexual behaviours in particularly young people.
- Address provision of underlying numerical equalities data across the full dataset required to enable robust analysis and independent assurance.

Community HIV Testing, Support and Prevention

Community HIV support and prevention is provided in Gloucestershire by The Eddystone Trust which delivers 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.

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), via a primary care sexual health clinic or through a doctor.

During the first half of 2022/23, 44 people accessed the HIV testing service. If this remains consistent throughout the remainder of the financial year, testing will be down by one-third compared with last year (-33.8%, 2021/22) and two-fifths compared with prior to the pandemic (-40.5%, 2019/20).

In 2022/23 (Apr-Sept), people accessing community-based HIV testing were predominantly male (79.5%). This is consistent with previous years, excluding 2020/21 when the number of people accessing the service reduced significantly with the overwhelming proportion of these being male (97.3%). Just over 10% of people preferred not to disclose their sex, up from around 5% in 2019/20, while just over 5% stated that they were transgender compared with less than 1% three years ago. Less than 2.5% of those accessing the service were female, down from 14.9%.

Half of people tested were gay (50.0%, down from 60.1% in 2019/20), while just under one-third were bisexual (29.5%, up from 1.4%). 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). The proportion of heterosexuals accessing testing has reduced from 33.8% in 2019/20 to 15.9% in the first half of 2022/23 (although this is an increase compared to the two years during the pandemic).

The majority of people receiving community-based HIV testing were over the age of 25 (68.3%). However, people aged 18-24 years formed the largest group when broken down by around 10-year blocks, with just under one-third of people tested in this age group alone (31.7%).

Three-quarters of people tested were white (77.3%, up from 40.5% in 2019/20). There has been a significant reduction in black African and black Caribbean people accessing the service (4.5%, down from 35.1% in 2019/20). Asian people represented 6.8% of those tested compared with 2.0% in 2019/20. Just over 10% of people preferred not to state their race.

During the first half of 2022/23, half of people accessing support for people living with HIV were male (52.8%), while around 40% were female. Half were heterosexual (50.8%), while half of people were recorded as gay, bisexual or other (49.2%).

There was a fairly even split in those accessing support between those aged 35-44 (25.2%) and 45-54 (25.6%). A further 17.6% were aged 55 and over. A small proportion of people were aged under 25 (3.6%).

Just over half of people accessing support for people living with HIV were white (56.0%, white British, white Irish, white other). Within this group, however, people from another white background have increased from 8.3% to 12.0%. A quarter of people receiving support were black/black British African (25.2%), down from 32.3% in 2019/20. Just under 10% of people using the service were from a mixed race background, up from just under 3%.

What do we need to do?



- Understand the reduction in the number of people accessing the testing service.
- A smaller proportion of non-white people access HIV testing compared to those accessing support for people living with HIV. Are we connecting with this group at an early enough stage to promote awareness of safe sexual behaviours and of HIV testing?
- Address provision of underlying numerical equalities data across the full dataset required for people living with HIV to enable robust analysis and independent assurance.

Public Health Nursing

The Public Health Nursing Service provides access to universal services for all children aged 0-19 years.

Our health visitors provide support from antenatal contact (from 28 weeks and over of pregnancy) through to a child's two-year developmental review.

The Midwife and Health Visitor will meet with pregnant Mum's to discuss their pregnancy. As well as sharing information about breastfeeding, infant feeding, bed sharing, supporting a smoke-free pregnancy, healthy diet and immunisation advice and mental health support that is available for parents should they need it.

Following birth, further opportunities to meet with a Health Visitor take place at 7-14 days, 6-8 weeks, 9-12 months and 2 years. Health Visitors provide support and advice around mental health and well-being, the relationship between the child and the parent and the child's development and progress including speech and language skills. Information is also provided on diet and exercise, accident prevention and immunisations. At 6 months, parents are also invited to a group, led by a Community Nursery Nurse, providing information on responsive feeding and a healthy diet for them and the child.

During the first half of 2022/23, Health Visitors saw more than 35,500 children. This is greater than the number of children seen in any of the previous three full financial years, including prior to the pandemic.

School nurses work with children and young people aged from 5 to 19 in the community, whether they attend school or not.

School Nurses are registered nurses or midwives who support children and young people with emotional and mental health issues, relationships and sexual health, bladder and bowel issues, lifestyle health (smoking, substance misuse, obesity etc.) and family worries. They work with schools and other organisations to reduce health inequality and ensure that every child and young person has the best start in life.

The service aims to improve health outcomes for families, prevent ill health and protect children from harm through a professional, visible, accessible and confidential service. School nurses also carry out screening programmes (vision, height and weight measurement).

The school-age immunisations team delivers the immunisation programme. Data on this programme will be included in the next annual report.

School nurses work closely with social care providers to help keep children and young people safe from harm. Where harm is already known about or suspected, the school nurse teams work with a range of other professionals to support the child and family to make changes to their lifestyle or care of the child through formal plans of care.

There have been variations in the number of children School Nurses have seen over the last 3 ½ years due to school closures during the pandemic. In 2020/21, we saw almost one-third fewer children compared with in 2019/20 (around 13,500 compared with just over 19,250, down 29.7%). In 2021/22, there was an increase in children seen (28,750). In the first half of 2022/23, School Nurses have seen over 17,000 children. If they see a similar number of children in the second half of the financial year, they will see almost 20% more children than in the previous financial year.

In 2021/22, the health visiting and school nursing service saw 43% of the 0-19 year old population overall. The proportion of the children seen by sex was similar to the overall males and females aged 0-19 in Gloucestershire. This has remained consistent over time.

During the first half of 2022/23, children in their early years of development (0-5 years old) made up around 70% of those seen by the public health nursing service. This is the same as the average over the last three financial years. This represents 90% of the 0-5 year old population in Gloucestershire overall. There has been fluctuation in the proportion of children seen each year who are aged 6-11 years, with around 20% of children receiving a public health nursing service in 2019/20 and 2021/22, while this group only made up around 13% of children seen by the service in 2020/21 and the first half of 2022/23. There has been an increase in the proportion of those children seen by the service who are aged 12-19 years, from 10.9% in 2019/20 to 16.3% between April-September 2022. For both the 6-11 years and 12-19 years groups, the number of children seen equates to 15% of the overall population in Gloucestershire.

While there has been improvement in the recording of the race of children receiving a public health nursing service, we still did not obtain this information for one in five children during the first half of 2022/23 (20.8%). This is down from 37.1% in 2019/20. The race for around 70% of children was recorded as white (white British, white Irish, white other). 3.6% of children were of mixed race, 2.5% were Asian, 2.8% were black and 1.6% were of another race.

There is very little information about religion or belief available for this service. This information was not obtained for 99% of children engaging with public health nursing services and this has remained consistent over time.

While the service work with partners to ensure that there is multi-agency support for children with more complex needs, it does not directly collect information about disability, health, social or behavioural needs. It is therefore not possible to report what proportion of children the service works with that may require additional time and support.

What do we need to do?



- There continues to be a significant gap in data relating to race for this service affecting our understanding of engagement with health visiting and measurement screening (20.8%). Lack of engagement by a particular ethnic group may require improved communication and awareness raising by the service to reduce health inequalities developing in childhood and impacting young people now and in later life.
- Consider how to address the gap in religious information through training and communication to determine whether there are any trends relating to belief that may impact engagement with the service.
- Understand the rationale for not collecting information relating to disability, health, social or behavioural needs. Other service areas are reporting an increase in vulnerability of people and complexity of work as a result since the pandemic. Given that this impacts the level and type of support the service may need to provide and resources required. It would be useful to analyse any emerging trends over time in this area.

