

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	In-House Services
Title of the proposed change being assessed i.e. the policy, service or other development	Adoption of the revised ASC In-House Volunteers Policy

Describe the purpose of the proposed change and the intended outcomes
Adult Social Care has had a volunteer policy since 2005. In recent times, volunteers have been infrequently involved in services. In 2018, there was a proposal to involve supervised volunteers in GCC owned and operated day centres and short term / respite services (In House Services) to: • provide an opportunity for people to volunteer in their local communities • support paid staff at busy times • perhaps encourage interested volunteers to join the paid social care workforce. The 2005 policy was reviewed and a revised version approved in 2019. However, because of the need to minimise risk during the coronavirus pandemic, it was not possible to involve volunteers in services at that time. Once restrictions had been lifted, the 2019 policy was reviewed in 2022 to see if it remained fit for purpose. The following amendments to existing provisions were approved:

- involvement of volunteers in any service to be approved by the Head of Adult Support Services who is now responsible for In House Services
- specify that insurance cover applies when authorised volunteers are involved in carrying out authorised tasks.
- addition of an emergency planning section so that it is clear that when emergency conditions apply, the council may decide not to involve volunteers in services / may impose additional requirements.

In 2026, the policy is under-going a light touch review, with one non-administrative change where the requirement of a DBS check for people wishing to volunteer is embedded into policy, strengthening for the existing requirement of risk assessment. This EQIA builds on the EQIA from 2022

Who is affected by the proposals?

People accessing services:	Yes
Wider community:	No
Workforce:	No
Other (please specify):	

Decision to be taken and decision maker	Adoption of the revised ASC In-House Volunteers Policy by ASC Quality Assurance Board.
Person(s) responsible for completing this assessment	Policy Review Officer
Date of this assessment	19 th 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 services) 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 services / Wider Community	• Safeguarding Adults - re safety of people using In House Services. • HR – re screening and support for volunteers and potential effects on paid workforce. HR referred to unions, no comment from unions. • SHE and Occupational Health – re provisions for volunteers. • Information and Records – re volunteer records. • Information management – re confidentiality /data protection • Gloucestershire Archives and Libraries – re their volunteer policies, their experience of volunteer involvement and how they support volunteers within their services.	Discussion with a CCG Health and Social Care Commissioning Manager re similar issues being considered as part of a broader project to involve volunteers in health and social care. Review of recommendations / provisions for volunteer involvement from / used by: • Skills for Care • Volunteering England • NHS services - Guy's and St Thomas, Royal Free and Kings College Hospitals In addition to the engagement already this assessment draws on wider demographic and population data to understand potential disproportionate impacts.

		Gloucestershire has a population of approximately 650,000–669,000¹, with a median age of 43 and a growing older population, and around 16.8% of residents identifying as disabled. The population is predominantly White British (87.7%), with smaller but important minority ethnic communities. There are also significant numbers of unpaid carers (around 8.5% of residents), who are closely linked to Adult Social Care systems. These characteristics are particularly relevant as: People accessing Adult Social Care are disproportionately older and disabled. Volunteer participation is not evenly distributed across these groups. There is a risk that volunteer cohorts do not reflect the diversity of the population or the needs of those accessing services. There are recognised data gaps in: • Diversity of current or prospective volunteers • Lived experience relating specifically to volunteers Actions to address these gaps are included in Section 4.
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¹ <https://www.ons.gov.uk/explore-local-statistics/areas/E10000013-gloucestershire/indicators>

Workforce	• ASC Recruitment and Retention • In-House Day Centre and respite services Operations Managers	
Partners	N/A	N/A
Other	N/A	N/A

