



Service User Diversity Report 2024/25



Table of Contents

Director's Forward	2	Environment, Economy and Infrastructure	
Introduction	3	Library Services	58
Key	5	Public Transport	60
Findings and Emerging Trends	6	Digital Inclusion	65
Protected Characteristics by Directorate		Adult Education, Employment and Skills	67
Adult Social Care		Community Safety – Fire and Rescue Service	
Support and Care	8	Home Fire Safety Checks and Safe and Well Visits	69
Carers	14	Community Events	72
		SkillZONE	74
Public Health and Communities		Corporate Resources	
Healthy Lifestyles Service – Adults and Children & Families	17	Consultations	76
Drugs and Alcohol Treatment	22	Compliments and Complaints Service	78
Public Health Nursing	27	Gloucestershire Archives	79
Sexual Health Service	28	Appendix 1 - Overview of Gloucestershire's Population	83
Domestic Abuse	30		
Community and Accommodation Based Support	33		
Children's Services			
Early Help Service	36		
Children's Social Care	40		
Early Years	46		
School Pupil Population	47		
Education Health and Care Plans	48		
Special Schools	50		
Suspensions from School	52		
Permanent Exclusions from School	54		
Home to School Transport	56		

Director's Forward



Our service user diversity report provides us with useful information about who uses our services. By comparing this with information about the Gloucestershire population as a whole, we can make sure that our services are reaching the people that really need them. If not, it can help us ask the right questions about why that might be happening, what barriers we might need to remove or how services could be redesigned to better meet their needs.

It is really important to me that the Council does all it can to provide inclusive services and to foster good relationships between and within our communities. I am proud to Chair the Equality Diversity and Inclusion Board that leads the delivery of the Council's Equality Action Plan. This focuses on promoting equality, diversity, and inclusion across the council and its services. The plan includes objectives to strengthen leadership, improve data collection, embed equality in the council's culture, and enhance community engagement. It also involves removing barriers to inclusion, training staff, and using the Public Sector Equality Duty to inform policies and practices.

We are doing lots of work across the Council to improve how we use data to understand our population and our services. As part of that work, wherever we develop a new set of dashboards, we are including a dashboard that helps us understand the demographic profile of our service users.

Currently, data is based on individual protected characteristics and factors affecting disadvantage and exclusion. In the future we will have a greater understanding of the intersectionality of characteristics and will be able to develop a more three-dimensional profile of our service users, how they interact with services and what outcomes we are helping them achieve. This will aid our ability to better shape services through data-led insights over the next 5 years and will enable us to best serve those who most need it.

We are currently developing our next Council Strategy which will set the direction for 2026-2030. Equality, Diversity and Inclusion will be integral to the ambitions that we set for ourselves, and I look forward to sharing our new equality objectives with you in next year's report. In the meantime, I want to thank you all for the part you play in helping to make Gloucestershire's communities safe, happy and welcoming places to live.

A handwritten signature in black ink, appearing to read "Rob Ayliffe".

Rob Ayliffe, Director of Policy Performance and Governance
Chair of the Equality, Diversity and Inclusion Board

Introduction

The principles of the Public Sector Equality Duty require 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.

In Gloucestershire, we fully embrace and champion these principles and have a strong Equality, Diversity and Inclusion Action Plan in place to support us and our public sector and community partners to further our aims.

The service user diversity report is one strand of this work, providing us with 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. We also include other factors which may affect vulnerability and exclusion in this report.

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 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 apply.

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.

This report provides an update to the 2022/23 service user diversity report and includes information across our people-based services for activities taking place in 2024/25.

All population figures are taken from the following sources:

- [Mid-year Population Estimates 2023](#)
- [Gloucestershire Population Profile 2025](#)

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 a 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 refer to 'a small number' or 'a few' rather than to actual figures.

Coronavirus Impact

It is important to note that some of the volumes of services/activity and behaviours of people using our services may have altered due to the coronavirus and its impact on our daily lives. This may affect comparability between years pre and post 2020 or between 2020 and 2021 with subsequent years. Trend data has been used in order to compare demand over the last five 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 or decreased level of need or engagement arising.

Key

✓ Evidence of good practice/positive progress achieved

● Needs further understanding/investigation

▲ Of potential concern, needs action

🔍 Area of focus

Characteristics protected under the Equality Act 2010



Sex



Gender Reassignment



Age



Disability



Race including colour, nationality, ethnic or national origin



Religion or Belief



Being married or in a civil partnership
this report also looks at those who are single, widowed or divorced/civil partnership dissolved regarding potential impacts on support networks and social isolation



Sexual Orientation



Being pregnant or on maternity leave

Factors which may increase vulnerability or discrimination



Socio-Economic Status/
Deprivation



Armed Forces



Living Arrangements
in particular single-person households
due to potential impacts on availability support networks
and potential social isolation



Care Leaver



Digital Inclusion



Carers



Geography (Urban and
Rural)



Asylum Seeker or Refugee



Advocacy



Electively Home Educated
Children



Students/Apprentices

Findings and Emerging Trends

In 2024/25, there have been positive findings or change in the following areas:

- ✓ In this year's report, we have continued to increase sight of some protected characteristics, as well as of those factors which may increase vulnerability or discrimination.
- ✓ We have also broadened the number of areas of the Council's Services which are included in the report.
- ✓ There are some excellent examples of work within services which focusses on equality, diversity and inclusion.
 - In our Adult Social Care service, there has been a focus on co-production, including the development of a Co-Production Lead role. They will be working with the Partnership Boards to ensure the voices, opinions and considerations for Experts by Experience are a core part of Adult Social Care daily practice.
 - Children's Social Care include an evaluation of Cultural Competency in children's case audits. The Social Work Academy are currently in the process of developing an Equality Diversity and Inclusion programme tailored to training needs that audits have highlighted.
 - Our Fire, Public Health and Library Services all undertake targeted outreach or bespoke activities designed to engage with people from a diverse range of communities in Gloucestershire.

Where you see this icon,  it indicates areas for focus that the Service should consider. Some themes arising in this report are cross-cutting and should be considered at an organisation level.



Data Collection

We have made some progress towards improving the range of protected characteristics for which we capture information. However, we still have significant gaps in our understanding of some of these across our services, limiting our ability to identify biases, and barriers to access. Work is ongoing with our staff and communities to help people to understand why this information matters, how to have respectful conversations about it and how it will be used.

We have identified that there are a number of different equalities monitoring templates held by individual services which are being used during the course of day-to-day business. In addition, there are different equalities questions being applied to consultations by different Services. Work is underway to standardise the Council's equalities monitoring and ensure that data collection aligns with nationally approved terms and language.



Data largely complete and reported across 65% or more of Services

- **Protected Characteristics:** Data reported across 50% or more of Services, gaps in data or more than 10%
- **Additional factors affecting vulnerability or discrimination:** Reporting beginning to develop but further coverage possible
- Data reported across fewer than 50% of Services and significant gaps in data of 50% or more
- Reporting available for those Service areas expected



Access to Data

There are some services provided on our behalf by a third party for which we do not have access to demographic data. We therefore do not have sight of trends relating to particular characteristics in these cases.



Disproportionality

Sex (male), disability or additional needs, and deprivation are factors which make it more likely that a child or young person will be involved with our Early Help service, have a Special Educational Need, an EHCP or attend a Special school, be suspended or excluded. Males are also less likely to engage with early prevention services such as healthy lifestyles or Safe and Well visits from our Fire Service.

While these are persistent and national issues, our [One Plan 2024-2030](#) for children and young people in Gloucestershire includes Equity as one of its four key aims, aspiring to close the gap and eliminate inequalities. Impacting these areas of disproportionality will remain an ongoing challenge.

In addition, our Fire Service continues to work hard to establish links to groups more at risk of injury or death if a dwelling fire occurs and our Public Health Service is re-designing the weight management process to include an increase in co-production with, and targeting of, under-represented groups.

Protected Characteristics by Directorate

Adult Social Care

Support and Care

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.

We help people to find their 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.

What we've done in 2024/25

Co-Production has been the main driver for this reporting period. The Collaborative Board's Co-Production Charter was created after 3 incredible workshops. This was formally launched in Co-Production Week earlier in 2025. The Charter is now being finalised to ensure it is suitable for people with different accessibility requirements. We are also recruiting to a new post: Co-Production Lead. This post is vital to underpinning our offer to truly embed Co-Production and working directly with people who are Experts by Experience.

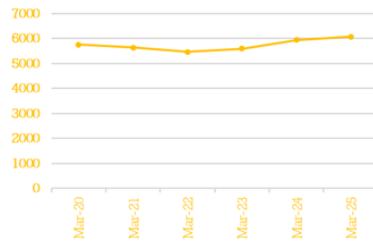
What we will be doing in 2025/2026

We will have appointed to the role, and the successful appointment will be understanding the current landscape within Gloucestershire, and they will be working with the Partnership Boards to ensure the voices, opinions and considerations for Experts by Experience are a core part of Adult Social Care daily practice. They will sit on each of the Partnership Boards and will work closely with the delegates from these Boards to create the next step in the Adult Social Care Co-Production journey in creating the Co-Production Strategy.

What we know

At the end of March 2025, just over 6,000 people were receiving support from Adult Social Care. This is 1.1% of the adult population of Gloucestershire. It should be noted that a further 900 people were supported by Social Care but funded by Health. This is up 36% compared to pre-pandemic levels (around 235 people). These people are not included in the breakdown below.

The number of people receiving support or care has increased by 2% compared with at the end of last financial year. This translates to just over 130 people. Current levels of demand for Adult Social Care services are 6% higher than at the end of March 2020, prior to the pandemic, or up by nearly 320 people.

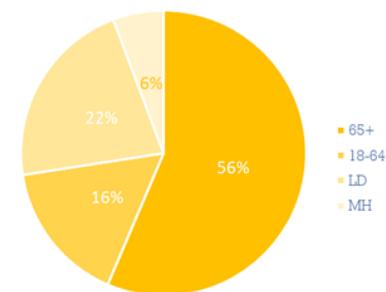


Older people (65 years and over) with a physical support need make up just over 55% of those supported or cared for by Adult Social Care, approximately 3,400 people.

People with a learning disability account for just over 20% of people receiving support. This is nearly 1,300 people.

18-64-year-olds with a physical support need made up just over 15% of those in receipt of a service, just over 950 people.

People with a mental health need were just over 5% of those supported, or nearly 350 people. The balance of care between these groups has remained broadly steady over time.



At the end of 2024/25, more females than males were in receipt of support from Adult Social Care (56% compared with 44%). This means that females are slightly over-represented compared to the overall female population of Gloucestershire, aged 18 years and over which is 52% female for the county.

However, there is variation between the sexes depending on the type of support or care provided.

The over 65's population in Gloucestershire has a greater predominance of women than men (54% compared with 46%) due to a longer life expectancy. This disparity widens for those with care and support needs, with a ratio of women to men of 2:1 (65% compared with 35%). This is an over-representation of women by 11% compared with the overall population in Gloucestershire for this age group.

For those receiving support for Learning Disabilities, Mental Health and aged 18-64 the proportion of males receiving services is higher than for females. Males represent 57% of people receiving LD services, 56% for those receiving Mental Health Support and 54% for those aged 18-64.





A small proportion of people disclosed that they were transgender, non-binary or preferred their own term to describe their gender identity. None of those who identify in this group are in the over 65 group.

As expected from a healthy, strengths-based population, people in the younger 10-year age bands 20-69 years were under-represented in our Social Care Service compared to overall population levels for these age groups in Gloucestershire. This gap is -7% for each 10-year age band between 20-59 age bands and reduces to -1% for 60-69's. Therefore, it is not until a person is aged 70 or over that there is a greater proportion of people with care and support services than those in the general population.

Over half of the people receiving support or care are aged 70 years and over (56%). The 10-year age bands from 70 years and over are all over-represented compared to the overall population level. The biggest proportion of people receiving services are aged 80-89 years old, representing a quarter of those supported by Adult Social Care (25%), but only 19% of the overall adult population. This has remained consistent over time.

Those aged 50 - 64 make up more than half of the 18-64-year-old group receiving a service for a physical need due to need increasing with age (55%). Therefore 45% are between the ages of 18-49.

The number of people receiving support for mental health is relatively small, just under 350, but the population distribution of this group is different from the county profile. Those aged between 30-69 years old account for nearly 60% of the County's population, while making up 80% of those receiving Mental Health support. This gap is widest for those aged in their 60s. Those aged 60-69 make up 14% of the adult population compared with 24% of those in receipt of Mental Health services.

For people supported in relation to their learning disability, the population distribution by 10-year bands was evenly split from 20-29 to 60-69, where each age group represented around 17% of the group. Those aged 30-39 make up the single highest group at nearly 20%. After the age of 70 years old the proportion of people who have Learning Disabilities is about 4% below the county profile. Fewer than 10% of those receiving support for Learning Disabilities are over 70 years old, with the county population around 18%. Those with learning disabilities have a shorter life expectancy than the wider population, for females this is 18 years lower and for males this is 14 years lower at 65 and 66 years respectively.

The proportion of older people needing support with personal care has increased over the last five years from 66% to 80%, up nearly 600 people. The second largest group is those needing support with memory and cognition approaching 11%. This is a slight reduction compared with the last 5 years when it was just over 13%. The proportion of people seeking support due to Social Isolation has been falling over the last 5 years. 5% of older people received support due to social isolation at the end of March 2020 but this is now less than 1%.

Personal care also makes up the primary reason for services for the 18-64-year-olds (68%). Mental health, and memory and cognition support, make up the next two largest categories of support for this group (13% and 7% respectively). The proportion of people in this group receiving Learning Disability support has been increasing slightly, from 1% 5 years ago to over 3%.

For those receiving support for a mental health condition, 5% also required support with personal care.





Most people receiving support for care from Adult Social Care at the end of March 2025 were white (88%, white British, white Irish, white European, white other). This is 2% lower than last year but overall has remained consistent over time.

- There had been a reduction in information relating to race which has not been captured up to March 2024, but this has not improved since last year and has increased slightly (6%).

This continues to impact sight of information relating to culture and background which may be of importance as part of care planning decisions making for more than 400 people. Ongoing improvement is therefore needed. The capture of information relating to race is lowest for those receiving support for a mental health condition at 16%, followed by over 65s at 9% and 18-64 at 8% and people supported for a Learning Disability the lowest at 2%.

People from other races made up around 6% of people receiving a service. Due to gaps in the data, it is unclear whether people from other ethnicities are accessing the support they need.



Just over 45% of people receiving services stated their religion as Church of England or Scotland, Christian or other Christian denominations. Those who classed themselves as atheist or agnostic at just over 11%. Buddhists, Hindu, Jewish, Muslim and Sikh were all 1% or lower.

- Those who declared that they believed in another religion accounted for just over 5% and this has been growing over the last 5 years. This equates to 300 people which was 3 times higher than Buddhists, Hindus, Jews, Muslims, and Sikhs together. To gain a better understanding of this group, it would be useful to understand these unclassified religions/beliefs and their potential impact on care and support needs.
- ▲ Information about religion or belief was not captured for nearly 35% of people. Those receiving Mental Health support were most likely not to have a religion recorded at nearly 70%, with Learning Disability at 43%, those aged 18-64 at 36% and aged 65+ at 27%.



Over half of people receiving support or care at the end of March 2025 were single, divorced/dissolved civil partnership, widowed/surviving civil partner or separated (54%), with single people making up one-third of those supported (34%). 17.4% of people with a package of support or care were married/civil partnership or lived with their partner.

- ▲ The proportion of people whose marital status has not been recorded has increased over the last 5 years, up from 15% in March 2020 and is now 28%. An understanding of a person's marital status may indicate if they might live alone compared with those who are married or living with a partner.

Younger adults with a physical need, those supported for a mental health condition and people with a learning disability were all more likely to be single (51%, 60% and 82% respectively), compared with adults aged 65 years (9%). A quarter of older adults were married/civil partnership or living with a partner (25%) compared with those with other support needs (young adults with a physical need (16%), people with a mental health condition (7.0%) and people with a learning disability (1%). However, older adults were also more likely to be widowed (24%) compared with the other groups (less than 1%).



Broadly, the proportion of people supported by Adult Social Care by District is in line with the adult population of each District. Gloucester varies most from the county profile, with 26% of those with care and support needs living in Gloucester while 20% of the adult population of Gloucestershire overall live in the district.

