

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
Service area	Gloucestershire Shared Lives (GSL)
Title of the proposed change being assessed i.e. the policy, service or other development	Review of the Gloucestershire Shared Lives Medication Policy

Describe the purpose of the proposed change and the intended outcomes

GSL is an alternative to traditional social care or health services. It is a service where someone aged 18 and over with an assessed eligible health or social care need can be supported for a few hours, a few days or live on a long-term basis with a GSL carer in their home as part of their family.

Many of the people who use GSL need to take medication, both prescribed and unprescribed. This policy supports the needs to ensure all medication activities are completed safely, but with opportunities to promote independence, choice and control.

This policy sets out what GSL and carers will do to manage potential risks related to medication management so that people in GSL arrangements are supported to use prescribed and other medications safely.

This Equality Impact Assessment compares the 2020 and 2025 versions of the Medication Administration – Gloucestershire Shared Lives policy to evaluate their

impact on individuals with protected characteristics under the Equality Act 2010 and additional characteristics from our local equality assessments.

The 2025 policy demonstrates a more positive impact than the 2020 policy, notably:

- Improved accessibility and clarity for carers and people in shared lives placements, especially those with learning disabilities or low literacy through an expanded structure with detailed appendices, clearer formatting and hyperlinks
- A stronger emphasis on person centred care through embedding positive behavioural support principals, STOMP and reasonable adjustments
- Expanded guidance on mental capacity act, best interest decisions and consent creates more robust safeguards for people lacking capacity and clearer expectations for carers
- Detailed PRN protocol and templates clarify recording expectations
- Explicit references to reasonable adjustments, accessible formats and cultural needs – supporting compliance with the equality act 2010
- Clarity of data protection rights of people and protecting privacy of those who are our most vulnerable in the community.

Who is affected by the proposals?

People accessing our service:	Yes
Wider community:	No
Workforce:	Yes
Other (please specify):	Shared Lives carers

Decision to be taken and decision maker	The decision is for the Director of Adult Social Care Operations to adopt the reviewed policy.
Person(s) responsible for completing this assessment	Carrieann Hatherall-Cook
Date of this assessment	11/07/2025

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 our service) 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 our service / Wider Community	No direct engagement has been completed with people accessing our service. The majority of this policy is entrenching our requirements under the relevant legislation and regulations.	<ul style="list-style-type: none">- Complaints data- Inform Gloucestershire https://www.goucestershire.gov.uk/inform/adults-and-older-people/- Service user diversity report service-user-diversity-report-202324.pdf- GSL equalities monitoring
Workforce	Key members of the GSL team and In-House services have been involved in the development of the policy review. Key members reviewed the policy and EQIA at the Practice Quality Board	<ul style="list-style-type: none">- Workforce data report
Partners	The policy has been reviewed by Chief Pharmacist Primary Care & Associate Director at NHS Gloucestershire.	

	Key members reviewed the policy and EQIA at the Practice Quality Board	
Other		<p>Key regulation documents such as</p> <ul style="list-style-type: none"> - Skills for Care - CQC

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 our service	Gloucestershire County Council (GCC) Staff
Protected Characteristics (Equality Act 2010)	<p>The 2020 policy:</p> <p>Strengths:</p> <ul style="list-style-type: none"> - Maintains a clear neutral tone in relation to all nine characteristics - Uses gender neutral language <p>Opportunities</p> <ul style="list-style-type: none"> - Expand on mental capacity and support needs - To offer the policy in alternative formats in a clear proactive rather than reactive way - Does not include reference to cultural needs 	<p>The policy only impacts staff through implementation and understanding of the policy.</p> <p>This is not a workforce related policy, therefore any impact assessment will only consider the accessibility and implementation of the policy into business as usual.</p>
Additional Groups (including care leavers / care experienced adults)		