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 services	Volunteers/ workforce
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Protected Characteristics (Equality Act 2010)	The 2022 EQIA assessment identified potential impacts for several protected characteristics in relation to the involvement of volunteers. Age, Disability, and Gender Reassignment: Potential impacts have been identified. These relate to the possible vulnerability of people accessing services where volunteers are involved, particularly regarding screening, training, role responsibilities, and access to personal information. There is also a risk that individuals may feel excluded from volunteering opportunities based on these characteristics. Race: Although marked as no impact identified, some risks have been noted. These include the potential for people accessing services to be affected if volunteers lack cultural awareness or hold discriminatory views, and the possibility of volunteers feeling excluded based on race. Overall: The key themes underpinning identified impacts include safeguarding risks to accessing services and the potential exclusion of individuals from volunteering opportunities. These risks highlight the	The 2022 EQIAS shows the policy is broadly inclusive in intent and applies equally to all individuals; however, there are potential indirect impacts for volunteers with protected characteristics. These arise primarily from safeguarding requirements, eligibility criteria, and the practical application of recruitment and screening processes. Certain groups, particularly disabled individuals, younger and older people, and those from underrepresented communities, may experience barriers to participation, for example through accessibility of roles, reliance on standard recruitment processes, or risk-based decision making. Impacts are more likely to arise through operational interpretation and implementation rather than the policy itself.
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	importance of robust recruitment, training, and inclusivity measures.	
Additional Groups (including care leavers / care experienced adults)	The 2022 assessment did not consider the additional groups as these were not adopted at the time of the assessment.	The 2022 assessment did not consider the additional groups as these were not adopted at the time of the assessment.

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 services						
Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age		X			The policy has a neutral impact in itself but is heavily shaped by safeguarding requirements.	Y

					Given that people accessing ASC services are disproportionately older, the restrictions on volunteer roles (e.g. no personal care, supervision requirements) are appropriate and proportionate. However, there is a tension between safeguarding and social value. While the policy protects older people from harm, it may also limit opportunities for meaningful engagement and social interaction if volunteer roles are overly restricted in practice. This sits largely outside of the policy and within operational delivery.	
Disability		X			The policy provides appropriate safeguards for people accessing services, many of whom are disabled. The requirement for DBS checks, supervision and risk assessment reduces the likelihood of harm. However, the policy does not explicitly address how volunteers are supported to understand different types of disability (including hidden disabilities, cognitive impairment, or sensory needs). This creates a risk that experiences for disabled people vary depending on volunteer capability and training, which is operational rather than policy driven.	Y
Sex		X			The policy applies to all people regardless of their sex. Volunteers are now mandated to	N

					have a DBS check and relevant risks assessments.	
Race				X	The absence of explicit cultural competence requirements remains a gap. In a county with lower ethnic diversity, there is a risk that volunteer cohorts lack experience or confidence in engaging with people from different backgrounds. The policy does not mitigate this risk directly. While there is no evidence within current data of harm occurring, the absence of monitoring means this cannot be confirmed.	Y
Gender reassignment	X				The introduction of a required DBS check should actively reduce the risk of recruiting volunteers with a history of allegation and offences protecting people accessing our services. Data shows that gender reassignment hate crimes are generally increasing ²	N
Pregnancy & maternity		X			The policy has no direct impact to access for people who are pregnant or recently given birth. Access to services is needs-based and volunteers are risk assessed.	N
Religion and/or belief		X			The policy does not explicitly consider religion or belief. While this suggests neutrality, there is	Y

² <https://www.statista.com/statistics/624011/transgender-hate-crimes-in-england-and-wales-by-offence-type/>

					a reliance on volunteers and staff to respond appropriately to individual needs (e.g. dietary requirements, observance, prayer). Given that almost half the Gloucestershire population identify as Christian and over 40% report no religion, with small but important minority religions present, the risk is low but not absent³	
Sexual orientation		X			Safeguarding provisions and DBS checks contribute positively to reducing risk of harm. However, the policy does not explicitly reference inclusive behaviours or awareness. As with other characteristics, experience is dependent on operational culture and training rather than policy direction.	N
Marriage & civil partnership				X	Not applicable as this does not relate to employment.	N
Armed Forces community		X			The policy may have an impact on people accessing services from the Armed Forces community: Gloucestershire has a relatively high proportion of Armed Forces veterans (around 1 in 20 adults), meaning this group is locally significant. The policy's safeguarding provisions (DBS checks, supervision, role restrictions) provide	Y