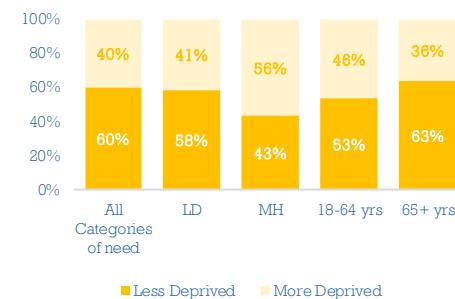
There are variations depending on age and the type of support given:

- There is an under-representation of younger people (18-64) with support needs in Cotswolds, Forest of Dean, Stroud and Tewkesbury compared to the county population. Those aged 18-64 with care and support needs make up 47% of all those having services but comprise 59% of the population. Gloucester is overrepresented with 29% of younger people with care and support needs while making up 21% of the population. Cheltenham has slight an over representation of younger people with care and support needs at 3% difference.
- Older people receiving services in Cheltenham and Gloucester make up 43% of over 65's supported by Adult Social Care. This compares 32% of the older population of the county. Over time the proportion in Cheltenham has remained steady at around 20% but for Gloucester this is gradually increasing from 20% 5 years ago to 22% in 2025. Again, Cotswolds, Forest of Dean, Stroud and Tewkesbury are each slightly under-represented (57% of service users compared with 68% of the over 65's population).
- Cotswold district has the greatest under-representation of people with a mental health condition with a differential of -13%, (1.5% of those supported in relation to a mental health condition compared to an adult population representing 14% of the county). Tewkesbury has the second greatest negative differential at -11%. Gloucester is over-represented with 42% of all people with mental health services living in the city which has 20% of the county adult population.
- 3% of people supported by Adult Social Care are outside of the County, this is up 1% from last year.

In Gloucestershire, 27% of the overall adult population live in more deprived areas (the five lowest deciles within the County). For all categories of need the percentage of people receiving support in the most deprived areas is above 27%. 11% of people receiving social care services are in the top decile for least deprived in the county.

- Those with mental health needs are more likely to be living in areas of greatest deprivation at nearly 3 out of 5 people (56%). Those least likely to live in areas in the bottom half of the deprivation scale are those aged 65+ at only 36%.

For all people receiving services 2 in 5 (40%) live in areas of higher deprivation. Representation across the 10 deciles has remained consistent over the last five years.



Areas of Focus

-  System, process and data review to take into consideration strengthening data capture relating to protected characteristics, ensuring clear pathways/workflows to EDI information fields, single points of recording to reduce duplication, gaps and errors, and reduction in free text fields to increase our ability to report on data held.
-  Ongoing workstream with third party providers to enable access to data relating to our service users, improving insights and assurance to inform the shaping of services and decision making, to include information about protected characteristics.
-  Strengthen data literacy among commissioned providers as a core component of the external workforce strategy.
-  Enhance data skills and competence across our Service embedding diversity as a fundamental component. Use the existing project within the transformation programme to deliver this.
-  Practice development team to consider creating accessible learning materials on religious perspectives relating to cleanliness to inform care.

Carers

In the 2021 Census, there were 51,900 unpaid carers in Gloucestershire (8.5% of the population, down from 10.5% in the previous 2011 Census).

We support unpaid carers who provide support or care to someone who lives in Gloucestershire, even if the carer doesn't live here in the County. Caring for someone can include being an active part of a person's support network where the cared for person lives in a residential home.

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 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.

We offer advice, information and support to enable carers to think about their own needs whilst offering support to someone else.

What we've done in 2024/25

Carer's services aim to be responsive to individual needs and use a conversational approach and most importantly a listening ear. Services have been developed in response to what carers have told us they need such as dedicated peer support groups for carers caring for those with specific needs. The aim is not only to explore needs but also understanding of the person's strengths. Where needs are identified services such as therapeutic counselling, carer short breaks, a locally based discount scheme, a wide range of training and information sessions as well as peer support are available.

The "Be Empowered" programme offers carers a space to learn, reflect, and share with other carers. Another service offered is the Buddy-up scheme where carers are matched with other carers or volunteers with similar interests to again focus on their wellbeing. We have developed animations which have been shared across social media platforms with the aim of challenging the general public's perception of what tasks an unpaid carer maybe doing to support another.



Within the past year we have continued our efforts to support those from diverse and ethnic communities by attending meetings, providing talks and activities to allow natural conversations to flow. With the aim of reducing barriers to referral/engagement with the Hub services we also made a change to our online referral form which can be automatically translated into many languages - this now specifically requests identification of preferred language - this allows instruction translation for the first contact and ensures engagement is meaningful. We have also added additional promotion to our Carer and professional communications regarding the access to translation.



We have also been fortunate to support a number of Diverse Ethnic community groups with the distribution of supermarket vouchers which have been provided through the Household Support fund.

Gloucestershire Carers Hub also remain an ally to the Gloucestershire LGBT+ partnership, alongside attending Pride events across the county we have also developed an information sheet for the Rainbow Cafe's where participants can scan a QR code for additional information and prompt these opportunities on our regular Carer communications.

What we know

At the end of March 2025, we supported just over 4,500 carers undertaking caring activities. This is an increase from the end of the previous financial year of just over 400, or nearly 10%.



The majority of carers were female (70%); this has remained consistent over time. However, three years ago 72% of carers were female but this is now 68%. As mentioned above, we are working to reach more male carers, and we may be seeing a small impact in this area.

No carers describe their gender identity as non-binary but a few preferred not to disclose their gender.



Nearly 2 of every 3 carers were over the age of 65 and of this group 43% are aged 85 or over. The proportion of carers aged 85 and over has been increasing and had doubled in 5 years moving from 6% in March 2021 to 12% in March 2025.

The number of carers aged 18 to 25 years old is small but has doubled in one year from just over 30 to nearly 70. While the number is small the needs of this group may differ from those who are older as this group will be looking to establish themselves in further education, training, or employment.



At the end of 2024/25, two thirds of carers considered themselves to have no disability (59%), which is positive considering the additional pressures that caring may place on health and wellbeing.

However, 41% of carers did state that they had a disability or health need of their own. This is a decrease compared with last year (48%).



Continued

- ✓ There has been a significant improvement in information captured relating to the needs of the carer.
- However, just over one-fifth of carers with a disability were still categorised as having 'Other' needs, 22% down from 35% last year. This impacts the visibility of the types of vulnerabilities that our carers may be coping with. They may require support so that they can maintain their own health while sustaining their caring role.
- Just over 7% of carers had a mental health condition, up by 1% from last year. The percentage of carers with a physical disability was 4% last year but was up to 7% in 2024/25.

Most carers (65%) are supporting someone with memory and cognition deficits or those with long term health conditions. This has been consistent over the last 5 years. Autism and Mental Health accounted for around 7% of needs each. Again, these proportions have remained steady for over time. Note: the person being cared for may have more than one need recorded.



The majority of carers were white (92%, white British, white Irish, white other). This is in line with the population in Gloucestershire. All other groups accounted for less than 1% of the total.

- The proportion of people where ethnicity was not recorded has been increasing in the last two years to just under 4.5%.

75% of carers were married, in a civil partnership, or living with a partner, while around 13% of carers were single, separated, divorced, or widowed with 13% saying they would prefer not to say.

Over half of carers cared for a spouse/partner of another member of their family (57%, up from 54% in 2023/24). Just over 15% of carers were supporting a parent with their needs; this is similar to the 5-year average. A quarter of carers supported the needs of their child (25%). A small proportion of carers cared for a neighbor or friend (around 1%).

7% of carers had a child/children who they were responsible for in addition to their caring responsibilities.



The majority of carers are retired (59%), with most carers aged over 64 years old. Just over 25% are in full or part-time employment. Only 2% of carers said they were unable to work due to their caring responsibilities and 7% said they were unemployed.

- ✓ Recording in this area has improved. Four years ago, information for 20% of carers was not obtained; this is now down to 6%.

Areas of Focus



Recommend review of themes arising in 'Other' disability category and consider expansion of categories of need captured. 'Other' category should represent less than 5% to ensure a good understanding of vulnerabilities and types of support needed.

Public Health and Communities

Healthy Lifestyles Service

Adults

Health is one of the most valuable things that we can have. Collectively it is estimated that 'lifestyle factors' are responsible for 25% of overall health outcomes. For instance, obesity reduces life expectancy by an average of three years, while severe obesity reduces it by eight years. People living with obesity are at increased risk of a range of health issues, including diabetes, heart disease, stroke, cancer, mental ill-health and musculoskeletal problems. Smoking accounts for more years of life lost than any other modifiable risk factor. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions in England each year. Small changes to our lifestyles and to how we live can have a big impact on our health and wellbeing. The Healthy Lifestyles service aims to help us reduce key risk factors to our health. We commission support to help people with smoking cessation, alcohol reduction, weight loss and increased physical activity.

What we've done in 2024/25

In April 2024, a new provider assumed responsibility for delivering Gloucestershire's Healthy Lifestyles Service (HLS). The initial phase of the 2024/25 period was primarily focused on stabilising operations and prioritising core service areas. The transition posed challenges, particularly in staff recruitment, which subsequently affected service capacity and delivery. Long waiting lists were experienced, primarily due to staffing shortages and increased demand following the provider transition. As a result, overall service uptake was lower than in previous years.

Despite these constraints, the service maintained a strong emphasis on smoking cessation, which remains the most utilised service (around 55% of healthy lifestyles service users), especially among vulnerable populations such as pregnant women. Support was delivered through a combination of online platforms and one-to-one sessions.

A new app-based weight management programme was introduced, with group interventions added later in the year. The discontinuation of the Slimming World partnership contributed to a reduction in overall activity figures. Aims relating to weight loss and increased physical activity accounted for around 20% of HLS service users each.

What we will be doing in 2025/26

In the upcoming year, the Healthy Lifestyles Service will expand its offerings to include enhanced support for physical activity and alcohol reduction. A new initiative, the 1001 Days Programme, will provide dedicated support for pregnant women and new mothers. Additionally, targeted weight management groups will be introduced to better address the needs of specific populations. The Workplace Award Scheme has been refreshed, with a newly launched website aimed at strengthening engagement with local employers.

What we Know

Due to the transition in service provision, only core elements of the healthy lifestyles service were delivered during 2024/25. Consequently, service figures are significantly lower and not directly comparable to previous years. During 2024/25, the service supported around 1,700 people, representing approximately 0.3% of Gloucestershire's adult population. This is just under half the number of people supported, on average, during the previous four years (3,600).



- Female participants have consistently outnumbered males over time. Higher levels of participation by women in Healthy Lifestyles services is consistent with the national picture. In 2024/25, the gender imbalance continued to become more pronounced at a ratio of nearly 2:1, diverging further from the county's near-equal gender distribution (51% female, 49% male).



Individuals aged 50 and above constituted just over 50% of service users. Engagement increased progressively with age, particularly from the 30s onward. While those aged 61+ represented the highest engagement group (26.2%), they were under-represented by 8% compared to their share of the population. Conversely, the 51–60 age group was over-represented by 7%.



Participants in the Healthy Lifestyles service are asked whether they have a long-term condition that may need to be considered when providing support.

Just under two-thirds of service users disclosed having a physical or mental health condition. Among these, mental health emerged as the most prevalent health issue, affecting nearly half (46%) of all users. This was the most common health concern reported by a substantial margin, three times more than physical mobility issues (15%). This underscores the critical role of lifestyle interventions in supporting mental wellbeing.

- ▲ There has been a reduction in the proportion of people for whom information about disability was not obtained but there is still a gap for almost 4 in every 10 people using the service (38%).



The majority of service users identified as White British or White Irish (72%). Non-British White people and those from Mixed race backgrounds represented 2% of people engaged with HLS services each. Asian and Black ethnic groups accounted for around 1.5% of service users respectively, maintaining stable representation across recent years.

- ▲ However, there was a significant increase in the number of users for whom information about race was not obtained, accounting for one-fifth of people receiving a service (20%).



Data collection on religion commenced this year, with Christianity being the most commonly reported faith (29%). Just over 4 in 10 people stated they had no religious affiliation.



Most participants identified as heterosexual (80%), with gay, lesbian, bisexual, and other orientations represented in smaller but visible proportions.

- This is a new area being reported on in the Healthy Lifestyles Service and marks a positive step in inclusive data collection although there remains further work to do, with information not obtained for 14% of people.



In 2024/25, around 6.5% of people supported by the healthy lifestyles service were pregnant.

Children and Families

Beezee Families aims to help people to create a better future for their family. The service offers expert guidance on healthy eating, physical activity and behaviour change from our family wellbeing specialists which families can access online or after school in their local community. The principles that families learn are how to turn small changes into long-lasting healthy habit as well as how to build in more movement every week with family-friendly fun and games.

What we've done in 2024/25

Throughout 2024/25, Beezee Families has made progress in expanding its in-person programme across various localities. This expansion was guided by inequalities data, community insights, and stakeholder engagement, ensuring that the programme remained responsive to local needs through a place-based approach.

Feedback from families, professionals, and community stakeholders informed a reduction of the in-person programme from 12 weeks to 8 weeks. New topics were introduced which families identified as particularly relevant, including budgeting, meal planning, and strategies for managing selective eating behaviours among children.

Work began on a pilot with specific rural communities that have traditionally been harder to reach, to understand local barriers and to co-produce elements of our Beezee Families in-person programme to make this more accessible to those communities.

In areas not currently served by in-person sessions, the universal online programme continues to be actively promoted. Enhanced 1:1 support also remains available for families with more complex needs.

The service launched a pilot focused on children with special educational needs and disabilities (SEND), working closely with the Preparation for Adulthood team. This pilot will be further developed in 2025/26.

Meanwhile, the online Youth provision which provides a holistic approach to youth nutrition and wellbeing, has been successfully rolled out across the county online and has been well-received,

What we will be doing in 2025/26

In 2025/26, we will continue to develop the in-person programme based on further insights gathered from families and communities. We will be taking the findings from our rural pilot and developing our service offer accordingly.

We will continue to develop our SEND programme, with collaboration from various stakeholders to create a version suitable for delivery in SEND schools across Gloucestershire.

Further engagement with youth groups is planned to refine the in-person Youth programme for ages 13–17, ensuring it meets the needs and preferences of young people.

The online families programme is being piloted as a rolling offer rather than a rotational one. This change will allow families to join the programme more quickly and provide greater flexibility for catching up on missed sessions, making it easier for families to complete the programme.

In response to feedback from professionals and families on the challenges around producing a programme for children aged 4–6, we will be working with partners to develop our provision for this age group.

A summer holiday programme is being developed to ensure that families have access to support throughout the entire year.

What we know

The Beezee families service support more than 200 children and young people in 2024/25. This is more than double the children involved in the programme during the first year of the contract (just under 100 people). However, numbers are relatively small and year on year comparisons should therefore be treated with caution. Programmes this year have included a focus on children with special educational needs (SEND), as well as supporting 36 young people with SEND through the Healthy Lifestyles module as part of the Preparation for Adulthood programme.



- There was a noticeable shift in involvement in 2024/25, with boys representing 55% of participants while girls engaging with the service accounted for 40%. This contrasts with the previous year, where participation was nearly equal. Given the challenges in engaging adult males in weight management services, this is a positive achievement for the service. Nationally, weight measurement for pupils in Year 6 indicates that boys are more likely to have obesity than girls (22.3% compared with 17.4%, 5 year average). In addition, boys are more likely to have an identified special educational need, Education Health and Care Plan or attend a special school. The focus on children with an SEND this year also contributes to a greater proportion of boys engaged with Beezee family programmes.



Children aged 5-9 years and 10-15 years continue to represent the vast majority of service users, accounting for just over 40% and 50% of participants respectively. Again, we have seen a change in balance in engagement, with an increasing proportion of those younger children aged 5-9 years involved with the service and a decrease of 10-15 year olds and 16-18 year olds.



In terms of disability and impairment, just over a quarter of participants reported having a condition (27%). The most common condition reported in almost two-thirds of children was neurodiversity, up from 26% the previous year. Conversely, reports of mental health conditions have decreased from 26% to 17.5%, and children with a learning difficulty reduced from 37% to 5%.



Two-thirds of participants reported being white (white British, white Irish, white other). People of a mixed ethnicity formed the next largest group at 10%.

▲ Information was not obtained for 23.5% of service users, up from 14% the previous year.



▲ Information on religious belief was not collected by the service. This may impact on understanding of religious dietary requirements and practices.

Drugs and Alcohol Treatment

We provide 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.

What we Know

950 people started a structured treatment programme in 2024/25 (as opposed to a semi-structured programme or unstructured support).

Of those starting structured treatment in 2024/25, around 45% received treatment for alcohol addiction. Around a quarter each, were treated for Opiate addiction or non-opiate addiction combined with alcohol addiction.

Just under 15% of people had a non-Opiate addiction.

During 2024/25, 2,400 people received treatment overall.



Two-thirds of those receiving treatment in 2024/25 were male. This is similar to previous years and is an over-representation, while females are under-represented, compared with the almost equal distribution of males and females in the overall Gloucestershire population.



The proportion of people receiving treatment increases for each 5 year age band from the start of adulthood through to a peak in the early-mid 40's, with almost 20% aged 40-44. The proportion of those treated then begins to decrease by each 5 year age band. Almost 75% of those treated are aged between 30-54 years. A very small proportion of people in treatment are aged 18-19 years or 75-84 years.