Children's Services

Early Help Service – My Plans

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.

A My Plan is used when it is clear what the presenting needs are and who or what can help. It is a holistic child or family centred plan and can be used as a single or multi-agency plan. The My Plan draws together existing information to identify the current needs and sets out the outcomes to be achieved. The My Plan allows professionals working with children and families to quickly and simply put an action plan into place to co-ordinate the appropriate help and support for the child and/or family at the earliest opportunity.

At the end of September 2022, almost 8,200 children had a My Plan. Education were providing the lead on most of these plans (around 6,250, 76%. This is up from 66% in March 2020). The number of My Plans has increased significantly since March 2020, up 135% from just under 3,500 plans. While there has been an ongoing rise in the number of children who require additional educational support as a result of the pandemic, the service advises that there are likely to be data quality issues which are over-inflating the number of children reported as having a My Plan. Work is being undertaken to identify the factors impacting data quality and to address these. While it is difficult to comment on the level of demand the service is facing, the service and partners have worked with all of these children even if their My Plan has now concluded. It is therefore still of benefit to compare trends in terms of plans by protected characteristics over time.

More boys than girls have a My Plan (63% compared with 38%). This has remained consistent over the last 3 ½ years.

The proportion of children we work with by age group has remained steady in most cases. This is with the exception of 1-4 year olds where there has been a slight reduction from 11.0% in March 2020 to 7.8%. There has been a corresponding increase in 5-9 year olds requiring support, from 40.9% to 43.5%. Children aged 5-9 and 10-15 years make up the greatest proportion of children we work with, accounting for two of every 5 children in each age group (43.5% and 41.0% respectively).

We are working with a growing number of children with a disability, around 625 at the end of September 2022 compared with just over 500 children at the end of March 2020. This is an increase of 24%.

The proportion of children where race has not been obtained has increased from 2.6% at the end of March 2020 (under 100 children) to 11.9% at the end of September 2022 (almost 1,000 children). The proportion of children recorded as white (British, Irish, Other) has reduced from 87% to 78% over the same period and those children where race has not been captured may therefore fall into these categories. However, this is not clear and may be masking a changing trend in children requiring support from the service.

At the end of September 2022, in the majority of cases, religion or belief has not been obtained (91%). This has increased from 80% at the end of March 2020. Just under 5% of children did not have a religion in September 2022, while a similar proportion stated that they were Christian. Fewer than 1% of children were Muslim or followed another religion.

What do we need to do?



- Work needs to be undertaken to understand why a significantly greater proportion of males than females are receiving support through a My Plan to support assurance that needs are being appropriately identified for all children.
- Gaps in data around race and religion or belief should be improved to support understanding of cultural and religious influences on parenting and family life.

Early Help Service – Targeted Support

Many families will face difficulties at some time and targeted support is a way of working with them so they can better manage problems that they may be going through.

In Gloucestershire targeted support covers the direct delivery of services, which includes our family support service, the positive parenting programme, and the family group conferencing service.

Our Targeted Support service has seen an increase in the number of children with whom it is working, from just over 1,500 in March 2020 to 1,775 at the end of September 2022 (up 17%). Over this period, there has been a change in the balance of boys and girls that the service works with. In March 2020, the service worked with more boys than girls (57.4% compared with 42.4%). However, by the end of September 2022, this had largely levelled up (51.0% compared with 47.2%) and is now similar to the overall balance of the population in Gloucestershire for 0-25 year olds (51% boys, 49% girls). Note: remaining children in this category are unborn.

There has been an increasing trend in families who need support during pregnancy or the child's first year, up from 3.5% at the end of March 2020 to 7.2% at the end of September 2022. Work with children aged 1-4 and 5-9 years also increased by 2% points for each group over this period. Children aged 1-4 years made up one-fifth of children receiving targeted support at the end of March 2022 (22.3%), while children aged 5-9 and 10-15 years made up around one-third of children worked (34.0% and 31.7% respectively). However, work with older children aged 10-15 years had reduced from 35.7% at the end of March 2020, as had work with 16-18 year olds (4.8% down from 7.6%).

The proportion of children who have a disability who received targeted support reduced from 16.8% prior to the pandemic to 6.8% at the end of September 2022.

As with My Plans, we can see that the proportion of children recorded as white (British, Irish, Other) has reduced over the last 3 ½ years (around 85% to 78%), while the proportion of children for whom information about race has not been obtained has increased (around 2% to 11%). The next biggest group the service were working with at the end of September 2022, were people of mixed race (white and black Caribbean, white and black African, white Asian) (6.6%). People from a Black background (African, Caribbean, other) made up just under 2% of children that we worked with. Asian children (Indian, Pakistani, Bangladeshi, other) and children for other races made up around 1% each of targeted support work.

Again, we see a similar trend as with My Plans in terms of recording of religion or belief. For the majority of children this information has not been obtained and this has increased over time from around 71% to 88% between March 2020 and September 2022. Where data is recorded, around 5% of children were reported as having no religion and a similar proportion were recorded as Christmas at the end of September 2022. The next largest category is Other at 1.4%.

The number of children supported by the Early Help Family Support teams has remained similar over time. However, the number of children with whom children and family centres are working has increased by 75% (almost 1,000 children at the end of March 2022 compared with around 550 children at the end of March 2020). At the same time, our Disabled Children's Early Help team is working with fewer children just under 100 compared with around 250 in March 2020. This means that the work children and families centres are doing with children accounts for a higher proportion of targeted support than in previous years (56% up from 37%). This raises concerns around increased disparity of service for children in need of targeted support. There are practice standards in place for our Family Support and Disabled Children's teams (i.e. timeliness of visiting and assessment). These practice standards are not stipulated in the commissioning agreements with children and family centres. The number of children supported by children and family centres in Gloucester and the Forest of Dean is up by just over 50%. However, the Districts most impacted by the change in balance between children held by County Council Early Help teams and children and family centres are Stroud and Tewkesbury up 144% and 280% respectively.

What do we need to do?



- Understand what has brought about the change in balance between boys and girls receiving targeted support since the pandemic.
- Undertake work to understand the reduction in disabled children supported by the service. For example, does this indicate that there has been increased multi-agency support around vulnerable children as a result of the pandemic which may mean fewer children need to access this service?
- Gaps in data around race and religion or belief should be improved to support understanding of cultural and religious influences on parenting and family life.
- Address inequalities in practice standards between children supported by County Council Early Help teams and those supported by children and family centres.

Children's Social Care

At the end of the first half of 2022/23, there were almost 4,700 children open to Social Care receiving support, protection or care. This represents a rise of almost 20% compared with the 31st March 2020 when just over 3,900 children were open to Social Care.

Need for Social Care services fluctuated throughout the pandemic for Children in Need and those subject to a protection plan, with initial reduction in 2020/21 before increasing substantially in 2021/22. This financial year, the number of Children in Need continued to grow (up 23% compared with the end of 2019/20), while children subject to a protection plan have reduced following focused work to ensure that children are supported and protected at the right level of intervention (up 7% compared with the end of 2019/20). The need for care and post-care services has followed an increasing trend throughout the pandemic, up 18% and 23% compared with the end of 2019/20 at the end of September 2022/23.

