

Equality Impact Assessment (EqIA)

The Equality Act 2010 introduced the Public Sector Equality Duty which states that a public authority must, in the exercise of its functions, have due regard to the need to:

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

This document demonstrates how the Council is meeting the Public Sector Equality Duty by setting out the findings of an equality analysis that has been undertaken in relation to a proposed change to assess whether it has a disproportionate impact on people who share a protected characteristic. The Council's Equality Impact Assessment (EqIA) process covers additional groups not 'protected' by section 149 of the Equality Act 2010, including care leavers and care experienced adults.

1. Background

Directorate	Adults and Children & Families
Service area	Adults – In-House Services & children homes
Title of the proposed change being assessed i.e. the policy, service or other development	Adoption of the revised Adult Social Care and Children and Families Medication Administration policy

Describe the purpose of the proposed change and the intended outcomes
The In-House Medication administration policy applies to all council owned and operated residential/short break homes and day centres in Gloucestershire – including Children Homes. The intended outcomes of the policy include: • keeping individuals and staff safe while supporting individuals to take their medication • ensuring compliance with relevant and up to date with the latest developments in national guidance and technology • monitoring compliance reporting, competency recording and quality assurance in our in-house services, including risk management The policy was first created in 2022 and is due for a review. In comparison with the July 2022 policy shows the 2026 draft introduces:

- Clearer inclusion of children and young people frameworks (Gillick competence, parental responsibility, placement plans)
- Stronger person-centred language and emphasis on independence and choice

New sections:

- Emergency medication administration
- Cutting medication
- Expanded controlled drugs reporting requirements
- Improved safeguards:
 - PRN protocol requirements
 - Enhanced consent clarity
 - Explicit consideration of risks to others (e.g. children in shared environments)
- Accessibility and inclusion improvements:
 - Commitment to accessible information formats
 - Recognition of diverse needs (e.g. swallowing aids, reasonable adjustments)
- Alignment with national initiatives (e.g. STOMP)
- Clear documentation and escalation processes

Who is affected by the proposals?

People accessing care and support:	Yes
Wider community:	No
Workforce:	Yes
Other (please specify):	

Decision to be taken and decision maker	Decision to adopt the revised policy to be taken by the ASC Quality Assurance Board and Assistant Director Corporate Parenting
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Person(s) responsible for completing this assessment	Carrieann Hatherall-Cook – ASC Policy Review Officer
Date of this assessment	June 2026

2. Information and Data Collection

Summarise how you have collected the information and data required to assess the current situation (section 3.1 below) and the potential or actual impact of the proposed change (section 3.2 below) on those who share the protected characteristics and the additional groups (e.g. survey of services users, running community focus groups, analysing service usage data, engaging with staff networks). The actual information and data should be set out in Appendix 1 (People accessing care and support) and Appendix 2 (GCC staff).

If there are any gaps, include an action in section 4 to fill these. This does not mean that you cannot complete the equality impact assessment, but you need to follow-up the action and revisit as part of the monitoring and review arrangements set out in section 5.

Stakeholders	Engagement and Consultation	Other Sources
People accessing care and support / Wider Community	No direct engagement or consultation has been undertaken with people accessing our services or the wider community. The medication administration policy has been	Explicit conversations with frontline staff and managers were held as part of the policy development to understand the approach to support people with care and support needs to have choice and control over their medication administration, raising awareness of understanding what this looks like, even if they are not the providers of the medication through scenario based situational conversations.
Workforce	Key policy working group	
Partners	ICB and medication administration training providers	

Other		

3. Equality Assessment

Indicate the impact on each group and explain how you have reached your conclusions (i.e. through analysis of the information and data that was collected through the engagement, consultation and other sources / methods that were set out in section 2).

Consider sub-categories (e.g. different kinds of disabilities) and how the groups are interconnected (e.g. young women) resulting in particular needs or types of disadvantage and discrimination (sometimes known as intersectional or combined discrimination).

3.1 – Status Quo

If the proposal involves changing an existing activity (e.g. policy, service), summarise the key findings from your assessment of the current situation for each of the groups below. If the proposal is completely new, then move straight to section 3.2.