6 out of 10 people starting treatment in 2024/25 reported that they did not have a disability or long-term/life limiting health condition. 16% of those starting treatment had a behaviour or emotional condition, while 7% had mobility or gross motor skill issues and 6% had a progressive physical condition or poor physical health.



90% of those in treatment were white (white British, white Irish, white other). Those from a mixed ethnic background formed the next largest group at 3%.



Religion is captured as people start treatment. Of those starting treatment in 2024/25, more than half stated that they had no religion (almost 55%), while just under a quarter were Christian.

▲ Religion had not been obtained for 11% of those starting treatment.



84% of those starting treatment in 2024/25 stated that they were Heterosexual, while 3% were Gay or Lesbian, 4% were Bi-Sexual and 6% preferred not to say.



A small number of people starting treatment were pregnant.

Public Health Nursing

The Public Health Nursing Service provides access to universal services for all children aged 0-19 years. The Health Visiting Service leads the 0-5 year olds element of the national Healthy Child Programme and the School Nursing Service lead the 5-19 year olds of the programme. There is also the option to self-refer or be referred by a health professional to access Health Visiting or School Nursing support in between scheduled contacts. Families who need some additional packages of care to meet their specific needs have a Targeted offer e.g. to support their mental wellbeing, to support attachment and bonding with their baby, bladder and bowel support. Families with complex needs usually have multiagency support, with the Health Visiting and School Nursing teams providing a Specialist offer in these circumstances.



Our health visitors support families with young children from pre-birth to starting school (0-5 years). They work in partnership with midwives to support pregnant mothers and families. Health visitors offer an antenatal contact at 28+ weeks to share 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 member of the health visiting team 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 invited to a group, led by a Community Nursery Nurse, providing information on responsive feeding and a healthy diet for them and the child. Regular Baby Hubs are also held at various locations throughout the county for parents, carers and babies where there is opportunity to weigh the baby and get advice and support on topics specific to the child's needs and development. The health visiting service has an important role in keeping children safe.



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).



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.

What We Know

Just under 56,500 children received a public nursing service in 2024/25. This equates to 38% of the 0-19 years population.

Just over 36,000 children received a health visit, while just under 20,500 children were involved with the school nursing service.

In 2024/25, we set ourselves an area of focus to disaggregate health visiting and school nursing data so that any trends of concerns emerging could be attributed to the appropriate service. The information below looks separately at what we know about children engaging with each public health nursing service.



For health visiting, the proportion of the children seen by sex was similar to the overall males and females aged 0-19 in Gloucestershire (51% and 49% respectively). This has remained consistent over time. With regard to school nursing, an equal proportion of boys and girls were seen, accounting for around 48% each. However, information for 3.5% of children was not obtained. This relates to over 700 children.

Each one-year age group from birth up to 4 years accounts for around 20% of children seen by the health visiting service, this reduces to just over 10% for 4-5 year olds.

- ✓ The proportion of children for whom age was not obtained has decreased from just over 20%.
- ▲ However, information was not obtained for almost 16.5% of children, around 5,900 children.
- ▲ Based on the data available, 5-11 year olds engage more with school nursing services (55%, compared with 12% of 12-19 year olds). However, information was not obtained for 33% of children. The gap in our oversight of participation by age has increased over the last 5 years, up from 20%
- ▲ While the service works 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 who may require additional time and support, or whether there is a trend in relation to engagement and disability.





- ✓ The proportion of people for whom information about race was not obtained during a health visit has decreased over the last 5 years, from 26% to 13% and for school nursing has reduced from 30% to 23.5%.
- ▲ However, improvement in the recording of the race is still needed, as this affects our understanding of engagement with health visiting and measurement screening. 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.

Overall, the race for around 72% of children was recorded as white (white British, white Irish, white other). There were no children of a Gypsy, Roma or Traveller of Irish Heritage recorded as seen by our health visiting service.



- ▲ Information about religion or belief is almost universally unavailable for this service. This information was not obtained for 99.8% of children receiving public health nursing services. This has remained consistent over time. Again, this impacts sight of whether there is any correlation between religion and engagement with the service.

Sexual Health Service

Specialist Sexual Health Services

We commission 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.

What we know

Around 18,000 people received support from our Specialist Sexual Health service in 2024/25. This equates to just under 3.5% of the adult population of Gloucestershire. This is an increase compared to the previous 3 years when the average number of people engaged with the service was just over 14,300.

Our Sexual Health Service Provider is currently undertaking data optimisation work, which has temporarily suspended access to data about those receiving a service. As a result, a breakdown of data by protected characteristics is not currently available for 2024/25.

What we will be doing in 25-26

- Gaining more understanding around patients accessing Pre-Exposure Prophylaxis (PrEP) clinics.
- Working with the service to better understand protected characteristics of people presenting late with HIV to help inform HIV testing.

Community HIV Testing and Support

The Sexual Health & Wellbeing Outreach Service (SH&WOS) delivers targeted support to those at higher risk of poor sexual health, including those at higher risk of HIV. This includes support for people living with HIV and their carers and community-based targeted HIV testing.

There are several 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.

We are currently undertaking some ongoing work with the SH&WOS around increasing testing demographics through working with community organisations and targeted outreach to at risk groups.

What We Know

In 2024/25, over 120 individuals received HIV testing, marginally above the four-year average of 115. This marks the continued recovery of the service, which experienced a sharp decline in testing during the Covid-19 pandemic. The upward trend in testing reflects the service's ongoing efforts to rebuild engagement with people in our communities.

Support for individuals living with HIV has increased year on year over the last 5 years, up 84% to just under 190 people. This is now similar to pre-pandemic levels in 2019/20. This recovery reflects strengthened service delivery and renewed engagement efforts.



While the number of people accessing testing is small, there has been a shift in the sex of people receiving this service. Three-quarters of people tested in 2024/25 were male, up from 65%. Females accounted for 9% of tests, down from 12%.

14% of people being tested reported that they were transgender.

The proportion of people accessing support relating to living with HIV was closer to the overall population levels, with just over half being male (55%), while around 44% were female. A small proportion of people reported being transgender.

The age of people tested for HIV fluctuates over time due to the small numbers involved. In 2024/25, just under 1 in 3 of people tested were aged 18-24 years (33%) while just over 1 in 5 were 25-34 (22%). Testing reduces with age, with 16% aged 45-54 and just over 8% aged 55-64.



▲ Age breakdown categories vary between testing and support and was not captured for just under 34% of people receiving HIV support.

35-44 year olds were the largest group receiving support relating to living with HIV (26%). Again, this reduced with age, with 45-54 year olds accounting for just under 22% of those supported and those aged 55 years and over accounting for just under 5%. Younger people (under 34 years) accounted for just under 14% of those supported including 3% who were under 25 years.



70% of people receiving HIV testing were white. A breakdown of data relating to race within the ethnic group has not been provided. Just under 20% were black, and around 10% were of mixed heritage.

Half of people who accessed support relating to living with HIV were white (50%). Within this group, almost 10% of people were from other white backgrounds. Two-fifths of people receiving support were black (39%), while just over 5% were from a mixed-race background.



Of those receiving HIV testing just under 50% were gay, almost 30% were heterosexual, and around 20% were bi-sexual.

Compared to those tested, the proportion of heterosexual people receiving support for living with HIV has considerably decreased over the last year, from 52% to 3%. There was a lower proportion of gay people receiving support for HIV compared with those tested (just over 25%). One-fifth of those supported were bisexual, while 4% stated they had another sexuality.

▲ One-third of individuals receiving support did not disclose their sexuality in 2024/25, marking a notable deviation from the previous five-year trend, during which all people receiving a service consistently reported this information.

Domestic Abuse

Gloucestershire Domestic Abuse Support Service (GDASS) is a countywide service designed to reduce the level of domestic abuse and improve the safety of victims and their families. We help people to live safely and to move on from abuse.

What we will be doing in 2025/26

We provide a number of services to those affected by domestic abuse. These include:

- Support to victims/survivors of domestic abuse, GDASS (Gloucestershire Domestic Abuse Support Service)
- Support to young people affected by domestic abuse and unhealthy relationships, STREET (Safe Teenage Relationship Education & Empowerment Team)
- Behaviour change interventions for perpetrators of domestic abuse and those causing harm in the relationships, PRG (Positive Relationships Gloucestershire).

In July 2025/26, the new contract for GDASS commenced. As part of the wind down of the old contract, we looked at service user data, and as a monitoring template had not been incorporated into the contract, it was not possible to produce consistent data to share in this report.

The new contract includes the requirement to collect information about protected characteristics that is in line with monitoring best practice, and we will report the first set of data for GDASS in next year's report.

We are in the process of recommissioning PRG offering interventions to a wider cohort of people (in line with the Domestic Abuse Act 2021) and, subject to approval, the new contract will commence in July 2026. We will be building in equalities monitoring data sets ready for reporting following the close of the financial year in March 2027.

Looking to the future, we are also planning to recommission STREET, again, with a broadened scope. We will build in equalities monitoring data sets with reporting to follow in due course.

Healing and Empowerment

This is pilot service, initially for two years but we are seeking approval to extend to a third year. It provides support to victims of domestic abuse who are in domestic abuse safe accommodation (i.e. refuge, dispersed accommodation, or where additional security measures have been installed on their home to enable them to continue living there).

What we Know

Whilst we are now in the second year of the contract, the first year has required careful mobilisation to enable the service to establish itself within the county's domestic abuse landscape. The number of people supported during the first year of the contract were therefore low and trends cannot be established at this time.



Those people receiving support during 2024/25 were predominantly women, although men were visibly represented within this group as well.



Ages of those supported ranged from 25-54, with the largest group aged 25-29 years.



The majority of people supported were white, with a small proportion of people receiving a service coming from a black ethnic group.



The majority of people did not consider themselves to have a religion. A small proportion reported that they were Christian.



Around 70% of people supported reported having a disability. The most common condition related to mental health.

There was representation from each of the six Districts of the County among those supported.



All of the people supported in 2024/25 were heterosexual, with marital statuses including single, married and separated/divorced. None of the people supported were pregnant or recently a parent but 70% were the primary carer for a child or children under the age of 18.

Community and Accommodation Based Support (CABS)

The Community and Accommodation-Based Support service is designed to promote independent living by supporting individuals to maintain stability and resilience within their own communities. The service is commissioned to deliver two core strands of support:

- **Community-Based Support (CBS):** A short-term, preventative intervention delivered either in individuals' homes or through community drop-in sessions. CBS focuses on early support to help people build the skills, confidence, and resources needed to live independently and reduce reliance on more intensive services.
- **Accommodation-Based Support (ABS):** Provides short-term housing solutions for individuals experiencing homelessness, often with complex and multiple needs such as substance misuse, mental health challenges, or involvement with the criminal justice system. ABS aims to stabilise individuals and support their transition into longer-term, sustainable accommodation.

What we know

Around 12,000 people received CBS support in 2024/25. This equates to 1% of the adult population of Gloucestershire. In addition, 2,600 adults received ABS over the same period.

Please note: Currently, only data from the 2024/25 reporting period is available and this is a pilot data set. Work is underway to review and enhance data quality and integrity. Data may change when refreshed during future reporting.



The majority of recipients of community-based support were female (57%). Around 40% of people receiving support were male. A small proportion of individuals identified as of indeterminate sex or as being transgender.

In contrast, the ABS cohort for 2024/25 showed a markedly different distribution between the sexes, with 68.5% of those receiving accommodation-based support being male and around 30.5% female. This is also in contrast to a 2021 Shelter analysis which found that 60% of homeless adults living in temporary accommodation in England were women, despite women making up only 51% of the general population.



▲ Within the CBS cohort, half of data relating to age data was not obtained, significantly limiting the ability to conduct meaningful age-related analysis and potentially impacting service planning and delivery. For those people receiving support, there were an average of 10% in each of the 10-year age bands between 21 to over 61 years, indicating that challenges faced were fairly evenly spread throughout early to middle adulthood, diminishing in older age. 1.2% of those receiving support for whom we know their age were 20 years or under.

We have better sight of the age of those supported through accommodation-based support, with under 5% where the age was unknown. According to the Shelter report published in July 2025, just over 169,000 children in England are supported in temporary accommodation, this equates to 1.4% of the 0-17 year old population. In Gloucestershire, over a quarter of those in temporary accommodation are younger people (20 years and under, 28%) compared with 1.2% within the community-based support service. This indicates an over-representation of children and young adults needing accommodation support compared to the overall population of Gloucestershire where 0-20 years old account for 23% of the population. While it is not possible to make direct comparisons with the national shelter data, it is clear that housing crisis is a concern for our children and young adults.

Each 10-year age group between 21 to 50 years accounts for an average of 20% of those supported. This declines to just over 5% for 51-60 year olds and fewer than 1% for 61 year olds and over.



Around 80% of those receiving community-based support were white (white British, white Irish, white other). Just under 5% were black, while over 15% preferred not to disclose their race.

▲ A breakdown of people supported by race was not available for accommodation-based support for 2024/25.



▲ Across both CBS and ABS services, no data was provided regarding people's religious beliefs, sexual orientation, disabilities, marital status, or pregnancy status.

Areas of Focus - Public Health and Communities



Re-design of the weight management process across our and partner pathways. To include an increase in co-production with, and targeting of, under-represented groups.

- Healthy Lifestyles Adults – Men continue to be under-represented within this programme.



Undertake conversations with existing providers to set expectations around capture and provision of data relating to protected characteristics. Increase engagement with equalities data in contract review meetings and actively re-visit EQIA as part of these discussions.

- Healthy Lifestyles Adults Focus is needed on reducing gaps in information relating to disability and race. In particular, gaps in data relating to race and religion should be addressed to ensure that the programme is tailored to feel relevant to everybody involved.
- Healthy Lifestyles Children and Families
- Public health nursing Specifically, gaps in information relating to age and race need to be closed, as well as incorporating data capture for disability and religious belief. Improved data collection on health visiting for Traveller and Gypsy communities may also be needed.
- Specialist sexual health services To include re-instating sight of this area and working towards receipt of numerical information in addition to proportions of people using the service historically received.
- HIV Support Close the gap in information relating to age. Understand the change in the proportion of people disclosing sexual orientation.
- Community and Accommodation based support Address the gaps in age (CBS) and race (ABS) related data and capture of religious beliefs, sexual orientation, disabilities, marital status and pregnancy/maternity for both services.
- Drugs and Alcohol Treatment Close gaps in religion/belief.



Gloucestershire Domestic Abuse Support Service (GDASS) to increase work to be more visible to under-represented groups. Work towards including sight of domestic abuse in the service user diversity report – this work has begun with the inclusion of the Healing and Empowerment service in this report.



Ensure that the capture and provision of data relating to protected characteristics is built into new contracts – work has been undertaken or is planned in relation to the re-commissioning of the Gloucestershire Domestic Abuse Support Service (GDASS), STREET (Safe Teenage Relationship Education & Empowerment Team and PRG (Positive Relationships Gloucestershire).

Children's Services

Early Help Service

All children receive Universal Services, however, some children will need extra support in order to be healthy, safe and to achieve their potential. Early Help is about getting timely and effective support to children, young people and their families who need it, and also focuses on how families can be supported to do things for themselves and build on their strengths.

Often families are best supported by people 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 number of targeted services where more help is needed.

Early Help Service – My Plans

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 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.

What we Know

At the end of 2024/25, just over 10,000 children had a My Plan. This equates to almost 6% of the 0-24 year old population of Gloucestershire.

The number of children with My Plans has **doubled** over the last 5 years, up from just over 5,000 plans in March 2021.

Education settings continue to provide the lead on around 7 out of 10 plans at the end of March 2025 (68%, just under 6,850 plans). However, there has also been an increasing trend in plans being led by Early Years settings indicating that increases in plans are being seen across all age groups. Plans are up by 234%, from 339 plans in March 2021 to 1,134 in March 2025 (see graph).



- More boys than girls have a My Plan (60% compared with 40%). Boys are over-represented compared with the 0-24 years male population of Gloucestershire (51%). This has remained consistent over the last 5 years.



The proportion of children we work with by age group has remained fairly consistent over the last 5 years. School-aged children make up 84% of young people receiving support through a My Plan (5-9 years: 41% and 10-15 years: 43%), accounting for over just under 8,400 plans. This group are over-represented compared to the overall 5-15 year population in Gloucestershire which accounts for 47% of 0-24 year olds overall. All other age groups are under-represented compared to the County's child population overall.



We are working with a growing number of children with a disability; just over 700 at the end of March 2025 compared with around 630 children at the end of March 2021.

- However, due to the increase of plans overall, the proportion of children with a disability receiving support has reduced from 12.5% of those with a My Plan, to 7%.



- The proportion of children where race has not been obtained has increased from 2% at the end of March 2021 (80 children) to 22% at the end of March 2025 (around 2,150 children).

