

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:
Gambling Levy Funding – The Glasgow Project**

Please tick the relevant box:-

- Current Service
- Service Development
- Service Redesign
- New Service
- New Policy
- Policy Review

CONTENTS

Description & rationale	Page 3
Q1: Collection of Equalities information	Page 4
Q2: How data will be used	Page 5
Q3: Applying learning	Page 6
Q4: Engaging with equality groups	Page 7
Q5: Physical accessibility	Page 8
Q6: Discrimination & communication	Page 9
Q7: Protected characteristics – Age	Page 10
Protected characteristics – Disability	Page 11
Protected characteristics – Gender Reassignment	Page 12
Protected characteristics – Marriage & Civil Partnership	Page 13
Protected characteristics – Pregnancy & Maternity	Page 14
Protected characteristics – Race	Page 15
Protected characteristics – Religion and Belief	Page 16
Protected characteristics – Sex	Page 17
Protected characteristics – Sexual Orientation	Page 18
Protected characteristics – Socio-economic status & social class	Page 19
Protected characteristics – Other marginalised groups	Page 20
Q8: Impact of cost savings	Page 21
Q9: Investment in learning	Page 22
Q10: Impact on Human Rights	Page 23
Q11: Consideration of United Nations Convention on the Rights of the Child	Page 25
Findings of the assessment	Page 26
Examples of good practice	Page 27
Actions taken forward	Page 28
Ongoing 6 monthly review	Page 29
6 monthly review sheet	Page 30

Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

This is a new project funded through Scottish Government's allocation of the UK Government Gambling Levy funding. The Gambling Levy is a statutory levy introduced by the UK Government in April 2025, requiring licensed gambling operators to contribute a proportion of their profits to fund independent action to prevent and address gambling-related harm. This is ring-fenced for research, prevention and treatment.

The Scottish Government invited bids in autumn 2025. Glasgow City Council, supported by Health Improvement, submitted a collaborative bid on behalf of the Glasgow Community Planning Partnership to build on the previous Gambling Commission programme, responding to the significant and growing impact of gambling harm in Glasgow.

Gambling harm is a growing public health issue in Glasgow, with disproportionate impacts on individuals, families and communities experiencing poverty. Evidence shows:

- Glasgow has the highest estimated fiscal cost of gambling harm in Scotland (over £15m annually)
- 42% of betting shops are located in the most deprived fifth of the city
- Online gambling has doubled in recent years, with lower levels of regulation
- Harms extend beyond the individual gambler to families, finances, mental health, employment and suicide risk

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The Glasgow bid was developed collaboratively with community planning partners. The IJB is being asked to manage this successful award on behalf of community planning partners.

The funding will enable Glasgow to re-establish and significantly scale up earlier partnership work supported through time-limited funding. The programme will:

- take a citywide, multi-agency approach to preventing gambling harms
- embed gambling harm prevention within existing trusted services
- prioritise early intervention, financial inclusion, and place-based action
- ensure people with lived experience are central to design and delivery

The award will be utilised in accordance with the successful application for;

- Strong leadership and coordination
 - ✓ A dedicated multi-agency prevention team aligned to Glasgow's Community Planning Partnership
 - ✓ Re-established a multi-agency Gambling Harms Partnership, reporting through the Public Health Oversight Group of GCPP
 - ✓ Clear governance, performance reporting and annual public reporting
- Prevention, education and early intervention
 - ✓ Gambling harm education embedded within schools, youth services
 - ✓ An enhanced multiple-risk youth service addressing gambling alongside other risk behaviours, embedded through the Youth Health Service
 - ✓ Citywide and local awareness-raising campaigns to challenge stigma and shame
- Financial inclusion and debt support
 - ✓ A specialist financial inclusion service for people experiencing gambling-related debt
 - ✓ Training for frontline staff across financial inclusion, community and public services
 - ✓ Integration of gambling harm awareness into "no wrong door" approaches
- Targeted place-based and community action
 - ✓ Intensive, place-based prevention programmes in 3–4 high-risk neighbourhoods
 - ✓ A small grants programme to support grassroots and community-led responses
 - ✓ Targeted work with groups at higher risk, including young men, people with disabilities, neurodivergent people and minority communities
- Data, learning and evaluation