³ <https://www.ons.gov.uk/explore-local-statistics/areas/E10000013-gloucestershire/indicators>

					appropriate protection. However, there is no explicit recognition of Armed Forces-specific needs, such as: Awareness of military culture Understanding of trauma or transition experiences This means outcomes for this group depend largely on staff and volunteer awareness, which sits outside the policy itself.	
Carers		X			Given that around 8.5% of Gloucestershire residents are unpaid carers, volunteering opportunities may indirectly support carers' wellbeing or respite. However, where volunteer availability is limited or inconsistent, there may be indirect impacts on service quality and support networks⁴	N
Care leavers / care experienced adults		X			The policy may have an impact on care leavers and care experienced adults accessing services. While this group is more commonly associated with children's services, there is a small but important cohort of care experienced adults who may engage with Adult Social Care	N

⁴ <https://www.ons.gov.uk/explore-local-statistics/areas/E10000013-gloucestershire/indicators>

					The safeguarding measures within the policy (including DBS checks, supervision and role boundaries) provide appropriate protection. Staff awareness of care experience The ability of volunteers to maintain clear and appropriate boundaries This sits primarily outside the policy and within operational practice.	
Digital exclusion		X			The policy does not bring any significant changes in relation to digital, access or eligibility.	
Geography, for example, urban and rural areas		X			Gloucestershire includes significant rural areas, where access to services and volunteering opportunities may be uneven. The policy is neutral but does not address geographic inequalities in access to volunteering or volunteer-supported services.	
Socio-economic disadvantage		X			Interaction with the policy will only happen during time in service, which is not determined by cost but needs	N
Vulnerable groups of society	X				The policy has a broadly positive impact on vulnerable groups of society, as safeguarding is the central principle underpinning volunteer involvement. People accessing Adult Social Care services are, by definition, more likely to be vulnerable due to factors such as age, disability, ill health, or social isolation. The policy mitigates risks to these groups through	N

					clear restrictions on volunteer roles, mandatory supervision, and the strengthening of screening processes, including the introduction of DBS checks.	
Interconnected Characteristics / Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age, Disability and vulnerable groups of society	x				For people accessing ASC In-House services, who by their nature are disproportionately older, disabled, and potentially vulnerable the policy is primarily focuses on the safeguarding of the offer. It aims to ensure that volunteers: • Do not replace trained staff • Do not undertake high-risk tasks • Are screened, supervised, and trained	N

Volunteers

Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age		x			The policy allows applications from those aged 18+, with conditional inclusion of 16–17-year-olds. In practice, this creates a tiered access structure. Younger people may be disproportionately excluded due to: • Requirements for “maturity” assessments • Parental consent expectations • Service-level discretion At the other end of the age spectrum, older volunteers who form a large proportion of the volunteering workforce nationally⁵ may be excluded indirectly through: • Health and safety assumptions • Risk-averse service decisions The policy sets age thresholds and safeguards, which are justified.	N

					However, operational interpretation (e.g. what constitutes “appropriate maturity” or risk) will determine whether exclusion occurs, which will be mitigated through training	
Disability			x		With nearly 17% of the population In Gloucestershire identifying as disabled⁶, this is a critical area. The policy is silent on: • Reasonable adjustments for volunteers • Accessibility of roles • Flexible participation models This creates a risk that disabled people face: • Physical barriers (environment, transport) • Procedural barriers (application forms, interviews) • Assumptive barriers (risk-based exclusions framed as safeguarding) The absence of explicit commitment to adjustments is notable. While equality legislation would still apply, the policy does not actively enable compliance. The gap sits within the policy design itself.	Y

⁶ <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/03/AI-11.2-Appendix-1-Gloucestershire-demographic-profile.pdf>