	People accessing care and support	Gloucestershire County Council (GCC) Staff
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Protected Characteristics (Equality Act 2010)	The current policy in 2022 was assessed as having a potential impact on people due to their age or disability as incorrect following of the policy could lead to potential loss of independence or harm if robust controls not in place. Since this introduction of the policy, procedures and training within in-house services are developed and regularly reviewed. A further analysis of the current policy, in consultation with key stakeholders has been undertaken and some areas for improvement have been identified: • The current policy doesn't mention language or cultural considerations, including reasonable adjustments for staff • There is no link to accessible information standards and human rights within the 2022 equality impact assessment • A learning opportunity for equality specific actions to take place	
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Additional Groups (including care leavers / care experienced adults)	The council had not adopted the additional groups during the previous equality impact assessment. The revised policy has the opportunity to add • “Additional Vulnerability Considerations” section • ensure accessible formats and non-digital options for medication information. • Include contingency planning for rural services and support for carers • Reference local Armed Forces Covenant commitments and care leaver strategies.	
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3.2 – The Proposed Change

Summarise your assessment of the likely or actual impact of the proposed change on each of the groups. If an action is required, this should be recorded in Section 4.

People accessing care and support						
Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age	X				By the explicit differentiation between adults and children, the policy now strengthens the	N

					children's safeguarding and rights aspect on in-house medication administration. The two different tests of capacity and consent (Adults MCA 2005 & children Gillick competence, parental responsibility are more clearly defined and easier to follow. Recognition of 16–17-year-olds as a distinct group and the inclusion of looked-after children requirements & placement planning considerations all makes this policy safer with more positive outcomes for younger people	
Disability					(Including physical, learning disability, autism, mental health) The policy now includes additional national initiatives which support the choice, control and well-being of people with learning disabilities: STOMP principles (reducing overmedication). Reasonable adjustments for staff and people accessing services including defining support for: • Swallowing aids • accessible formats The policy ensures staff following the requirement for capacity assessments and best interest decision-making with a focus on independence and reablement.	N

Sex		X			No differential treatment identified Policy applies consistently regardless of sex	N
Race	X				The 2026 entrenches the council's commitment to accessible information formats. Person-centred care allows cultural considerations.	N
Gender reassignment		X			No discriminatory language Person-centred approach supports individual identity Records (e.g. MAR, identity checks) may require sensitivity	N
Pregnancy & maternity		X			No exclusion or differential treatment Inclusive, person-centred approach	N
Religion and/or belief	X				Person-centred care allows for: • Consideration of religious practices (e.g. fasting) • Respect for beliefs affecting medication acceptance	N
Sexual orientation		X			No exclusion or differential treatment Inclusive, person-centred approach	N
Marriage & civil partnership		X			No direct relevance to medication processes. Inclusive of family/carer involvement	N
Armed Forces community		X			The policy is needs-based and person-centred, ensuring individuals (including veterans or serving family members) receive support	N

					based on assessed need rather than background. Strong emphasis on: • Continuity of care • Information sharing between services supports individuals who may move frequently (a common issue for Armed Forces families).	
Carers	x				The Policy explicitly recognises families and carers as key contributors: • Providing medication • Sharing updated information • Supporting adherence Clear expectations improve: • Communication • Role clarity Inclusion in decision-making supports carer involvement and empowerment. Staff will support carers when required, for example with assistance with documentation and signposting to healthcare professionals	N
Care leavers / care experienced adults		x			The policy has a strong focus on: • Independence • Reablement • Self-administration (where safe)	N

					This aligns well with supporting care leavers transitioning to independence. Care leavers may: • Lack stable support networks • Have limited experience managing medication Strict requirements (e.g. protocols, consent processes) may create barriers, so staff should be flexible and supportive	
Digital exclusion					No impact for people accessing services	N
Geography, for example, urban and rural areas	X				• Standardised policy ensures consistent care expectations across all locations • Clear procedures reduce variability in service provision The policy has been reviewed by the Integrated-Care-Board	N
Socio-economic disadvantage				X	The requirement for: ○ PRN protocols – this may delay due to NHS pressures ○ Up-to-date documentation may disadvantage those with less access to healthcare or advocacy This needs to be monitored to ensure staff can support obtaining documents when required and the doesn't apply blanket service refusal.	Y