- ✓ Investment in data analytics capacity, including use of Smart Data Foundry insights
- ✓ Development of a robust evaluation framework
- ✓ Learning summits and shared learning at local and national level

This EQIA is based on the aim of the programme and high level project plan. This includes further exploration of equality related factors of gambling harms and the response to this. As such, this equality impact assessment is at an early stage in the programme and will be reviewed and updated in line with the project plan and as the programme develops by the re-established multi agency partnership. This programme is a whole systems approach with a variety of components that feed into the overall approach. Acknowledging that gambling related harms are an under-addressed area of health and wellbeing in Scotland, the previous pilot work within Glasgow led by Public Health Scotland in partnership with Glasgow City Council, Glasgow City Health and Social Care Partnership and Glasgow Council for the Voluntary Sector developed a theory of change which articulates the different components of a Whole System Approach to Tackling Gambling Harms. [ScotPHN TOC combined final Jan 11 2023.pdf](#)

Learning and areas identified from this review will be shared with partners to feed into the various components of the work, including future reviews of this eqia as the programme develops.

Who is the lead reviewer and when did they attend Lead Reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Michelle Hunt

Date of Lead Reviewer Training: circa 2012

Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion)

Michelle Hunt

Health Improvement Lead

1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Example: A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.

Service Evidence Provided:

Current data on proposed service user groups includes the Adult Health & Wellbeing Survey with specific questions around participation in gambling.

Equalities monitoring data will be available through the development of a specialist financial inclusion service, monitoring forms cover all 9 protected characteristics.

Equalities monitoring data will be available through the commissioned Multiple Risk Service provided by the Youth Health Service, monitoring forms cover all 9 protected characteristics.

Possible negative impact and additional mitigating action required:

Equalities forms will be available in the top 10 languages.

Equalities forms reporting as part of commissioned service contracts.

Ability to refine gambling harm questions within next Adult Health and Wellbeing Survey.

Data analyst support to interpret data.

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Example

A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)

Service Evidence Provided:

Data will be utilised to identify under represented and priority groups for targeted activity.

Data will be monitored and reviewed quarterly with the different aspects of the project in order to measure if engagement is representative of target groups, particularly equality groups and those experiencing poverty.

Through the Public Health Scotland Health Needs Assessment of Gambling Harm there is acknowledgement of low awareness of gambling harm amongst those who participate in gambling. Stigma is reported as a major barrier in help seeking. Those seeking support experience dis-jointed services and unclear pathways.

There is little quantitative data to describe how gambling harms are distributed amongst the Scottish population, however, populations thought to be at higher risk include children and young people, students, people who have adverse childhood

experiences, black and minority ethnic groups, immigrants, military veterans, those who experience homelessness, people who are unemployed, those in financial hardship, those living in deprived areas, people involved with criminal justice services, those who are disabled or neurodivergent, those with experience of mental health issues and those who have drug or alcohol problems.

Data will be captured through a new Data Analyst post focussed on enhancing opportunities to collect and analyse data e.g. using the Data Foundry App.

An external evaluation framework will be developed by Public Health Scotland.

Possible negative impact and additional mitigating action required:

Engagement with the project will not be restrictive and will be flexible to meet individual, family and community needs.

Training on the external evaluation framework will be provided by Public Health Scotland.

Partnership working across Academia including the University of Glasgow, Glasgow Centre for Population Health and Health Determinants Research Collaborative and the dedicated time of a Data Analyst will provide the specialist skills to support both data collection, monitoring and evaluation and shaping of the project plan.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.
(Due regard to removing discrimination, harassment and victimisation and fostering good relations).