					Operational teams may compensate, but this leads to inconsistency, therefore an action is required.	
Sex		X			The policy is gender-neutral with no differential criteria. There is no impacted identified	N
Race				X	Gloucestershire is less ethnically diverse than many areas⁷, but global majority groups remain significant and often underrepresented in volunteering. Risks arise where: • Recruitment relies on passive advertising (website-based) • There is no targeted outreach • Cultural awareness is not embedded in volunteer preparation The policy frames volunteering as open to all, but this is a passive equality stance. It does not address structural participation gaps. More proactive inclusion sits largely outside the policy, within engagement strategies, therefore an action is required when considering implementation.	Y
Gender reassignment	X				The introduction of mandatory DBS check should actively reduce the risk of recruiting volunteers with a history of allegation and	N

⁷ <https://www.nhsglos.nhs.uk/wp-content/uploads/2023/03/AI-11.2-Appendix-1-Gloucestershire-demographic-profile.pdf>

					offences creating a safe and inclusive environment for all volunteers. Data shows that gender reassignment hate crimes are generally increasing ⁸	
Pregnancy & maternity		X			The policy is neutral but may create indirect barriers through risk assessment and health and safety requirements. These are appropriate but may be interpreted conservatively in practice. This risk sits primarily at an operational decision-making level.	N
Religion and/or belief		X			The policy doesn't differentiate religion or belief. The services are designed and organised with ED&I in mind, including inclusive environments.	N
Sexual orientation	X				The DBS checks reduce the risk of recruiting volunteers with a history of alleged and committed offences ⁹ creating a safe and inclusion environment, further supported by staff training and GCC codes of conduct	N
Marriage & civil partnership				X	Volunteers are not generally protected by the employment discrimination provisions of the Equality Act unless their role creates a worker/employee relationship. Our terms and	N

⁸ <https://www.statista.com/statistics/624011/transgender-hate-crimes-in-england-and-wales-by-offence-type/>

⁹ <https://www.diversitytrust.org.uk/wp-content/uploads/2025/06/Hate-Crime-2024-1.pdf>

					condition are clear that volunteering does form any employee relationship.	
Armed Forces community		X			The policy is broadly inclusive of individuals from the Armed Forces community and does not create direct barriers to participation.	N
Carers	X				Carers may face barriers to volunteering due to time constraints and caring responsibilities. The policy does allow flexibility in volunteering arrangements, which is positive.	N
Care leavers / care experienced adults		X			The policy is broadly inclusive and does not explicitly exclude care leavers or care experienced adults from volunteering. In fact, volunteering could offer positive opportunities for this group, including: • Building confidence and skills • Developing social connections • Supporting pathways into employment, including social care careers However, there are some potential indirect barriers: Screening requirements (e.g. DBS checks, references) may disproportionately affect care experienced individuals, who may: • Have less stable address histories	Y

					Lack traditional referees The policy does not explicitly recognise or mitigate these structural disadvantages While the policy does state that criminal convictions will not automatically exclude applicants, decision-making is risk-based and may be applied inconsistently. This creates a potential for unintentional exclusion, though this risk is largely dependent on operational interpretation rather than policy intent.	
Digital exclusion		X			The policy does not introduce or embed digital approaches to volunteer recruit. Volunteers have several access routes into volunteering with council, including face to face roadshow that the team attend. Volunteers are also not required to have specific digital skills before recruitment.	N
Geography, for example, urban and rural areas		X			Gloucestershire includes significant rural areas, where access to services and volunteering opportunities may be uneven. The policy is neutral but does not address geographic inequalities in access to volunteering. This is picked up in other areas of the council such as transport and connecting the county.	N