Overall, there are more males than females open to Social Care, although this has reduced slightly compared with prior to the pandemic (52.4% Sep-22, down from 54.9% Mar-20). There has been a small increase in the proportion of females open to Social Care (45.6%, up from 44.9%). However, there has been an increase in concerns for children who are not yet born (sex unknown) who are considered to be in need of support or protection (1.9%, up from 0.2%). A small number of children are recorded as having an indeterminate sex (unable to be classified as either male or female)

For Children in Need, concerns are balanced between the sexes at just under 50% each and are reflective of the population. For children who are subject to our protection, more males are represented than females (52% compared with 44%, while 3.7% are unborn). For females this is lower than the overall population for the 0-17 year old age group (49%). For children in care, the balance shifts further, with a split between males and females of 59% to 41%. This is similar to those receiving post-care support for whom 57% are male and 43% are female.

There has been a small but steady increase in the proportion of particular vulnerable children (unborn children and children aged under 1 year) open to Social Care (8.1% at the end of September 2022, compared with 6.4% at the end of March 2020). Over the same period, there has been a slight reduction in the proportion of 1-4 year old and 5-9 year old groups open to Social Care (from 19.1% to 16.0% and from 23.5% to 21.7% respectively). This is now more closely aligned with population levels for these age groups (15.1% and 20.7%). One-third of the children receiving support, protection or care are aged 10-15 years old (32.4%). This has increased from 28.8% over the last two and a half years and this group is over-represented in terms of the overall 10-15 year old population in Gloucestershire (25.6%). The proportion of 16-18 year olds has reduced slightly from 15.1% to 14.3% but remains slightly above the population level for this group (12.4%). A small proportion of young people continue to receive support from us between the ages of 19-21 years and 22-24 years (6.2% and 1.2% respectively). The 19-21 year old group has slightly increased over time, while the 22-24 year old group has reduced.

At an intervention level, the proportion of Children in Need by each age group is broadly in line with the overall population. This is also the case for children subject to a protection plan with the exception of 16-17 year olds. This group represents 5.1% of the overall child protection cohort compared with 11.4% of the overall population. This may reflect the fact that older children may not need the same levels of protection as younger children for certain types of presenting need i.e. neglect where an older child may be able to manage their own meals.

With regard to children in care, younger children (aged 1-4 and 5-9 years) are under-represented compared to the overall population 13.7% compared with 19.5% and 16.4% compared with 26.9%). For older children in care, aged 10-15 and 16-18 years, there is an over-representation compared with the population (38.5% compared with 33.1% and 25.4% compared with 16.1% respectively). Almost two-thirds of young people receiving post-care support services are between 19-21 years old (58.6%), this compares to this age group making up one-third of the overall 16-24 year old population (30.8%). By the time care experienced adults are aged between 22-24 years old, they represent only 11.7% of those receiving post care services, indicating that the majority of these young people have transitioned to managing their lives independently.

At the end of September 2022, 6.8% of children open to Social Care are recorded as having a disability. This is a reduction from 8.0% at the end of March 2022. According to the 2021 Census, 16.8% of the population in Gloucestershire have a Disability under the Equality Act, however, we do not as yet have a breakdown of this data, to understand whether this indicates an under-representation of children with disabilities who are known to Social Care. We have a slightly higher proportion of children in care who are disabled (7.4%) compared with Children in Need or subject to a protection plan (5.8% and 5.2% respectively). Care experienced adults have the highest proportion of disability among the overall group at 13.5% which may indicate a higher degree of need for transition support than for their care experienced peers who do not have a disability.

At the end of the first half of 2022/23, three-quarters of the children open to Social Care were white (white, white Irish, white other, 79.4%). This is a slight reduction from 81.4% at the end of 2019/20. The ethnicity for 3.5% of children had not been obtained, up from 1.0% at the end of 2019/20. This may account for the reduction in children recorded as white. Overall, 93.1% of people in Gloucestershire were white according to the 2021 Census, again, it is not possible as yet to break this down by age but may indicate an over-representation of people from other ethnic minority backgrounds who are subject to intervention from Social Care. Children of a mixed ethnic background formed the next biggest group of children open to Social Care at the end of September 2022 (8.1%: white and black Caribbean (4.6%) and Other mixed background (3.4%)).

The proportion of Children in Need who were white was in line with the proportion of children open to Social Care overall who were white (80.0%). There were a slightly higher proportion of children who were White and subject to a protection plan (81.0%). Children in care and care experienced adults, had a slightly lower proportion of people who were white (77.3% and 77.5% respectively). Children in Need have the highest proportion of children for whom race has not been obtained (5.3%), this reduces to 2.1% for children subject to a protection plan and 0.5% for children in care. There are no care experienced adults for whom race is unknown.

The proportion of children who were from a mixed ethnic background increases alongside increases in intervention levels, representing 7.0% of Children in Need, 9.2% of Children subject to a protection plan and 10.4% of children in care. A similar trend can be seen nationally, raising questions about institutional bias across the Social Care system. Analysis is being undertaken to ensure that we have a transparent understanding of the race of children open to Social Care, reasons for intervention, length and number of interventions and outcomes so that we can undertake an honest appraisal of decision making for children and families in Gloucestershire and determine whether there is parity across racial groups.

For the majority of children, religion is recorded as not having been obtained (62.7%), just under 20% of children are reported to have no religion and just over 10% have indicated that they are Christian or Church of England.

Children living in Gloucester accounted for one-third of those open to Social Care (31.3%). These children are over-represented, with children in Gloucester making up under a quarter 0-24 year olds in the County overall (23.0%). All other Districts were slightly under-represented compared with the population overall, in particular in Cotswolds and Stroud where children open to Social Care accounted for 4.7% points and 5.9% points less than the overall 0-24 years population respectively. The district that the child resides in, or where they lived before entering care, was not recorded for 6.2% of children.

At the end of September 2022, 6.1% of the children in care were unaccompanied asylum seekers, compared with 3.3% at the end of March 2020.

The proportion of care experienced adults who are in education, employment or training improved between the end of March 2020 and the end of September 2022, as the pandemic eased (56.5% up from 53.3%). Of those young people who were not in education, training or employment disability or parenting were cited as barriers for 14.5% of people by the end of September 2022, compared with 21.3% at the end of March 2020.

Young adults who were formerly unaccompanied asylum seeking children (UASC) or who remained UASC, were more likely to be in education, employment or training than their non-USAC care experienced peers (81.5% compared with 57%). This group has performed consistently better than its peers over time.

At the end of September 2022, there were 100 young people open to Social Care who were parents and 34 who were pregnant or were male and due to become a parent. This is a similar number to those supported at the end of the last 3 financial years. Females accounted for 70% of young parents or parents to be open to Social Care.

The age of young people at the time of their child's birth, or the age they will be once their child is born, ranged from 13-25 years old. Over half of these young people were or will be aged between 16-18 years at the time of their child's birth (56.7%), while more than one-third are, or will be aged 19-21 years (35.8%).

A small proportion of young people who were parents, or due to become parents, had a disability (5.2%).

The majority of parents, or parents to be, were white (88.8%, white British, white Irish, white other). Around 10% of these young people were gypsy/Roma, white and black Caribbean, Caribbean, African or from another ethnic group.

More than half of these young people stated that they had no religion (55.2%), while just under one-third were Christian or Church of England (30.6%). Information had not been obtained for 7.5% of this group. Just under 5% of this group were Baptist, Mormon, Muslim or Jehovah's Witnesses.

Young people living in Gloucester were over-represented, with them making up just under half of those open to Social Care who were parents, or due to be parents (45.5% compared to the overall population of the district for the 13-27 age group at 23.3%). One-fifth of these young people lived in Cheltenham, which is similar to the overall population of the district for this age group. The remaining Districts accounted for between 4.5%-7.5% of the group and were slightly under-represented compared to the overall population. Information about the home district was not obtained for just over 10% of the group.

