

# **Understanding Stroud 2015**

Produced by the Strategic Needs Analysis Team,  
Gloucestershire County Council

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## 1. Introduction

Understanding Stroud has been produced to provide an understanding of the district and its communities. It looks at the needs of communities and how we expect them to change in the future and assesses current and future health and social care needs of the citizens of Stroud.

The report is part of a suite of documents, which also includes; Understanding Cheltenham, Understanding Cotswold, Understanding Forest of Dean, Understanding Gloucester, Understanding Tewkesbury and Understanding Gloucestershire – A Joint Strategic Needs Analysis. Where possible the documents follow a similar structure to one another, although difficulties in obtaining some data at district level means Understanding Gloucestershire – A Joint Strategic Needs Analysis, features some topics that are not available in the other reports.

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## 2. Executive summary

### Stroud Context

- The population of Stroud was estimated to be around 115,100 in 2014, representing a rise of approximately 5,600 people since 2004. This is equivalent to an annual growth of 0.51% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the growth of the older population (aged 65 and above) in Stroud continued to outpace that of the younger population. In addition, the growth rate in the district's older population was higher than those in Gloucestershire and England and Wales.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Stroud will reach 122,600 by 2025 and 129,800 by 2037. This represents an annual increase of 0.62% or 710 people between 2012 and 2025, and 0.49% or 600 people between 2025 and 2037. The district's growth rates are lower than those predicted for Gloucestershire and England in the short, medium and long term.
- The number of older people aged 65 is projected to increase by 690 per annum between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.
- The 2011 Census showed that 6,120 people who were usually resident in Stroud were born outside the UK, representing 5.4% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 28% (1,740 people) were recent migrants, having arrived since 2004.
- Ethnic groups showing the biggest growth in Stroud in the 10 years to 2011 were 'White-British' (+3,030 people), 'White-other' (+1,050), 'Other Asian' (+240) and 'Mixed-White and Asian' (+220).
- Generally, Stroud district ranks well in the county in terms of overall deprivation, and consistently well across the domains of deprivation. Around a third of the area of Stroud district is ranked within the 20% least deprived areas in England, while there are no areas ranked within the top 20% most deprived in England.
- Females in Stroud can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the district over the past decade, although there have been recent declines for both sexes, with the most recent data for 2012-14 shows that life expectancy for Stroud is falling below the county average.
- Males in the least deprived Stroud decile (10<sup>th</sup> of population) can expect to live around 7 years longer than those in the most deprived decile. For

females, the gap is 5 years. For both genders, the gap appears to be widening over recent years.

- The three leading causes of death in Stroud are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.
- The rate of excess winter deaths in Stroud was significantly lower than the county and national benchmarks between 2007-10, but has since risen to a similar level to these comparators.
- The number of employees in Stroud district has decreased slightly over the last five years to a total of 44,660. Between 2015 and 2025 employment (employees and self-employed) in Stroud district is set to increase between 2015 and 2025 to 59,400 people, however, growth is expected to be at a conservative rate with a projected average annual change of 0.2% which along with Gloucester is the lowest of all the districts.
- The Manufacturing sector stands out in terms of size and local importance in Stroud district accounting for over a fifth of employees in 2014.
- There are nearly 5,800 businesses in Stroud district accounting for over a fifth of the county total, growth over the last five years has been moderate and matched the county growth rate.
- The district has a highly skilled workforce that reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.
- The number of people claiming Job Seekers Allowance (JSA) in Stroud district has been at its lowest in terms of both number and rate for some thirty years. However there are still areas of relative high unemployment around the centre of Stroud.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Stroud district has declined over the last four years from a high of almost 150 people in October 2011 to 62 people in May 2015.
- In Stroud district some 33% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This is well above both the county and national averages of 30% and 27% respectively. At the other end of the scale those with No qualification accounted for 18% of the resident population over 16 which although below the county and national average amounted to 16,800 people.
- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 478 new postings in May before dropping back to about 427 in October.
- Of the 44,524 residents aged 16 and over in Stroud district who commuted to work in 2011, some 54% equating to 23,998 worked within the district.

- There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that somewhere between 0.6% and 1% of the UK's adult population are experiencing some degree of gender variance. By applying the same proportions to Stroud's adult population, we can estimate that there may be somewhere between 600 and 900 adults in the district that are experiencing some degree of gender variance.
- In 2011, 53.0% of people aged 16 years+ in Stroud were married, this was higher than the county, regional and national average. The proportion of people in a registered same sex civil partnership in Stroud stood at 0.3%, which was in line with the county, national and regional averages.
- In 2014 there were 1,014 live births in Stroud, the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. Births to mothers aged 35 and over account for a higher proportion of total births in Stroud than they do at a county, regional and national level.
- In 2011, 62.0% of residents in Stroud reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 28.3% of the total population.
- The overall gender split in Stroud is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Stroud it would mean somewhere between 3,500 and 4,900 people in Stroud are Lesbian, Gay or Bisexual. However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Stroud it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district.

### **Getting the right start in life**

- In 2014/15, 118 women were recorded as being a smoker at their first antenatal appointment (time of booking). 86 women were recorded as still smoking at time of the delivery for the same period.
- Low birth weight babies account for a higher proportion of total births than in Gloucestershire and England while mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and national counterparts.

- Under 18 conception rates in Stroud district were the same as Gloucestershire and lower than England.
- Chlamydia detection rates in Stroud were lower than the county and national benchmarks. It should be noted that this does not necessarily mean that Stroud has a lower rate of young people with Chlamydia to Gloucestershire and England; it could be related to the proportion of people screened.
- Stroud had a similar percentage of excess weight in 4-5 year olds compared to Gloucestershire overall but higher than the England benchmark. Excess weight levels for 10-11 year olds was below the Gloucestershire and England average.
- The proportion of children achieving a good level of development at the Early Years Foundation Stage was lower than the national average.
- Educational attainment from Key Stage 1 to Key Stage 5 was higher than the county and national average across all subjects.
- During the whole of the 2014/15 reporting year, children living at an address in Stroud have the third-highest rate of referrals, and initial assessments. The rate of children who are the subject of a CP plan is the second-lowest of the six districts in Gloucestershire.
- According to a snapshot taken as at 31<sup>st</sup> August 2015, Stroud has the third-lowest rate of Children in Care, with Gloucester having the highest rate.

### **Keeping healthy – prevention**

- Admission episodes for alcohol-related conditions in Stroud district were below the Gloucestershire benchmark and slightly above the England rate.
- Smoking rates in Stroud were below the Gloucestershire and England benchmarks and have been declining since 2010.
- In 2012, 60% of adults in Stroud were overweight or obese, which is lower than the Gloucestershire and England benchmarks.
- The percentage of physically inactive adults in Stroud district has remained below the Gloucestershire and England average for the last 3 years.
- There is a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

## Particular Needs

- While overall health tends to be good, this is not true for everyone and for every part of the district. Some groups of individuals, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes.
- According to the 2011 Census 16.7% of Stroud residents (18,852 people) reported having a long term health problem or disability, this was in line with the county average and below the regional and national average.
- In February 2015 there were 7,290 people claiming Disability Living Allowance or Attendance Allowance in Stroud, representing 6.3% of the total population, this was lower than the county, regional and national averages.
- Analysis of disability living allowance and attendance allowance claimants show Stroud had a lower proportion of disability benefit claimants than the county and national average.
- Arthritis was the most commonly reported disabling condition in Stroud, representing over a fifth (22%) of all claims, this reflects the county and national trend.
- In 2013/14 there were 2,585 children and young people in maintained schools in Stroud with Special Educational Needs, this equates to 16.4% of pupils, which was broadly in line with the county average.
- The total number of pupils with Special Educational Needs in Stroud schools has been falling since 2009/10. During this period the number of people with the lowest level of need have declined, while those with higher levels of need have increased.
- Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. The most common category of need in Stroud schools was Behavioural, Emotional and Social Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.
- In 2014 there was an estimated 5,649 people aged 18-64 with a severe or moderate physical disability living in Stroud and an additional 4,411 people aged 65+ who are unable to manage at least one mobility activity on their own.
- The number of people with a moderate or serious physical disability is projected to increase marginally between 2014 and 2025. In contrast the number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase steeply.

- In 2014 there was an estimated 2,113 people aged 18+ with a learning disability living in Stroud. The number of people aged 18+ with a learning disability is forecast to increase to 2,249 people by 2025, this represents an increase of 136 people or 6.4%.
- For the majority of long term conditions (LTCs) recorded on QOF disease registers, Stroud and Berkeley Vale locality has a similar prevalence rate to the county as a whole, although it is significantly higher for cancer.
- There are estimated to be over 1,750 people aged 65 and over with dementia in Stroud and this is forecast to rise by over two thirds to over 2,940 in 2030.
- In 2014/15 2,217 people received community-based adult social care services in Stroud District. The rate per 100,000 population is the third highest in the county.
- There were 335 adults in residential care and 259 in nursing care in Stroud in 2014/15. Stroud has the third lowest rate of people in residential care in the county in recent years. For nursing care, between 2011/12 and 2013/14 Stroud had a substantially higher rate than the other Districts. In 2014/15 the rate had reduced to such an extent that it is now close to the county average.
- 56.1% of Stroud District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Stroud performs significantly better in this regard than England (44.1%) and for Gloucestershire as a whole (50%).

### **Healthy and Sustainable Places and Communities**

- A wide range of community assets both informal and formal, play a vital role in meeting local need. We need to improve our understanding in this area and will improve the evidence base for the extent and value of such assets in the year ahead.
- Carers play a key role in meeting the physical and social needs of many people in the community. A total of 12,800 people in Stroud provided unpaid care each week in 2011, representing 11.4% of the population.
- The number of carers is likely to rise by 7% by 2017 mainly due to the increasing number of older people.
- In 2012 there were 117 accommodation businesses in Stroud, this was lower than all districts with the exception of Gloucester.
- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 2,010,000 day trips to Stroud bringing in around £44 million. During the same period there were

an estimated 218,000 domestic overnight visits to Stroud District, this contributed around £25 million to the economy.

- In 2011 there were 47,794 households in Stroud, this represents an increase of 7.1% or 3,177 households since 2001
- The number of households in Stroud is projected to increase by 4,000 between 2012 and 2017 (6.3%) and by 11,000 between 2012 and 2037 (22.9%).
- In 2011 the majority of households in Stroud were owner occupied, accounting for 73.2% of all households, this was higher than the county, regional and national average. Levels of private renting were lower than the South West, England, Gloucestershire.
- In the second quarter of 2013, the mean house price in Stroud was £230,078, this was in line with the county average and lower than the national average.
- In 2013, someone earning a lower quartile sum in Stroud, required 7.34 times their earnings to purchase a lower quartile priced property. This is slightly higher than the Gloucestershire and England average.
- In 2013 an estimated 5,326 households in Stroud were in fuel poverty representing 10.6% of all households.
- A study carried out in 2011 found there were an estimated 14,910 Category 1 hazards present in properties in the Stroud, affecting a total of 11,577 properties.
- In 2014/15 12 people were accepted as homeless in Stroud, this equates to a rate of 0.24 per 1,000 population, which was lower than the national average.
- Stroud District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire county since 2003/04. The crime rate is considerably higher than regional and national rates in the ward of Central mainly due to the town centre being inside the boundary of this ward.
- Gloucestershire Fire and Rescue call outs to Stroud District averages 2.4 call outs per day.

### 3. Gloucestershire context

#### 3.1 About this section

This section provides a summary of Stroud's significant demographic trends and its current social and economic profile. Trends in the population profile both for adults and children contribute to changing patterns of need and demand. These patterns are also affected by variation in factors such as deprivation, ethnicity and economic activity both within Stroud and in comparison with the rest of the county.

#### 3.2 Demographics

##### 3.2.1 Population trend and projections

The population of Stroud was estimated to be around 115,100 in 2014<sup>1</sup>, representing a rise of approximately 5,600 people since 2004, an average increase of 560 people per annum. This is equivalent to an annual growth of 0.51% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.

The growth in Stroud during this period has been driven mainly by net internal migration (net movement to the district from elsewhere in the UK) with a net increase of 570 people per year. In the same period, Stroud has seen a small natural decline with an average of 30 more deaths than births per year.

Between 2004 and 2014, the growth of the older population (aged 65 and above) in Stroud continued to outpace that of the younger population. In addition, the growth rate in the district's older population was higher than those in Gloucestershire and England and Wales<sup>2</sup>.

*Table 1: Population Trends 2004-2014*

	Stroud				Gloucestershire	England and Wales
Age Group	Population 2004	Population 2014	Change 2004-2014	% Change 2004-2014	% Change 2004-2014	% Change 2004-2014
All Ages	109,500	115,093	5,593	5.1%	6.8%	8.0%
0-19	26,900	25,931	-969	-3.6%	-0.2%	3.7%
20-64	62,800	64,620	1,820	2.9%	4.7%	6.7%
65+	19,700	24,542	4,842	24.6%	23.2%	19.6%

<sup>1</sup> Mid-2004 and Mid -2014 Population Estimates, Office for National Statistics

<sup>2</sup> Ibid.

Assuming current population trends continue, the ONS projections<sup>3</sup> for the next 25 years suggest that the population in Stroud will reach 122,600 by 2025 and 129,800 by 2037. This represents an annual increase of 0.62% or 710 people between 2012 and 2025, and 0.49% or 600 people between 2025 and 2037. The district's growth rates are lower than those predicted for Gloucestershire and England in the short, medium and long term.

The dominating feature of the projected trend for Stroud is a sharp increase in the number of older people (aged 65+). Projections for children and young people indicate a smaller growth, while projections for working age-people show a decline.

The same projections also suggest that the number of deaths will exceed births by 3,100 during the 25-year period. At the same time, there will be a net inflow of internal migration of 20,600 people. The level of international migration to Stroud is projected to be balanced by emigration in the next 25 years.

*Table 2: Projected Population Growth 2012-2037*

<b>Projected Population Growth 2012-2037</b>						
	<b>Stroud</b>		<b>Gloucestershire</b>		<b>England</b>	
<b>Age Group</b>	<b>% Projected Change 2012-2025</b>	<b>% Projected Change 2025-2037</b>	<b>% Projected Change 2012-2025</b>	<b>% Projected Change 2025-2037</b>	<b>% Projected Change 2012-2025</b>	<b>% Projected Change 2025-2037</b>
All Ages	8.1%	5.9%	8.9%	6.2%	9.2%	6.4%
0-19	5.4%	1.1%	7.4%	1.0%	8.6%	0.7%
20-64	-1.4%	-2.4%	0.6%	-1.1%	3.4%	1.5%
65+	37.1%	27.4%	35.4%	27.1%	30.4%	26.6%

### **3.2.2 Ageing population**

The number of older people aged 65 and above in Stroud has been growing by an average of 480 people per year between 2004 and 2014. Projections suggest that this will increase to 690 per annum between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.

The projected percentage increase of the older population in Stroud is in line with that in Gloucestershire over the period 2012-2037 (up 74.6% compared to 72.2%).

In particular, the number of people aged 75 and over (the ages at which GCC adult care and other support services are most likely to be required) is projected to increase by an annual average of 470 in the same period. The table below

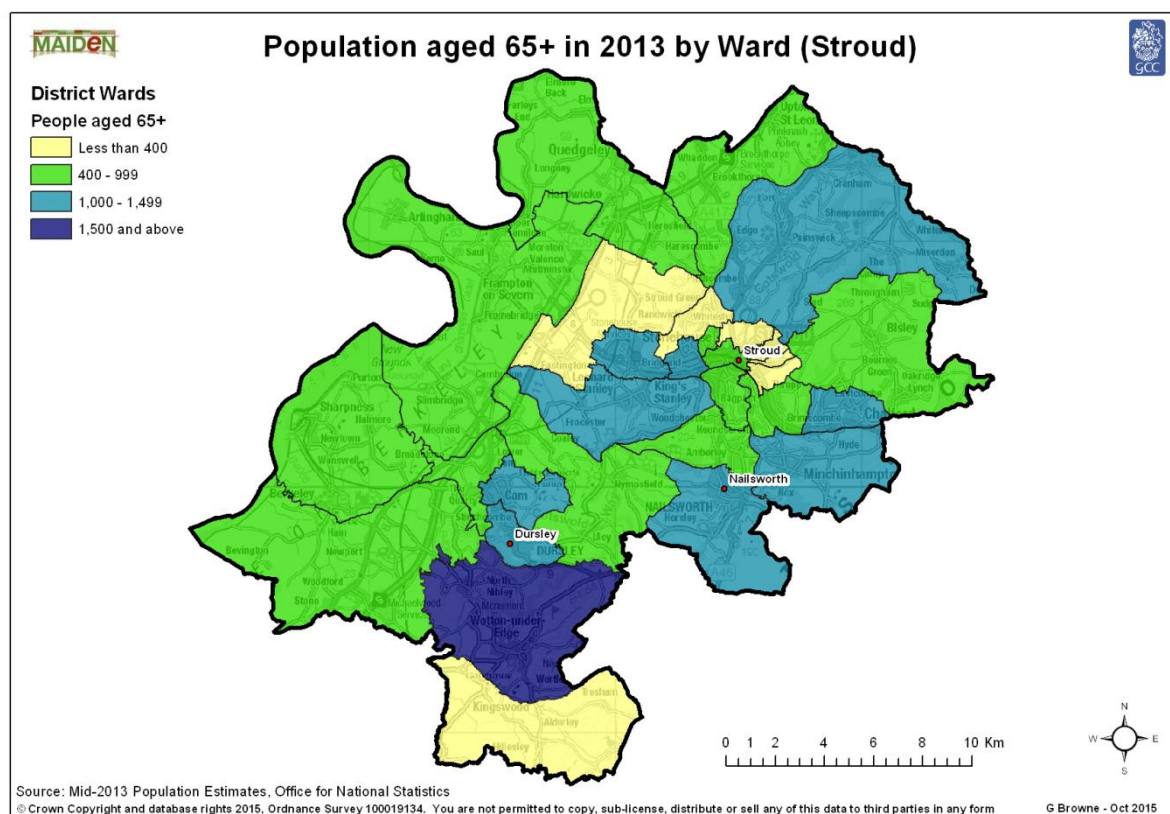
<sup>3</sup> 2012-Based Sub-national Population Projections, Office for National Statistics

shows that the number of people aged 85 and above will see the fastest rate of growth particularly in the long term.

*Table 3: Projected Population Growth of Older Population 2012-2037*

Projected Population Growth 2012-2037						
	Stroud		Gloucestershire		England	
Age Group	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037	% Projected Change 2012-2025	% Projected Change 2025-2037
All 65+	37.1%	27.4%	35.4%	27.1%	30.4%	26.6%
65-74	19.0%	20.7%	19.1%	21.0%	16.8%	22.4%
75-84	57.3%	14.4%	53.3%	15.6%	42.7%	15.8%
85+	61.3%	78.0%	55.7%	70.4%	54.2%	63.9%

The number of wards with large number of older people is also increasing. In 2011, 8 council wards (i.e. 27% of all wards) in the district had at least 1,000 residents aged 65+. By 2013, the number grew to 10 (i.e. 33% of wards).



*Figure 1: Population Aged 65+ by Ward<sup>4</sup>*

<sup>4</sup> Mid-2013 Population Estimates, Office of National Statistics

### 3.2.3 International migration and Ethnic population

The 2011 Census showed that 6,120 people who were usually resident in Stroud were born outside the UK, representing 5.4% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 28% (1,740 people) were recent migrants, having arrived since 2004<sup>5</sup>.

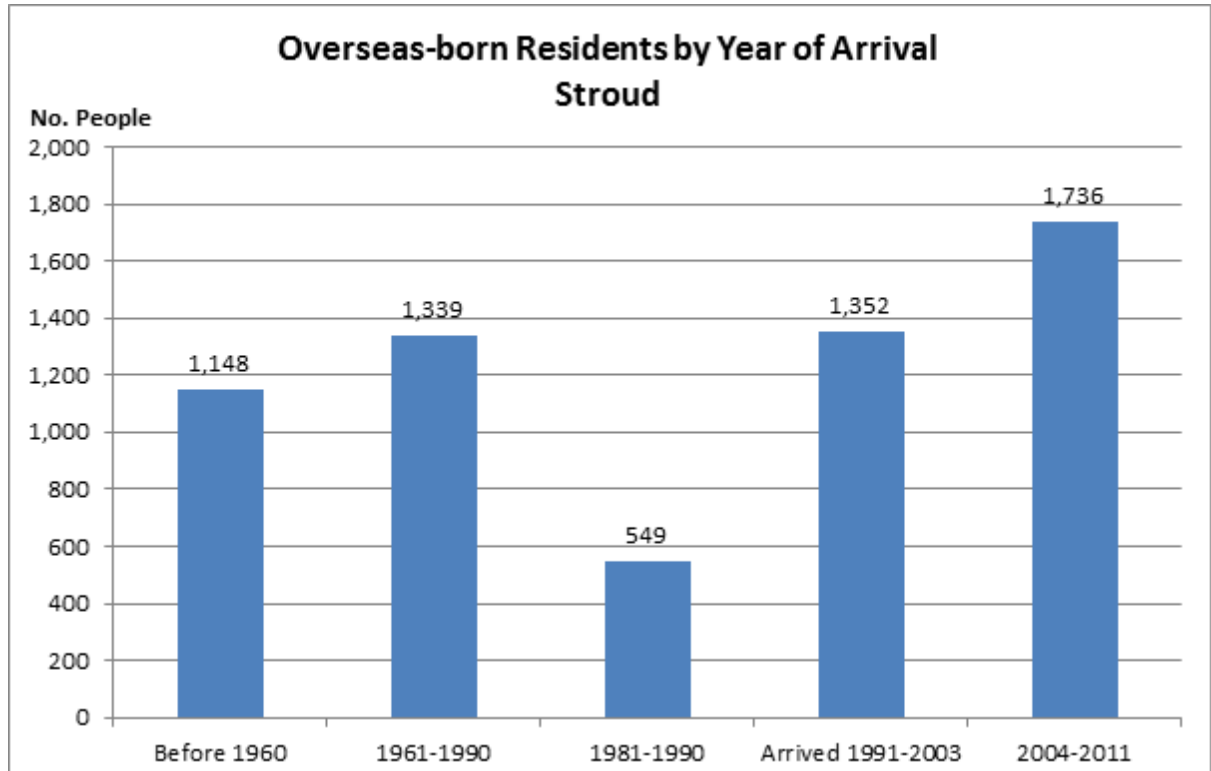


Figure 2: Overseas-born Residents<sup>6</sup>

The migration pattern since 2004 was closely linked to the inflow from East European countries. This has resulted in the 'White Other' population in the district increasing between 2001 and 2011, from 1,760 to 2,810. The 'White other' group now accounted for 2.5% of the district population, compared to 1.6% in 2001.

At the same time, the percentage of Black and Minority Ethnic (BME) population rose from 1.3% to 2.1%. The figure was low compared to the county and national percentages of 4.6% and 14.1% respectively.

Ethnic groups showing the biggest growth in Stroud in the 10 years to 2011 were 'White-British' (+3,030 people), 'White-other' (+1,050), 'Other Asian' (+240) and 'Mixed-White and Asian' (+220).

<sup>5</sup> 2011 Census, Office for National Statistics, (Ethnic Group)

<sup>6</sup> 2011 Census, Office of National Statistics (Year of arrival in the UK)

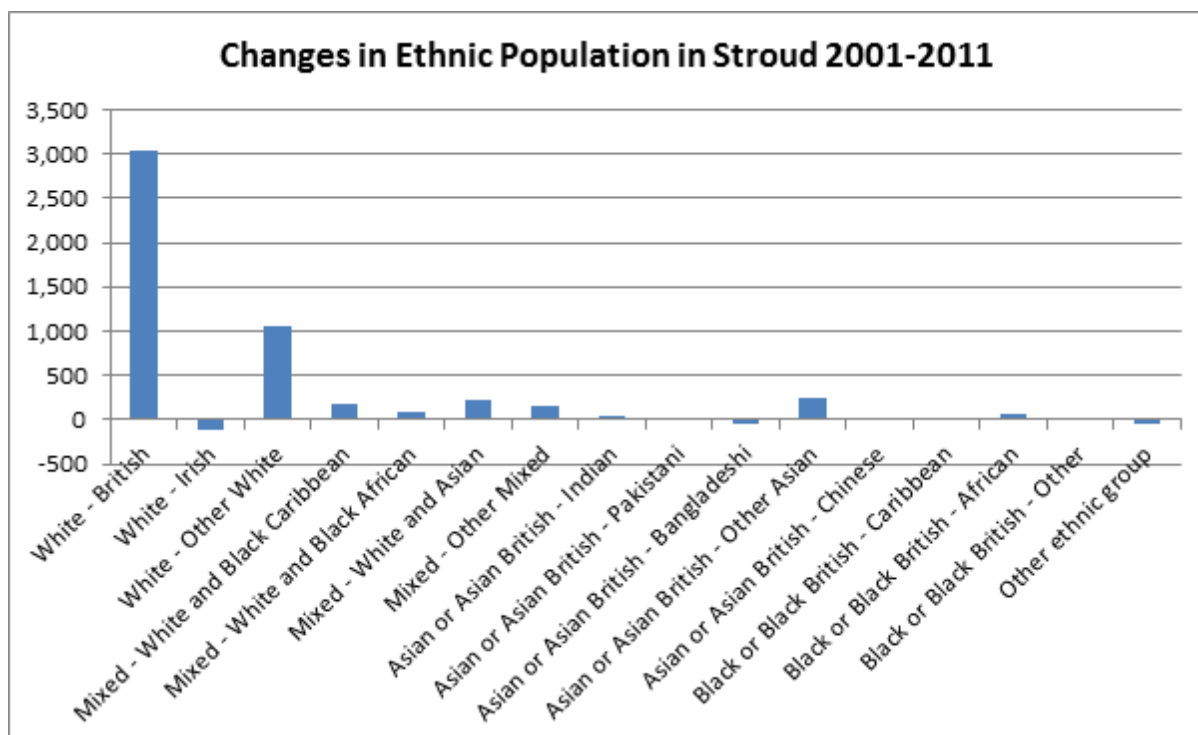


Figure 3: Changes in Ethnic Population<sup>7</sup>

Figure 4 shows that Black and Minority Ethnic Groups accounted for 2.1% of the population in Stroud, compared to 4.6% of the population in the county.

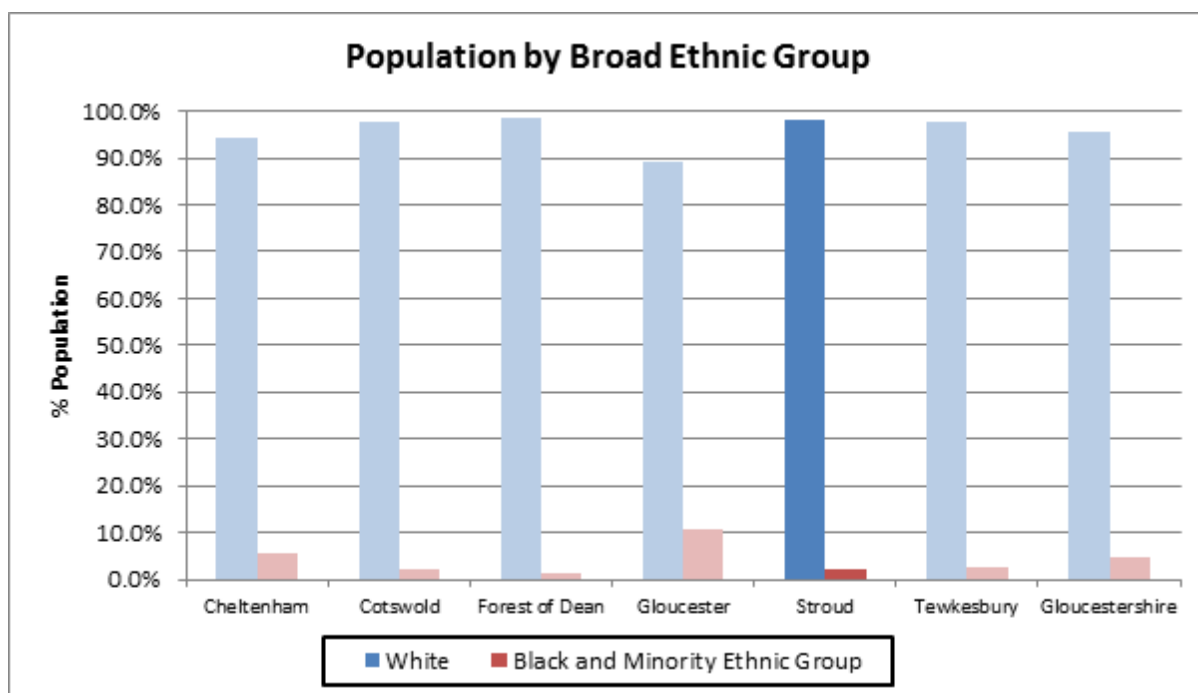


Figure 4: Population of Gloucestershire's districts by broad ethnic group 2011<sup>8</sup>

<sup>7</sup> 2001 and 2011 Census, Office of National Statistics (Ethnic Group)

<sup>8</sup> 2011 Census, Office for National Statistics, (Ethnic Group)

The maps below show the proportions of Non-British White population and Black and Minority Ethnic population across Stroud.

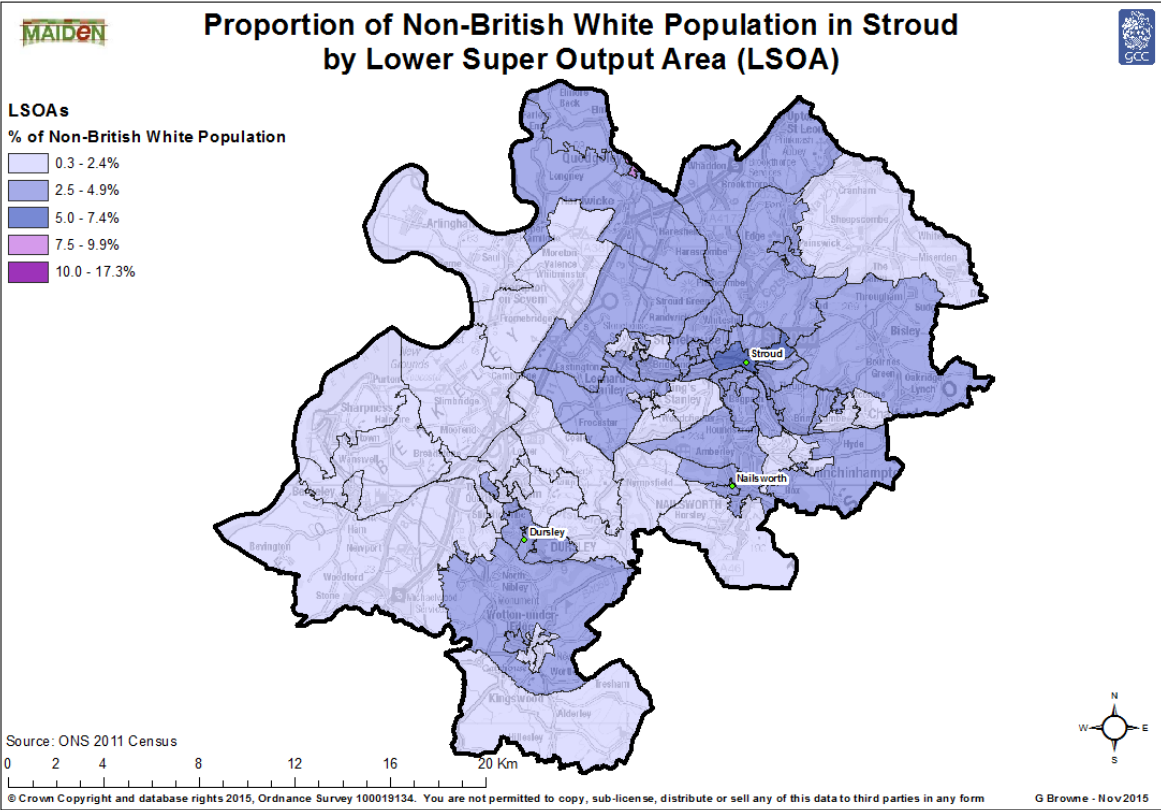


Figure 5: Proportion of Non-British White Population in Stroud by Lower Super Output Area (LSOA)

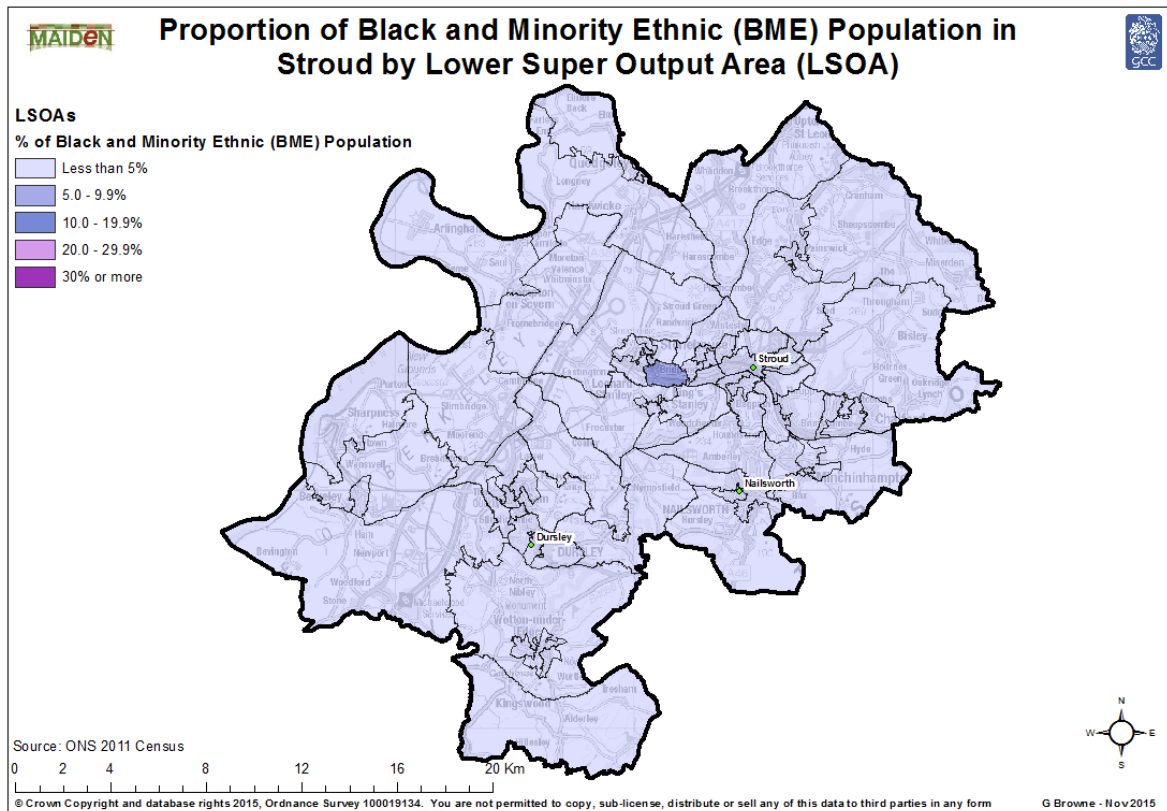


Figure 6: Proportion of Black and Minority Ethnic (BME) Population in Stroud by Lower Super Output Area (LSOA)

It is difficult to predict future patterns of immigration into Stroud. The latest statistics on the number of overseas nationals registering to work in Stroud show that the number of migrant workers to the district has decreased from 460 in 2006/07 to 220 in 2013/14<sup>9</sup>. ONS long-range projections forecast that on current trends, the level of international immigration to Stroud will be offset by emigration over the 25-year period of 2012-2037<sup>10</sup>.

It is likely that the future growth of the ethnic population in Stroud will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. 89.4% of the ethnic population in Stroud were children and working-age in 2011, compared to 80.5% of Stroud population as a whole.

### 3.3 Deprivation

The 2015 English Indices of Deprivation<sup>11</sup>, published by the Department for Communities and Local Government on 30th September 2015, are used throughout this section.

<sup>9</sup> Department for Works and Pension

<sup>10</sup> 2012-Based Sub-national Population Projections, Office for National Statistics

<sup>11</sup> Department for Communities and Local Government: English Indices of Deprivation 2015

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

The English Indices of Deprivation 2015 provide a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas - abbreviated to LSOAs) across England, based on seven different (weighted) domains of deprivation:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime and Disorder (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Combining information from the above seven domains produces an overall relative measure of deprivation, the Index of Multiple Deprivation (IMD). Each of these seven domains comprises of specific indicators. In addition, there are two supplementary indices: the Income Deprivation Affecting Children Index and the Income Deprivation Affecting Older People Index. These, together with the total IMD, total 37 indicators.

The IMD is the most widely used of the Indices of Deprivation and is the official measure of relative overall deprivation for small areas in England. The IMD ranks every LSOA in England from 1 (most deprived area) to 32,844 (least deprived area). Gloucestershire accounts for 373 of these LSOAs.

### **3.3.1 Gloucestershire Overview**

According to the IMD 2015, Gloucestershire is ranked 124<sup>th</sup> out of the 152 English upper tier authorities. This means that Gloucestershire is in the least deprived quintile of English upper tier local authorities in terms of overall deprivation (IMD). Gloucestershire's ranking has changed little since 2010<sup>12</sup> when the county ranked 126<sup>th</sup> out of 149 English upper tier authorities.

In terms of neighbourhoods, Gloucestershire is now made up of 373 LSOAs, an increase on the 367 in 2010. As some of the previous LSOAs no longer exist and new ones have been created, direct comparisons between 2010 and 2015 are not always possible. Area populations<sup>13</sup> are used in this report as an alternative to enable comparison.

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<sup>12</sup> Department for Communities and Local Government: English Indices of Deprivation 2010  
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

<sup>13</sup> Office for National Statistics: Mid Year Population Estimates 2010  
<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-285154>  
Office for National Statistics: Mid Year Population Estimates 2013  
<http://www.ons.gov.uk/ons/datasets-and-tables/index.html?pageSize=50&sortBy=none&sortDirection=none&newquery=sape15dt1>

*Table 4: Gloucestershire LSOAs in Top 10% Most Deprived Nationally, 2015*

*(IMD Ranks: Low = More Deprived, High = Less Deprived)*

<b>LSOA CODE</b>	<b>LSOA NAME</b>	<b>LA NAME</b>	<b>2015 IMD rank (out of 32,844 nationally)</b>
E01022347	WESTGATE 1	Gloucester	360
E01022333	PODSMEAD 1	Gloucester	503
E01022319	MATSON AND ROBINSWOOD 1	Gloucester	902
E01022311	KINGSHOLM AND WOTTON 3	Gloucester	1,239
E01032937	WESTGATE 5	Gloucester	1,618
E01022329	MORELAND 4	Gloucester	1,883
E01022147	St MARK'S 1	Cheltenham	2,101
E01022122	HESTERS WAY 3	Cheltenham	2,222
E01022152	St PAUL'S 2	Cheltenham	2,413
E01022291	BARTON AND TREDWORTH 4	Gloucester	2,599
E01022323	MATSON AND ROBINSWOOD 5	Gloucester	2,842
E01022289	BARTON AND TREDWORTH 2	Gloucester	2,904
E01032932	WESTGATE 4	Gloucester	3,065

In IMD 2015, Gloucestershire has 13 LSOAs (3% of the population of Gloucestershire) that rank amongst the 10% most deprived LSOAs in England. This compares to 8 LSOAs (2% of the Gloucestershire population) in 2010. Of the 13 LSOAs, 10 are in Gloucester, and the remaining 3 in Cheltenham.

Westgate 1 (Gloucester) is the most deprived neighbourhood in the county, with a national ranking of 360, whilst in 2010 it was Podsmead 1 (Gloucester) at 809. This shows that the overall most deprived LSOA in Gloucestershire ranks less favourably against the rest of England in 2015 than in 2010.

### **3.3.2 Stroud Deprivation Key Messages**

- Stroud district has no LSOAs that rank in the top 20% most deprived in England.
- Of all districts in Gloucestershire, Stroud district displays the largest proportion of population (73%) living within the two least deprived national quintiles.
- Stroud is the overall least deprived district in Gloucestershire, ranking 281<sup>st</sup> out of 326 English districts in the “IMD - Ranks of Average Rank for Local Authority Districts”<sup>14</sup>.
- Stroud district ranks consistently well across all the domains of deprivation.

<sup>14</sup> Department for Communities and Local Government: English Indices of Deprivation 2015  
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

- Stroud's worst ranking domain remains "Barriers to Housing and Services", as in 2010, with 8% of the district's population living within LSOAs ranked in the most deprived national quintile. However, Stroud ranks well relative to the rest of Gloucestershire in this domain, and has the county's least deprived LSOA – Berkeley 3, which ranks 32,785<sup>th</sup> out of 32,844 nationally.
- Stroud district has seen a relative improvement in the national rankings since 2010 for "Crime and Disorder". In 2015 there are proportionally 21% more people living in the least deprived LSOAs for this domain, and 2% fewer in the most deprived national quintile areas.

### 3.3.3 Stroud Deprivation in Detail

Generally, Stroud district ranks well in the county in terms of overall deprivation, and consistently well across the domains of deprivation.

Figure 7 shows that around a third of the area of Stroud district is ranked within the 20% least deprived areas in England. Furthermore, the green areas show that most of Stroud's LSOAs rank within the top 40% least deprived in England (51 out of 69 LSOAs, 73% of population).

The map also shows that there are no areas ranked within the top 20% most deprived in England - Stroud and Cotswold are the only two districts in Gloucestershire without LSOAs in the most deprived quintile.

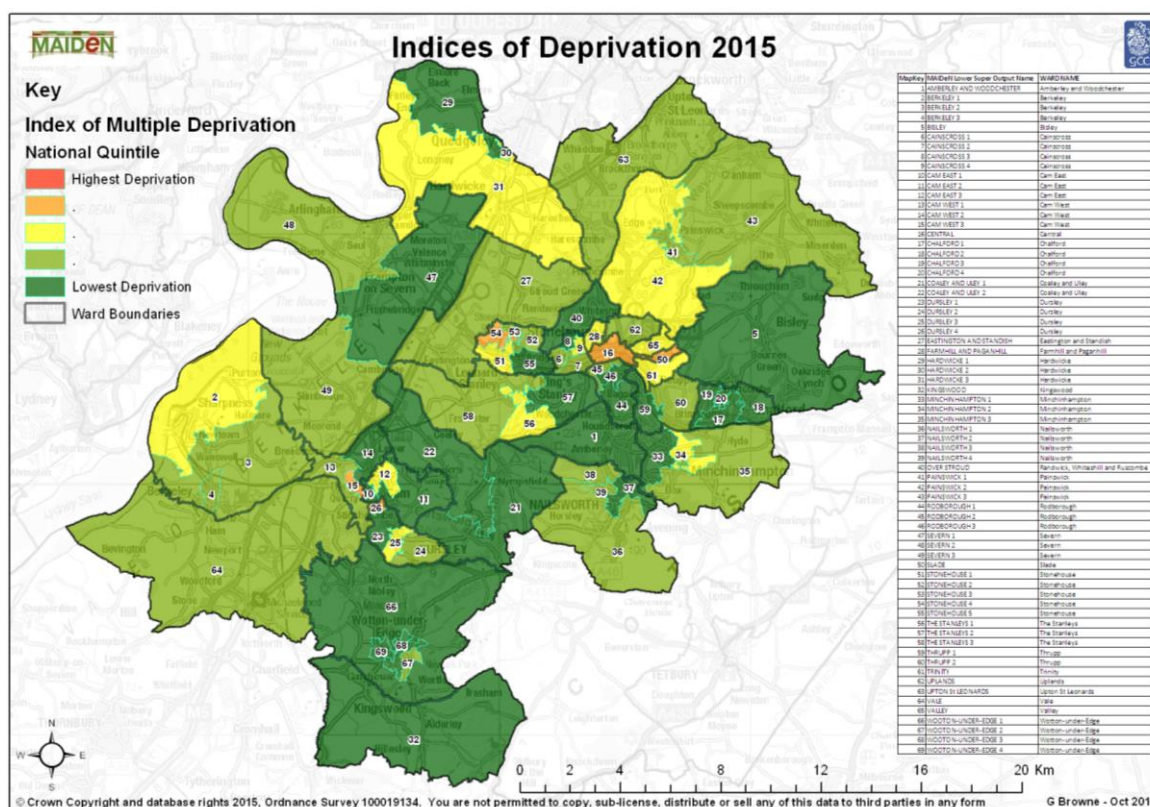


Figure 7: LSOAs shown by IMD national quintile, 2015

Contrasts in deprivation are illustrated in Figure 8. This shows the proportion of population for each national quintile in each district, to enable comparison between districts.

The chart shows that most of the population of Stroud district lives in areas within national quintile 5 i.e. the least deprived 20% of the country (38% of district).

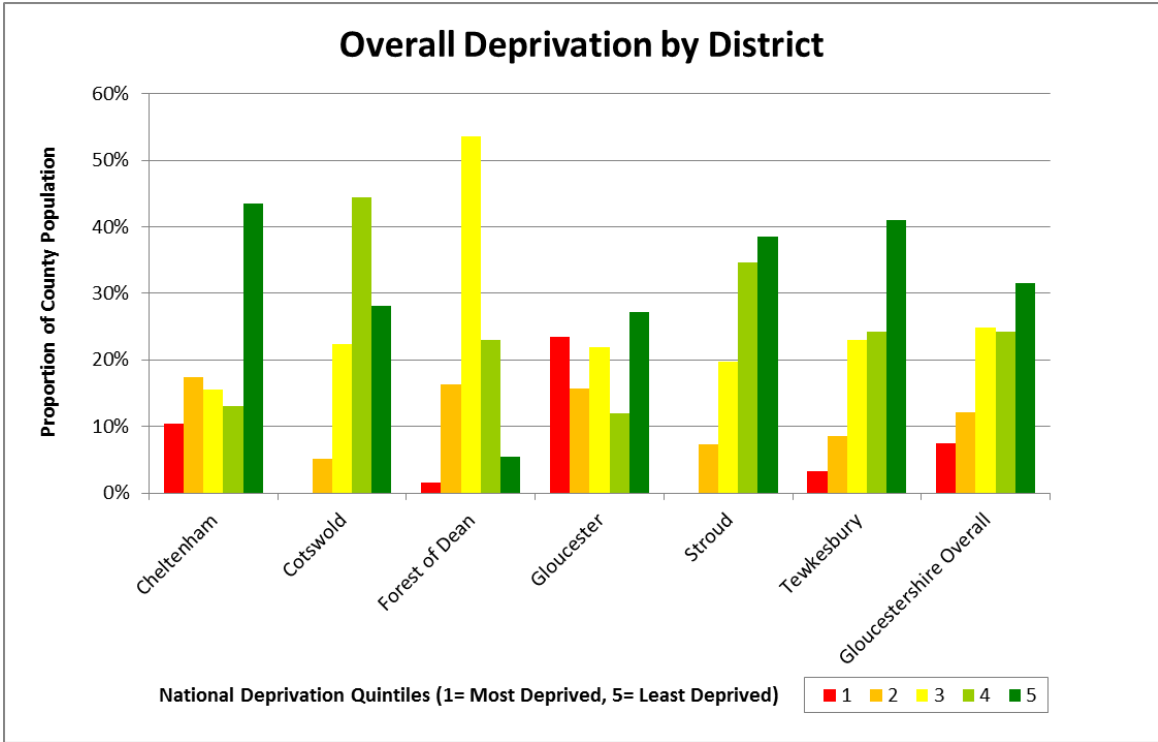


Figure 8: IMD by national quintile and district, 2015

To see a more detailed picture of how deprivation is measured in the district, Figure 9 shows the individual domains that make up the total IMD 2015 together with the supplementary indices, including a comparison with IMD 2010. The chart again shows the proportion of population in the district to enable a comparison between years.

Figure 9 shows that the district’s worst ranking domain is “Barriers to Housing and Services” with 8,745 people (8% of district population) living within 5 LSOAs that fall into the most deprived national quintile for this domain. “Barriers to Housing and Services” is weighted at 9.3% of the total IMD, and includes indicators such as road distances to post offices, primary schools, general stores/supermarkets and GP surgeries, as well as household overcrowding, homelessness, and housing affordability.

Although “Barriers to Housing and Services” is Stroud district’s worst ranking domain of deprivation, it should be noted that Stroud ranks consistently well across all the domains compared with the rest of Gloucestershire. Within this domain, Stroud is the second best ranking district in terms of top and bottom national quintiles – showing 8% of its population living in the most deprived national quintile areas, and 29% in the least deprived national quintile.

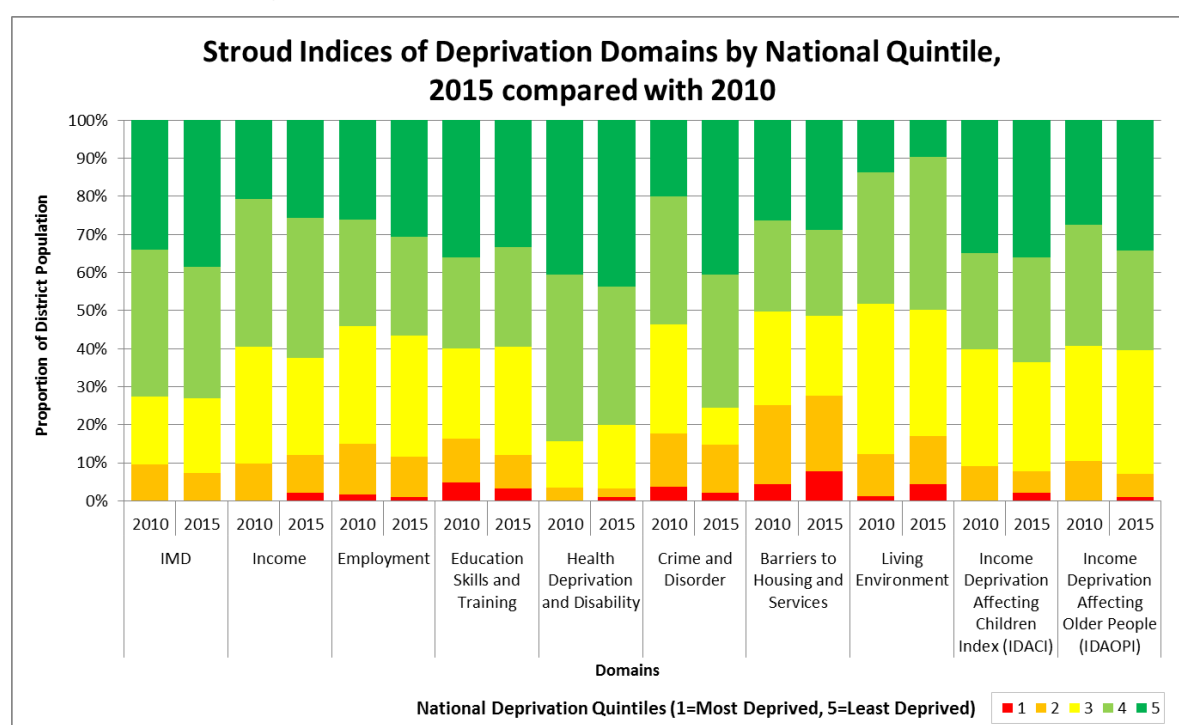
In addition, Stroud district contains Gloucestershire's least deprived LSOA for "Barriers to Housing and Services" – Berkeley 3, which ranks 32,785<sup>th</sup> out of 32,844 nationally.

In comparison with 2010, Stroud district's "Barriers to Housing and Services" domain has shown a relative increase in the proportion of population living in the most deprived national quintile (4% in 2010, rising to 8% in 2015), but also a similar increase in the least deprived national quintile (26% in 2010, rising to 29% in 2015).

"Health Deprivation and Disability" is Stroud's least deprived domain, with 44% of the district's population living in areas ranked within the least deprived national quintile.

Other significant changes to note include:

- "Crime and Disorder" has improved in the rankings since 2010 – fewer people proportionally now live in the most deprived national LSOAs (4% in 2010, decreasing to 2% in 2015), and more people proportionally now live in the least deprived LSOAs (20% in 2010, rising to 41% in 2015).
- There were no LSOAs in 2010 that ranked in the most deprived 20% in England for the following 5 domains and supplementary indices: "IMD", "Income", "Health Deprivation and Disability", "Income Affecting Children Index (IDACI)" and "Income Deprivation Affecting Older People Index (IDAOPI)". In 2015, however, all domains and supplementary indices, except the overall IMD, now include LSOAs ranking in the most deprived 20% in England.



*Figure 9: District deprivation as a proportion of district population, split by domain of deprivation with supplementary indices, 2010 and 2015*

To summarise, Table 5 provides an overview of the Indices of Deprivation 2015, split by domain with supplementary indices. From this it can be seen which wards contain the most deprived LSOAs, together with the LSOA population figures. The ward that is listed most frequently is Cam West which contains LSOA(s) across 6 of the 10 deprivation domains and supplementary indices.

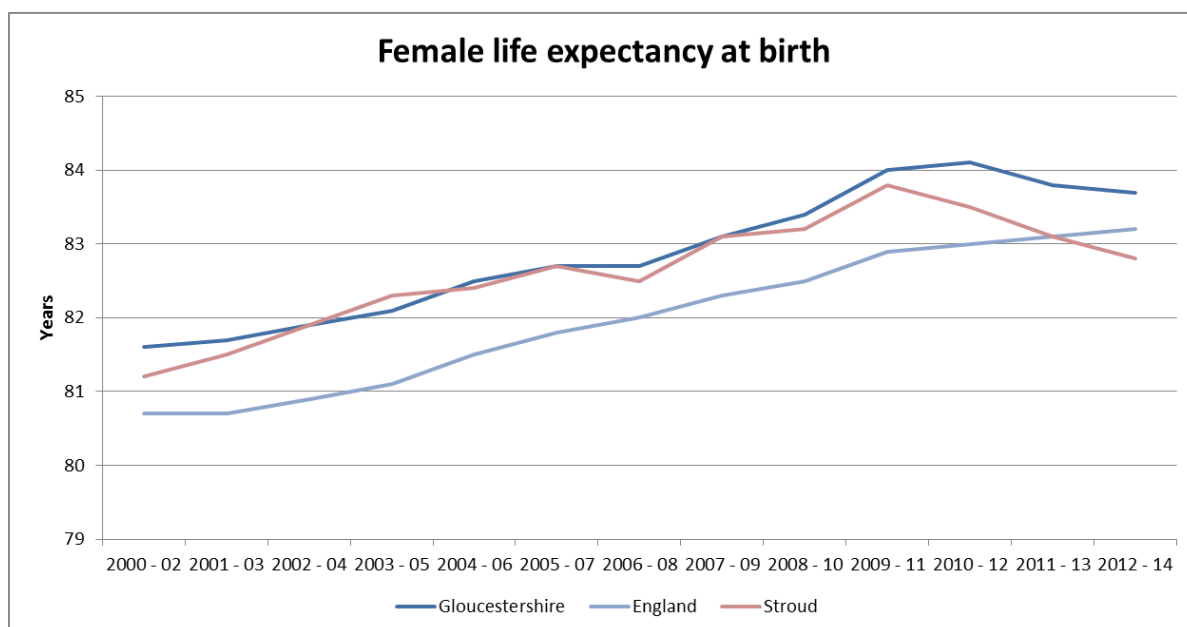
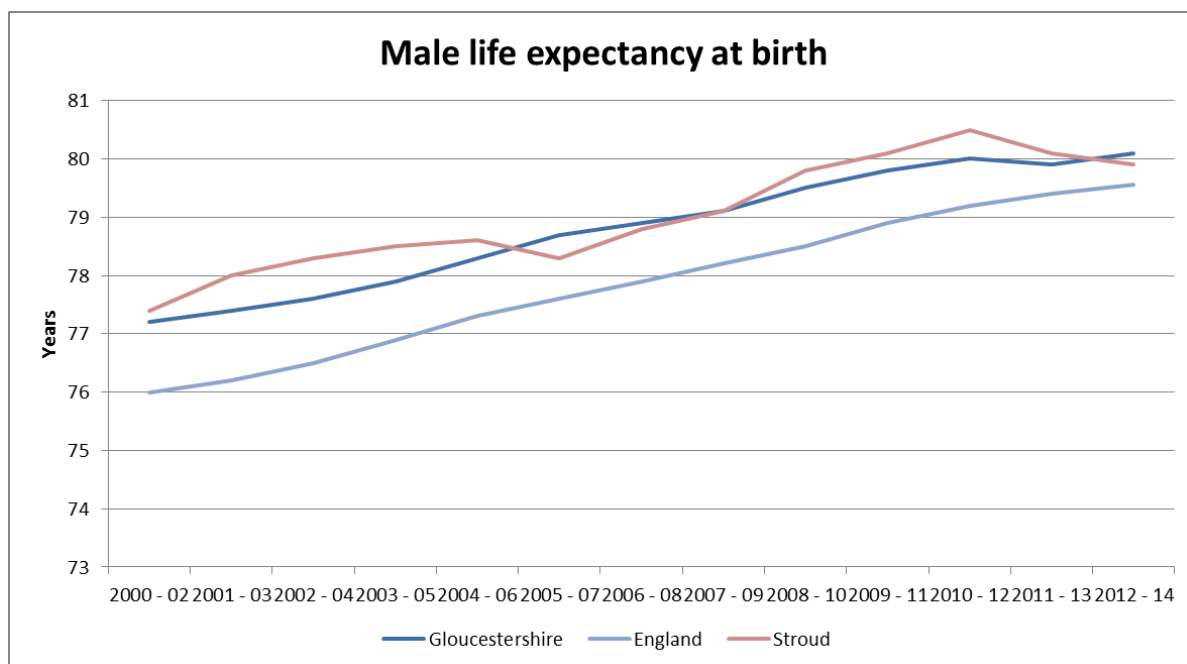
*Table 5: District summary of domains of deprivation with supplementary indices, 2015*

<b>Domain / Supplementary Index</b>	<b>No. of LSOAs in the 20% Most Deprived Nationally</b>	<b>Wards in which these LSOAs fall</b>	<b>Population living within these LSOAs</b>	<b>Proportion of District Population</b>
IMD	0	-	-	-
Income	2	Cam West, Stonehouse	2,479	2%
Employment	1	Cam West	1,089	1%
Education Skills and Training	3	Cam West, Dursley, Stonehouse	3,713	3%
Health Deprivation and Disability	1	Cam West	1,089	1%
Crime and Disorder	1	Central	2,390	2%
Barriers to Housing and Services	5	Hardwicke, Painswick, Severn, Vale	8,745	8%
Living Environment	3	Hardwicke, Painswick, Severn	5,029	4%
Income Deprivation Affecting Children Index (IDACI)	2	Cam West, Stonehouse	2,479	2%
Income Deprivation Affecting Older People (IDAOPI)	1	Cam West	1,089	1%

### **3.4 Life expectancy**

#### **3.4.1 Life expectancy at birth**

Life expectancy at birth is one of the “overarching indicators” in the Public Health Outcomes Framework, and is an important indication of overall health outcomes. It represents the average number of years a person in a particular area would expect to live based on current mortality rates.



*Figure 10: Life expectancy at birth (Note: y-axis does not start at 0 for comparison purposes)*

Females in Stroud can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the district over the past decade, although there have been recent declines for both sexes, which will be a trend worth monitoring going forward. Over this period, life expectancy has been similar to the county average for Stroud residents, and generally higher than the national average. However, the most recent data for 2012-14 shows that life expectancy for Stroud is falling below the county average.