Socio-economic disadvantage		X			Volunteering may favour those who can afford to volunteer. This sits outside the policy to resolve fully but is mitigated through operational practice (e.g. flexible roles, proactive outreach).	N
Vulnerable groups of society		X			Certain volunteers may be considered vulnerable depending on their circumstances, including individuals experiencing mental health challenges, social exclusion, or economic disadvantage. The policy does not explicitly recognise these groups, and there is a risk that volunteering opportunities may not be equally accessible or supportive for them. The implementation of the policy is flexible to allow for adjustments and local access arrangements and considers vulnerable groups within local implementation plans.	N
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
Risk of indirect discrimination for volunteers with a disability	Review the reasonable adjustments in other operational documentations, and make recommendations to improve policy wording at full policy review	Recruitment and Retention Lead	2028
Limited cultural competences provision for volunteers	Check if ED&I and culture training forms part of mandatory inductions, if not, build it into service plans	Recruitment and Retention Lead	2028
Limited knowledge on awareness of training for volunteers on armed forces and military culture	Check if this training forms part of mandatory inductions, if not, build it into service plans	In-House Ops Manager	2028
Lack of diversity data on volunteers	Begin proportionate data collection (if appropriate) and monitor volunteer demographics to understand representation gaps	Recruitment and Retention Lead	2027

Limited understanding of people's experience of volunteers	Introduce feedback mechanisms specifically relating to volunteer involvement	Recruitment and Retention Lead	2027
Potential impact on access for care leavers/care experienced adults	Review recruitment process to staff are aware of these potential impacts and reiterate that applications are case-by-case.	Recruitment and Retention Lead	2027

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):	Recruitment and Retention Lead & In-House Services Operations Manager
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Part 1 – Initial arrangements (up to around six months following implementation)

Date of the post implementation review:	A post-implementation review will be undertaken within 6 months of policy adoption.
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> :	Impact will be monitored through a combination of qualitative and quantitative methods. This will include:

▪ What mechanisms will be used? ▪ How will people accessing services / the wider community / GCC staff and other stakeholders be involved?	• Feedback from people accessing services, including whether volunteer involvement improves experience • Feedback from volunteers regarding accessibility and inclusion • Review of any safeguarding concerns or incidents involving volunteers • Monitoring of volunteer uptake and retention
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Part 2 – Ongoing arrangements (from around six months onwards)

Frequency of monitoring and review:	Every policy cycle (plus annual light touch)
What mechanisms will be used? How will people accessing services / the wider community / GCC staff and other stakeholders be involved?	Monitoring will take place annually in line with service and policy review cycles and will include: • Analysis of volunteer diversity data (where available) • Feedback and complaints from people accessing our services and the volunteers themselves • Workforce feedback from staff supervising volunteers • Review of equality-related incidents Engagement will include: • People accessing services • Volunteers

	• Staff • Relevant community organisations
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6. Approval

Signature of Policy Officer	<i>C.Hatherall-Cook</i>
Name of Policy Officer	C.Hatherall-Cook
Date	25/06/2026

Signature of Decision Maker	ASC Quality Assurance Board
Name of Decision Maker	ASC Quality Assurance Board
Date	24 th July 2026

Appendix 1 – People Accessing Our Services Data and Information

Details of people accessing services 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]**

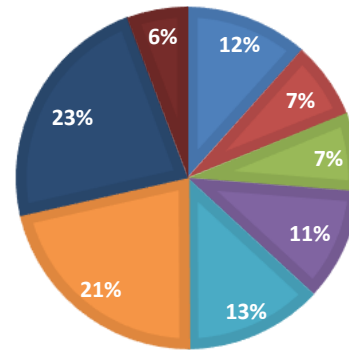
Groups	People Accessing Our Services Data and Information
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Direct information about people attending day centre is not available and where it is available the data will need to be suppressed. Therefore a more generalised picture has been provide for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