Over the same period, the proportion of children recorded as white (white British, white Irish, white other) has reduced from 88% to 70% and those children where race has not been captured may therefore fall into these categories. However, this is not clear.



- At the end of March 2025, in the majority of cases, religion or belief has not been obtained (95%). This has increased from just under 85% over the last 5 years.



As with other areas that the Council's Services support, such as health inequalities, educational outcomes and risk of fire, there is a strong correlation between deprivation and involvement with Children and Family Services. Half of children with a My Plan come from homes in areas of greater deprivation (50% live in the lowest 5 deciles). This group is over-represented compared with the overall 0-24 population of Gloucestershire where 35% of 0-24 year olds live in areas experiencing greater deprivation.

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.

What we Know

Following a spike in the number of children being worked with in our Targeted Support service in 2024 to around 2,250 children, this has decreased to similar numbers seen in March 2023. Targeted Support teams were working with just over 1,700 children at the end of March 2025.



Over the last 5 years, there has been a slight change in the balance of boys and girls that the service works with. By the end of March 2025, 52% of targeted support work was with boys compared with 47% with girls, the gap has continued to narrow slightly, from 56% and 44% respectively in March 2021, although girls continue to be under-represented by 2% compared with the overall population of 0-24 year olds in Gloucestershire. Note: 16 children were unborn and 4 were categorised as of Indeterminate sex.



- At the end of March 2025, 55% of targeted support work was with younger children, from pregnant mothers to children aged 9 years. There had been an increase in this category between 2022-24 but proportions have now reduced to a similar level to March 2021. The decrease was seen in the 4 year olds and under group. The proportion of children aged 10-15 remains similar to the 5-year average (36%). The proportion of 16-18 year olds involved with the service increased for the 3rd year (from 5%) and has now returned to a similar level to March 2021 (8%).



At the end of March 2025, 8.5% of children receiving a targeted support service had a disability. This equates to around 150 children.



Race had not been obtained for 6% of children receiving targeted support at the end of March 2025. This is similar to last year but is an increase from the 3-year average of 2% prior to that.



- There is a significant gap in our data relating to religion or belief. For the majority of children this information has not been obtained and, as with My Plans, this has increased over time from 68% in March 2020 to 92.5% at the end of March 2025.



As with My Plans, children living in more deprived areas are over-represented when it comes to receiving a Targeted Support service (59% compared with 35% of the 0-24 year old population), providing greater levels of support to those most in need.

Children's Social Care

Children's social care promotes and safeguards the wellbeing of children and young people who are 'in need'. This is defined as those who would suffer if they did not get help. Social workers assess a child and family's needs and provide a range of services appropriate to these, to support parents to safely and adequately care for their children.

What we've done in 2024/25

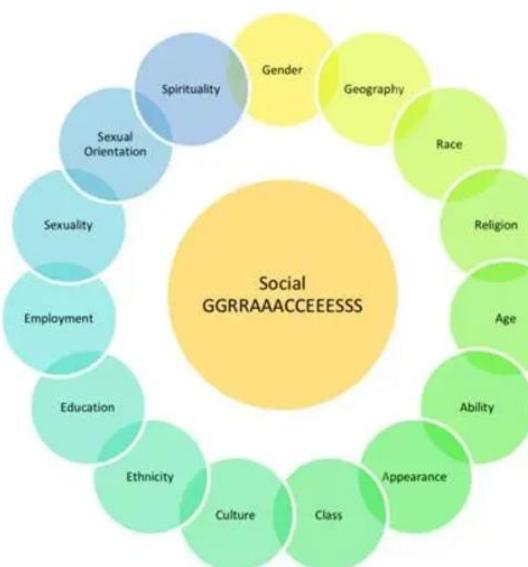
Each quarter a number of children's case audits are undertaken to support practice learning and improvement. Consideration of cultural competency forms a significant part of the audit process. During 2024/25, audits identified the need to gain a deeper level of understanding around all aspects of a child's identity and to link this to plans for interventions to ensure they are tailored to individual needs.

There continued to be a mixed picture in terms of the extent to which culture and identity were being considered. Identity seems to be more clearly considered with black or ethnic minority children in care. All the children for whom auditors felt identity was not considered at all were white British and under the age of 6. There was an absence of consideration of intersectionality being considered across most practice evaluations. In the few examples of intersectionality, consideration of ethnicity and religion seem to dominate, there was some discussion of disability and almost no discussion of class/socio-economic status.

There were many positive examples of social workers understanding of children/young people's identity and culture. There were some examples of this understanding influencing interventions, however these examples were the exception and more often auditors felt that exploration of identity was more superficial or had a fairly narrow focus. Within the child in need/child protection cycle many auditors commented on identity not being considered outside of assessment.

What we will be doing in 2025/26

The Social Work Academy are currently in the process of developing an Equality Diversity and Inclusion programme which plans to be more extensive and meaningful taking into account training needs that audits have highlighted and will become a mandatory training for all staff, this is planned to be rolled out by the new year.



What We Know

At the end of 2024/25, there were around 4,100 children open to Social Care receiving support, protection or care. This has increased from last year (up 2%), following a reduction for the two years prior. The biggest reduction has been the number of children on a protection plan (604 to 395).

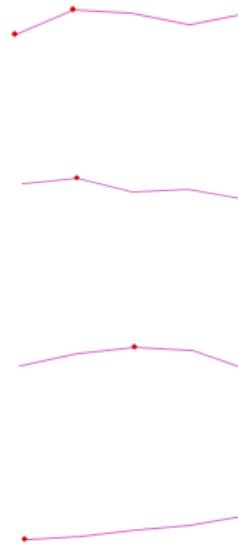


Children in Need levels follow the same pattern to overall children open to Social Care, with an increase seen in 2024/25.

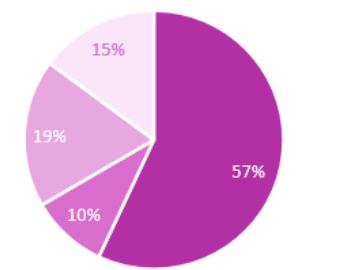
The number of children subject to a protection plan has decreased by 35% since last year, following continued focused work to ensure children were receiving the right level of intervention.

Further reduction was seen in the number of children in care in 2024/25, down 12% compared with two years ago.

There continues to be growth in the number of care leavers, due to the numbers of children in care in recent years. This is up 35% compared with 5 years ago (just over 600 young people up from around 450).



At the end of March 2025, almost 60% of children open to Social Care were undergoing assessment or were on a Child in Need plan, 10% of the children and young people we were working with were receiving protection, just under 20% were living in our care and 15% were receiving post-care services.



- Child in Need (Referral/Assessment/CIN Plan)
- Child Protection Plan
- Child in Care
- Care Leaver

There were more males than females open to the service (51% compared to 46%). However, the percentage of males open to the service has decreased for the second consecutive year, which means males are now represented at the same level as the overall 0-24 year old population level in Gloucestershire. Females remain slightly under-represented.

The balance of boys and girls varies depending on whether they are receiving support, protection, care or post-care services, with boys ranging from 44%-61% of those receiving services (with the lowest proportion requiring protection, and higher levels represented in care and post care services) and girls from 39%-50%. For the first time in 4 years, there are more females subject to a protection plan than males.

The percentage of children who are not yet born (sex unknown), remains unchanged from 2023/24 (2%).





- A small number of children are recorded as having an indeterminate sex (unable to be classified as either male or female). This may not correctly represent the young person's sex or gender identity and is a product of a system which doesn't necessarily reflect modern understanding of this area. Investigation is being undertaken regarding whether system categorisations can be amended.



The proportion of children aged between 1-4 years old continues to reduce slightly over time, down from 16% at the end of 2021 to 13% at the end of 2025.

10-15 year olds form the largest age group of children open to Social Care across all levels of intervention and care, ranging from 31% of those on a child protection plan to 40% living in our care. This age group is over-represented compared to the population overall (27%).

Between March 2021 and March 2024, there had been a growing number of care leavers aged 19-21 years old receiving our support (53% to 62%). However, by March 2025 this had declined, reducing to 57% of the overall care leaver group. There has been a corresponding increase in the number of care leavers aged 22-24 years old, as the 19-21 year old group have aged (13% to 17%).



Children with a disability make up 10% of those open to Social Care overall. This was an incremental increase for the third year, up from 7%. The proportion of disabled children subject to a protection plan has increased from 6% to 8% at the end of March 2025. However, this percentage increase is because the number of children subject to a child protection plan declining overall, as the number of children with a disability was lower than the 5-year average.



The majority of children open to Social Care are white (white British, white Irish, white other) (75%). This has reduced from around 80% in the 4 years previous but has been matched by an increase in the proportion of people for whom we have not obtained information about race (up from 1% to 5% in 2024/25). Overall, 89% of those aged 0-24 years in Gloucestershire were white according to the 2021 Census.

- This may indicate an over-representation of people from other ethnic minority backgrounds who are subject to intervention from Social Care. This would reflect a national trend. The next largest group of children are of a mixed-race background (just under 10%).
- Children in Need had the highest proportion of children for whom information relating to race was not obtained at just under 10%. This compares with 3% of children subject to a protection plan. Race was known for all children in care and care leavers.



- ▲ As with the previous 5 years, religion was not obtained for many of the children supported by Social Care (60%). This ranges from 0% of children in care (where the majority considered themselves to have no religion) to 89% of Children in Need.

Overall, 17% of children report that they have no religion, which has reduced over the last 5 years from 25%. However, the percentage of children who prefer not to say has increased from 0% to 4% in the last year. The proportion of children indicating they were Christian or Church of England is 10% and 5% of children were Muslim.



- The district that the child resides in, or where they lived before entering care, was not recorded for 8% of children.

Children living in Gloucester accounted for just under 30% of those open to Social Care. These children are over-represented, with children in Gloucester making up under a quarter 0-24 year olds in the County overall (23%). All other Districts were slightly under-represented compared with the population overall; in particular, in Stroud, where children open to Social Care accounted for around 5% points less than the overall 0-24 years population in each District.

All areas are measured against the indices of deprivation affecting children index (IDACI). The County is divided into 10% blocks (deciles) from the 10% most deprived areas to the 10% most affluent areas. There is a strong correlation between deprivation and involvement with Children's Social Care. Almost 6 in 10 children open to Social Care lived in the five lowest deciles at the end of 2024/25 (58%). This is similar to previous years. This is an over-representation, as only 35% of children and young people aged 0-24 live in the most deprived areas of Gloucestershire. Children subject to a protection plan are most likely to live in the five most deprived deciles of Gloucestershire (60%).

Just over half of care leavers were in part-time or full-time education, employment, or training at the end of March 2025 (53%), down from 57% in March 2024. Of those young people who were not in education, training or employment, disability or parenting were cited as barriers for 20%.

At the end of 2024/25, 8% of the children in care were unaccompanied asylum seekers (UASC), up from 2% at the end of March 2021. Young adults who were formerly UASC or who remained UASC, were more likely to be in education, employment, or training than their non-UASC care experienced peers (71% compared with 53%). This group has performed consistently better than its peers over time.

Children open to Social Care who are parents or due to be parents

What We Know

At the end of 2024/25, there were just under 150 young people open to Social Care who were parents with around a further 15 due to become a parent. This is an increase of 15 young people from the average of the previous 4 years (137 young people).



Females accounted for two-thirds of young parents or parents-to-be open to Social Care (69%).



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. Just under half of these young people were or will be aged between 16-18 years at the time of their child's birth (45%). More than two-fifths were, or will be, aged 19-21 years (43%). 4% were under 16 years of age.



A small proportion of young people who were parents, or due to become parents, had a disability (8%). This is an increase compared to an average of 4% over the previous 4 years but the number of young people is small (13 young people).



The majority of parents, or parents to be, were white (85%, white British, white Irish, white other). The percentage of parents, or parents to be who were of a mixed-race background, increased from 6% in 2023/24 to 10.5% in 2024/25.



● Information relating to religion or belief had not been obtained for 9% of this cohort.

6 out of 10 young people stated that they had no religion (55%), while 1 in 4 were Christian or Church of England (25%).



▲ Information about the home district was not obtained for 17% of the group, or the young person lived out of County. This has increased from 12% at the end of 2022/23.

Young people living in Gloucester open to Social Care who were parents or due to be parents were over-represented (31% compared to the overall population of the district for the 13-27 age group at 23%, although numbers are very small). This is a decrease for the fifth year, down from 48%. Young people from Cheltenham were similarly represented at a population level at around 20%.

The remaining Districts accounted for between 7%-9% of the group each and were slightly under-represented compared to the overall population by almost 5%. Young parents open to Social Care from Stroud had the highest under-representation at just over 10%.

Areas of Focus – Early Help and Children's Social Care

-  Review of case management system to consider how data capture relating to protected characteristics, in particular sex and gender identity, can be improved. Issues with system limitations to be raised through the System Decision Group for options to be explored with the provider in line with DfE guidance.
-  Promotion of advice and guidance relating to the importance of capture of data relating to protected characteristics, with a particular focus on race and religion. This is particularly pertinent given the briefing report issued by the Child Safeguarding Practice Review Panel in March 2025: [Race, Racism and Safeguarding Children](#)
-  Increased promotion of services to under-represented groups. Utilisation of Children and Family centres to support this work.
-  Existing inclusion and SILAP workstreams to consider ongoing evidence of disproportionality, factors driving this and actions needed to address these – boys, deprivation and SEN/EHCP.

Education

Early Years Education

In Gloucestershire, there is a universal entitlement for 3 and 4-year-olds to 15 hours of funded early education per week for 38 weeks of the year. Working parents may be eligible for an additional 15 hours, totaling 30 hours, for children aged 9 months to 4 years old. Some 2-year-olds are eligible for free early education and childcare if they or their parents receive specific support.

What We Know

The entitlement to provision of free Early Years childcare or education in Gloucestershire has been extended to include those eligible aged between nine months and two years of age. Prior to the academic year 2024/25, it was only available to eligible children between two and four years old. It is therefore not yet possible to compare the data for the younger cohort as it is the first year this has been collected.

There were 18,820 eligible children in 2024/25. Excluding the new age categories, there continued to be a reduction in number of eligible 2-4 years old for the fourth year (down 12%, just over 1,500 children). However, as anticipated, there was an increase in the number of eligible children this year (up almost 7,300 children for children aged 9 months to 2 years). A total of just over 17,100 children accessed the funded early years education in 2024/25.



The number of girls taking up free childcare or early years education has surpassed that of boys for the first time in the past five years, with a ratio of 51% female to 48% male compared with an overall population of 51% to 49%. There were 1% of children for whom sex was not obtained.



Take up across the majority of age bands and entitlement categories was in the early to mid-90%. The exceptions to this were for two year olds where the family were entitled to additional support where only 55% of eligible children took up funded places and for four year olds, where 89% of children took up their entitlement to Early Years education.



▲ We have previously reported the proportion of children taking up Early Years placements with an Education Health and Care Plan (2.3% of eligible children taking up an Early Years placement in 2023/24). However, this data was not provided for 2024/25. The absence of this information presents a gap in understanding the full scope of needs among young children and how this may impact on school readiness.



✓ There has been further improvement in the capture of data relating to the race of children taking up free childcare or education, with information obtained for 98% of children, an increase of 8% from last year. This spans a diverse range across 17 different ethnic groups. The distribution remains consistent with previous years, with white children slightly over-represented compared with the population for this age group.

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 2025 school census.

What We Know



While the pupil population across Gloucestershire has increased year on year, growth has slowed over the past 2 years to 0.1% in 2024/25 compared with 1.4% in 2022/23. There were just over 92,300 children recorded by the Gloucestershire Pupil Census in January 2025. Most pupils (98.1%) attended mainstream schools, 1.7% were educated at Special Schools (up from 1.4% 6 years ago) and 0.2% in Pupil Referral Units (PRU).



Males constitute a slight majority of 51% compared to 49% females. This aligns with the broader demographic composition of the county for those aged 3-19 years.



Pupils were distributed fairly evenly across school year groups between Reception and Year 11 each representing 7-8% of pupil population, equating to between 6000 and 7500 pupils per year group. Year 8 stood out with a higher representation at 9%, nearly 7,900 pupils.

This drops significantly in post-16 education, in Years 12 and 13, where number of young people half and each year group comprises only 4% of the total pupil population.



A substantial majority, 80%, have no identified physical or mental needs. The most common needs identified at 5% of the pupil population each were social, emotional, and mental health and moderate learning difficulty, accounting for 5% of the pupil population. Nearly 3% present with Speech, Language and Communication Needs and 2% have Specific Learning Difficulties. The remaining 5% of pupils experience a diverse range of other identified needs.

Overall, 20% of learners had Special Educational Needs or had an Education Health and Care Plan (EHCP) in place, an increase from 16.5% five years ago, highlighting the importance of continued support and appropriate provision for these pupils.



82% of the pupil population was recorded as white, with white other representing 6% of this group. Just over 5.5% were from a mixed-race background, approximately 3% were from an Asian background, while 2.5% were from a black background.