Vulnerable groups of society					(Examples: people experiencing homelessness, substance misuse, safeguarding concerns, cognitive impairment) The revised policy has a strong safeguarding alignment to adult and children safeguarding procedures Risk assessments include: • Misuse • Overdose • Self-harm And this is no explicit within the policy. Clear escalation pathways to health professionals & emergency services are now embedded. There is improved controlled drug handling and reporting improves safety However, strict compliance requirements may: • Exclude or delay access for highly vulnerable individuals • Complex processes may not suit chaotic lifestyles To address this the policy includes: • Person-centred planning • Multi-agency working	N
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					Flexible, trauma-informed application across the system	
Interconnected Characteristics / Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?

Gloucestershire County Council Staff

Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age	X				Clear procedures and structured training support:	N

					• Younger staff building competence • Newly qualified or inexperienced staff Annual competency assessments ensure consistent standards across all ages. The council has a strong staff training approach (practical, refresher-based) & supportive supervision and mentoring	
Disability	X				Policy includes explicit provision for reasonable adjustments for staff, particularly around training and competency (Section 6) And clear processes reduce reliance on memory or judgement. Staff are well supported through other GCC policies (such as supervision) to identify any Individual risk for staff roles and requirements for adjustments (e.g. modified duties, additional supervision), alongside accessible training materials	N
Sex		X			• No gender-based differentiation in roles or expectations • Equal access to training and responsibilities	N
Race	X				Clear written procedures support staff where English is not their first language.	N

					Standardisation reduces reliance on informal communication However, • Complex terminology and procedures may disadvantage Staff with limited English proficiency • Training delivery may not always meet diverse needs To mitigate this, information can be provided in Plain English materials with a glossary/index of technical works with additional learning support where needed	
Gender reassignment		X			Inclusive, person-centred approach extends to staff. No exclusionary language or practice	N
Pregnancy & maternity	X				Clear procedures reduce uncertainty and risk – this ensures that pregnant staff are not expected to take unsafe responsibility beyond their role.	N
Religion and/or belief		X			The policy does not conflict with religious beliefs.	N
Sexual orientation		X			Inclusive, non-discriminatory approach No relevance to medication responsibilities	N
Marriage & civil partnership		X			No direct relevance to policy requirements	N
Armed Forces community		X			No direct barriers identified	N

					Potential impact if frequent relocation affects continuity of employment/training. The council has on-boarding and refresher training.	
Carers		X			Carers (Staff who are carers) There is a risk that training and shift requirements may conflict with caring responsibilities, but with as with any other staff training, the council ensures everyone is safe and able to do their job through flexible arrangements where possible.	N
Care leavers / care experienced adults		X			No direct barriers identified	N
Digital exclusion		X			Training and learning is provided in a range of formats, so should staff experience lack of confidence in the digital space this can be addressed. Staff have undergone a rapid digital transformation within the service recently and this has upskilled all staff where possible.	N
Geography, for example, urban and rural areas		X			All staff are provided the relevant training for their service, regardless of their location	N
Socio-economic disadvantage		x			- Structured training improves professional development opportunities - Clear expectations support consistent practice regardless of background	N

Vulnerable groups of society		x			Staff experiencing stress, financial hardship, or health issues may be disproportionately affected by workload and responsibility The council offers: - Wellbeing support & - Regular supervision	
Interconnected Characteristics / Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?

4. Action Plan

Set out the key actions that will be undertaken, following the equality assessment in section 3, to further maximise the positive impact or mitigate the negative impact of the proposal on the protected characteristics and additional groups prior to implementation (any negative consequences should be eliminated, minimised or counter-balanced by other measures):

Identified Potential or Actual Impact	Recommended Action(s)	Owner	Target Completion Date
Barriers to access due to unable to gain NHS PRN protocol	To monitor the application of the policy to understand how many people are having their services paused and/or how much support people require to gain up to date PRN protocol. Then understand if the delay is due to socio-economic factors	In-House Operations Manager & Registered children home manager	December 2026

5. Monitoring and Review

Public bodies must have regard to the aims of the duty not only when a policy, service or development is being created and decided upon, but also when it is implemented and at regular intervals thereafter. The Equality Duty is a continuing duty.