What do we need to do?



- Understand whether the higher proportion of males represented as intervention levels increase reflects institutional bias within the system.
- Undertake work to understand what is driving the difference in males and females seeking support from post-care services to ensure everybody is well-equipped with life skills as part of their care journey, has awareness of post-care support services and seeks the support available as required post-care.
- Understand whether the indeterminate classification used in relation to the sex of some children has been correctly assigned.
- For children in care, we begin to see a divergence away from overall Gloucestershire population levels by age, unlike at the lower levels of intervention. Does this indicate a reluctance to remove younger children from their families, holding risk at Child in Need and protection planning levels? If this hypothesis bears out, are we being as rigorous as we should be at lower levels of intervention in terms of whether a family is capable of sustained change, particularly for those children experiencing multiple CiN and CP plans?
- The proportion of children who were from a mixed ethnic background increases alongside increases in intervention levels, representing 7.0% of Children in Need, 9.2% of Children subject to a protection plan and 10.4% of children in care. A similar trend can be seen nationally, suggesting the presence of institutional bias across the Social Care system. Analysis is being undertaken to ensure that we have a transparent understanding of the race of children open to Social Care, reasons for intervention, length and number of interventions and outcomes so that we can undertake an honest appraisal of decision making for children and families in Gloucestershire and determine whether there is parity across racial groups.
- Understand quality of practice in relation to assessment and planning and race. The race is unknown for 3.5% of children open to Social Care and rises to 5.6% for Children in Need undergoing assessment or on a CiN plan. What does a sample case audit tell us about whether race has been taken into account when undertaking assessments and developing plans for these children? For those children where race is recorded, what does a case audit tell us about understanding of culture and background, their influences on family dynamics and the need to consider these as part of assessment and planning?
- There is a significant gap in data relating to religion and belief for this service affecting our understanding of how this may impact parenting and family life, as well as our approach to planning and bringing about change. Consider religion and belief within the case audit relating to race to obtain a holistic understanding of how culture, background and belief informs our practice.
- Address gaps in data relating to the home District for children which could support insights into factors such as deprivation influencing the need for support, protection and care.

Advocacy for Children

Child Advocates support, enable and empower young people to be heard. Advocates are professionals who are highly experienced and trained in working with our diverse communities of young people. They listen to and champion for young people.

Advocacy support was provided to 148 children open to Social Care during the first half of 2022/23. Based on a monthly average of 25 young people, this is lower than last year (2021/22) and prior to the pandemic (2019/20), when an average of 36 and 34 young people per month were supported by an advocate respectively.

There was a fairly even split between children subject to a protection plan and children in care receiving support (46.6% compared with 53.4%).

The majority of children using the advocacy service in the first half of 2022/23 were male (62.2%). This is an increase from 42.1% prior to the pandemic, with the proportion of female with an advocate reducing from 57.9% to 36.5% over the same period. The sex for a small proportion of children was reported to be non-binary (the person feels their gender can't be defined by gender categories).

Three-quarters of children with an advocate were white (73.0%, white British, white other). This has followed a reducing trend from 86.3% in 2019/20. However, there has been an increase in the proportion of children who preferred not to state their race in 2021/22 and 2022/23 (6.8%) compared with zero children in the preceding two financial years. 7.4% of children were from a mixed-race background, while 6.1% were from an Asian background. This reflects increased representation for children from an ethnic minority background.



- Understand why there has been a reduction in the number of children receiving support from the advocacy service.
- Understand the change in balance between males and females receiving advocacy support.

Early Years Education

Parents are entitled to 15 hours of free early years childcare or education for eligible two-year olds and 30 hours for eligible three-four year olds. Eligibility criteria relates to:

- parents in receipt of certain benefits or to working tax credits
- children who get a Disability Living Allowance
- children in care, or who have left care under an adoption or special guardianship order
- children who have a statement of special needs of Education, Health and Care Plan (EHCP)

Children may also be eligible if:

- the parent is receiving support under the Immigration and Asylum Act.
- The household income is below the relevant threshold and the parent has no recourse to public funds or the child is open to Social Care as a Child in Need

In the academic year 2021/22, just under 15,500 2-4 year olds were eligible for a specified number of hours of free Early Years childcare or education. This is just over three-quarters of the 2-4 year olds in Gloucestershire (77.3%). This has reduced slightly over the last two academic years, from 79.6% in the 2019/20 academic year.

Of those eligible, there was take up from just under 11,500 children in the 2021/22 academic year. This equates to just under three-quarters of eligible children (73.7%). This is a marginal increase compared to the previous two academic years (72.3%) but remains slightly lower than prior to the pandemic (75.9%, academic year 2018/19).

There is largely balanced take up in free childcare or early years education between male and female children (51.5% compared with 48.5%. This broadly aligns with the overall 2-4 year old population in Gloucestershire (52.6% male children, 47.4% female children). A higher proportion of eligible two year olds took up free childcare or early years education in the 2021/22 academic year compared to prior to or during the pandemic (77.0%, up from 70.4% the previous academic year and 71.6% in the 2018/19 academic year). This compares with 91.0% of eligible three year olds and 56.2% of eligible four year olds. While the proportion of three year olds benefitting from free childcare or early years education remains high, there has been a reduction compared with prior to the pandemic (96.2% in the 2018/19 academic year). Take up for four year olds has remained relatively steady over time.

For two in every five children taking up childcare or Early education opportunities, information about race has not been obtained (38.3%). In line with population levels in Gloucestershire, white children make up the majority of those children where this information has been captured (82.1%, white British, white Irish, white other). Children of mixed race made up just under 10% of the group (7.9%, white and black Caribbean, white and black African, white Asian, other mixed background). Children from an Asian background made up around 5% of the group (4.7%, Indian, Pakistani, Bangladeshi and other Asian background) and black children made up 2.6% of the group (Caribbean, African, other black background).

In the 2021/22 academic year, a small proportion of children had an Education, Health and Care Plan in place to support identified needs (1.6%). This has increased marginally over the last 3 years, from 1.3% in the 2018/19 academic year.

What do we need to do?



- Understand the reduction in take up for eligible three year olds to determine what factors might be driving this. Will this impact school readiness and early development and outcomes for children in Gloucestershire?

School Pupil Population

Information about sex, age, race and identified need is collected in the school census that takes place in January each year. The data in this report reflects the latest information available from the January 2022 school census.

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

In January 2022, there were 90,210 children recorded in the school census of state funded schools in Gloucestershire. The pupil population has grown year on year over the last three years, with growth ranging from 0.7%-1.3% per year. This equates to an average of almost 1,000 additional pupils per year.

Education company STEER Education, working in partnership with the charity Minds Ahead, analysed online responses at least twice a year, and mostly every term, from students in 92 state secondary schools before the start of the pandemic and December 2021. In February 2022, they published a report titled *Navigating the Road of Adolescence: Young People's Mental Health in the UK - How the pandemic has affected young people's ability to self-regulate socially and emotionally*. The following is an extract of findings from the report which should be borne in mind when considering data in the following sections relating to male and female pupils with Education, Health and Care Plans (EHCPs), attending special schools or who have been suspended or excluded.

“An analysis of data from 15,000 secondary school students across the UK revealed that the mental health of girls was “at a precipice” with tens of thousands now hiding signs of deep distress from their teachers and parents,

The data shows a stark and growing divide between girls' and boys' social and emotional wellbeing, something experts fear may be one of the “long-lasting effects of the pandemic”. Girls aged 11 are now 30% more likely to suffer from poor mental health than boys of the same age. By the time girls reach 18, they are now more than twice as likely to experience poor mental health than boys of the same age.