Age

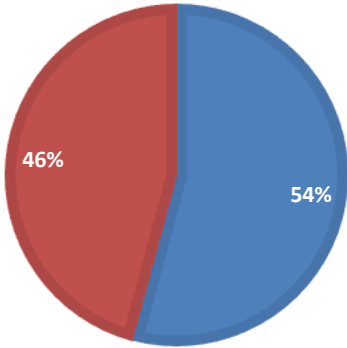
AGE ACROSS ASC ACTIVE SERVICES JUNE 2026

■ 18-34 ■ 35-44 ■ 45-54 ■ 55-64 ■ 65-74 ■ 75-84 ■ 85-94 ■ 95+



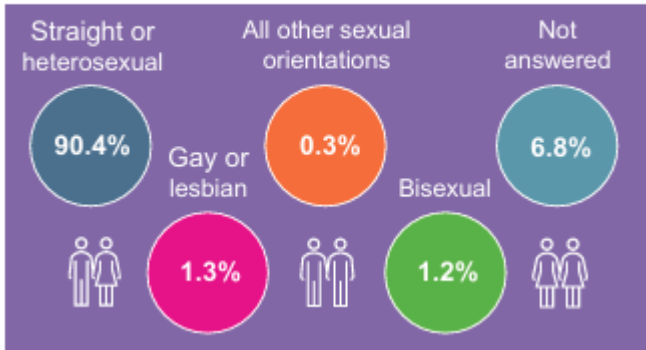
Disability

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%)

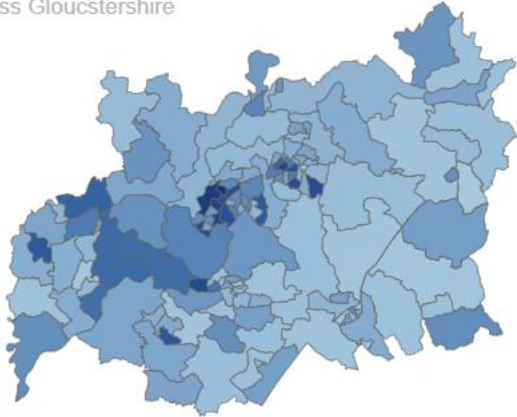
Sex	SEX ACROSS ASC ACTIVE SERVICES - JUNE 2026 ■ Female ■ Male ■ unknown <table border="1"><thead><tr><th>Sex</th><th>Percentage</th></tr></thead><tbody><tr><td>Female</td><td>54%</td></tr><tr><td>Male</td><td>46%</td></tr><tr><td>unknown</td><td>0%</td></tr></tbody></table>	Sex	Percentage	Female	54%	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 Gloucestershire¹⁰
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.

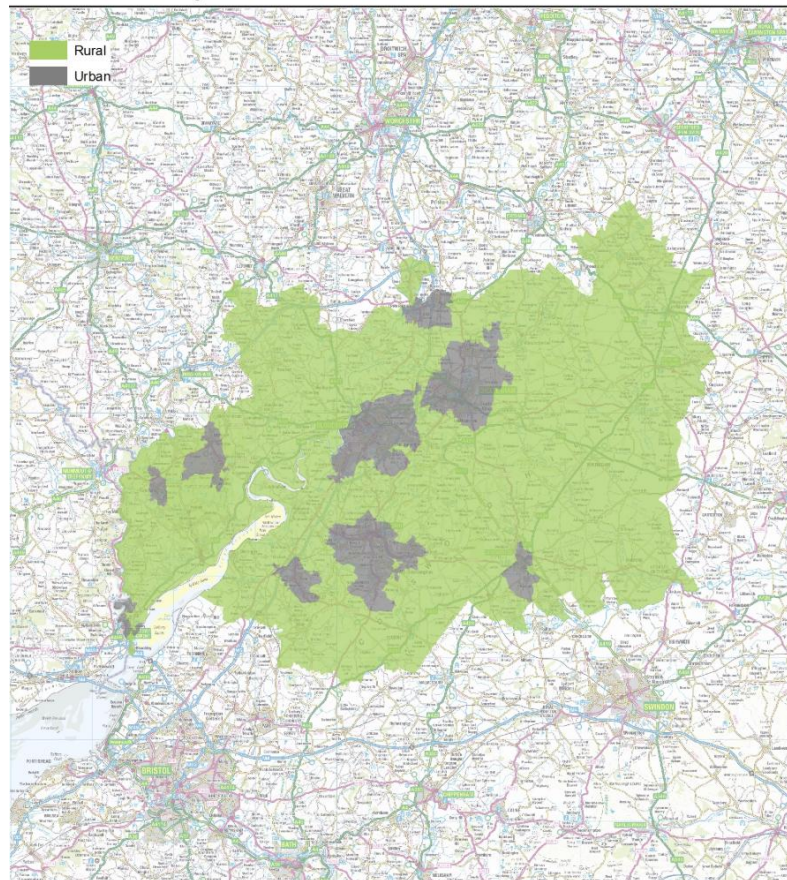
¹⁰ [factsheet-2026-gloucestershire.pdf](#)