Lead officer(s):	In-House Operations Manager & Registered children home manager
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Part 1 – Initial arrangements (up to around six months following implementation)

Date of the post implementation review:	The initial EQIA review will take place 3–6 months after implementation An earlier review may be triggered if a significant incidents occurs or concerns are raised by staff, people accessing services, parents, guardians, or carers
Approach to <u>measuring the impact</u> of the change to enable a <u>comparison</u> between the <u>anticipated impact</u> (as set out in section 3) with the <u>actual impact</u> : ▪ What mechanisms will be used? ▪ How will people accessing care and support / the wider community / GCC staff and other stakeholders be involved?	Access to Services Are people experiencing delays due to: • PRN protocol requirements • Consent or documentation processes Are any groups more affected (e.g. people with disabilities, low literacy, or limited support)? Staff Experience Are staff able to: ○ Understand and apply the policy consistently? ○ Complete medication tasks within available time?

Are there any reports of:

- Increased stress
- Training gaps
- Disproportionate impact on specific staff groups (e.g. disabled staff, carers)?

Equality Impacts

Are there any early indicators of:

- Disproportionate incidents or complaints
- Reduced access or engagement for particular groups

Operational Impact

Are processes workable in practice:

- MAR completion
- PRN protocol implementation
- Emergency medication procedures

Are any aspects creating unnecessary barriers or being applied inconsistently across services

Responsibilities

Registered Managers:

- Provide feedback on implementation issues
- Highlight equality concerns

	Policy Lead / Policy Team: • Collate findings • Review equality impacts Senior Leadership: • Provide oversight and approve any required changes
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Part 2 – Ongoing arrangements (from around six months onwards)

Frequency of monitoring and review:	Annually. An earlier review may be triggered if a significant incidents occurs or concerns are raised by staff, people accessing services, parents, guardians, or carers
What mechanisms will be used? How will people accessing care and support / the wider community / GCC staff and other stakeholders be involved?	The EQIA will be actively monitored to ensure that the policy: Does not result in unintended discrimination Continues to promote equality, safety, and inclusion Identifies and addresses any disproportionate impacts on protected or vulnerable groups What Will Be Monitored Impact to people we support: • Access to services due to delays to PRN protocols or consent requirements • Incidents of:

- Medication errors
- Refusals linked to communication or cultural barriers

- Safeguarding concerns related to medication
- Complaints and feedback relating to:
 - Equality, access, or inclusion

Staff Impacts

- Training completion and competency rates
- Medication-related incidents and errors, including whether workload or complexity is a factor
- Staff feedback on:
 - Workload
 - Stress
 - Understanding of policy
- Sickness absence or turnover where linked to role pressures

Equality and Diversity Data

Where available and appropriate:

Outcomes analysed by:

- Protected characteristics (age, disability, race, etc.)
- Additional groups (carers, socio-economic status, etc.)

And the identification of any disproportionate impact on specific groups

Operational Data

- Audit outcomes (medication audits, MAR checks)
- Compliance with:
 - PRN protocols
 - Consent processes
- Use of emergency medication procedures

How Monitoring Will Be Carried Out

Routine Monitoring:

- Medication audits (as per policy Section 20)
- Incident reporting systems
- Supervision and team meetings
- Service-level reviews

Feedback Mechanisms

- Complaints and compliments
- Feedback from people accessing services, carers, parents, family, friends and guardians
- Staff feedback via:
 - Supervision
 - Team meetings
 - Surveys (where applicable)

Management Oversight

Review by:

Registered Managers

	Senior leadership teams
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6. Approval

Signature of Policy Officer	<i>C.Hatherall-Cook</i>
Name of Policy Officer	C.Hatherall-Cook
Date	30 th June 2026

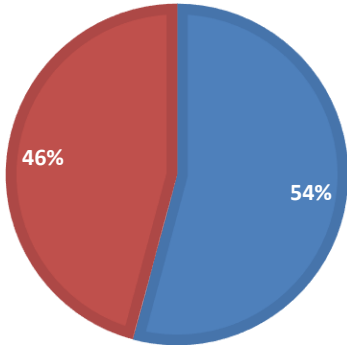
Name of Adults Decision Maker	Adults Quality Assurance Board
Date	24/07/2026
Name of Children and Families Decision Maker	Assistant Director Corporate Parenting
Date	16/09/2026