Increasing numbers of girls now go to great lengths to conceal signs of distress, making it harder for teachers and education staff to identify and help them. While 60% of secondary school girls did this before the pandemic, an alarming 80% do so now. Unhealthy perfectionism and extreme self-control are also far more common. While 20% of secondary school girls had these traits before the pandemic, an alarming 80% do so now.

The pandemic appears to have affected girls' mental health much more severely than boys' – girls are now 33% more likely to experience poor mental health than those the same age as them before the pandemic. In contrast, boys are 12% more likely to do so. Girls' mental health is most at risk between the ages of 14 and 18, the data shows. Compared to 2018, both boys and girls are now 40% less trusting of others, 25% less likely to take risks and 25% less able to choose an appropriate and measured response to life's everyday challenges.”

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.

We have seen a continued growth in both EHC applications for assessment and in plans being put in place. In the 2021/22 academic year, applications for an EHC assessment increased by 31.2% (from 821 applications to 1,077) and have almost doubled compared with the 2018/19 academic year (560 applications). 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.

4,854 children and young people had an Education Health and Care plan (EHCP) in Gloucestershire in 2021/22. This is a rise of 33% compared with prior to the pandemic (3,658 children in the 2018/19 academic year).

Of those children with an EHCP, 73% were male in 2021/22; this is similar to the three previous academic years.

Plans are fairly evenly split across primary school aged children and those attending secondary schools and 6th form colleges (46.4% compared with 45.1%). A further 7.8% of young people with an EHCP to support educational and personal progress and outcomes are aged between 19-24 years old.

The majority of pupils with an EHCP attend a state-funded school or academy (41.6%) or a state-funded special school or academy (26.6%). Almost 10% of pupils with an EHCP attended special post-16 institutions, while 6.4% went to an independent school. 3% of children with an EHCP were not registered to a school and were awaiting provision. This has increased over the last three academic years, from 0.8%.

Moderate learning difficulty, social, emotional and mental health, autism spectrum disorder and speech and language communication needs are the four most common categories of primary need (26.9%, 22.0%, 19.2% and 17.5% respectively). The proportion of children identified as having a moderate learning difficulty has reduced slightly over the last three academic years, from 28.8%. The proportion of children with a social, emotional and mental health need or a speech and language communication need have increased, up 1.8% points and 3% points respectively. The pandemic may be a factor in these increases, with some children finding it hard to process the experience or re-integrate into the school community. Early development of speech and language may also have been impacted due to reduced interaction at an essential stage of development. The proportion of children with an autism spectrum disorder remained steady. Other presenting needs that have seen a change are children with a physical disability and children with a severe learning difficulty which have both reduced slightly by 1-2% points.

In 2021/22, three-quarters of pupils with an EHCP were recorded as being white (73.9%, white British, white Irish, white other), down from 82.4% in 2018/19. The proportion of children for whom race has not been recorded has increased from 7.4% to 16.9% over the same period which is likely to account for the reduction in white children with an EHCP. However, given the proportion of children for whom information has not been obtained, it is not possible to draw conclusions about under or over-representation compared to the overall population or to determine whether there are emerging trends across racial groups.

What do we need to do?



- Understand the imbalance in males and females who have an EHCP to assure that we are providing parity in terms of the identification of needs and putting appropriate plans in place to support progress and outcomes.
- Address gaps in data relating to race to support better understanding of targeted awareness or support that may be needed for particular groups.

Special Schools

In the 2021/22 academic year, 1,371 children attended special schools, equating to 1.5% of the pupil population. Again, this has followed a small increasing trend over the last 3 years with the needs of around 250 more pupils being met in a special school setting compared to the 2018/19 academic year.

We will see an increase in pupils supported by special school provision over the next few years, as Brook Academy was opened in Brockworth in September 2022. This is an 80-place special school for children and young people with social, emotional and mental health (SEMH) needs. A new Primary school in Stroud is expected to open in September 2023. This will support 60 children from across the County with moderate and additional learning difficulties (MALD).

In early February 2023, building work began on a new unit dedicated to supporting primary aged children with Social, Emotional and Mental Health needs at the Heart of the Forest Community Special School, to make sure more children with these specialised needs have the opportunity to go to school close to where they live and that places are available where there is the most demand.

The majority of pupils attending special schools are aged between 4-18 (99.9%), however, provision may start as early as two and continue until 20 years of age.

Almost three-quarters of children attending special schools are male (73.2%). This equates to a significant over-representation of males compared with the overall 4-18 year old male population in Gloucestershire (50.7%).

What do we need to do?



- Understand the imbalance in males and females attending Special schools to assure that we are providing parity in terms of the identification of needs and putting appropriate provision in place to meet these.

Suspensions from School

There were almost 5,200 suspensions in the 2021/22 academic year (some pupils may have been suspended more than once during the academic year). Suspensions have fluctuated in the four academic years prior to, during and after the pandemic. There were nearly 5,500 suspensions in 2018/19. This reduced to just under 4,500 in 2019/20 and to around 3,800 in 2020/21. This is due to school closures for at least one-third of both academic years for the majority of pupils. Smaller group sizes and increased support during this time may also have positively impacted suspension levels. There is an awareness that the pandemic may have affected social and emotional wellbeing and associated behaviours, including the ability to re-integrate into larger class groups. Schools are therefore working hard to support pupils who are experiencing difficulties, which may account for suspension levels remaining lower than prior to the pandemic.

Just under three-quarters of suspensions were given to male pupils in 2021/22 (72.5%). This remains similar to previous academic years.

Around three-quarters of suspensions are for pupils in national curriculum years 7-11 (secondary school age) (77.0%). This has reduced over the last three academic years, from 84% in 2018/19. Over the same period, we've seen an increase in the proportion of suspensions for primary school aged children (Reception to year 6) from 14.9% to 21.5%. This may reflect the difficulty that younger children have had in processing the change and isolation they experienced during the pandemic, compared with older children who may be better equipped to reflect on and discuss events and feelings due to increased maturity levels, as well as being more likely to have ways of staying in touch with their wider social circle through technology.

Just under one-third of suspensions are for pupils in years 10 and 11, which impacts on school days attended during their GCSE years and may impact attainment.

Half of suspensions were for pupils in receipt of free school meals (FSM) (50.0%). Overall, around 17,500 pupils are eligible for free school meals. Suspensions for pupils in receipt of free school meals therefore equate to 14.8% of the eligible group, while suspensions for pupil who don't receive free school meals equate to 3.6% of the non-FSM pupil population. This, therefore, reflects an over-representation of pupils from the FSM group being given suspensions.

For just under half of suspensions in 2021/22, pupils had no special educational need identified (46.1%). However, 39.5% of suspensions were for pupils with a special educational need and 14.4% were for pupils with an education, health and care plan (EHCP). Again, this reflects an over-representation among pupils with identified additional support needs.

The vast majority of suspensions were for pupils attending state-funded mainstream schools or academies (91.9%), while 6.2% of suspensions were given for pupils in pupil referral units and 1.9% were given to pupils in special schools. However, the suspensions for special pupils equate to 7.1% of all pupils attending special schools, compared with only 5.4% of the pupil population attending mainstream schools. This reflects a slight over-representation of suspensions for pupils in special school settings.

Note: pupil referral units are a type of school that caters for children who aren't able to attend a mainstream school. Pupils are often referred there if they need greater care and support than their school can provide.