19% of the pupil population were eligible for free school meals.

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 (SEN) support. EHCPs identify educational, health and social needs and set out the additional support to meet those needs.

What We Know

Need for support in this area continues to increase significantly with applications doubling in the last 5 years (1,625 up from just over 800 in 2020/21 and children on EHCP's increasing by almost 50% from around 4,350 to 6,400. This equates to almost 4% of the 3-25 years population.

Applications Requesting an Education Health & Care Plan Assessment

Academic Year 2023/24

1,503



Academic Year 2024/25

1,625

Applications for assessment were up by **8%** in 2024/25 compared with the previous academic year.

Number of EHCP Plans

Academic Year 2023/24

5,876



Academic Year 2024/25

6,412

During the 2024/25 academic year, we had just over **6,400** children and young people who had an Education Health and Care Plan (EHCP). The number of children with an EHCP has been increasing year on year and is up **9%** compared with the previous school year.



- 7 in every 10 children with an EHCP were boys; this is similar to the last 5 years. This is a significant over-representation compared with the balance of the 3-25 year old population (51%).



Plans are fairly evenly split across primary school aged children and those attending secondary schools and 6th form colleges (around 47% each). A further 6% of young people with an EHCP to support educational and personal progress and outcomes are aged between 19-25 years old.



Moderate learning difficulty (24%), speech, language and communication needs (24%), social, emotional and mental health (23%), and autism spectrum disorder (18%) are the four most common categories of primary need.

- The proportion of children with a speech and language communication need has increased over the last 5 years from 17% to 23.5%.

Just under a quarter of children with an EHCP attend a special school or are part of an SEN Unit in a mainstream school/academy.



- ✓ There are fewer children for whom race had not been obtained than in previous years (3%, down from 14%). This change relates to changes in SEN2 Census reporting.

85% of children with an EHCP were white (white British, white Irish, white other), while 6% were of a mixed-race background.



Just under 33% of pupils with an EHCP were eligible for free school meals. This equates to 12% of all pupils eligible for free school meals, compared to those who were not eligible and had an EHCP who made up 6% of the overall non-eligible pupil population.

Special Schools

Special schools are those that provide an education for children with a special educational need or disability. They can specialise in 1 of the 4 areas of special educational needs:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and physical needs

Schools can further specialise within these categories to reflect the special needs they help with, for example Autistic spectrum disorders, visual impairment, or speech, language and communication needs (SLCN).

What we've done in 2024/25

In 2024/25, planning and operational appointment continued ready to develop a new 'free' school in Abbeydale, Gloucester. This will have 200 places for primary and secondary students aged 4 to 16. It is intended for children with Moderate and Additional Learning Difficulties (MALD).

What we will be doing in 2025/26

Development of the Abbeydale school began in June 2025 and is reported to be progressing well. The school is expected to open in 2027.

A new 200-place special school located in Cheltenham has also been approved. It will be an "all-through" school for ages 4 to 16, also serving a broad range of complex SEND needs. Confirmation by the Department for Education of which Academy will run the free school is expected in Autumn 2025.

Both schools will be designed to achieve net-zero carbon emissions in line with the council's climate strategy.

What We Know

Due to the ongoing development of Special school provision in Gloucestershire, we have seen an increase in children attending Special schools over the last 5 years, up from around 1,300 to 1,550. This equates to 1.7% of the overall pupil population. However, there remains unmet need which won't be fully addressed by development plans currently in progress.



- Almost three-quarters of children attending special schools were boys (72.5%). As with EHCP support, this equates to a significant over-representation compared with the overall 4-18 year old male pupil population in Gloucestershire (51%).



All pupils attending special schools are aged between 4-18, however, provision may start as early as two and continue until 20 years of age.

11-15 year olds account for the largest age groups attending special school provision, with each year band accounting for an average of just under 11% of the overall special school population and totaling just over half of special school pupils.



One in four children attending a special school have a severe learning difficulty. This has decreased year on year, down from 38% five years ago. Just under 20% each have autism spectrum disorder (down from 26% 5 years ago) or Speech, Language and Communication needs (up from 6.5% 5 years ago), while 14% of pupils have a Social, Emotional and Mental Health need.



84% of children attending special schools are white (white British, white Irish, white other). This is in line with the overall pupil population. Pupils from a mixed-race background accounted for 7% of special school pupils.



- 45% of children attending special schools are eligible for free school meals. This is a significant over-representation compared to 19% of the overall pupil population. This is an increase from 38% of children in special schools 5 years ago.

Suspensions from School

A suspension means students are removed from school temporarily for a specified period. This may range from one school day to 20 school days. Students who are suspended for more than five school days are on long-term suspension. They can only be removed for up to 45 school days in one school year, even if they've changed schools.

If a child has been suspended for a fixed period, schools should set and mark work for the first 5 school days.

If the suspension is longer than 5 school days, the school must arrange suitable full-time education from the sixth school day, for example, at a pupil referral unit.

What We Know

There were just over 10,300 suspensions in the 2024/25 academic year (some pupils may have been suspended more than once during the academic year). Suspensions have increased over the last 3 academic years, up 27% from 8,150 in 2022/23.



- There remains an imbalance between suspensions for boys and girls compared with the overall school population which is evenly balanced (49% and 51% respectively), with just under two-thirds of suspensions made for male pupils in 2024/25 (62%).

Nevertheless, this has followed a reducing trend over the last five years, down from 73% in 2020/21.

Primary school pupils make up just over half of the overall pupil population, Suspensions in Primary schools account for 16% of all pupils suspended.



- There continues to be a growth in suspensions among children in the early stages of Secondary school (Years 7-9), 55% up from 47% five years ago. Suspensions are over-represented for these young people, as they account for only a quarter of the school pupil population but received more than half of the suspensions given.
- 28% of suspensions were for pupils in Years 10 and 11, causing lost learning days and disruption during their GCSE years. Again, these pupils are over-represented as they account for around 16% of the school population overall.



A disability or additional need was recorded for pupils in 15% of suspensions given. The most common need was Social, Emotional and Mental Health (SEMH) which accounted for 9% of suspensions. This equates to an over-representation as children with SEMH accounted for 4% of the pupil population overall.

- 44% of pupils suspended had a special educational need and 16% had an Education Health and Care Plan; these have increased from 2023/24 (41% and 13% respectively). These pupils only account for 20% of the school pupil population and are therefore over-represented.



78% of pupils suspended were white. Pupils from a mixed background accounted for just under 8% of suspensions, slightly higher than the mixed-race pupil population overall (5.6%).

- Information about race was not obtained for 9% of pupils who were suspended, compared to 1.4% of the school pupil population overall.



Most suspensions were for pupils attending state-funded mainstream schools or academies (just under 94%), while 4% of suspensions were given for pupils in pupil referral units and around 2% were given for pupils in special schools.



- There continues to be an incremental increase in the proportion of pupils who have been suspended who are in receipt of free school meals (FSM) (59%, up for the fourth year from 51%). Overall, around 17,200 pupils are eligible for free school meals. Suspensions for pupils in receipt of free school meals therefore equate to 35% of the eligible group, while suspensions for pupils who don't receive free school meals equate to 6% of the non-FSM pupil population. This, therefore, reflects an over-representation of pupils from the FSM group receiving suspensions.

Permanent Exclusions from School

Decisions to exclude are made by the individual schools and all follow Department for Education guidance. However, the Local Authority works 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.

What we know

Almost 150 pupils were permanently excluded in the 2024/25 academic year. This equates to just under 0.2% of the overall pupil population of state-funded schools. Permanent exclusions have reduced 17% compared with the last academic year (177).



- More boys than girls are permanently excluded. While overall numbers have decreased, just under 75% of permanent exclusions were to boys, this is disproportionate to male pupils in the school population overall (51%). The proportion of boys excluded remains at a similar level to the previous academic year.



- Following a reduction in Primary school exclusions in the 2023/24 academic year, the 2024/25 academic year saw an increase to 35%, similar to the levels seen in 2021/22 and 2022/23. The majority of the increase was in Key Stage 2 children (from 16% to 23%). Permanent exclusions for Primary school aged children are more than twice the proportion compared with before the pandemic (15%, 2018/19 academic year).

45% of exclusions were for Year 7-9 pupils. This remains similar to last year.

Just under one fifth (20%) of exclusions were for pupils in GCSE years, disrupting learning and potentially impacting attainment, however this has shown an improvement from 2023/24 when just over a quarter were permanently excluded.



- Just over half of permanent exclusions involved pupils with a special educational need identified (52%). This is similar to the previous academic year. Just under a quarter of permanent exclusions were for those who had an Education Health and Care Plan (24%), compared with 15% in 2023/24.

In a quarter of exclusions, a physical or mental disability or condition was noted. The most common of these was social, emotional, and mental health, followed by speech, language, and communication needs.

69% of permanent exclusions in 2024/25 were for white pupils (white British, white Irish, white other). 12% of pupils who were excluded were from a mixed background and 5% of pupils were from a black background.

- Based on this data, it would appear that pupils of a mixed or black race are over-represented compared to the overall pupil population (around 5.5% and 3% respectively). However, information relating to race had not been obtained for 12% of those excluded making it difficult to assess whether racial bias is present in our school system.

Most permanent exclusions were for pupils attending state-funded mainstream schools or academies (95%). Around 5% of exclusions were for pupils in special schools.

- Just under 65% of permanent exclusions were for pupils in receipt of free school meals (FSM). These children are over-represented compared to those in the overall pupil population eligible for free school meals (19%).



Home to School Transport

The Home to School Transport Service provides travel assistance for children of statutory school age to help them access education, particularly when walking or cycling isn't feasible. Eligibility for free home to school transport is based on a range of criteria: distance-based, safety-based, Special Educational Need, and extended rights for low-income families. Transport is provided via school buses, minibuses or taxis, depending on the child's needs.

What we know

During the 2024/25 academic year, just under 6,100 children were in receipt of home to school transport. This equates to around 6.5% of the overall pupil population. The number of children eligible for home to school transport has been increasing annually over time, with slightly higher increases of 2.5% in each of the last two academic years.



Around 55% of boys are in receipt of Home to School Transport, this has been fairly consistent over time and means that boys are slightly over-represented compared to the overall pupil population and girls are slightly under-represented.



There are over 240 Primary schools serving the county, while there are only around 40 Secondary schools. This means that most pupils attend school locally during their Primary school education. The majority of transport was therefore provided to those in Secondary School education, with 83% of home to school transport arranged for those between years 7 to 11 (averaging around 17% for each national curriculum year). Nevertheless, 15% of home to school transport was arranged for Primary school students.

- Transport being provided for pupils attending a Special School increased to 18% (just over 1,100 children) and is 28% higher than 2020/21.



Almost 40% of children receiving transport had a Special Educational Need or an Education Health and Care Plan.



90% of pupils receiving Home to School Transport in 2024/25 were white (white British, white Irish, white other) and 4% of pupils were from a mixed background, 2% from an Asian background and around 1.5% from a black background. This compares with the overall pupil population where 82% of children were white, 6% each were from a mixed race or Asian background and 3% black. White pupils are therefore over-represented and pupils from other backgrounds were slightly under-represented which may indicate the presence of barriers to accessing this service.

Areas of Focus – Education



Existing inclusion and SILAP workstreams to consider ongoing evidence of disproportionality, factors driving this and actions needed to address these – boys, deprivation and SEN/EHCP, in particular, those with social, emotional and mental health or speech, language and communication needs.



Gloucestershire has a lower than national take up of 2 year olds in funded Early Years placements. There is work in train to promote take up of funded EY placements and to reduce barriers to take up where consultation with communities inform us these may exist. However, this has only resulted in a small increase in take up. Initial feedback indicates that people who aren't engaging with the service simply don't feel it's for them. It is not clear whether there is any service shaping that could be done to address this. Further work will be undertaken in conjunction with Children and Family centres to reach these people and better understand needs.



The SEND improvement plan includes a focus on tackling Primary exclusions where Gloucestershire is an outlier.

Economy, Environment, and Infrastructure

What we've done in 2024/25

We've been exploring opportunities for strengthening reporting relating to service user diversity through improved provision of data and narrative from EE&I services, in particular. This year, we have included additional information on Skills and Employment, Digital Inclusion, Public Transport (commercial and demand-responsive). We will continue to work towards developing data and trends across these services.

Library Services

Libraries are community hubs. They connect people to information and connect people to people. Gloucestershire Libraries are welcoming, inclusive, innovative, and inspiring. Vibrant safe spaces at the heart of our diverse communities, they encourage connections and creativity, providing equality of access to reading, culture, technology, trusted information, and learning opportunities. Working with and for their communities, libraries will continue to adapt and respond to their changing needs, championing sustainability and promoting health & wellbeing.

What we've done in 2024/25



Ageing with Creativity initiatives: Over 60's Choirs have now also been established in Coleford and Tuffley. This is in addition to the choir established in Longlevens the previous year.

Tastes of Memory Reminiscence Recipe Project links older people and those with dementia with 11-18 year olds. The project celebrated cherished family stories, treasured recipes, and the inter-generational connections food creates.

Share a Poem and over 60's groups tackled social isolation using poetry, local history and art.



Gloucester Library have spent Vaisey award money on dual language picture books to gift to children through Gloucestershire Action for Refugees and Asylum Seekers (GARAS) and aim to roll this out to adults as well. New dual language stock is being purchased for Library loan as well.



At Longlevens Library, Gloucester Community Outreach work collaboratively to offer weekly I.T. sessions for ex-service personnel and their families, helping them overcome mental and physical health issues and isolation. Attendees learn new I.T. skills to help with job searches and staying in contact with people.



Family festivals hosted in various non-library locations within the county evidenced 53% of attendees as identifying with one or more of the following characteristics or communities: neurodiversity, disability, refugee or migrant, single parent household and/or low-income household.



The Space to Create initiative introduced digital skills to 16-24 year olds from all walks of life, if they are not in mainstream education, employment or training (NEET), struggle with their mental health, are leaving care, or have additional needs.

What we know

At the end of March 2025, there were just under 68,750 active users of Local Authority and Community run library services in Gloucestershire. This is a 4% increase compared with the same time the previous year. Our libraries received more than 1,500,000 during 2024/25 (a 10% increase on 2023/24).



▲ Data relating to sex wasn't obtained for just over half of library users (56%). For those where we do have information recorded, 38% are male and 62% are female.



Around 45% of library users are children or teenagers aged up to 17 years. This group makes up 20% of the population of Gloucestershire and young readers are therefore over-represented among library users, in particular 11-17 year olds which represented a quarter of library users overall and only 8% of the population.

18-30 year olds form one of the smallest age groups, making up under 5% of library users, compared with 14% of the population.

Adult users overall are under-represented until the age of 66 years and over when the library user population is similar to the overall population. People continue to use our services late into life with almost 320 people aged over 90 years, of whom a small group is aged over 100 years.

Public Transport

Gloucestershire's public transport system is undergoing improvements to enhance connectivity and sustainability. The Bus Service Improvement Plan (BSIP) focuses on delivering better evening and weekend services, especially in rural areas with an "Expressbus" network and demand-responsive transport. Key aims of the BSIP include:



Connectivity: Improving connections between different modes of transport and different areas of the county.



Accessibility: Making public transport more accessible to all residents. We aim to make bus services easier to use and more convenient for everyone, particularly those with mobility issues.



Affordability: Ensuring public transport is affordable and accessible.



Reliability: Making bus services more reliable and dependable.

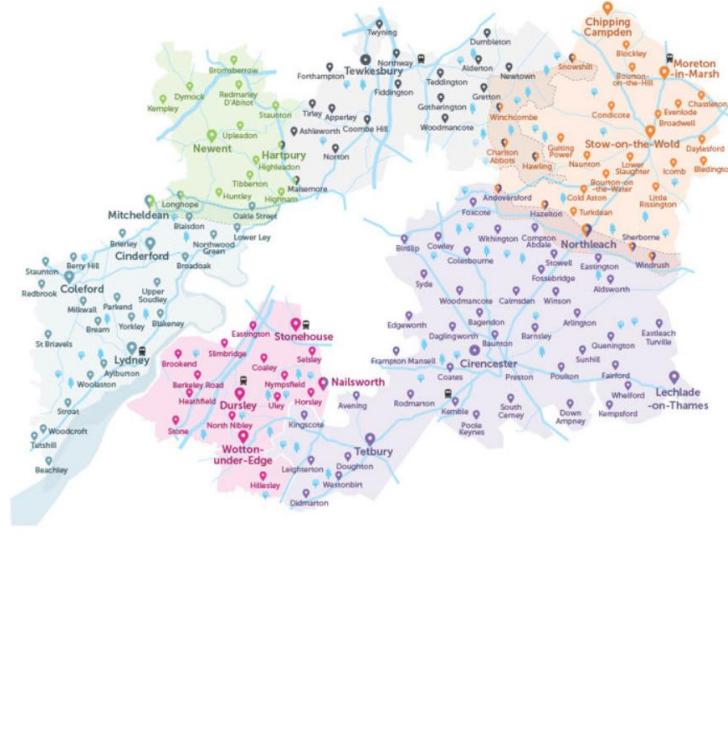


Sustainability: Promoting sustainable travel options like buses and cycling to reduce carbon emissions.