Appendix 1 – Service User Data and Information

Details of people accessing care and support affected by the proposed activity: [NB Ensure you follow the data suppression guidance in the annotated version of the EqIA to reduce the risk of inadvertently disclosing personal data and therefore breaching GDPR]

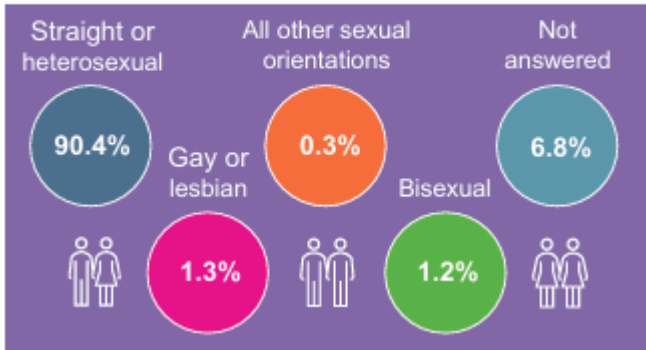
Groups	Adults Accessing Our Services Data and Information
	Direct information about people attending day centre is not available and where it is available the data will need to be suppressed. Therefore a more generalised picture has been provide for this EQIA with work in progress to find more local data in the next review. Childrens service data is unknown.

Age	AGE ACROSS ASC ACTIVE SERVICES JUNE 2026 Legend: 18-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85-94, 95+ <table border="1"><thead><tr><th>Age Group</th><th>Percentage</th></tr></thead><tbody><tr><td>18-34</td><td>12%</td></tr><tr><td>35-44</td><td>7%</td></tr><tr><td>45-54</td><td>7%</td></tr><tr><td>55-64</td><td>11%</td></tr><tr><td>65-74</td><td>13%</td></tr><tr><td>75-84</td><td>21%</td></tr><tr><td>85-94</td><td>23%</td></tr><tr><td>95+</td><td>6%</td></tr></tbody></table>	Age Group	Percentage	18-34	12%	35-44	7%	45-54	7%	55-64	11%	65-74	13%	75-84	21%	85-94	23%	95+	6%
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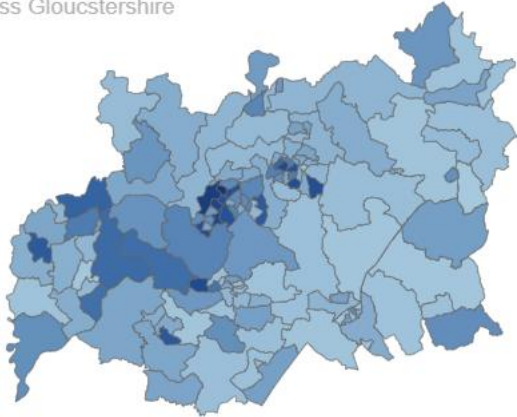
Disability	In Gloucestershire 16.8% of people are disabled under the Equality Act. In June 2026 the majority of people accessing ASC services have their primary reason as physical support (around 60%)								
Sex	SEX ACROSS ASC ACTIVE SERVICES - JUNE 2026 ■ Female ■ Male ■ unknown <table border="1"><thead><tr><th>Sex</th><th>Percentage</th></tr></thead><tbody><tr><td>Female</td><td>54%</td></tr><tr><td>Male</td><td>46%</td></tr><tr><td>unknown</td><td>0%</td></tr></tbody></table>	Sex	Percentage	Female	54%	Male	46%	unknown	0%
Sex	Percentage								
Female	54%								
Male	46%								
unknown	0%								
Race	The majority of people (over 80%) with an active service in June 2026 identified as “white”								

Gender reassignment	Gender identity Gender identity the same as sex registered at birth 94.4% Gender identity different from sex registered at birth 0.4% Not answered 5.2% from the population information sheet for Gloucestershire¹
Pregnancy & maternity	There were 5826 live births in Gloucestershire
Religion and/or belief	In Gloucestershire, 49.2% of people said they are Christians with 41.1% saying they have no religion.