In the majority of cases, pupils did not have any physical or mental need identified (85.6%). Around 10% of suspensions given in 2021/22, were for pupils with an identified social, emotional or mental health need. This has increased slightly over the last three academic years, from 7.7% in 2018/19. A small proportion of pupils had a moderate learning disability, a speech and language communication need or an autism spectrum disorder (1-2% each).

Three-quarters of suspensions in 2021/22 were for white pupils (77.9%, white British, white Irish, white other). However, information about race had not been obtained for 12.6% of suspensions (up from 3.8% over the last three academic years). As with EHCP provision, given the proportion of children for whom information has not been obtained, it is not possible to draw conclusions about under or over-representation compared to the overall population or to determine whether there are emerging trends in suspensions across racial groups. 5.7% of suspensions were for pupils with a mixed-race background (white and black Caribbean, white and black African, white and Asian, other mixed background). Other racial groups accounted for 0.5%-2% of suspensions each (Asian, black and Chinese).

What do we need to do?



- Understand the factors influencing higher suspension rates for male pupils
- Understand the factors influencing higher suspension rates for pupils in receipt of free school meals compared with the non-FSM pupil population.
- Based on the over-representation of suspensions among pupils with a special educational need or education, health and care need is the appropriate levels of support in place to enable engagement and learning for these pupils.
- Address gaps in data relating to race to improve insight into under or over-representation of suspensions awarded to different racial groups.
- Capture information relating to religion to assure that schools act without bias in relation suspensions and exclusions for those pupils where their religion may be perceived to be linked to radicalisation.

Permanent Exclusions from School

Decisions to exclude are made by the individual schools 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.

108 pupils were permanently excluded in the 2021/22 academic year. This equates to 0.12% of the overall pupil population of state-funded schools. This is similar to the 2018/19 academic year prior to the pandemic. As with suspension, permanent exclusions were lower during the two years of the pandemic due to school closures (0.08% and 0.07%).

The majority of permanent exclusions were for male pupils (79.6%).

Two-thirds of permanent exclusions were for secondary school aged pupils (national curriculum years 7-11) (65.7%), while 34.3% of permanent exclusions were for primary school aged children (reception to year 6). This represents a significant change, from 84.8% of permanent exclusions for secondary school aged pupils in the 2018/19 academic year.

A quarter of suspensions are for pupils in years 10 and 11, which is likely to impact attainment for these young people (26.9%).

Just under two-thirds of permanent exclusions were for pupils in receipt of free school meals (FSM) in 2021/22 (63.0%, up from 50% in 2018/19).

For just over one-third of permanent exclusions in 2021/22, pupils had no special educational need identified (36.1%). However, 46.3% of exclusions were for pupils with a special educational need and 17.6% were for pupils with an education, health and care plan (EHCP). This reflects a significant increase in permanent exclusions for pupils where an additional need is identified, from 44.6% and 11.6% respectively in 2018/19 (56.3% to 63.9% overall).

The vast majority of permanent exclusions were for pupils attending state-funded mainstream schools or academies (96.3%). This is a slight reduction compared with 2018/19 (99.1%). There were no exclusions from special schools in the three academic years prior to and during the pandemic. In 2021/22, exclusions from special schools accounted for 0.9% of permanent exclusions overall. There has been an increase in permanent exclusions for pupils in pupil referral units (0.9% in 2018/19, to 2.8% in 2021/22).

Three-quarters of permanent exclusions in 2021/22 were for white pupils (77.8%, white British, white Irish, white other). This has remained similar over time. Information about race had not been obtained for 13.9% of exclusions (up from 3.6% over the last three academic years). Around 5% of suspensions were for white and black Caribbean pupils, 1.9% were for Caribbean pupils and 0.9% for African pupils. This appears to reflect an over-representation of exclusions for black pupils or pupils of a mixed black race.

What do we need to do?



- Understand the imbalance in males and females being permanently excluded.
- Based on the over-representation of suspensions among pupils with a special educational need or education, health and care need is the appropriate levels of support in place to enable engagement and learning for these pupils.

- Address gaps in data relating to race to improve insight into under or over-representation of permanent exclusions made against different racial groups.
- Determine whether there is a disparity in decision making for black pupils or pupils of a mixed black background race.

Economy, Environment and Infrastructure

Library Services

We have 31 libraries run by the County Council in Gloucestershire, along with 7 libraries run by people in our communities.

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.

In addition to the core service of lending physical and e-stock, all libraries now include Growth Hubs. This is a focal point for business owners who are seeking the relevant information, support, and knowledge needed to grow. The Growth Hub Network can help businesses to develop and refine their strategy, become more competitive, grow people and skills, access finance, innovate, improve efficiency and identify new markets. The aim of the network is to simplify support to businesses and to make it more accessible to every corner of Gloucestershire.

We also have 6 sites across the County, one in each District, which include Innovation Labs. These offer flexible membership for freelancers, creatives, students and makers. Our Labs also work with partners and local networks to delivery events & workshops for the community, including physical and virtual code clubs for children and working with schools to support their Science Technology, Engineering and Maths (STEM) based curriculum needs. Innovation labs have the following facilities available:

- A design studio for digital design, 3D modelling & animation
- Oculus Quest virtual reality headsets
- 3D scanners & printers
- Podcast recording equipment
- 360° cameras & editing software
- Micro-computers & programmable robots

We are developing a new site at Oakley (which is an area of deprivation); the library is due to open in April 2023. The vision for this library includes:

- To generate a digital, immersive storytelling space where customers can directly engage with digital stories to subliminally support literacy and learning in a fun and interactive way.
- Create a resource both digitally and within the space to support the growth of countywide home educators. Providing free facilities, training and support to parents with literacy learning.
- Develop a programme of activities around skills development, technological development, as well as reading development, including a 'reading garden' which the community will be involved in creating and maintaining.
- The space will be open plan to be able to facilitate digital screenings (based on literacy) as well as exhibitions used and curated by the community.
- The building will promote eco-friendly initiatives both within the building works as well as communication through events and activities within the space at Oakley.

In the first half of 2022/23, just over 43,500 individuals borrowed physical stock from our libraries (including those run by people in our communities) and more than 9,500 people borrowed e-stock. This equates to access for 6.7% and 1.5% of the population of Gloucestershire respectively.

Note: We are not able to compare the reach that we have had to people in our communities with previous years, as data was historically captured cumulatively throughout the year based on monthly activity. Therefore, if an individual borrowed stock in each month of the year, they would be counted 12 times.

Information relating to sex was only captured for around 40% of people borrowing physical stock in the first half of 2022/23. However, where data was captured, it tells us that females are more likely to access services than males (61% compared with 39%). This has remained similar over time.

A much higher level of information was captured relating to the age of people borrowing physical stock compared with sex (92%). Children accounted for almost half of borrowers in the first half of 2022/23 (45.9%), up from just over a quarter in 2020/21. In particular 6-10 year olds made up more than one-fifth of borrowers (22.4%). One-third of borrowers were aged 51-90 years (32.5%), down from half of borrowers two years ago (49.8%), while one-fifth were younger adults aged 18-50 (21.1%). This remains similar to previous years. A very small proportion of people were aged over 90 years (0.6%).

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.

We are committed to including diverse stock in our regular selections, though we are somewhat limited by publishing in certain categories. We now have access to software that helps us to monitor and improve on our diverse stock content. We are currently exploring suppliers of foreign language stock to replace the lending company that we used previously which enabled us to be responsive to requests for particular languages. We have a core collection of eBooks in alternative languages and aim to work with local organisations to help us identify the language and diversity needs of a community.