### 3.4.2 Life expectancy at birth by deprivation

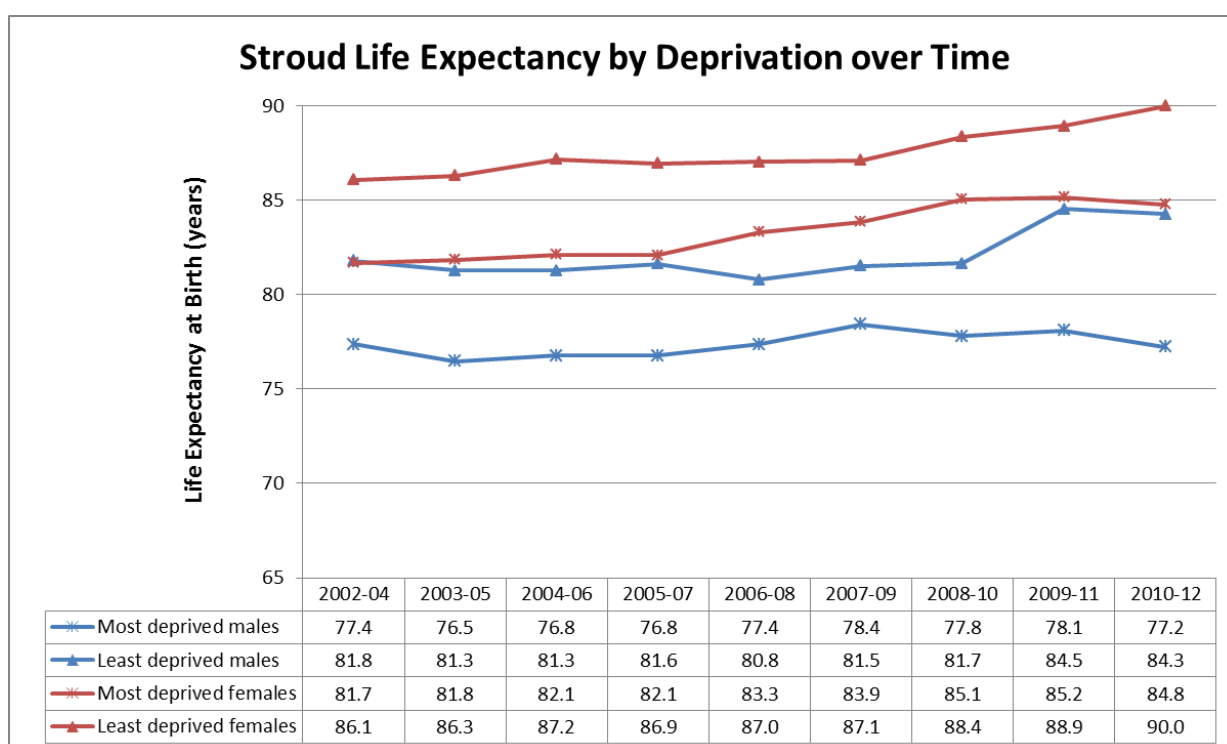


Figure 11: Life expectancy by deprivation (Note: y-axis does not start at 0 for comparison purposes)

Males in the least deprived Stroud decile (10<sup>th</sup> of population) can expect to live around 7 years longer than those in the most deprived decile. For females, the gap is 5 years. For both genders, the gap appears to be widening over recent years. Complexities in this data means that it is not the most up to date, but for the period it reflects, it seems that life expectancy has generally increased for all women, but it has only increased for the least deprived men, with there being minimal change for the most deprived men

## 3.5 Mortality

### 3.5.1 3.5.1 Leading causes of death

The three leading causes of death in Stroud are cancer, cardiovascular disease (CVD), and respiratory disease, respectively<sup>15</sup>. This is consistent with the national picture.

<sup>15</sup> PHE End of Life Care profiles <http://fingertips.phe.org.uk/profile/end-of-life>

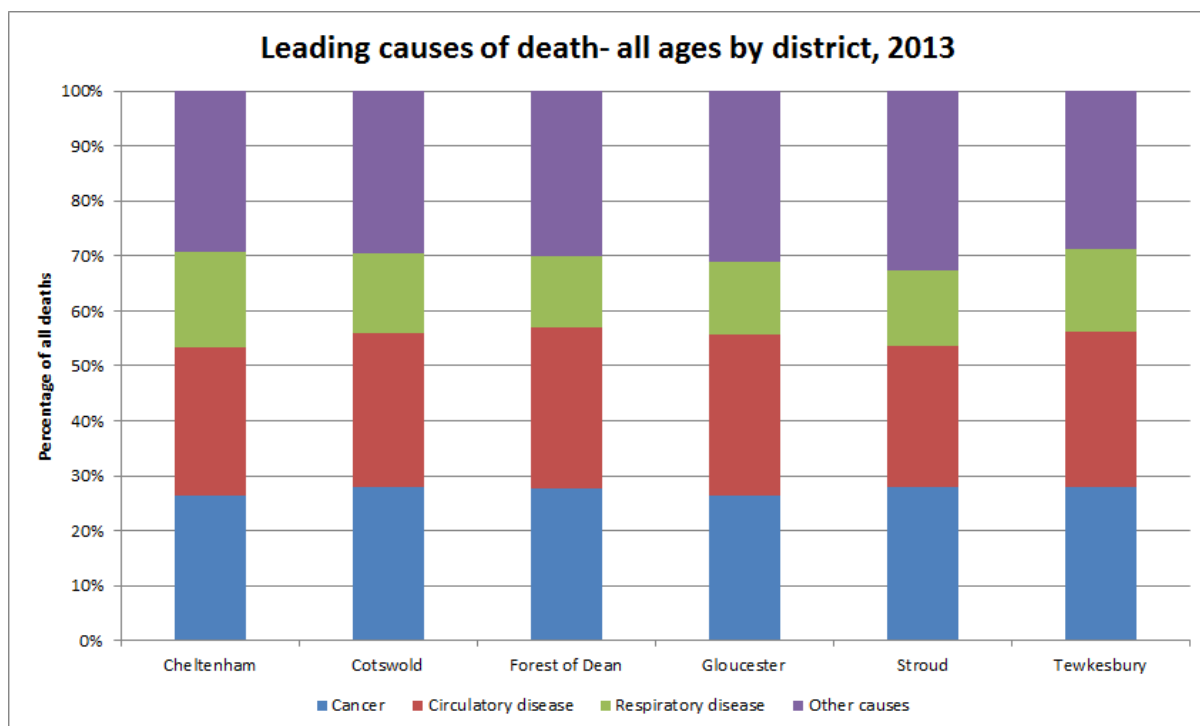


Figure 12: Leading causes of death (all ages) in Gloucestershire districts 2013

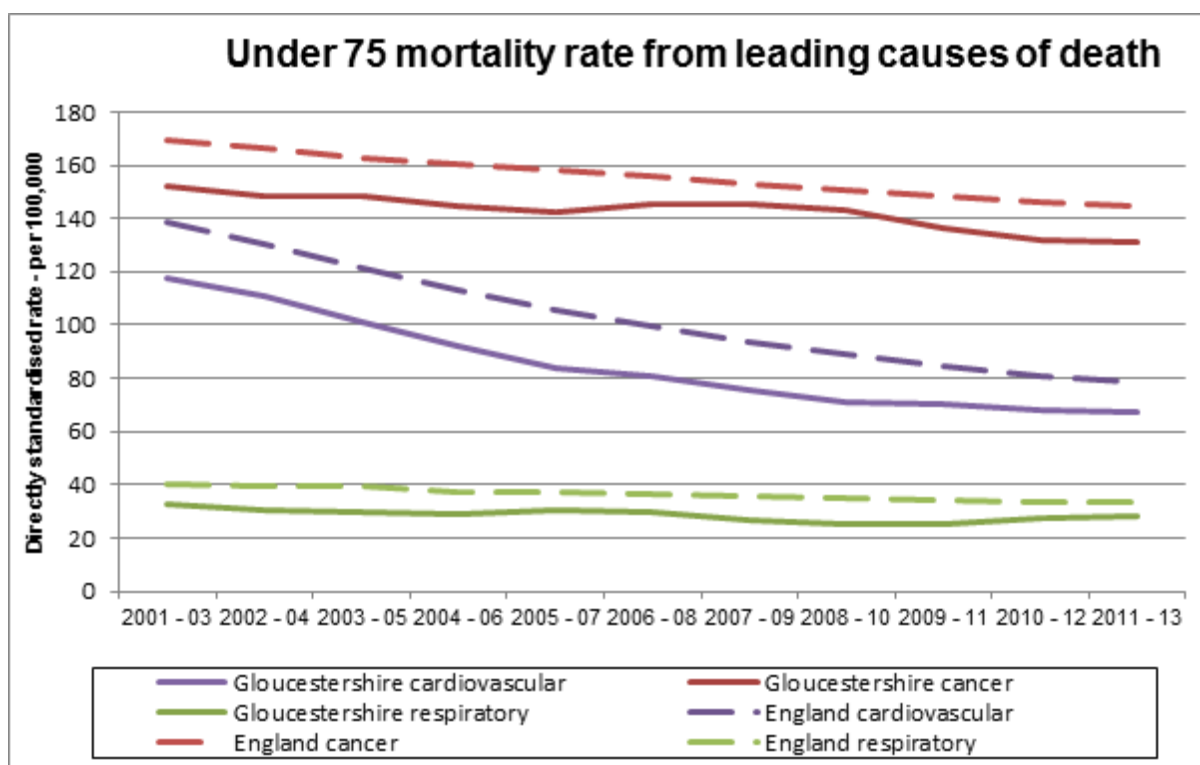


Figure 13: Under 75 mortality rate from leading causes of death

Compared to the other five Gloucestershire districts, Stroud's leading causes of death are generally fairly similar, although it does have a slightly lower proportion of deaths from respiratory and circulatory disease. Whilst robust district level

data on causes of premature (under 75) mortality is not available, we can see from the Gloucestershire and England trends that the rate of early deaths from cancer and cardiovascular disease is generally in decline, whereas respiratory mortality rates are fairly static.

### **3.5.2 Excess winter deaths**

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with colder weather. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population<sup>16</sup>. Research carried out by the Eurowinter Group<sup>17</sup> and Curwen<sup>18</sup> found that mortality during winter increases more in England and Wales compared to *other* European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.

Research from the Marmot Review Team<sup>19</sup> argues cold housing has a dramatic impact on the excess winter death rate either caused by poorly insulated homes or because the occupier cannot afford to adequately heat their home. The indoor temperature of a home can affect an occupant's physical, mental and social health and wellbeing. Living in sub-optimal indoor temperatures may substantially increase the risk of respiratory (influenza, pneumonia and bronchitis) and cardiovascular (heart attacks and strokes) conditions. Due to prolonged periods of time occupants over the age of 85 spend in their homes, it is no surprise that the elderly are most at risk to excess cold.

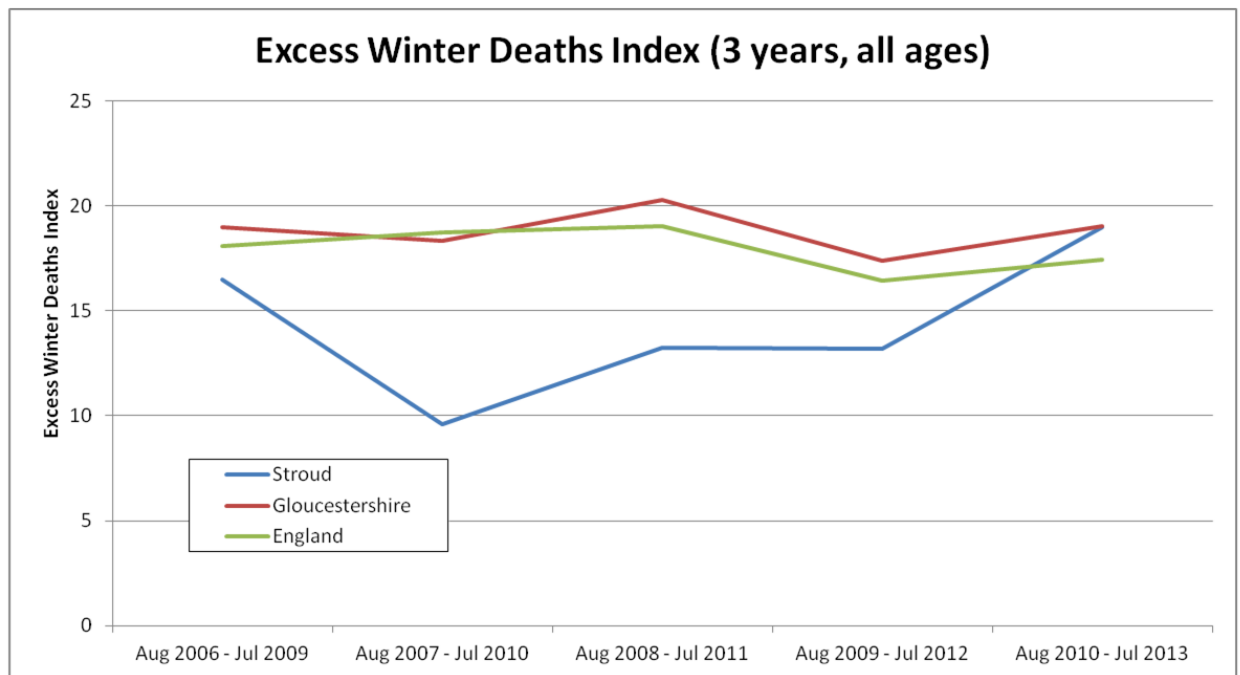
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<sup>16</sup> ONS Statistical Bulletin: Excess Winter Mortality in England and Wales, 2011/12 (Provisional) and 2010/11 (Final) is <http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2011-12--provisional--and-2010-11--final-ewm-bulletin.html>,

<sup>17</sup> The Eurowinter group (1997) Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions in Europe. The Lancet 349, 1341-1346

<sup>18</sup> Curwen M (1990/91) Excess winter mortality: a British phenomenon? Health Trends 4, 169-75 (4) Department of Health, Healthy lives, healthy people: Improving outcomes and supporting transparency, (23rd January 2012), accessed 15/05/13 at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> (5) Cold Weather Plan for England 2012 [www.gov.uk/government/publications/cold-weather-plan-for-england-2012-published](http://www.gov.uk/government/publications/cold-weather-plan-for-england-2012-published)

<sup>19</sup> The Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty. Available at [http://www.foe.co.uk/resource/reports/cold\\_homes\\_health.pdf](http://www.foe.co.uk/resource/reports/cold_homes_health.pdf)



*Figure 14: Excess Winter Deaths Index (all ages)*

The rate of excess winter deaths in Stroud was significantly lower than the county and national benchmarks in 2007-10, but has since risen to a similar level to these comparators.

## 3.6 Economy

### 3.6.1 Overview

Stroud district a rural district situated in the south of the county and partially located in the Cotswold AONB is home to a diverse economy that supported some 44,660 employees in 2014. Stroud town the largest market town and administrative centre for the district, situated at the head of the famous five valleys is an important cultural and retail centre contributing to a thriving tourism trade.

The industry base is varied with specialisms ranging from; Manufacturing focusing on computer, electronic and optical products, textiles, rubber and plastics and aerospace; Accommodation and food services; Professional, scientific and technical particularly accountancy and management and technical consultancy and Health.

Employment has declined slightly over the last five years but is predicted to grow albeit it at a conservative rate. Unemployment in terms of Job Seekers Allowance claimants has declined, although there are still areas of relative high unemployment around the centre of Stroud.

There are nearly 5,800 businesses in Stroud district accounting for over a fifth of the county total and growth over the last five years has been moderate and matched the county growth rate. The district has a highly skilled workforce that

reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.

The characteristics of the job vacancies advertised range from Administrative occupations to Nurses, Programmers and Care workers.

The commuting pattern to work indicates that just over half of the resident employed population remained within the district to work and the majority of the inward and outward flows tend to be within Gloucestershire, particularly relating to Gloucester district.

### 3.6.2 Employment

The number of employees in Stroud district has decreased slightly over the last five years to a total of 44,660<sup>20</sup> by 2014 as shown in Figure 15.

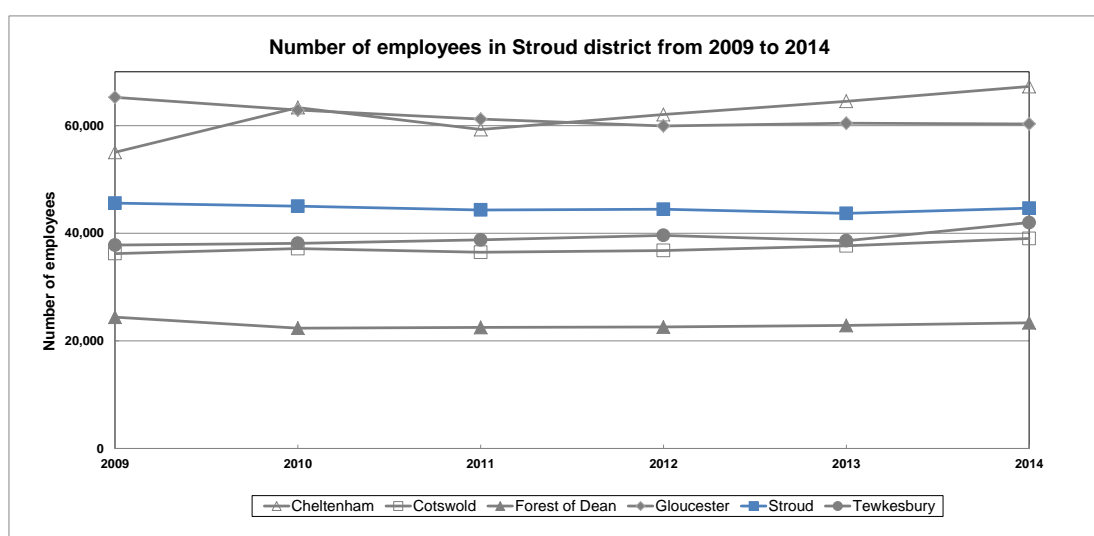


Figure 15: Trend in the number of employees in Stroud district: 2010-2014<sup>21</sup>

The annual growth rates relating to the number of employees between 2009 and 2014 in Stroud district are depicted in Table 6. Annual growth rates appear to be quite volatile culminating in the annual average growth rate over the period of -0.4% which is the lowest value of all the districts as shown in Table 7 .

<sup>20</sup> This figure is based on the number of employees and does not include self employed.

<sup>21</sup> Business Register and Employment Survey 2010-2014, ONS Crown Copyright Reserved.

*Table 6: Annual growth rates of number of employees in Stroud district from 2009 to 2014<sup>22</sup>*

Stroud district	
Year	Annual growth rate %
2009-2010	-1.2
2010-2011	-1.5
2011-2012	0.3
2012-2013	-1.7
2013-2014	2.2
Average annual growth rate 2009-2014	-0.4

*Table 7: Average annual growth rates: Gloucestershire and districts 2009-2014<sup>23</sup>*

Area	Average annual growth 2009 to 2014 %
Cheltenham district	4.3
Cotswold district	1.5
Forest of Dean district	-0.8
Gloucester district	-1.6
Stroud district	-0.4
Tewkesbury district	2.2
Gloucestershire	0.9
Great Britain	1.0
South West	0.4

Regarding employment status, the ratio of full-time to part-time employees in 2014 was 67% to 33% respectively which is close to the county average as shown in Table 8. It is also evident from Table 8 that Stroud district accounted for 16% of the total Gloucestershire employees.

*Table 8: Stroud district: Employment status<sup>24</sup>*

District	Full-time employees		Part-time employees		Total Employees*	
	Number	%	Number	%	Number	% of total employees
Cheltenham	44,400	66.0	22,900	34.0	67,300	24.3
Cotswold	25,500	65.5	13,500	34.5	39,000	14.1
Forest of Dean	14,500	62.1	8,800	37.9	23,400	8.4
Gloucester	38,400	63.6	21,900	36.4	60,300	21.8
Stroud	30,000	67.2	14,600	32.8	44,700	16.1
Tewkesbury	31,600	75.3	10,400	24.7	42,000	15.2
Gloucestershire	184,400	66.7	92,200	33.3	276,600	

\* These figures exclude farm agriculture (SIC subclass 01000).

A further 15,300 people were also self-employed<sup>25</sup> in Stroud district between 2014 and 2015.

<sup>22</sup> *Ibid.*

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

<sup>25</sup> Annual Population Survey July 2014-July 2015, ONS Crown Copyright Reserved.

### **3.6.3 Past (2010-2014) Employment by industrial sector**

Figure 16 presents the industrial sectors in terms of their size, growth and local concentration<sup>26</sup>.

The Manufacturing sector stands out in terms of size and local importance in Stroud district accounting for over a fifth of employees in 2014 as highlighted in Figure 17.

Growth occurred in the computer, electronic and optical products, textiles, aerospace, electrical equipment and rubber and plastics sub sectors and in addition to food and beverages, fabricated metal products, other machinery and equipment sub sectors accounted for the majority of employees.

The importance of the Accommodation and food services sector in terms of supporting tourism activities is evident from this sector accounting for the third largest number of employees among all districts in 2014. Growth over the last five years has been minimal with what appears to be the decline in employment in public houses and bars offset against growth in hotel and licensed restaurant employees.

The Mining, quarrying & utilities sector has grown the most in the last five years which is likely to be related to the utilities sub sector in terms of power generation and power sale.

Stroud is the only district that has shown an overall decline in employees in the Business administration & support services sector. Growth within the sector however, was related to the sub sectors that also employed the most people, namely, temporary employment agencies, general cleaning of buildings and landscape service activities

The Professional, scientific & technical sector is relatively large in terms of employees as shown in Figure 16 and has also exhibited growth in the last five years pointing to an increase in accountancy and auditing, and management and technical consultancy and sizeable veterinary activities.

The Financial & insurance sector has experienced decrease in banks and building society activities that has been offset slightly by growth in the auxiliary activities relating to actuarial and salvage administration.

The Health sector including social work activities is the second largest sector accounting for 11% of the total number of employees in 2014 as shown in Figure

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<sup>26</sup> Location quotients (LQ) are used for identifying an industry that is concentrated in a region. A simple ratio has been used to compare the share of local employment in an industry to the share of GB employment in that industry. A LQ of <1 indicates the local area is less concentrated than GB for an industrial activity, and a value >1 indicates the local area has a higher concentration of employment in the industrial activity relative to GB.

17. Within this sector the main area of employment relates to hospital activities e.g. Stroud General Hospital and residential care activities.

Education despite experiencing a decline in employees over the last five years represents the third largest proportion of total employees in the district as shown in Figure 17. Some 57% are accounted for by primary education, however, decline was mainly in the primary sector and to a lesser degree in the general secondary and technical and vocational secondary sub sectors. The prospect of a new engineering and training centre at Berkeley is likely to increase potential employee numbers in this sector.

Apart from a blip in 2013 the Construction sector has undergone growth in terms of number of employees over the last five years which is likely to be the result of the post-recession demands from both the commercial and domestic building industry.

The Arts, entertainment & recreation is locally important to Stroud district but is not well represented in terms of the number of employees as much of this sector is made up of self employed etc. that are not captured by the Business Register and Employment Survey.

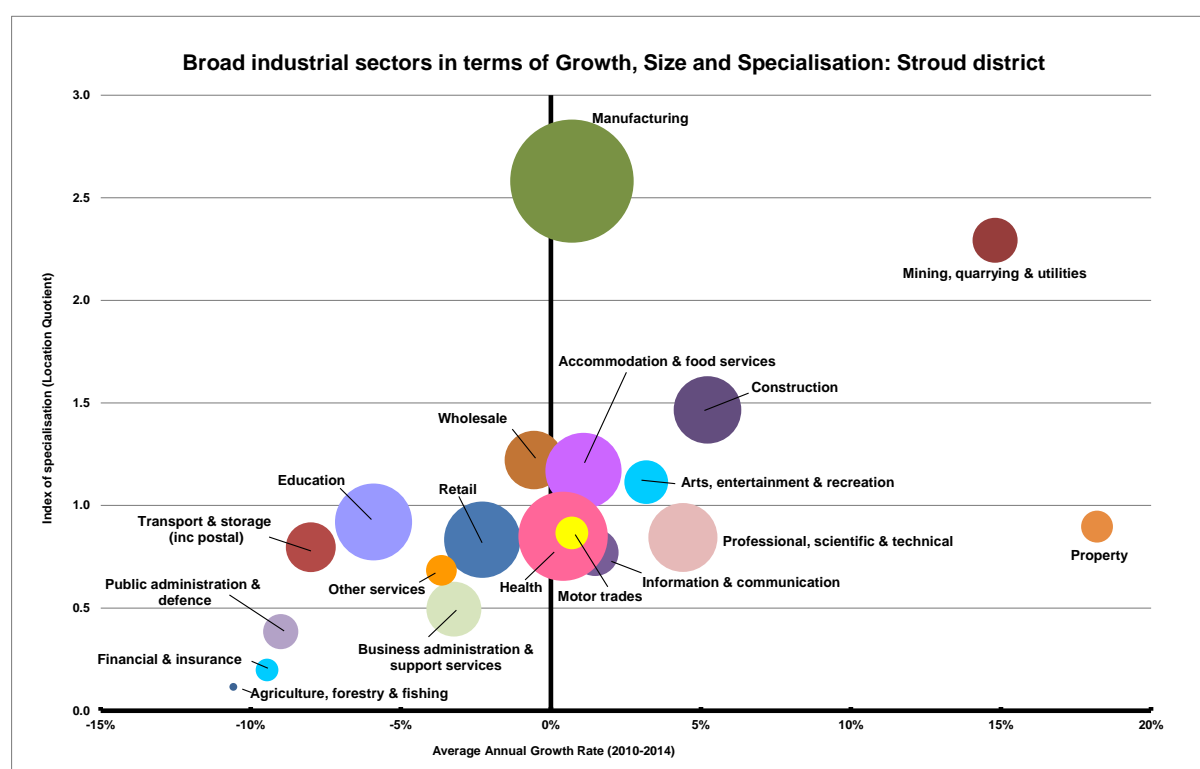


Figure 16: A comparison of industrial sectors in terms of growth, size and specialisation in Stroud district<sup>27</sup>

<sup>27</sup> Ibid.

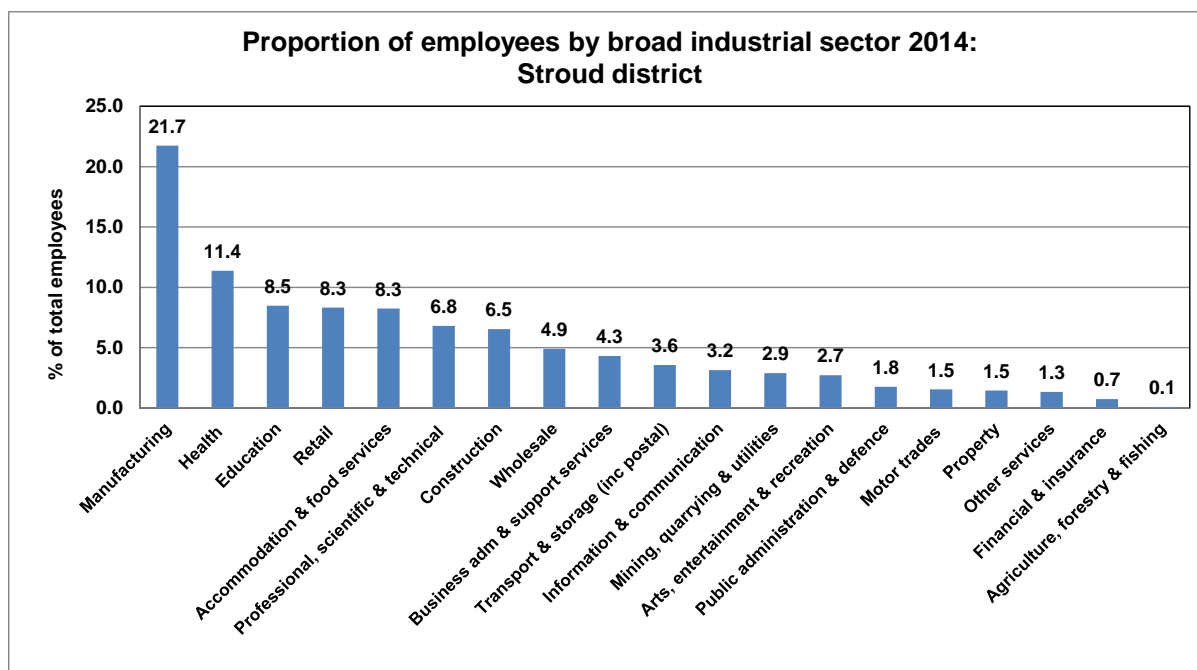


Figure 17: The proportion of employees by broad industrial sector 2014: Stroud district<sup>28</sup>

### 3.6.4 Future (2015-2025) Employment by industrial sector

Economic projections generated by the Local Economic Forecasting Model (LEFM)<sup>29</sup>, provide an indication of future economic growth and predict potential changes in employment. **These projections are presented as a guide, they do not take into account the impact of current policies and initiatives.**

According to LEFM employment (employees and self-employed) in Stroud district is set to increase between 2015 and 2025 to 59,400 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.2% which along with Gloucester is the lowest of all the districts as shown in Table 9.

<sup>28</sup> *Ibid.*

<sup>29</sup> The LEFM has been developed to forecast economic activity in local areas in a way that is consistent with regional and national forecasts. Although the model includes a number of econometric relationships, lack of data currently precludes the estimation of a complete model in the conventional sense. Many of the relationships are therefore imposed by assumption, based on the broader regional or national models estimated by Cambridge Econometrics and the Institute for Economic Research (University of Warwick) LEFM should therefore be regarded primarily a simulation model rather than an accurate econometric representation of a local economy.

*Table 9: Projected Average annual change in employment: 2015-2025<sup>30</sup>*

Area	Projected Average annual change 2015 to 2025
Cheltenham district	0.4
Cotswold district	0.5
Forest of Dean district	0.3
Gloucester district	0.2
Stroud district	0.2
Tewkesbury district	0.3
Gloucestershire	0.3
South West	0.5
UK	0.4

Considering projected employment by sector over the next ten years in Stroud district compared to the county average, four sectors, namely, Mining, quarrying and utilities (relating to power generation) Accommodation & food services, Construction and Other services<sup>31</sup> and are all predicted to grow the most and more than the county average as shown in Figure 18.

The Information Technology, Business administration & support services, Health and Retail are also predicted to grow but to a lesser extent.

The Manufacturing and Agriculture, forestry & fishing sectors are predicted to decline the most and in the former case more so than the county average.

<sup>30</sup> LEFM Aug 2015, Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

<sup>31</sup> Other services include activities of membership organisations, repair of computers, personal and household goods, other personal service activities e.g. hairdressing, beauty and other personal services.

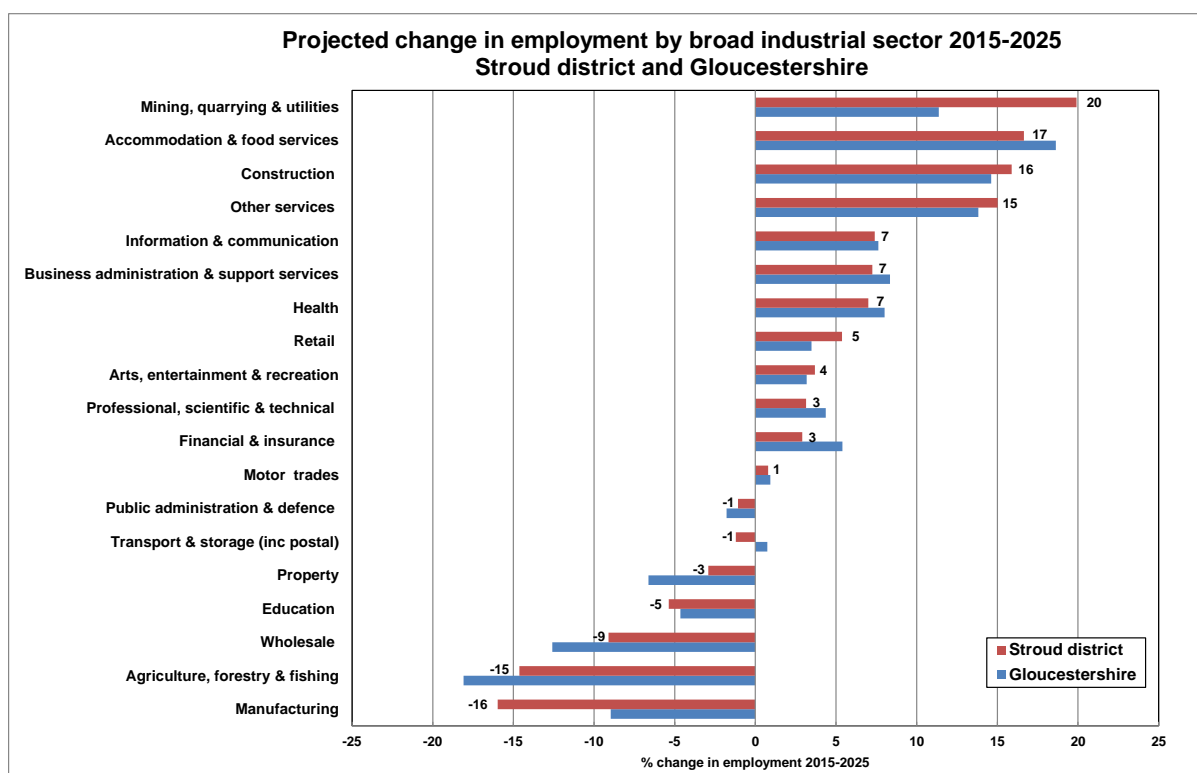


Figure 18: Projected change in employment in Stroud from 2015 to 2015<sup>32</sup>

### 3.6.5 Businesses

The number of businesses in Stroud increased by 8.1% in the last five years as shown in Table 10 amounting to 5,740 businesses in 2015 accounting for some 21% of the county total. This growth is the same as the county average but lower than the national average by nearly 5%.

Table 10: Growth in the number of businesses from 2010 to 2015<sup>33</sup>

Growth in the number of businesses: 2010-2015	
Area	%
Cheltenham district	8.8
Cotswold district	9.0
Forest of Dean district	2.8
Gloucester district	6.9
Stroud district	8.1
Tewkesbury district	12.2
Gloucestershire	8.1
Great Britain	13.5

Much in accordance with the national structure the majority of businesses (77%) are small, employing up to four people. There are however, a number of larger businesses employing between 50 and 99 people as shown in Table 11.

<sup>32</sup> LEFM Aug 2015, Cambridge Econometrics/Institute for Economic Research (Univ. of Warwick).

<sup>33</sup> Business Demography 2013, ONS Crown Copyright Reserved.

Table 11: Size breakdown of businesses in Stroud district and county 2015<sup>34</sup>

Size	Cheltenham district	Cotswold district	Forest of Dean district	Gloucester district	Stroud district	Tewkesbury district	Gloucestershire
0 to 4	3,755	4,520	2,850	2,470	4,405	2,950	20,950
% 0-4	77	77	77	72	77	75	76
5 to 9	605	725	490	455	690	495	3,460
% 5-9	12	12	13	13	12	13	13
10 to 19	295	370	210	225	370	245	1,715
% 10-19	6	6	6	7	6	6	6
20 to 49	155	165	95	150	180	135	880
% 20-49	3	3	3	4	3	3	3
50 to 99	50	50	30	60	60	45	295
% 50-99	1	1	1	2	1	1	1
250 to 499	10	10	5	10	5	10	50
% 250-499	0.2	0.2	0.1	0.3	0.1	0.3	0.2
500 to 999	5	5	0	5	0	5	20
% 500-999	0.1	0.1	0.0	0.1	0.0	0.1	0.1
1000+	5	0	0	5	5	5	20
% 1000+	0.1	0.0	0.0	0.1	0.1	0.1	0.1
Total	4,905	5,860	3,690	3,425	5,740	3,915	27,535

Business start-ups in Stroud increased the most by 61% which was well above the county average over the last five years amounting to 610 businesses starting up in 2013 which is second to Cheltenham as depicted in Figure 19.

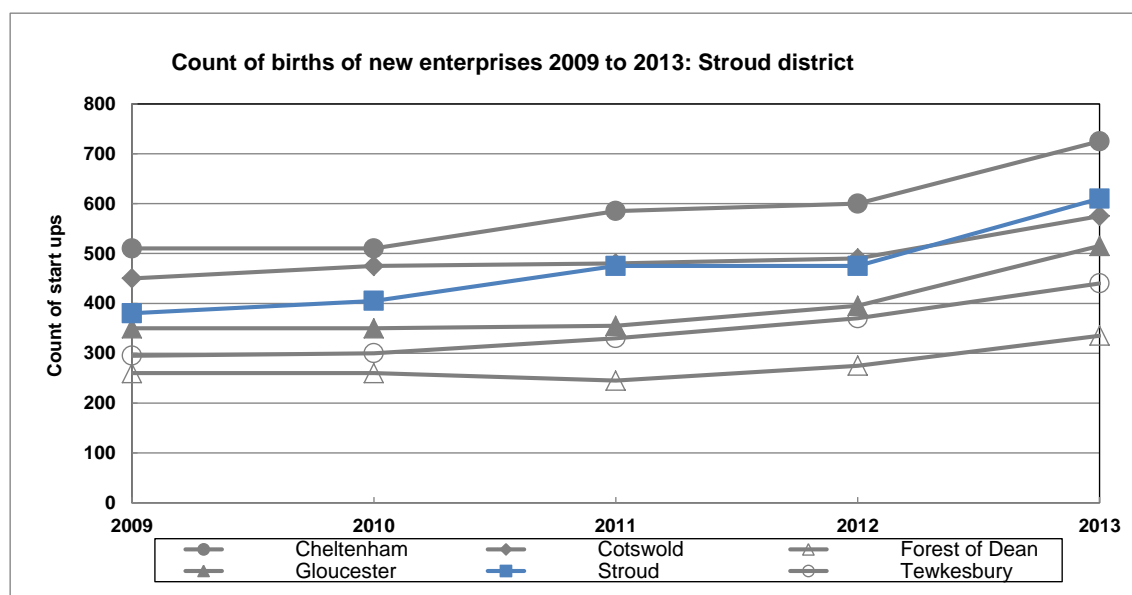


Figure 19: Trend in business births between 2009 and 2013 in Stroud district<sup>35</sup>

One year survival rates at 88% were close to the county average and higher than the national average as shown in Table 12. Three year survival rates were however, at 63% the second highest in the county and well above the national average.

<sup>34</sup> UK Business Counts – Enterprises 2015, ONS Crown Copyright Reserved.

<sup>35</sup> Business Demography 2013, ONS Crown Copyright Reserved.

Table 12: Business survival rates from birth in 2010<sup>36</sup>

Area	Survival rates from birth in 2010		
	1 Year %	2 Year %	3 Year %
Cheltenham district	88.2	72.5	57.8
Cotswold district	89.5	77.9	64.2
Forest of Dean district	86.5	73.1	59.6
Gloucester district	90.0	74.3	55.7
Stroud district	87.7	74.1	63.0
Tewkesbury district	90.0	75.0	61.7
Gloucestershire	88.7	74.6	60.4
South West	88.1	74.2	59.9
Great Britain	86.7	72.5	57.1

### 3.6.6 Unemployment

The number of people claiming Job Seekers Allowance (JSA) in Stroud district has been at its lowest in terms of both number and rate for some thirty years. After May 2015 Universal Credit was gradually introduced into the county and will ultimately replace the Job Seekers Allowance claimant measure.

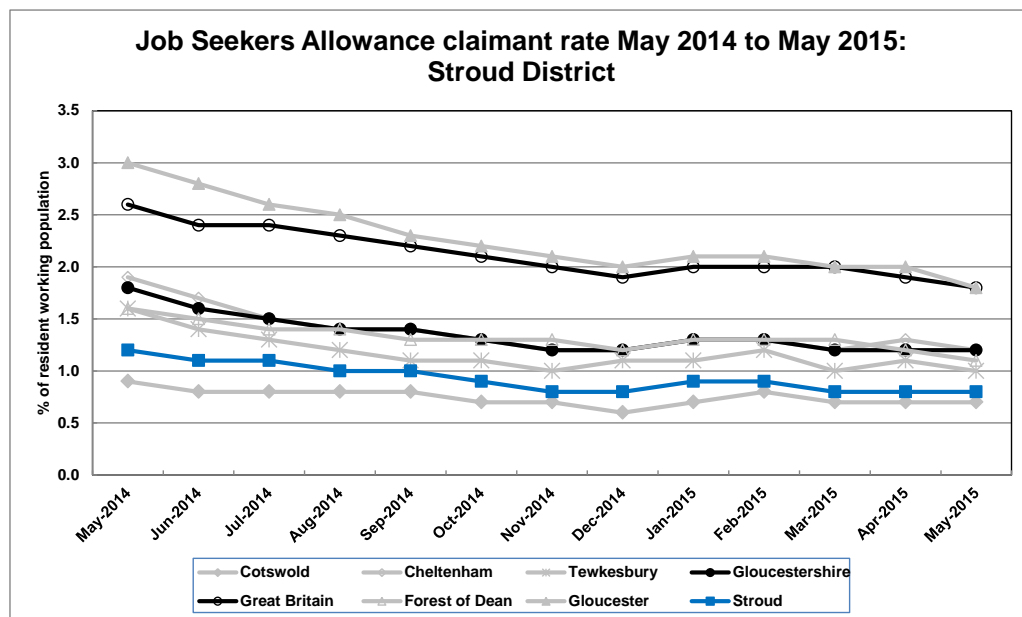


Figure 20: Job Seekers Allowance claimant rate May 2014 to May 2015: Stroud district<sup>37</sup>

It is evident from Figure 20 that the JSA claimant rate for Stroud district followed the county average for the most part and apart from seasonal blips has shown a steady decline since May 2014 to 0.8% representing 538 people in May 2015. Stroud district has the second lowest claimant rate after Cotswold district.

There were ten wards with claimant rates above the district average as shown in Figure 21. They range from Stonehouse ward with a 0.9% rate to Central ward with a 2.3% rate.

<sup>36</sup> *Ibid.*

<sup>37</sup> Job Seekers Allowance, ONS Crown Copyright Reserved.

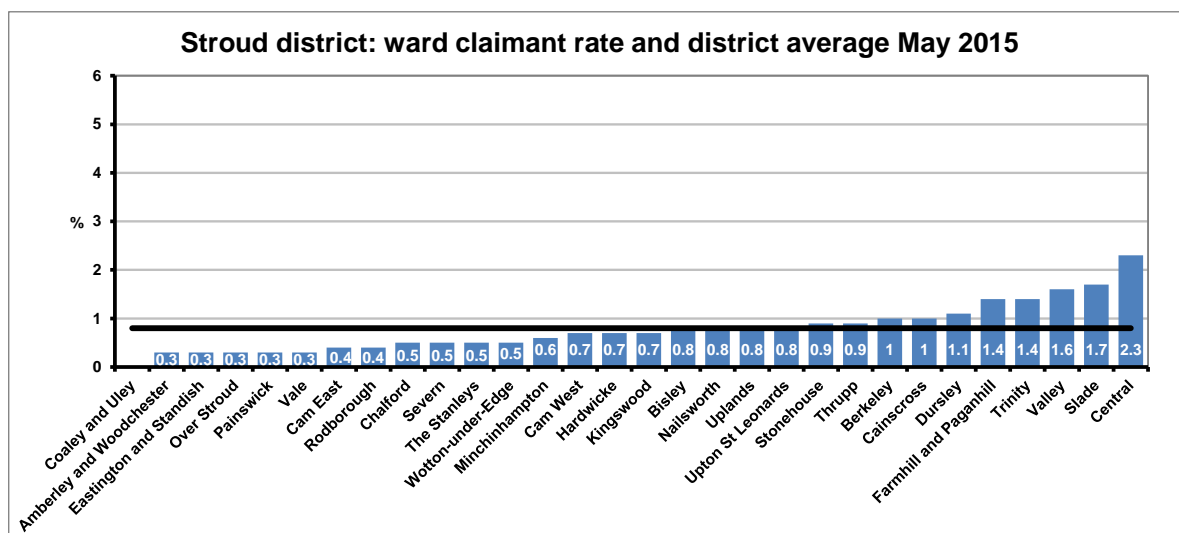


Figure 21: Stroud district: ward claimant rate against district average<sup>38</sup>

It is clear from Figure 22 that after increasing from May 2011 to May 2012 to 2% of the cohort the rate for those 18-24 year olds claiming JSA in Stroud district for more than six months then decreased to a value of 0.3% of the cohort in May 2015 which was also below the county average. These rates represented a reduction from 155 to 25 people.

In terms of those 18-24 year olds claiming for less than six months the proportion of the cohort was 4% in May 2012 and above the county average. This declined in the subsequent years to 1.5% of the cohort and below the county average in May 2015. These rates represented a reduction from 315 to 110 people.

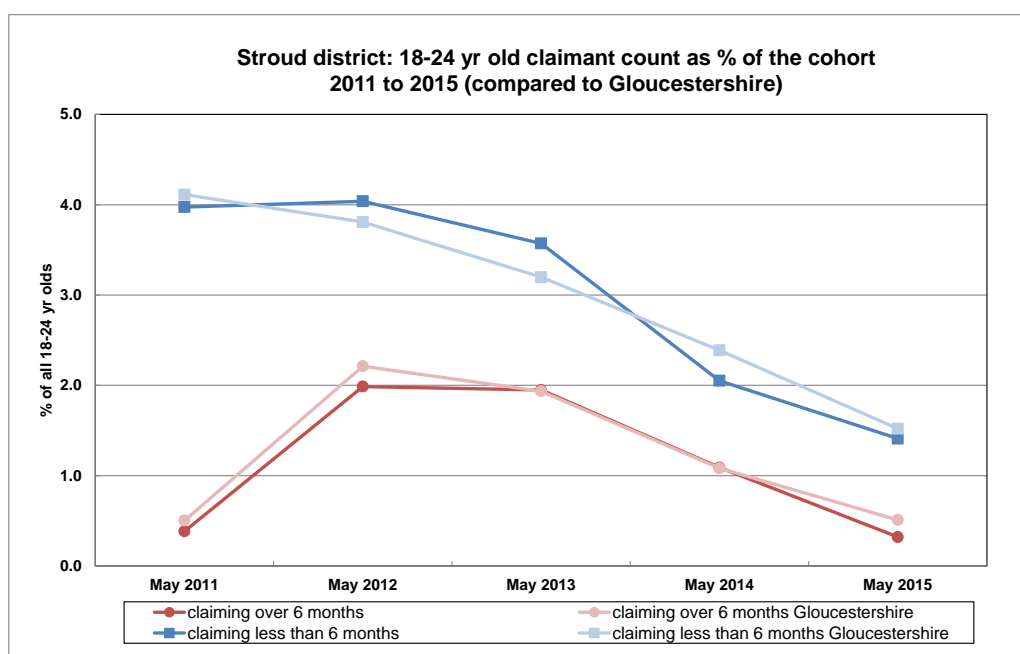


Figure 22: 18-24 year old claimant count as a proportion of the cohort 2011-2015<sup>39</sup>

<sup>38</sup> Ibid.

<sup>39</sup> Jobseeker's Allowance by age and duration, ONS Crown Copyright Reserved.

The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Stroud district as depicted in Figure 23 has declined over the last four years from a high of almost 150 people in October 2011 to 62 people in May 2015.

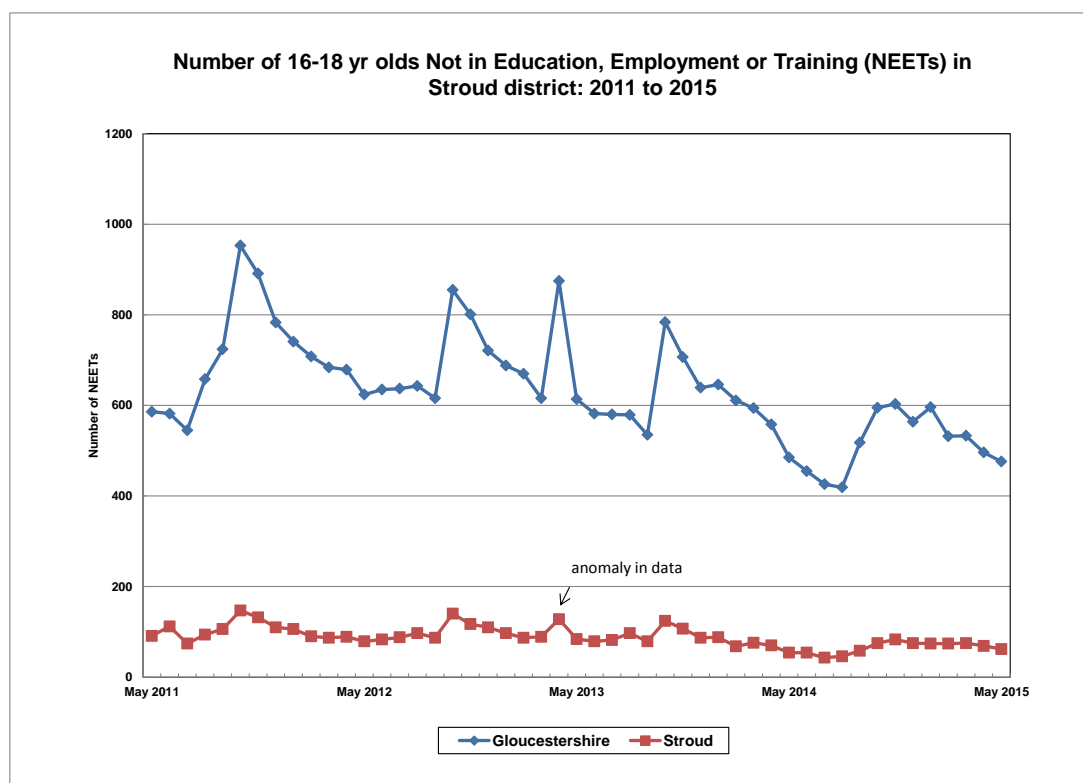


Figure 23: Number of 16-18 year olds Not in Education, Employment or Training (NEETs) in Stroud district: 2011 to 2015<sup>40</sup>

### 3.6.7 Qualifications and occupation

It is evident from Table 13 that in Stroud district some 33% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This is well above both the county and national averages of 30% and 27% respectively. At the other end of the scale those with No qualification accounted for 18% of the resident population over 16 which although below the county and national average amounted to 16,800 people.

<sup>40</sup> Prospects

*Table 13: Level of qualification of residents aged 16 and over comparison<sup>41</sup>*

Level of qualification of residents aged 16 and over: % of total			
	Stroud district	Gloucestershire	England and Wales
No qualifications	18.2	19.6	22.7
Level 1 qualifications	12.9	13.5	13.3
Level 2 qualifications	15.6	16.0	15.3
Apprenticeship	4.7	4.0	3.6
Level 3 qualifications	12.2	12.6	12.3
Level 4 qualifications and above	32.9	29.9	27.2
Other qualifications	3.6	4.3	5.7
Total	92,251	490,233	45,496,780

From Figure 24 it is clear that nearly 60% of the resident based employment in 2011 comprises the higher end of the skill spectrum namely Professional and Associate professional, Managers, directors and senior officials and Skilled trades occupations with values above both the county and national average.

The opposite end of the spectrum is reflected by lower proportions of the total resident employed relating to the Elementary, Process, plant and machine operatives and Sales and customer services occupations as shown in Figure 24.

The occupational structure of Stroud reflects not only the high skill requirements but also the relatively high demand for the skilled trades aspect of its industrial base.

<sup>41</sup> Census of Population 2011: LC5102EW - Highest level of qualification by age, ONS Crown Copyright Reserved

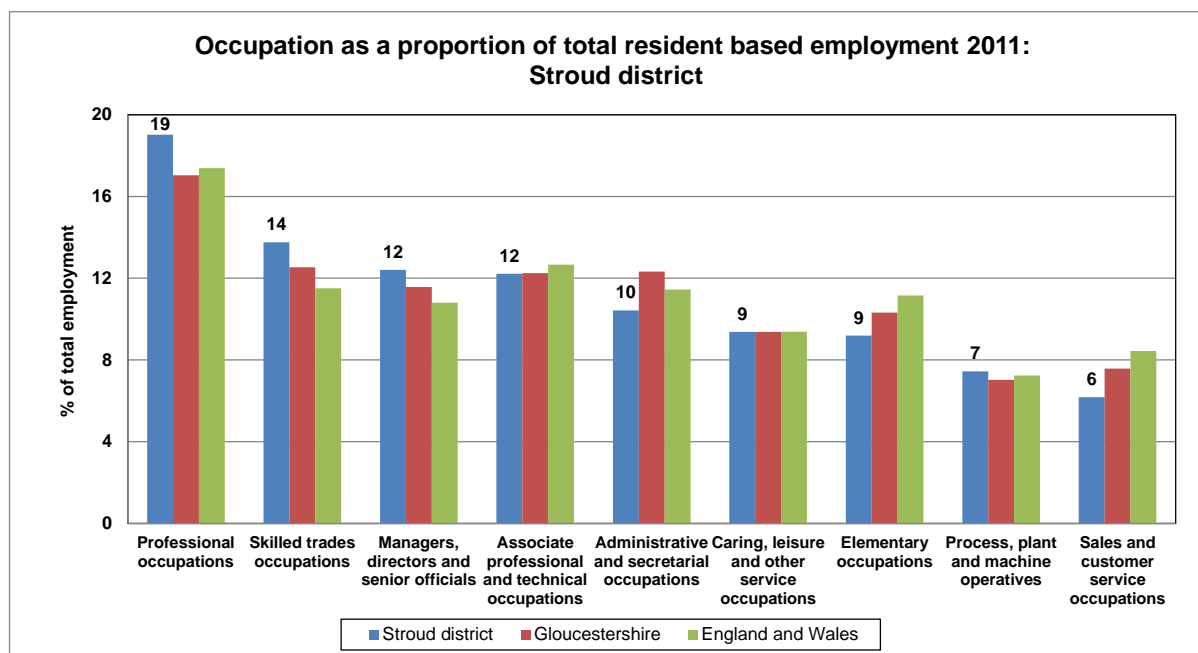
Level 1: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ Level 1, Foundation GNVQ, Basic/Essential Skills;

Level 2: 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A\*-C), School Certificate, 1 A Level/ 2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma;

Level 3: 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate, Advanced Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma;

Level 4 and above: Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy);

Other qualifications: Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown).



*Figure 24: Occupation as a proportion of total employment 2011: Stroud district, Gloucestershire and England and Wales<sup>42</sup>*

In terms of the projected growth of occupational employment over the next ten years, as outlined in Figure 25, the expected increase in Managers, directors and senior officials follows the national projection although at a higher rate for Stroud district and at county level which may reflect the continuing growth in businesses. The projected increase in employment in the Caring, leisure and other services occupations is undoubtedly an indication of the growing demands of an ageing population.

A decline of some 19% is also predicted for the Administrative and secretarial occupations which reflects the national trend but to a greater extent.

<sup>42</sup> Census of Population 2011: LC6112EW - Occupation by age, ONS Crown Copyright Reserved.

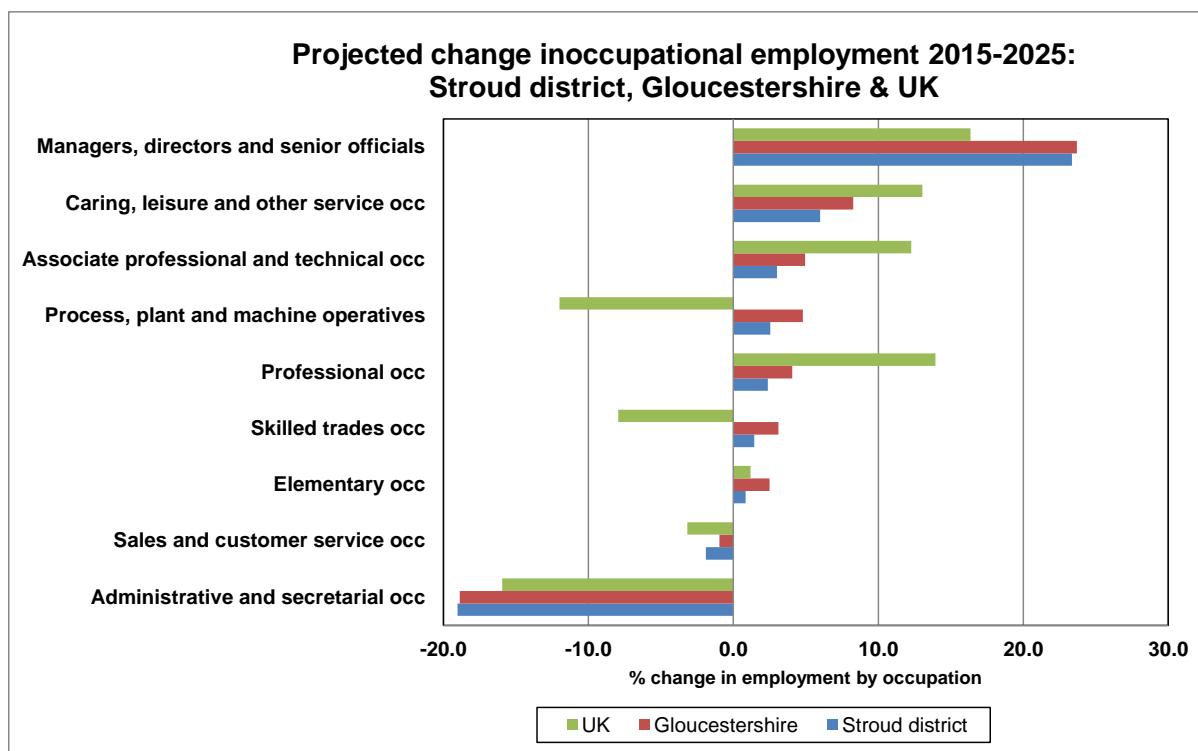


Figure 25: Projected change in occupational employment 2015-2025: Stroud district, Gloucestershire & UK<sup>43</sup>

### 3.6.8 Vacancies

The data used in Figure 26 are provided by Labour Insight, an interactive tool which delivers real time access to job vacancies from a comprehensive range of sources including job boards, employer sites, newspapers, public agencies etc. Data extraction and analysis technologies mine and code data from each job listing to provide analysis on industries, occupations, skills and qualifications. The tool will inevitably not capture all vacancies.

Figure 26 shows the trend in new vacancies for each month from January to October 2015. The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 478 new postings in May before dropping back to about 427 in October.

<sup>43</sup> LEFM Aug 2015, Cambridge Econometrics/Institute for Employment Research (Univ. of Warwick).

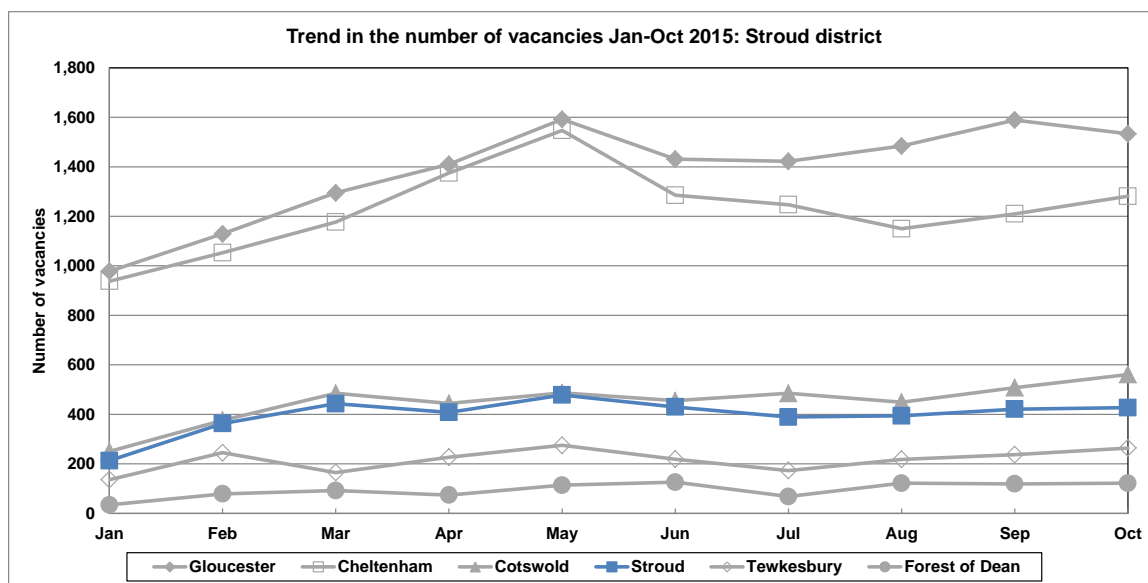


Figure 26: Trend in job vacancies in Stroud district in 2015<sup>44</sup>

The top fifteen occupations identified from a total of 3,966 job vacancies advertised during the first ten months of 2015 are shown in Figure 27. Vacancies related to a number of occupations from Other administrative occupations not elsewhere classified (general administrative activities) and a similar proportion of Nurses, Programmers, Care workers and Chefs.