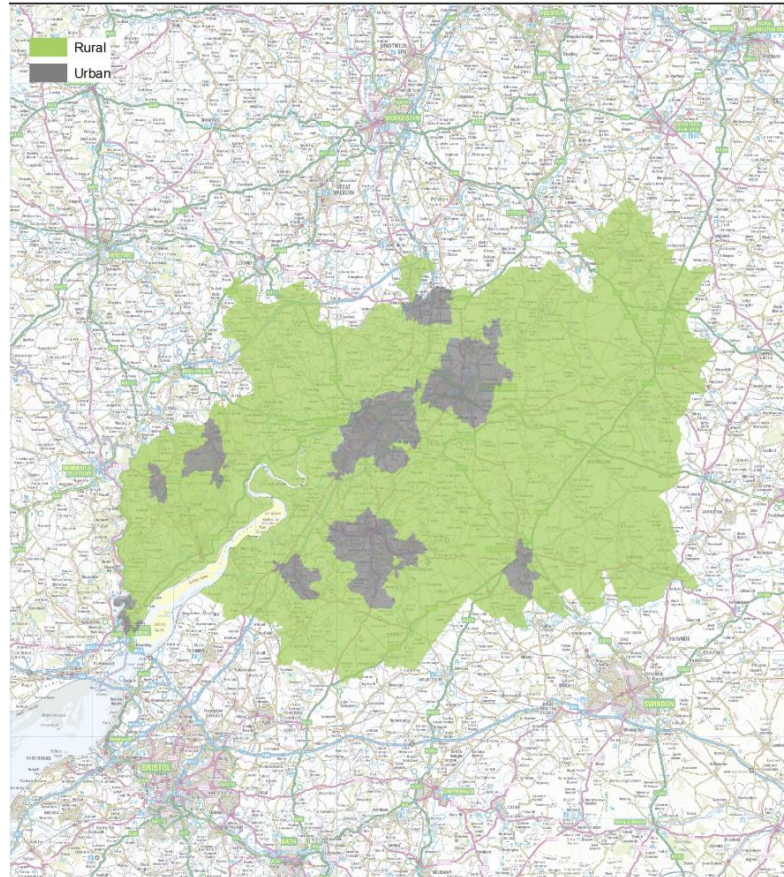
¹ [factsheet-2026-gloucestershire.pdf](#)

Sexual orientation	From the population information sheet for Gloucestershire² Sexual orientation  The infographic displays the following data: <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Straight or heterosexual</td> <td>90.4%</td> </tr> <tr> <td>Gay or lesbian</td> <td>1.3%</td> </tr> <tr> <td>All other sexual orientations</td> <td>0.3%</td> </tr> <tr> <td>Bisexual</td> <td>1.2%</td> </tr> <tr> <td>Not answered</td> <td>6.8%</td> </tr> </tbody> </table>	Sexual Orientation	Percentage	Straight or heterosexual	90.4%	Gay or lesbian	1.3%	All other sexual orientations	0.3%	Bisexual	1.2%	Not answered	6.8%
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Not answered	6.8%												
Marriage & civil partnership	N/A – this isn't an employment related policy												
Armed Forces community	Gloucestershire has a relatively high Armed Forces presence, with approximately 1 in 20 adults identifying as veterans. This group may have distinct health, social and wellbeing needs, including physical disability and mental health conditions, which intersect with Adult Social Care provision.												
Carers	In Gloucestershire unpaid carers makes up 8.5% of population (~51,800 people)												
Care leavers / care experienced adults	There is no large published county-level breakdown specific to Adult Social Care, but Gloucestershire, like all upper-tier authorities, has a relatively small but significant cohort of care leavers transitioning into adulthood each year.												
Digital exclusion	National benchmarks suggest: Around 6–10% of adults are “internet non-users”, rising significantly in older age groups Among those aged 75+, digital exclusion can be over 30–40%												

² [factsheet-2026-gloucestershire.pdf](#)