Demand-Responsive Public Transport Serving Rural Gloucestershire

As part of our work to level up communities, one of our key objectives is to link local people to jobs by providing sustainable transport solutions and reducing barriers to employment.

What we've done in 2024/25



In order to support accessibility to key services, we introduced an on-demand bus service called the Robin in 2022. This was designed to serve residents in the two launch areas, covering Cotswolds (a northern section) and the Forest of Dean (a southern section).

The Robin service has been extended over time. Three new services were launched in June 2024, serving Berkeley Vale, Tewkesbury District and South Cotswolds. With the introduction of the service in Newent in 2025/26, the Robin will offer coverage of all rural areas of the County.

The service offers affordable fares and aims to improve connections between rural areas which often have infrequent or no fixed routes available. This increases people's access to services and the wider transport network of our County, expanding access to employment, education, healthcare and shopping.

The Robin is a local, bookable service 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.

Our public transport commercial network and the Robin demand-responsive service are particularly critical to those groups who are less likely to have access to a car or van:

- Women aged 65 and over compared with men of the same age
- people reporting a disability under the Equality Act, than those who are not disabled
- people from all groups which were not white.

What we know

During 2024/25, there were just over 33,200 trips taken connecting people in rural areas with services and activities in urban centres across Gloucestershire.



The service in the South of the Forest of Dean is well established and had the highest number of trips across its two busses at around 11,600, followed by North Cotswolds where 6,200 trips were taken during 2024/25.

Services in Berkeley Vale, South Cotswolds and Tewkesbury District were launched in June 2024, so were not operational for the full financial year, but averaged around 5,150 trips in each area over almost 10 months.

Commercial Public Transport Services

The purpose of commercial public transport is to facilitate personal mobility, providing a service for a fee that enables people to access jobs, education, healthcare, and social opportunities, especially for those without private vehicles. Beyond direct user benefits, it also serves the broader community by reducing congestion and carbon emissions, fostering economic growth through improved access to shops and businesses, and creating healthier living through increased activity walking to bus stops and reduced pollution levels compared to if bus users all relied on cars for transportation.

Free bus passes promote social inclusion, improved health and well-being and social activity. They also ensure equitable access to services and facilities for those who might otherwise be isolated or unable to afford travel, while helping to maintain financially viable public transport routes that benefit the whole community. We offer a range of free travel passes to support groups within our communities to access services or social networks. These relate to older people over state pension age, people with a disability, veterans, apprentices, care leavers, refugees and people in Adult Education.

What we know



The 2021 Census found that Gloucestershire residents aged 65 or over were more likely than those under 65 to be without access to a car. In 2024/25, on average there were almost 28,000 people over the state pension age who held a bus pass enabling free bus travel around the County. Over 2.6 million passenger journeys were undertaken by older people during the year.

There were also more than 3,900 journeys undertaken by people in adult education or apprenticeships during 2024/25.



The 2021 Census found that people in Gloucestershire reporting a disability under the Equality Act were more likely than people who were not disabled under the Equality Act to be living in a household without access to a car or van. On average, there were around 1,700 people with a disability who are able to travel independently who held a bus pass in 2024/25. They completed over 320,000 journeys during the year. Just over an average of 1,250 people with a disability who were unable to travel alone held a bus pass enabling them to travel with a companion. These people completed almost 340,000 journeys.



Since July 2024, 400 bus passes have been issued to veterans who completed around 2,200 journeys between July 2024 and March 2025.



Bus passes were issued to 62 care leavers in 2024/25.



The Homes for Ukraine team have purchased 257 bus passes to support refugees living in Gloucestershire to access services and facilities.

- ▲ There were a further 5,650 cards which were live between July 2024-March 2025 where the group supported is unknown. These account for around 38,600 journeys.

Digital Inclusion



For the last 8 years, we have been working to address the lack of viable commercial broadband in certain areas of the county through our Fastershire project. By March 2025, 98.3% of premises in Gloucestershire had access to superfast broadband (30Mbps).

Nationally, a target has been set for 85% of UK premises to receive Ultrafast FttP Broadband coverage by 2025. Gloucestershire County Council is committed to enhancing connectivity throughout the county by collaborating with the UK Government's Project Gigabit scheme and the commercial network market.

What we've done in 2024/25

At the end of March 2025, 82.4% of premises had access to ultrafast broadband (1Gbps/1,000Mbps). This is an increase from 76.8% in March 2024.

Project Gigabit has been targeting approximately 4,400 properties in East Gloucestershire to provide them with ultrafast broadband connections.

At the end of March 2025, Stroud and Cotswold had the lowest access to ultrafast broadband at 63% and 70% of premises respectively.

Project Gigabit aims to provide gigabit internet coverage to 99% of premises in the UK by 2025/26. Gloucestershire County Council is collaborating with Project Gigabit to further extend coverage within the county.



As an interim measure to support those still struggling with speeds of less than 30 Mbps, Gloucestershire County Council has initiated the Digital Household Grant. This grant program covers the cost of installing high-gain antennas to facilitate faster broadband access through 4G technology.



In 2024, the DigiHubs project engaged over 5,000 individuals during almost 1,250 sessions in 65 community venues across Gloucestershire. These sessions focussed on enhancing digital skills, covering internet connectivity, employment support, utilising online services, sending emails, and using digital devices.



See also Libraries for our offer of weekly I.T. sessions for ex-service personnel.

What we will be doing in 2025/26

The council will develop a Digital Infrastructure and Inclusion Strategy to continue finding solutions to connect the remaining properties not served by gigabit broadband in rural and hard-to-reach areas. To address areas with limited 4G and 5G coverage, the digital team will work with mobile and advanced wireless providers to identify and bridge gaps in coverage.

The increased coverage of gigabit broadband infrastructure across the country is providing economic opportunities, and maximising these opportunities for businesses and economic development will be a focus of the new strategy.

The strategy will also continue to address barriers that some individuals face in accessing the internet, such as a lack of digital skills or financial constraints. This will see increased coverage of skills training in more venues across the county, supporting individuals to safely get online, recycling digital devices for those most in need, and promoting social traffic for low-income households.

Adult Education, Employment and Skills

Adult education enables adults to improve their lives and enhance their employment skills and opportunities. Our services are free and accessible to all, whether people are employed or looking for work, in education, or just starting their journey through confidence-building courses.

We work in partnership with Adult Education in Gloucestershire, libraries, voluntary and community organisations, and local employers to provide:

- Personalised action plans for short- and long-term goals
- Job search support
- CV and cover letter writing
- Mock interview practice
- In-work support and signposting to other relevant services

What we've done in 2024/25

Just under 2,500 learners were supported during 2024/25. Programmes target learners with protected characteristics and ensure curriculum access for all.

In alignment with the Gloucestershire Economic Strategy (2024–2034) and the Local Skills Improvement Plan (LSIP), our focus areas include:



Green Skills: Supporting the county's net-zero ambitions through sustainability-focused courses



Digital Skills: Expanding access to essential and advanced digital training, especially in rural and under-served communities.



Health & Social Care: Addressing workforce shortages through apprenticeships, BTECs, and flexible learning.



Community Wellbeing: Promoting independence, mental health, and social inclusion through accessible learning.



Social Value & Devolution: Enhancing life chances through apprenticeships, targeted employment pathways, and community engagement.

Our strategic delivery is aligned with national and regional priorities including the **Skills for Jobs** White Paper, **UK Digital Inclusion** Strategy, and **Levelling Up** Agenda.

Our courses also support the aims of other Council services i.e.

- *Cookery for Families* aiding **healthy lifestyles** and **healthy weight** in adults and children and *Feeding Families for Less* which linking to our **Levelling Up** and **Financial Inclusion** agendas.
- *Family Yoga and Mindfulness* and *Keep Calm Kids*, supporting **positive mental wellbeing** and developing strategies and tools for managing emotions and behaviours and **aiding good family communication**.
- *Help Your Child to Read* and *Help Your Child with Maths*, supporting **development** and **school readiness**.

What we know



In 2024/25, 7 in 10 of our learners were female compared with 3 in 10 who were male. This means that women are over-represented compared to the overall adult population of Gloucestershire.

▲ Men are significantly under-represented compared with the overall adult male population of Gloucestershire.



While we cannot break down data by unique learners and age, we know that older working age adults (55 to 64 year olds) are less likely to drop out of learning, with a 97% retention rate for this age group, forming 27% of all course completers. Younger working age adults have the lowest retention and completion rates at around 88% retention for Under 24's and those aged 25 to 34, and completion rates of 7% and 13% respectively.



In 2024/25, 45% of learners stated that they had a disability.

We support inclusive learning, for example using adapted tools and software for visually impaired learners.



Around 70% of learners were white (white British, white Irish, white other). Black and minority ethnic groups are over-represented in our learners with those from an Asian ethnic group making up 15% of learners, black learners representing 7% and mixed or other ethnic groups accounting for 8% of learners.



To support inclusion and help us to reach all those in our communities who need us, we offer community-based delivery. These are courses offered in homes, libraries, schools, and community centres, fostering local ownership and accessibility. We also offer blended learning through the continued use of online and in-person delivery which reduces travel, particularly for those in rural areas where connectivity may be less frequent and enables people to learn at a time to suit them.

Areas of Focus – Economy, Environment and Infrastructure



Explore opportunities for strengthening reporting relating to service user diversity through improved provision of data and narrative from EE&I services. Gaps should be narrowed relating to sex of library members and groups supported through travel passes. In addition, the under-representation of men engaging with adult education and employment services should be explored.

Community Safety – Gloucestershire Fire and Rescue Service

We work with our local communities to reduce risks to life, property and the environment from fire and other emergencies. We deliver tailored prevention activities that effectively and efficiently improve the safety, and health and wellbeing of the diverse people who live, work in or visit Gloucestershire. Our outreach work in the community ranges from attending community events and schools to talk about fire safety, to visiting people in their homes. During these visits, called Home Fire Safety Checks (HFSC), we carry out hazard spotting, discuss 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 identify any risk reduction equipment needed. We complete Safe and Well (S&W) visits for the most vulnerable members of our community, these include additional activities to the HFSC, such as a mobility and falls assessment, warm and well assessment, and a wellbeing check.

Home Fire Safety Checks and Safe and Well Visits

What we've done in 2024/25

Data has been refreshed, including previous years, to include telephone advice as part of the Home Fire Safety Checks. The number of Safe and Well visits that we undertake has shown a slight improvement in 2024/25, up just over 1%. The proportion of Home Fire Safety Checks has reduced by 7%, however, it was our intention to focus more on delivery of Safe & Well visits.

Following the findings from last year around gaps in collecting service user data, additional training and reminders were given to the Community Safety Team and quality of data captured has been monitored. Work has also taken place with wholetime watches to improve the delivery and recording of Safe and Well visits.

In 2024/25, we made over **5,100** home visits. The majority were Safe and Well checks (Just under **75%**).

Awareness has been raised with partner agencies about fire risks and the people who are at highest risk of fire fatality and fire injury. This work had led to an increase in referrals for people who most needed a Safe and Well visit, based on NFCC risk methodology.

One of our aims was to increase our understanding of the sex of the people we are reaching, as men are more at risk of injury and death in the event of a fire. In 2024/25, more males have received a Safe and Well visit or HFSC, and the proportion of people for whom sex wasn't captured has reduced.

Risk has been mapped across the county and Watches were trained to use the maps to target areas for community engagement and to carry out hot spot door knocks in areas identified as having the highest proportion of people at risk in order to generate Safe and Well requests for these people.

What we will be doing in 2025/26

We carried out just over 3,800 Safe and Well visits in 2024/25, up from around 3,775 last year. We've continued to narrow the gap to pre-pandemic performance to 2% and will continue to work to improve the reach of our Safe and Well visiting in 2025/26, working in line with national guidelines.

In April 2025, we have undertaken a gap analysis of referrals over the last 5 years, from all agencies working with people with known risk factors and are in the process of contacting them to offer fire risk awareness talks.

What We Know

The characteristics most consistently identified through fire fatalities or casualties are as follows:

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 Socio-economic Status (SES) i.e. deprivation.

Videos have been added to our training system, including an NFCC video about carrying out Safe and Well visits in line with the person-centred framework.

To support sensitive collection of protected characteristic information, a new information management system will be available in 2025/26 where the person receiving the visit can record their information on the tablet directly, if they have capacity

- 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.



Nationally, more men are involved in fire casualties and deaths than women.

- ✓ In 2024/25, in 38% of cases, the main householder involved in the visit was male, while 53% were female. This has improved for the third year, up from 31% at the end of March 2022. However, further focus is needed to reach more men.
- ✓ The proportion of visits where information about sex was not obtained is down for the third year from 18% to 9%.

A small proportion of people visited chose not to disclose their sex or gender identity.



The age of all people in the household is collected during visits.

- ✓ Around 22% of people living in Gloucestershire are aged 65 and over. Due to the risk of injury and death from fire increasing with age, half of HFSC and S&W visits were to households which included people aged 65 and over living in them (51%); around 1% of these visits were to people aged over 95 years old.

Children are more likely to need help to get out of the house in the event of a fire, particularly those under 11 and more so for under 5's. 17.5% of people living in Gloucestershire are aged 0-16 years old. Around 10% of the homes we visited had children aged under 16 in them.

- Until we can break down the age of children visited further, it's not clear whether we're reaching enough households with younger children.



We collect a range of information about disability and impairment for all people in the household during visits so that we can talk about, and help to manage, risks that each person may face.

- ✓ We carried out around 5,100 visits during 2024/25, during which we recorded almost 2,550 health issues which could place people at greater risk (note: more than one condition may apply to a person).

These related to physical mobility, a sensory or hearing impairment, a long-term health condition or a mental health condition. Having a long-term health condition continues to be the most common vulnerability identified during visits (accounting for almost 11% of conditions reported). This is followed by challenges around mobility (accounting for nearly 8% of vulnerabilities reported).



While there is no data to indicate that race and the likelihood of fire, injury or death are linked, we do need to make sure that we are reaching all members of our community with our fire awareness and prevention messages, as well as undertaking additional checks on health and wellbeing as part of our work to support partner agencies.

- ▲ Information relating to race was not obtained for 15% of households visited (up from 13% the previous year) and 8% of households were recorded as 'preferring not to say'. This leaves us with a significant gap in our understanding as to the effectiveness and inclusivity of the reach of our prevention work.



- ✓ People who live alone account for 30% of the households in Gloucestershire. Just under 2,500 visits were to people who lived alone in 2024/25. This accounts for 30% of visits due to the significant risk factor that living alone can present in the event of a fire. This is an increase from an average of 22% in the four years previous.



- ✓ Every property in Gloucestershire is categorised into one of ten deciles which relate to levels of deprivation. In Gloucestershire, just over a quarter of people live in the lowest 5 deciles (27%). There is evidence to show a link between social deprivation and the occurrence of fire. We therefore carry out more visits to people living in lower income areas, with 35% of visits being to these households in 2024/25.

Areas of Focus



Undertake further work to enhance understanding, engagement and competence across station crews, embedding diversity as a critical element, central to their role in the prevention of fires and in support of partners in relation to health and wellbeing. Embed training into the GFRS induction for new recruits.



Safe and Well system transition to take into consideration strengthening data capture relating to an increased breakdown of protected characteristics i.e. age of children in household.

Community Events

Gloucestershire Fire and Rescue Service is at the heart of the community. Every contact we make, as a team or as individuals, with a member of the public counts. This supports our wider agenda to prevent serious harm or injury. Community events are a great opportunity for us to meet with people from our communities.

What we've done in 2024/25

During 2024 we arranged and facilitated 7 Fire Station community open days (Newent, Nailsworth, Fairford, Cheltenham East, Stroud, Gloucester South and SkillZONE, Cinderford). Examples of other events that we've hosted or attended are detailed below, many of these will have been collaborative events working alongside our non-uniformed and uniformed partners:



No child left behind – Party in the Park, Cheltenham
Wellfest – Hartpury Higher Education Freshers event, Gloucester



7 Pride events hosted at Cheltenham, Stroud, Dursley, Gloucester, Tewkesbury, Cinderford and Tetbury Fire Stations



Windrush event – Gloucester
Jamaica Independence Day – Gloucester



Gloucester Eid celebration event



Community events in urban areas of our County:
Stroud Country Show
Barton and Tredworth Fayre
Barton and Tredworth Community engagement day
Tredworth Street Party
Gloucester Day - celebrating the city's history
Community Legitimacy Sports Day event 'Better Together' at Ribston High in Gloucester - celebrating the wide diversity in our communities

Community events in rural areas of our County:
Chalfest Festival (AONB)
Family Fun Day in Stonehouse
Gloucestershire vintage and country extravaganza (South Cerney)

What we will be doing in 2025/26

Community Events were taking place at the time of writing, with 5 Fire Station Community Open days (Stroud, Cinderford, Nailsworth, Fairford and Tewkesbury), 5 Pride events with 2 more planned. Crews have also attended Armed Forces Day in Gloucester, Coleford Emergency Services Showcase, Jamaican Independence Day, Stroud Show, Gloucestershire Vintage & County Extravaganza, Stratford Park Emergency Services day and a charity car wash event and charity event in Gloucester and Newent. Joint events have taken place with Trading Standards and SkillZONE.