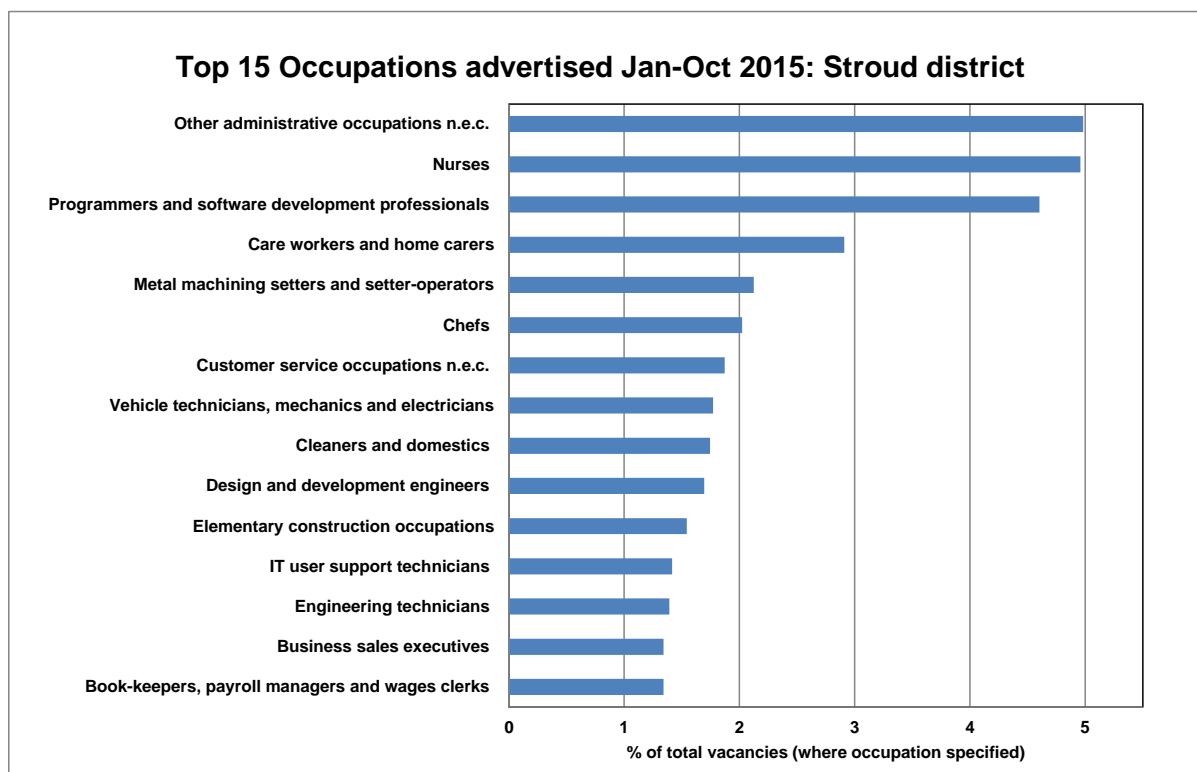


Figure 27: Top occupations advertised in Stroud district in 2015<sup>45</sup>

<sup>44</sup> Labour Insight.

<sup>45</sup> *Ibid.*

Table 14 represents a selection of those employers who offered some of the highest number of vacancies advertised. Not unexpectedly these correspond to the Health, Manufacturing, Public sector, Financial and Retail industrial sectors.

*Table 14: A selection of employers with the largest number of vacancies in 2015*

BARCHESTER HEALTHCARE
ECOTRICITY GROUP
GLOUCESTERSHIRE COUNTY COUNCIL
J HALL SON LIMITED
MCDONALD'S RESTAURANTS
MDL COMPANY LIMITED
NATIONAL HEALTH SERVICE
RENISHAW PLC
ROOTS SYSTEMS LIMITED
RUSKIN MILL COLLEGE
SNOW BUSINESS INTERNATIONAL
STROUD DISTRICT COUNCIL
THE ORDERS OF ST JOHN CARE TRUST
TORTWORTH COURT
TRAVIS PERKINS

### **3.6.9 Commuting to Work**

In 2011, of the 44,524 residents aged 16 and over in Stroud district who commuted to work in 2011, some 54% equating to 23,998 worked within the district as shown in Table 16.

*Table 15: Working within the district 2011<sup>46</sup>*

Area	Resident working population aged 16+ who commute to work	Resident population who work within the district (excl working at home)	% of resident population who commute that work within the district (self containment)
Cheltenham district	49,244	29,462	60
Cotswold district	30,041	16,221	54
Forest of Dean district	30,006	15,379	51
Gloucester district	53,024	29,407	55
Stroud district	44,524	23,998	54
Tewkesbury district	33,481	12,915	39
Gloucestershire	240,320	199,735	83

Another 11,847 residents aged 16 and over commuted within the county with the largest interaction with Gloucester district.

<sup>46</sup> *Ibid.*

Table 16: Commuting to Work by district for Gloucestershire 2011<sup>47</sup>

Resident Origin	Workplace Destination						
	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury	Gloucestershire
Cheltenham	29,462	1,768	311	4,454	1,191	6,313	43,499
Cotswold	1,487	16,221	147	796	957	687	20,295
Forest of Dean	1,073	329	15,379	4,036	467	1,646	22,930
Gloucester	5,057	948	1,054	29,407	4,699	7,053	48,218
Stroud	1,947	2,334	283	5,492	23,998	1,791	35,845
Tewkesbury	8,293	873	464	5,457	946	12,915	28,948
Gloucestershire	47,319	22,473	17,638	49,642	32,258	30,405	199,735

Of those who commuted within Stroud district the wards with the largest resident origin were Stonehouse, Cainscross, Dursley, Nailsworth, Chalford, Rodborough and Wotton-under-Edge as shown in Table 17.

The wards with the highest workplace destinations were Stonehouse, Central, Nailsworth, Dursley and Severn.

Table 17: Commuting to work within Stroud district by ward 2011<sup>48</sup>

Stroud district	Workplace Destination																																	
		Amberley and Woodchester	Berkeley	Bisley	Cainscross	Cam East	Cam West	Central	Chalford	Coaley and Uley	Dursley	Eastington and Standish	Farmhill and Paganhill	Hardwicke	Kingswood	Minchinhampton	Nailsworth	Randwick, Whiteshill and Ruscombe	Painswick	Rodborough	Severn	Slade	Stonehouse	The Stanleys	Thrupp	Trinity	Uplands	Upton St Leonards	Vale	Valley	Wotton-under-Edge	Stroud dsitrit		
Resident Origin																																		
Amberley and Woodchester		42	1	2	14	1	3	55	12	3	7	10	2	4	7	22	55	2	8	23	5	0	37	5	20	11	2	1	3	0	2	359		
Berkeley		13	375	5	17	22	27	40	3	4	38	5	2	6	29	4	9	1	2	6	47	0	56	5	4	8	2	4	120	0	25	879		
Bisley		4	3	60	12	0	2	50	32	0	7	5	2	3	2	14	22	1	22	13	3	0	36	1	21	21	5	3	4	0	2	350		
Cainscross		79	16	14	251	9	12	425	42	19	49	63	43	26	27	69	92	9	27	131	45	3	397	20	76	67	44	1	12	14	4	2,086		
Cam East		18	47	1	22	102	145	45	8	18	192	10	1	10	49	10	14	0	1	12	50	1	108	7	9	12	1	0	63	1	33	990		
Cam West		18	44	5	21	62	169	37	4	34	182	13	3	15	50	11	10	1	1	15	53	0	96	8	8	9	1	1	71	5	28	975		
Central		13	1	7	20	2	5	194	26	5	10	6	7	7	3	20	29	2	13	37	9	2	83	0	38	22	11	2	6	4	2	586		
Chalford		55	5	97	46	4	13	230	188	9	22	18	7	8	17	77	75	1	27	49	13	1	130	4	109	48	11	1	1	8	7	1,281		
Coaley and Uley		11	12	6	13	11	16	40	6	62	60	6	3	2	8	14	21	0	2	7	19	2	59	15	7	6	4	0	13	2	12	439		
Dursley		46	54	8	40	84	132	66	10	31	487	15	3	17	70	22	23	1	9	21	78	0	132	12	14	10	4	0	108	5	50	1,552		
Eastington and Standish		6	9	4	11	1	3	47	4	4	9	58	4	13	3	7	11	1	4	12	39	0	88	12	6	9	5	0	2	1	2	375		
Farmhill and Paganhill		14	3	10	31	3	3	146	11	3	17	3	35	2	1	21	39	4	5	30	8	2	78	6	31	20	19	2	2	9	4	562		
Hardwicke		16	8	2	14	2	10	36	10	3	18	14	3	106	5	8	14	5	7	21	73	1	143	11	5	7	6	7	6	5	3	569		
Kingswood		7	13	3	4	2	8	12	1	6	15	2	0	5	69	6	9	1	6	3	7	0	13	0	1	5	1	0	4	1	84	288		
Minchinhampton		34	4	10	24	0	1	103	22	4	6	7	2	6	11	133	80	2	11	26	12	1	58	6	43	25	4	3	2	5	4	649		
Nailsworth		87	6	19	62	4	7	148	30	13	21	16	5	10	32	109	502	5	21	42	31	3	140	10	58	40	16	6	10	8	13	1,474		
Randwick, Whiteshill and Ruscombe		12	1	5	30	1	2	88	4	0	4	5	8	3	5	11	16	26	9	31	3	1	52	1	20	17	7	6	3	4	4	379		
Painswick		15	2	18	17	2	0	82	4	0	7	2	3	2	7	14	31	4	109	7	7	2	37	2	13	17	7	12	6	9	3	441		
Rodborough		48	7	19	55	6	9	269	24	3	21	17	10	7	15	56	92	3	35	108	26	3	145	15	78	49	19	4	3	16	4	1,166		
Severn		19	21	4	22	6	25	80	12	9	46	43	3	43	18	14	14	0	13	24	286	0	136	14	17	14	6	2	26	1	12	930		
Slade		23	1	7	24	2	5	135	19	1	8	10	6	1	5	27	34	4	12	23	11	18	73	4	45	45	14	1	2	5	3	568		
Stonehouse		54	11	10	81	8	16	257	21	7	21	77	10	39	23	49	50	1	27	61	85	4	967	74	71	66	26	7	20	17	12	2,172		
The Stanleys		44	10	5	37	3	10	165	4	11	32	24	10	14	4	14	46	6	15	28	28	1	261	104	36	37	16	1	10	6	12	994		
Thrupp		26	6	13	33	1	4	87	12	0	9	7	3	6	6	38	32	0	12	31	8	3	79	5	46	33	5	2	4	11	2	524		
Trinity		11	2	12	18	1	0	160	15	3	6	6	4	1	4	23	36	2	13	23	10	5	65	4	30	59	10	1	2	6	2	534		
Uplands		20	7	7	38	3	0	180	7	2	10	6	12	4	13	21	33	4	10	32	4	3	77	6	32	34	39	4	6	6	4	624		
Upton St Leonards		1	5	0	4	3	0	28	2	1	6	1	1	14	2	4	4	0	5	3	10	0	29	3	8	5	2	43	3	4	1	192		
Vale		4	37	0	3	4	9	9	0	6	34	9	4	5	15	3	9	1	4	3	6	0	13	3	1	5	2	1	40	0	17	247		
Valley		25	2	10	23	2	0	180	9	6	2	9	3	3	9	29	39	2	25	28	15	6	90	5	47	50	24	3	4	18	6	674		
Wotton-under-Edge		42	25	4	11	11	26	43	6	26	79	5	4	3	234	8	22	0	13	6	25	0	51	3	4	9	1	2	45	3	428	1,139		
Stroud district		807	738	367	998	362	662	3,437	548	293	1,425	472	203	385	743	858	1,463	89	468	856	1,016	62	3,729	365	898	760	314	120	601	174	785	23,998		

<sup>47</sup> Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright

Reserved.

<sup>48</sup> Census of Population 2011: WF01BEW - Location of usual residence and place of work (OA level).

Conversely, the remaining 46% of those residents who commuted to work equating to 20,526 commuted out of the district which was offset by 13,287 workers commuting in resulting in a net outward flow of 7,239 workers as shown in Table 18.

Of those who commuted out of the district nearly 58% (11,847) came from within the county, 10% travelled to the West Midlands especially Wychavon district, Worcester and Birmingham and another 7% to London and the South east. The remainder went to Bristol, Swindon, South Gloucestershire and Wiltshire.

*Table 18: Number of workers commuting in or out of Gloucestershire districts 2011<sup>49</sup>*

Commuting to work	Total outward	Total inward	Net
Cheltenham district	19,782	24,148	4,366
Cotswold district	13,820	15,709	1,889
Forest of Dean district	14,627	6,015	-8,612
Gloucester district	23,617	26,131	2,514
Stroud district	20,526	13,287	-7,239
Tewkesbury district	20,566	25,211	4,645
Gloucestershire (includes offshore installation & outside UK)	40,585	38,148	-2,437

Of those who commuted in 62% travelled from within the county, 12% from South Gloucestershire, 5% from Bristol and 3% from Wiltshire.

### **3.6.10 Work at home**

In addition to those who commuted to work in 2011 there were another 8,353 people who worked at home in Stroud district equating to 14% of those employed residents aged 16 and above as shown in Table 19.

This comparatively high proportion of the resident employed who work at home which was 2% more than in 2001 along with the relatively high numbers of self employed could be indicative of how improvements in communication and other technological advances may have encouraged businesses to locate and function more efficiently in the remote valleys characteristic of this district.

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<sup>49</sup> *Ibid.*

Table 19: Proportion of residents in employment who work at home 2011<sup>50</sup>

District	Work mainly at or from home Number	Work mainly at or from home as % of residents aged 16+ in employment
Cheltenham district	6,199	10
Cotswold district	8,268	20
Forest of Dean district	5,618	14
Gloucester district	4,439	7
Stroud district	8,353	14
Tewkesbury district	5,331	13
Gloucestershire	38,208	13

### 3.7 Protected characteristics

The Equality Act 2010<sup>51</sup> legally protects people from discrimination in the workplace and in wider society. The act identifies nine ‘protected characteristics’ or groups that are covered by the legislation: *Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race and Ethnicity, Religion & Belief, Sex, Sexual Orientation*. Some aspects of these groups such as *Age, Disability, Race and Ethnicity* are covered in other sections.

#### 3.7.1 Age

Age influences other ‘protected characteristics’, with certain age groups having different characteristics to the population as a whole<sup>52</sup>.

- Older people are significantly more likely to be disabled
- A higher proportion of 0-19 year olds are from BME groups
- Females account for a larger proportion of older people than men
- Older people are more likely to have been widowed, and consequently are more likely to be living alone
- Older people are more likely to practice Christianity.

The age of an individual, combined with additional factors including other ‘protected characteristics’ may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. A report by the European Social Survey<sup>53</sup> suggests age discrimination is the

<sup>50</sup> Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright Reserved.

<sup>51</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

<sup>52</sup> ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

<sup>53</sup> European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey [http://www.europeansocialsurvey.org/docs/findings/ESS4\\_gb\\_toplines\\_experiences\\_and\\_expressions\\_of\\_ageism.pdf](http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf) Accessed 17/04/2015.

most common form of prejudice experienced in the UK, with 28% respondents saying they had experienced prejudice based on age.

For information about changes in Stroud's age profile and projections please see 3.2.2.

### **3.7.2 Disability**

For further information about disability please see section 6.2.

### **3.7.3 Gender Reassignment**

Gender reassignment is defined by the Equality Act 2010<sup>54</sup> as a person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population<sup>55</sup>. By applying the same proportions to Stroud's adult population<sup>56</sup>, we can estimate that there may be somewhere between 600 and 900 adults in the district that are experiencing some degree of gender variance.

National research suggests individuals with some degree of gender variance experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. They have also demonstrated higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm<sup>57</sup>.

### **3.7.4 Marriage and Civil Partnerships**

The Equality Act 2010<sup>58</sup> protects individuals who are in a civil partnership, or marriage, against discrimination.

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<sup>54</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

<sup>55</sup> Gender Identity Research and Education Society, The Number of Gender Variant People in the UK <http://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf> Accessed 07/04/2015.

<sup>56</sup> ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

<sup>57</sup> Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

<sup>58</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

In 2011, 53.0% of people aged 16 years+ in Stroud were married, Figure 28 shows this was higher than the county, regional and national average. The proportion of people in a registered same sex civil partnership in Stroud stood at 0.3%, which was in line with the county, national and regional averages.

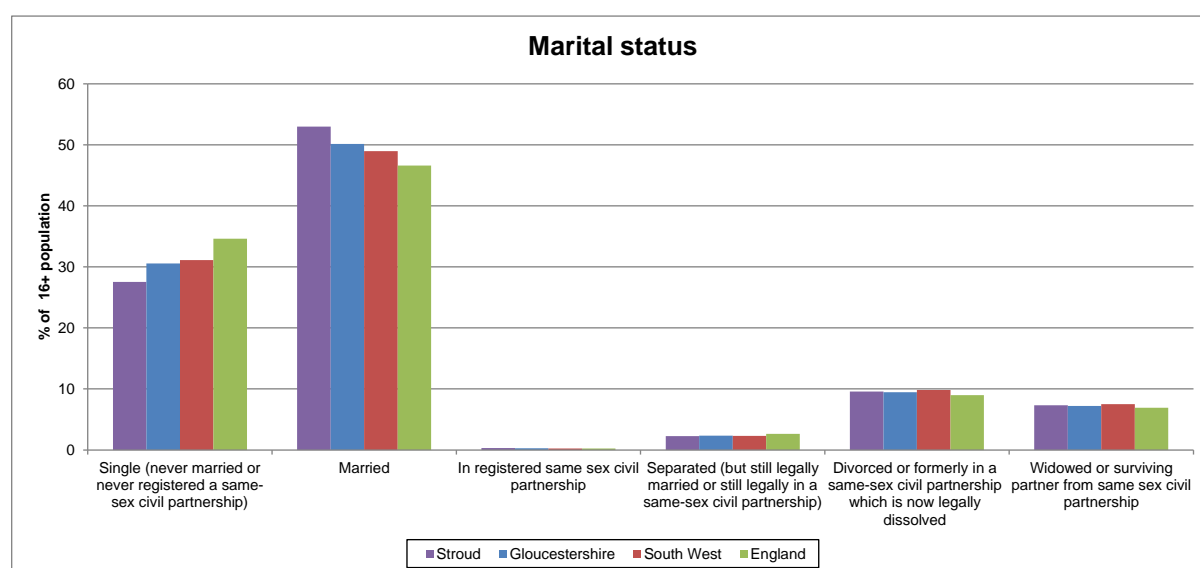


Figure 28: Percentage of the 16+ population by marital status, 2011<sup>59</sup>

Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships<sup>60</sup>.

### 3.7.5 Pregnancy and maternity

The Equality Act<sup>61</sup> 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.

In 2014 there were 1,014 live births in Stroud<sup>62</sup>. Figure 29 shows the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. This is also the age when the employment rate for women is at its highest. Births to mothers aged 35 and over account for a higher proportion of total births in Stroud than they do at a county, regional and national level. Conversely births to mothers under the age of 25 make up a lower

<sup>59</sup> ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 15/09/2015

<sup>60</sup> Department of Health, NO HEALTH WITHOUT MENTAL HEALTH: A cross-Government mental health outcomes strategy for people of all ages - Analysis of the Impact on Equality (AIE) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf) Accessed 20/04/2015

<sup>61</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

<sup>62</sup> ONS, Live Births by Area of Usual Residence, 2014 <http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2014/index.html> Accessed 21/09/2015.

proportion of total births.

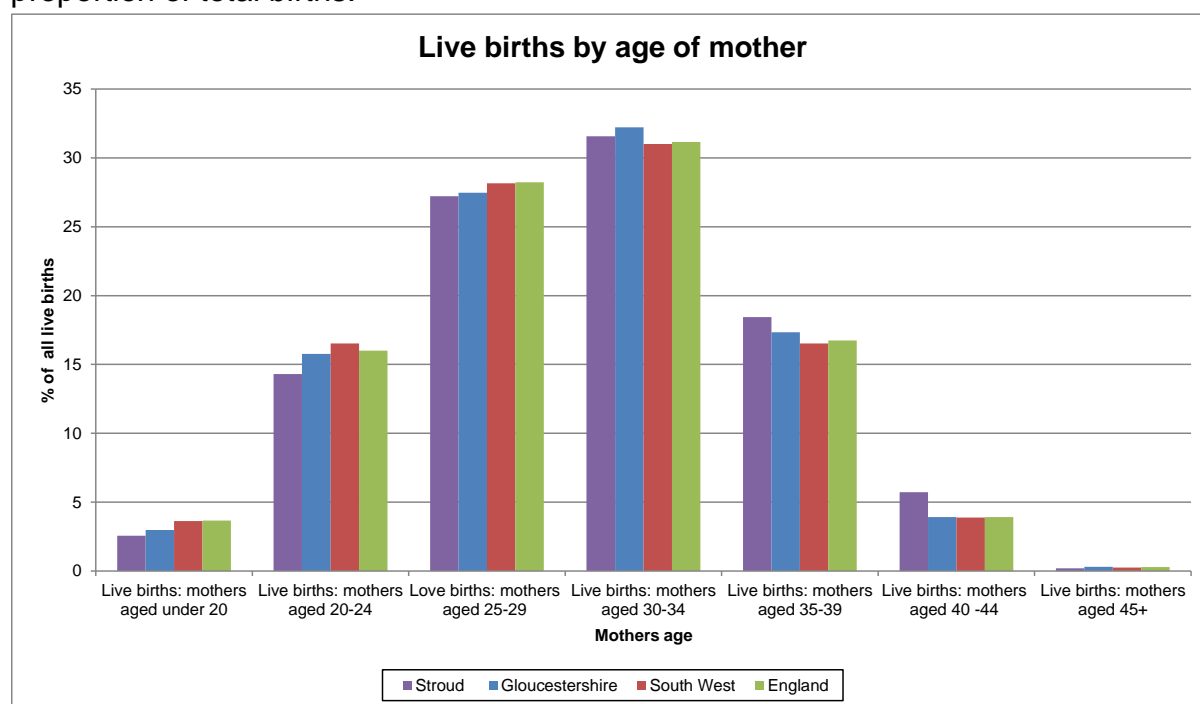


Figure 29: Live births by age of mother, 2014<sup>63</sup>

### 3.7.6 Race and Ethnicity

Ethnicity is an important issue because, as well as having specific needs relating to language and culture, research has found people from Black and Minority ethnic groups are more likely to have lower incomes, gain lower levels of education qualifications, have higher rates of unemployment and experience poorer health<sup>64</sup>. Individuals may also experience discrimination and inequalities because of their ethnicity. A report by the European Social Survey suggests 15% of respondents in the UK had experienced prejudice based on ethnicity<sup>65</sup>.

For information about changes in Stroud's BME population please see section 3.23.

<sup>63</sup> *Ibid.*

<sup>64</sup> The University of Manchester in Association with the Runnymede Trust, Local Ethnic Inequalities - Ethnic Differences in Education, Employment, Health and Housing in Districts of England and Wales, 2001-2011 <http://www.runnymedetrust.org/uploads/Inequalities%20report-final%20v2.pdf> Accessed 22/04/2015.

<sup>65</sup> European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey [http://www.europeansocialsurvey.org/docs/findings/ESS4\\_gb\\_toplines\\_experiences\\_and\\_expressions\\_of\\_ageism.pdf](http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf) Accessed 17/04/2015.

### 3.7.7 Religion and Belief

In 2011, 62.0% of residents in Stroud reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 28.3% of the total population<sup>66</sup>.

Figure 30 shows Stroud has a lower proportion of people who are Christian than the county average. In contrast it has a higher proportion of people that have no religion or have not stated their religion.

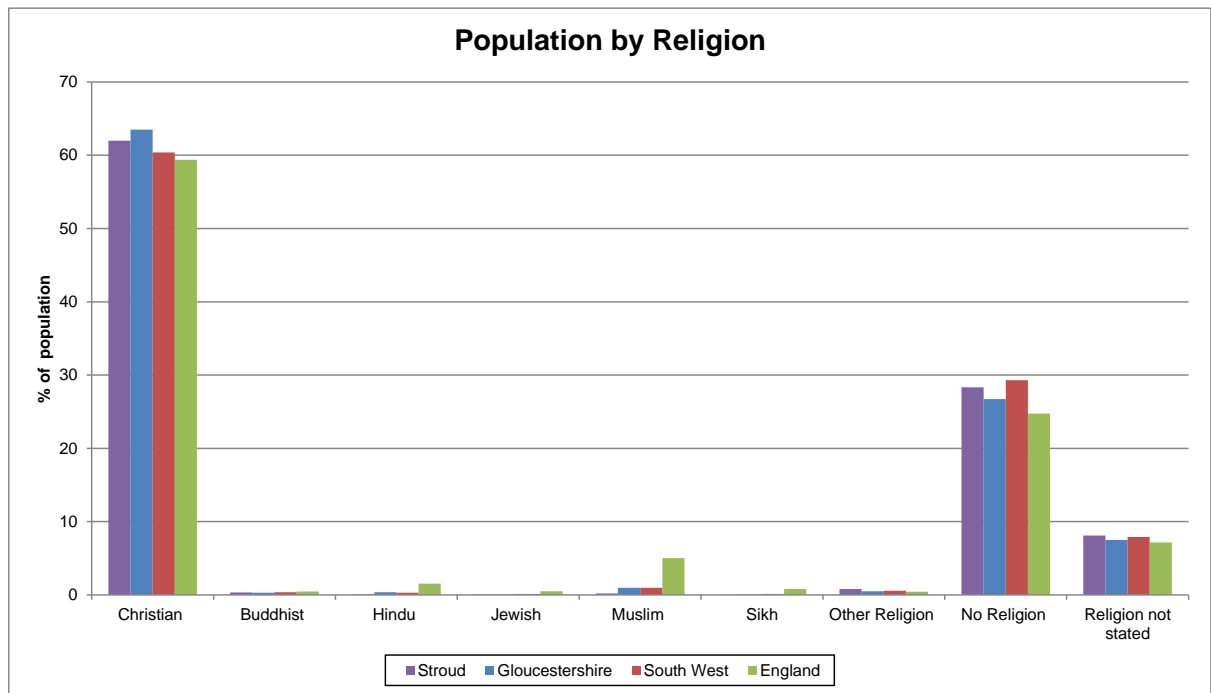


Figure 30: Percentage of the population by Religion, 2011<sup>67</sup>

### 3.7.8 Gender

The overall gender split in Stroud is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%<sup>68</sup>. This situation is also reflected at county, regional and national level.

As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. Figure 31 shows 52.9% of people aged 65-84 are female, while males account for 47.1%. For people aged 85+ the difference is even more marked with females accounting for 65.8% of the total population, something which is also observed at county, regional and national level. These gender differences, has resulted in the majority of single pensioner households being headed by a woman<sup>69</sup>. Females are also more likely to head

<sup>66</sup> ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

<sup>67</sup> *Ibid.*

<sup>68</sup> ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-368259> Accessed 15/09/2015.

<sup>69</sup> ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/04/2015.

lone parent households with dependent children. In Stroud district 88.6% of such households are headed by women, a figure which is in line with the county and national average<sup>70</sup>.

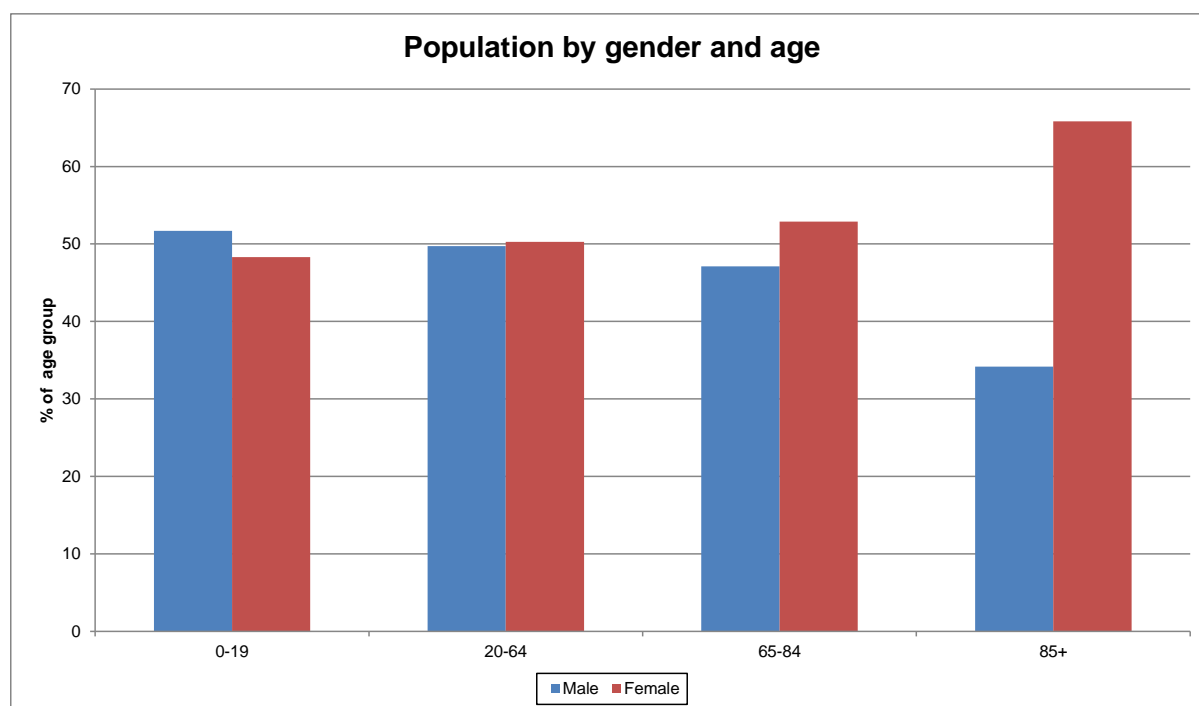


Figure 31: Stroud's population by gender and broad age groups, 2014<sup>71</sup>

The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their gender. A report by the European Social Survey found 24% of respondents had experienced prejudice based on gender<sup>72</sup>. Discrimination on the grounds of gender was reported by more respondents than discrimination based on ethnicity.

### 3.7.9 Sexual Orientation

The 'protected characteristic' of Sexual Orientation refers to those individuals who are attracted to those of the opposite sex, the same sex or either sex<sup>73</sup>.

There is no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of

<sup>70</sup> *Ibid.*

<sup>71</sup> ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

<sup>72</sup> European Social Survey, Experiences and Expressions of Ageism: Topline Results UK from Round 4 of the European Social Survey [http://www.europeansocialsurvey.org/docs/findings/ESS4\\_gb\\_toplines\\_experiences\\_and\\_expressions\\_of\\_ageism.pdf](http://www.europeansocialsurvey.org/docs/findings/ESS4_gb_toplines_experiences_and_expressions_of_ageism.pdf) Accessed 17/04/2015.

<sup>73</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents> Accessed 15/04/2015.

people who may identify as lesbian, gay or bisexual, generating a range of different results.

Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual<sup>74</sup>. If this figure was applied to Stroud it would mean somewhere between 3,500 and 4,900 people in Stroud are Lesbian, Gay or Bisexual<sup>75</sup>.

However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over<sup>76</sup>. If this figure was applied to Stroud it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district<sup>77</sup>. Results from the Integrated Household Survey can also be broken down by age. There are some noticeable differences, with 2.6% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual, compared with only 0.6% of those aged 65 and over<sup>78</sup>.

National research suggests lesbian, gay and bisexual people experience discrimination and marginalisation in a number of ways that impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. Lesbian, gay and bisexual communities have been found to demonstrate higher levels of health risk behaviours, such as smoking and drug and alcohol use, as well as higher levels of self-harm. Life expectancy for lesbian, gay, bisexual people is also lower than average<sup>79</sup>.

For further information about the protected characteristics please see our population profile, which can be found here:

<http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=110774>

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<sup>74</sup> Stonewall (2009) How many lesbian, gay and bisexual people are there?

[http://www.stonewall.org.uk/at\\_home/sexual\\_orientation\\_faqs/2694.asp](http://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2694.asp) Accessed 20/04/2015

<sup>75</sup> ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

<sup>76</sup> Integrated Household Survey, January to December 2014: Experimental Statistics <http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2014/index.html> Accessed 15/10/2015.

<sup>77</sup> ONS, Mid Year Estimates 2014 <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-368259> Accessed 15/09/2015.

<sup>78</sup> Integrated Household Survey, January to December 2014: Experimental Statistics <http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2014/index.html> Accessed 15/10/2015.

<sup>79</sup> Public Health England, The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document. <http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/> Accessed 22/04/2015.

### 3.8 Key messages

- The population of Stroud was estimated to be around 115,100 in 2014, representing a rise of approximately 5,600 people since 2004. This is equivalent to an annual growth of 0.51% in the 10 years to 2014, lower than the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the growth of the older population (aged 65 and above) in Stroud continued to outpace that of the younger population. In addition, the growth rate in the district's older population was higher than those in Gloucestershire and England and Wales.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Stroud will reach 122,600 by 2025 and 129,800 by 2037. This represents an annual increase of 0.62% or 710 people between 2012 and 2025, and 0.49% or 600 people between 2025 and 2037. The district's growth rates are lower than those predicted for Gloucestershire and England in the short, medium and long term.
- The number of older people aged 65 is projected to increase by 690 per annum between 2012 and 2037 as a result of rising life expectancy and the demographic impacts of two generations of baby boomers.
- The 2011 Census showed that 6,120 people who were usually resident in Stroud were born outside the UK, representing 5.4% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 28% (1,740 people) were recent migrants, having arrived since 2004.
- Ethnic groups showing the biggest growth in Stroud in the 10 years to 2011 were 'White-British' (+3,030 people), 'White-other' (+1,050), 'Other Asian' (+240) and 'Mixed-White and Asian' (+220).
- Generally, Stroud district ranks well in the county in terms of overall deprivation, and consistently well across the domains of deprivation. Around a third of the area of Stroud district is ranked within the 20% least deprived areas in England, while there are no areas ranked within the top 20% most deprived in England.
- Females in Stroud can generally expect to live between 3 and 4 years longer than their male counterparts. Life expectancy for both men and women has been steadily increasing in the district over the past decade, although there have been recent declines for both sexes, with the most recent data for 2012-14 shows that life expectancy for Stroud is falling below the county average.

- Males in the least deprived Stroud decile (10<sup>th</sup> of population) can expect to live around 7 years longer than those in the most deprived decile. For females, the gap is 5 years. For both genders, the gap appears to be widening over recent years.
- The three leading causes of death in Stroud are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.
- The rate of excess winter deaths in Stroud was significantly lower than the county and national benchmarks in 2007-10, but has since risen to a similar level to these comparators.
- The number of employees in Stroud district has decreased slightly over the last five years to a total of 44,660. Between 2015 and 2025 employment (employees and self-employed) in Stroud district is set to increase between 2015 and 2025 to 59,400 people, however, growth is expected to be at a conservative rate with a projected average annual change of 0.2% which along with Gloucester is the lowest of all the districts.
- The Manufacturing sector stands out in terms of size and local importance in Stroud district accounting for over a fifth of employees in 2014.
- There are nearly 5,800 businesses in Stroud district accounting for over a fifth of the county total, growth over the last five years has been moderate and matched the county growth rate.
- The district has a highly skilled workforce that reflects the nature and demand of a high tech manufacturing and service base which is projected to grow.
- The number of people claiming Job Seekers Allowance (JSA) in Stroud district has been at its lowest in terms of both number and rate for some thirty years. However there are still areas of relative high unemployment around the centre of Stroud.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Stroud district has declined over the last four years from a high of almost 150 people in October 2011 to 62 people in May 2015.
- In Stroud district some 33% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This is well above both the county and national averages of 30% and 27% respectively. At the other end of the scale those with No qualification accounted for 18% of the resident population over 16 which although below the county and national average amounted to 16,800 people.

- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 478 new postings in May before dropping back to about 427 in October.
- Of the 44,524 residents aged 16 and over in Stroud district who commuted to work in 2011, some 54% equating to 23,998 worked within the district.
- There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that somewhere between 0.6% and 1% of the UK's adult population are experiencing some degree of gender variance. By applying the same proportions to Stroud's adult population, we can estimate that there may be somewhere between 600 and 900 adults in the district that are experiencing some degree of gender variance.
- In 2011, 53.0% of people aged 16 years+ in Stroud were married, this was higher than the county, regional and national average. The proportion of people in a registered same sex civil partnership in Stroud stood at 0.3%, which was in line with the county, national and regional averages.
- In 2014 there were 1,014 live births in Stroud, the largest number of live births was among the 25-34 year old age groups, illustrating the trend of later motherhood. Births to mothers aged 35 and over account for a higher proportion of total births in Stroud than they do at a county, regional and national level.
- In 2011, 62.0% of residents in Stroud reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 28.3% of the total population.
- The overall gender split in Stroud is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Stroud it would mean somewhere between 3,500 and 4,900 people in Stroud are Lesbian, Gay or Bisexual. However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Stroud it would mean there were around 1,500 Lesbian, Gay and Bisexuals in the district.

## 4. Getting the right start in life

### 4.1 About this section

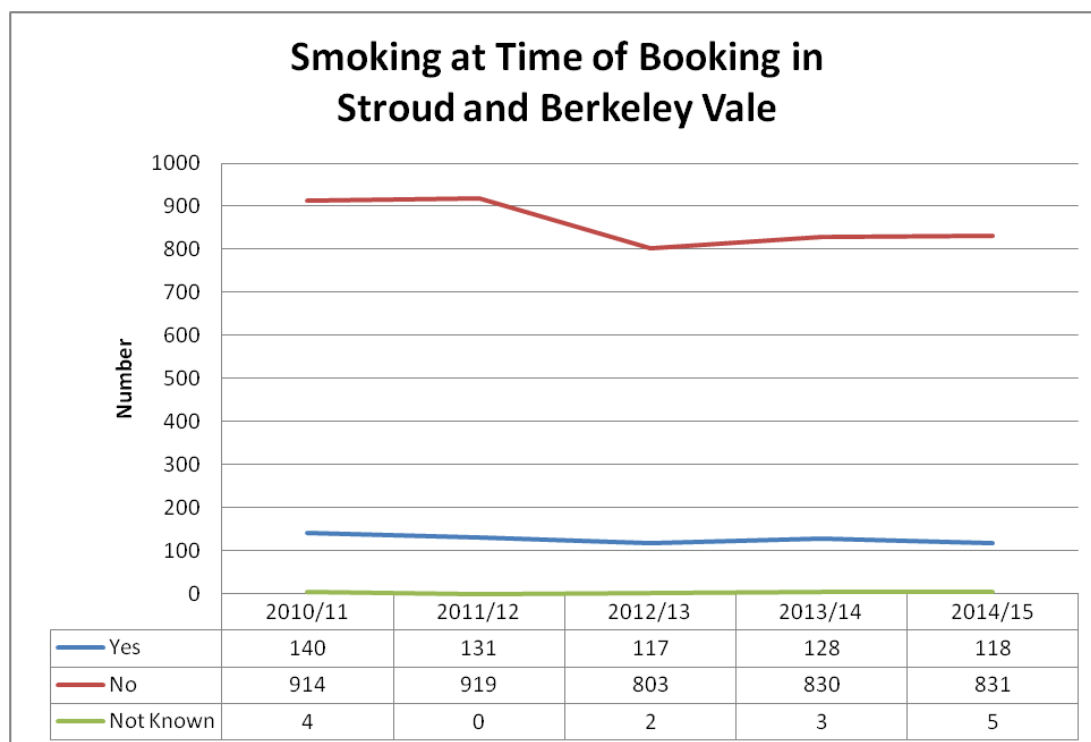
Getting the right start in life for children in Stroud should mean that they have the best chance of a healthy and happy adulthood with an active and rewarding old age. In order to achieve this, the needs of mothers, families and the wider community need to be considered as well as those of the child themselves. This section examines some of the key factors in ensuring a good start for children in Stroud.

### 4.2 Maternity

#### 4.2.1 *Smoking in pregnancy*

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.



*Figure 32: Smoking at time of booking in Stroud and Berkeley Vale, 2010/11 – 2014/15*

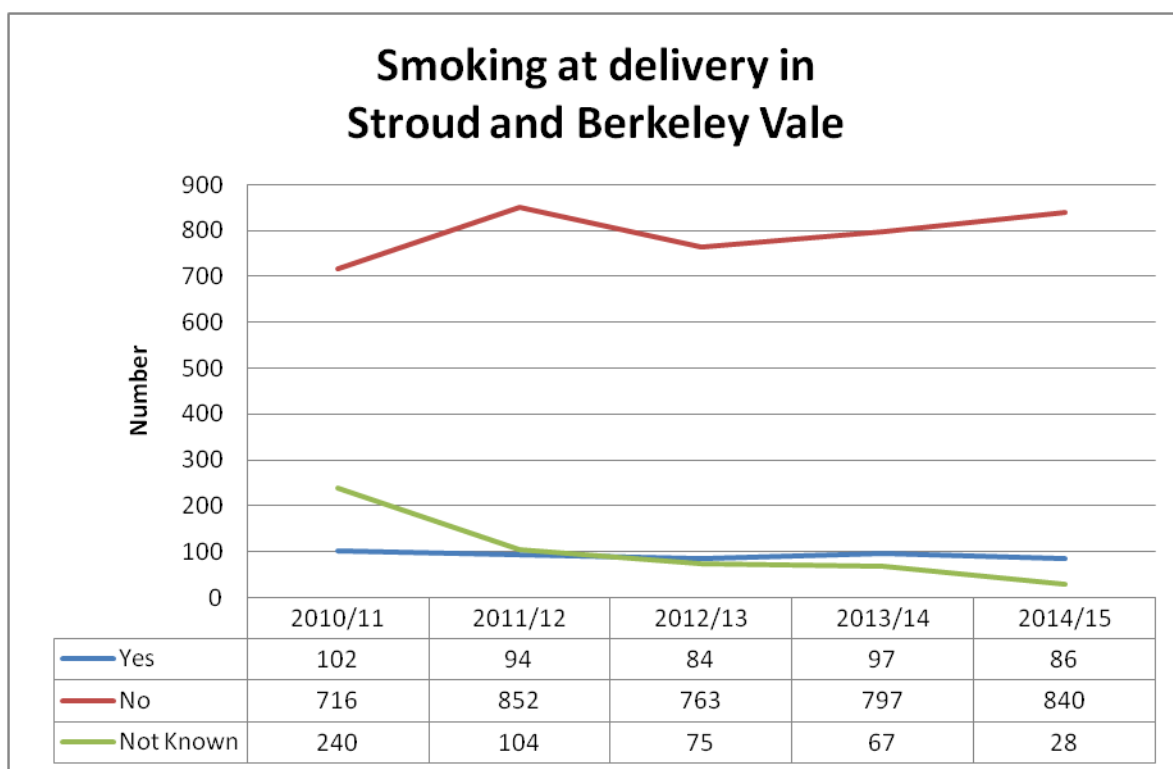


Figure 33: Smoking at delivery in Stroud and Berkeley Vale, 2010/11 – 2014/15

In 2014/15, 118 women were recorded as being a smoker at their first ante-natal appointment (time of booking). 86 women were recorded as still smoking at time of the delivery for the same period.<sup>80</sup>

#### 4.2.2 Low birth weight

Low birth weight increases the risk of childhood mortality and of developmental problems for the child. It is also associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with maternity services.

<sup>80</sup> GHNHSFT Stork data (CCG)

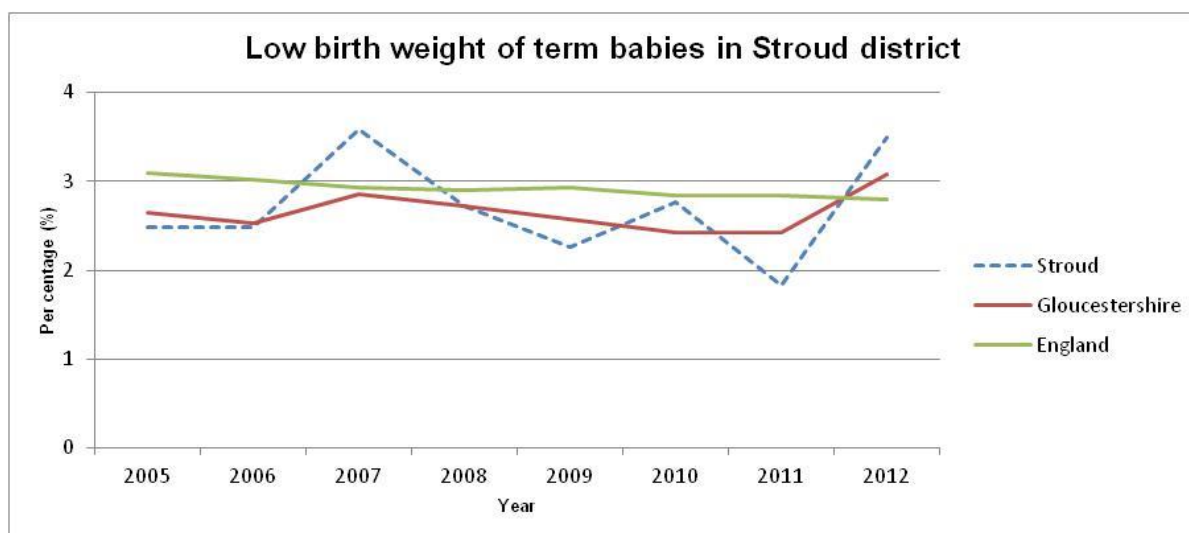


Figure 34: Low birth weight babies 2005-2012.

The percentage of low birth weight babies in Stroud district was higher in 2012 compared to the Gloucestershire and England benchmarks for the same year.<sup>81</sup>

#### 4.2.3 Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

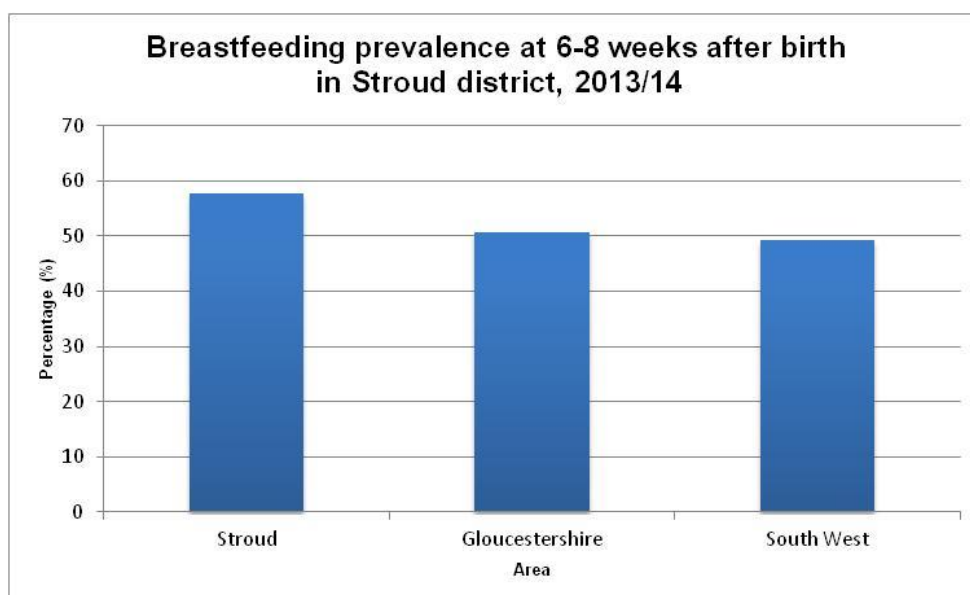


Figure 35: Breastfeeding prevalence at 6-8 weeks after birth, 2013/14. Note: National data is not yet available for 2013/14

<sup>81</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

Statistics indicate Stroud mothers (58%) are more likely to continue breastfeeding until at least 6-8 weeks than their county (51%) and regional counterparts (49%)<sup>82</sup>.

### 4.3 Sexual health

#### 4.3.1 Teenage pregnancies

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children<sup>83</sup>.

Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems<sup>84</sup>.

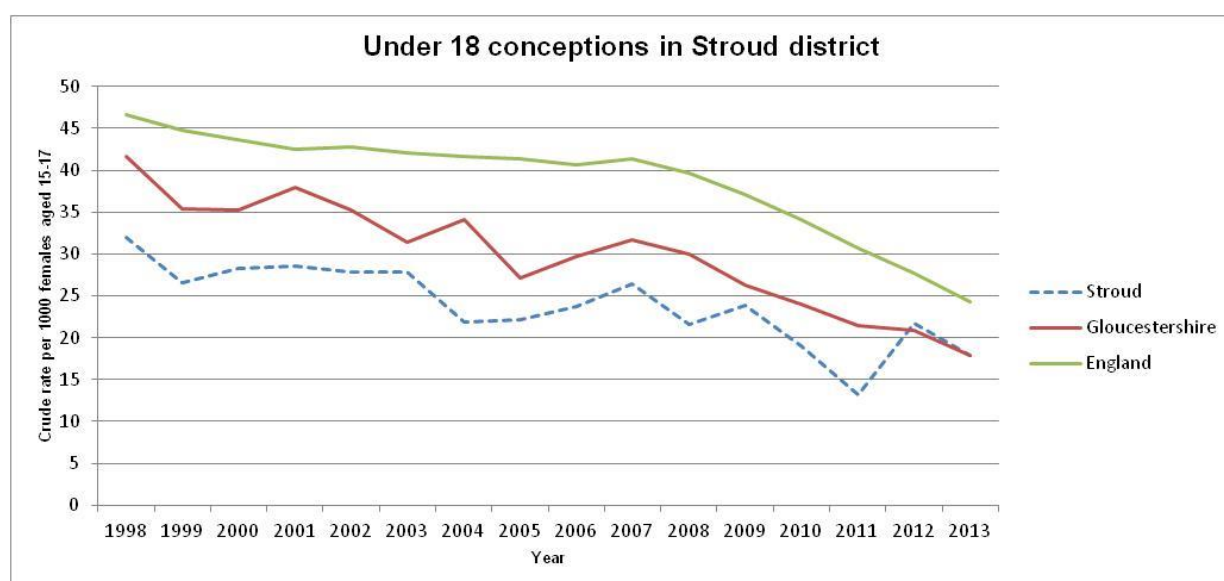


Figure 36: Under 18 conceptions 1998-2013

Under 18 conception rates in Stroud district were the same as Gloucestershire in 2013 (17.93%) and lower than England (24.35%)<sup>85</sup>. Between 1998 and 2011

<sup>82</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

<sup>83</sup> Local Government Association, Tackling Teenage Pregnancy, 2013, [http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=9f5ef790-eee2-422d-851c-6eb5c3562990&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=9f5ef790-eee2-422d-851c-6eb5c3562990&groupId=10180)

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*

Stroud district was consistently below the county and national benchmarks for under 18 conceptions.

### 4.3.2 Chlamydia screening

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

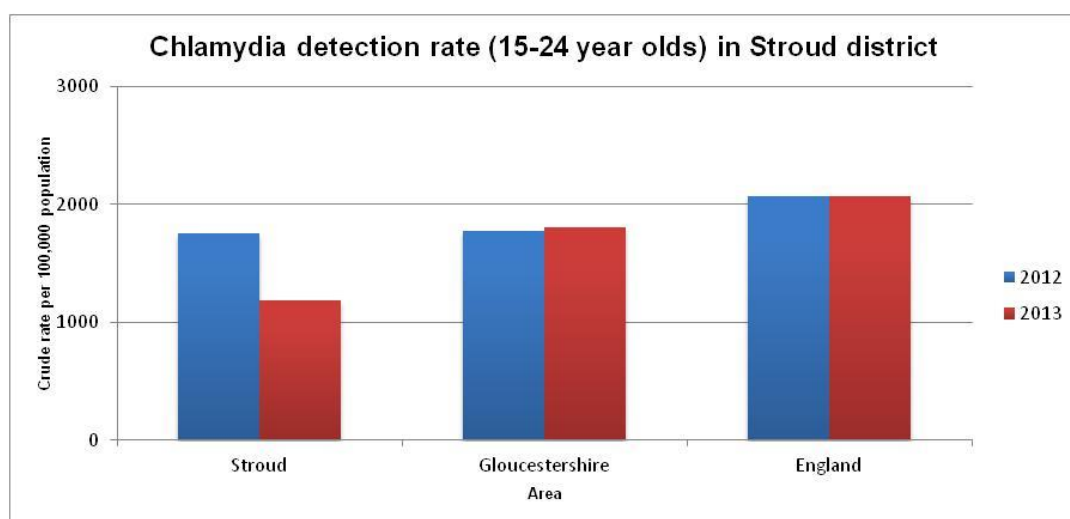


Figure 37: Chlamydia detection rate (15-24 year olds).

In 2013, chlamydia detection rates in Stroud were lower than the county and national benchmarks<sup>86</sup>. It should be noted that this does not necessarily mean that Stroud has a lower rate of young people with Chlamydia to Gloucestershire and England; it could be related to the proportion of people screened.

## 4.4 Maintaining a healthy weight in childhood

The UK is experiencing an epidemic of obesity affecting both adults and children. The Health Survey for England (HSE) found that among boys and girls aged 2 to 15, the proportion of children who were classified as obese increased from 11.7 per cent in 1995 to 16.0 per cent in 2010, peaking at 18.9 per cent in 2004.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age<sup>878889</sup>.

<sup>86</sup> *Ibid.*

<sup>87</sup> Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. The American Journal of Clinical Nutrition 1999;70(suppl): 145S-8S.

<sup>88</sup> Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. Preventative Medicine 1993;22:167-77.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

#### 4.4.1 Excess weight in 4-5 year olds

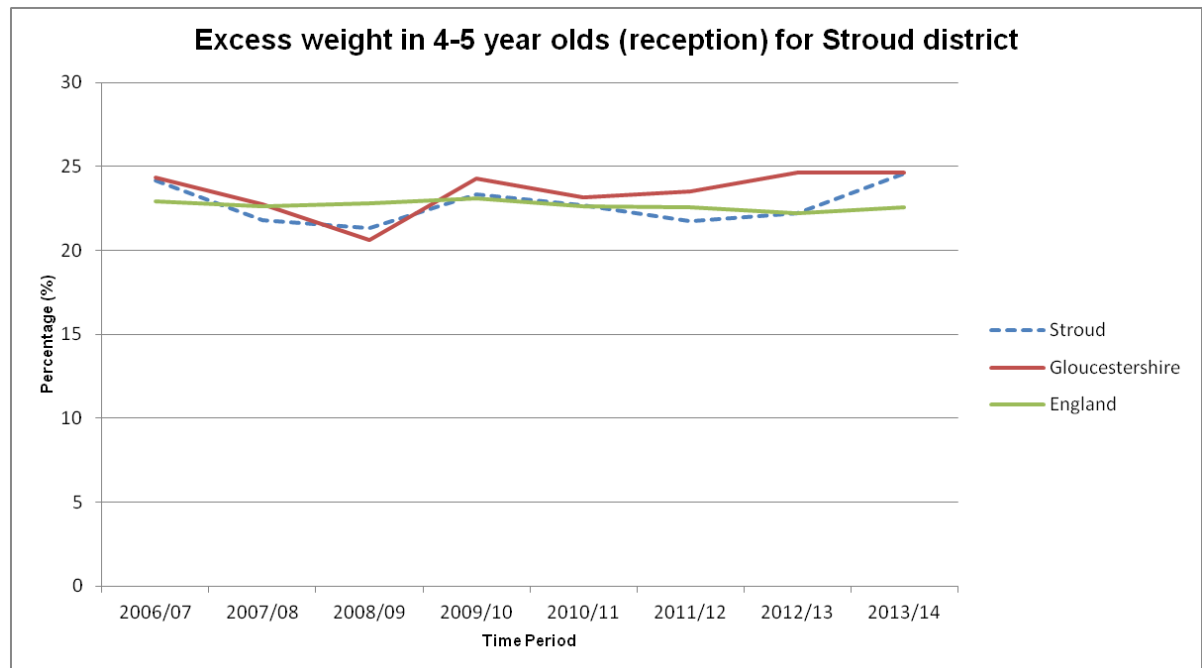


Figure 38: Excess weight in 4-5 year olds (2006/07 – 2013/14)

In 2013/14, Stroud had a similar percentage of excess weight in 4-5 year olds compared to Gloucestershire overall but higher than the England benchmark<sup>90</sup>.

<sup>89</sup> Starc G, Strel J. Tracking excess weight and obesity from childhood to young adulthood: a 12-year prospective cohort study in Slovenia. Public Health Nutrition 2011;14:49-55.

<sup>90</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

#### 4.4.2 Excess weight in 10-11 year olds

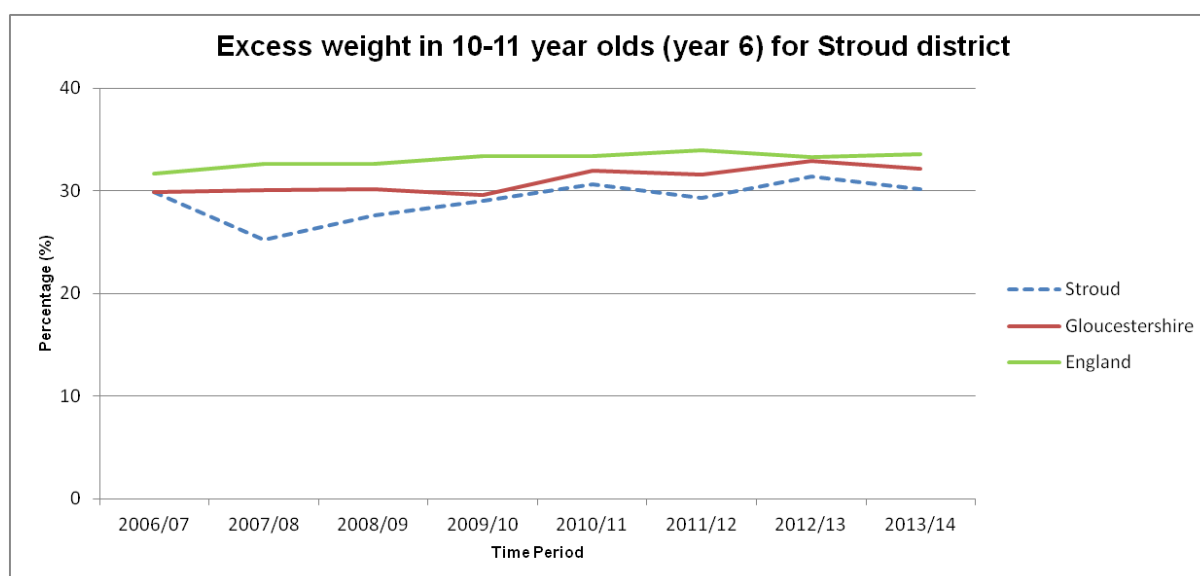


Figure 39: Excess weight in 10-11 year olds (2006/07 – 2013/14)

Over the past 7 school years, excess weight levels for 10-11 year olds in Stroud district have remained below the Gloucestershire and England average<sup>91</sup>.

#### 4.4.3 Physical activity

Physical activity is important for children and young people's healthy growth and development as well as helping to prevent a range of long-term medical conditions, including obesity.