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 our service

Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age	X				<p>Due to the nature of adult social care, people who are older and more likely to be impacted by this policy.</p> <p>This policy that explains safe use of medication, and protects them from misuse of medication</p> <p>The 2025 updated policy includes clearer guidance on medication administration, consent, and safeguarding which benefits older adults and carers supporting them</p> <p>The policy is more accessible through an expanded structure with detailed appendices, clearer formatting and hyperlink</p>	
Disability	X				<p>Due to the nature of adult social care, people with a disability are more likely to be impacted by this policy.</p> <p>The 2025 policy significantly improved support for people with learning disabilities, autism, mental health conditions, and physical impairment through a strong emphasis on:</p> <ul style="list-style-type: none"> - Mental Capacity Act and Code of Practice - Person-centred care 	

					<ul style="list-style-type: none"> - Positive Behavioural Support (PBS) - STOMP (Stopping Over-Medication of People with Learning Disabilities and Autism) - Reasonable adjustments and accessible formats <p>Particularly relevant in accordance with STOMP (STOMP stands for stopping over medication of people with a learning disability) guidance.</p> <p>The policy has been amended to ensure person centred care, that maximises independence when someone can manage their own medication.</p> <p>The policy is more accessible through an expanded structure with detailed appendices, clearer formatting and hyperlink</p>	
Sex		X			No Significant Impact Identified	
Race	X				Includes references to considering cultural and emotional needs when making medication decisions and best interest assessments.	
Gender reassignment		X			No Significant Impact Identified	
Pregnancy & maternity		X			No Significant Impact Identified	
Religion and/or belief	x				The 2025 policy promotes respect for religious beliefs in care planning.	

					The policy has entrenched the need for carers to understand the medication needs, preferences and choices of the person they support. This Person-centred care approach allows for religious beliefs to be considered in medication decisions (e.g., fasting, dietary restrictions). Such as some medication choices due to religious reasons (such as not using gelatine capsules)	
Sexual orientation		X			No Significant Impact Identified	
Marriage & civil partnership		X			No Significant Impact Identified	
Armed Forces community		X			No Significant Impact Identified	
Carers	X				The policy states clear responsibilities for formal and informal carers, allowing them better clarity and ability to care effectively	
Care leavers / care experienced adults				X	Unknown impact	Y
Digital exclusion		X			No Significant Impact Identified	
Geography, for example, urban and rural areas		X			No Significant Impact Identified	
Socio-economic disadvantage		X			No Significant Impact Identified	

Vulnerable groups of society		X			No Significant Impact Identified	
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			No Significant Impact Identified	

Disability	X				The 2025 policy has been accessibility checked. This includes use of assistive technologies.	
Sex		X			No Significant Impact Identified	
Race		X			No Significant Impact Identified	
Gender reassignment		X			No Significant Impact Identified	
Pregnancy & maternity		X			No Significant Impact Identified	
Religion and/or belief		X			No Significant Impact Identified	
Sexual orientation		X			No Significant Impact Identified	
Marriage & civil partnership		X			No Significant Impact Identified	
Armed Forces community		X			No Significant Impact Identified	
Carers	X				Staff who have a caring role have the same positive impact as above	
Care leavers / care experienced adults		X			No Significant Impact Identified	
Digital exclusion		X			No Significant Impact Identified	
Geography, for example, urban and rural areas		X			No Significant Impact Identified	
Socio-economic disadvantage		X			No Significant Impact Identified	

Vulnerable groups of society		X			No Significant Impact Identified	
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
Unknown Data for care leavers/care experienced adults	Speak with the wider system and data project to understand how we can collect this data moving forward	CHC	September 2025

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):	Rachel Jarvis – GSL Team manager
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Part 1 – Initial arrangements (up to around six months following implementation)

Date of the post implementation review:	December 2025
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 our service / the wider community / GCC staff and other stakeholders be involved?	<ul style="list-style-type: none">- Review the number of medication incidents or queries over the last 6 months- Review the number of complaints around medication over the last 6 months- Ask for feedback from GSL and GSL carers on the new policy and equality impact assessment

Part 2 – Ongoing arrangements (from around six months onwards)