SkillZONE

SkillZONE is Gloucestershire's only interactive life skills village where people of all ages can learn how to keep themselves safe whether at home or in the community. SkillZONE offers education and bespoke programmes for schools and community groups.

What we've done in 2024/25

SkillZONE primarily delivered educational sessions to Key Stage (KS) 2 and 3 children.

In July 2024, additional funding was received from the Office of the Police and Crime Commissioner (OPCC) as part of the Home Office's Serious Violence Duty (SVD) grant. This funding has supported the delivery of targeted KS3 and KS4 education sessions focused on serious violence themes, including knife crime, anti-social behaviour and county lines. The funding has also enabled the development and implementation of new education scenarios in the SkillZONE village, such as the Knife Crime Board, Sam's Alley and updated rail scenarios. The grant included a "Barriers to Participation" element, covering transport costs to ensure all KS3 and KS4 students could access the facility and benefit from the critical education, regardless of geographical or financial constraints.

What we will be doing in 2025/26

During the next year, the Serious Violence Duty education will continue to be built on by delivering targeted sessions to KS3 and KS4 students, both on site and through outreach, including the *SkillZONE On Tour – Summer 2025* programme.

The funding received from the OPCC will support the delivery of these sessions, including travel costs, ensuring young people from across the county particularly in rural and undeserved areas can access this vital education.

A Serious Violence Project and Evaluation Lead was recruited this year, fully funded through the SVD grant from the OPCC. This work focuses on ensuring quality delivery, robust evaluation and meaningful impact across all elements of the Serious Violence education offer. These developments mark a major step forward in how SkillZONE delivers preventative education, ensuring young people receive relevant, engaging and accessible learning on the realities and consequences of serious violence.

In addition, in March 2025, GWR provided funding to update the railway scenario and supported the key updates to the rail area in the village to incorporate the serious violence prevention messaging. This ongoing investment has provided invaluable learning resources and has enhanced the education spaces.

Subject to funding, the *FIRED-UP* 3-day youth engagement course is due to be expanded, to engage with more youth groups through greater school academic availability and increase of staff able to deliver. This will strengthen partnerships with schools and community organisations to widen reach.

Additional initiatives include updating existing scenarios within the SkillZONE village, based on feedback and trends and enhancing evaluation through the Serious Violence Project Lead to improve impact and accountability.

Going forward, work will be undertaken to develop a data trend over time, as well as increasing the information covered to include the district of the school attending which links to vulnerabilities based on Geography (urban and rural) and deprivation. Data will also be available for the new programmes being aimed at older teenagers in Key Stage 4.

What We Know

The number of children attending SkillZONE in 2022/23 was at its highest at 5,832. During 2023/24 this decreased by 20% to just over 4,650 children. There is a variation in the number of children visiting SkillZONE each year due to a number of factors. The main one appears to be the cost of coach hire, which is often a barrier to schools visiting. All SkillZONE sessions are delivered by volunteers from across Gloucestershire's diverse community. As volunteer availability and capacity can fluctuate, the number of visitors to SkillZONE may also vary year on year.



During 2024/25 there were just over 5,400 children who attended an educational programme at SkillZONE. Age ranges are gathered based on the child's school Key Stage. 3,830 Key Stage 2 children (ages 7-11) and just under 720 Key Stage 3 children (ages 11-14) attended SkillZONE sessions. This equates to 18% and 3% of the overall pupil population at Key Stages 2 and 3 respectively. With the introduction of our new, StreetWIZE Project aimed especially at Key Stage 3 students, going forward the percentage for Key Stage 3 should increase.



Engagement with children with a special education need. Just under 10% of children, attending SkillZONE in 24/25 had an identified SEND need (approximately 530 children); this is the highest level over 5 years. This figure is based on data captured from targeted Special School visits and does not include mainstream school sessions. For mainstream school visits, it's estimated that an average of three pupils per session have a diagnosed SEND need, equating to around a further 480 children.

- ▲ 19 children who were home educated visited SkillZONE in the 2023/24 academic year. This equates to 1% of registered home educated children. This is a reduction from the previous year when 5% of children who were EHE attended sessions at SkillZONE. This may be the only opportunity that these children have to hear fire and community safety messages as they do not attend school to receive education talks as other pupils do.



In 2023/24, participation was higher due to targeted outreach and stronger partnerships with home education networks. The team will aim to:

- build on this approach in 2025/26, as well as exploring stronger links with the GCC Elective Home Education Team to share opportunities more widely.
- consider trialling a dedicated "Home Education Day" each term, offering flexible, mixed-age sessions
- use a variety of communications tools and networks to directly reach home-educating families.

Corporate Resources

Consultations

Consultation plays an important role in informing our decision-making process, ensuring we consider a range of views from Gloucestershire communities and other stakeholder groups – both for and against a proposal.

GCC use a multichannel approach, tailored to the specific stakeholder groups, to raise awareness of consultations such as local media, multiple social media platforms, an E-newsletter portal, as well as more traditional methods such as library advertisement, face to face meetings and letters.

We also have an online Consultation Portal in place, where all consultations are published. Have Your Say Gloucestershire is a web-based consultation platform, compliant with Web Content Accessibility Guidelines for consultation management, analysis and reporting across the whole organisation.

Based on those who choose to respond, we are able to disaggregate our consultation data so that we can identify the potential impact of changes on any of the protected characteristic groups.

We undertook 11 large consultations last year, to which we received almost 3,300 responses. These included but were not limited to:

- The 2025/26 budget
- The Fairer Contributions Policy (Adult Social Care)
- Carers
- The Fire Services Community Risk profile
- Local Growth Plan
- Stroud Transport Hub

What we know



Just under half of people who shared their views as part of a consultation were female (48%), while 40% were male. A small proportion of respondents identified with a different sex than the one they were born with or did not identify with the male or female sex.

- For around 12% of respondents, their sex was unknown.



Engagement ranged from 16 year olds upwards but increased with age to a certain point, from less than 1% at ages 16-17 to 21% between 55-64 years of age. Responses from older people reduced with age to around 6.5% of over 75s.

- Age for just over 10% of respondents was unknown.



Around one-fifth of respondents stated that they had a disability or long-term health condition, while just over 60% considered themselves to have no disability. A long-term health condition was the most reported issue, accounting for just over 15% of respondents, followed by hearing difficulties at 7% and mobility and mental health at around 4.5% each.

- Disability is unknown for just over 15% of people.



82% of respondents were white (white British, white Irish, white other). All other races accounted for just over 3.5%.

- For around 14.5% of people race is unknown.



Just under 40% of respondents stated that they were Christian (including Church of England, Catholic, Protestant and all other Christian denominations), while a similar proportion reported having no religion.

- For over one-fifth of people, religion was unknown.



Just under 70% of respondents were heterosexual; this is an under-representation compared with the figure reported in the 2021 census of around 90%.

In the 2021 census, there were almost 15,000 people in Gloucestershire (2.8%) who described their sexual orientation as being in one of the LGB+ categories. This group were well-represented in consultations, making up more than 7.5% of respondents.

- Sexuality was unknown for just under a quarter of those engaging with consultations.

Areas of Focus



There are different equalities questions being applied to consultations by different Services. Work is underway to standardise the Council's equalities monitoring and ensure that data collection aligns with nationally approved terms and language.

Compliments and Complaints

We are committed to ensuring the quality of the services we provide. The complaints and compliments process is a vital part of assuring quality and in learning lessons on those rare occasions when things don't go right.

What we Know

In 2024/25, just over 1,700 people contacted us about Adult or Children's Social Care, Education or Gloucestershire County Council's corporate services. People may contact us more than once about the same or more than one service during the year. We therefore received a total of around 2,600 contacts.

The number of people contacting us is down for the second year, by 27%. However, the number of contacts were up almost 20% compared with last year.

Around a quarter of contacts were comments or required signposting to other services. More than half of contacts were compliments (56%) and 20% of contacts were complaints.

Only a small number of people completed equalities monitoring information when contacting us, of these:



Around 60% of contacts were from women in 2024/25. This is a slight increase over the last two years, up from 55%.



20-64 year olds make up 95% of the people who contact us, with engagement increasing across each 10-year band between 20-49 years old from 16.5% for 20-29 year olds to 25% for 40-49 year olds. This then reduced to 17.5% for the 50-59 year old group. A small number of under 16's also had contact with us.



7.5% reported having a disability. These included a mental health condition, a learning disability, hearing and a physical disability relating to mobility.



Almost 90% of people who contacted us were white (white British, White Irish, white other). The next largest group were those from a black ethnic group at around 4.5%.

Gloucestershire Archives

We gather, keep and share historic archive collections relating to Gloucestershire and South Gloucestershire – and local and family history resources relating to Gloucestershire. The archives are kept at the Heritage Hub in Gloucester and can be used in our public research room, free of charge. Gloucestershire Archives is a Gloucestershire County Council service. We also provide an archive service for South Gloucestershire Council. The geographic area that these Councils cover used to be a single County. Today we call it the historic County of Gloucestershire.

What we've done in 2024/25

In 2024/25, between 3% to 10% of our customers chose the 'prefer not to say' option depending on the protected characteristic when responding to our annual sample survey of customers. This is an improvement compared with the previous year when up to 20% of people elected not to disclose some or all information about their protected characteristics. For the 2024/25 survey a statement was included explaining that we need to collect this data for Public Sector Equalities Duty reasons with the aim of reducing the number of people choosing the 'prefer not to say' option. We also receive equalities data collected when archive customers sign up for membership cards to visit UK archives. This broadly reflects the national picture and does not change significantly from year to year.

Our events are open to all. In order to eliminate any socio-economic disadvantage, we don't charge but do accept donations. We also undertake specific projects working with marginalised and under-represented groups to enhance a sense of belonging and ensure their experience is represented in the historic county's archive.

The Public Sector Equalities Duty drives our outreach and engagement work, and we seek external funding and work in partnership to magnify our impact. Many of our activities are delivered in partnership with Voices Gloucester, which was externally funded 2021-2024 to deliver community engagement activities with under-represented groups using local history and heritage as its focus. Although this work focuses on Gloucester and environs, profound lessons have been learnt about genuine bottom-up community engagement which can be applied elsewhere if appropriate funding is forthcoming. Over 50% of these projects have been run by people from under-represented communities. All projects involve delivering mentoring and support, and we continue to build trust with marginalised communities who are keen that their stories are held in the archives for future generations.

In 2024/25, 46% of all our new archives accessions (a new item added to an existing collection) related to protected characteristics, up from 34% in 2023/24. Details about these are included below.

What We Know



More women than men complete our customer survey (62% compared with 35%, with 3% preferring not to say). However, our customer database suggests that actual engagement with the Archives by each sex is much more balanced (50% female, 49% male).

A small proportion of members identified their Gender as 'other'.

9.5% of new accessions in 2024/25 related to sex. There were no new ascensions relating to Gender Reassignment.



Our Heritage Schools programme initiative which helps school children learn about their local heritage and its significance has gone from strength to strength. 39 teachers trained at the Archives, 3 schools achieved Heritage Schools status, 3 primary schools were supported in making 'blue plaque' films about the history of their schools. This involved 90 pupils and 12 teachers and staff. We operate the Heritage Ambassadors Scheme in Gloucestershire is an initiative for students in Years 10 and 12 to foster their interest in local history and heritage. In addition, we held a heritage schools conference for year 10 and 12 students involving 65 pupils with talks and workshops (including on slavery, Gypsy/traveller and fake news). 390 schools receive a heritage half-termly newsletter with a click rate of 30-35%.

We delivered archives talks to 5 residential and care homes as well as 3 talks to over 60's library groups and 5 talks to over 60's community groups.

The majority of survey participants were aged between 51-80 years, with each 10-year age band accounting for around 25% of respondents. People aged over 65 make up half of the Archives membership.

7.5% of new accessions in 2024/25 related to age.



0.5% of new ascensions in 2024/25 related to sexual orientation.

Due to the age profile of many of our researchers we normally expect between 15-18% of our visitors to live with some form of disability (the national average for archives services). Based on the survey of a sample of visitors to the Archives in 2024/24, almost 25% declared some form of long-lasting physical or mental disability, while customer data collected upon joining the archives indicates just under 20% consider themselves disabled. This is positive as it indicates a good level of engagement with both the archives survey and with feedback mechanisms about the service.

In 2024/25, we held a workshop for 22 nurses training in mental health, giving a presentation on mental health, document display and talk about benefits of volunteering. We also held engagement activities with neurodivergent Groups. We have undertaken preparatory discussions with Julie Stephens from the Sight Loss Council developing a touch tour of the archives which is proposed for delivery. Podcasts about visual impairment have also been developed inspired by archival letter about a blind person in 1834

0.5% of new ascensions related to disability in 2024/25.



Whilst engagement activities with those from non-white backgrounds is good, we find it very challenging to attract more than 4% into our core customer, volunteer and staff base. Positively though, 6% of survey respondents were from a mixed background. Engagement efforts are ongoing, and we aim for the collections to slowly become more representative over time. However, there were no new archive accessions related to race in 2024/25.

Joint projects delivered with Voices Gloucester and co-curated with community members included:

- Research and celebrations of Irish, Gypsy traveller and Chinese communities' heritage
- Patchworks: stories of belonging in the Polish community
- Sew Jamaica – celebrating Caribbean heritage through stitching

A major highlight in 2024 was the 'Beating Back the Past' project funded by the Arts Council. This created a contemporary response to our UNESCO-registered song of enslaved people from 18th century Barbados. The project involved black and mixed-race artists responding to the manuscript and led to several high-profile events exploring the impact of generational trauma and the place of slavery in British and Barbadian history. In September 2024, we held a symposium at the University of Gloucestershire with international speakers and those involved in negotiating reparations for the Church of England. In addition, interviews with our two lead artists featured at the Gloucester History Festival conducted by a BBC Radio Gloucester presenter. We have had requests for the Beating Back the Past installation to go on tour to cathedrals around the country, National Trust houses and ultimately back to Barbados. It has already been staged at Stroud Valley Arts. Meanwhile, the document has also featured in major exhibitions at the Fitzwilliam Museum in Cambridge and the Wellcome Collection in London.



61% of new accessions in 2024/25 related to religion or belief.

21% of new archive accessions in 2024/25 related to marriage or civil partnership.



No new archive accessions in 2024/25 related to pregnancy or maternity.



Our remote access provision is designed to be available to people who are less able to leave home for long periods, including those with mobility difficulties and carers, or those who may live in more isolated areas or with less frequent public transport links.



In 2024/25, we added a category to our customer survey to help us understand whether any of our members were care experienced. 2% of respondents indicated that they were.



A collection of Refugee Stories was gathered in conjunction with Gloucestershire Action for Refugees and Asylum Seekers. These were read aloud at a special event, accompanied by traditional music from a local Syrian refugee.

Appendix 1 - Overview of Gloucestershire's Population

Key Demographics from the 2021 Census. The information in this section is based on an extract from the 2025 Population Profile broken down by protected characteristics. To read the full report, see [Gloucestershire's Population Profile 2025](#)



The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 48.9% of the population and females accounting for 51.1%. This situation is also reflected at district, regional and national level.

Although there are slightly more males than females in the 0-19 year old age band, as age increases, females outnumber males by an increasing margin. In Gloucestershire in 2023, 52.8% of people aged 65-84 were female, whilst for people aged 85+ the difference was more marked with females accounting for 61.4% of the total population; this difference is observed at district, regional and national level. As a result of this, 67% of single pensioner households are shown to be headed by a woman. However, the proportion of men in the older population is increasing as the life expectancy of men increases; thus, amongst the population aged 85 and over in Gloucestershire, the proportion of men increased from 33.4% in 2013 to 38.6% in 2023.

Analysis of the 2021 Census shows that in Gloucestershire:

- Women were more likely than men to head lone parent households with dependent children (84.2%, in line with the nationally).
- Women aged 65 and over were more likely than men to be living in a household without access to a car, and to be living in a single person household.
- Amongst people aged 50-64, women were more likely than men to be providing unpaid care. Amongst people aged 65 and over, there was no clear difference in the proportion of women and men providing unpaid care.
- Amongst people aged 16-24, males were more likely than females to have no qualifications. Amongst people aged 25-34, females were more likely than males to have a level 4 qualification (a degree or higher).
- Amongst people aged 25-64, men were more likely than women to be in higher managerial, administrative or professional qualifications.