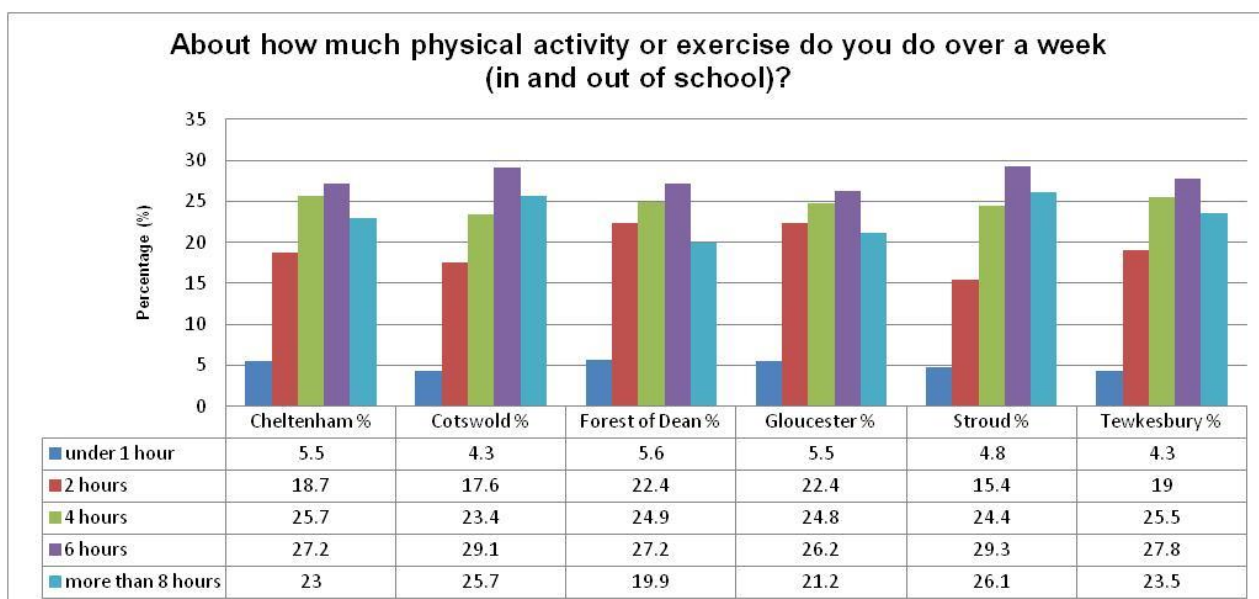
Government recommendations suggest that in order to maintain a basic level of health, children and young people need to do 60 minutes of physical activity a day. This should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running.<sup>92</sup>

There is limited information available about the amount of physical activity carried out by children and young people. The Online Pupil Survey 2014 asked secondary school pupils from year 8 and 10 in Gloucestershire how much physical activity or exercise they did over a week, whether it was in or out of school.

<sup>91</sup> *Ibid*

<sup>92</sup> Physical activity guidelines for children and young people

<http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx>



*Figure 40: Percentage of pupils reporting participation in physical activity, in and out of school*

The above chart shows that most year 8 and 9 pupils in Stroud district did 6 hours of physical activity a week (29.3%) with 26.1% doing more than 8 hours a week. 4.8% of year 8 and 9 pupils exercised for less than one hour a week.<sup>93</sup>

## 4.5 Education

### 4.5.1 Overview

This section covers educational attainment from Early Years through to Key Stage 5 with comparisons at regional, statistical neighbour<sup>94</sup> and national level for the last five years up to 2014.

In this report attainment is described as the standard of academic attainment, typically shown by test and examination results.

The data was obtained from Department for Education Statistical First Releases and is therefore in the public domain.

Two major reforms have been implemented which effect the calculation of key stage 4 (KS4) performance measures data and therefore prevent comparison of 2014 data with previous years:

- Professor Alison Wolf's Review of Vocational Education recommendations which; restrict the qualifications counted prevent any

<sup>93</sup> Online Pupil Survey 2014

<sup>94</sup> There are 10 statistical neighbours of Gloucestershire: Bath and North East Somerset, Cambridgeshire, Devon, Dorset, Hampshire, Shropshire, South Gloucestershire, West Sussex, Wiltshire and Worcestershire.

qualification from counting as larger than one GCSE cap the number of non - GCSEs included in performance measures at two per pupil

- An early entry policy to only count a pupil's first attempt at a qualification.

For more detailed analysis of the possible effects of these reforms at a national level, please see the statistical release SFR02/2015 “Revised GCSE and equivalent results in England, 2013 to 2014” for further details. It is not possible to determine the effects of these reforms on smaller pupil groups.

Apart from Key Stage 1, results at district level are based on school location rather than pupil residence location.

Where appropriate data has been presented as a chart and a table for ease of reading.

#### 4.5.2 Early Years Foundation Stage Profile

In relation to the EYFSP the best performing districts in 2014 appeared to be Cotswold, Cheltenham and Tewkesbury as indicated in Figure 41. Apart from Cotswold all districts fell below the national average with Gloucester and the Forest of Dean faring the worst.

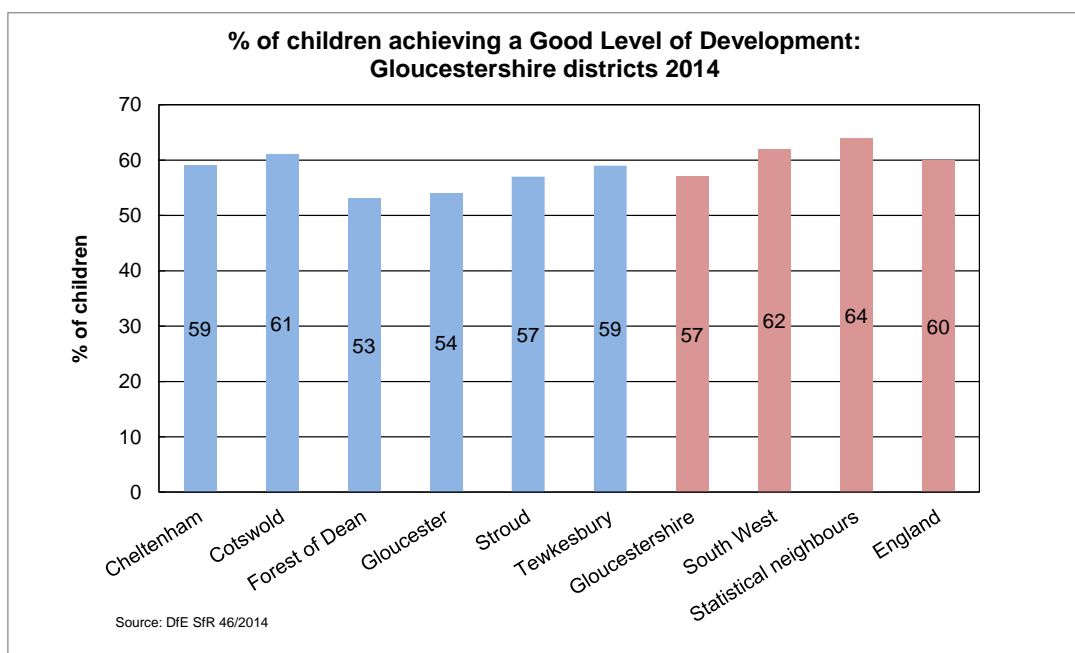


Figure 41: The proportion children achieving a Good Level of Development relating to the EYFSP by district in 2014<sup>95</sup>

#### 4.5.3 Key Stage 1: Level 2+

At Key Stage 1 the following four figures provide a comparison by subject for Gloucestershire districts.

<sup>95</sup> DfE Sfr 46/2014.

As shown in Figure 42 and Table 20 for Reading, despite having the lowest values compared to the other districts and falling below both the national and statistical averages both Gloucester and the Forest of Dean districts have shown the most improvement over the last five years.

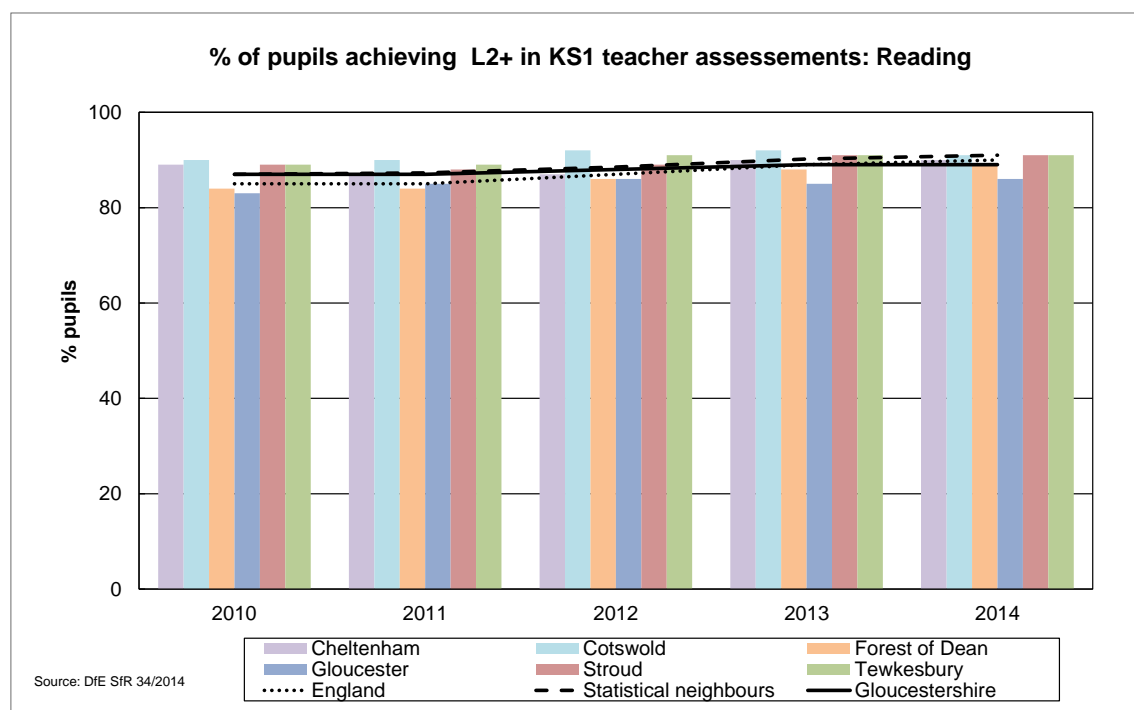


Figure 42: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading by district<sup>96</sup>

Table 20: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Reading				
	2010	2011	2012	2013	2014
England	85	85	87	89	90
Statistical neighbours	87	87	89	90	91
Gloucestershire	87	87	88	89	89
Cheltenham	89	87	87	90	90
Cotswold	90	90	92	92	91
Forest of Dean	84	84	86	88	89
Gloucester	83	85	86	85	86
Stroud	89	88	89	91	91
Tewkesbury	89	89	91	91	91

In terms of Writing, Stroud district appears to have made the most improvement in the last five years and along with Tewkesbury district was well above the national average in 2014 as depicted in Figure 43 and Table 21.

<sup>96</sup> DfE SfR 34/2014.

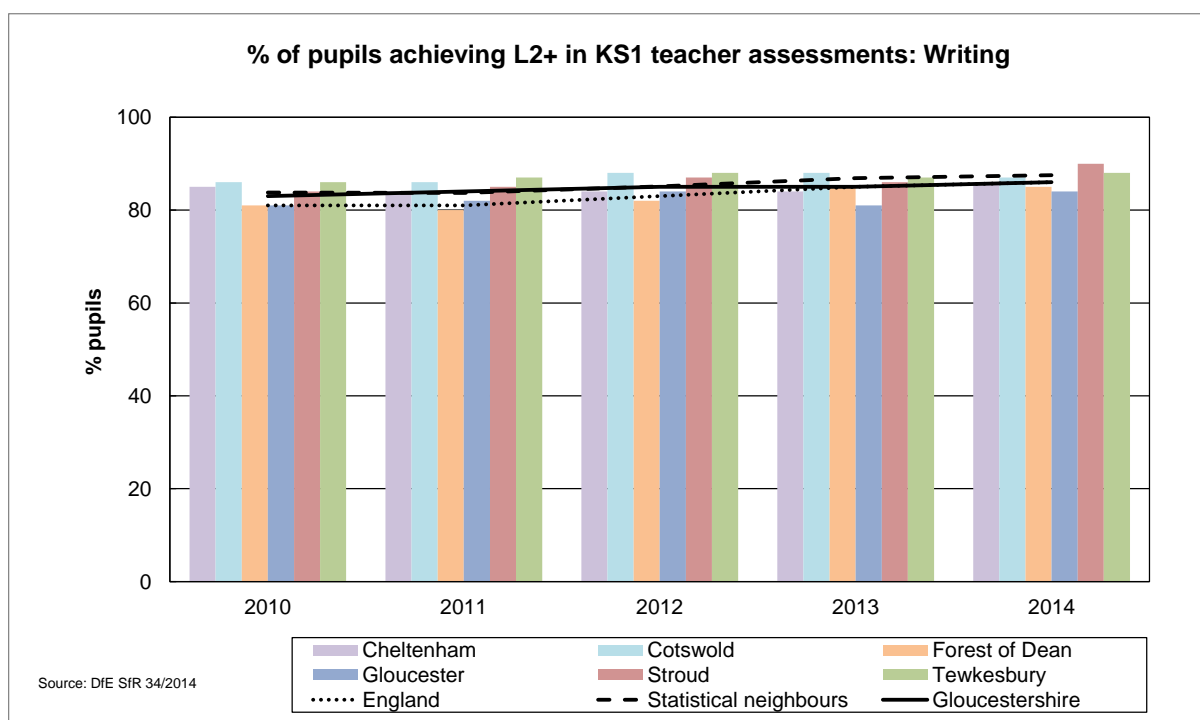


Figure 43: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing by district<sup>97</sup>

Table 21: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Writing				
	2010	2011	2012	2013	2014
England	81	81	83	85	86
Statistical neighbours	84	84	85	87	88
Gloucestershire	83	84	85	85	86
Cheltenham	85	84	84	84	86
Cotswold	86	86	88	88	87
Forest of Dean	81	80	82	85	85
Gloucester	81	82	84	81	84
Stroud	84	85	87	86	90
Tewkesbury	86	87	88	87	88

The picture as shown in Figure 44 and Table 22 for Mathematics reflects little change over the last five years with Cheltenham district showing a slight decline since 2010. In 2014 achievement across districts was close to the national average apart from Cotswold district at 95% lying above and Gloucester district at 90% lying below.

<sup>97</sup> Ibid.

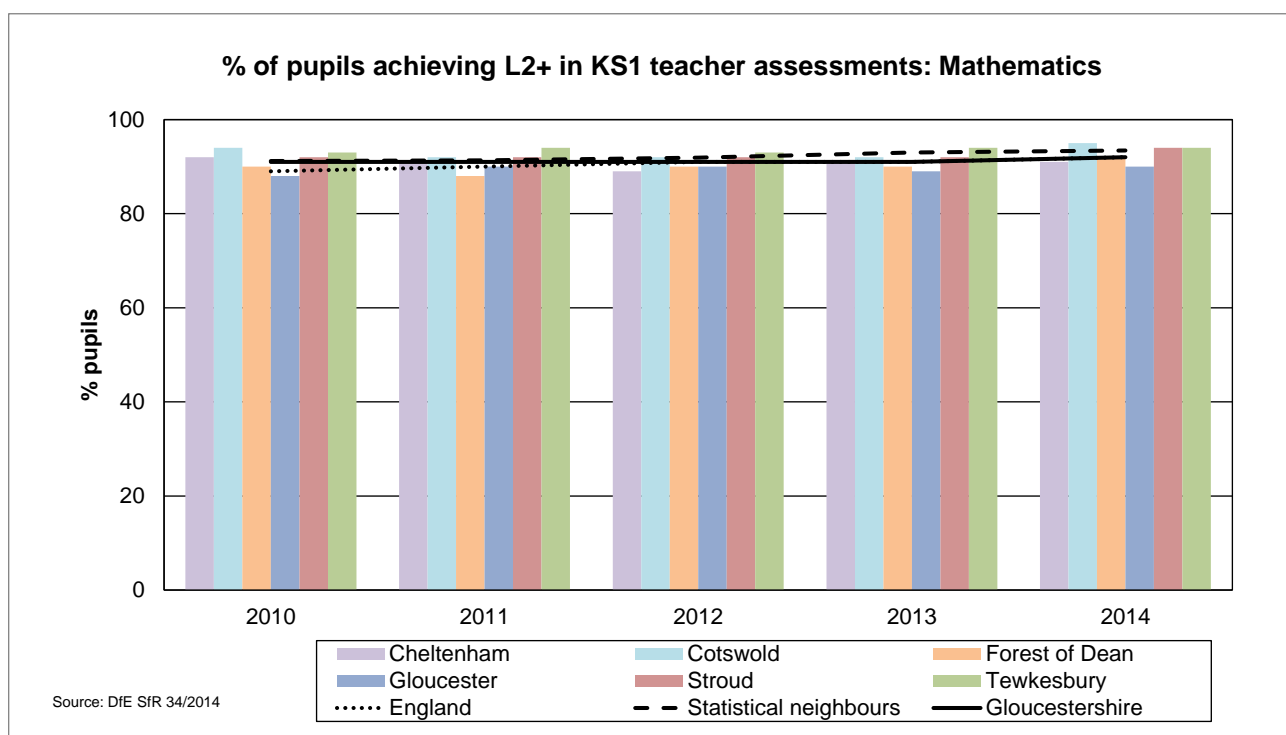


Figure 44: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics by district<sup>98</sup>

Table 22: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Mathematics				
	2010	2011	2012	2013	2014
England	89	90	91	91	92
Statistical neighbours	91	91	92	93	93
Gloucestershire	91	91	91	91	92
Cheltenham	92	91	89	91	91
Cotswold	94	92	92	92	95
Forest of Dean	90	88	90	90	92
Gloucester	88	90	90	89	90
Stroud	92	92	92	92	94
Tewkesbury	93	94	93	94	94

Outcomes for Science as portrayed in Figure 45 and Table 23 are quite mixed. The Forest of Dean district showed the greatest improvement over the last five years compared to Stroud and Tewkesbury districts which underwent slight decline. In 2014 apart from Gloucester district which fell well below, all the other district results were close to the national average in this subject.

<sup>98</sup> *Ibid.*

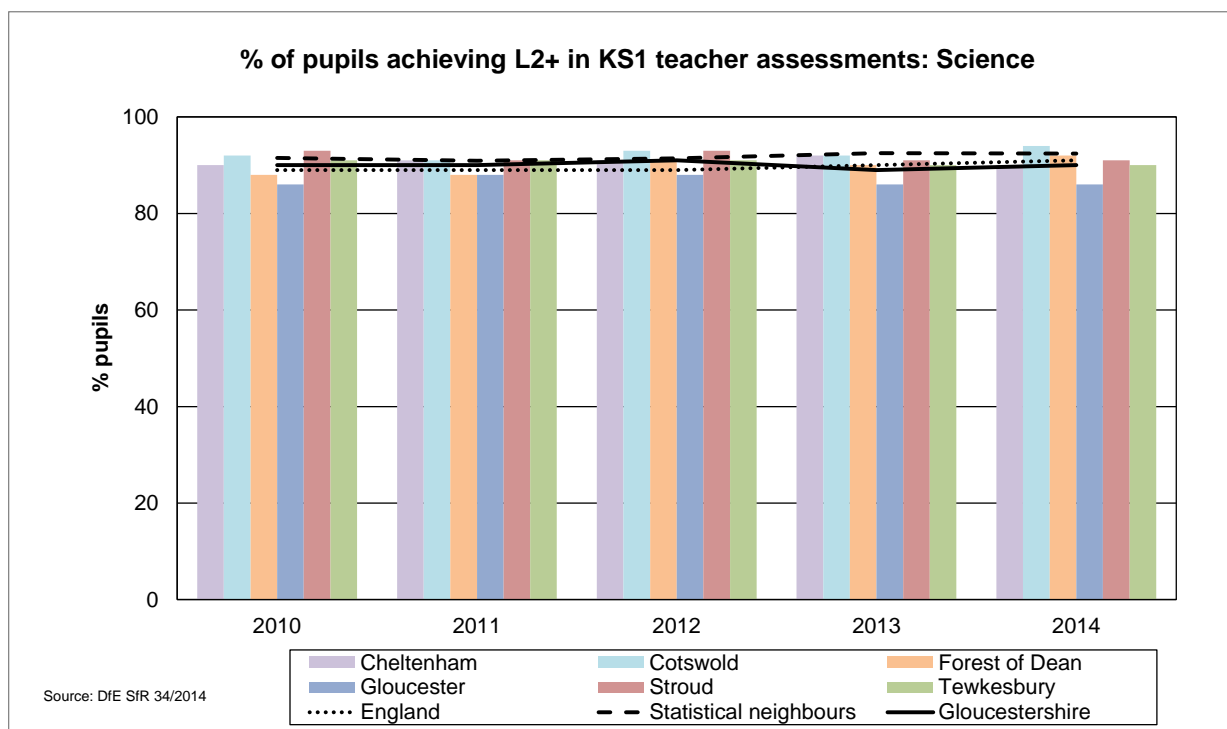


Figure 45: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science by district<sup>99</sup>

Table 23: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science

KS1	% of pupils achieving L2+ in KS1 teacher assessments: Science				
	2010	2011	2012	2013	2014
England	89	89	89	90	91
Statistical neighbours	92	91	91	93	92
Gloucestershire	90	90	91	89	90
Cheltenham	90	91	91	92	90
Cotswold	92	91	93	92	94
Forest of Dean	88	88	91	90	92
Gloucester	86	88	88	86	86
Stroud	93	91	93	91	91
Tewkesbury	91	91	91	90	90

<sup>99</sup> *Ibid.*

#### 4.5.4 Key Stage 2: Level 4+

According to Figure 46 and Table 24 the Forest of Dean district experienced the greatest improvement in the percentage of pupils achieving Level 4 at KS2 in English. In 2014 all districts reflected a high level of achievement which at 90% or above was above the national average. Stroud district had the best result at 94%.

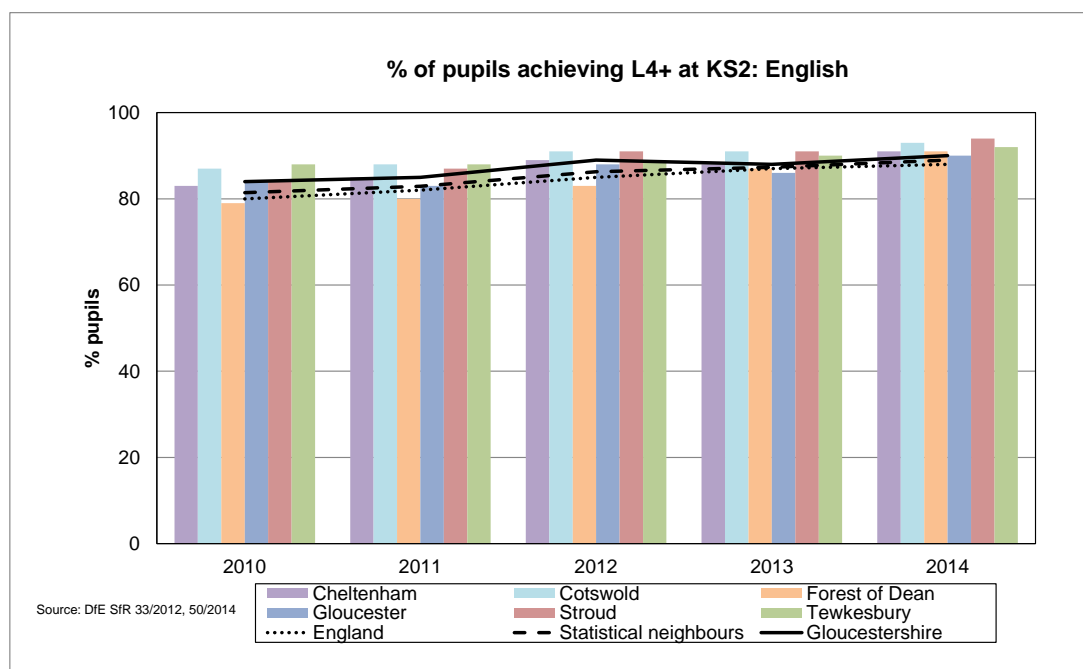


Figure 46: The proportion of pupils achieving Level 4 and above at KS2 in English by district<sup>100</sup>

Table 24: The proportion of pupils achieving Level 4 and above at KS2 in English

KS2	% of pupils achieving L4+ at KS2: English				
	2010	2011	2012	2013	2014
England	80	82	85	87	88
Statistical neighbours	81	83	86	87	89
Gloucestershire	84	85	89	88	90
Cheltenham	83	85	89	88	91
Cotswold	87	88	91	91	93
Forest of Dean	79	80	83	87	91
Gloucester	84	83	88	86	90
Stroud	84	87	91	91	94
Tewkesbury	88	88	89	90	92

The proportion of pupils achieving Level 4 and above at KS2 in Mathematics underwent the greatest improvement in the Forest of Dean district over the last five years but was still one percentage point behind the national average in 2014 as shown in Figure 47 and Table 25. Tewkesbury district reflected the least

<sup>100</sup> DfE SFR 33/2012 & 50/2014.

change over this period but along with Stroud was well above the national average in 2014.

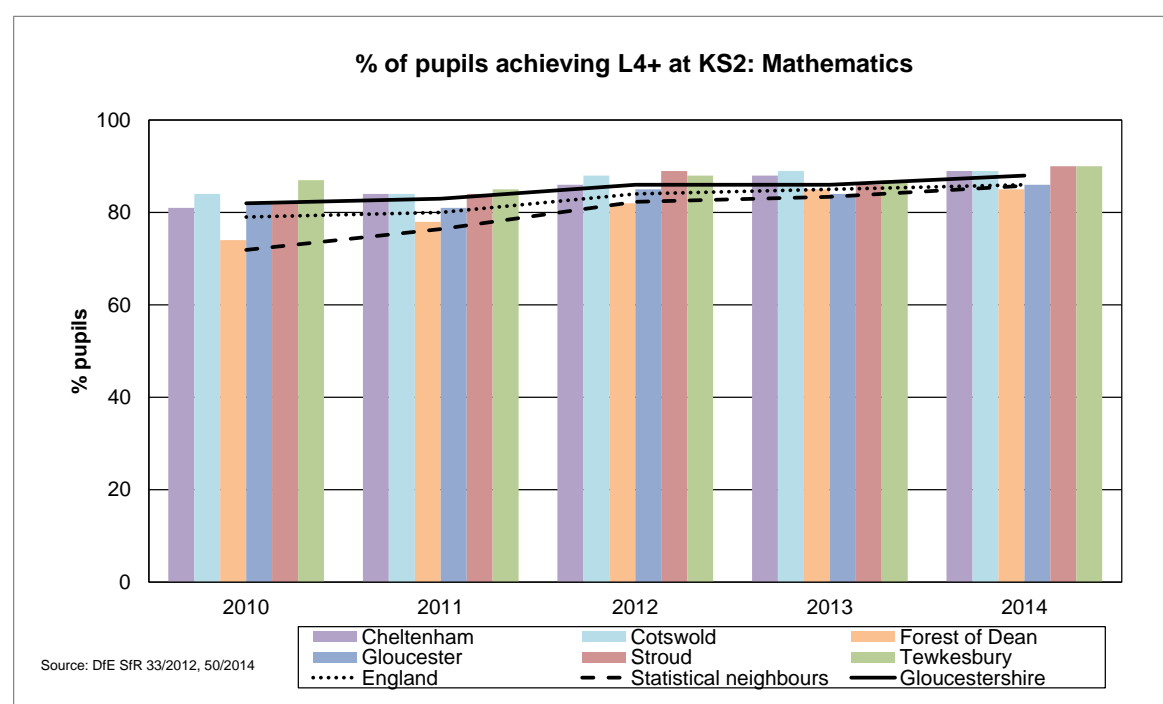


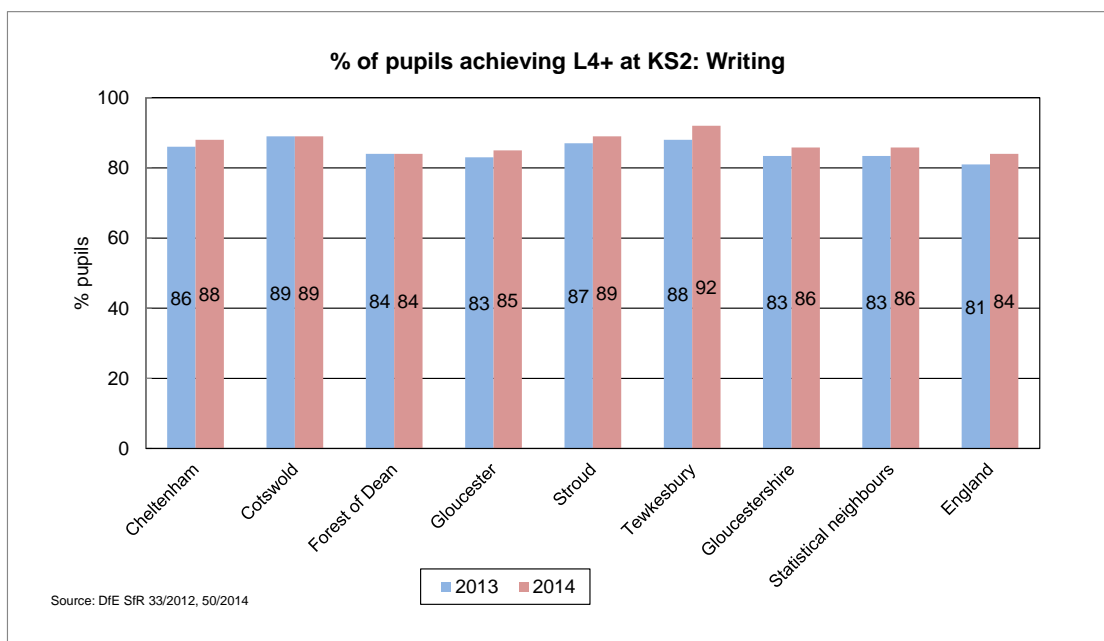
Figure 47: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics by district<sup>101</sup>

Table 25: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics

KS2	% of pupils achieving L4+ at KS2: Mathematics				
	2010	2011	2012	2013	2014
England	79	80	84	85	86
Statistical neighbours	72	76	82	83	86
Gloucestershire	82	83	86	86	88
Cheltenham	81	84	86	88	89
Cotswold	84	84	88	89	89
Forest of Dean	74	78	82	85	85
Gloucester	82	81	85	84	86
Stroud	82	84	89	86	90
Tewkesbury	87	85	88	87	90

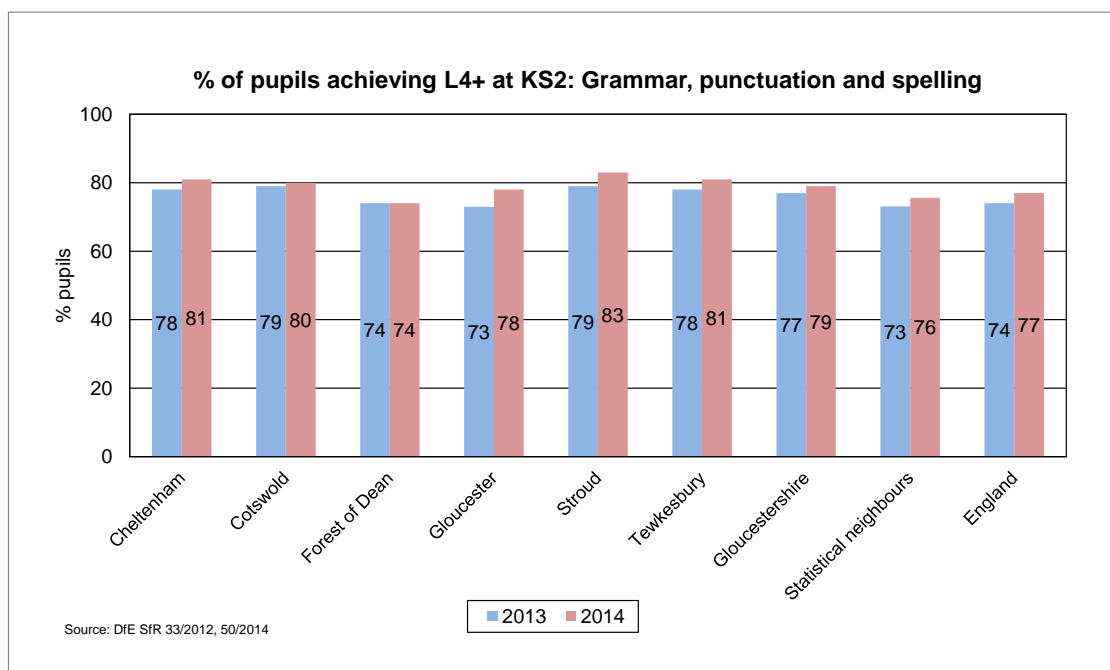
Results are only available for the last two years for outcomes relating to Writing at KS2. In 2014 Tewkesbury district had the highest level of achievement at 92% and the Forest of Dean district the lowest at 84% which matched the national average as depicted in Figure 48.

<sup>101</sup> *Ibid.*



*Figure 48: The proportion of pupils achieving Level 4 and above at KS2 in Writing by district<sup>102</sup>*

In terms of Grammar, punctuation and spelling at KS2, data is only available for the last two years. In 2014 according to Figure 49 apart from the Forest of Dean district pupils achieving 74% all the district results were above the national average of 77% with Stroud district achieving the highest position at 83%.



*Figure 49: The proportion of pupils achieving Level 4 and above at KS2 in Grammar, punctuation and spelling by district<sup>103</sup>*

<sup>102</sup> *Ibid.*

<sup>103</sup> *Ibid.*

The proportion of pupils achieving at KS2 in Reading, Writing and Mathematics as shown in Figure 50 and Table 26 showed the greatest improvement in the Forest of Dean district, followed by Gloucester and Stroud districts. In 2014 apart from the Forest of Dean and Gloucester districts achievements in the remaining districts were all above the national average of 79%.

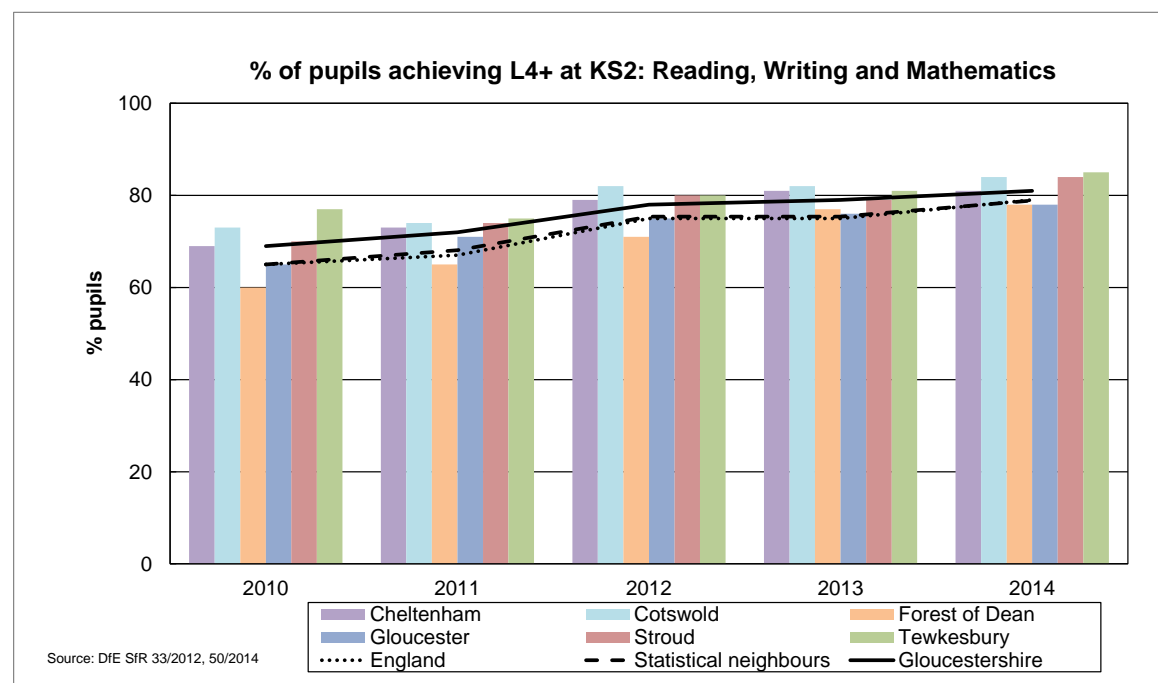


Figure 50: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics by district<sup>104</sup>

Table 26: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics

KS2	% of pupils achieving L4+ at KS2: Reading, Writing and Mathematics				
	2010	2011	2012	2013	2014
England	65	67	75	75	79
Statistical neighbours	65	68	75	75	79
Gloucestershire	69	72	78	79	81
Cheltenham	69	73	79	81	81
Cotswold	73	74	82	82	84
Forest of Dean	60	65	71	77	78
Gloucester	65	71	75	76	78
Stroud	70	74	80	79	84
Tewkesbury	77	75	80	81	85

<sup>104</sup> Ibid.

#### 4.5.5 Key Stage 4: GCSE and equivalents

At KS4 the proportion of pupils achieving 5+ A\* - C grades including English and Mathematics GCSE presents a rather haphazard picture between 2010 and 2013. Although the Forest of Dean district achievement is the lowest at 55% it has progressed steadily as has Stroud district with the latter at 68% presenting the highest level of attainment in 2013. The remaining districts all exhibit a rather erratic progress as shown in Figure 51 and Table 27. In 2014, apart from the Forest of Dean all the districts attainment values were above the national average of 57%.

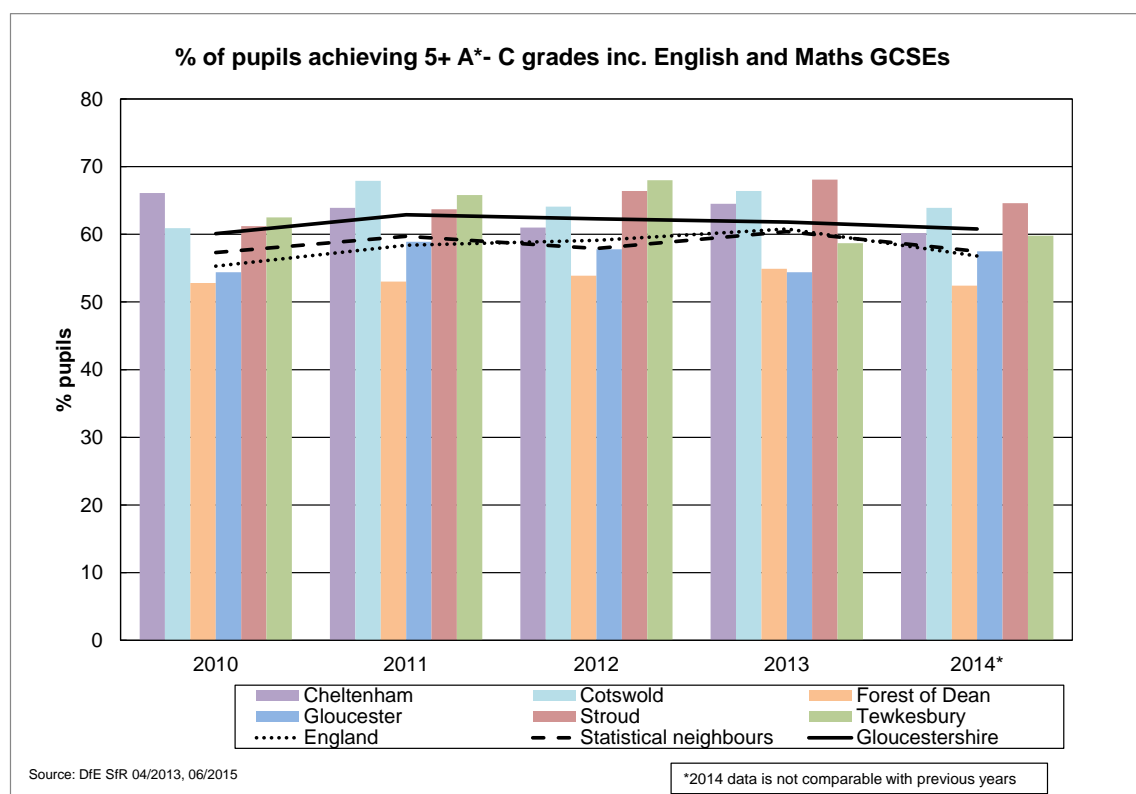


Figure 51: The proportion of pupils achieving 5 or more A\* to C grades including English and Mathematics GCSEs by district<sup>105</sup>

<sup>105</sup> DfE SfR 04/2013 & 06/2015.

Table 27: The proportion of pupils achieving 5 or more A\* to C grades including English and Mathematics GCSEs

KS4	% of pupils achieving 5+ A*- C grades inc. English and Maths GCSEs				
	2010	2011	2012	2013	2014*
England	55.3	58.4	59.1	60.8	56.8
Statistical neighbours	57.3	59.7	57.9	60.4	57.5
Gloucestershire	60.1	62.9	62.3	61.8	60.8
Cheltenham	66.1	63.9	61.0	64.5	60.2
Cotswold	60.9	67.9	64.1	66.4	63.9
Forest of Dean	52.8	53.0	53.9	54.9	52.4
Gloucester	54.4	58.9	57.8	54.4	57.5
Stroud	61.2	63.7	66.4	68.1	64.6
Tewkesbury	62.5	65.8	68.0	58.7	59.8

As presented in Figure 52 and Table 28 Stroud district experienced the highest increase in the proportion of pupils achieving 5+ A\*-C grades at GCSE between 2010 and 2013 as well as the highest value in 2013 amounting to 87%. The Forest of Dean district at 75% had the lowest attainment and along with Gloucester district at 81% was below the national average. The 2014 data presents a similar picture in terms of comparisons with the national average.

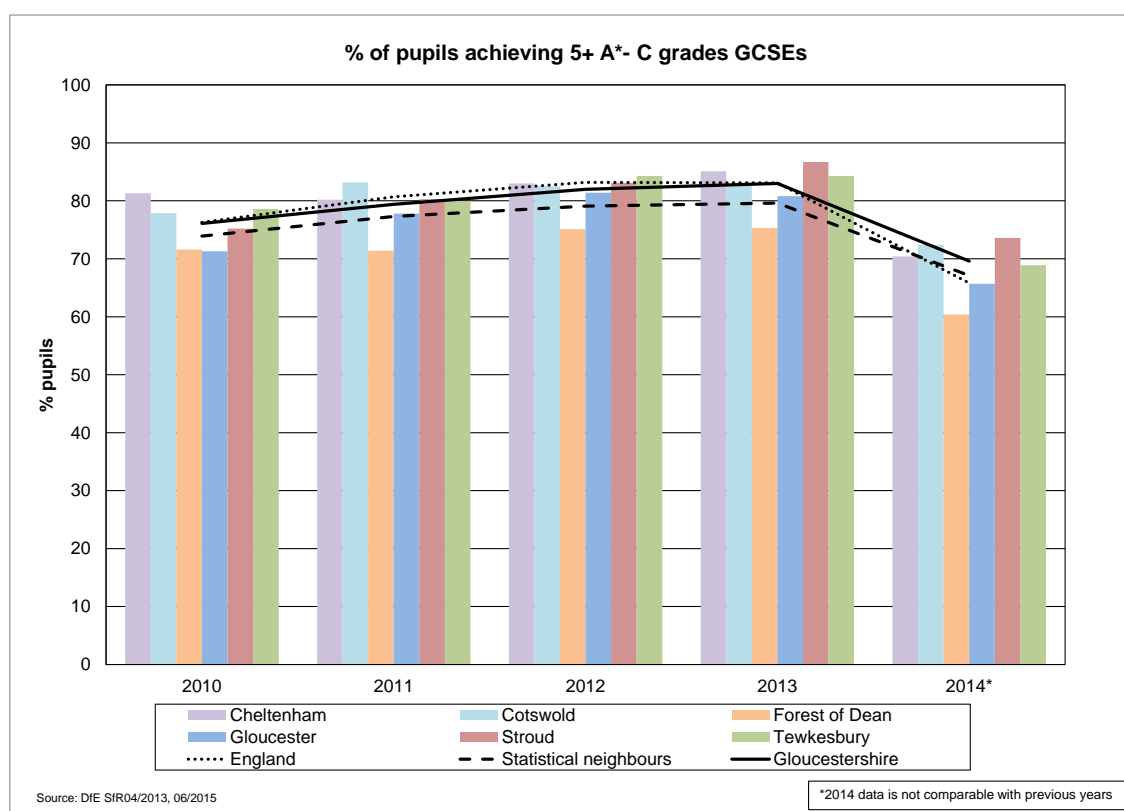


Figure 52: The proportion of pupils achieving 5 or more A\* to C grade GCSE by district<sup>106</sup>

<sup>106</sup> Ibid.

Table 28: The proportion of pupils achieving 5 or more A\* to C grade GCSE

KS4	% of pupils achieving 5+ A*- C grades GCSEs				
	2010	2011	2012	2013	2014*
England	76.3	80.7	83.2	83.1	65.8
Statistical neighbours	73.9	77.3	79.1	79.6	67.1
Gloucestershire	76.1	79.4	82.0	83.0	69.6
Cheltenham	81.3	80.2	83.0	85.1	70.4
Cotswold	77.9	83.2	82.5	82.6	72.4
Forest of Dean	71.6	71.4	75.1	75.3	60.4
Gloucester	71.3	77.8	81.4	80.8	65.7
Stroud	75.2	80.3	83.1	86.7	73.6
Tewkesbury	78.6	79.9	84.3	84.3	68.9

#### 4.5.6 Key Stage 5: A level and Level 3

Gloucestershire's good performance has been carried over to the KS5 Level as shown in the following figures. There are two measures of performance<sup>107</sup>, one is the average point score per student and the other is the average point score per exam entry, both of which need to be taken into account.

The average points score per student as depicted in Figure 53 and Table 29 has shown the greatest increase in Gloucester and Stroud districts over the last five years whereas the Forest of Dean district experienced the greatest decline. Apart from the Forest of Dean and Cheltenham all the district values were above the national average in 2014.

<sup>107</sup> The **average point score per student** provides a measure of the average number of A level equivalent studied and the grades achieved. The more qualifications undertaken by a student and the higher the grades achieved, the higher the average point score per student. However, the **average point score per examination** gives an indication of the average A level grade achieved by students at an institution. The higher the grade, the higher the points score per examination entry. Neither performance indicator should be considered in isolation.

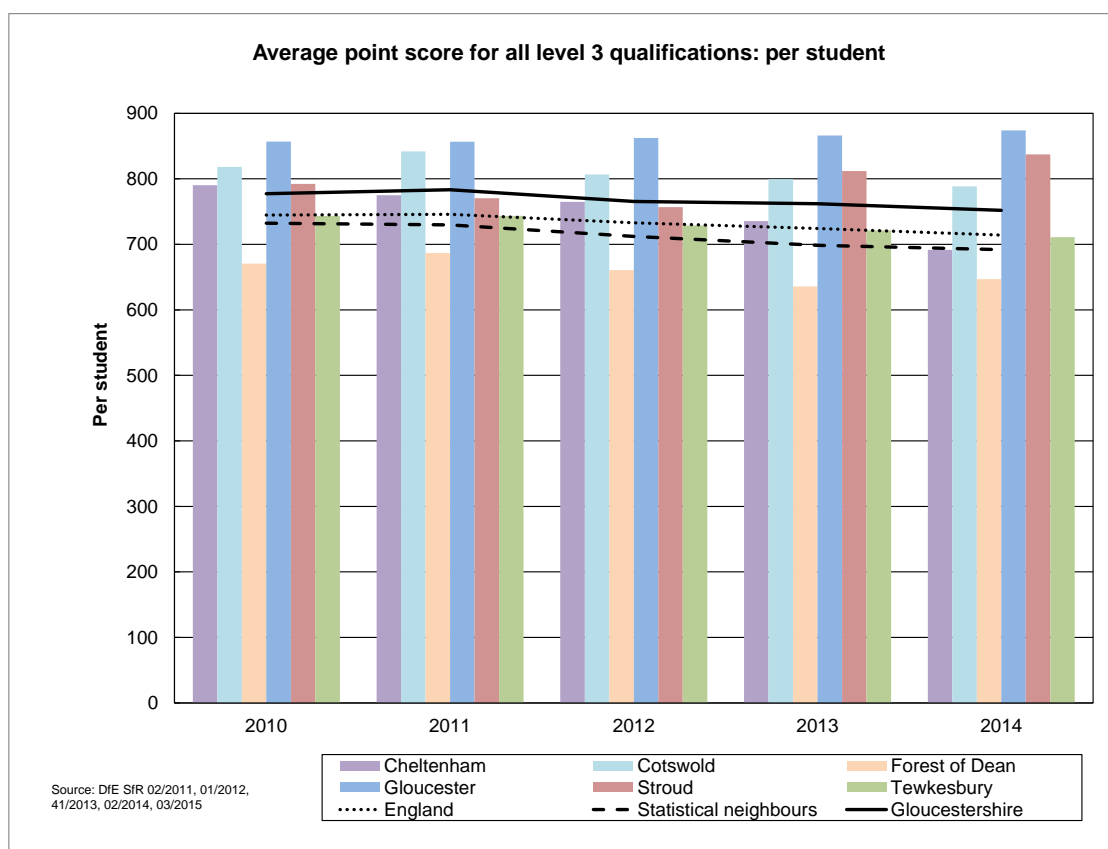


Figure 53: Average point score for all Level 3 qualifications: per student by district<sup>108</sup>

Table 29: Average point score for all Level 3 qualifications: per student

KS5	Average point score for all level 3 qualifications: per student				
	2010	2011	2012	2013	2014
England	744.8	745.9	733.0	724.3	714.0
Statistical neighbours	732.3	729.7	712.1	698.6	692.1
Gloucestershire	777.3	783.3	765.4	762.1	751.9
Cheltenham	790.3	775.1	764.8	735.4	691.7
Cotswold	818.2	841.8	806.7	799.5	788.7
Forest of Dean	670.7	686.8	660.8	635.7	646.9
Gloucester	856.8	856.6	862.5	866.3	874.0
Stroud	792.4	770.3	756.8	811.8	837.3
Tewkesbury	743.2	743.7	728.8	721.3	711.1

In terms of grade, the average point score per entry as shown in Figure 54 and Table 30 increased in Cheltenham, the Forest of Dean and Gloucester districts and the most in Stroud district while the other two districts experienced decline over the last five years. Student outcomes for the Cotswold and Tewkesbury districts particularly the latter were below the national average while for Stroud district were 18 points above the national average in 2014. The two point score

<sup>108</sup> DfE Sfr 02/2011, 01/2012, 41/2013, 02/2014 & 03/2015.

results indicate that students are doing more A levels particularly in Gloucester and Cotswold districts and also gaining better grades.

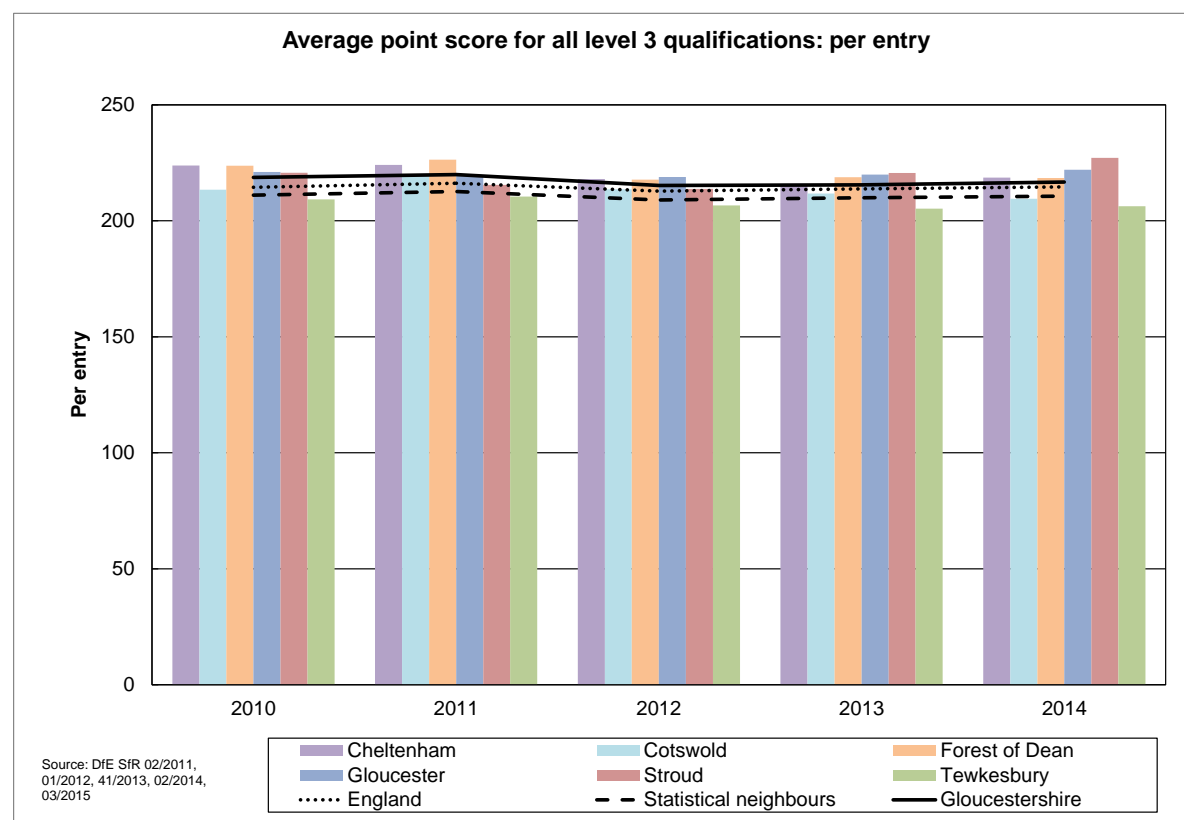


Figure 54: Average point score for all Level 3 qualifications: per entry by district<sup>109</sup>

Table 30: Average point score for all Level 3 qualifications: per entry

KS5	Average point score for all level 3 qualifications: per entry				
	2010	2011	2012	2013	2014
England	214.4	216.2	212.8	213.7	214.6
Statistical neighbours	211.1	212.6	209.0	210.0	210.6
Gloucestershire	218.7	219.9	215.2	215.5	216.7
Cheltenham	223.8	224.1	218.0	215.9	218.6
Cotswold	213.4	219.7	213.6	211.7	209.5
Forest of Dean	223.7	226.3	217.7	218.8	218.4
Gloucester	221.0	219.4	218.9	219.9	222.0
Stroud	220.7	215.5	213.7	220.6	227.1
Tewkesbury	209.2	210.4	206.6	205.2	206.3

The proportion of students achieving at least 2 substantial level 3 qualifications declined between 2010 and 2014 across all districts apart from Tewkesbury district as shown in Figure 55 and Table 31. However, in 2014 Gloucester and Tewkesbury districts outperformed the national average by eight percentage points with values of 98.3 and 98.6 respectively.

<sup>109</sup> Ibid.

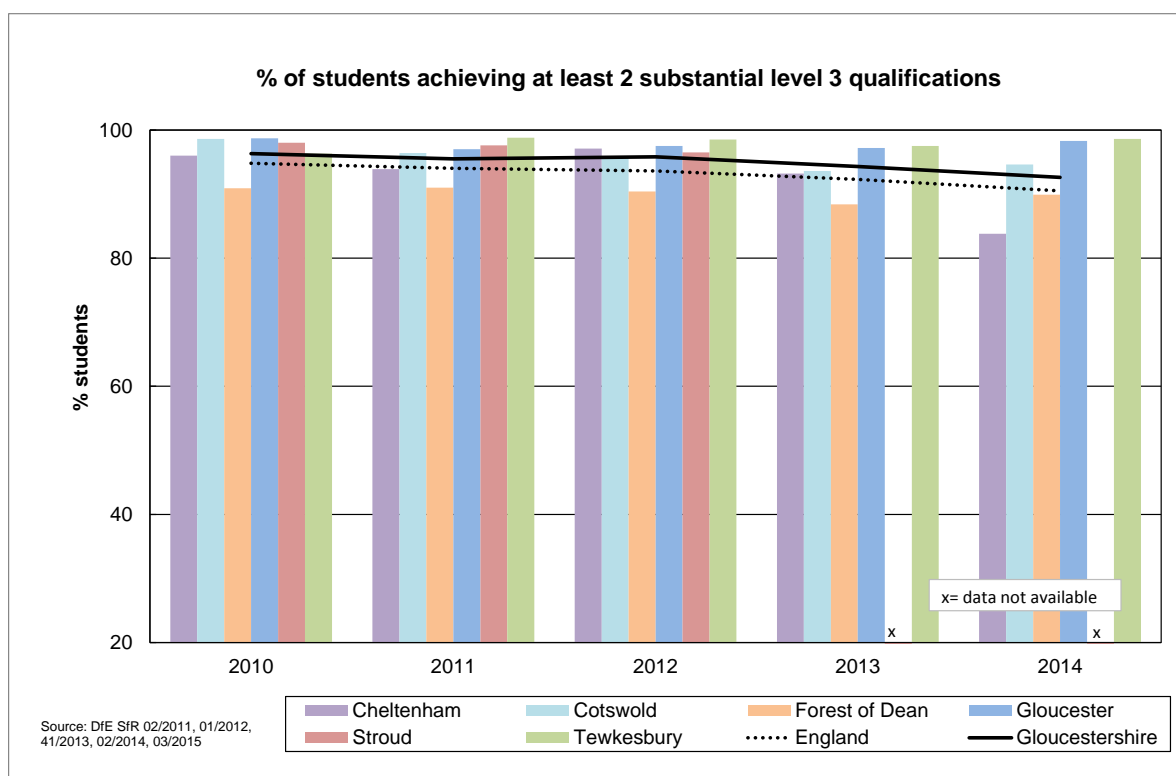


Figure 55: The proportion of students achieving at least 2 substantial level 3 qualifications by district<sup>110</sup>

Table 31: The proportion of students achieving at least 2 substantial level 3 qualifications

KS5	Percentage of students achieving at least 2 substantial level 3 qualifications				
	2010	2011	2012	2013	2014
England	94.8	94.0	93.6	92.3	90.5
Gloucestershire	96.3	95.5	95.8	94.3	92.6
Cheltenham	96.0	93.9	97.1	93.2	83.8
Cotswold	98.6	96.4	95.7	93.6	94.6
Forest of Dean	90.9	91.0	90.4	88.4	89.9
Gloucester	98.7	97.0	97.5	97.2	98.3
Stroud	98.0	97.6	96.5	-	-
Tewkesbury	96.3	98.8	98.5	97.5	98.6

It is evident from Figure 56 and Table 32 that the percentage of students achieving 3 A\*-A grades or better at A level or Applied single/double award A level over the last five years has been highest in Cheltenham, Stroud and Gloucester districts. Apart from Cotswold and Tewkesbury districts, this proportion has increased slightly for all districts in the last five years. In terms of the national average Cheltenham was 14 points above while Tewkesbury was 10 percentage points below in 2014.

<sup>110</sup> Ibid.