During the first half of 2022/23, 760 sessions for adults were held at our libraries which were attended by more than 5,250 people (some people may have attended more than one event). Regular sessions include:

- library club, where elderly customers can come into the library to socialise and choose books
- FRED - Forest Read Easy Deal - supporting reading and writing skills
- Forwards Employment Team sessions, with a particular focus on support for people in the Forest of Dean
- Social opportunities for people in our communities, such as Scrabble clubs and knit and natter groups
- Health visitor baby checks
- sessions aimed at supporting people suffering from long term illness or a mental health condition

If the delivery of sessions remains similar in the second half of 2022/23, around 1,500 will take place overall. This compares with 2,000 events held in 2019/20.

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

In 2022, libraries have been designated as 'Warm Places' to support those impacted by the cost-of-living crisis. This provides people with a warm place to go as well as free warm drinks. Data from a 2-week survey of the type of enquiries received by library assistants indicated over 220 enquiries took place about the initiative. They also had multiple enquiries during this period from customers regarding information on food banks, support with contacting energy companies and universal credit.

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.

We held over 1,850 events attended by more than 17,500 children during the first half of 2022/23 (some people may have attended more than one event). These include:

- Class and preschool visits
- Regular visits from special schools
- Baby Bounce and Rhyme and storytime sessions for preschoolers
- Lego clubs
- Coding clubs

If the number of sessions delivered during the second half of the financial year remains similar, we will have held a comparable number of events to 2019/20.

Almost 7,000 children across the County also took part in the Summer Reading Challenge in 2022.

During the summer of 2022, we carried out a consultation on a draft strategy for libraries for 2023-2028. This set out how services will continue to develop to meet changing demands and includes five key themes: core services, creativity, climate, meeting the needs of the community and connecting people.

In 2023, Gloucestershire Libraries will be looking for individuals with a passion for culture and libraries to join an advisory board to oversee and provide independent assurance on the work of our National Portfolio Organisation to improve the cultural offer for residents of Gloucestershire.

What do we need to do?



- Understand whether we need to target services to better meet the needs of males to address under-representation.
- Improve data collection relating to sex and consider development of data to include capture of race, language and religion or belief

Public Transport

In order to support accessibility to key services, we introduced a new on-demand bus service called the Robin in 2022. This is designed to serve residents in the two 2022-launch areas, covering Cotswolds (a northern section) and the Forest of Dean (a southern section). The Robin is designed specifically to provide transport links from close to people's homes (for example, known bus stops) to:

- locations for onward travel, for example, to connect with the fixed route bus network
- services at times when there is no other transport option.

The service aims to improve connections between rural areas which often have infrequent or no fixed routes available, increasing access to services and the wider transport network of our County, expanding access to employment, education, healthcare and shopping.

This service is a pilot scheme - a trial set up to 'experiment' and learn how we can offer these types of rural transport options in the best way possible for our communities. The application for funding secured budget for the service to run for two years, with the pilot duration ending in 2024.

Community Safety - Gloucestershire Fire and Rescue Service

Safe and Well Visits

Home Fire Safety Checks and Safe and Well visits are part of the outreach work that our Fire Service undertakes in the community. They support the reduction of fires and injuries resulting from fire incidents as well as checking on other areas of wellbeing.

A home visit to carry out a Home Fire Safety Check can cover hazard spotting, bedtime routine, escape planning, smoke detection (including ensuring smoke alarms are fitted and working and that everyone in the household can hear them and knows what to do if they go off) and/or risk reduction equipment.

A Safe and Well Visits includes all of the above, plus a white goods recall check, mobility and falls assessment, warm and well assessment and/or a wellbeing check.

Throughout 2020/21, we followed advice from the National Fire Chiefs Council 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 limited the number of Safe and Well visits being carried out over the period. Advice on home fire safety and more comprehensive Safe and Well support was provided by telephone throughout the pandemic alongside a small number of face-to-face visits.

Face to face visiting began to resume as restrictions lifted during Quarter 2 of 2021/22 although recovery has been slow. We carried out 3,065 visits during 2021/22, 821 of which were Home Fire Safety Checks and 2,244 of which were Safe and Well visits. This remains lower than in 2019/20 (5,422), as might be expected as the first part of the year continued to be impacted by pandemic restrictions. However, only 1,491 Home Fire Safety Checks and Safe and Well visits had been undertaken in the first half of 2022/23. If activity remains constant during the second half of the financial year, a slightly lower number of visits will be achieved compared with 2021/22 (2,982).

Analysis has been undertaken and recommendations made, regarding targeted work with communities to increase referrals. In addition, it is recommended that consideration be given to matching our approach to risk to that of the National Fire Chiefs Council's (NFCC) person centred framework which would result in more people, with a wider range of characteristics being included in the high-risk group to ensure unmet need is addressed.

We aim for at least 75% of visits to be to those people identified as at higher risk both in terms of fire incidents and health and wellbeing. We currently identify people as aged over 65 years and those with a disability as being at higher risk. During the first half of 2022/23, we just over 80% of visits have been to those in high-risk groups.

The characteristics most consistently identified through fire fatalities or casualties are as follows and should be considered with regard to expanding the criteria for those at high risk:

Fire fatalities

- Over 70 years old, particularly in combination with any pre-existing mental or physical impairment including frailty.
- Children under 11 years old, but especially under 5 years who are less likely to be able to self-rescue.
- Being male (particularly when combined with other risk factors)
- Smokers – especially if combined with poor mobility or other health condition.
- Low Socioeconomic Status (SES) i.e. deprivation.

- Disability or long-term health condition (including dementia).
- Mental and/or physical impairment caused by alcohol and/or drugs.
- Non-owned property or mobile home – this may be a proxy indicator for low SES.
- Single-parent families, and households with more children.

Fire casualties/Accidental dwelling fires:

- Living alone
- Having had a fire before, and lack of basic fire safety knowledge.
- More prevalent among people in the 40-49 age group.

More females than males meet with the fire service during an HFSC or S&W. In around half of cases, the main householder involved in the visit is female while around one-third are male. However, information on sex was not obtained during 19% of HFSCs and 16% of S&W visits. This may be impacting our understanding of whether we are reaching high risk individuals such as men living alone. A small number of people who were visited stated that they were transgender.

The age of all people in the household is collected during visits as the advice given and actions taken will help to protect everybody living in the home. Two-thirds of visits are to households with people aged 51 and over living in them (66.5%); this includes 1.2% of visits to people aged over 95 years old. However, around 10% of homes visited have children aged under 16 in them, while just under 5% of visits were to households which included young people aged 16-25 years. One-fifth of visits were to adults aged 26-50 years (19.0%).

We capture information relating to high-risk criteria (being aged over 65 and/or with an impairment) for all members of the household. Some people may meet the criteria for more than one of these high-risk categories, in these cases, all vulnerabilities are captured. For the 1,500 visits which took place during the first half of 2022/23, just over 3,300 vulnerabilities in the high-risk category were captured. Being an older person (aged over 65) was the most common characteristic, with more than 1,000 people falling into this group. Just over 500 people visited were reported to have a physical disability affecting their mobility. People who have a long-term health condition accounted for around 650 of those visited in the 6 months to September 2022. In addition to information about age and disability, we also capture information about living alone. Just over 700 of the people visited between April-September 2022 lived alone. Just under 250 people had a sensory impairment relating to hearing and just under 100 people had a sensory impairment relating to sight. Just under 150 people had a mental health condition.

Due to the rise in vulnerabilities that people are experiencing, the complexity of Safe and Well visits and the time spent with people has increased.