Frequency of monitoring and review:	Every 3 years
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What mechanisms will be used? How will people accessing our service / the wider community / GCC staff and other stakeholders be involved?	At each policy review, the question will be asked

6. Approval

Signature of Officer	C.Hatherall-Cook
Name of Officer	Carrieann Hatherall-Cook
Date	14/07/2025

Signature of Lead Officer	<i>Rachel Jarvis</i>
Name of Lead Officer	Rachel Jarvis
Date	14/07/2025

Appendix 1 – Service User Data and Information

Details of people accessing our service affected by the proposed activity:

Groups	Service User Data and Information																	
	GSL individuals in a placement																	
	<table border="1"><thead><tr><th>Age (years)</th><th>Percentage</th></tr></thead><tbody><tr><td>20 – 30</td><td>38.3%</td></tr><tr><td>31 – 40</td><td>36.17%</td></tr><tr><td>41 – 50</td><td>12.76%</td></tr><tr><td>50+</td><td>12.77%</td></tr></tbody></table>		Age (years)	Percentage	20 – 30	38.3%	31 – 40	36.17%	41 – 50	12.76%	50+	12.77%						
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	Service User Diversity report: Older people (65 years and over) with a physical support need make up almost 60% of those																	

	<p>supported or cared for by Adult Social Care. People with a learning disability account for just over 20% of people receiving support. 18-64 year olds with a physical support need made up 15% of those in receipt of a service. People with a mental health need formed the remaining 5% of those supported.</p>								
Disability	<p>GSL individuals in a placement Due to the nature of GSL, all individuals in GSL placements have a disability</p> <p>Service User Diversity Report: The proportion of older people needing support with personal care has increased over the last five years from 66% to 80%. This is, in part, likely to be due to improved capture of information as data wasn't captured for almost 10% of people in 2019/20 but may also reflect a greater proportion of people remaining in their own home as needs increase. The second biggest area of need for older people is with memory and cognition (11%). Personal care also makes up the primary reason for services to two-thirds of 18-64 year olds (67%). Mental health and memory and cognition make up the next two largest categories of support for this group (13% and 7% respectively). For those receiving support for a mental health condition, 5% also required support with access and mobility</p>								
Sex	<p>GSL individuals in a placement</p> <table border="1"> <tr> <td>Male%</td> <td>Female%</td> </tr> <tr> <td>53.85%</td> <td>46.15%</td> </tr> </table> <p>GSL carers</p> <table border="1"> <tr> <td>Male%</td> <td>Female%</td> </tr> <tr> <td>30.30%</td> <td>69.70%</td> </tr> </table> <p>Service User Diversity Report:</p>	Male%	Female%	53.85%	46.15%	Male%	Female%	30.30%	69.70%
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	At the end of 2023/24, more females than males were in receipt of support from Adult Social Care (55% compared with 45%). This means that females are slightly over-represented compared to the overall female population of Gloucestershire, aged 18 years and over (52%).
Race	Service User Diversity Report: The majority of people receiving support of care from Adult Social Care at the end of March 2024 were white (88%, white British, white Irish, white European, white other). This has remained consistent over time.
Gender reassignment	Service User Diversity Report: A small proportion of people disclosed that they were transgender, non-binary or preferred their own term to describe their gender identity
Pregnancy & maternity	None
Religion and/or belief	Service User Diversity Report: Almost 2 in 5 people stated that they were Church of England or Scotland, Christian or Christian Scientist (39%). Around 15% of people chose not to share information about their religion and beliefs, 11% of people said that they were agnostic or atheist, while 4% of people were Catholic. All other religions accounted for fewer than 1% of people supported each but covered a wide range of belief systems
Sexual orientation	Not collected
Marriage & civil partnership	Not collected
Armed Forces community	Not collected
Carers	Service User Diversity Report:

	<p>The majority of carers were female (70%); this has remained consistent over time. As mentioned above, we are working to reach more male carers.</p> <p>Almost 45% of carers were within age groups which form the majority of working-age people i.e. between 18-64 years. Carers aged 65- 84 years also made up around 45% of those receiving support for their caring responsibilities, while 10% of carers were aged 85 years and over and may be more likely to have more vulnerabilities of their own</p> <p>The majority of carers were white (92%, white British, white Irish, white other). This is in line with the population in Gloucestershire. All other races made up 1% or fewer of carers each, but equated to 170 people representing a wide range of backgrounds.</p> <p>At the end of 2023/24, half of carers considered themselves to have no disability (49%).</p>
Care leavers / care experienced adults	<p>Gloucestershire population data: 1st April and 31st March of the reporting year. For 2024 there were 370 people that fell into that category</p>
Digital exclusion	<p>In Gloucestershire, it is estimated that between 30,000 and 40,000 (6-8%) adults in the county are effectively offline and a further 80,000 - 100,000 adults are online but are likely to be missing the full benefits of the internet</p> <p>High risk areas for digital exclusion exist in every district. Forest of Dean: Cinderford, Newnham and Blakeney. Gloucester: the centre, Westgate and Matson/Robinswood. Stroud: Stroud Town, Minchintonhampton and Amberley. Tewkesbury: Shurdington and Badgeworth. Cheltenham: pockets in Hesters Way, Arle and Oakley. Cotswolds: Moreton, Stow and Cirencester Central.</p> <p>https://www.goucestershire.gov.uk/health-and-social-care/public-health/reports-publications-and-strategies/director-of-public-health-report-2022/5-digital-connections/#_edn1</p>
Geography, for example, urban and rural areas	Service User Diversity Report:

	<p>There is an under-representation of younger people (18-64) with a physical support need in Cotswolds, Stroud and Tewkesbury (33% of those supported for a physical need compared with 46% of the 18-64 years population of the County), and an overrepresentation in Gloucester (30% compared with a population representing 22% of the 18-64 year olds in the County).</p> <ul style="list-style-type: none"> - For older people, people receiving services in Cheltenham and Gloucester make up 42% of over 65's supported by Adult Social Care, compared with an over 65's population of 32% of the County in those areas. Again, Cotswolds, Stroud and Tewkesbury are each slightly under-represented (42% of service users compared with 52% of the over 65's population). - There is an under-representation of people with a mental health condition supported in the Stroud District (13% of those supported in relation to a mental health condition compared to an adult population (18+) representing 20% of the County). - 2% of people supported by Adult Social Care are outside of the County.
Socio-economic disadvantage	In terms of deprivation, 27% of the overall adult population of Gloucestershire live in more deprived areas (the five lowest deciles within the County). There is a greater representation of these adults among those receiving support from Social Care (40%). The top five least deprived deciles was under-represented by almost 15% points. Representation across the 10 deciles has remained consistent over the last five years.
Vulnerable groups of society	Information not easily available

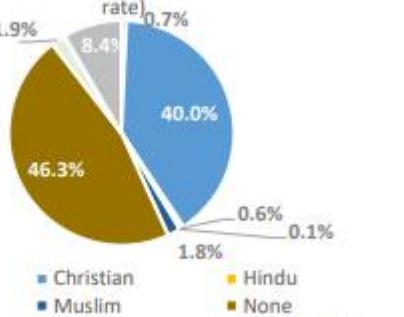
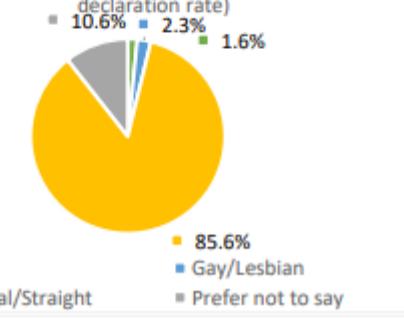
Appendix 2 – Gloucestershire County Council Staff Data and Information

Details of GCC staff affected by the proposed activity:

Groups	GCC Workforce Data and Information ¹												
Age	<p>GCC: Age Bracket</p> <table><thead><tr><th>Age Bracket</th><th>Percentage</th></tr></thead><tbody><tr><td>16-25</td><td>5.6%</td></tr><tr><td>26-35</td><td>24.2%</td></tr><tr><td>36-45</td><td>23.1%</td></tr><tr><td>46-55</td><td>26.9%</td></tr><tr><td>56+</td><td>20.2%</td></tr></tbody></table>	Age Bracket	Percentage	16-25	5.6%	26-35	24.2%	36-45	23.1%	46-55	26.9%	56+	20.2%
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Disability	<p>GCC: Disability (based on 68.6% declaration rate)</p> <table><thead><tr><th>Disability Status</th><th>Percentage</th></tr></thead><tbody><tr><td>Not Disabled</td><td>78.3%</td></tr><tr><td>Prefer not to say</td><td>17.0%</td></tr><tr><td>Disabled</td><td>4.8%</td></tr></tbody></table>	Disability Status	Percentage	Not Disabled	78.3%	Prefer not to say	17.0%	Disabled	4.8%				
Disability Status	Percentage												
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Sex	The split remains approximately 70% female and 30% male												

¹ <https://www.goucestershire.gov.uk/media/ptbd23uz/gcc-workforce-edi-report-2024-final.pdf>

Race	7.5% of the council's workforce are from a Black, Asian or Minority Ethnic (DEC) background														
Gender reassignment	<p>GCC: Self Identified Gender (based on 31.4% declaration rate)</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>68.6%</td> </tr> <tr> <td>Male</td> <td>30.6%</td> </tr> <tr> <td>Non-binary</td> <td>0.7%</td> </tr> <tr> <td>In another way</td> <td>0.1%</td> </tr> </tbody> </table>	Gender	Percentage	Female	68.6%	Male	30.6%	Non-binary	0.7%	In another way	0.1%				
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Marriage & civil partnership	<p>GCC: Martial Status (based on 59.4% declaration rate)</p> <table border="1"> <thead> <tr> <th>Martial Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Single/Never Married</td> <td>35.3%</td> </tr> <tr> <td>Married/Civil Partnership</td> <td>48.2%</td> </tr> <tr> <td>Divorced/Dissolved Civil Partnership</td> <td>7.7%</td> </tr> <tr> <td>Separated</td> <td>5.8%</td> </tr> <tr> <td>Widowed</td> <td>0.6%</td> </tr> <tr> <td>Prefer not to say</td> <td>2.4%</td> </tr> </tbody> </table>	Martial Status	Percentage	Single/Never Married	35.3%	Married/Civil Partnership	48.2%	Divorced/Dissolved Civil Partnership	7.7%	Separated	5.8%	Widowed	0.6%	Prefer not to say	2.4%
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Prefer not to say	2.4%														
Pregnancy & maternity	During the period 1st July 2023 to 30th June 2024, a total of 151 employees took maternity/adoption leave, 23 employees took paternity leave and other employees utilised family care leave (297) and foster care leave (2)														

Religion and/or belief	<p>GCC: Religion (based on 41.9% declaration rate)</p>  <table border="1"> <thead> <tr> <th>Religion</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Muslim</td> <td>46.3%</td> </tr> <tr> <td>Christian</td> <td>40.0%</td> </tr> <tr> <td>None</td> <td>8.4%</td> </tr> <tr> <td>Hindu</td> <td>1.9%</td> </tr> <tr> <td>Buddhist</td> <td>1.8%</td> </tr> <tr> <td>Sikh</td> <td>0.7%</td> </tr> <tr> <td>Jewish</td> <td>0.6%</td> </tr> <tr> <td>Other</td> <td>0.1%</td> </tr> <tr> <td>Prefer not to say</td> <td>0.1%</td> </tr> </tbody> </table>	Religion	Percentage	Muslim	46.3%	Christian	40.0%	None	8.4%	Hindu	1.9%	Buddhist	1.8%	Sikh	0.7%	Jewish	0.6%	Other	0.1%	Prefer not to say	0.1%
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Socio-economic disadvantage	Information not easily available
Vulnerable groups of society	Information not easily available