Service Evidence Provided:

Public Health Scotland's Health Needs Assessment of Gambling Harms considered the evidence around ongoing participation in gambling - low risk, moderate risk and problem gambling in Scotland with young men more likely to be affected. The many forms that gambling takes has a wider effect on individuals and affected others including relationships, families, finances, needs identified outwith healthcare services e.g. the criminal justice service. Evidence and tools used to measure harm are limited and there is a lack of information on the harms experienced by diverse groups. There is also a lack of routine reporting on the effectiveness of interventions or on the outcomes of people who experience gambling harms.

[2025_04_08-final- healthcare-needs-assessment-of-gambling-harm-in-scotland-2025.pdf](#)

Lack of awareness of support services and shame and stigma is a barrier to help seeking. Individuals who do seek help find a lack of clear pathways and services that do not know how to help or where to signpost for support.

Frameworks developed to support a better understanding of gambling harms include the Langham Conceptual Framework (Langham et al, 2016) which categorised seven dimensions of harm including financial harm, relationship disruption, conflict or breakdown, emotional or psychological distress, decrements to health, cultural harm, reduced performance at work or study and criminal activity. Within the framework, harms are also classified as general, crisis or legacy to measure the pervasiveness of harm.

The 'Framework for Action' developed by Wardle et al (2018) categorised gambling harms into three domains:

1. Resources, including work and employment, money and debt, and crime
2. Health, including physical health, psychological distress, and mental health
3. Relationships, including partners, family and friends, community

Whilst the two frameworks differ, they share a common understanding of the adverse effects associated with gambling. Interactions between the domains demonstrate how harm in one area can impact on another.

Scotland's Population Health Framework sets out an approach to improving health over the next 10 years. The framework outlines prevention drivers of health and wellbeing to support transformation of the system. Collaborative action is at the centre of the framework. Reducing gambling harms through action supported by the gambling levy aims to enable healthy living and develop supportive environments that support health and wellbeing and reduce health harming activities.

[Scotland's Population Health Framework - gov.scot](https://www.gov.scot/publications/population-health-framework/pages/10.aspx)

Drawing on Public Health Scotland Health Needs Assessment of Gambling Harm in Scotland and available gambling harm frameworks, there is acknowledgement of the complex interplay of harms and the need to develop an integrated, person centred, collaborative, whole system approach to tackling gambling harms. Although, evidence is limited, the estimated fiscal cost from gambling harms within Scotland is highest in Glasgow.

Possible negative impact and additional mitigating action required:

The formative evaluation process will help identify gaps and emerging issues during the delivery of the project.

The involvement of Public Health Scotland, academia and research partners will support the collaborative approach to building the evidence base.

Partnership working with gambling support service providers, in particular, RCA Trust will support the building of clearer pathways to support and treatment.

In preparation for the next Adult Health & Wellbeing Survey, a review of the existing questions on gambling within the survey has already been undertaken to align the questions with national data on gambling harm.

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake. (Due regard to promoting equality of opportunity)

* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.

Service Evidence Provided:

Building on the previous multi-agency approach to gambling harms within Glasgow, the Glasgow Project bid was developed in consultation with key partners including RCA Trust who have experience of delivering gambling support and treatment and have developed approaches to working with the most vulnerable, such as work those in touch with criminal justice services and veterans, Simon Community Scotland are a key partner who have developed resources to support women affected by gambling and those who have experienced homelessness, FastForward who have a wealth of experience of engaging with education and youth services in the design and delivery of training and resources to support young people and will play an important part in

shaping awareness raising with Education and Youth Services. RCA Trust have an ambition to develop a Scotland wide peer support network. The project will also partner and build on the previous work with The Alliance who support the Scotland Gambling Support Lived Experience Panel. Previous engagement with the Lived Experience Panel has included participation within a number of round table sessions to listen to experiences of access to gambling support services, mental health and gambling and to form Community Planning Partnership responses to the White Paper review on gambling harm.