Analysis of health data for Gloucestershire shows that:

- men have a shorter life expectancy than women.
- men had a similar healthy life expectancy to women in 2021-2023.
- the difference in life expectancy between men and women is greater in the most deprived decile of Gloucestershire compared with the least deprived decile.
- men have higher mortality rates than women from causes considered preventable.
- men have higher suicide rates than women.

The Census 2021 has provided the first set of official data on gender identity in England and Wales. In the 2021 Census there was a new question around gender identity, asking '*is your gender the same as the sex you were registered at birth?*'. The question referred to a person's sense of their own gender. It was directed only at people aged 16 and over.

However, as of November 2024, the Census 2021 data on gender identity no longer hold the accredited official statistics designation and have been reclassified as official statistics in development.⁵⁰ ONS states: *There are some patterns in the data that are consistent with, but do not conclusively demonstrate, some respondents not interpreting the question as intended; given other sources of uncertainty, not least the impact of question non-response, we cannot say with certainty whether the census estimates are more likely to be an overestimate or an underestimate of the total number of trans people aged over 16 years in England and Wales.* Census estimates on gender identity are, however, broadly consistent with the best available comparator of the GP Patient Survey and international comparators.

Overall, 94.8% of residents in Gloucestershire aged 16 and over answered the question. Of these, almost 2,200 people (0.4%) regarded their gender identity to be different from the sex registered at birth, but this could potentially be considerably higher. This is slightly lower than the national average of 0.5% where disclosure is also likely to be lower than actual.



A total of approximately 28,000 people in Gloucestershire (5.2%) chose not to answer this voluntary question. The LGBT Foundation states that figures provided in the Census represent only a small proportion of all LGBTQ+ people, and that they hope that an increasing number of our communities feel confident to self-disclose in future Censuses.

The 2021 Census found that within Gloucestershire the most common gender identity other than 'gender identity different from sex registered at birth' was 'no specific identity given'. Around 780 people (0.1%) fall within this category. The next most common identity was 'trans woman' (423 people, 0.1%), followed by 'trans man' (380 people, 0.1%), non-binary (355 people, 0.1%), and 'all other gender identities' (229 people, 0.0%).

At district level:

- Gloucester has the highest numbers of trans women and trans men in the county (114 and 107 people respectively).
- Gloucester has the highest number of people stating their gender identity is different from their sex registered at birth (600 people).
- Gloucester also has the highest number of people with a 'gender identity different from sex registered at birth, but with no specific identity given'. Over 280 people (0.3%) identified with this gender identity. This exceeded both the county and national average of 0.1% and 0.2% respectively.
- Cheltenham has the highest number of people identifying themselves within 'non-binary' and 'all other gender identities' (123 and 80 people respectively).

In 2023, the resident population of Gloucestershire was estimated at 659,276 people, of which:



- 21.9% were aged 0-19
- 56.1% were aged 20-64
- 22.1% were aged 65 and over.

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+ when compared to England.



Continued

Analysis of the 2021 Census shows that Gloucestershire residents aged 65 or over were more likely than those under 65 to:

- have a disability under the Equality Act
- be in poor health
- be living on their own
- be without access to a car
- be providing unpaid care of 50 hours or more a week
- be living in a household without central heating

The most common impairment type reported by disabled people in the UK was 'mobility' (48%). Amongst children the most common was 'social/behavioural' impairment, working age adults reported 'mental health', and 'mobility' was the most common issue for people of state pension age.

According to the 2021 Census, 16.8% of Gloucestershire residents reported a disability under the Equality Act. 6.4% reported that their activities were limited 'a lot' and 10.4% reported their activities were limited 'a little'. The equivalent national figures for England were 17.3%, 7.3% and 10.0%.

At a household level, 30.3% of households had at least one person with a long-term limiting health problem or disability; this was slightly lower than the figure for England of 32.0%.

The Forest of Dean and Gloucester had the highest proportion of residents reporting a disability under the Equality Act at 19.2% and 17.4% of the population respectively; both districts exceeded county levels at 16.8% and national figures at 17.3%. Cotswold had the lowest proportion of residents reporting a disability at 15.4%.

Estimated projections suggest that in 2025 there will be approximately 11,249 people aged 65+ living with dementia in Gloucestershire. The proportion of people with dementia increases with age - people aged 65- 69 account for 6.0% of dementia sufferers over 65 in Gloucestershire; this increases to 23.0% for the 80-84 age group.

The 2021 Census found that people in Gloucestershire reporting a disability under the Equality Act were more likely than people who were not disabled under the Equality Act to

- be providing unpaid care
- be living in a household without access to a car or van
- be living in social housing
- amongst people aged 25 or over, people with long-term limiting illnesses or disability were more likely than others to have never worked and to be in routine occupations and were less likely to be in managerial positions.

The 2021 Census found that 10% of Gloucestershire residents (around 64,500 people) were born outside the UK compared with a national figure of 17.4%. Of this group, 50.5% were born in another European country and 22.8% were born in the Middle East or Asia.

With regards to race of Gloucestershire residents, the 2021 Census found that:

- 87.7% were white people from an English, Welsh, Scottish, Northern Irish or British background
- 4.5% were in the 'other white' group
- 2.9% were people from an Asian, Asian British or Asian Welsh background
- 2.2% were people with a mixed or multiple ethnic background
- 1.2% were black people from a British, Welsh, Caribbean or African background
- 0.6% were white people from an Irish background
- 0.7% were in another ethnic group.
- 0.2% were white Gypsy and Irish Traveller people or were white Roma people

The 2021 Census found that overall, 6.9% of the population in Gloucestershire were from an ethnic minority background (excluding white minorities). This was considerably lower than the national figure of 19.0%.

When including white minorities, the proportion of people in Gloucestershire from an ethnic minority rose to 12.3%. This was less than half of the national average of 26.5%.



At district level:

- Gloucester had the highest proportion of people from ethnic minority backgrounds (excluding white minorities), at 15.1% of its population. However, this is still considerably lower than the national figure.
- Cheltenham had a higher proportion than the countywide figure of people from ethnic minority backgrounds (excluding white minorities), at 8.6%.
- Forest of Dean had the lowest proportion of people from ethnic minority backgrounds (excluding white minorities), at 2.5% of its total population.
- The proportion of people within the 'other white' group was higher in Cheltenham than Gloucestershire and England as a whole (7.0% compared with 4.5% for Gloucestershire and 6.3% for England).
- 41.5% of white Roma people lived in Gloucester City, and 37.3% of white Gypsy and Irish Traveller people lived in Tewkesbury borough.

At ward level:

- Barton and Tredworth ward in Gloucester was the most ethnically diverse ward with 47.4% of its population from ethnic minority backgrounds (excluding white minorities), and 14.5% from another white background other than the white English, Welsh, Scottish, Northern Irish or British ethnic group.



Continued

Gloucestershire is characterised by a comparatively small population of people from ethnic minority backgrounds (excluding white minorities). The 2021 census showed people from ethnic minority backgrounds (excluding white minorities) account for 6.9% of the population; this was much lower than the England figure of 19.0%. However, the population of Gloucestershire is however, becoming increasingly diverse. The population of people from ethnic minority backgrounds (excluding white minorities) increased by 63.8% between 2011 and 2021, from 4.6% to 6.9% of the population. The number of people from the other white ethnic group increased by 55.1% during the same period, from 3.1% of the population in 2011 to 4.5% of the population in 2021. Gloucestershire's 0-19 year old population is more diverse than other age groups, which may have implications for service delivery. There are differences in outcomes between ethnic groups in health/disability, housing, education and employment.

Hate Crime

In Gloucestershire in 2023/24 there were 1,355 hate crimes reported – a decrease of 12.3% reported in the previous year. Race-related hate crime was the most reported strand of hate crime, amounting to 64.9% (880 cases) of all reported hate crime in the county. This strand of hate crime has seen a decrease of 7.5% (71 cases) from the previous year. Religion was the only hate crime which saw an increase on the previous year, rising from 61 to 89 reported cases in 2023/24.

Language

According to the 2021 Census, 27,000 people in Gloucestershire (4.3% of the population) did not speak English as their main language. Amongst this group, Polish was the most common language (6,703 people), followed by Romanian (2,796 people) and then Portuguese (1,144 people). An EU language other than Polish was the main language of 10,683 people.

At district level, Gloucester had the highest proportion of people who did not speak English as their main language (8%) followed by Cheltenham (6.9%). Around 84% of people, whose main language was not English, could speak English well or very well.

Older people were less likely than younger people to be proficient in English: 32.3% of people aged 50 and over who did not speak English as a main language were not proficient in English compared with 12.0% of people aged under 50 who did not speak English as a main language.

According to the 2021 Census, 49.2% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by No religion which accounts for 41.4% of the total population. Gloucestershire has a higher proportion of people who are Christian, have no religion, or didn't specify any religion compared with national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the racial composition of the County.

At district level:

- Cheltenham had the highest proportion of Buddhists.
- Gloucester had the highest proportion of Muslims, at 4.7% of its population.
- Stroud had the highest proportion of people who follow an 'Other Religion' and of people who did not state their religion.



Among residents of Gloucestershire aged 16 and over:

47.8% are married

33.6% are single and have never married or registered a civil partnership

9.9% are divorced or formerly in a civil partnership which is now legally dissolved

6.5% are widowed or a surviving partner from a civil partnership

2.0% are separated but still legally married or still legally in a civil partnership

0.2% are in a registered civil partnership



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

As with gender identity, the Census 2021 has provided the first set of official data on sexual orientation in England and Wales. In the 2021 Census there was a new question around sexual orientation, asking 'which of the following best describes your sexual orientation?', and providing a list of options. It was directed only at people aged 16 and over, and answers were voluntary.

Overall, 93.2% of residents in Gloucestershire aged 16 and over answered the question. Most people who answered described their sexual orientation as 'straight or heterosexual', at 90.4% of the population. This is slightly higher than the national average of 89.4%.

There were almost 15,000 people (2.8%) who described their sexual orientation as being in one of the LGB+ categories. This is lower than the national average of 3.2%.



A total of almost 36,200 people chose not to answer this voluntary question, which is more than double the total number of LGB+ people who did choose to respond. The approximate figure of 15,000 LGB+ people should be regarded as the minimum number in the County, but this could potentially be considerably higher.

The 2021 Census found that within Gloucestershire the most common LGB+ sexual orientation was 'gay or lesbian'. More than 6,800 people (1.3%) described their sexual orientation as this. The next most common LGB+ sexual orientation was 'bisexual', with more than 6,400 people (1.2%). All other LGB+ sexual orientations accounted for almost 1,700 residents in Gloucestershire (0.3%). This figure included 'pansexual', 'asexual', 'queer', and 'all other sexual orientations'.

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



There were 5,839 live births in Gloucestershire in 2023. This represented a 0.1% increase on the previous year (increase of 5 live births); this differed from the national picture, where there was a decrease of 2.3% since 2022. The highest proportion of deliveries was to women aged 30 to 34, continuing the trend of later motherhood. Births to mothers in all age bands above the age of 30 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 30 account for a lower proportion.



At district level:

- Cheltenham, Gloucester and Forest of Dean have a higher proportion of births to mothers aged under 20 (2.8%, 2.5% and 2.4% respectively) than Gloucestershire (2.0%) and England (2.3%).

Continued

Cheltenham, Cotswold and Stroud all have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.

Gloucestershire County Council has begun to consider additional groups beyond the nine protected characteristics set out in the Equality Act 2010, when carrying out Equality Impact Assessments (EqIA). It is anticipated that including additional groups will help to ensure a wider range of equality issues or opportunities are identified and understood through the equality assessment process. As a result, it is more likely that policies and services are designed, developed and implemented in a way that prevents unfair treatment and promotes a fairer and more equal society. The additional groups now considered include but are not limited to:

- Geography (rural/urban areas)
- Socio-economic disadvantage
- Armed Forces community
- Carers
- Care Leavers
- Digital exclusion

This is not an exhaustive list. In this report, information is also reported relating to people who live alone and may be socially isolated as well as those with a refugee or asylum seeker status were this is available.



The geography of an area can make it difficult for some people to access the services they need.

This information is based on a classification of rural/urban areas last updated in 2011. It showed that most of the County (87.8% of the total area) comprised of Output Areas that are classified as Rural, but in 2020 only 30.6% of the county's population resided in Output Areas that fell into this category. Gloucestershire's Urban Output Areas accommodate the majority (69.4%) of the county's total population. Gloucestershire has a significantly higher proportion of its population living in rural areas than the national average (18.4%).

At district level over 80% of Cotswold's population lives in rural areas. Forest of Dean has the second highest proportion of residents in the county living in rural areas. Conversely less than 1% of Cheltenham's population and 0% of Gloucester's population live in rural areas.

Being socio-economically disadvantaged means living in less favourable social and economic circumstances than others in the same society.

The main measure for this is the Indices of Multiple Deprivation. In general, Gloucestershire is not a very deprived county, ranking 126 out of 151 (where 1 is the most deprived) county and unitary authorities, putting it in the least deprived 20% of authorities across England.

At district level, even the most deprived districts in the county (Gloucester City, and Forest of Dean) are amongst the middle 20% of districts for deprivation out of 317 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived 20% of districts nationally. Cheltenham is in the second least deprived 20% of districts nationally.

However, there are pockets of deprivation, 31 out of 373 small areas in Gloucestershire are amongst the 20% most deprived in England with 7.6% residents of Gloucestershire living in these areas. The areas amongst the most deprived 20% in England are mainly located in the urban areas of Gloucester and Cheltenham, with the exceptions of Cinderford West 1 in the Forest of Dean and Tewkesbury South 3 in Tewkesbury.



In Gloucester, almost 25% of the population (1 in 4) live in areas amongst the most deprived 20% nationally. In contrast in Cotswold and Stroud none of the population live in areas amongst the most deprived 20% nationally. Cheltenham stands out as an area with a degree of polarity, around 10% of residents live in areas amongst the most deprived 20% nationally, conversely over 40% of residents live in areas amongst the least deprived 20% nationally.

Living in areas of deprivation can have a significant impact on the life chances of residents. Gloucestershire residents living in areas amongst the 20% most deprived nationally are significantly more likely to:

- have a still birth
- have obesity in year six
- be victims of any crime
- become a victim of violent crime
- experience anti-social behaviour incidents
- be claiming unemployment benefits
- have children in care than residents living in areas amongst the least deprived 20% nationally.

The information captured relates to armed forces veterans rather than current personnel and was captured by the 2021 Census.

In 2021 there were just over 27,400 people who had previously served in the UK armed forces resident in Gloucestershire (5.2% of the 16+ population). This is just over 1 in 20 people aged 16 years and over in Gloucestershire.



Gloucestershire and its districts had a higher proportion of residents who had served in UK regular armed forces than England (3.8%). The proportion of Gloucestershire residents who had served in the UK reserve armed forces or both the regular and reserve armed forces was in line with the national average.

9.2% of households (almost 26,000) in Gloucestershire included one or more UK armed forces veterans. This was higher than the national average of 7.0%.

This information is based on self-reported caring status according to the 2021 Census, this means figures will be different from sources which look at registered carers.



In 2021, there were almost 51,900 people aged 5+ providing unpaid care in Gloucestershire, this is equivalent to 8.5% of the population. In comparison, a slightly higher proportion of the population in England (8.8%) said they provided unpaid care.

Forest of Dean had the highest proportion of unpaid carers (9.7%) and was the only district to exceed the county and national average. Forest of Dean also had the highest proportion of residents providing very high levels of care (50 hours a week), with 2.9% of residents providing this level of care, higher than the county (2.3%) and national average (2.6%).

A care leaver in the UK is an adult who has spent time in foster or residential care.



The Independent Review of Children's Social Care, published in May 2022 (The MacAlister review), recognised the often negative outcomes for people with care experience and recommended that the government should make being Care Experienced a protected characteristic.

There are a range of barriers and discrimination care leavers can face throughout life, including but not limited to:

- 70% of people who have been in care die earlier than would otherwise be expected
- Over half of those in custody up to the age of 21 have been in care
- A quarter of the homeless population in England and Wales has experienced of the care system

This relates to those people who are disproportionately disadvantaged by the increasing turn to digital.



Very little information is collected about this group. The latest information taken from the Participation Survey is at district level and covers the period from May 2023 to March 2024. The survey shows that the percentage of respondents from Forest of Dean and Gloucester aged 16 and over who have used the internet either at home or anywhere else is 91.3% and 92.3% respectively, which are both slightly lower than the England average of 92.7%. Cheltenham shows the highest percentage of respondents using the internet at 96.9%, followed by Stroud and Tewkesbury at 95.9% and 95.8% respectively. The percentages for these three districts are all significantly higher than the England average.