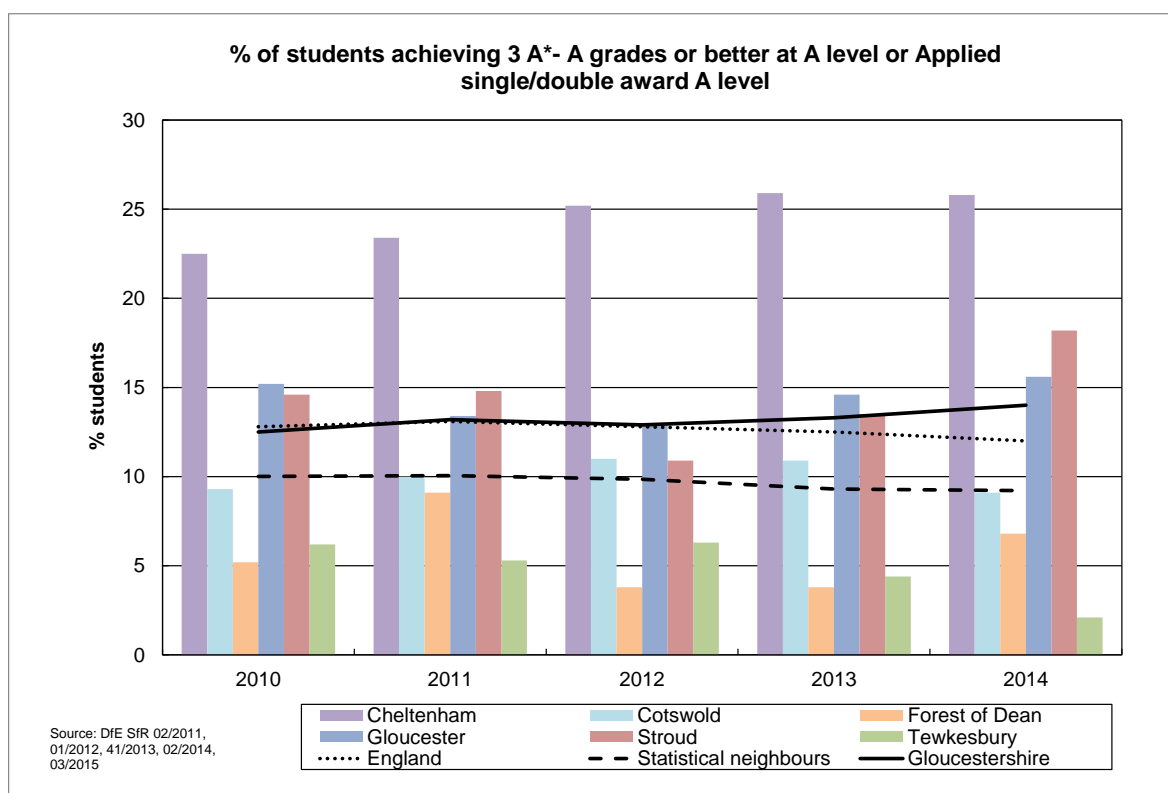


Figure 56: The proportion of students achieving 3 A\* to A grades or better at A level or Applied single/double award A level by district<sup>111</sup>

Table 32: The proportion of students achieving 3 A\* to A grades or better at A level or Applied single/double award A level

KS5	% of students achieving 3 A* - A grades or better at A level or Applied single/double award A level				
	2010	2011	2012	2013	2014
England	12.8	13.1	12.8	12.5	12.0
Statistical neighbours	10.0	10.1	9.9	9.3	9.2
Gloucestershire	12.5	13.2	12.9	13.3	14.0
Cheltenham	22.5	23.4	25.2	25.9	25.8
Cotswold	9.3	10.0	11.0	10.9	9.1
Forest of Dean	5.2	9.1	3.8	3.8	6.8
Gloucester	15.2	13.4	13.0	14.6	15.6
Stroud	14.6	14.8	10.9	13.5	18.2
Tewkesbury	6.2	5.3	6.3	4.4	2.1

<sup>111</sup> *Ibid.*

## **4.6 Promoting the welfare of children and Safeguarding**

### **4.6.1 Summary**

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people (CYP) in their area. They have a number of statutory functions including specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

### **4.6.2 Early help**

Whilst children make up a reducing percentage of the total population of Gloucestershire, there are significantly rising numbers of children living in the county. This is particularly so in the urban areas, both with children being born here and due to in-migration. This can be clearly seen in the rising demand for primary and secondary school places.

Outcomes for most children in Gloucestershire are good and getting better. The GCP Children's Partnership Plan has contributed to significant improvements as evidenced by the views of children and young people, for example, through the online pupil survey.

Families First<sup>112</sup> (our local name for the national Troubled Families programme<sup>113</sup>) is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.<sup>114</sup>

### **4.6.3 Social care overview**

Social Care in Gloucestershire is delivered in seven CYP Localities, which broadly follow the six districts with Gloucester split into two, although the boundaries do not match exactly to the district boundaries, and vary to greater or lesser extents for each locality.

For full information about Children's Social Care in Gloucestershire, please see the 'Understanding Gloucestershire – a Joint Strategic Needs Assessment 2015'<sup>115</sup> document. This includes more figures than are presented here, as published statistics are not made available at a district (or lower) level.

The following gives some key definitions and explanations of the key stages into which a child or young person may fall: child in need, child protection, and child in care.

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<sup>112</sup> <http://www.gloucestershire.gov.uk/families-first> Accessed 20/11/2015

<sup>113</sup> <https://www.gov.uk/government/policies/support-for-families> Accessed 20/11/2015

<sup>114</sup> <http://www.gloucestershire.gov.uk/cypdp> Accessed 20/11/2015

<sup>115</sup> <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

A CYP is legally defined as being a Child in Need (CiN) if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- they are disabled.

As a Local Authority, Gloucestershire has the duty to instigate section 47 enquiries if they are informed that a child who lives, or is found, in their area is:

- the subject of an emergency protection order; or
- in police protection
- or there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm<sup>116</sup>.

From these enquiries, it is possible that a child will need further protection, and an Initial Child Protection Conference will be held, from which a plan is put in place to protect the CYP, namely the Child Protection Plan (CPP).

A child who is being looked after by the local authority is known as a child in care. In some cases a child will have been placed in care voluntarily by parents struggling to cope. In other cases children's services will have intervened because a child was at risk of significant harm.

The following chart gives a snapshot for the rates of social care activity for CiN, CPP, and Children-in-care in districts, as at 31<sup>st</sup> August 2015.

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<sup>116</sup> <http://www.legislation.gov.uk/ukpga/1989/41/section/47> Accessed 20/11/2015.

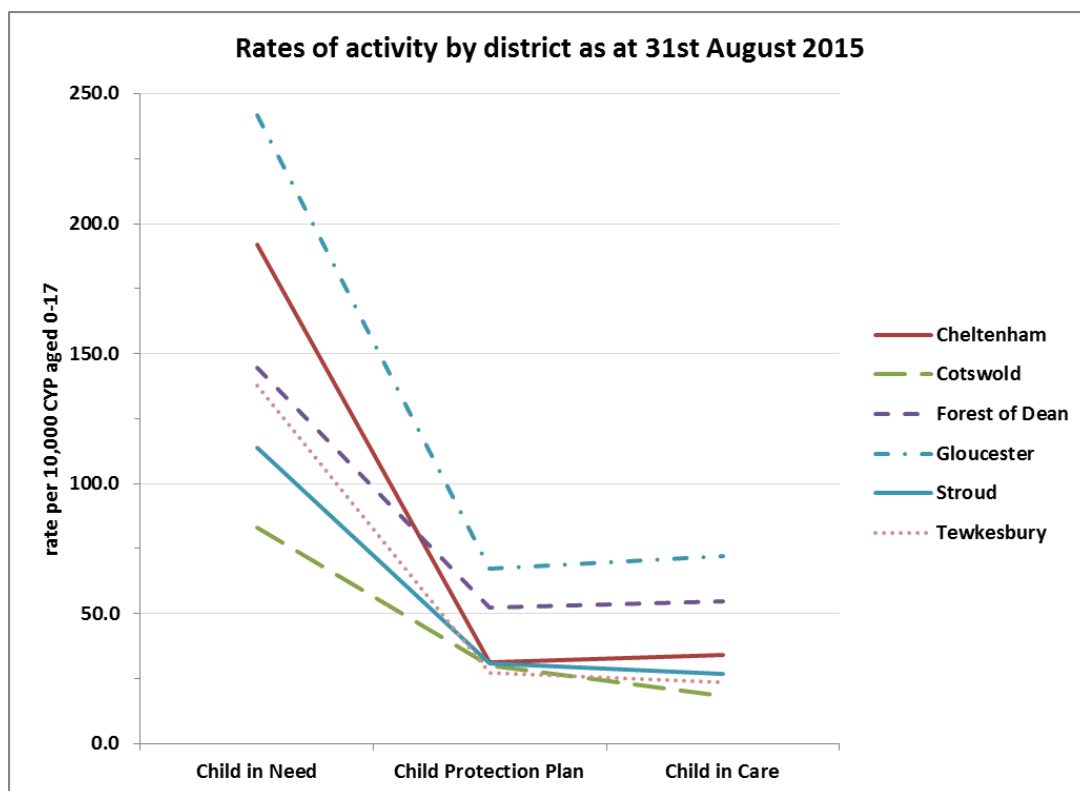


Figure 57: Snapshot of rates per 10,000 CYP aged 0 to 17 of social care activity by district.<sup>117</sup>

The following chart shows the rates of social care activity across the whole of the 2014/15 reporting year.

<sup>117</sup> Extract from LiquidLogic ICS as at 31/08/2015. 0 to 17 population from ONS 2014 mid-year estimates.

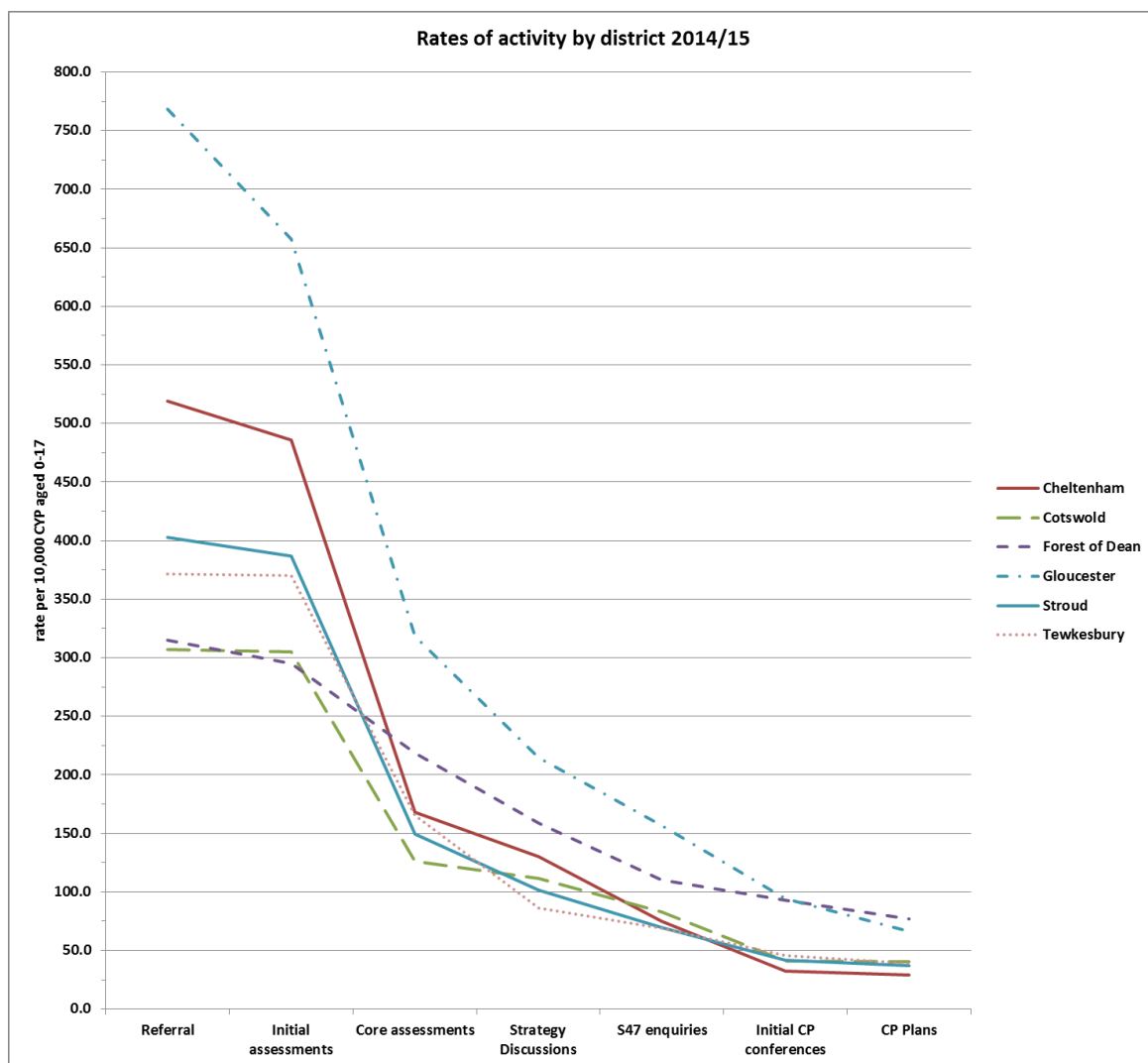


Figure 58: Rates per 10,000 CYP aged 0 to 17 of social care activity by district.<sup>118</sup>

During the whole of the 2014/15 reporting year, children living at an address in Stroud have the third-highest rate of referrals, and initial assessments. The rate of children who are the subject of a CP plan is the second-lowest of the six districts in Gloucestershire. Looking at the snapshot taken as at 31<sup>st</sup> August 2015, Stroud has the third-lowest rate of Children in Care, with Gloucester having the highest rate.

As previously stated, further information about Children's Social Care in Gloucestershire can be found in the 'Understanding Gloucestershire – a Joint Strategic Needs Assessment 2015',<sup>119</sup> document.

<sup>118</sup> Extract from LiquidLogic ICS 01/05/2015. 0 to 17 population from ONS 2014 mid-year estimates.

<sup>119</sup> <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

## 4.7 Key messages

- In 2014/15, 118 women were recorded as being a smoker at their first ante-natal appointment (time of booking). 86 women were recorded as still smoking at time of the delivery for the same period.
- Low birth weight babies account for a higher proportion of total births than in Gloucestershire and England while mothers are more likely to continue breastfeeding until at least 6-8 weeks than their county and national counterparts.
- Under 18 conception rates in Stroud district were the same as Gloucestershire and lower than England.
- Chlamydia detection rates in Stroud were lower than the county and national benchmarks. It should be noted that this does not necessarily mean that Stroud has a lower rate of young people with Chlamydia to Gloucestershire and England; it could be related to the proportion of people screened.
- Stroud had a similar percentage of excess weight in 4-5 year olds compared to Gloucestershire overall but higher than the England benchmark. Excess weight levels for 10-11 year olds was below the Gloucestershire and England average.
- The proportion of children achieving a good level of development at the Early Years Foundation Stage was lower than the national average.
- Educational attainment from Key Stage 1 to Key Stage 5 was higher than the county and national average across all subjects.
- During the whole of the 2014/15 reporting year, children living at an address in Stroud have the third-highest rate of referrals, and initial assessments. The rate of children who are the subject of a CP plan is the second-lowest of the six districts in Gloucestershire.
- According to a snapshot taken as at 31<sup>st</sup> August 2015, Stroud has the third-lowest rate of Children in Care, with Gloucester having the highest rate.

## 5. Keeping healthy – prevention

### 5.1 About this section

While age is the leading risk factor for the majority of chronic health conditions, people's lifestyle can also impact on their health and wellbeing; notably their likelihood of developing conditions such as cardiovascular disease, cancer and respiratory disease. According to the World Health Organisation almost half of diseases such as the above are associated with four risk factors: poor diet, physical inactivity, smoking, and excess alcohol consumption. Poor mental and emotional wellbeing has also been shown to impact on health outcomes.

This section looks at the prevalence of some of these lifestyle risk factors to help inform decisions about how ill health might be prevented.

### 5.2 Alcohol

#### 5.2.1 Alcohol Hospital Admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions, including liver disease, cardiovascular disease and some cancers. It is also a factor in crime and antisocial behaviour. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Alcohol related hospital admissions are one indicator of the extent of harmful drinking in a community.

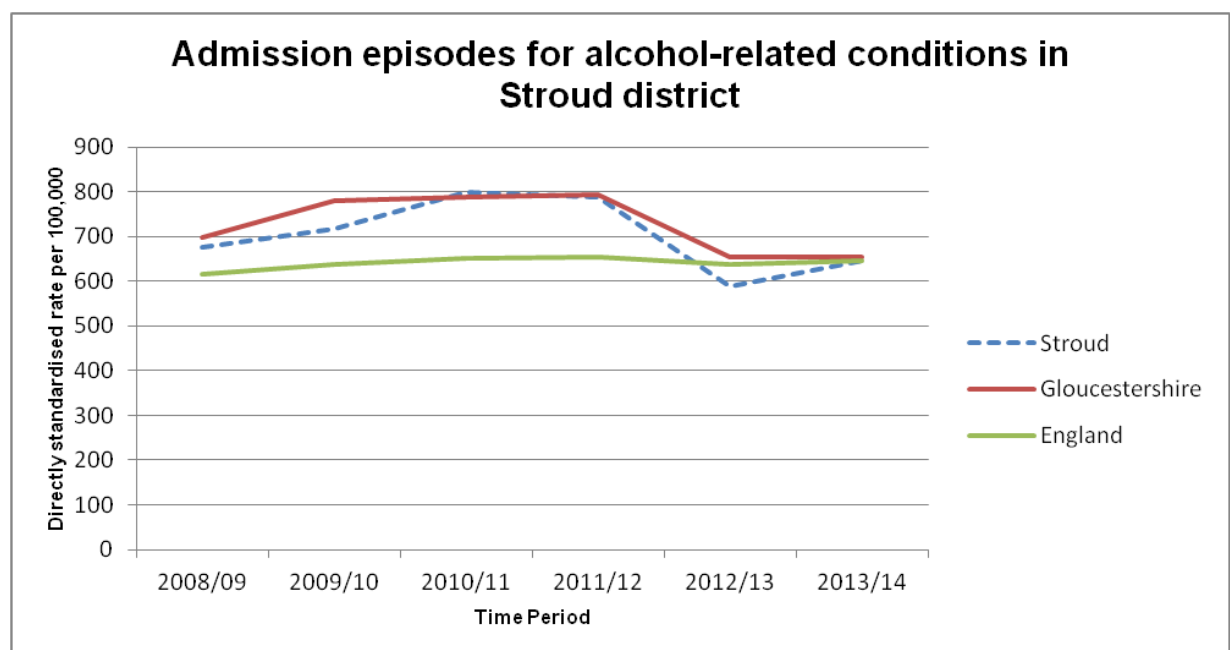


Figure 59: Admission episodes for alcohol-related conditions (2008/09 – 2013/14)

The most recent year of data (2013/14) shows admission episodes for alcohol-related conditions in Stroud district were below the Gloucestershire benchmark and only slightly above the England rate<sup>120</sup>.

## 5.3 Smoking

### 5.3.1 Smoking prevalence

Smoking is a major risk factor for many diseases, including lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is estimated that up to half of smokers will die from a smoking related condition.

Nationally, in 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group. Illnesses among children caused by exposure to second-hand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year<sup>121</sup>.

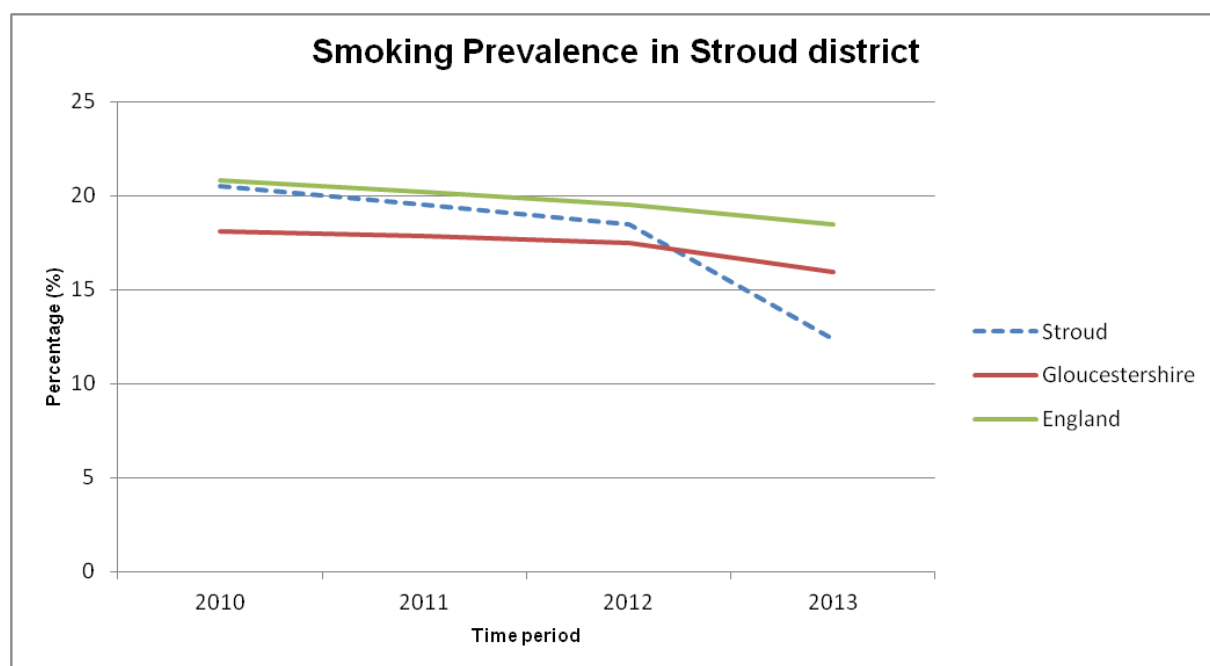


Figure 60: Smoking prevalence 2010-2013

Smoking rates in Stroud have been declining since recording began in 2010 with a sharp fall between 2012 and 2013. In 2013, smoking prevalence was below the Gloucestershire and England benchmarks<sup>122</sup>

<sup>120</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

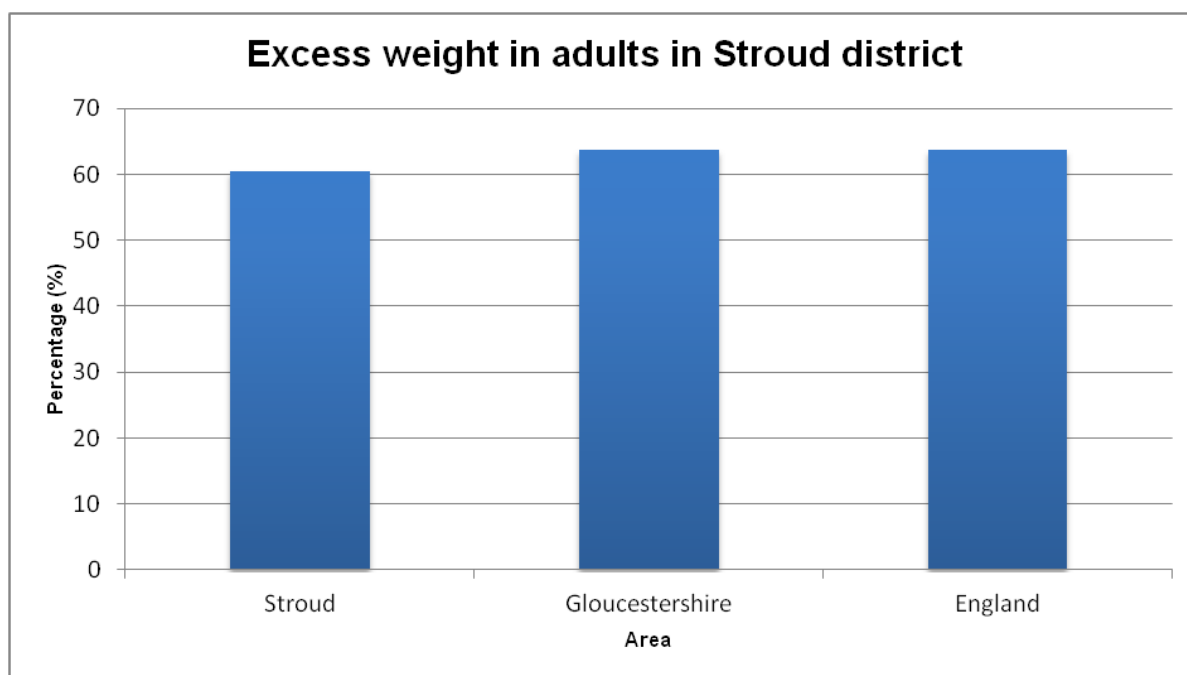
<sup>121</sup> Passive Smoking and Children, Royal College of Physicians, London, 2010.

<sup>122</sup> Public Health Outcomes Framework <http://www.phoutcomes.info/>

## 5.4 Maintaining a healthy weight in adults

### 5.4.1 Excess weight in adults

Obesity in adults is a major determinant of premature mortality and avoidable ill health. It is associated with a number of conditions, including cardiovascular disease, type 2 diabetes, and cancer. Obesity can also impact on an individual's emotional wellbeing, and is a factor in absenteeism from work.



*Figure 61: Excess weight in adults 2012 Note: No time-series data currently available due to change of definitions*

Excess weight is calculated using the number of adults with a BMI classified as overweight or obese. In 2012, 60% of adults in Stroud were overweight or obese, which is lower than the Gloucestershire (64%) and England (64%) benchmarks.<sup>123</sup>

### 5.4.2 Physical activity in adults

Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year.

<sup>123</sup> Ibid.

The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more.

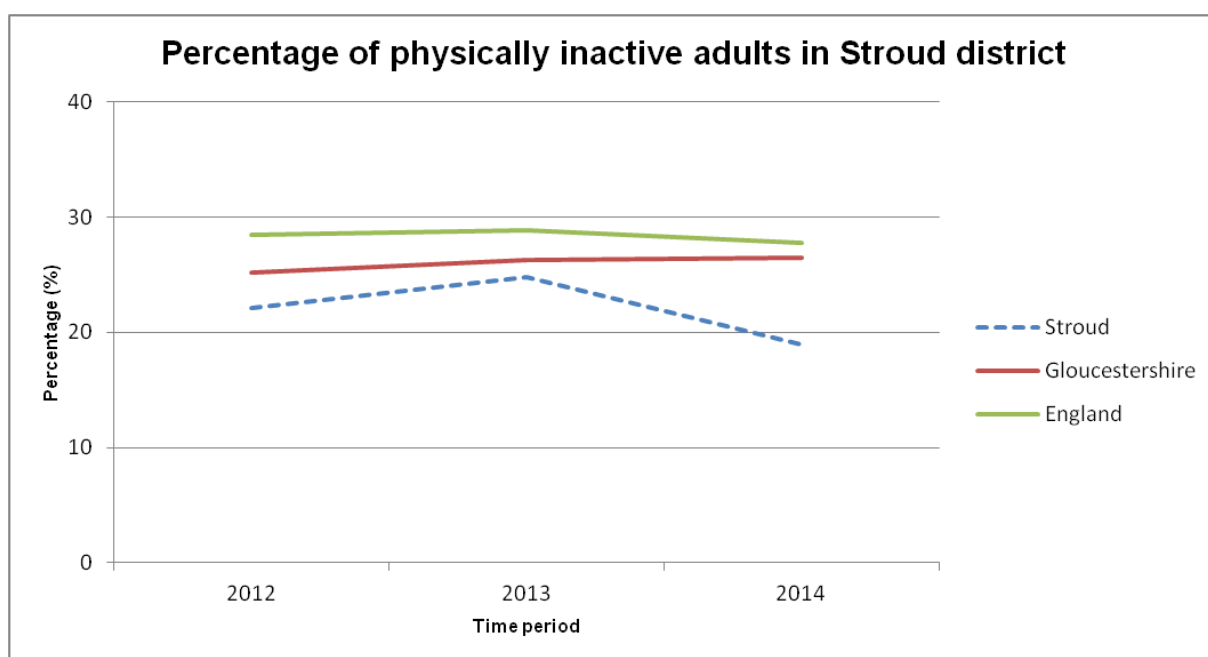


Figure 62: Physically inactive adults (2012-2014)

The percentage of physically inactive adults in Stroud district has remained below the Gloucestershire and England average for the last 3 years.<sup>124</sup>

## 5.5 Social Isolation

### 5.5.1 National evidence

Loneliness and social isolation affects different people in different ways. Some people are lonely in a crowd whilst others are perfectly content living on their own with little social contact. There is, though, a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

The Campaign to End Loneliness on their website<sup>125</sup> summarises research on the effects of loneliness on health as follows:

#### *Physical health*

- As bad as 15 cigarettes a day
- Increased risk of high blood pressure and diabetes

#### *Mental Health*

<sup>124</sup> *Ibid.*

<sup>125</sup> <http://www.campaigntoendloneliness.org/loneliness-research/> 12/05/2015

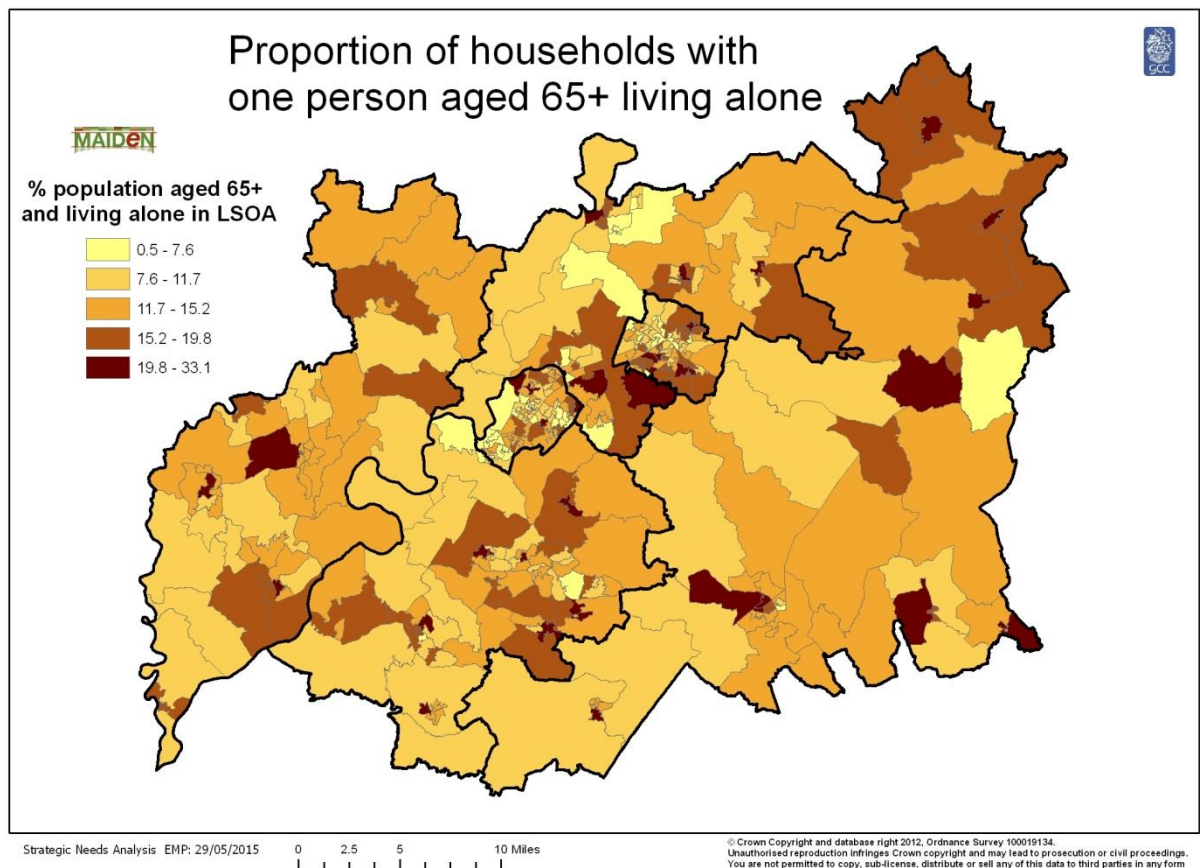
- Increased risk of cognitive decline and dementia
- More prone to depression and increased risk of suicide

#### *Maintaining independence*

- More likely to visit GP, higher medication use, more falls
- Earlier entry to residential and nursing care
- More likely to access A&E services

#### **5.5.1 Living alone**

Living alone in itself does not mean that people will be lonely or socially isolated. However, research has shown that living alone is associated with higher levels of premature death and other negative outcomes. The following map, using data from the 2011 Census, shows in which areas in Stroud District older people are more likely to be living alone.



*Figure 63: Older people living alone in Gloucestershire*

#### **5.5.2 Estimated local need**

In Gloucestershire we have adapted a methodology, initially developed by Essex County Council, to estimate where people are most likely to be socially isolated

in the county<sup>126</sup>. A number of risk factors were aggregated to give a 'vulnerability to social isolation' score. This was then mapped as follows.

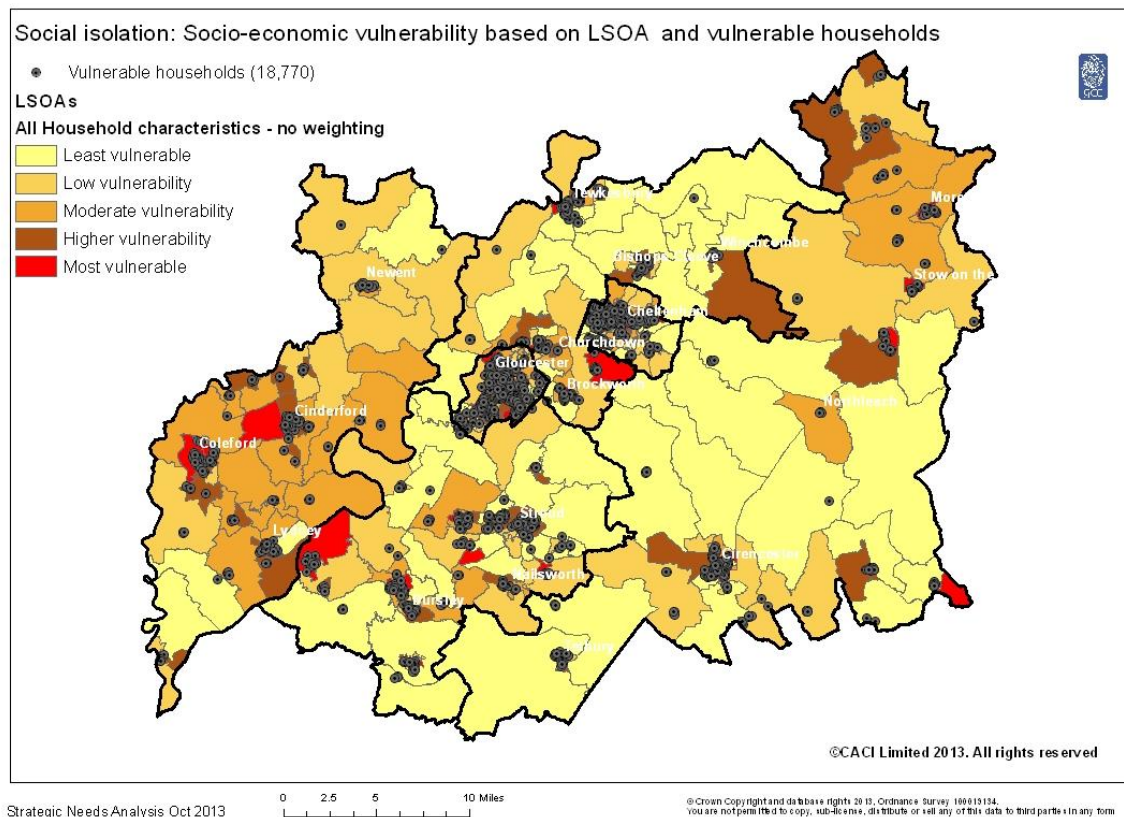


Figure 64: Estimated vulnerability to social isolation in Gloucestershire

### 5.5.3 Actual local need

Stroud District Council have produced a short report on tackling social isolation and loneliness in the District<sup>127</sup>. This report mapped services for older people against the map of modelled social isolation described previously.

Amongst the issues raised were:

- The lack of a 'physical' befriending service in Stroud
- Lack of evening services
- Services tend to cluster in towns – availability of transport is a key issue
- New technologies such as Skype can help

<sup>126</sup> Social isolation in Gloucestershire, Gloucestershire County Council, 2013, <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94013>

<sup>127</sup> Stroud District Council, 2015, Tackling Social Isolation and Loneliness in the Stroud District

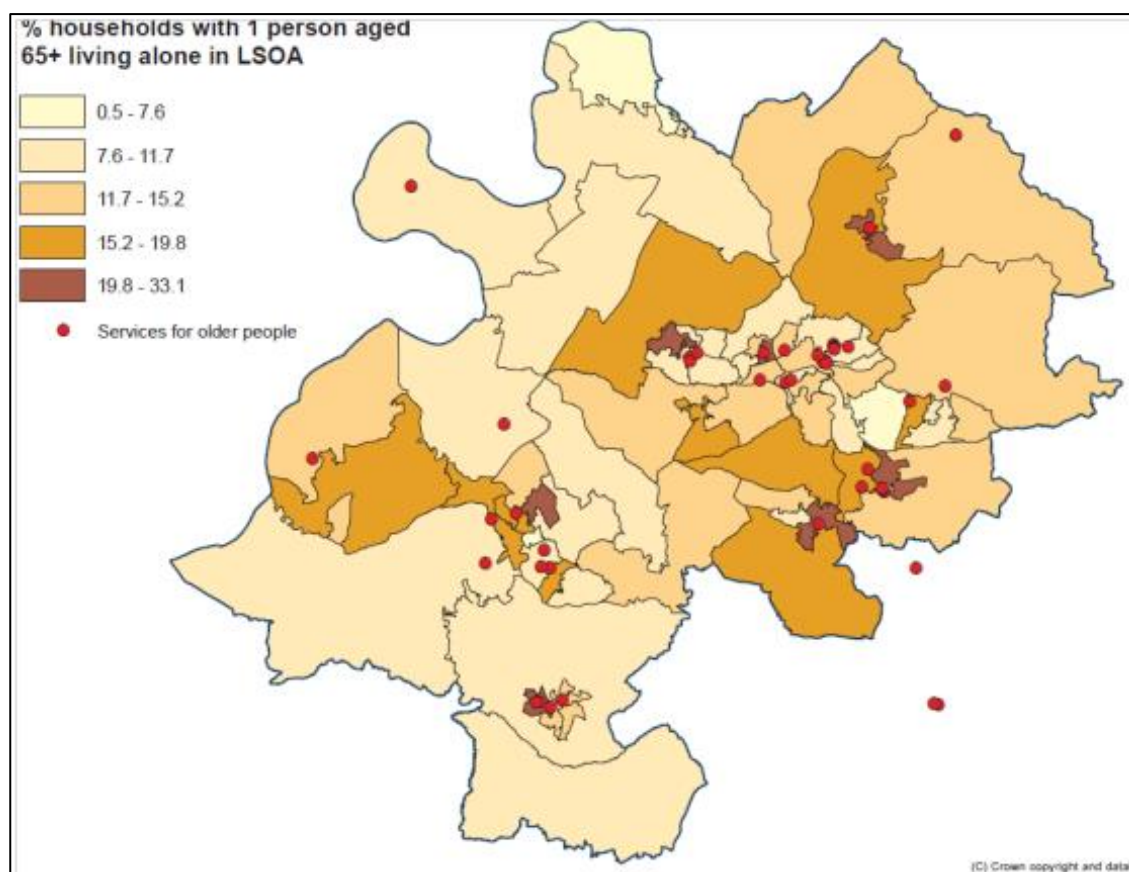


Figure 65: Services and older people living alone in Stroud District

#### 5.5.4 Social prescribing

Gloucestershire Clinical Commissioning Group, in partnership with local district councils and third sector organisations, in the last year and a half set up and supported several pilots of social prescription services across the county. Social referrals were defined here as 'a clear, coherent and collaborative process in which healthcare practitioners work with patients and service users to select and make referrals to community-based services'.

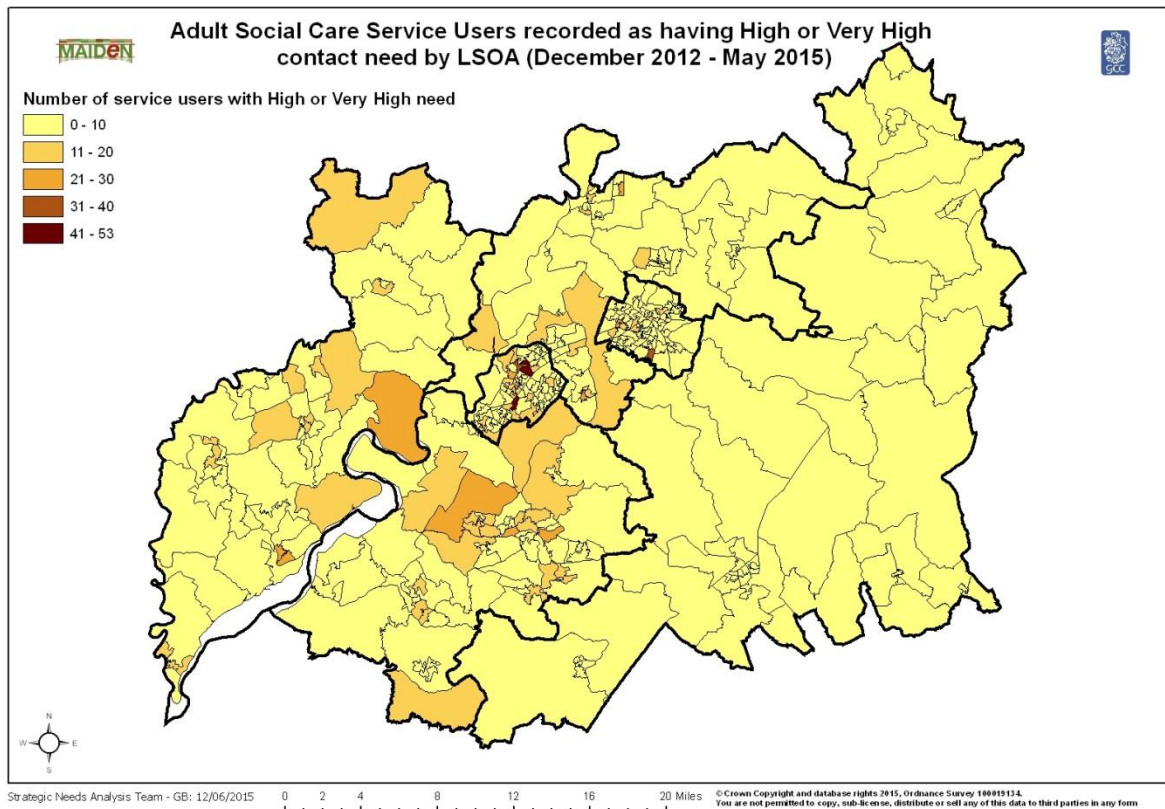
As the following table shows, social isolation was the commonest reason for social referrals accounting for 55% of all reasons for referral in Stroud and Berkeley Vale Locality.

*Table 33: Reasons for social referrals*

Locality	Most Commonly Included Reason for Referral	Total No. of Referrals including this reason	% of Referrals including this reason
Forest of Dean (n=84)	Social Isolation	55	64%
	Mental Health & Wellbeing	51	60%
	Benefits Advice	31	36%
South Cotswolds (n=87)	Mental Health & Wellbeing	43	48%
	Social Isolation	38	43%
	General Health & Fitness	26	29%
Stroud & Berkeley Vale (n=21)	Social Isolation	12	55%
	Mental Health & Wellbeing	10	45%
	Benefits Advice	3	14%
	General Health & Fitness	3	14%
Total (n=192)	Social Isolation	105	54%
	Mental Health & Wellbeing	104	53%
	General Health & Fitness	59	30%
	Benefits Advice	56	27%

#### **5.5.5 Adult social care service user need for social contact**

Other ways of identifying the real extent of loneliness and social isolation in the county are being explored. When social workers carry out needs assessments of adult social care service users one of the needs they assess is their need for social activities and relationships. By mapping the number of service users who are recorded with a need that is high or very high in local areas we can see where adult social care users with the highest level of actual loneliness are concentrated as shown in Figure 66. It should be stressed that this dataset is not comprehensive – not all assessments in the period include such as rating. It should also be stressed that it does not show actual levels of need for social activity and relationships for the whole population with social care needs. The means testing element of the social care system will exclude many who do have high levels of need for social contact. This might explain why areas that the model suggests would be characterised by higher levels of loneliness do not show up in this map. However, it should highlight areas that contain concentrations of those with most loneliness and least financial resources.



*Figure 66: Adult social care users recorded as having a high or very high level of need for social activities and relationships December 2012 - May 2015.*

### **5.5.6 Future work on social isolation**

The various strands of intelligence about loneliness and social isolation in Gloucestershire have been collated in a report for the Health and Wellbeing Board which will be available shortly.

## **5.6 Key messages**

- Admission episodes for alcohol-related conditions in Stroud district were below the Gloucestershire benchmark and slightly above the England rate.
- Smoking rates in Stroud were below the Gloucestershire and England benchmarks and have been declining since 2010.
- In 2012, 60% of adults in Stroud were overweight or obese, which is lower than the Gloucestershire and England benchmarks.
- The percentage of physically inactive adults in Stroud district has remained below the Gloucestershire and England average for the last 3 years.
- There is a growing evidence base that links loneliness and social isolation with poorer health as well as demonstrating that declining health or the need to provide care to a loved one can lead to greater loneliness.

## 6. Particular Needs

### 6.1 About this section

Some groups of people across all age ranges can have particular health and social care needs. Some are born with severe conditions; some develop them during childhood or early adulthood whilst the majority develop more specific needs as part of the ageing process. As the elderly population grows so the need for effective targeting of support becomes increasingly important. The aim is to help people remain as independent as possible in the community and out of hospital and residential care because that is what they, in general, want and because it is becoming increasingly unaffordable to continue to meet what can often be relatively high level needs, in this way.

### 6.2 Disability

#### 6.2.1 *Total population*

Under the Equality Act<sup>128</sup> a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. The definition is designed to be as broad as possible to cover a wide variety of conditions and impairments including; Sensory Loss, Physical Disabilities, Learning Disabilities, Mental Illness, as well as diseases such as Cancer.

There is no single measure of the number of people with disabilities; instead information is available from a number of sources, many of which use slightly different definitions of disability. The Census of Population is one of the most widely used measures and is based on a broad definition of disability.

According to the 2011 Census 16.7% of Stroud residents (18,852 people) reported having a long term health problem or disability, this was in line with the county average and below the regional and national average. The following graph shows the proportion of people reporting a long-term limiting health problem or disability increases with age, following the county and national trend.

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<sup>128</sup> The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>  
Accessed 15/04/2015.

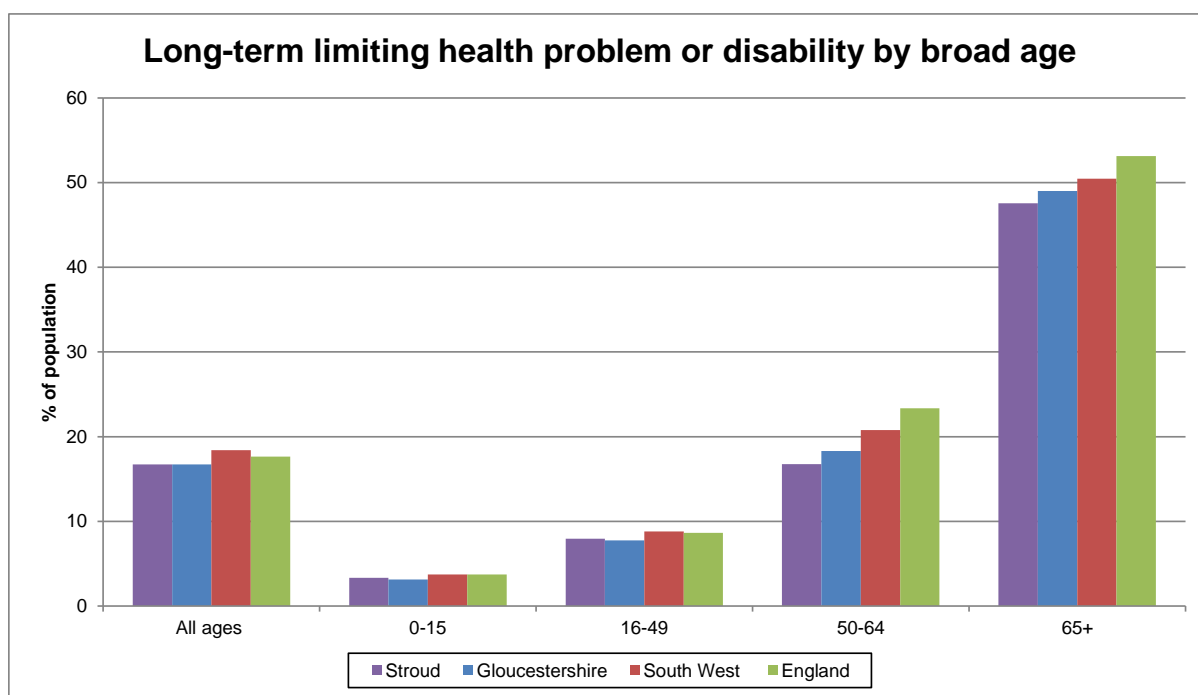


Figure 67: Percentage of the population with a long-term limiting health problem or disability by broad age group, 2011<sup>129</sup>

The information provided by the Census has some limitations, it is based on self-reported health, it is not updated regularly and provides no information about the type of health problem or disability.

Individuals with disabilities may be entitled to claim Disability Living Allowance (DLA)<sup>130</sup>, Attendance Allowance (AA)<sup>131</sup> or Personal Independence Payments (PIP)<sup>132</sup>. The purpose of these benefits is to contribute towards the extra cost of a health problem or disability, they can be claimed by those in employment as well as those without employment and in conjunction with other benefits. The number of people claiming these benefits is often used as a measure of disability as the information is regularly updated and can be broken down by condition. The data set will not reflect all of those with a disability, there will be people who feel they do not need financial help and therefore do not apply for these benefits.

<sup>129</sup> ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/09/2015.

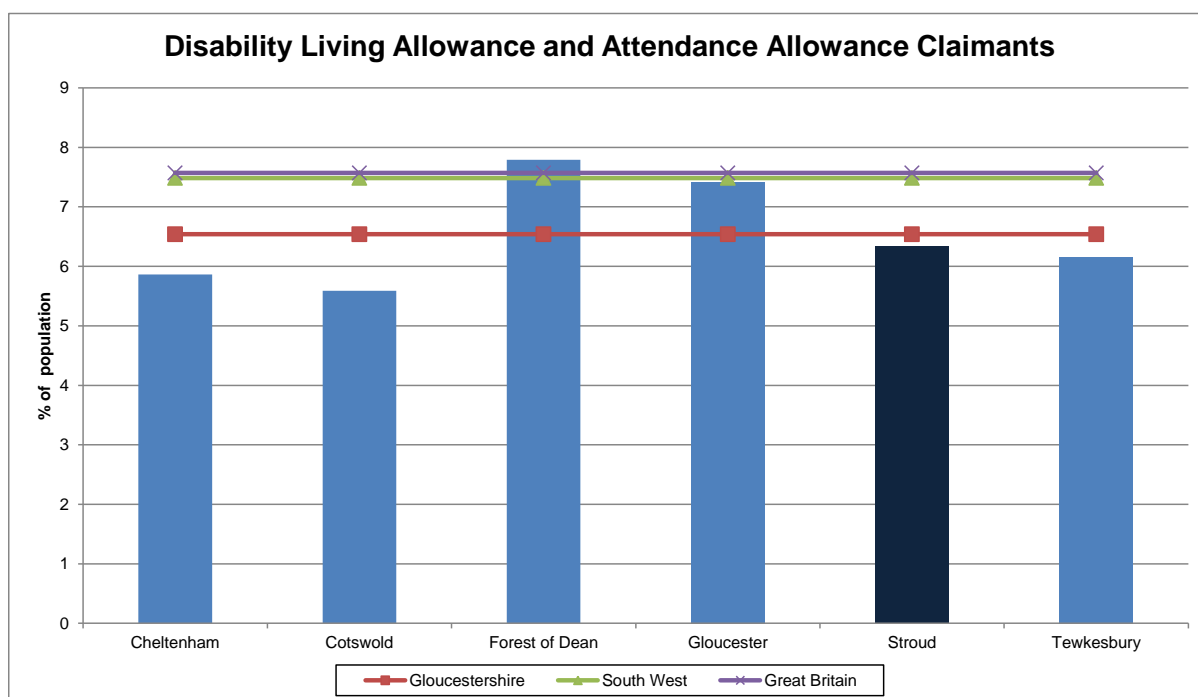
<sup>130</sup> Disability Living Allowance can be claimed by a person who has a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around provided they claim before the age of 65. Disability Living Allowance is being replaced by Personal Independent Payments for all people aged 16+.

<sup>131</sup> Attendance Allowance is available to people aged 65+ who develop a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around.

<sup>132</sup> Personal Independence Payments are replacing Disability Living Allowance for people aged 16-64. The transfer to Personal Independence Payments should be complete by late 2017.

There will also be people who apply but are not eligible because their disability is not considered severe enough.

Disability Living Allowance and Attendance Allowance cannot be claimed at the same time, this means it is possible to combine the counts of these benefits to estimate the total number of disabled people claiming a disability benefit. In February 2015 there were 7,290 people claiming Disability Living Allowance or Attendance Allowance in Stroud, representing 6.3% of the total population<sup>133</sup>, Figure 68 shows this was lower than the county, regional and national averages. Stroud had a higher proportion of disability benefit claimants than Cheltenham, Cotswold and Tewkesbury, but a lower proportion than the Forest of Dean and Gloucester.



*Figure 68: Proportion of the population claiming Disability Living Allowance or Attendance Allowance, February 2015<sup>134</sup>*

Figure 69 shows the total number of disability benefit claimants in Stroud and Gloucestershire has been falling since 2013. This is primarily due to the introduction of Personal Independence Payment for new working age claimants, which began in April 2013.

<sup>133</sup> DWP, Tabulation Tool – WPLS(100% of claimants) <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> Accessed 07/10/2015.

<sup>134</sup> *Ibid.*

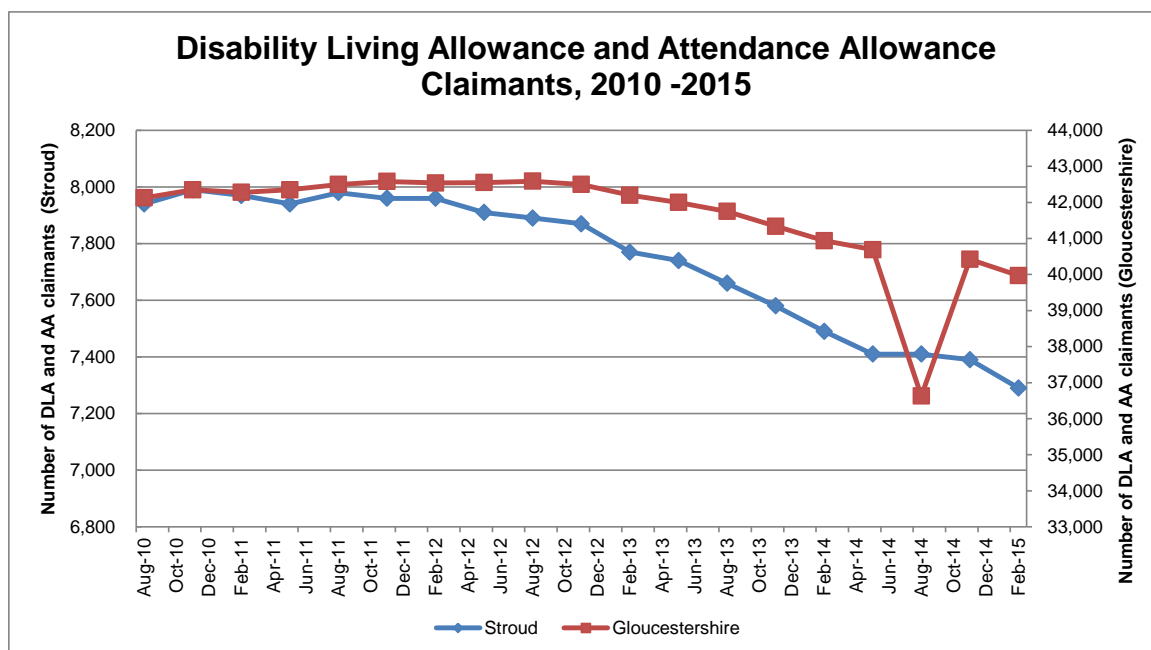


Figure 69: Five year trend in the number of Disability Living Allowance and Attendance Allowance Claimants in Stroud and Gloucestershire, 2010-2015<sup>135</sup>  
(Note: y-axis does not start at 0)

The characteristics of Stroud’s Disability Living Allowance and Attendance Allowance claimants are illustrated in Figure 70. Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants, with just over 67% claiming for over 5 years. These characteristics are reflected at a county, regional and national level.

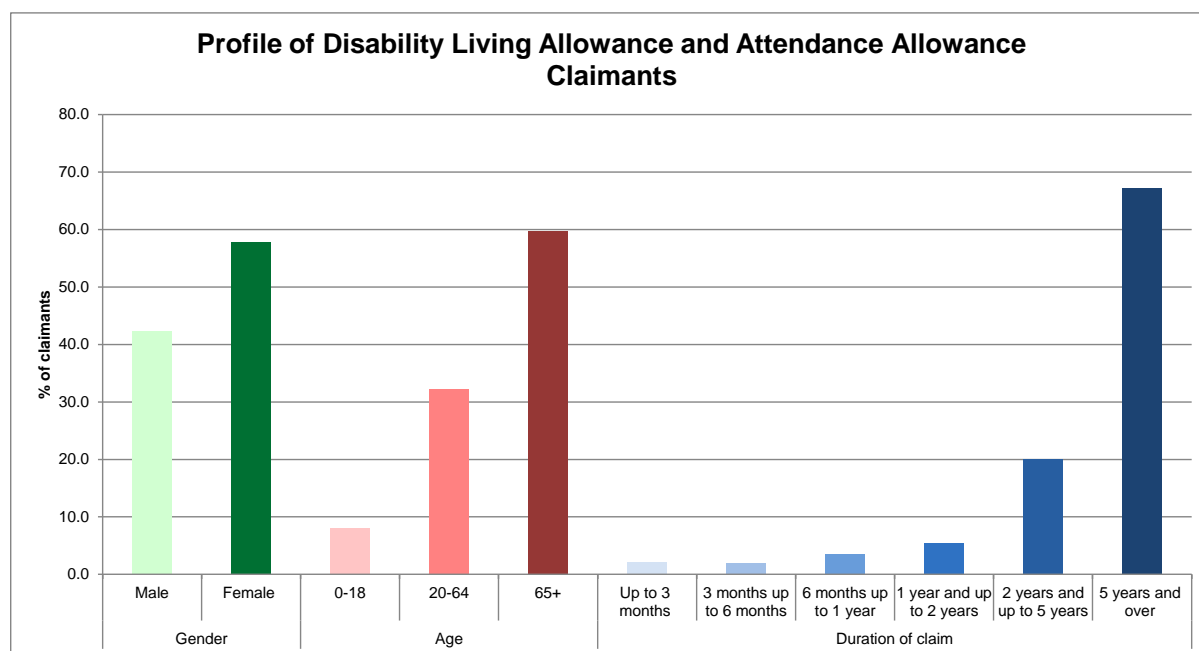
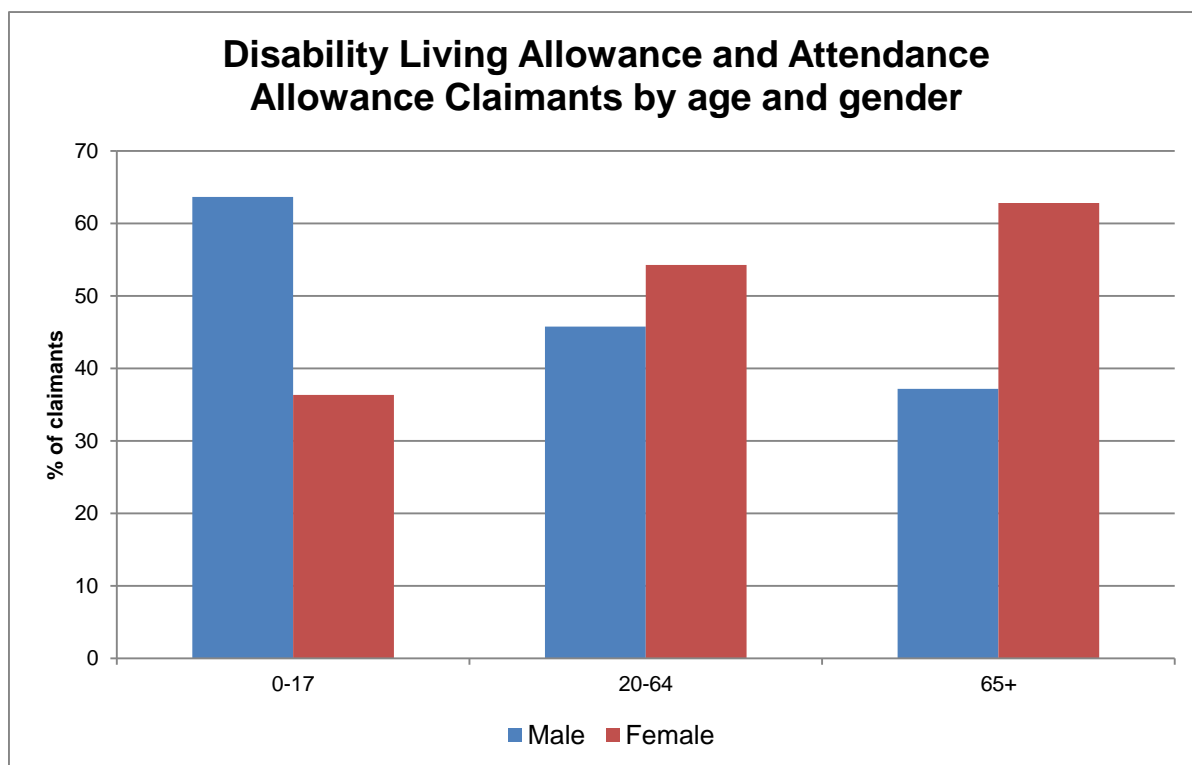


Figure 70: Profile of Disability Living Allowance and Attendance Allowance Claimants in Stroud, February 2015<sup>136</sup>

<sup>135</sup> Ibid.