[New report: Explore Mental Health and Gambling Harm - Health and Social Care Alliance Scotland](#)

Possible negative impact and Additional Mitigating Action Required:

The Alliance Scotland Gambling Support Lived Experience Panel is a Scotland wide panel. Additional work will be required, in partnership to support the Alliance to expand lived experience involvement e.g. through small grant funding to support gambling and suicide, Health Improvement supported Rosemount Lifelong Learning to apply for the funding which is overseen by the Alliance. This funding is exploring gambling harm and women from diverse communities. Through this funding opportunity, the Alliance has made connections to expand the involvement and diversity of the Lived Experience Panel.

The Lived Experience Panel will support and development and design of programmes and activities.

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Example

An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.

(Due regard to remove discrimination, harassment and victimisation).

Service Evidence Provided:

The project will include a requirement to provide physically accessible locations for service delivery in commissioning and tendering.

HSCP, NHS and Council facing services provide access to services in a variety of locations e.g. GCC Welfare Rights and Money Advice connect via helpline and access to the GAIN Network providers that are located within local support agencies.

Where physical access is not possible there are alternatives to how support can be provided e.g. RCA Trust who are a key partner in the project offer support through a free and confidential helpline, one to one counselling, group support and an online gambling support group.

The Youth Health Service who will be providing a Multiple Risk Service offer personalised support to young people that includes appointments in person at a variety of locations and telephone and video calls.

Possible negative impact and additional mitigating action required:

The ability to build on previous small grant funded projects.

Working in partnership with Simon Community Scotland who have built experience in working with women, those affected by homelessness and veterans.

Working in partnership with FastForward who have developed specialist knowledge around working with young people and have also built resources to tackle the link between gambling and gaming.

Working in partnership with Education and the Youth Sector to delivery training to raise awareness of gambling harm and the link between gambling and gaming and to develop a financial education programme within schools.

The opportunity to build on the no wrong door approach through the development of a specialist financial inclusion service.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Service Evidence Provided:

Services will be developed in partnership to support service users with sensory impairments, learning disabilities and neurodiversity as well as service users who do not speak or read English.

It is anticipated that the whole system approach to tackling gambling harm will lead to the introduction of a more joined up, person centred approach with clearer pathways to treatment and support.

Access to Interpretation Services is provided through the Health and Social Care Partnership for people who do not use English as a first language. Access to BSL through Sensory Services would also be available.

Key partners involved in the delivery of the programme offer a range of options including face to face support for those who may be digitally excluded.

Written information will be provided in different languages and in different accessible alternative formats on request.

Possible negative impact and additional mitigating action required :

Communications will be developed in line with work by Public Health Scotland as they develop a National campaign. Public Health Scotland were previously part of the multi agency partnership within Glasgow and it is anticipated that they will participate as a partner within the Glasgow project. This will help guide the development of a communications plan that will be aligned to the new national campaign.

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

The project is intended to develop a whole system approach to tackling gambling harm across the life course with a preventive approach developed with children and young people.

Data reporting via the National Gambling Support Network identifies the median age of men who have received support for gambling as 34 years and women 38 years. Although gambling participation has decreased over the past decade, the available evidence reports ongoing participation in low risk, moderate risk and problem gambling in Scotland, which is most likely to affect younger men.

Children and young people, aged 12 to 18, will be supported through a specialist Multiple Risk Service provided by the Youth Health Service for young people experiencing harm from gambling. Young people accessing the Youth Health Service may be accompanied by their parent/carer, dependant on the nature of the consultation.

RCA offer family gambling support, which will provide support to children of any age.

Integration and partnership with existing trusted partners will focus on equitable, patient centred care. Consideration will also be given to the needs of and impact on young carers.

Possible negative impact and additional mitigating action required:

The programme is designed to meet the needs across the life course.

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

People with disabilities are at higher risk of developing gambling problems. There is limited evidence on prevalence of gambling problems amongst those with a disability, however, it is acknowledged that it increases vulnerability and there is some evidence of a higher risk of poor mental health and an association with compulsive gambling.