Sexual orientation	From the population information sheet for Gloucestershire¹¹ 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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All other sexual orientations	0.3%												
Bisexual	1.2%												
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%												

¹¹ [factsheet-2026-gloucestershire.pdf](#)

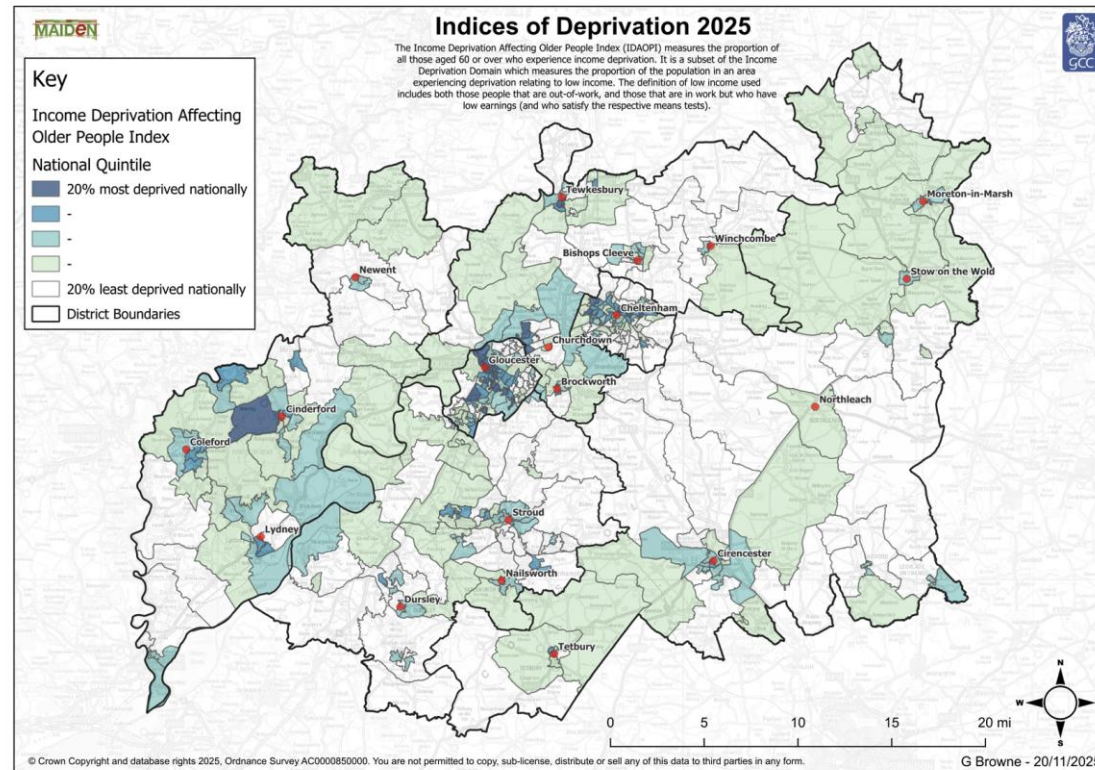
	Applied locally: Given Gloucestershire's ageing population and rural geography, digital exclusion is likely to be higher than average in ASC cohorts
Geography, for example, urban and rural areas	Current Clients by Ward (Light Blue = low, Dark Blue = High) across Gloucestershire 

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 ¹²

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)

¹² [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