The race of people visited is recorded for the household, if there are people of different races living in the same household, each race will be recorded once. The majority of visits undertaken are to people who are white (79.6%, white British, white Irish, white other). This has remained similar over time and is much lower than the white population of Gloucestershire (91.6%). However, information was not obtained for 12.0% of households visited. Around 5% of visits were to people from a mixed, black, Asian or Chinese ethnic background.

What do we need to do?



- Ensure that data relating to sex is captured to better understand whether we are reaching target groups identified as at higher risk (based on the NFCCs person-centered framework which uses national data from fire fatalities and casualties).
- Address gaps in data relating to race to ensure that we are reaching all of our communities in Gloucestershire to support safety and the reduction of risk.
- Align our high risk group criteria with the NFCCs person-centered framework.

Safety Days

Gloucestershire Fire and Rescue Service (GFRS) organised two safety days for refugee families that were welcomed to Gloucestershire over the last seven years via the UKRS Scheme (formally the Syrian Refugee Programme). The events were held at SkillZONE and Gloucester Fire Station during the summer of 2022, including lunch provided by a business set up by the refugees themselves who successfully settled here.

Around 100 people attended each day which included all ages from babies to adults. Each day consisted of different safety aspects. The families were given a tour around SkillZONE which consists of different scenarios showing safety issues such as fire hazards in the home, hazards at a rail level crossing, safety on a building site and many more. The fire station personnel at Gloucester gave demonstrations of extricating people from road traffic collisions and water hose displays. A few teenagers asked about joining the fire service when they are older, which was one of the goals for the days.

Corporate Resources

Complaints and Compliments - Children's Services

In 2021/22, 225 concerns were resolved without recourse to the complaints process. We received 310 Stage 1 complaints to Children's Services; 229 complaints related to Social Care while 81 were about the Education Service. Two-thirds of Stage 1 complaints were upheld (up from 52% in 2019/20). There were 22 Stage 2 complaints and one Stage 3 complaint. 25 complaints were referred to the Local Government Ombudsman, of which 3 were upheld.

The most common complaint was about quality of service (62.6%), followed by issues relating to communication (58.7%).

We received 212 compliments about the service, up from 166 prior to the pandemic (and increase of 27.7%).

There were 14 complaints received from children and young people directly or via an advocate (4.5%). 249 complaints were raised by parents, either directly or via an advocate, MP, councillor, or legal representative (80.3%). Where stated, 87% of complainants identified as British, 64% of complainants identified as female and 6% of complainants identified as having a disability.

Complaints and Compliments - Adult Social Care

In 2021/22, 192 concerns were resolved without recourse to the complaints process. We received 126 Adult Social Care complaints (down 9.4% compared with prior to the pandemic). Of these, just over half were either fully upheld or partly upheld (55%). 14 complaints were referred to the Local Government Ombudsman, of which 4 were upheld.

The most common complaint was about communication (61.1%). Around one-third of complaints included delivery/non-delivery of a service or quality/appropriateness of a service (36.5% each).

We received 161 compliments about the service.

There were 18 complaints received direct from individuals who receive a service (including 7 via advocates/representatives) and a further 78 from their immediate families (76%) Where it was stated, 90% of complainants identified as white British, 57% of complainants identified as female and 10% of complainants identified as having a disability.



- Improve data provision to understand whether there is under or over-representation among those who have complaints or compliments about our services in relation to different protected characteristics

Gloucestershire Heritage Hub

The Gloucestershire Heritage Hub gathers, keeps and shares historic archive collections relating to Gloucestershire and South Gloucestershire, as well as local and family history resources relating to Gloucestershire. Archives can be used in many ways. They can tell us about the past; provide key information needed in our daily lives and enrich our understanding of place, community and identity.

Information about people who use the Gloucestershire Heritage Hub are based on sample customer surveys undertaken in 2019, 2021 and 2022. We did not undertake a customer survey in 2020 due to the service being closed for lengthy national Covid lockdowns. The equalities data collected met the requirements of the National Lottery (2019 and 2021) and The National Archives (2022). Therefore, data is not directly comparable between all three years or as comprehensive as for other services i.e. where data is drawn from case management systems.

We do not currently collect information on religion/belief. However, we collect religious records and are aware of gaps in our collections. Consideration is therefore being given to expanding our customer survey to include this information.

Equalities data is captured for people nationally when they sign up for membership of the UK archives, with customers reported to be:

- over 65s account for 50% of archive users
- 50% are male, 49% female and under 1% are reported as other.
- predominantly white (97%), 1% Asian, 1% mixed race, 0.5% black, 0.5% other.
- 82% stated they have no disability

More than half of people responding to surveys about their use of the Heritage Hub were aged over 65 years (56%). More than half were male (54%). Both in terms of age and sex, our over 65's and males are slightly higher than the national profile. Respondents were predominantly white (97%). The vast majority did not have a disability (94%); this is up from 74% in 2019 and differs from the national profile.

We currently have 101 volunteers and are at capacity. Their profiles broadly reflect those of our customers. We know that volunteering assists with wellbeing, as well as a sense of purpose and belonging. In 2022, we set up a specific project for volunteers referred to us by mental health nurses and other organisations such as the Star College looking for social and other benefits offered by volunteering.

Our staff are predominantly white British, female and older. We extended the contracts of two young kick-starter colleagues to complete a preservation project. We have run several externally funded projects with freelancers and have successfully recruited from under-represented communities. Our 'community gatherers' project attracted younger, more diverse participants from poorer neighbourhoods in Gloucester and strengthened contacts with black and Asian communities. We also completed a very helpful reciprocal mentoring scheme with two leaders of the black community and are planning more projects with them in the future.

We continue to seek external funding and work in partnership to contribute to the Public Sector Equalities Duty and focus our work in Gloucester with communities in the bottom 10% of most deprived nationally. Many of our activities are delivered in partnership with Voices Gloucester, which is funded for three years to deliver community engagement activities with under-represented groups using local history and heritage as its focus.

In 2022 activities included:

- Delivering workshops for University of Gloucestershire mental health nurses
- Contributing speakers for county-wide Black History Month celebrations
- Commissioning and supporting films and oral histories from under-represented communities in Gloucester, including Gloucester's first inter-racial marriage and Gloucester's Muslim community
- Supporting LGBTQ+ community heritage activities, including workshops, a play, a film and an exhibition
- Running events and online sessions specifically for children; working with Gloucester schools on the Heritage Schools initiative
- Hosting weekly multi-faith women's stitching group (until October 2022)
- Commissioning blue plaque and two short films commemorating Gloucester's former Kindertransport hostel in partnership with several local organisations including GARAS (Gloucestershire Action for Refugees and Asylum Seekers) and most importantly, descendants of the Jewish boys who lived in the hostel.
- Using social media posts to promote resources for under-represented groups including LGBTQ+

Archives collections

Fifty-eight percent of all our new accessions in 2022 related to protected characteristics. Of these collections:

- Age: 7%
- Disability: 2%
- Gender reassignment 0%
- Marriage/civil partnership: 23%
- Pregnancy/maternity: 1%
- Race: 4%
- Religion/belief: 55%
- Sex: 17%
- Sexual orientation: 0%



- Understand why fewer survey respondents report having a disability compared with prior to the pandemic. Does this indicate a change in behavior as a consequence of the pandemic?
- Are there gaps in the archives which should form part of planned accessions for forthcoming years i.e. relating to the LGBTQ+ history in Gloucestershire, following the journey of gender reassignment as part of our living history and better representing people with disabilities who have played an important role locally?