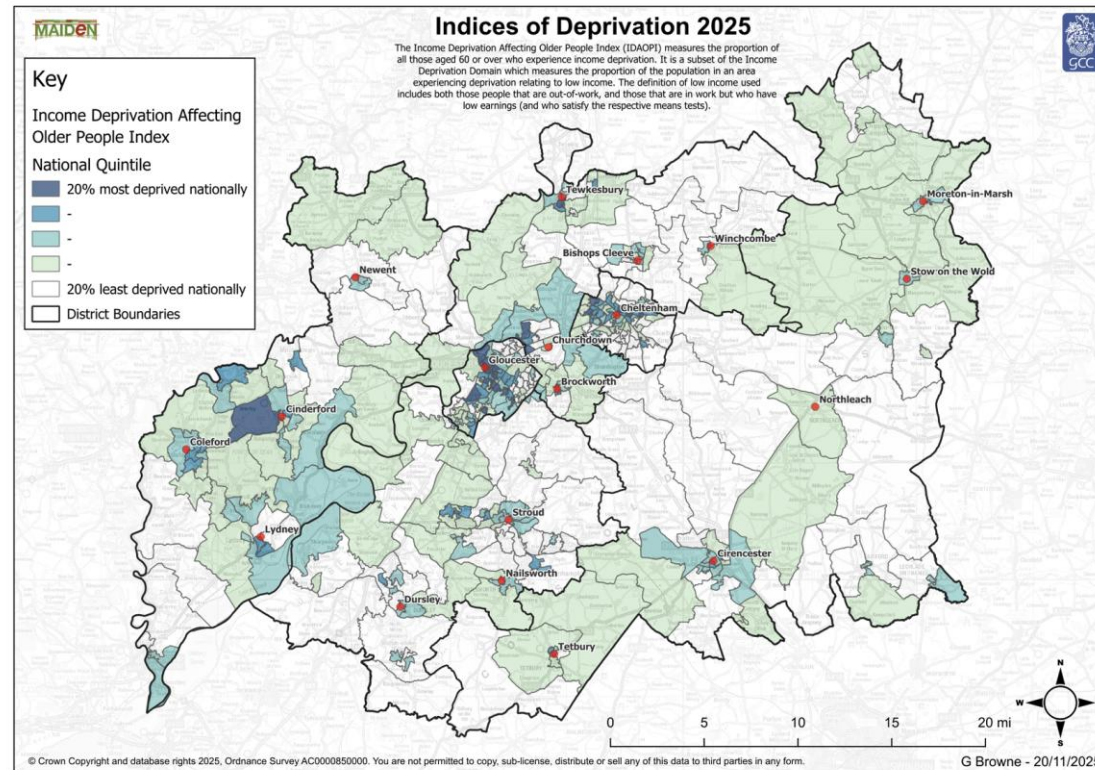
	Applied locally: Given Gloucestershire's ageing population and rural geography, digital exclusion is likely to be higher than average in ASC cohorts
Geography, for example, urban and rural areas	Current Clients by Ward (Light Blue = low, Dark Blue = High) across Gloucestershire 

Gloucestershire LEP OAs by rural / urban classification 2011



Comparing the maps, you can see a higher density areas of services in in urban areas of Gloucestershire, in particular west Gloucestershire

Socio-economic disadvantage



This map, when compared with the others in geography, shows a higher number of people accessing services in areas with more deprivations ³

Vulnerable groups of society

This is not a single dataset but a composite understanding based on Gloucestershire characteristics.

Key indicators locally Gloucestershire had:

- 16.8% disabled population
- ~21% aged 65+ (growing)

³ [idaopi-gloucestershire-nq.pdf](#)

	• 8.5% unpaid carers (~51,800 people) • High levels of: ○ One-person households (30%) ○ Rural isolation in parts of the county
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Appendix 2 – Gloucestershire County Council Staff Data and Information - Data for in-house services is suppressed, however an overview of all GCC staff can be found here:

3. Workforce Overview Snapshot – Gloucestershire County Council (GCC):

The graphs below show a snapshot of the GCC workforce demographic (at 01/07/2025), including headcount by role, gender, age bracket, disability status, ethnicity, sexual orientation, self-identified gender, marital status and religion.