There is some variation between age groups. Figure 71 shows that males are responsible for 64% of claims made by 0-17 year olds and only 37% of claims made by people aged 65+.



*Figure 71: Disability Living Allowance and Attendance Allowance Claimants by age and gender, February 2015<sup>137</sup>*

Benefit data can be broken down by the main disabling condition of the claimant. Five percent of all claims are sampled, the percentages derived from this sample data are applied to the total number of disability benefits claims to create an estimated count of claims for each condition. Figure 72 shows that in February 2015, arthritis was the most commonly reported disabling condition in Stroud, representing over a fifth (22%) of all claims. “Other” conditions and mental health were the second and third most common conditions, reported by 15% and 12% of all claimants respectively. The most commonly reported conditions in Stroud generally follow the county and national trend.

<sup>136</sup> *Ibid.*

<sup>137</sup> *Ibid.*

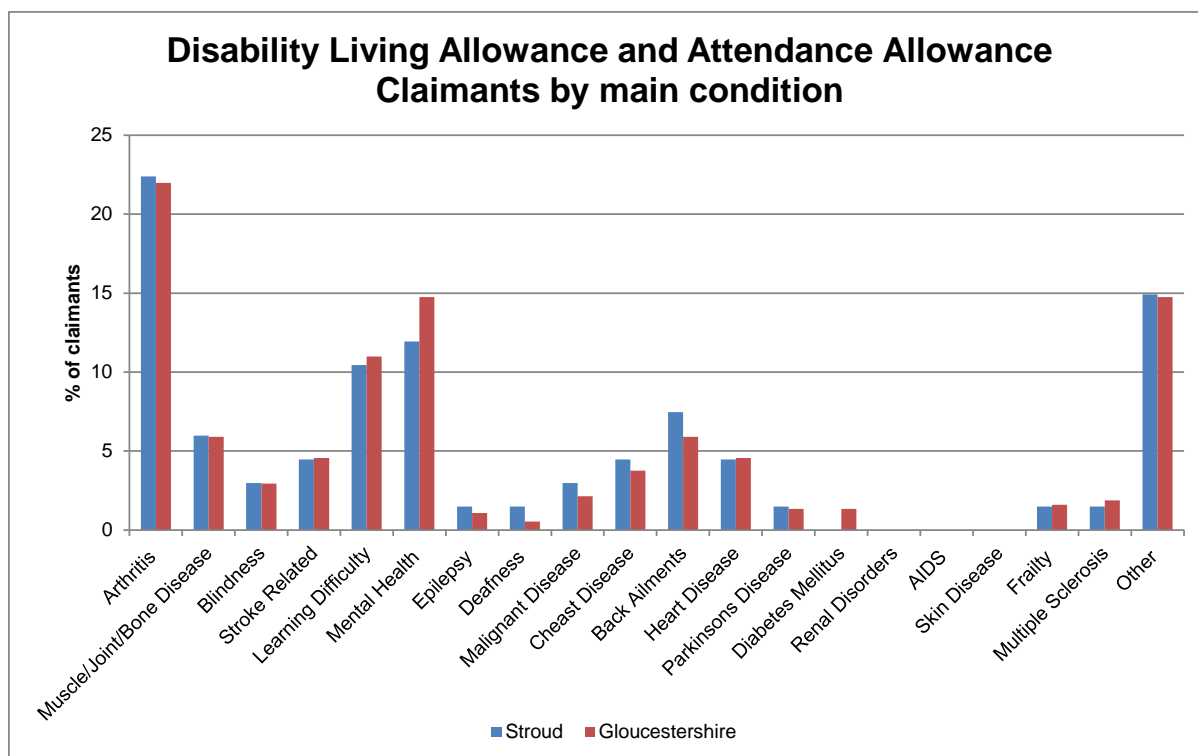


Figure 72: Disability Living Allowance and Attendance Allowance Claimants by main disabling condition ,February 2015<sup>138</sup>

There are some differences in the conditions reported by Disability Living Allowance claimants and Attendance Allowance claimants. The following graph shows age related conditions such as arthritis, muscle/joint /bone disease, stroke related and frailty all account for a significantly higher proportion of Attendance Allowance claimants than Disability Living Allowance claimants, reflecting the older nature of the claimants. Learning Difficulties account for 18% of Disability Living Allowance claimants, but no Attendance Allowance claimants. This is unsurprising as Attendance Allowance can only be claimed for conditions that develop after the age of 65, and the nature of learning difficulties means they are usually diagnosed earlier in life.

<sup>138</sup> DWP, Tabulation Tool – 5% sample data <http://tabulation-tool.dwp.gov.uk/5pc/tabtool.html>  
Accessed 07/10/2015.

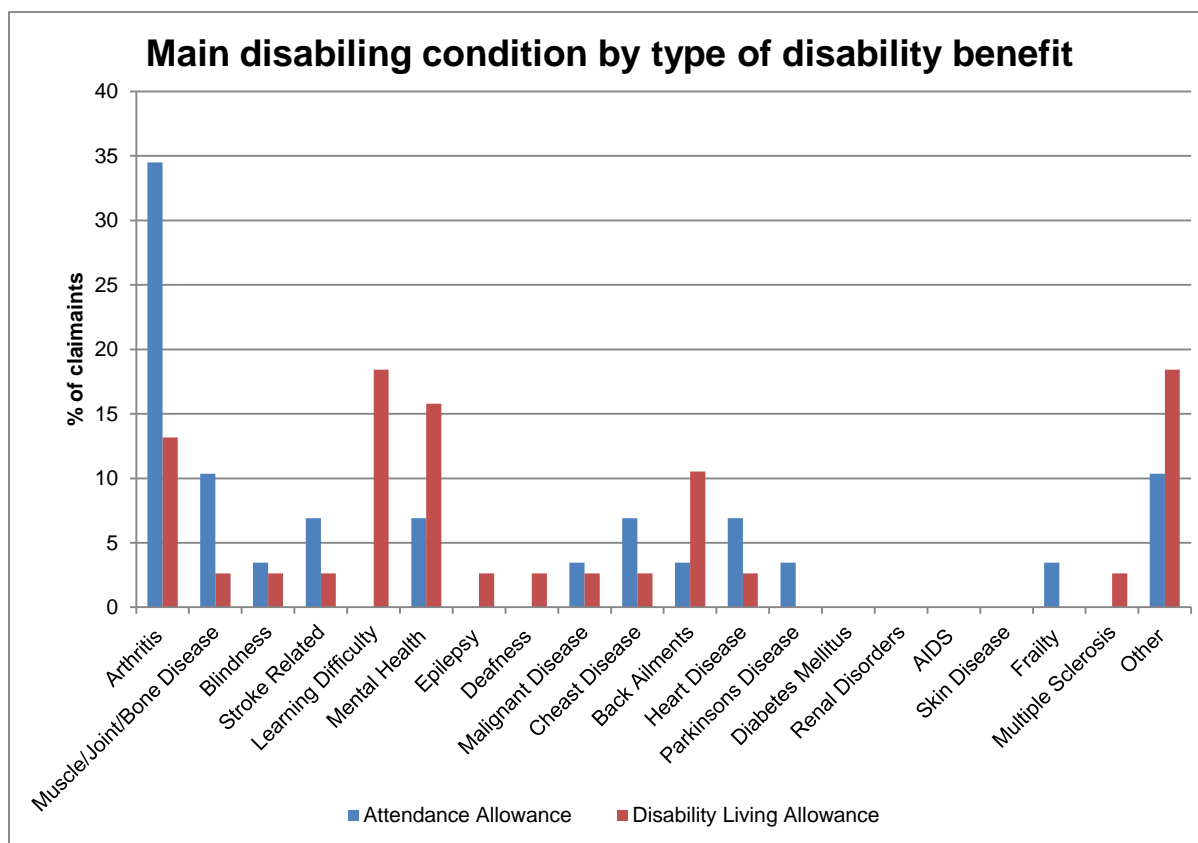


Figure 73: Main disabling condition by type of disability benefit, February 2015<sup>139</sup>

Personal Independence Payments are replacing Disability Living Allowance for the working age population. Since April 2013 new working age claimants have had to apply for Personal Independence Payments. Existing working age claimants of Disability Living Allowance will eventually be asked to claim Personal Independence Payments instead of Disability Living Allowance. This process is being introduced in stages and was due to start in Stroud in September 2015<sup>140</sup>. Data about the numbers of Personal Independence Payments claimed in Stroud is experimental and is not comparable with data about Disability Living Allowance and Attendance Allowance. The latest data for July 2015 shows that in Stroud there were 523 people claiming Personal Independence Payments<sup>141</sup>. Figure 74 shows the number of Personal Independence Payment claimants has been increasing month on month since April 2013.

<sup>139</sup> *Ibid.*

<sup>140</sup> DWP, Introducing Personal Independence Payment <https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays/supporting-pages/introducing-personal-independence-payment> Accessed 08/10/2015.

<sup>141</sup> DWP, Stat-Xplore <https://stat-xplore.dwp.gov.uk/> Accessed 08/10/2015.

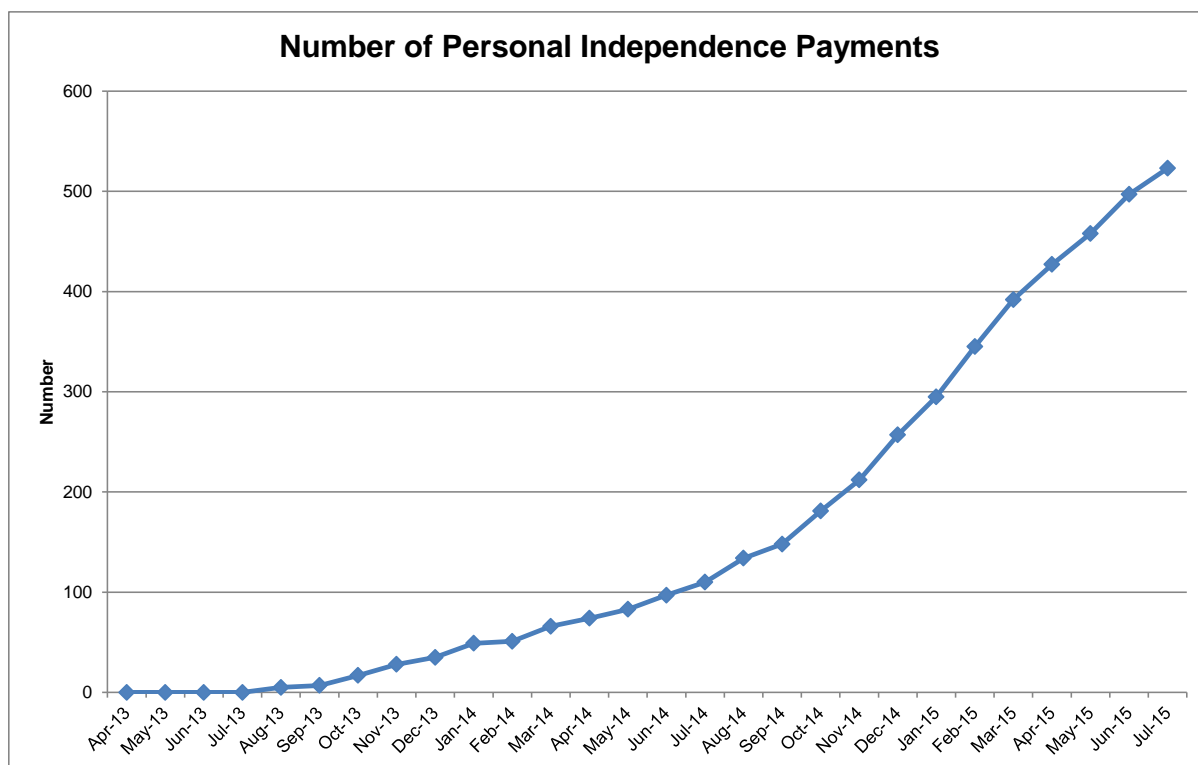


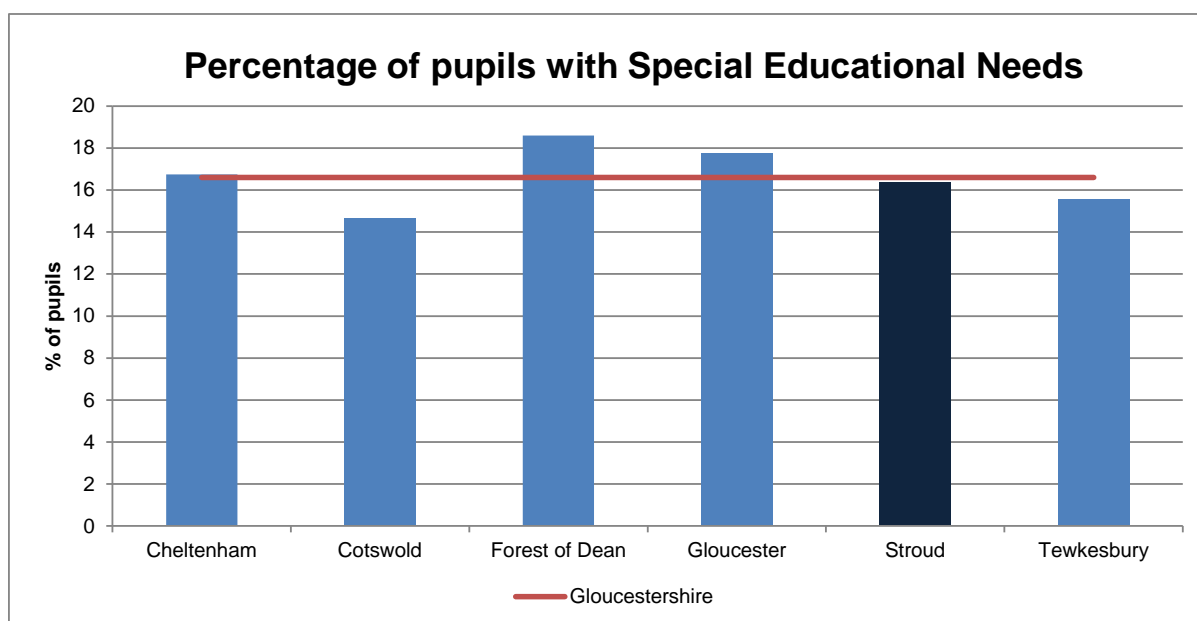
Figure 74: Number of Personal Independence Payment Claims in Payment, April 2013 to July 2015<sup>142</sup>

### 6.2.2 Children with Special Educational Needs

Census data and information about disability related benefit claimants provide an overall picture of the number of disabled people. Other sources of information provide us with a partial picture by focusing on particular age groups. The number of children with Special Educational Needs is often used as a proxy measure for children with disabilities. Special Educational Needs affect a child's ability to learn and can include; behavioral issues, learning difficulties physical disabilities. The definition of Special Educational Needs means it will not capture all disabilities, only those that affect a child's learning.

In 2013/14 there were 2,585 children and young people in maintained schools in Stroud with Special Educational Needs, Figure 75 shows this equates to 16.4% of pupils, which was broadly in line with the county average.

<sup>142</sup> *Ibid.*



*Figure 75: Percentage of pupils with Special Educational Needs by district of education, January 2014<sup>143</sup>*

Figure 76 shows the total number of pupils with Special Educational Needs in Stroud schools has generally been falling since 2009/10 when it stood at 2,792 pupils. This decline was due to a fall in the number of children with School Action<sup>144</sup> or School Action Plus<sup>145</sup> level of need, while the number of children with Statements of Special Educational Needs<sup>146</sup> increased during the period, perhaps reflecting an increase in the severity of needs.

<sup>143</sup> School Census, Jan 10-Jan 14.

<sup>144</sup> Pupils who require School Action usually have additional learning needs and should receive additional support from within the school, such as small group tuition.

<sup>145</sup> School Action Plus is used when School Action has not been able to help a child make adequate progress. Staff that work with Pupils requiring School Action Plus, should receive advice or support from outside specialists

<sup>146</sup> Statements of Special Educational Needs are given to those in need of the most intensive support.

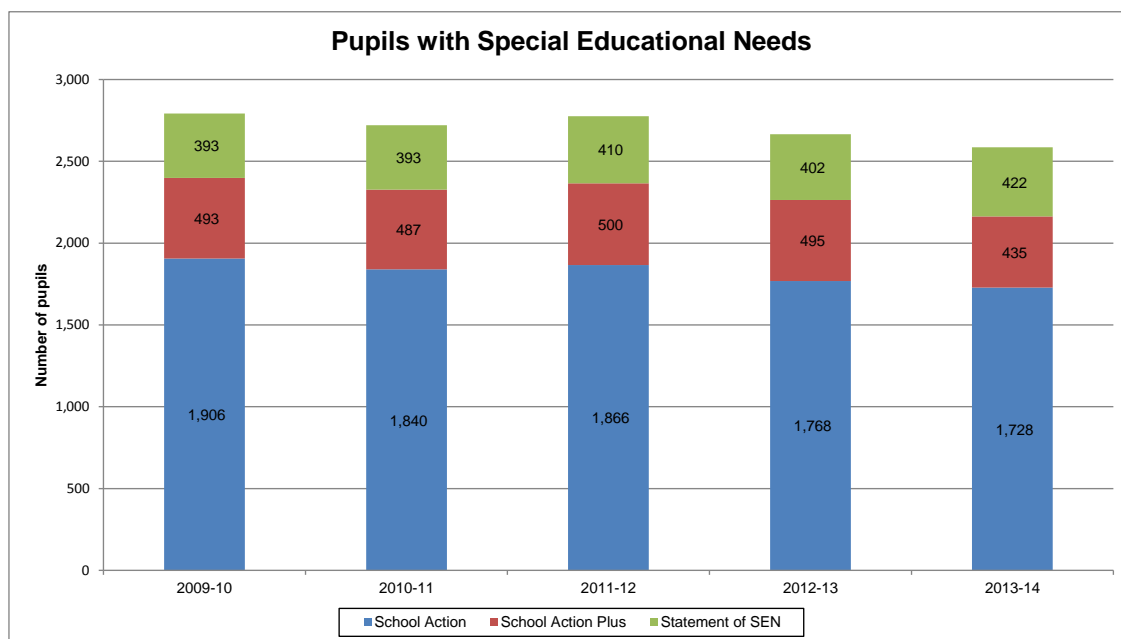


Figure 76: Number of pupils on the Special Educational Needs Code of Practice, 2009/10 – 2013/14 <sup>147</sup>

Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. Figure 77 shows that in 2013/14 the most common category of need in Stroud schools was Behavioural, Emotional and Social Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.

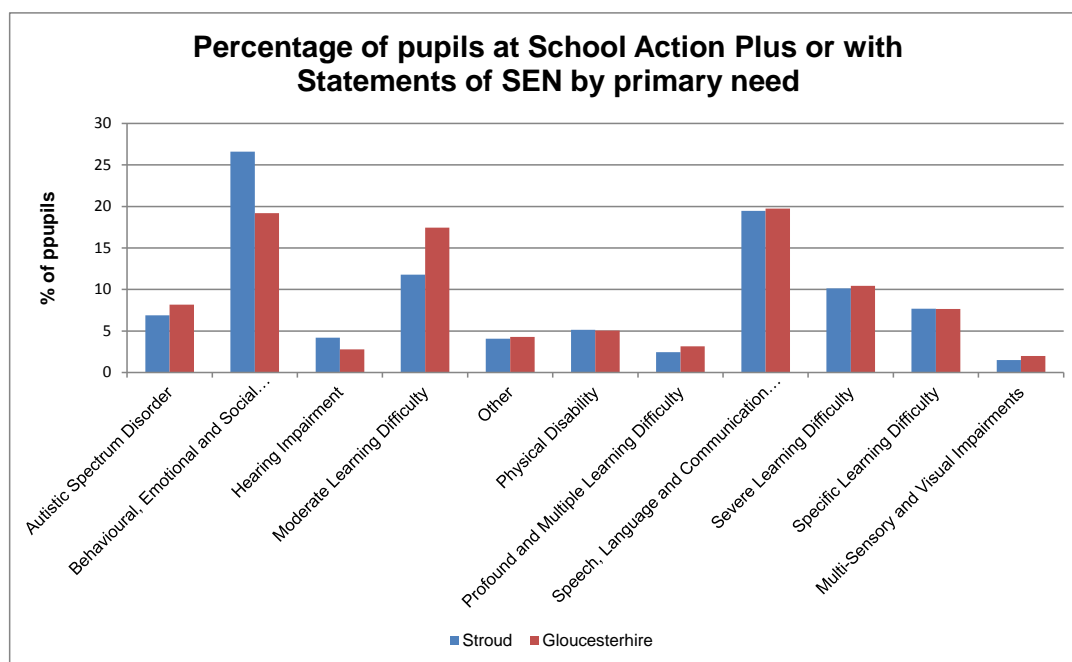


Figure 77: Percentage of pupils at School Action Plus or with Statements of SEN by primary need, January 2014 <sup>148</sup>

<sup>147</sup> School Census, Jan 10-Jan 14.

Figure 78 illustrates the trend in primary need over the last 5 years. The greatest change has been in the number of children with Behavioural, Emotional and Social Difficulties, which has declined by 63 children. The greatest increase has been in the number of children with Autistic Spectrum Disorder, which increased by 17 pupils.

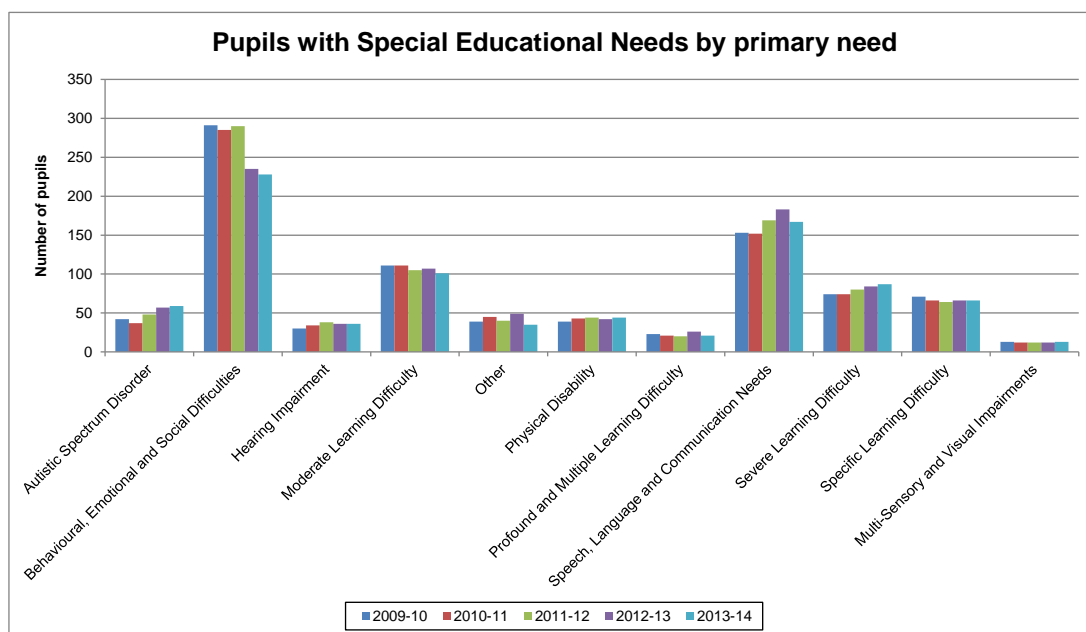


Figure 78: Number of pupils with Special Educational Needs by primary need, 2009/10 – 2013/14<sup>149</sup>

For further information about children with Special Educational Needs please see our SEND needs analysis<sup>150</sup>.

### 6.2.3 Adults with disabilities

The Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) provide current and future estimates of the number of adults with learning and physical disabilities.

In 2014 there was an estimated 5,649 people aged 18-64 with a severe or moderate physical disability living in Stroud<sup>151</sup> and an additional 4,411 people aged 65+ who are unable to manage at least one mobility activity on their own<sup>152</sup>.

<sup>148</sup> *Ibid.*

<sup>149</sup> *Ibid.*

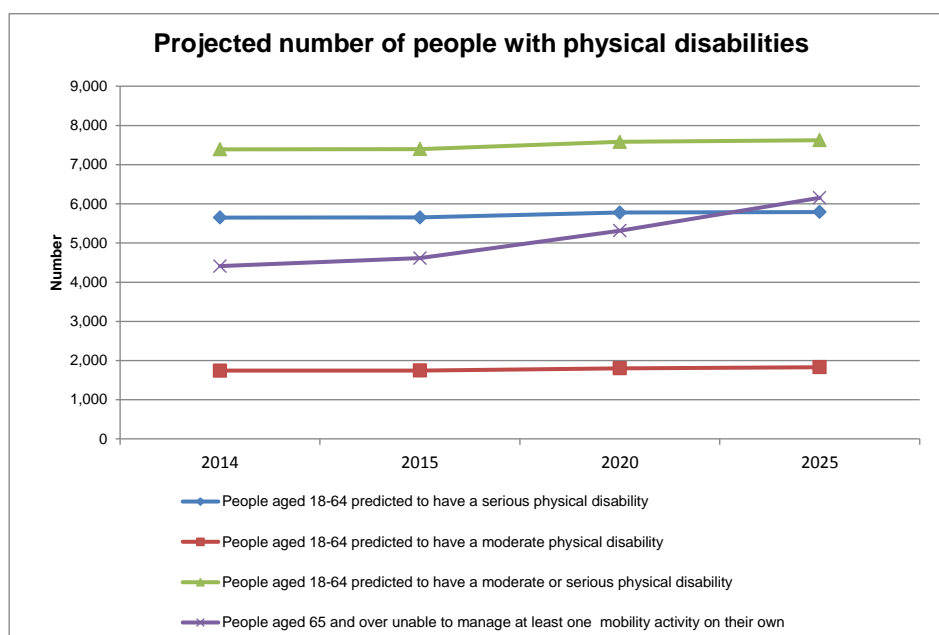
<sup>150</sup>

[https://search3.openobjects.com/mediamanager/gloucs/glofamilies/files/children\\_and\\_young\\_people\\_0-24\\_years\\_with\\_special\\_educational\\_needs\\_and\\_disabilities\\_-\\_needs\\_analysis\\_v1\\_0.pdf](https://search3.openobjects.com/mediamanager/gloucs/glofamilies/files/children_and_young_people_0-24_years_with_special_educational_needs_and_disabilities_-_needs_analysis_v1_0.pdf)

<sup>151</sup> Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

<sup>152</sup> Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

Figure 79 shows the number of people with a moderate or serious physical disability is projected to increase marginally between 2014 and 2025. In contrast the number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase steeply during the period, from 4,411 in 2014 to 6,155 in 2025. This increase is likely to result in a noticeable increase in demand for health and social care services.



*Figure 79: Projected number of people with moderate or serious physical disability (aged 18-64)<sup>153</sup> or unable to manage at least one mobility activity on their own, 2014-2025<sup>154</sup>*

In 2014 there was an estimated 2,113 people aged 18+ with a learning disability living in Stroud. Figure 80 shows the number of people aged 18+ with a learning disability is forecast to increase to 2,249 people by 2025, this represents an increase of 136 people or 6.4%.

<sup>153</sup> Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

<sup>154</sup> Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

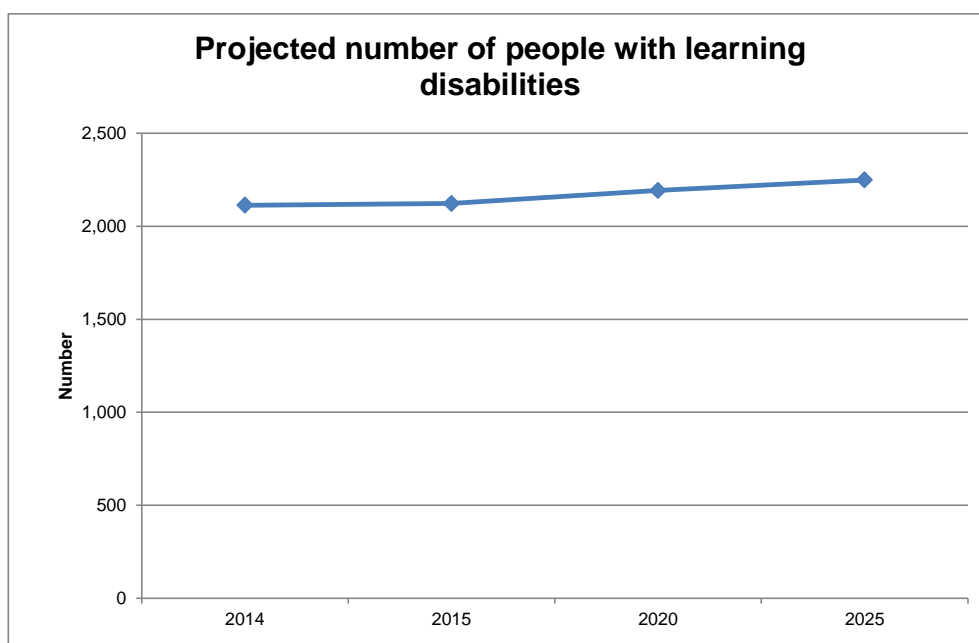


Figure 80: Projected number of people aged 18+ with a learning disability, 2014-2025<sup>155</sup>

#### 6.2.4 Experiences and outcomes of people with disabilities

National research has shown people with disabilities are more likely to be at risk of poor outcomes than their peers. A report by the Office for Disability Issues shows that nationally people with disabilities are<sup>156</sup>:

- More likely to live in poverty, 19% of individuals in families with at least one disabled member live in relative income poverty compared to 15% of individuals in families with no disabled member.
- More likely to experience unfair treatment at work than non-disabled people. In 2008, 19% of disabled people experienced unfair treatment at work compared to 13% of non-disabled people.
- More likely to be victims of crime than non-disabled people. This gap is largest amongst 16-34 year-olds where 39% of disabled people reported having been a victim of crime compared to 28% of non-disabled people.
- Less likely to live in households with access to the internet than non-disabled people. In 2011, 61% of disabled people lived in households with internet access, compared to 86% of non-disabled people

Local data also shows people with disabilities are:

- Less likely to be in employment than non-disabled people. During the period April 2014-March 2015, 76.5% of working age disabled people

<sup>155</sup> *Ibid.*

<sup>156</sup> Department for Work and Pensions and Office for Disability Issues, Disability Facts and Figures <https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures> Accessed 07/05/2015.

were employed in Stroud, compared to 83.4% of non-disabled people<sup>157</sup>.

- Less likely to achieve 5 or more GCSE's grades A\*-C. In Gloucestershire, in 2014 21.4% of pupils with SEN but without a statement and 8.1% of pupils with a statement of SEN achieved 5+GCSE A\*-C grades including English and mathematics, this compares to 68.1% of pupils without SEN<sup>158</sup>.
- Less likely to participate in sport. In Gloucestershire in 2012/13, 20.1% of people with a limiting illness or disability participated in sport at least once a week, compared to 39.8% of people without a limiting illness or disability<sup>159</sup>.

However there is also evidence to suggest people with disabilities are increasingly achieving great things, and building better lives. Employment rates for disabled people in Gloucestershire are improving, children with Special Education Needs are achieving greater success at GCSE Level and participation of disabled people in sports is increasing<sup>160</sup>.

### 6.3 Mental health

Unfortunately, very little mental health data is published at a district level, as it is generally recorded at an Upper Tier Local Authority or CCG level by organisations such as Public Health England and the HSCIC. The only available data at a district level is either heavily modelled from national estimates, or only gives very small and unreliable pieces of information around the highest levels of need, all of which would give an unrepresentative message on the levels of mental health need in each district. County and CCG level mental health data can be found on various Public Health England portals here:

<http://fingertips.phe.org.uk/profile-group/mental-health>

### 6.4 Long-term conditions

About 15 million people in England have a long-term condition<sup>161</sup>. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment.

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<sup>157</sup> ONS, Annual Population Survey <https://www.nomisweb.co.uk> Accessed 07/08/2015.

<sup>158</sup> DfE Sfr 50/2014.

<sup>159</sup> Active People Survey, Sport England

[http://archive.sportengland.org/research/active\\_people\\_survey/active\\_people\\_survey\\_7.aspx](http://archive.sportengland.org/research/active_people_survey/active_people_survey_7.aspx)  
Accessed 30/04/2015.

<sup>160</sup> Strategic Needs Analysis Team, Children and young people (0-24) with Special Educational Needs and Disabilities (SEND) - Needs Analysis

[https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children\\_and\\_young\\_people\\_0-24\\_years\\_with\\_special\\_educational\\_needs\\_and\\_disabilities\\_-\\_needs\\_analysis\\_v1\\_0.pdf](https://search3.openobjects.com/mediamanager/gloucs/glosfamilies/files/children_and_young_people_0-24_years_with_special_educational_needs_and_disabilities_-_needs_analysis_v1_0.pdf)

Accessed 28/04/2015.

<sup>161</sup> Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease)<sup>162</sup>.

People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure<sup>163</sup>.

Projections for the future of long-term conditions are not straightforward. The Department of Health (based on self-reported health) estimates that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising.<sup>164 165</sup>

#### Key

	Significantly higher than Gloucestershire average
	Not significantly different to Gloucestershire average
	Significantly lower than Gloucestershire average

Condition	CCG prevalence	Cheltenham	Forest of Dean	Gloucester City	North Cotswold	South Cotswold	Stroud and Berkeley Vale	Tewkesbury
Hypertension	13.92%	12.82%	16.48%	13.25%	16.28%	14.57%	14.01%	14.17%
Asthma	6.49%	6.41%	7.33%	6.07%	6.60%	6.72%	6.81%	5.96%
Depression (18+)	6.24%	6.44%	8.29%	6.51%	5.00%	5.93%	5.58%	4.68%
Diabetes (17+)	6.12%	5.31%	7.35%	7.02%	6.06%	5.55%	5.70%	5.90%
Chronic Kidney Disease (18+)	6.01%	5.42%	7.39%	6.09%	6.23%	6.38%	6.06%	4.96%
Hypothyroidism	4.64%	4.36%	5.22%	4.60%	5.28%	5.06%	4.42%	4.46%
Coronary Heart Disease	3.19%	2.95%	3.84%	3.01%	3.78%	3.14%	3.30%	3.12%
Cancer	2.38%	2.40%	2.54%	1.94%	3.20%	2.60%	2.63%	2.23%
Atrial Fibrillation	1.87%	1.78%	2.09%	1.53%	2.61%	2.26%	1.95%	1.91%
Stroke	1.87%	1.79%	2.36%	1.64%	2.34%	1.94%	1.84%	1.97%
COPD	1.68%	1.69%	2.11%	1.64%	1.65%	1.61%	1.62%	1.52%
Epilepsy (18+)	0.86%	0.82%	1.01%	0.94%	0.76%	0.70%	0.80%	0.88%
Dementia	0.76%	0.78%	0.86%	0.65%	0.87%	0.83%	0.84%	0.64%
Mental Health	0.74%	0.86%	0.71%	0.77%	0.66%	0.53%	0.73%	0.57%
Heart Failure	0.69%	0.74%	0.92%	0.62%	0.61%	0.70%	0.69%	0.52%

Figure 81: Long term conditions. All data from 2013/14, aside from Chronic Kidney Disease which is 2012/13. Data not age standardised. Data is dependent on GPs diagnosing and recording conditions correctly.<sup>166</sup>

<sup>162</sup> Ibid.

<sup>163</sup> Ibid

<sup>164</sup> The Kings Fund <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

<sup>165</sup> Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

<sup>166</sup> PHE GP Profiles <http://fingertips.phe.org.uk/profile/general-practice/data#mod,1,pyr,2014,pat,19,par,E38000062,are,-,sid1,3000008,ind1,273-4,sid2,-,ind2,->

Accessed 02/07/2015

For the majority of long term conditions (LTCs) recorded on QOF disease registers, Stroud and Berkeley Vale locality has a similar prevalence rate to the county as a whole, although it is significantly higher for cancer. QOF data is not age standardised, and as such the fairly low prevalence of LTCs is likely to reflect the locality's average age structure and also low deprivation levels.

QOF registers only capture people who have been diagnosed by their GP as such they may not reflect the true level of need in the locality. It is also worth noting that this data is recorded at a GP level, it reflects which GP they attend, not necessarily where they live. The data is presented at GP Locality level rather than district, although they are largely the same.

Prevalence rates of LTCs in localities are likely to have implications for health and social care spend.

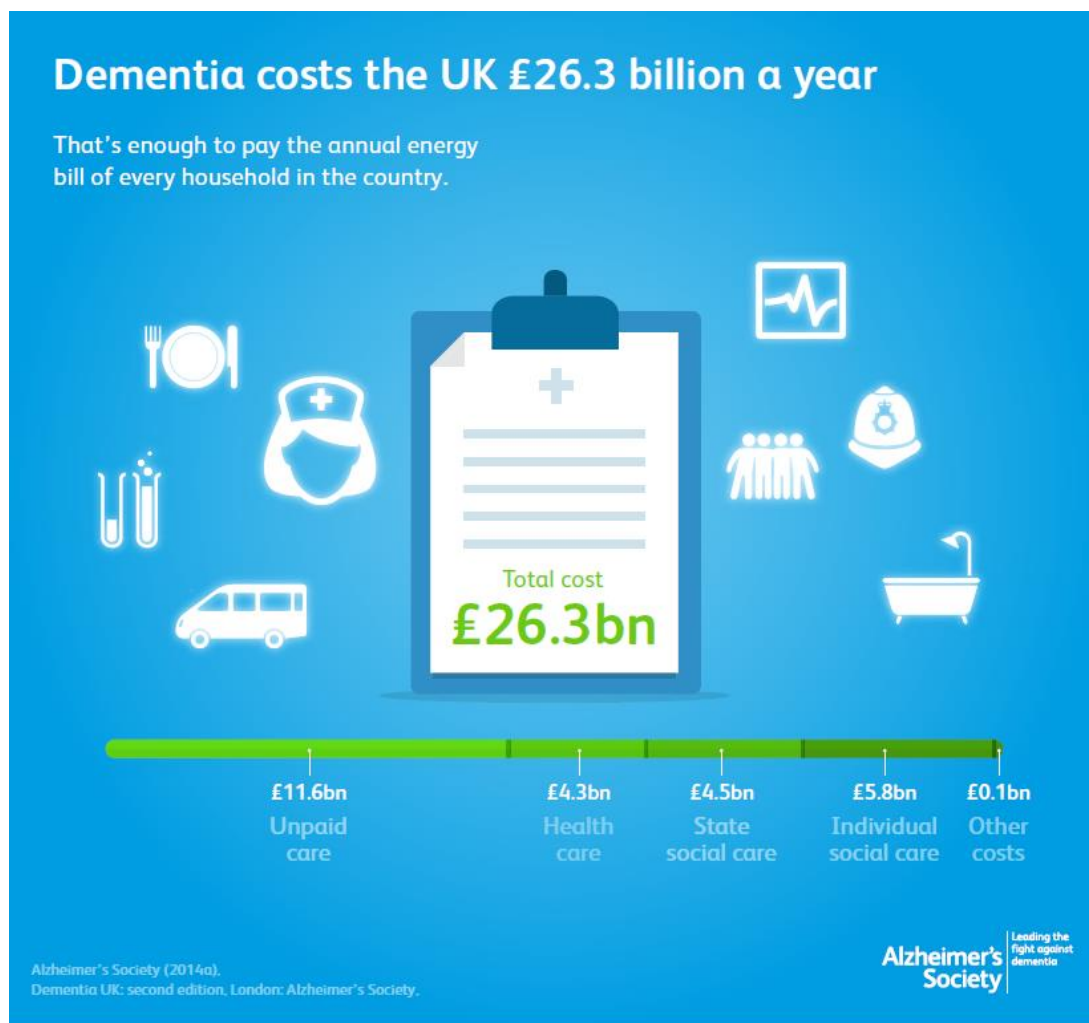
## 6.5 Dementia

There are 850,000 people estimated to be living with dementia in the UK<sup>167</sup> though recent research suggests that actual prevalence may be lower<sup>168</sup>. The cost to the country has been estimated at £26.3 billion a year as shown in the following infographic.

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<sup>167</sup> Alzheimer's Society, 2014, Dementia UK 2<sup>nd</sup> Edition, <http://www.alzheimers.org.uk/dementiauk>

<sup>168</sup> Yu-Tzu Wu *et al*, 2015, Dementia in western Europe: epidemiological evidence and implications for policy making, The Lancet, [http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422\(15\)00092-7/abstract](http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422(15)00092-7/abstract)



*Figure 82: National dementia costs<sup>169</sup>*

The Alzheimer's Society has produced a comprehensive report detailing the evidence of dementia need and costs<sup>170</sup>.

There are estimated to be over 1,750 people aged 65 and over with dementia in Stroud and this is forecast to rise by over two thirds to over 2,940 in 2030. Over 62% are women.

<sup>169</sup> Alzheimer's Society, Dementia 2014 infographic, <http://www.alzheimers.org.uk/infographic>

<sup>170</sup> Alzheimer's Society

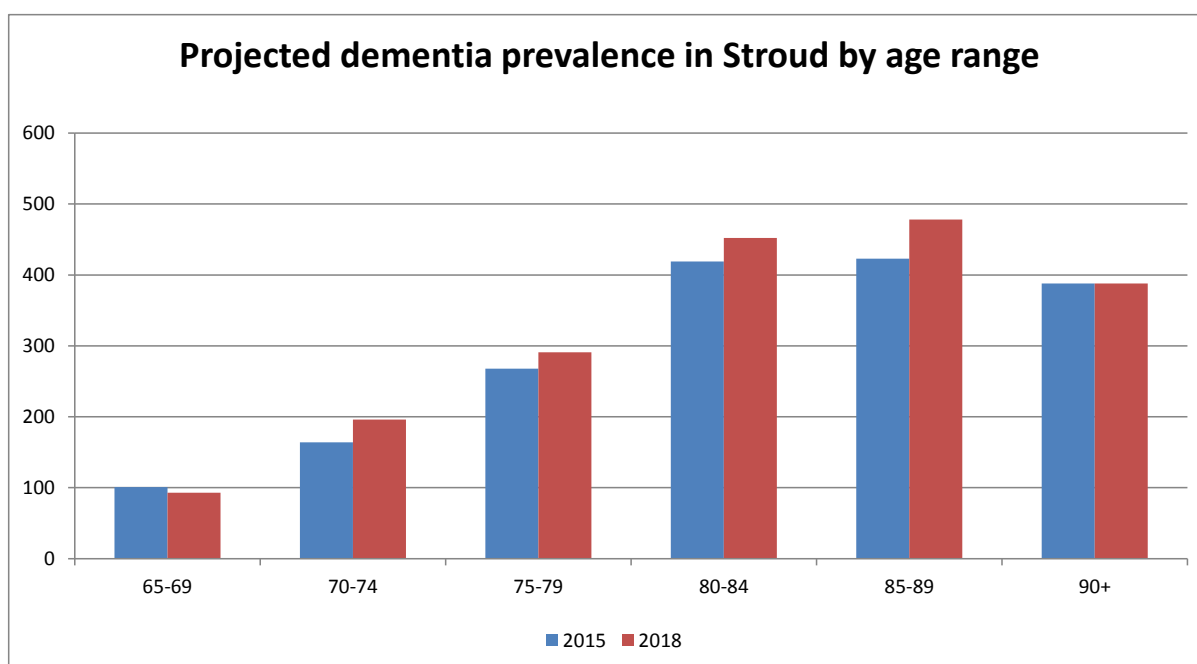


Figure 83: Predicted dementia prevalence by age in Stroud<sup>171</sup>.

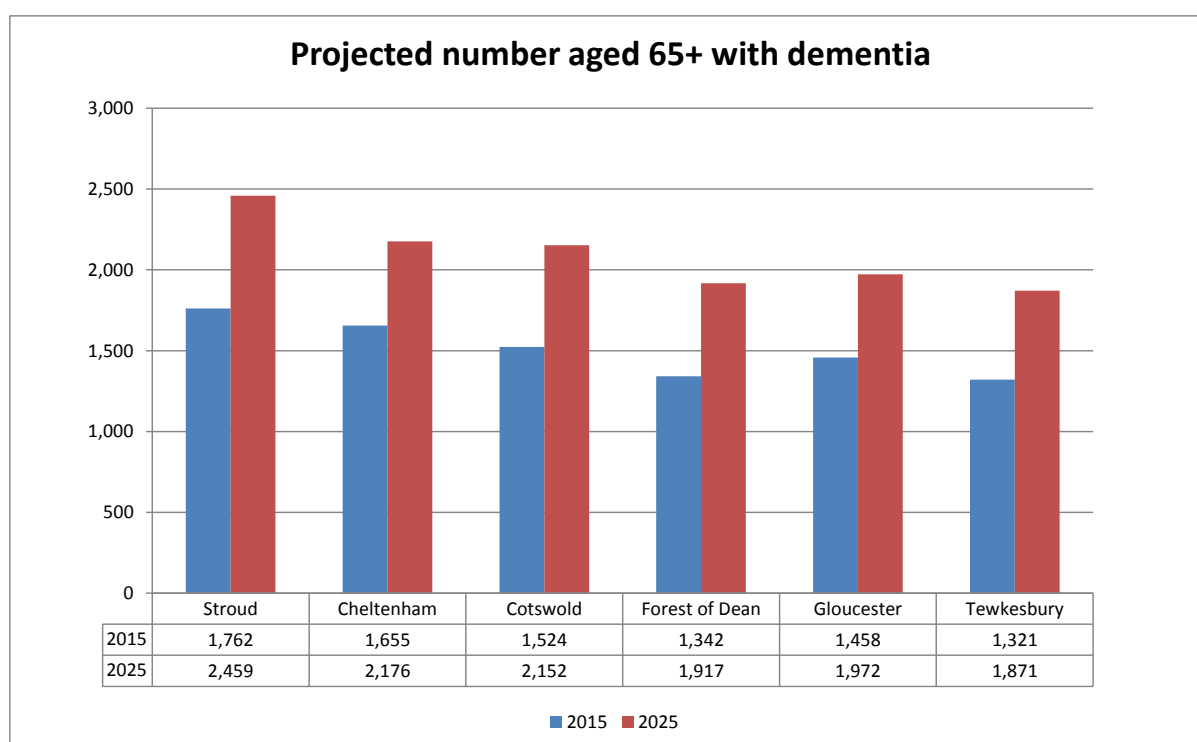


Figure 84: Predicted number aged 65+ with dementia 2015-2025<sup>172</sup>

The main risk factors for dementia are type 2 diabetes, hypertension, midlife obesity, depression, low levels of physical activity and smoking

Using modeled GP practice data we can see where those with dementia are most likely to live.

<sup>171</sup> POPPI, 2015

<sup>172</sup> *Ibid.*

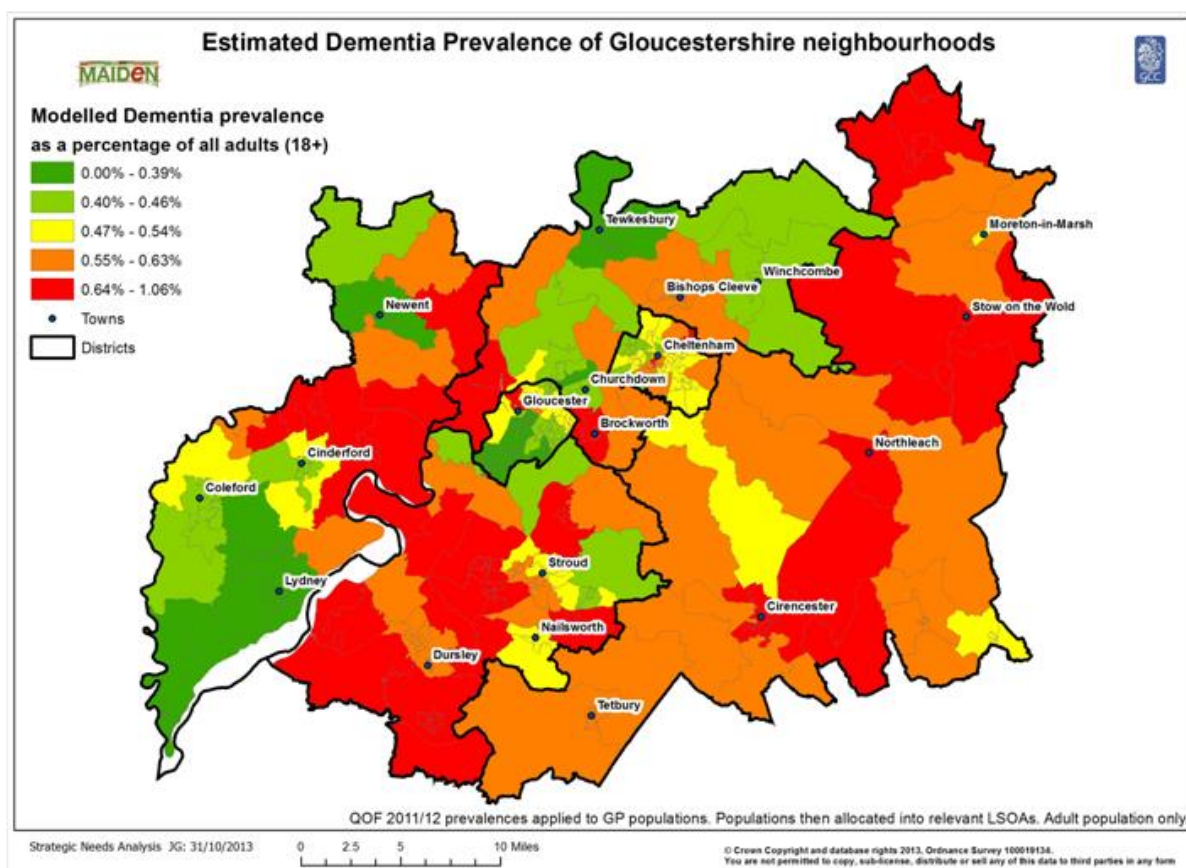


Figure 85: Estimated dementia prevalence of Gloucestershire neighbourhoods

## 6.6 Service use profile – community based care

In 2014/15 2,217 people received community-based adult social care services in Stroud District<sup>173</sup>. The rate per 100,000 population (see Figure 86 below) is the third highest in the county. In Stroud, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.

<sup>173</sup> Gloucestershire County Council, 2015

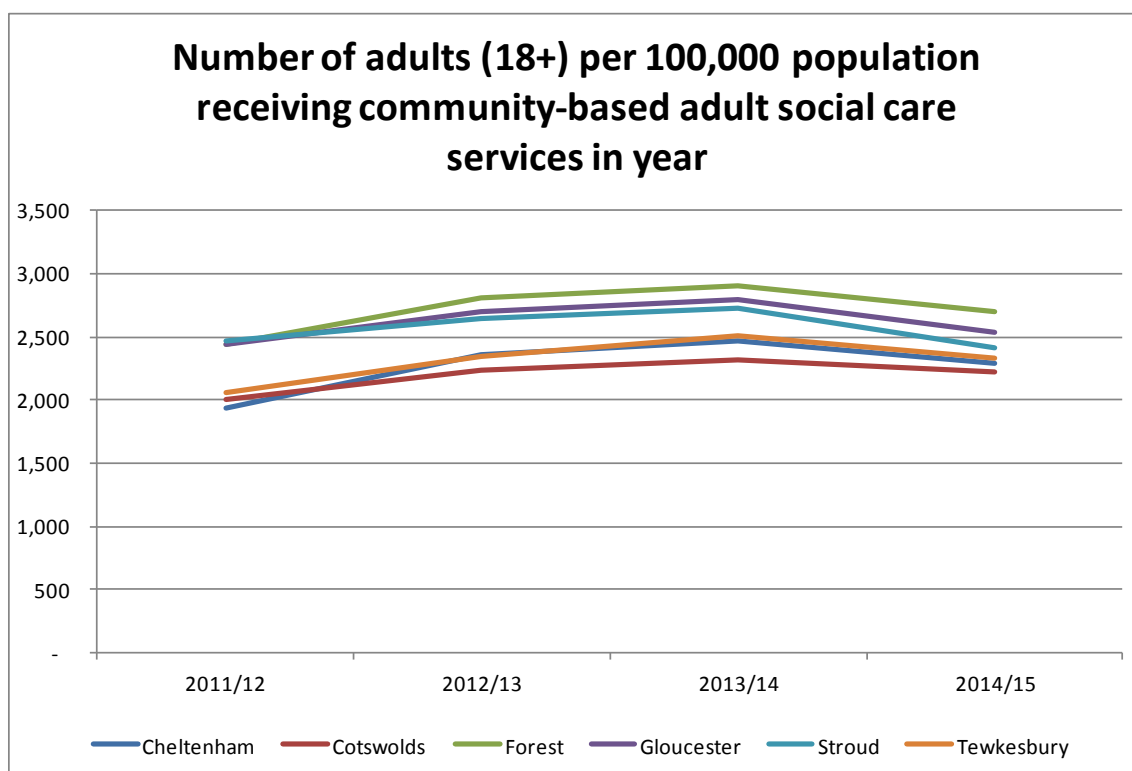


Figure 86: Adults who received any community based support during the year per 100,000 2011/12 – 2014/15

## 6.7 Service use profile – residential and nursing care

Eventually many adults with social care needs have to move in to residential or nursing care. There were 335 adults in residential care and 259 in nursing care in Stroud in 2014/15. The following graph shows that Stroud has the third lowest rate of people in residential care in the county in recent years. For nursing care, between 2011/12 and 2013/14 Stroud had a substantially higher rate than the other Districts. In 2014/15 the rate had reduced to such an extent that it is now close to the county average<sup>174</sup>.

<sup>174</sup> Ibid.

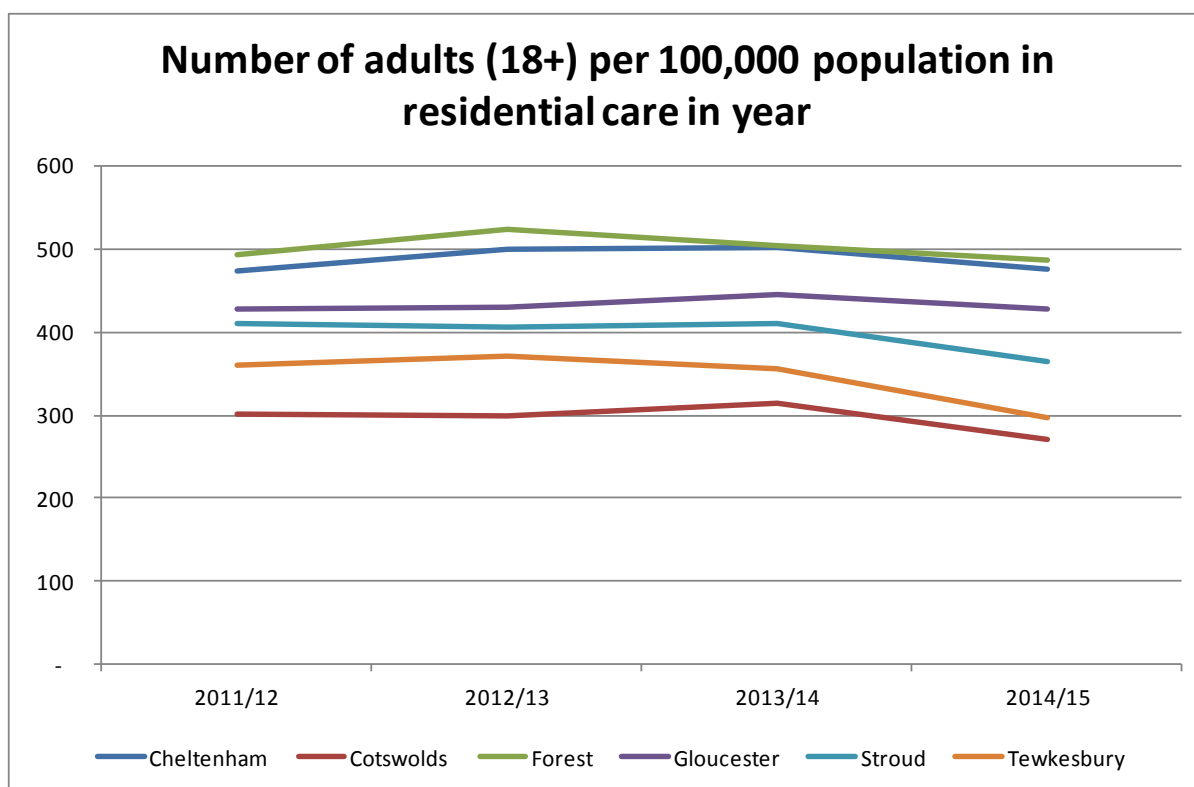


Figure 87: Adults in residential care during the year per 100,000 2010/11-2013/14<sup>175</sup>

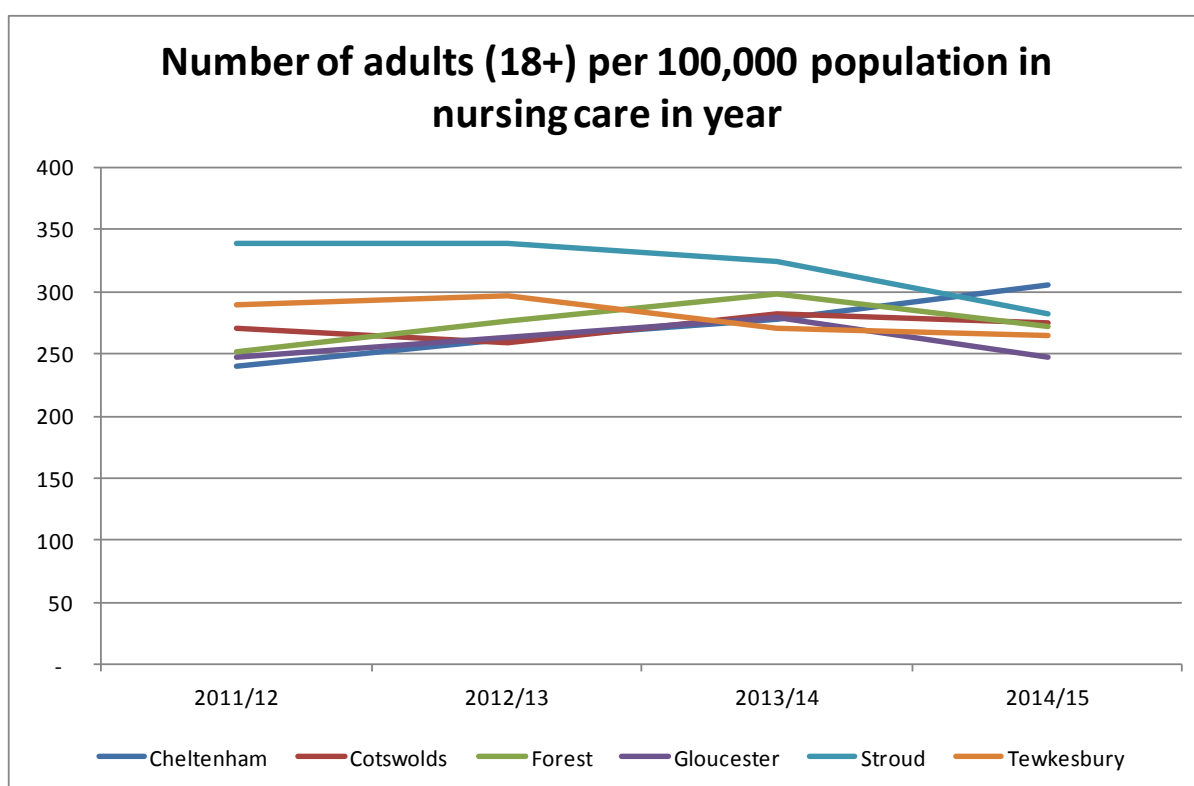


Figure 88: Adults in nursing care during the year per 100,000 2010/11-2013/14<sup>176</sup>

<sup>175</sup> Ibid.

It should be noted that for all types of ongoing care there is a general trend of reducing numbers of services locally, regionally and nationally. This is happening at a time when levels of need will be increasing as the population ages. This reduction in the numbers of people receiving such services can only be achieved by reducing the level of their needs through services such as reablement or telecare or their needs being met in the community.

## **6.8 Place of death**

The national End of Life Care Strategy<sup>177</sup> sets out an ambition to provide all adults nearing the end of life, regardless of diagnosis, access to high quality care and to support more people to realise their choices and preferences for care. Survey data suggests that many people would, given the choice, prefer to die at home and few wish to die in hospital.

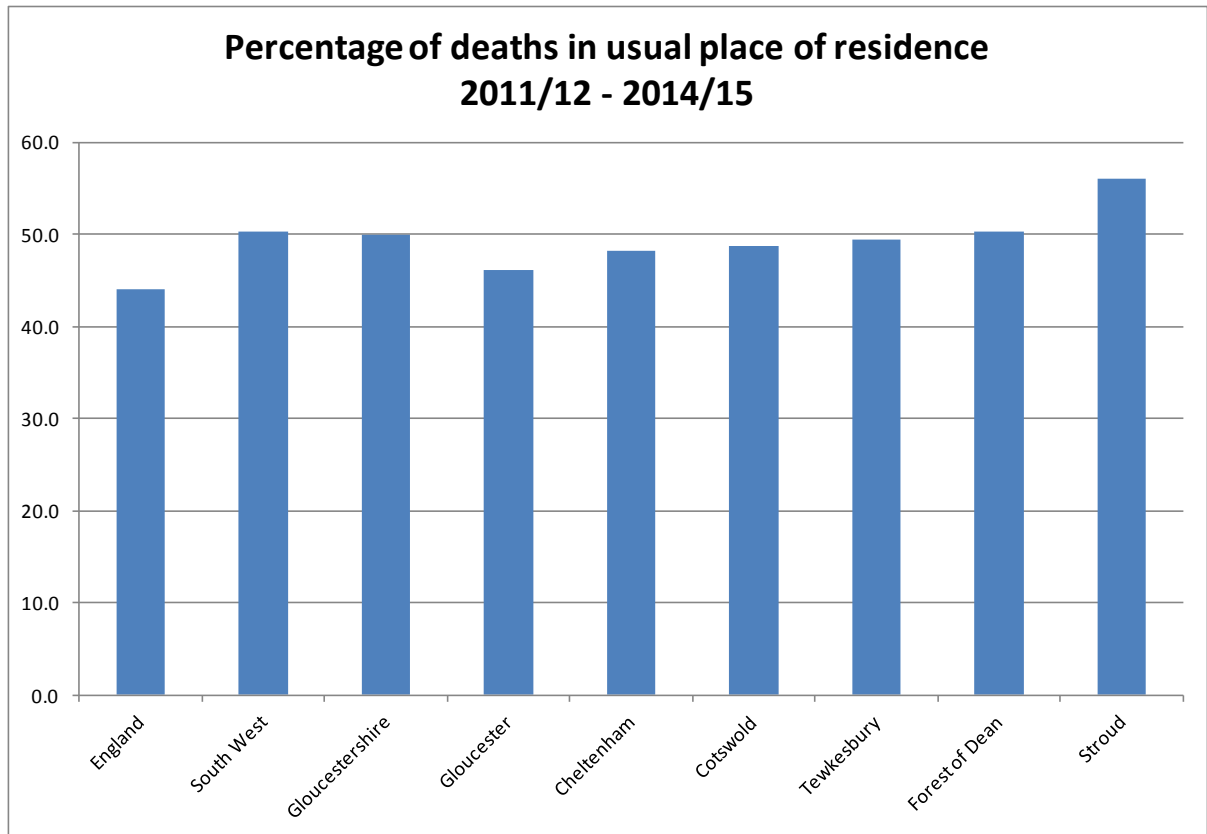
56.1% of Stroud District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Stroud performs significantly better in this regard than England (44.1%) and for Gloucestershire as a whole (50%). In 2014/15, of Stroud residents who died, 27% died at home, 39% died in hospital, 29% died in a care home, 2% in a hospice and 2% in other places<sup>178</sup>.

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<sup>176</sup> *Ibid.*

<sup>177</sup> Department of Health, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136431/End\\_of\\_life\\_strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf), 2008

<sup>178</sup> National End of Life Care Intelligence Network, [http://www.endoflifecare-intelligence.org.uk/data\\_sources/place\\_of\\_death](http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death), 18/11/2015



*Figure 89: Deaths in usual place of residence 2011/12 – 2014/15*

## 6.9 Key messages

- While overall health tends to be good, this is not true for everyone and for every part of the district. Some groups of individuals, such as those on lower incomes, people from certain ethnic groups and people with mental health problems, may experience poorer health outcomes.
- According to the 2011 Census 16.7% of Stroud residents (18,852 people) reported having a long term health problem or disability, this was in line with the county average and below the regional and national average.
- In February 2015 there were 7,290 people claiming Disability Living Allowance or Attendance Allowance in Stroud, representing 6.3% of the total population, this was lower than the county, regional and national averages.
- Analysis of disability living allowance and attendance allowance claimants show Stroud had a lower proportion of disability benefit claimants than the county and national average.
- Arthritis was the most commonly reported disabling condition in Stroud, representing over a fifth (22%) of all claims, this reflects the county and national trend.

- In 2013/14 there were 2,585 children and young people in maintained schools in Stroud with Special Educational Needs, this equates to 16.4% of pupils, which was broadly in line with the county average.
- The total number of pupils with Special Educational Needs in Stroud schools has been falling since 2009/10. During this period the number of people with the lowest level of need have declined, while those with higher levels of need have increased.
- Information about the primary need (or condition) is recorded for all pupils at School Action Plus or with a Statement of Special Educational Needs. The most common category of need in Stroud schools was Behavioural, Emotional and Social Difficulties, this differs from the picture seen at county level where the most common category of need was Speech, Language and Communication Needs.
- In 2014 there was an estimated 5,649 people aged 18-64 with a severe or moderate physical disability living in Stroud and an additional 4,411 people aged 65+ who are unable to manage at least one mobility activity on their own.
- The number of people with a moderate or serious physical disability is projected to increase marginally between 2014 and 2025. In contrast the number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase steeply.
- In 2014 there was an estimated 2,113 people aged 18+ with a learning disability living in Stroud. The number of people aged 18+ with a learning disability is forecast to increase to 2,249 people by 2025, this represents an increase of 136 people or 6.4%.
- For the majority of long term conditions (LTCs) recorded on QOF disease registers, Stroud and Berkeley Vale locality has a similar prevalence rate to the county as a whole, although it is significantly higher for cancer.
- There are estimated to be over 1,750 people aged 65 and over with dementia in Stroud and this is forecast to rise by over two thirds to over 2,940 in 2030.
- In 2014/15 2,217 people received community-based adult social care services in Stroud District. The rate per 100,000 population is the third highest in the county.
- There were 335 adults in residential care and 259 in nursing care in Stroud in 2014/15. Stroud has the third lowest rate of people in residential care in the county in recent years. For nursing care, between 2011/12 and 2013/14 Stroud had a substantially higher rate than the other Districts. In 2014/15 the rate had reduced to such an extent that it is now close to the county average.

- 56.1% of Stroud District residents who died between 2011/12 and 2014/15 did so in their usual place of residence. 'Usual place of residence' includes deaths that occurred at home, care home or religious establishment. Stroud performs significantly better in this regard than England (44.1%) and for Gloucestershire as a whole (50%).

## **7. Healthy and Sustainable Places and Communities**

### **7.1 About this section**

Local communities already play a huge role in meeting the needs of their residents. This happens in many ways, such as formal voluntary groups, informal networks of friends or adults and children caring for their loved ones. As levels of need increase in a challenging financial climate for the state sector the importance of community contribution can only increase.

### **7.2 Community Assets**

There is already a wealth of community activity taking place across Gloucestershire in neighbourhoods, villages through clubs, interest groups and community organisations. Some of these activities take place with the support and involvement of the public sector in Stroud District. Even more communities thrive through the enthusiasm and commitment of their own members and the creativity and drive of local people.

We recognise that there is a host of other community assets that meet people's needs across the district and we intend to develop an evidence base that much better captures both the extent of such assets and the value they provide to the community. Understanding the needs of the population and the performance of the services they use is useful but it is only part of the picture; a vital part of any needs assessment and commissioning process is hearing the voice of the people who live in the area. What people say about their needs and the services they use gives important information on how to improve the services being commissioned in a way that responds to the needs of the population.

It is also recognised that real, sustainable change, can only come from the local community itself by harnessing the energy, skill and commitments ('assets') of local people and that by understanding these assets we will be better placed to support communities.

The 'Call for Evidence' seeks to gather the views and opinions of Voluntary & Community Sector (VCS) organisations in Gloucestershire to better understand the needs of the people & communities that they serve. It also aims to collect evidence around community assets, which could include physical assets, community networks and much more.

The timeline and details about the 'Call for Evidence' are still to be determined but it will primarily focus on the five priorities set out in the Gloucestershire Health and Wellbeing Strategy and more information will be available on Inform Gloucestershire in due course.

### 7.3 Carers

The role of carers can often be complex with many also in full time employment or education as well as having to care for loved ones. This increased pressure in the life of a carer can lead to having a negative impact on the health and wellbeing of the carer (a recent survey found that 6 out of 10 carers had reached breaking point with a quarter of those requiring medical treatment as a result, 63% suffered from depression and 79% reported anxiety<sup>179</sup>). Records of carers whose needs have been assessed by Gloucestershire County Council reveal that approximately 85% of carers are either the wife/husband/partner or son/daughter. Carers can be classified into 4 generalised groups;

- Parent Carers – combining caring for a child with special needs alongside other childcare responsibilities (estimated at 8% of total carers, locally this equates to an estimated 1,028 parent carers in Stroud District)
- Sandwich Carers – Combining looking after an older relative alongside childcare responsibilities (estimated at 3.5% of people aged 35-69 which, when equating this to Stroud District's total 35-69 population, is an estimated 1,976).
- Caring for more than one person – The Survey of Carers in Households estimates that up to 17% of carers care for more than one person<sup>180</sup> (Stroud District estimate 2,184).
- Mutual Carers – Examples are two older people living together, or a person with learning difficulties providing care for his/her parents.

A total of 12,800 people in Stroud District provided unpaid care each week in 2011, representing 11.4% of the population. This number of unpaid carers in Stroud District has risen by 12% since 2001 and is expected to rise by at least another 7% by 2017 due mainly to the increasing number of older people.<sup>181</sup>

The ageing population is also likely to lead to a substantial increase in the number of mutual carers, generally older married couples looking after each other. The latest data from Projecting Older People Population Information (POPPI) supports this in regards to carers aged 65 and over. When applied locally to Stroud District, projects a 9% increase of these carers in the next 4 years (see Figure 90).

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<sup>179</sup> [Carers At Breaking Point](https://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report), Carers UK: <https://www.carersuk.org/for-professionals/policy/policy-library/carers-at-breaking-point-report>

<sup>180</sup> [Survey of Carers in Households 2009/10](http://www.hscic.gov.uk/catalogue/PUB02200/surv-care-hous-eng-2009-2010-rep1.pdf): <http://www.hscic.gov.uk/catalogue/PUB02200/surv-care-hous-eng-2009-2010-rep1.pdf>

<sup>181</sup> ONS, 2011 Census and [Inform Gloucestershire Census Page](#), "Unpaid Care" spreadsheet

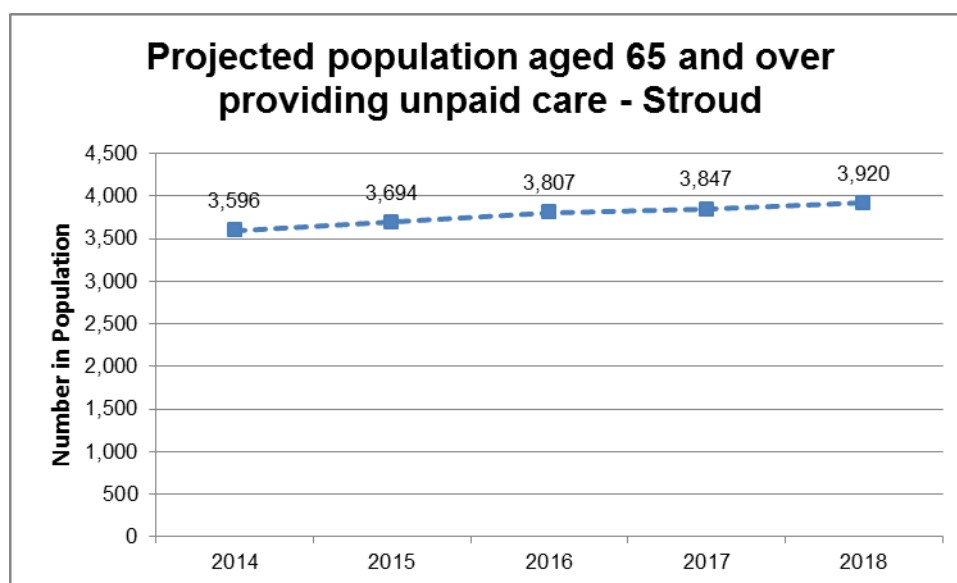


Figure 90: People aged 65 and over providing unpaid care to a partner, family member or other person

Figure 91 is taken from the most comprehensive information produced regarding carers and shows the broad age breakdown of carers. This information comes from the Provision of Care data from the 2011 Census and shows the proportion of the total population that provide unpaid care. For both Stroud District and Gloucestershire as a whole, the highest proportion of each broad age group is found in the 50 to 64 age column.

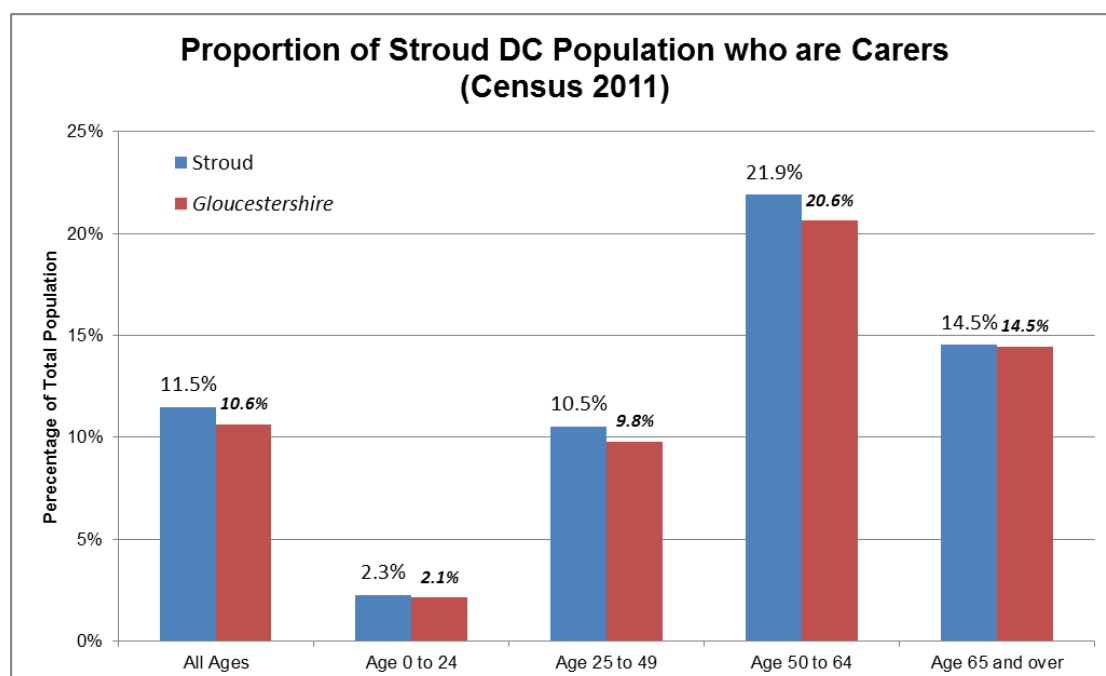


Figure 91: Proportion of Stroud District Population Who Are Carers<sup>182</sup>

<sup>182</sup> Provision of Unpaid Care (DC3301EW) –Census 2011

Young Carers are defined as children and young people under 25 years-old, who provide unpaid care for family members, friends, neighbours or others because of long-term physical or mental ill-health, disability or problems relating to old age.

Nationally there were 413,779 young carers which equates to around 2.5% of the age group <sup>183</sup>. There were 699 young carers in Stroud District (2.3% of total 0-24 population) <sup>184</sup> at Census day in 2011.

Looking at all young carers in the Gloucestershire County Council care system during Quarter 2 2015/16, 14.66% of carers in Gloucestershire come from Stroud District.

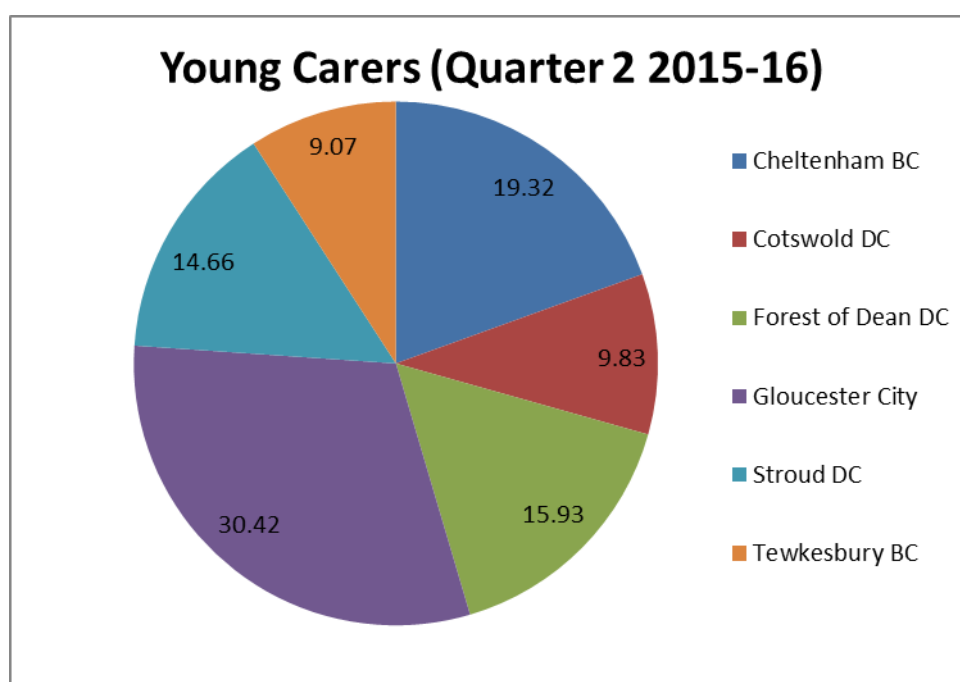


Figure 92: Proportion of Young Carers by District/Borough<sup>185</sup>

Unpaid care relieves pressures on health and social services but adequate state support for these carers is essential to avoid someone who is a carer ending up having to be cared for also. Data capture must be improved locally and nationally (currently mainly available in “projections” except for the ten yearly population census which gives the most comprehensive data available to analyse although this is now 4 years old) in order to understand the true nature and scale of caring and how best to support this group in society. The report published by Carers UK in September 2014 states that “*Carers save the economy an estimated £119 billion per year with the unpaid care they provide, an average of £18,473 per carer*” - what with shrinking funding available to public

<sup>183</sup> Census 2011 (table KS301EW), <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

<sup>184</sup> Provision of Unpaid Care (DC3301EW) –Census 2011

<sup>185</sup> Gloucestershire County Council - Challenge and Performance Team

services to help support carers this estimated saving to the economy will be less and the pressures and costs to public services will increase.

The views of over 500 carers whose needs had been assessed by or on behalf of Gloucestershire County Council were captured in the 2014/15 carers survey<sup>186</sup>. Five measures in the Adult Social Care Outcome Framework (ASCOF) are derived from this survey (Table 34). The following table shows that performance has declined since the last survey. This at least partially reflects the trend nationally. Work is ongoing to understand what underlies these outcomes.

*Table 34: Carers survey – ASCOF measures*

ASCOF measure	Gloucestershire	
	2012-13	2014-15
ASCOF 1D Carer Reported Quality of Life score (composite of responses to 6 survey questions)	7.70	<b>7.40</b>
ASCOF 1I :Proportion of people who use services and their carers who reported that they had as much social contact as they would like	31.3%	<b>26.8%</b>
ASCOF 3B Overall Satisfaction of Carers with Social Services	46.1%	<b>38.5%</b>
ASCOF 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for	69.6%	<b>68.1%</b>
ASCOF 3D The proportion of people who use services and carers who find it easy to find information about services	71.9%	<b>64.6%</b>

## 7.4 Volunteering

Volunteers play a huge role in meeting the needs of people in Stroud. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year<sup>187</sup>.

The County Council's Strategic Needs Analysis Team has recently started work on developing a better understanding of where volunteers live at a local level, using customer segmentation data. Figure 93 uses this information to show the likelihood of residents having a hobby of charity/voluntary work. It shows that in most areas in Stroud the likelihood of having a hobby of charity/voluntary work is higher than the national average. The Lower Super Output Areas where people are least likely to have a hobby of charity/voluntary work are generally the less

<sup>186</sup> NASCIS, 2015, <https://nascis.hscic.gov.uk/>

<sup>187</sup> Community Life Survey England 2013-14, Cabinet Office, 2014.

affluent parts of the district and include areas around Stroud town centre and Cam and Dursley.

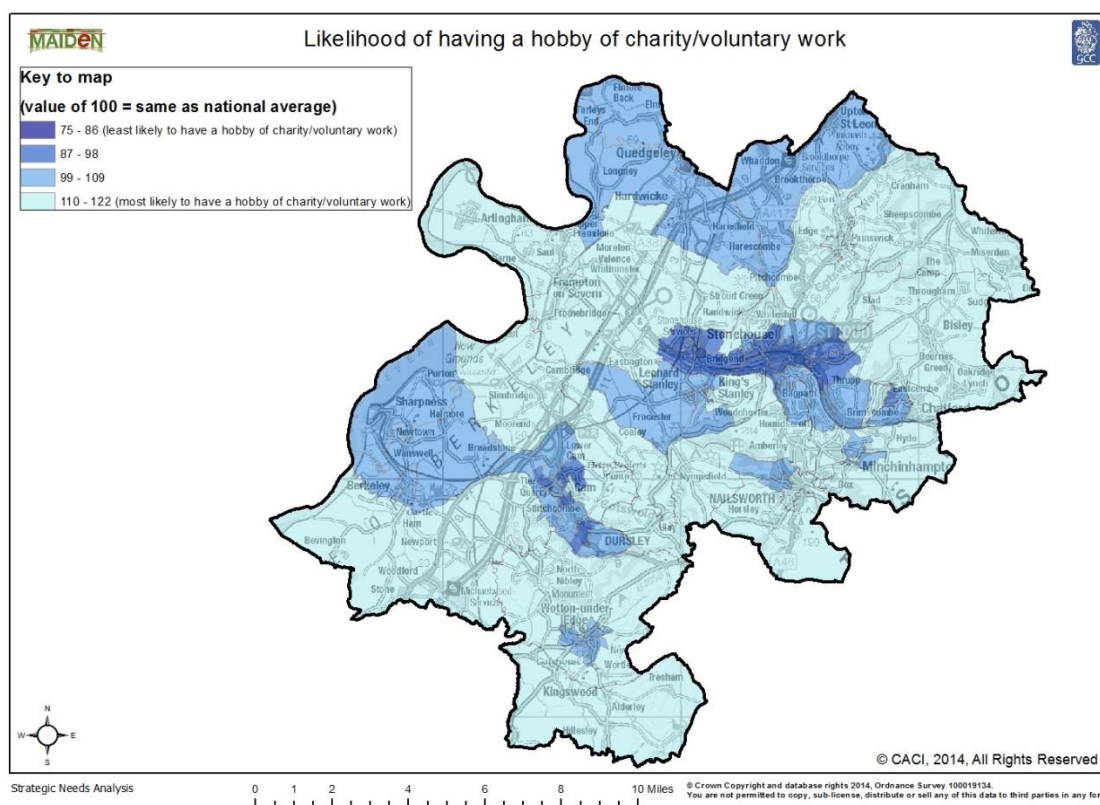


Figure 93: Likelihood of having a hobby of charity/voluntary work<sup>188</sup>

## 7.5 Culture and Leisure

There is a wide and varied choice of cultural and leisure activities in Stroud that improve the health and wellbeing of its residents whilst bringing in tourists which in turn bolsters the economy. Tourism and the visitor economy make an essential contribution to the economic and social wellbeing of local people, businesses, and the environment.

In 2011 tourism industries<sup>189</sup> contributed £0.71 billion to Gloucestershire's economy which represents around 5.77% of the county's total output; this was slightly lower than the national average of 6.25%<sup>190</sup>. This data is not available at district level, however there is other information that will help us develop some understanding of tourism in Stroud.

<sup>188</sup> Acorn, CACI.

<sup>189</sup> This includes transport activities, accommodation for visitors, travel agencies, food and beverage serving activities, transport equipment rental, sporting and recreational activities, and cultural activities.

<sup>190</sup> T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

An important aspect of tourism is accommodation; in 2013 6.6% of all tourism related businesses in England were accommodation businesses<sup>191</sup>. Visit England, the country's national tourist board, has also recognised that maintaining and enhancing the supply of accommodation for visitors is one of the key elements required in order for the tourism industry to expand<sup>192</sup>.

In 2012 there were 117 accommodation businesses in Stroud. Figure 94 shows this was lower than all districts with the exception of Gloucester. The makeup of accommodation businesses differs between areas with the graph showing accommodation businesses in Stroud District were split fairly evenly between serviced accommodation such as hotels and non-serviced or self-catering accommodation, while in Gloucester serviced accommodation accounted for the majority of the total.

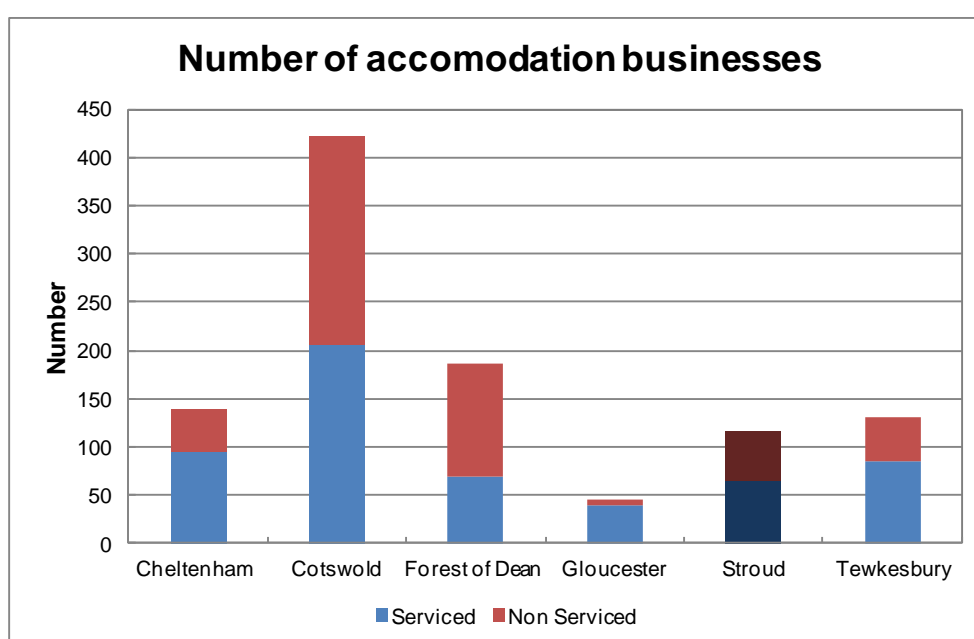


Figure 94: Number of accommodation businesses, 2012<sup>193</sup>

At a national level domestic tourism accounts for the largest share of total visitor economy spending<sup>194</sup>. Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 2,010,000 day trips to Stroud bringing in around £44 million. Figure 95 shows the number of day visits to Stroud was lower than Gloucester, Cheltenham and the

<sup>191</sup> *Ibid.*

<sup>192</sup> England – a strategic framework for tourism 2010-2020  
[http://www.visitengland.org/Images/Strategic%20Framework%20main%20document\\_tcm30-33240.pdf](http://www.visitengland.org/Images/Strategic%20Framework%20main%20document_tcm30-33240.pdf) Accessed 14/12/2015

<sup>193</sup> T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015.

<sup>194</sup> Government Tourism Policy  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/78416/Government2\\_Tourism\\_Policy\\_2011.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78416/Government2_Tourism_Policy_2011.pdf) Accessed 14/12/2015

Cotswolds but higher than the Forest of Dean and Tewkesbury. Visitors spend in Stroud was higher than the Forest of Dean but lower than all other districts.

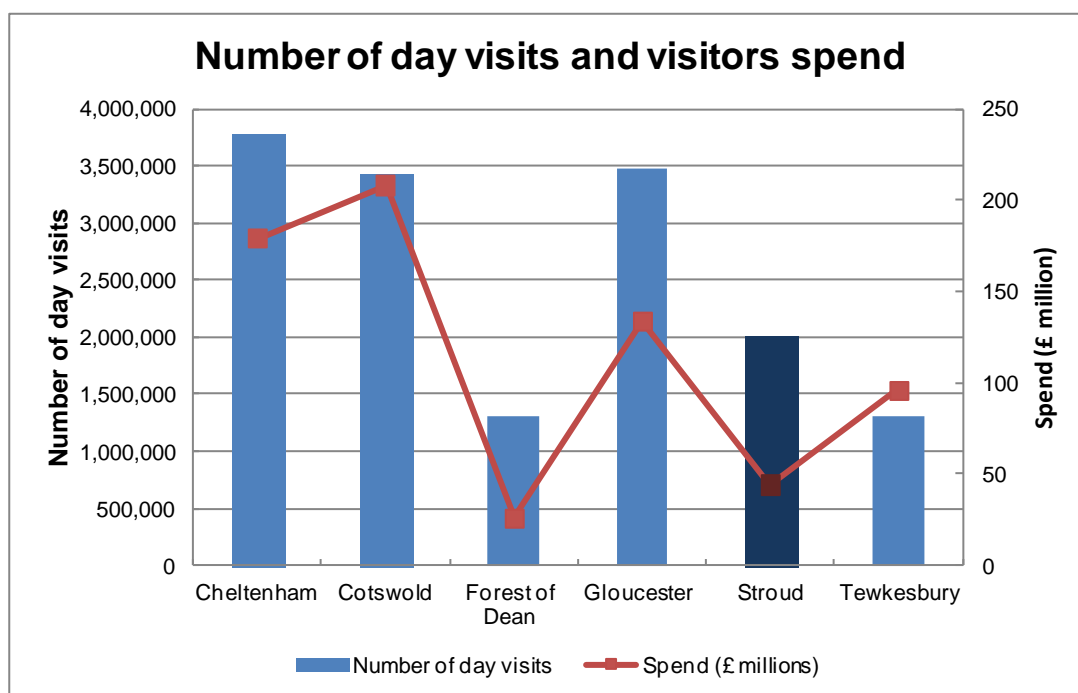


Figure 95: Number of day visits and visitors spend, 2011-2013<sup>195</sup>

In the three year period 2011-2013 there were an estimated 218,000 domestic overnight visits to Stroud District, this contributed around £25 million to the economy. Figure 96 shows the number of domestic overnight visits to Stroud was lower than Gloucester, Cheltenham and the Cotswold but higher than the Forest of Dean and Tewkesbury. Visitors spend was higher than Tewkesbury but lower than all other districts.

<sup>195</sup> T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

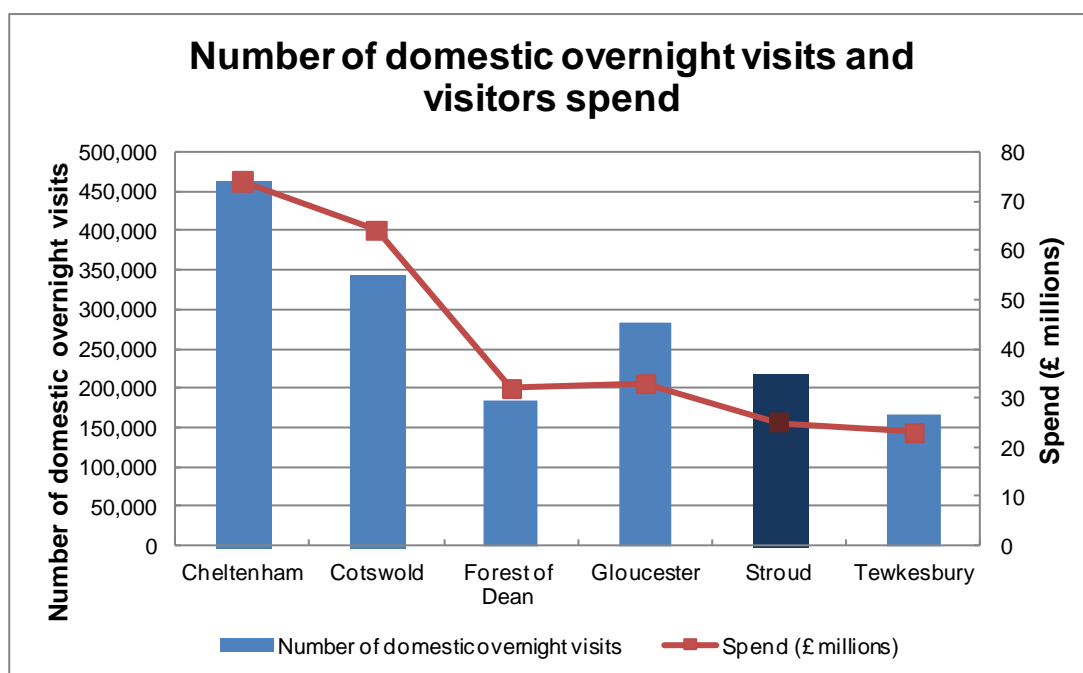


Figure 96: Number of domestic overnight visit and visitors spend, 2011-2013<sup>196</sup>

While domestic tourism accounts for the largest share of total visitor economy spending, trips by overseas visitors play an important role and are a priority for the UK government. This is because a proportion of the spend on domestic tourism would have happened anyway if the visitors had simply stayed at home - whereas foreign visitor spending adds 100p in every pound to the UK's GDP . Information about overseas visitors is recorded at selected town or city level rather than district level, this means it will not capture the full extent of overseas tourism. In the period 2011-13 there were an estimated 27,765 visits to Stroud Town by overseas tourists, information is not available for smaller towns also located within the district.

<sup>196</sup> Ibid.

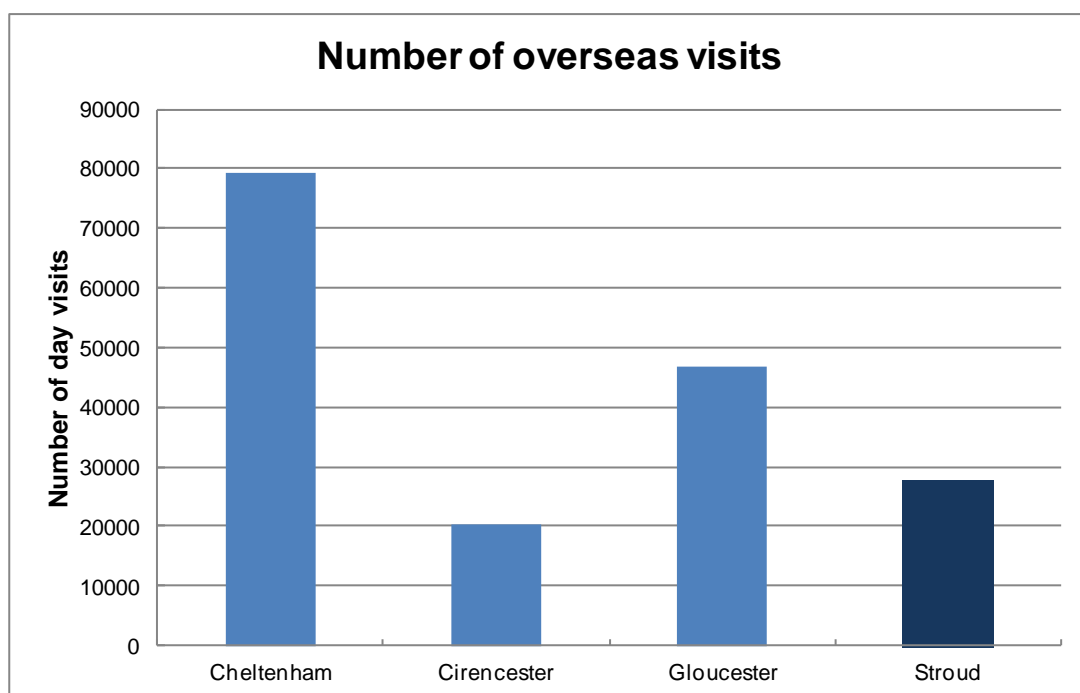
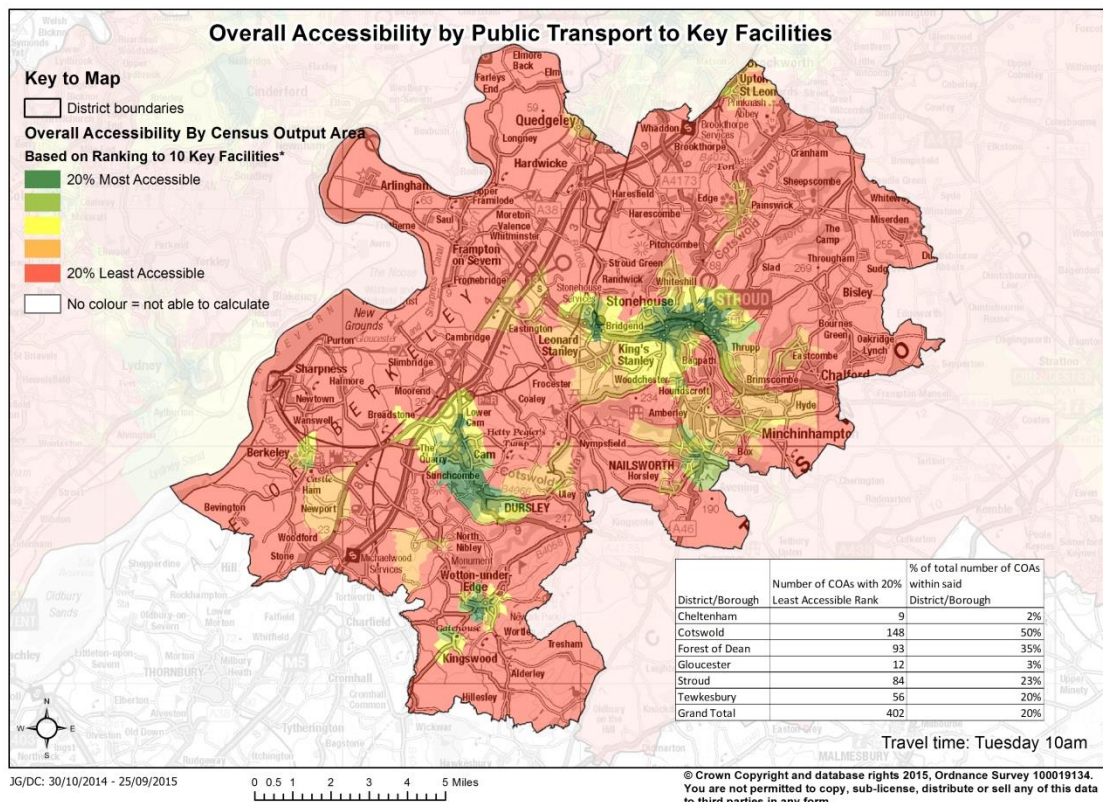


Figure 97: Number of overseas visits, 2011-2013<sup>197</sup>

## 7.6 Transport

Suitable public and community transport can play a key role in reducing social isolation and making all that a community has to offer accessible to those who need it most. Work is just starting on mapping transport usage against need to better understand the effectiveness of transport services in meeting community needs. The following map (Figure 98) shows the variation in accessibility by public transport of key services such as post offices, supermarkets, libraries, schools and GPs across the county

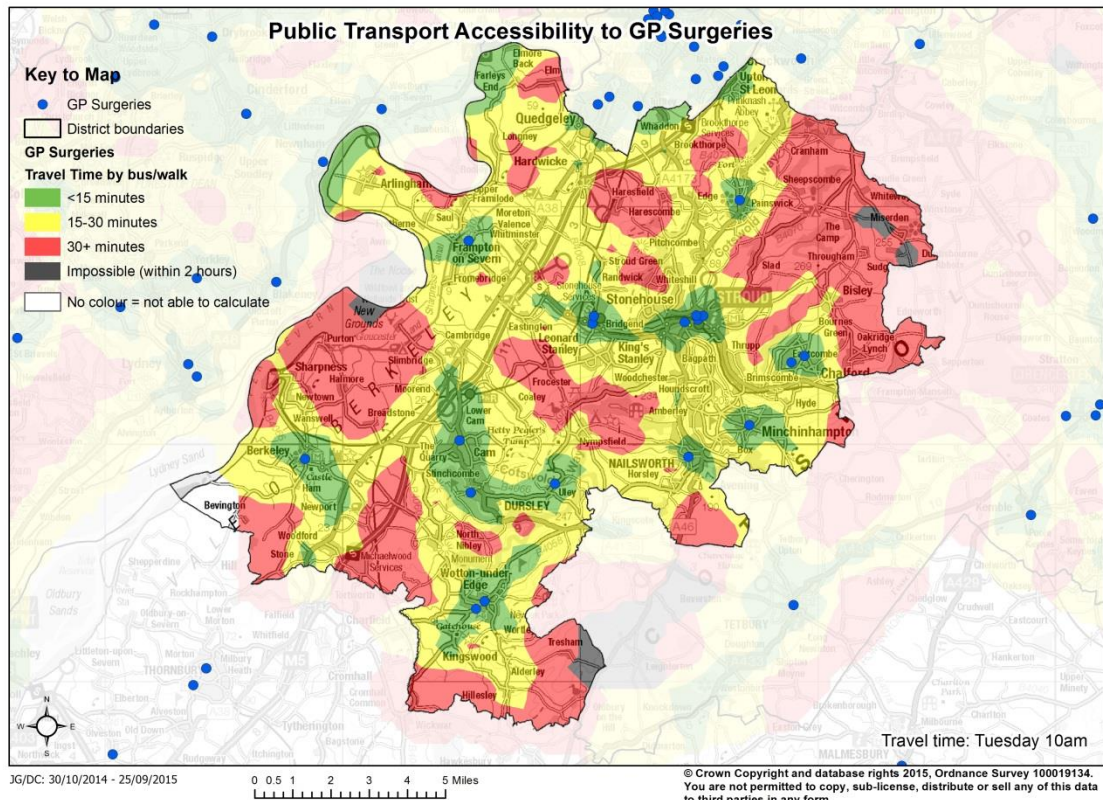
<sup>197</sup> *Ibid.*



*Figure 98: Overall Accessibility by Public Transport to Key Facilities*

The MAIDeN accessibility toolkit 2014<sup>198</sup> both provides accessibility maps and allows interactive production of accessibility reports that can be based on individual postcodes. The second map in this section (Figure 99) focuses solely on GP access if using public transport.

<sup>198</sup> <http://www.maiden.gov.uk/mapsAccess.asp>



*Figure 99: Accessibility to GP Surgeries by Public Transport*

The key facilities covered by the bi-annual MAIDeN Accessibility Matrix are:

- Post Offices
- Supermarkets
- Libraries
- Primary Schools
- Secondary Schools
- Children Centres
- GPs
- Pharmacies
- Emergency Departments (A&E) and Minor Illness/Injury Units (MIUs)

## 7.7 Housing

Housing provision has a direct impact on health, educational achievement, economic prosperity and community safety - all of which are important to the success and wellbeing of communities within Stroud.

### 7.7.1 Housing supply and type

In 2011 there were 47,794 households in Stroud, this represents an increase of 7.1% or 3,177 households since 2001<sup>199</sup>. The number of households in Stroud is projected to increase by 4,000 between 2012 and 2017 (6.3%) and by 11,000 between 2012 and 2037 (22.9%)<sup>200</sup>.

Figure 100 shows at the time of the 2011 Census, detached housing and semi detached housing accounted for the largest proportion of housing in Stroud. Stroud's housing profile broadly reflects the Gloucestershire and national average.

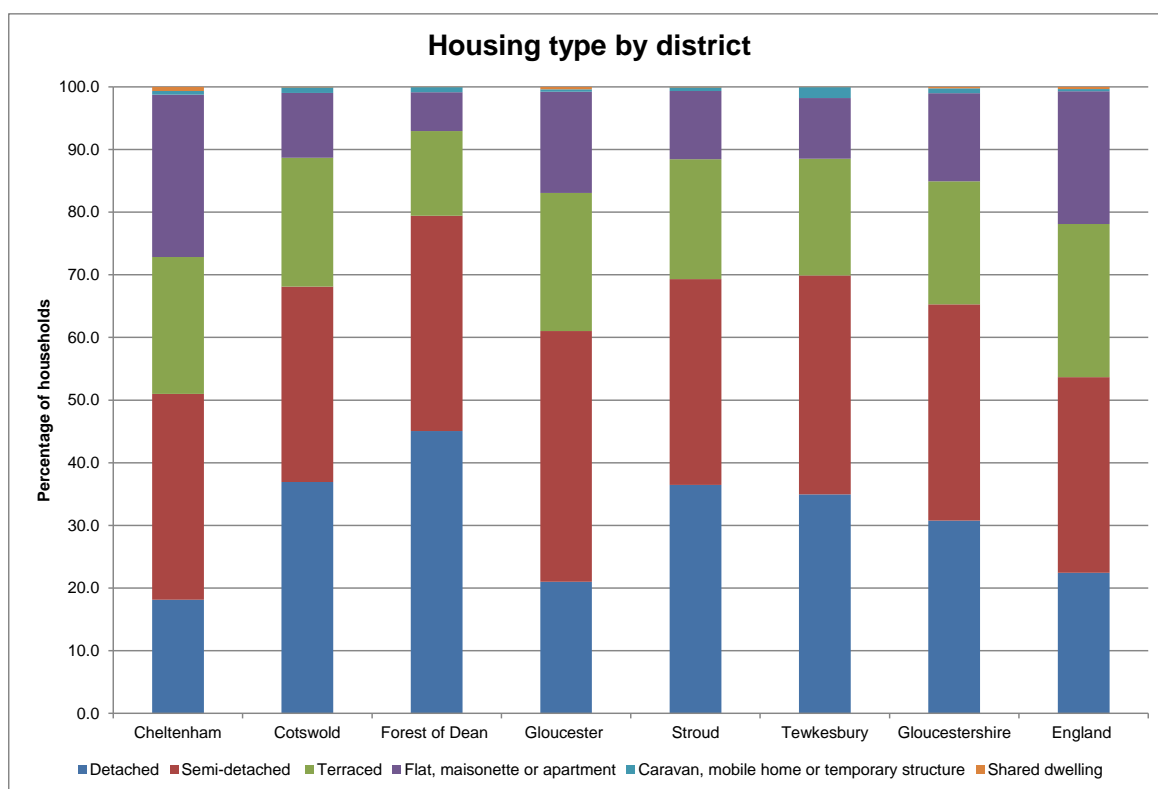


Figure 100: Housing type by district, 2011<sup>201</sup>

In recent years much of the growth in housing in Stroud has been in Flats, maisonettes and apartments with an increase of 357 between 2001 and 2011, this represents 30.5% of all household growth. At county level flats, maisonettes and apartments make up a slightly larger proportion of growth at 34.5%<sup>202</sup>.

In 2011 the majority of households in Stroud were owner occupied, with Figure 101 showing they accounted for 73.2% of all households, this was higher than the county, regional and national average. Levels of private renting were lower

<sup>199</sup> ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

<sup>200</sup> DCLG, Household projections for England and local authority districts – 2012 based, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-household-projections> Accessed 21/10/2015

<sup>201</sup> ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

<sup>202</sup> ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

than the South West, England, Gloucestershire and all of the other districts that make up the county, with the exception of the Forest of Dean.

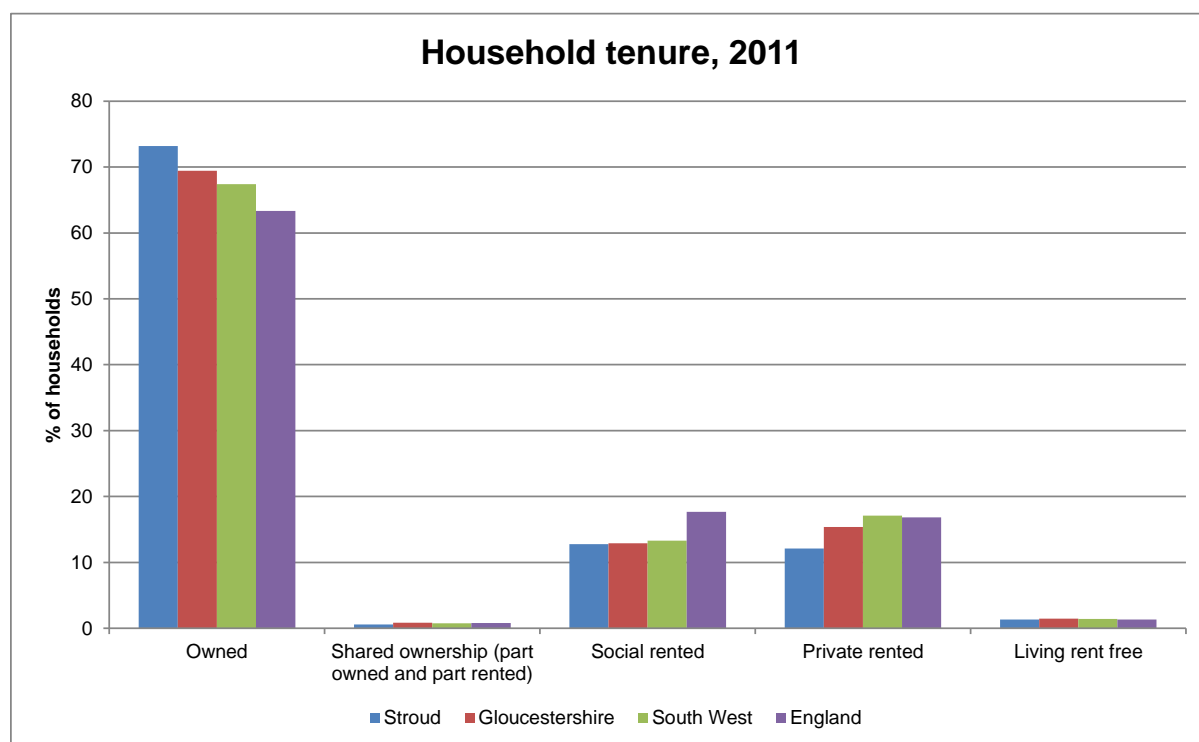


Figure 101: Housing by tenure, 2011<sup>203</sup>

Over the last 10 years the proportion of owner occupied households in Stroud declined from 75.9% in 2001 to 73.2% in 2011. During the same period the proportion of households that were privately rented increased from 7.2% to 12.8%<sup>204</sup>. A similar trend was observed at county, regional and national level and reflects the difficulties facing first time buyers and the increase of the buy to let market.

Social rented housing is let at low rents on a secure basis to those who are most in need or struggling with their housing costs. It includes properties rented from the local authority, housing associations and socially registered landlords. Figure 101 shows that in Stroud, socially rented housing accounts for 12.8% of all households, which is in line with the county and regional average but below the national average.

Most of the socially rented properties in Gloucestershire are let through Gloucestershire Homeseeker the county's choice based lettings scheme. Applicants are awarded priority for housing based on their level of housing need, taking into account criteria such as overcrowding, homelessness, or medical or welfare needs. Data from October 2015 shows that in Stroud there were 3,662

<sup>203</sup> ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

<sup>204</sup> ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

active applications<sup>205</sup> for social housing using the Homeseeker scheme<sup>206</sup>. Figure 102 provides a breakdown of active applications by priority need, it shows that in Stroud the majority of applications (61%) were classified as bronze need, which is the lowest level of need, while 2% of applicants had the highest level of need, emergency need<sup>207</sup>.

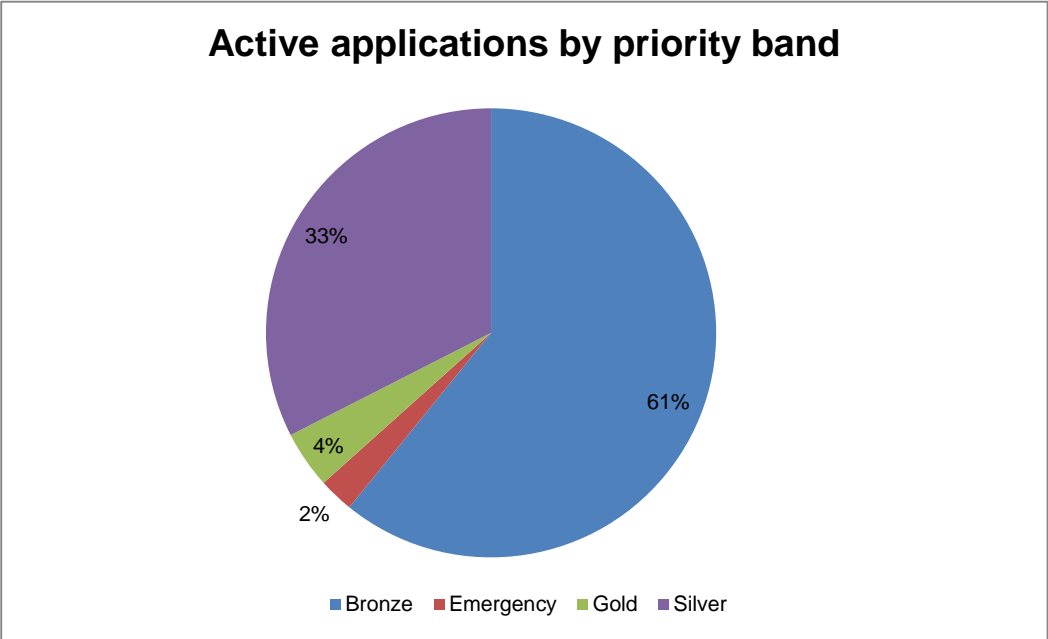


Figure 102: Active applications to Gloucestershire Homeseeker by priority band, October 2015<sup>208</sup>

In order to allocate homeseekers to a priority band, applicants are asked about their circumstances, including whether they believe their current housing conditions make health conditions or social problems worse. Figure 103 shows that in Stroud the majority of active applicants to Gloucestershire Homeseeker do not believe their current housing conditions make health conditions or social/welfare problems worse. The most common condition thought to be made worse by current housing situations is medical conditions, affecting almost 500 active applicants. This information is based on self-definition by applicants, this is checked at a later stage before homes are allocated.

<sup>205</sup> Active Applications are those who have had their application form checked and are ready to bid for properties

<sup>206</sup> Gloucestershire Homeseeker

<sup>207</sup> For information about the criteria used to determine band of need please see <https://www.gloshomeseeker.co.uk/Data/Pub/StreamTemp/usiipmu.pdf>

<sup>208</sup> Gloucestershire Homeseeker

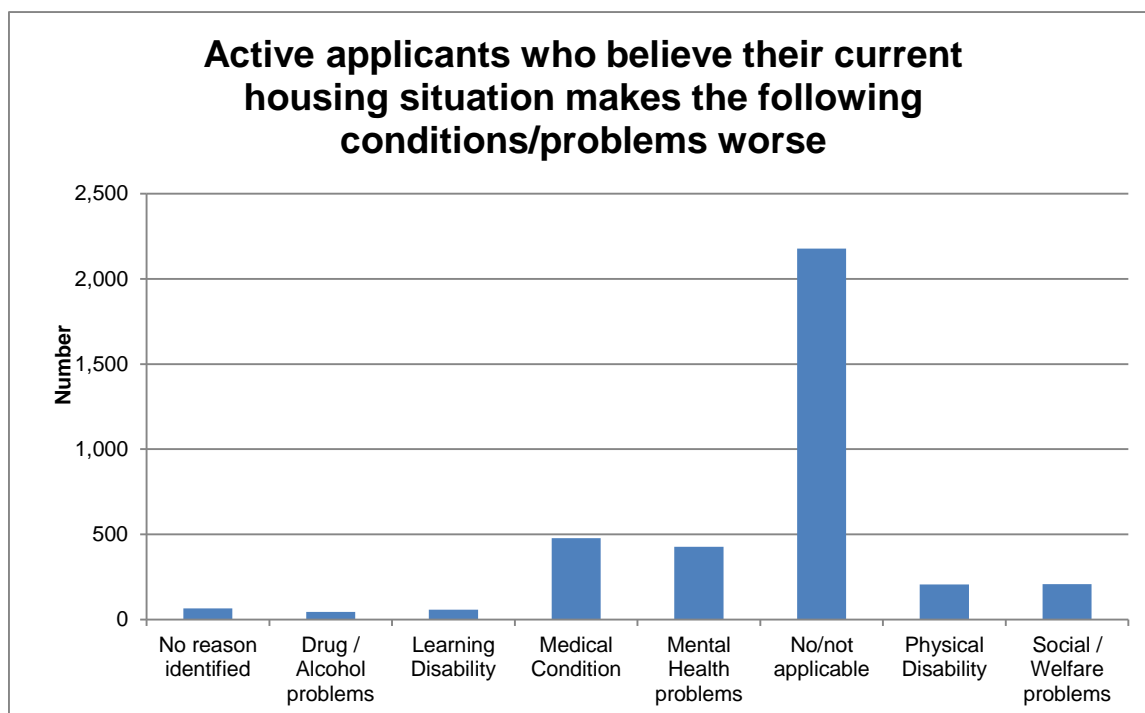


Figure 103: Active applications to Gloucestershire Homeseeker who believe their current housing situations make the following conditions/problems worse<sup>209</sup>

### 7.7.2 House prices and affordability

The cost of housing can have a significant impact on an individual's health and wellbeing, with a report by Shelter stating that nearly one quarter of households in Great Britain are suffering from stress and depression due to their housing costs<sup>210</sup>.

In the second quarter of 2013, the mean house price in Stroud was £230,078, Figure 104 shows this was in line with the county average and lower than the national average.

<sup>209</sup> *Ibid.*

<sup>210</sup> Shelter, Breaking Point – How unaffordable housing is pushing us to the limit, [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0009/86787/Breaking\\_Point.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0009/86787/Breaking_Point.pdf) Accessed 21/10/2015.

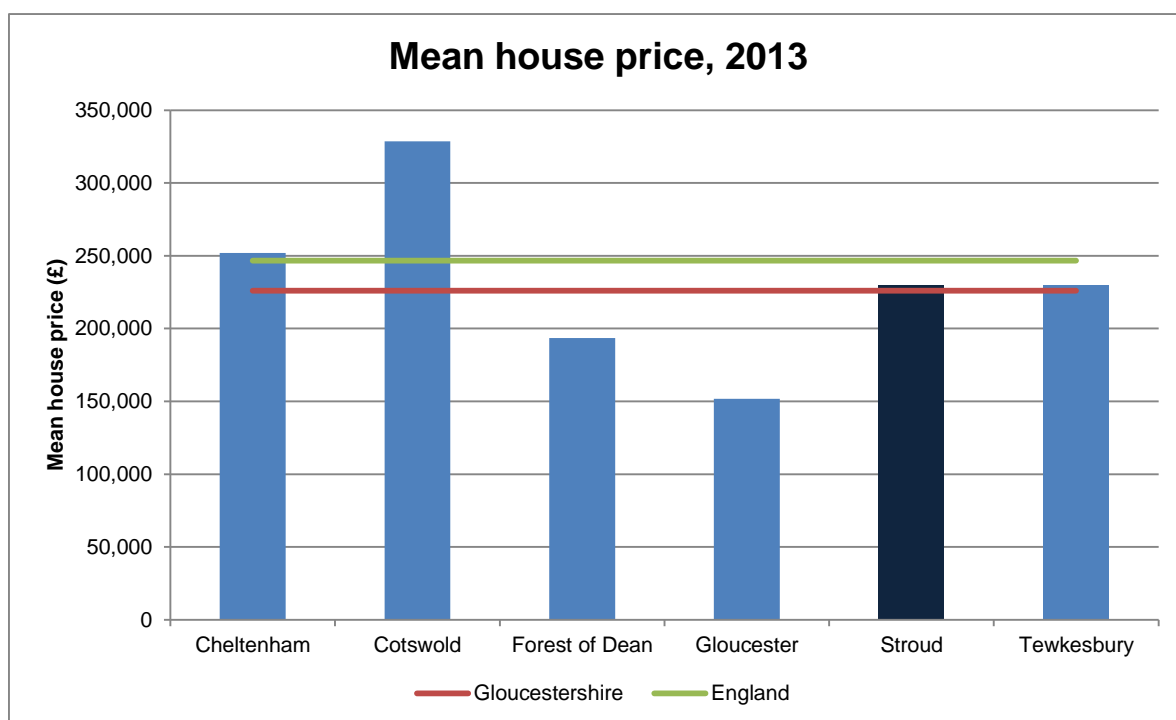


Figure 104: Mean house price, Quarter 2 2013<sup>211</sup>

In areas where house prices are high, housing affordability is often an issue. The most common indicator of housing affordability is the ratio between lower quartile incomes and lower quartile house prices. This allows an assessment of whether people with the lowest incomes can afford the cheapest housing.

Figure 105 shows that in 2013, someone earning a lower quartile sum in Stroud, required 7.34 times their earnings to purchase a lower quartile priced property. This is slightly higher than the Gloucestershire and England average of 7.23 and 6.45 respectively.

Given that the Bank of England<sup>212</sup> has placed restrictions on mortgages that are more than 4.5 times an individual's salary, Stroud's income to house price ratio, may make it difficult for first time buyers to get on the property market. This may result in the out migration of young people or alternatively encourage people to commute into Stroud for work, while living in areas where housing is cheaper.

<sup>211</sup> DCLG, Table 581 Housing market: mean house prices based on Land Registry data, by district, from 1996 (quarterly) <https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices> Accessed 25/10/2015

<sup>212</sup> Risky mortgages of more than 4.5 times income to be limited as Bank acts to prevent a damaging house price bubble <http://www.thisismoney.co.uk/money/article-2670424/Bank-England-set-announce-stricter-mortgage-rules-cool-overheating-housing-market.html#ixzz3Thb7aTVt> Accessed 05/10/2015

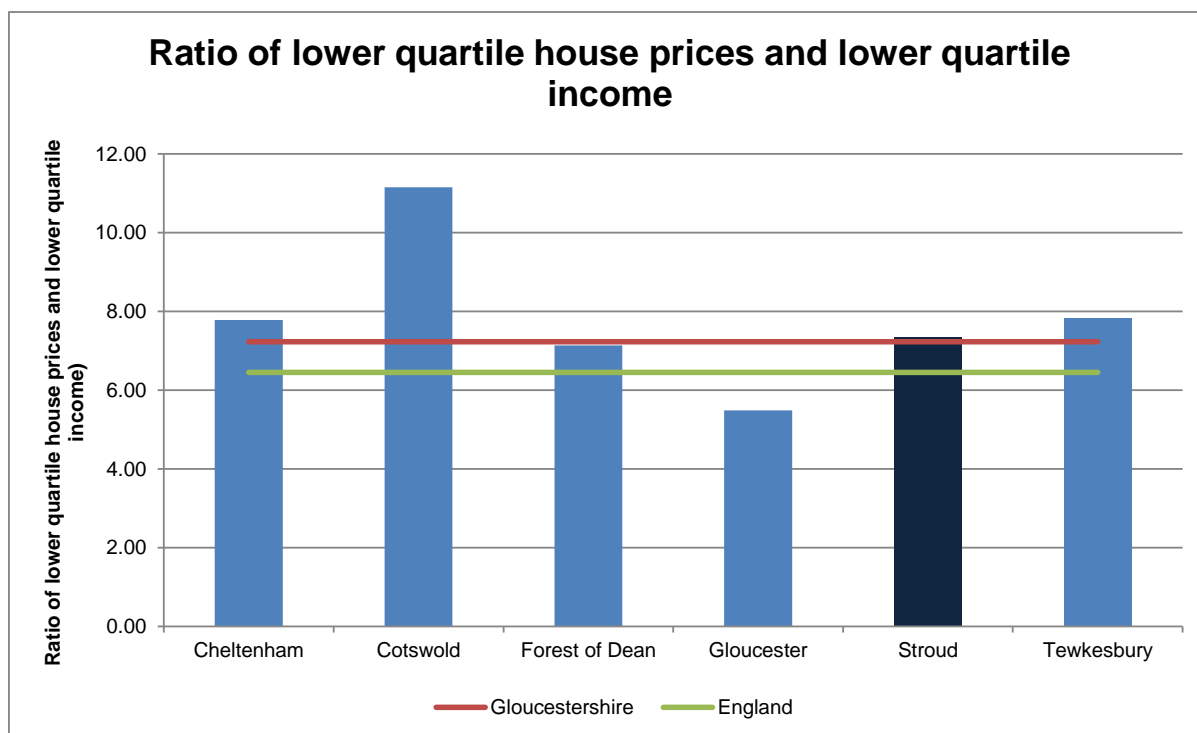


Figure 105: Ratio of lower quartile house prices and lower quartile income, 2013<sup>213</sup>

### 7.7.3 Housing conditions

Poor housing conditions including cold, damp and mouldy housing, overcrowding and temporary accommodation can have a negative effect on health and wellbeing<sup>214</sup>.

Living in overcrowded housing has implications for mental and physical health. The effects of living in overcrowded conditions are perhaps most keenly felt by children, it is estimated that children growing up in difficult housing conditions are 25% more likely to suffer severe ill health and disability during childhood/early adulthood. Overcrowding can also impact negatively on a child's educational and emotional development a lack of space to study, for example, can lead to academic underachievement and strained family relations which can lead to feelings of isolation and unhappiness<sup>215</sup>.

The Census provides a measure of whether a household's accommodation is overcrowded or under occupied, based on the number of rooms/bedrooms in a household's accommodation, the ages of the household members and their

<sup>213</sup> DCLG, Table 576 Ratio of lower quartile house price to lower quartile earnings by district, from 1997 <https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices> Accessed 25/10/2015

<sup>214</sup> The Marmot Review – Fair society Healthy Lives <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

<sup>215</sup> Shelter, Chance of a lifetime – The impact of bad housing on children's lives [https://england.shelter.org.uk/\\_data/assets/pdf\\_file/0016/39202/Chance\\_of\\_a\\_Lifetime.pdf](https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf) Accessed 04/11/2015.

relationships to each other. Figure 106 shows at the time of the 2011 Census 4.1% of households in Stroud (1,936 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was lower than the county and national average. There was a 0.8 percentage point increase in households that were overcrowded in terms of rooms since 2001 (450 households), this compares to a 1.0 percentage point increase for Gloucestershire. The percentage of households that were overcrowded in terms of bedrooms stood at 2.2% in 2011 (1,044 households) this was lower than the county average of 2.7%.

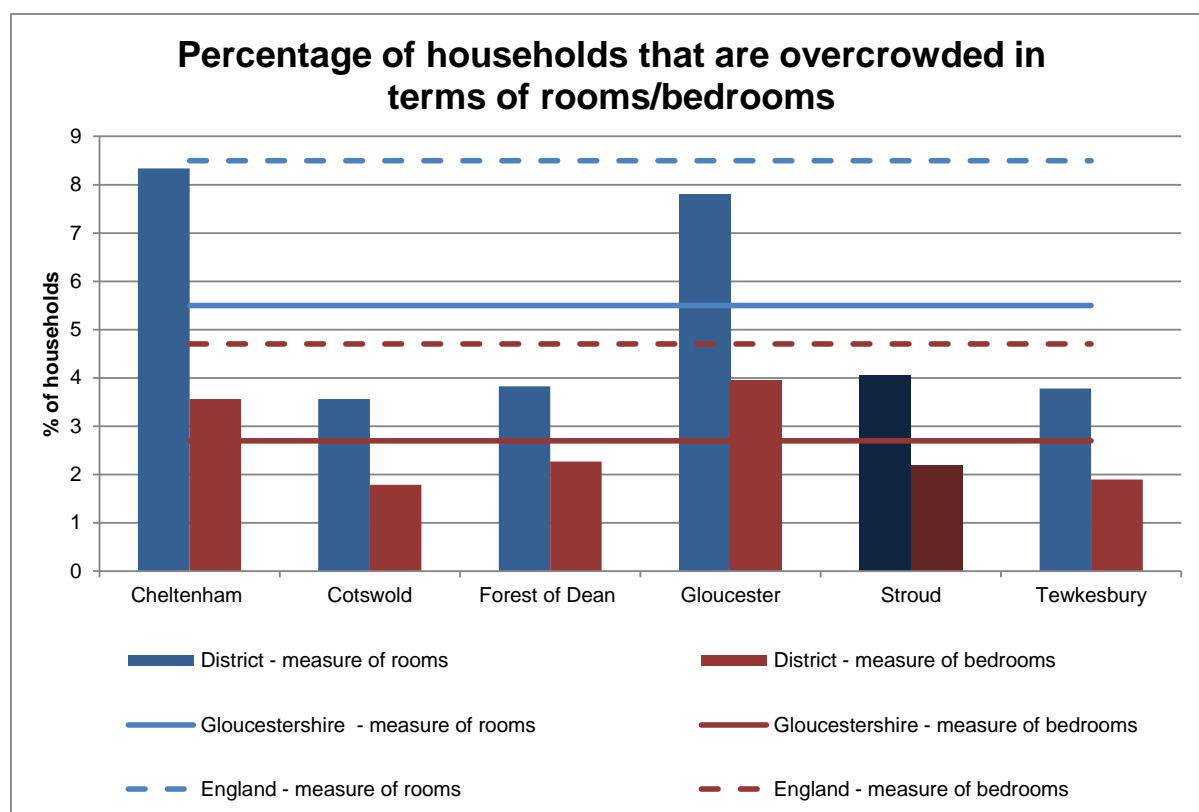


Figure 106: Percentage of households that are overcrowded in terms of rooms and bedrooms, 2011<sup>216</sup>

Fuel poverty is a complex issue which arises from a combination of factors including housing in poor condition; low household income; poor energy efficiency performance of the property; and high fuel costs. Fuel poverty often results in cold and damp homes, which contribute to ill health and increases in excess winter deaths<sup>217</sup>. A household is considered to be in fuel poverty if their

<sup>216</sup> ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 04/11/2015.

<sup>217</sup> The Marmot Review – Fair society Healthy Lives  
<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

income is below the official poverty line and their fuel bills are higher than that of the national median<sup>218</sup>.

In 2013 an estimated 5,326 households in Stroud were in fuel poverty representing 10.6% of all households, this compares to 10.7% of households in Gloucestershire and 10.4% of households nationally<sup>219</sup>.

Gloucestershire's Warm and Well scheme aims to improve energy efficiency in the home and reduce the risk of fuel poverty by; raising public awareness; providing advice to householders and making referrals for grants and discounts. Between 2011/12 and 2014/15 1,292 measures were installed in properties in Stroud to improve energy efficiency. Figure 107 breaks down the measures installed in the latest period (2014/15) by type. It shows that the most common type of measure installed in Stroud and most other areas of the county was loft insulation. Stroud was the only district to install draught proofing and floor insulation.

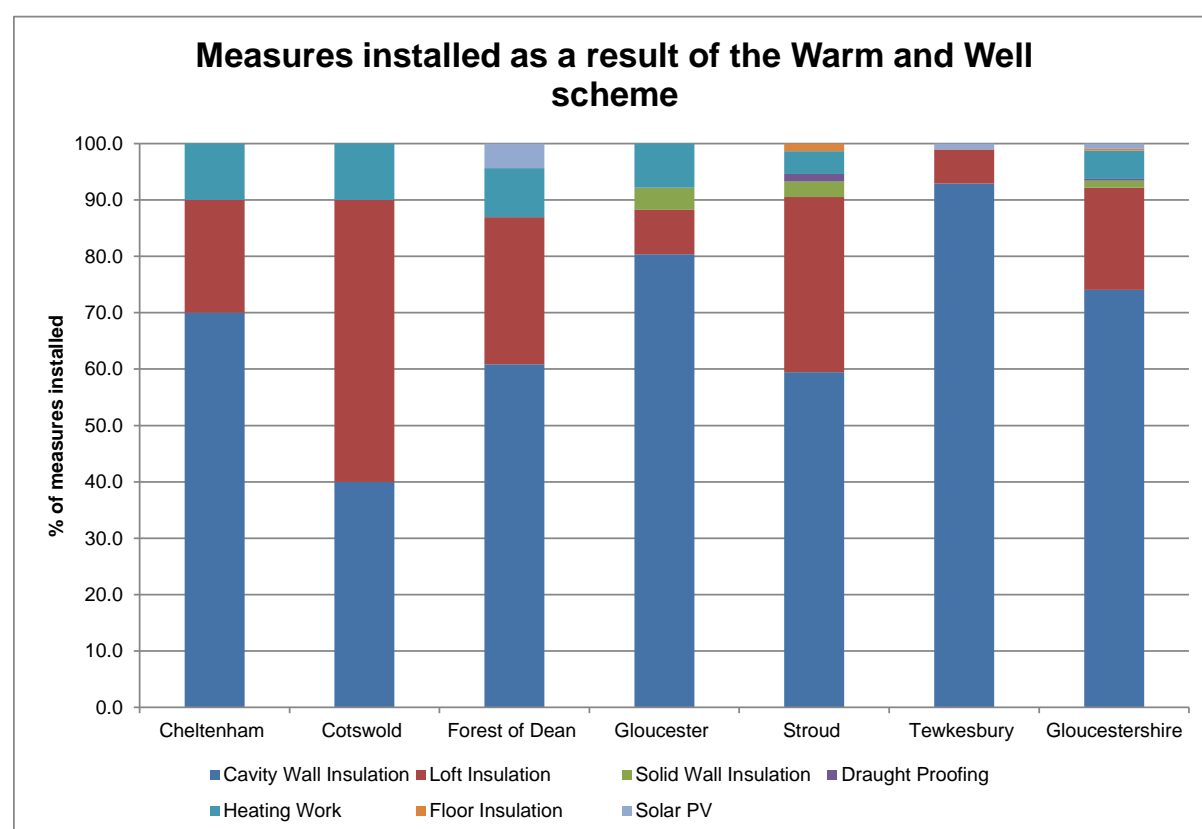


Figure 107: Breakdown of measures installed as a result of the Warm and Well scheme by type, 2014/15<sup>220</sup>

<sup>218</sup> DECC, Annual Fuel Poverty Statistics Report 2014 , [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/319280/Fuel\\_Poverty\\_Report\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319280/Fuel_Poverty_Report_Final.pdf) Accessed 04/11/2015

<sup>219</sup> DECC, 2013 Sub- regional fuel poverty data, <https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator> Accessed 04/11/2015

<sup>220</sup> Severn Wye Energy, Warm and Well End of Year Reports, 2011/12,2012/13,2013/14 and 2014/15.

The Housing Health and Safety Rating System (HHSRS) is a system for assessing the overall health and safety risks in dwellings and was introduced under the Housing Act 2004. This system enables a differentiation between minor hazards and Category 1 hazards where the most serious harm outcome is identified, for example, death, permanent paralysis, permanent loss of consciousness, and loss of a limb or serious fractures.

Local authority districts have a duty to consider the condition of private sector housing. Stroud District Council commissioned a study to estimate the presence of hazards which may affect the health of occupiers and visitors to dwellings. The study found there were an estimated 14,910 Category 1 hazards present in properties in the Stroud, affecting a total of 11,577 properties<sup>221</sup>.

Figure 108 shows the type of Category 1 hazards estimated to be present in properties in Stroud, the most common Category 1 hazards are excess cold, followed by falling on stairs.

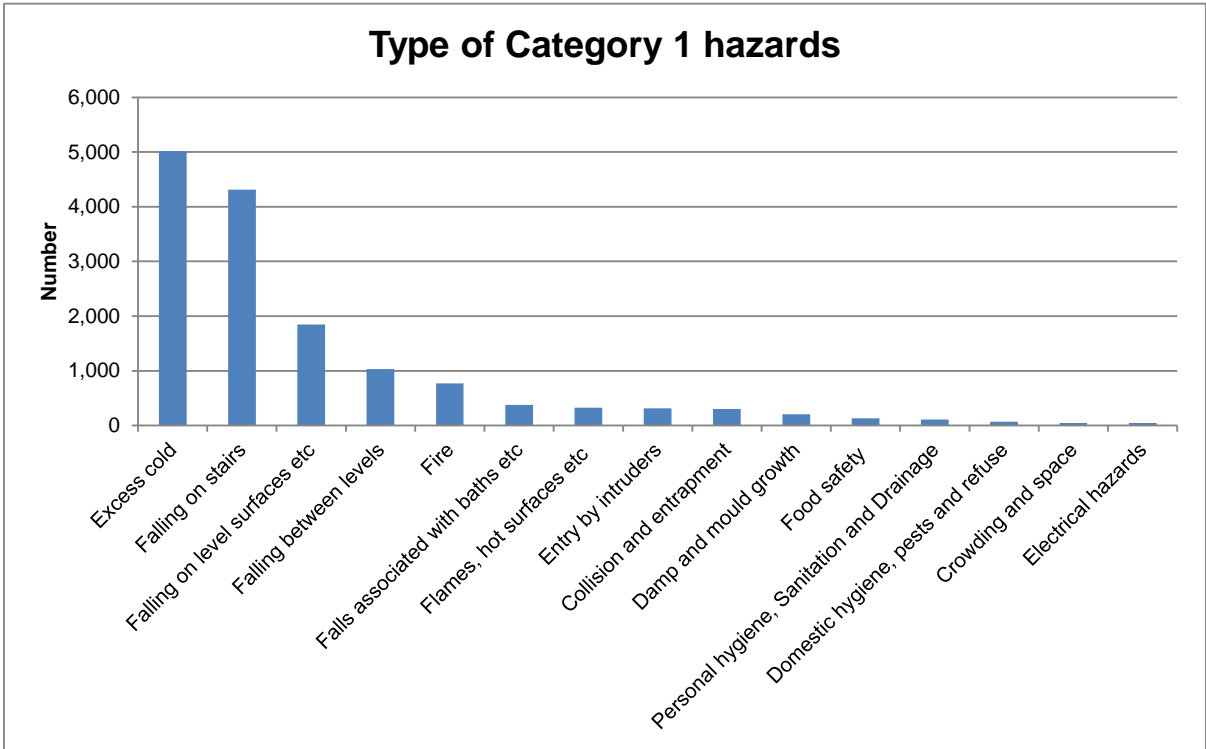


Figure 108: Type of Category 1 hazards, 2011<sup>222</sup>

As part of a strategy to improve the health, safety and wellbeing of residents in private sector housing, Gloucestershire’s district councils have developed a consistent approach to model the extent of the public health costs arising from five of the most common Category 1 hazards. The following table shows that if the hazards identified in Stroud were addressed it would result in an annual

<sup>221</sup> BRE, A health impact assessment of the cost of private sector housing and prospective housing interventions in Stroud, 2011.

<sup>222</sup> *Ibid.*

saving to the NHS of £1.3 million if they were addressed at a county level it would result in savings of £4.6 million.

*Table 35: Cost to the NHS of the most common Category 1 hazards, Stroud and Gloucestershire<sup>223</sup>*

	Hazards for Stroud			Hazards for Gloucestershire		
	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)
Excess Cold	5,020	476,398	428,708	20,344	1,930,645	1,737,377
Damp & Mould	208	50,939	50,769	1,478	361,962	360,750
Falls on level	1,845	269,868	242,857	5,664	828,473	745,552
Falls on stairs	4,314	470,312	437,785	15,547	1,694,933	1,577,709
Falls between levels	1,033	80,295	79,851	2912	226,349	225,097
<b>TOTAL</b>	<b>12,420</b>	<b>£1,347,813</b>	<b>£1,239,970</b>	<b>45,945</b>	<b>£5,042,362</b>	<b>£4,646,485</b>

Gloucestershire's district councils are working to remove Category 1 hazards, through a combination of advice, grants, loans, enforcement and through the Warm & Well Scheme, this activity relates to owner occupied, privately rented and socially rented dwellings. Table 36 shows that between 2011/12 and 2014/15 508 Category 1 hazards have been removed from homes in Stroud.

*Table 36: Category 1 hazards removed from Gloucestershire Homes<sup>224</sup>*

	2011/12	2012/13	2013/14	2014/15	2011/12-2014/15
Cheltenham	214	276	191	153	834
Cotswold	132	84	121	54	391
Forest of Dean	137	174	52	27	390
Gloucester	114	175	245	52	586
Stroud	193	204	57	54	508
Tewkesbury	123	95	46	23	287
<b>Gloucestershire</b>	<b>913</b>	<b>1008</b>	<b>712</b>	<b>363</b>	<b>2,859</b>

#### **7.7.4 Additional needs**

Housing needs change for people as their circumstances change, especially as people age or become more vulnerable. The Local Housing Authority has a mandatory duty to provide Disabled Facilities Grants<sup>225</sup> for housing adaptations

<sup>223</sup> Gloucestershire Local Authority Districts, Improving Homes and Improving Health and supporting evidence, Gloucestershire Local Authority Districts

<sup>224</sup> Data sourced from District Councils, by Stroud District Council

<sup>225</sup> Disabled Facilities Grants eligible works are major works which are currently defined as adaptations costing over £1,000, with the maximum grant which can be paid being £30,000. The

to help disabled people to live independently. When delivered early, alongside other preventative measures, they may contribute to preventing admissions to hospital and residential care. With an increasing elderly population, and more disabled children surviving their early years through to adulthood, the need for adapted housing is projected to continue to increase, but most new-build homes are still not designed to meet the needs of disabled people, meaning the grants play an important role in ensuring housing is suitable for those who have additional needs<sup>226</sup>.

Table 37 shows the number of Disabled Facilities Grants completed between 2012/13 and 2014/15. In 2014/15 there were 32 grants completed in Stroud to the value of £408,680. The number and cost of grants completed in Stroud has remained largely steady, the cost of grants fell in 2013/14 before increasing in 2014/15.

*Table 37: Disabled Facilities Grants Completed in Financial Year in Gloucestershire<sup>227</sup>*

	2012/13		2013/14		2014/15	
	No. grants Completed	Total Cost Completed Grants	No. grants Completed	Total Cost Completed Grants	No. grants Completed	Total Cost Completed Grants
Cheltenham	68	£511,216	76	£595,564	64	£514,230
Cotswold	151	£872,830	150	£775,250	93	£605,191
Forest of Dean	94	£408,887	103	£584,470	125	£502,624
Gloucester	88	£500,857	81	£665,260	66	£408,680
Stroud <sup>228</sup>	36	£247,066	31	£199,983	32	£212,029
Tewkesbury	101	£674,509	117	£676,577	132	£772,409
<b>Gloucestershire</b>	<b>319</b>	<b>£1,831,319</b>	<b>332</b>	<b>£2,126,290</b>	<b>355</b>	<b>£1,895,742</b>

works for which Disabled Facilities Grants is to be given are detailed within statutory guidance but relate mainly to major works of adaptation to a disabled persons home to enable access and personal care needs. The applicant of the grant is subject to a statutory means test however, there is no means test for adaptations for children.

Disabled persons meeting the legislative criteria are entitled to apply for DFG funding regardless of the type of tenancy they occupy be it owner occupation, private letting or social housing.

<sup>226</sup> Astral Advisory, Disabled Facilities Grants in England: A research report, 2013

<sup>227</sup> Data sourced from District Councils, by Stroud District Council

<sup>228</sup> Stroud District Council is the only district council in Gloucestershire who still own and manage their own stock. Adaptations to Council stock are carried out by SDC and not through the DFG process and are not therefore included in the DFG figures above

### **7.7.5 Homelessness**

Homelessness is a complex problem. It is both the cause and consequence of many other problems, such as family and relationship breakdown, domestic violence, mental health, substance misuse, the loss of employment and debt.

The impact of homelessness on health can be stark; with Crisis reporting the difference in life expectancy for a homeless person compared to someone who is not homeless is 30 years, at an expected age of mortality of 47 for a rough sleeping homeless person<sup>229</sup>.

Homeless people can be categorised into three main groups:

- **Single homelessness:** This group include rough sleepers and those living in hostels, shelters and temporary supported accommodation
- **Hidden homelessness/ at risk of homelessness:** This group is difficult to quantify. Many hidden homeless are 'sofa-surfers', residing temporarily with family or friends
- **Statutory homelessness:** This group refers to people who meet specific criteria set out in legislation. Broadly speaking, somebody is statutorily homeless if they are unintentionally homeless, fall within a specified priority need group and do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them and which it would be reasonable for them to continue to live in. It would not be reasonable for someone to continue to live in their home, for example, if that was likely to lead to violence against them (or a member of their family).

Local authorities have a duty to secure suitable accommodation for the statutory homeless, this is referred to as acceptances<sup>230</sup>.

In 2014/15 12 people were accepted as homeless in Stroud, this equates to a rate of 0.24 per 1,000 population, which Figure 109 shows is lower than the national average of 2.4 per 1,000 population.

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<sup>229</sup> Crisis, Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England <http://www.crisis.org.uk/publications-search.php?fullitem=371> Accessed 06/11/2015

<sup>230</sup> DCLG, Statutory Homelessness: April to June Quarter 2015 England, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/463017/201506\\_Statutory\\_Homelessness.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463017/201506_Statutory_Homelessness.pdf) Accessed 09/11/2015.

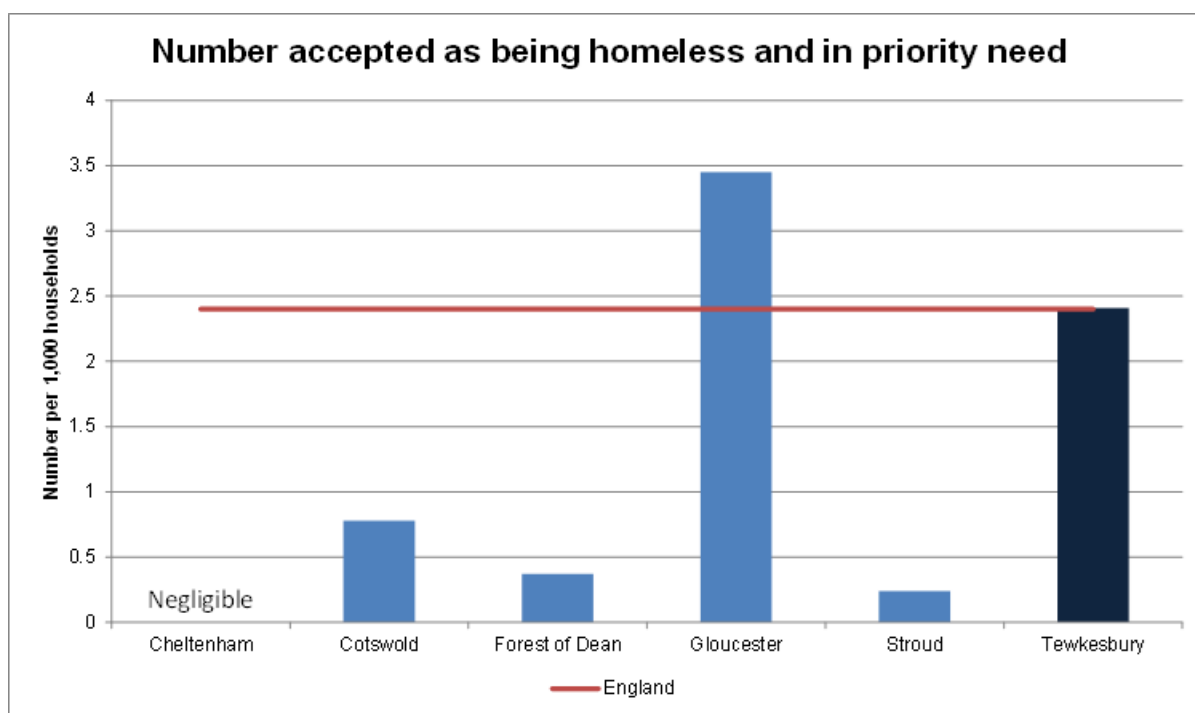


Figure 109: Number accepted as being homeless and in priority need per 1,000 households, 2014/15<sup>231</sup>

Figure 110 shows in Stroud the number of acceptances per 1,000 households fell between 1004/5 and 2007/8, since 2007/8 the number of acceptances has remained largely unchanged.

<sup>231</sup> DCLG, Table 784: local authorities' action under the homelessness provisions of the Housing Acts, financial years 2004/05 to 2014/15, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> Accessed 09/11/2015.

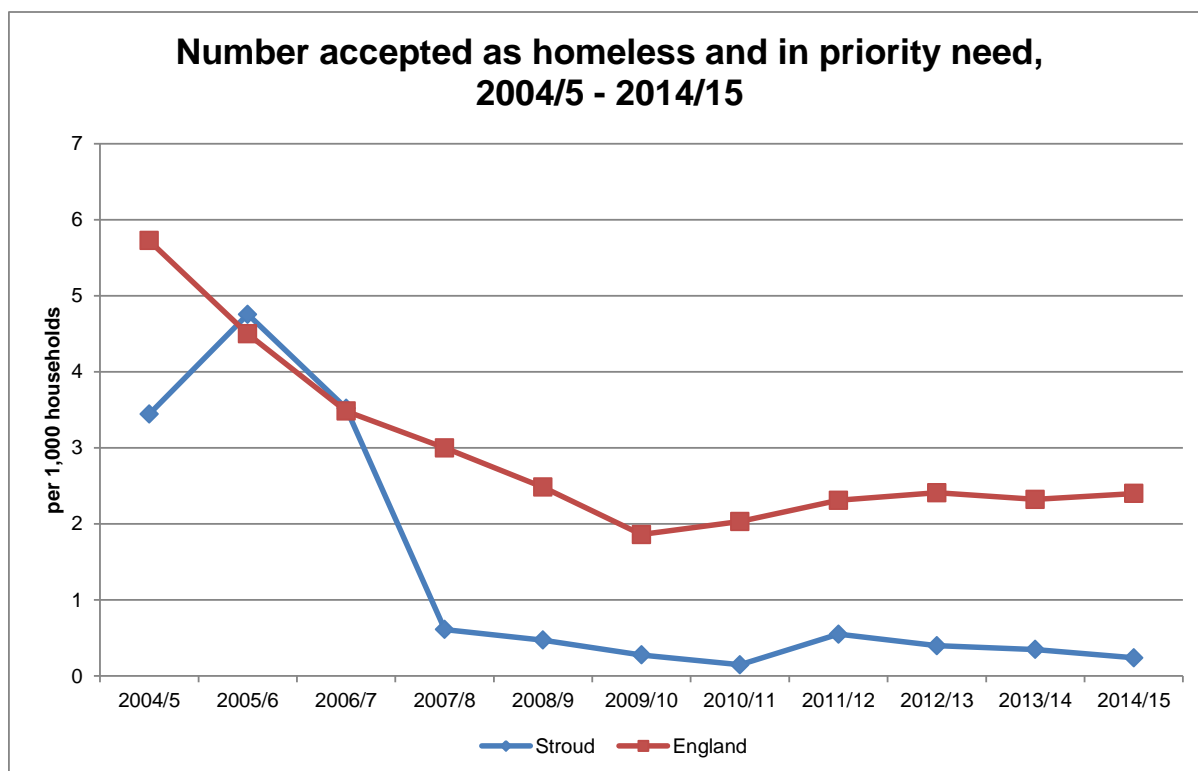


Figure 110: Number accepted as being homeless and in priority need per 1,000 households, 2004/5 – 2014/15<sup>232</sup>

It is not possible to determine the reason for homelessness within the district. However data from April-June 2015 shows that in Gloucester, which has a larger number of homelessness acceptances, the most common reason people were accepted was because their private rented Assured Shorthold Tenancies had been brought to an end (28.1% of acceptances), while in Tewkesbury it was because of a violent breakdown of a relationship involving partner (35.3% of acceptances). Nationally the most common reason for acceptances was because their private rented Assured Shorthold Tenancies had been brought to an end (29.8% of acceptances) followed by parents no longer willing to accommodate (15.6% of acceptances)<sup>233</sup>.

Not every household who approaches the local authority as homeless is accepted as homeless. Some may get advice and assistance which means they can avoid becoming homeless; others simply do not meet the statutory definition of homelessness. Table 38 shows that in 2014/15, there were 32 approaches to Stroud District Council by people that were eligible but not homeless.

<sup>232</sup> *Ibid.*

<sup>233</sup> DCLG, Detailed local authority level homelessness figures: April to June 2015, there 27 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/463076/Detailed\\_LA\\_Level\\_Tables\\_201506.xlsx](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463076/Detailed_LA_Level_Tables_201506.xlsx) Accessed 10/11/2015.

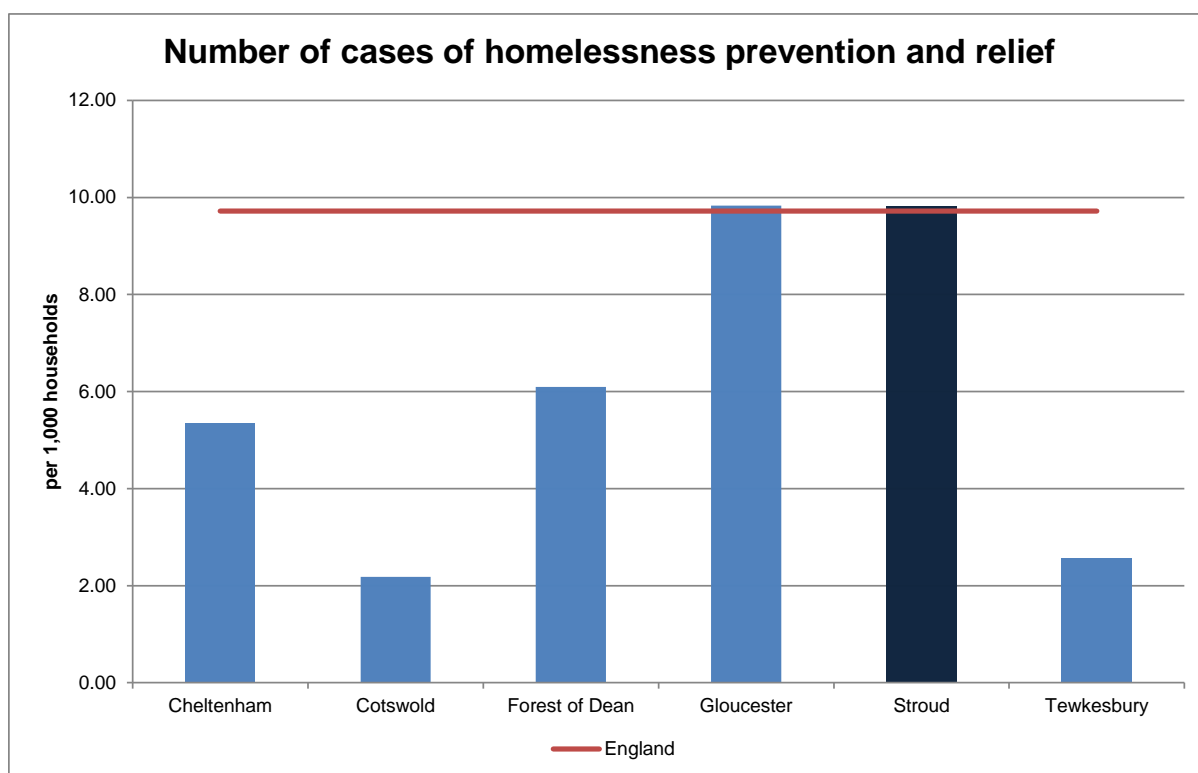
*Table 38: Number of households that have approached local authorities as homeless, but have not been accepted, 2014-2015*

	<b>Eligible, homeless and in priority need, but intentionally</b>	<b>Eligible, homeless but not in priority need</b>	<b>Eligible, but not homeless</b>
Cheltenham	-	-	221
Cotswold	13	64	45
Forest of Dean	-	-	27
Gloucester	38	36	248
Stroud	-	-	32
Tewkesbury	-	-	28
England	8,990	20,420	28,510

Under the Homelessness Act 2002, local housing authorities must have a strategy for preventing homelessness in their district. The strategy must apply to everyone at risk of homelessness, including cases where someone is found to be homeless but not in priority need and cases where someone is found to be intentionally homeless. Under the strategy local housing authorities must provide:

- homelessness prevention, which involves providing people with the ways and means to address their housing and other needs to avoid homelessness. This is done by either assisting them to obtain alternative accommodation or enabling them to remain in their existing home.
- homelessness relief occurs when an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so.

In 2014/15 there were 483 instances of homelessness prevention and relief in Stroud, this equates to a rate of 9.82 per 1,000 households, which Figure 111 shows this was higher than the national average of 9.72 and all of the other districts in the county.



*Figure 111: Number of cases of homelessness prevention or relief, per 1,000 households, 2014/15<sup>234</sup>*

In Stroud the most common type of homelessness prevention and relief (62.0%) focused on assisting people to find alternative accommodation. This reflects the picture seen in other districts, while nationally the most common type of homelessness prevention and relief entailed helping people remain in their existing homes.

<sup>234</sup> DCLG, Table 792: total reported cases of homelessness prevention and relief by outcome and local authority, 2009-10 to 2014-15, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/443451/Live\\_Table\\_79\\_2\\_Homelessness\\_Prevention\\_and\\_Relief.xls](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/443451/Live_Table_79_2_Homelessness_Prevention_and_Relief.xls) Accessed 10/11/2015. Stroud figures have been revised at the recommendation of Stroud District Council, so will differ from those found in the official publication.

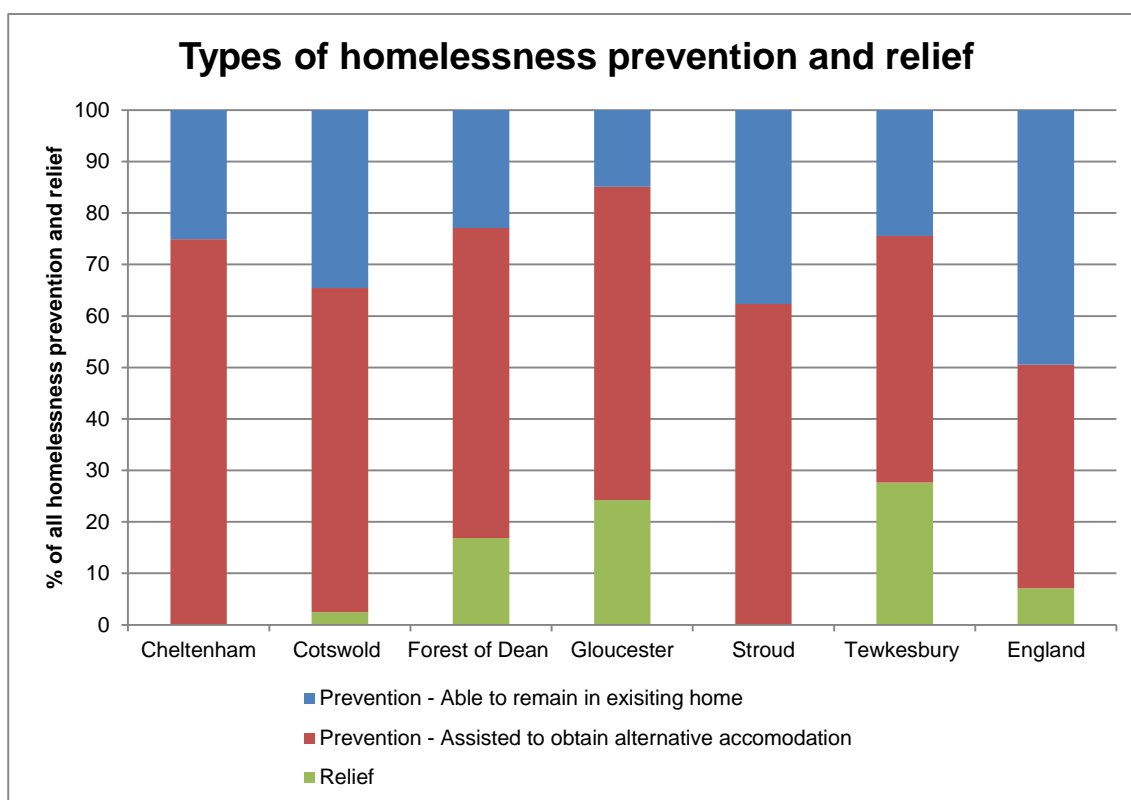


Figure 112: Types of homelessness prevention and relief, 2014/15<sup>235</sup>

## 7.8 Education

For information about education please see section 3.6.7

## 7.9 Unemployment

For information about unemployment please see section 3.6.6

## 7.10 Community Safety

Community safety is about helping communities to be and feel safe. Road safety, trading standards, fire and rescue, regulating licensed premises, producing and implementing partnership strategies for anti-social behaviour (ASB) and domestic abuse, and reducing criminal activities by installing “guardians” such as CCTV or alley gating are just some examples of community safety.

### 7.10.1 Police Recorded Crime and ASB Incident Rates

Police recorded crime rates provide a consistent way of comparing crime trends over time and also indicate police workload. The following section will cover total recorded crime rates and anti-social behaviour incident rates by local authority ward - how these rates compare against county, regional and national rates and

<sup>235</sup> Ibid.

the trend over time. More data on crime and incident rates can be found on Inform Gloucestershire<sup>236</sup>.

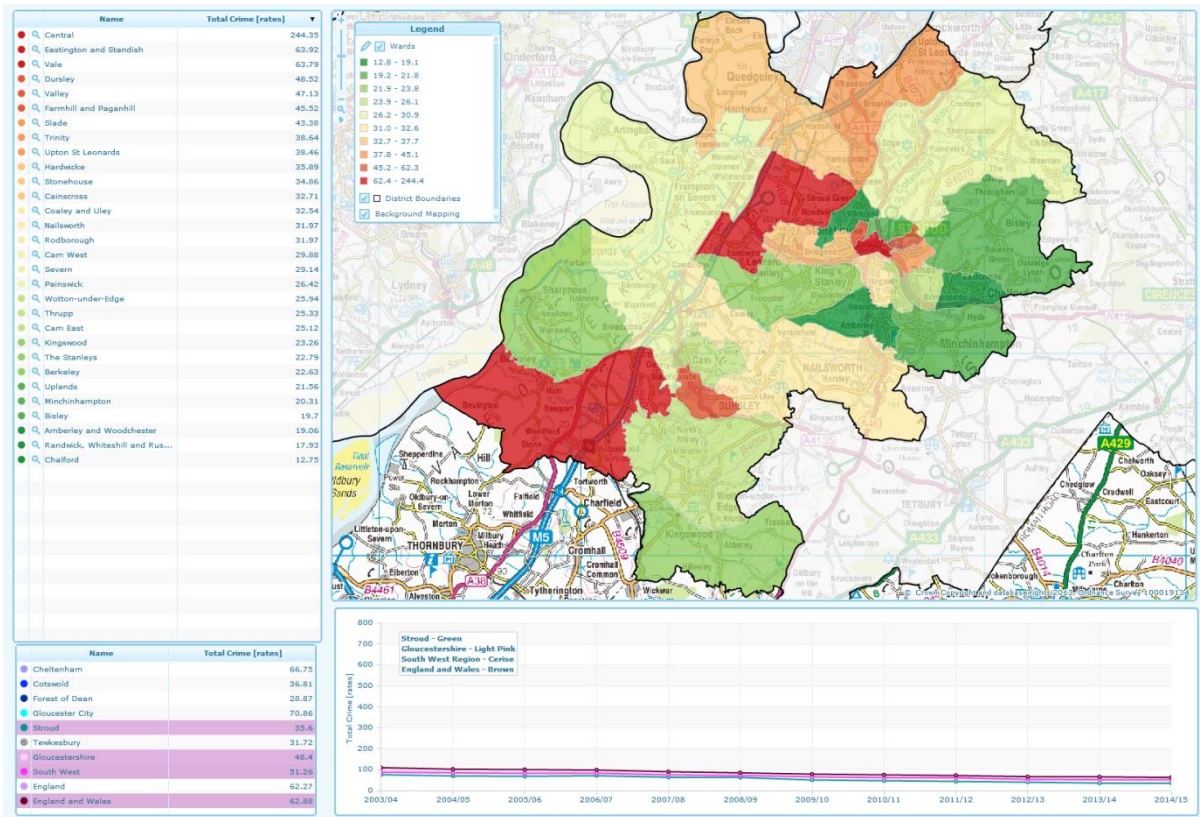


Figure 113: Total Crime Rates over Time by Local Authority Ward

Stroud District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04. The crime rate is considerably higher than regional and national rates in the ward of Central mainly due to the town centre being inside the boundary of this ward<sup>237</sup> – crime rates for wards are shown in the table to the left of the map (Figure 113). The wards of Eastington/Standish and Vale are also above the county, regional and national rates for 2014/15. Central ward is ranked the second highest ward in Gloucestershire for total crime rates behind Westgate ward in Gloucester.

<sup>236</sup> <http://www.gloucestershire.gov.uk/inform/communitysafety>

<sup>237</sup> Boundary map shows administrative (e.g. ward) boundaries at street view level:  
<http://www.maiden.gov.uk/InstantAtlas/BoundaryViewer/atlas.html>

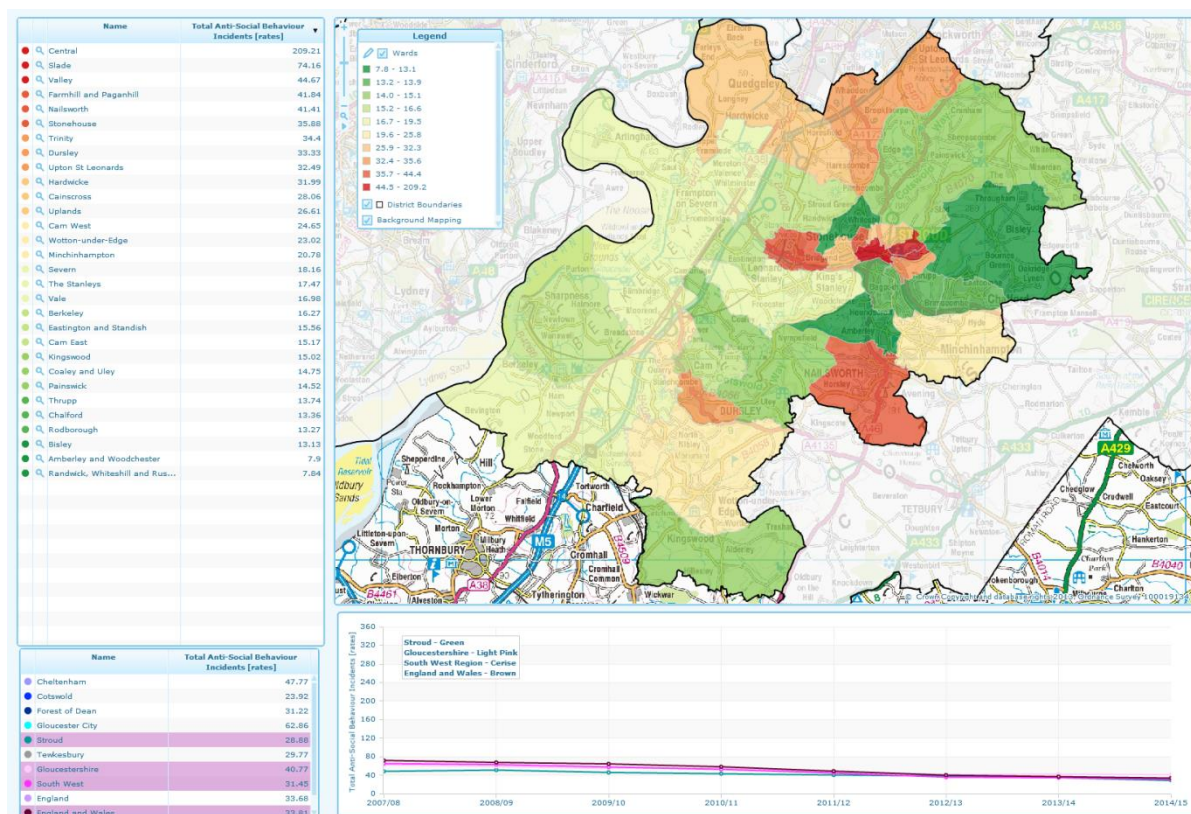


Figure 114: Total ASB Incident Rates over Time by Local Authority Ward

Figure 114 shows police recorded anti-social behaviour (ASB) incident rates over the last 8 years. As found in Figure 113, Central ward has the highest rate of any ward in the district and has a considerably higher ASB incident rate in 2014/15 than Gloucester City. Central ward is ranked the second highest ward in Gloucestershire for ASB incident rates behind Westgate ward in Gloucester.

### 7.10.2 Road Safety

Road Safety is a statutory duty for every local authority. To deliver the best results in reducing road traffic collisions it is essential to adopt partnership working. This is indeed the case for Gloucestershire's Road Safety Partnership which incorporates the County Council, Gloucestershire Highways, Police and the Fire and Rescue Service. The following two charts show yearly totals (calendar years) for Road Traffic Collisions in the district<sup>238</sup>.

<sup>238</sup> Data provided by Gloucestershire Road Safety Partnership. For more information on Road Safety go to: <http://roadsafety-gloucestershire.org.uk/data/>

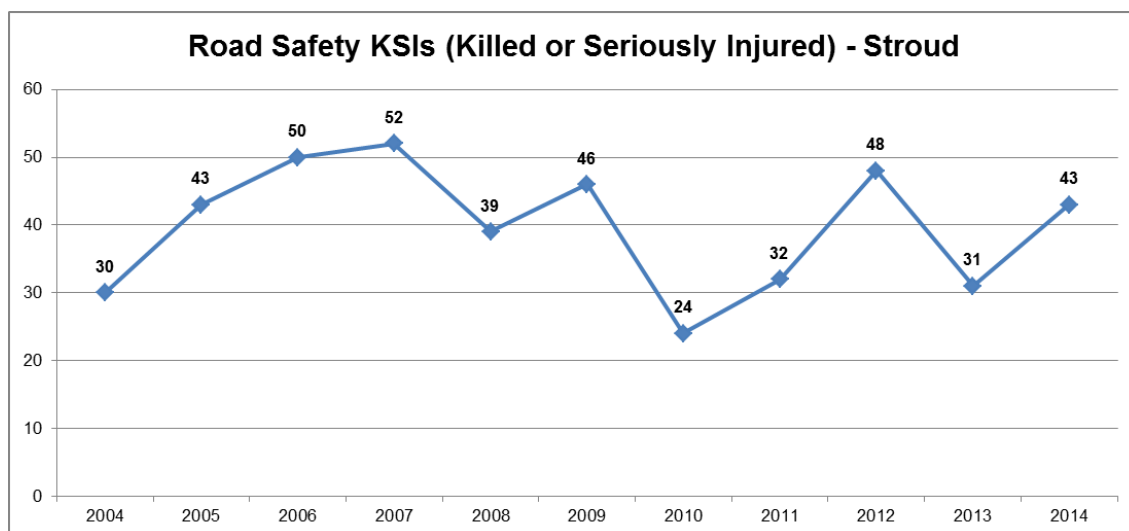


Figure 115: Number of Casualties Killed or Seriously Injured<sup>239</sup> by RTCs in Stroud District by Calendar Year

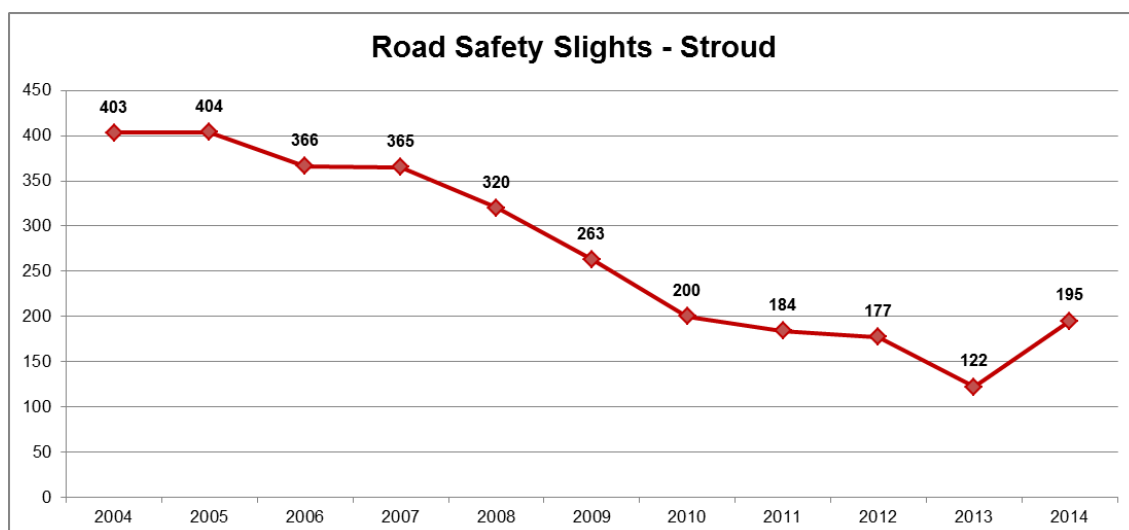


Figure 116: Number of Casualties with Slight<sup>240</sup> injuries from RTCs in Stroud District by Calendar Year

### 7.10.3 Gloucestershire Fire and Rescue

This simple chart (Figure 117) provided by Gloucestershire Fire and Rescue Services (GFRS) shows the number and proportion of all Call Outs to each district of Gloucestershire. Stroud District averages 2.4 call outs per day.

<sup>239</sup> Serious injury: An injury for which a person is detained in hospital as an “in-patient”, or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries, crushings, burns (excluding friction burns), severe cuts, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident.

<sup>240</sup> Slight injury: An injury of a minor character such as a sprain (including neck whiplash injury), bruise or cut which are not judged to be severe, or slight shock requiring roadside attention. This definition includes injuries not requiring medical treatment.

## Fire Service Call Outs To... 2014-15

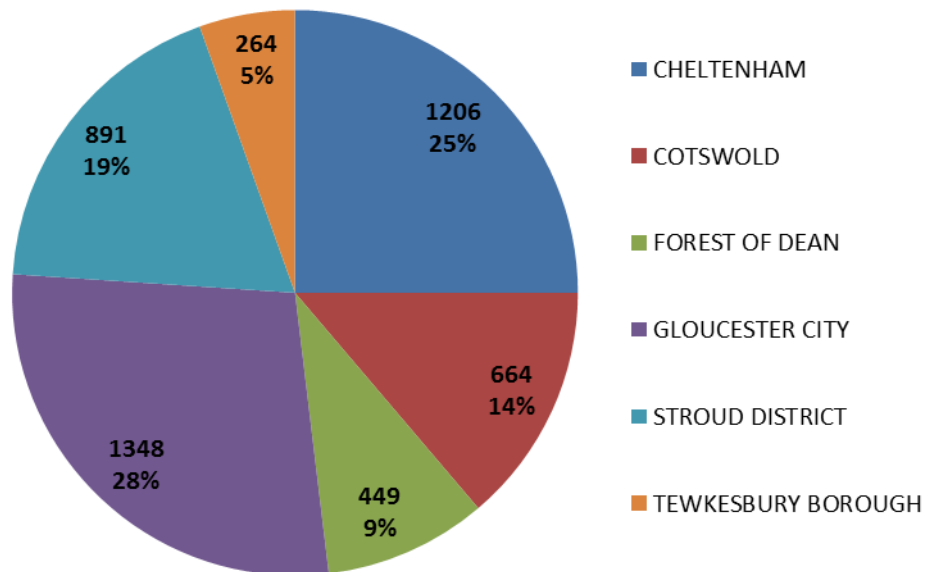


Figure 117: Proportion of Call Outs by District 2014/15

### 7.11 Key messages

- A wide range of community assets both informal and informal, play a vital role in meeting local need. We need to improve our understanding in this area and will improve the evidence base for the extent and value of such assets in the year ahead.
- Carers play a key role in meeting the physical and social needs of many people in the community. A total of 12,800 people in Stroud provided unpaid care each week in 2011, representing 11.4% of the population.
- The number of carers is likely to rise by 7% by 2017 mainly due to the increasing number of older people.
- In 2012 there were 117 accommodation businesses in Stroud, this was lower than all districts with the exception of Gloucester.
- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 2,010,000 day trips to Stroud bringing in around £44 million. During the same period there were an estimated 218,000 domestic overnight visits to Stroud District, this contributed around £25 million to the economy.

- In 2011 there were 47,794 households in Stroud, this represents an increase of 7.1% or 3,177 households since 2001
- The number of households in Stroud is projected to increase by 4,000 between 2012 and 2017 (6.3%) and by 11,000 between 2012 and 2037 (22.9%).
- In 2011 the majority of households in Stroud were owner occupied, accounting for 73.2% of all households, this was higher than the county, regional and national average. Levels of private renting were lower than the South West, England, Gloucestershire.
- In the second quarter of 2013, the mean house price in Stroud was £230,078, this was in line with the county average and lower than the national average.
- In 2013, someone earning a lower quartile sum in Stroud, required 7.34 times their earnings to purchase a lower quartile priced property. This is slightly higher than the Gloucestershire and England average.
- In 2013 an estimated 5,326 households in Stroud were in fuel poverty representing 10.6% of all households.
- A study carried out in 2011 found there were an estimated 14,910 Category 1 hazards present in properties in the Stroud, affecting a total of 11,577 properties.
- In 2014/15 12 people were accepted as homeless in Stroud, this equates to a rate of 0.24 per 1,000 population, which was lower than the national average.
- Stroud District has experienced crime rates much lower to the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04. The crime rate is considerably higher than regional and national rates in the ward of Central mainly due to the town centre being inside the boundary of this ward.
- Gloucestershire Fire and Rescue call outs to Stroud District averages 2.4 call outs per day.