Possible negative impact and additional mitigating action required:

The project has identified a need to develop exploratory work with those with disabilities and those who are neurodivergent and within the proposed project plan, will develop work to better understand the risks and work in partnership to develop resources and programmes.

The programme includes an aim to build partnerships to better understand the risks of gambling harms amongst those with disabilities and those who are neurodivergent and for the Data analysis to build evidence of gambling harms with vulnerable groups such as those with neurodiversity.

There will be targeted place-based and community action with groups at higher risk, including people with disabilities, neurodivergent people and mental health

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Transgender people are one of the most marginalised protected characteristic groups. There is some evidence that Transgender and gender-diverse (TGD) individuals experience higher levels of gambling harm and risky gambling behaviour compared to cisgender people. Research also indicates that stress, discrimination, isolation, and financial pressures related to transitioning are also major risk factors.

Possible negative impact and additional mitigating action required:

There is a need to better understand the risks and to develop person centred, tailored support and through the project partnership, this will be a key aim that will use equality monitoring data and, in partnership, identify areas for targeted approaches. Linked to improved equality data gathering and the formative evaluation process outlined in section 3.

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The project services and programmes will be equitable and person centred to meet individual needs and will not disproportionately impact people with this protected characteristic.

Possible negative impact and additional mitigating action required:

N/A

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

The project services and programmes will be equitable and person centred to meet individual needs and will not disproportionately impact people with this protected characteristic.

Possible negative impact and additional mitigating action required:

Partnership working will focus on developing programmes to develop gendered approaches to tackling gambling harm.

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Research conducted by the Gambling Commission with a sample of 4,000 adults 16+ found that black and minority ethnic people were less likely to gamble – three in ten gambling in the last four weeks compared to four in ten in the wider population. However, there were other insights within the research which highlighted an increased tendency to participate within private betting and gambling online. Black and minority ethnic people within the survey also said that they felt guilty about their gambling.

Questions on Gambling were included in the most recent [2024 Minority Ethnic Health and Wellbeing survey \(October 2025\).pdf](#)

Respondents were asked whether they had spent money on different types of gambling activities in the last month. Overall, 6% had spent money on gambling in the last month. The most common type was lottery. In total, 3% had spent money on gambling which excluded lottery. The small number of respondents who had gambled prevents meaningful breakdown by groups or exploration of subsequent questions on problem gambling. Comparison with 2022/2023 Main HWBS Population Compared to the 2022/23 Main HWBS population, the 2024 Minority Ethnic HWBS population was much less likely to spend money on gambling (excluding lottery) – 2.9% compared to 12.0%.

People from ethnic minority communities tend to have lower rates of participation in gambling activities. Despite their lower rates of participation, people who gamble from low-income ethnic minority households are 4.8x more likely to be at a higher risk of engaging in harmful gambling than their ethnic majority counterparts.

A recent report found that across all ethnicities engagement with gambling products is most often due to financial reasons. However, minority communities are also 3x more likely to gamble as a coping mechanism than those from majority backgrounds.

People who gamble and have experienced racial discrimination in the past are at a higher risk of harm. [Aila - Gambling Harm Inequalities: Risk Factors for Women & Minorities](#)

There are cultural differences which need to be considered in developing programmes and services to raise awareness of gambling harms with black and minority ethnic people and communities with a particular focus on tackling stigma.

The project will build on the previous small grant work which included work undertaken by Govanhill CIC to understand the impact of gambling on diverse communities.

Possible negative impact and additional mitigating action required:

Grass roots initiatives through a small grant funded programme to engage with diverse communities and build learning to be able to respond to gambling harm.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Some religions explicitly condemn participation in gambling such as Islam and Judaism. Whilst there is some evidence that religion can be a protective factor in gambling harm, where it is considered sinful, this can create additional stigma and family problems for those who participate in gambling where their religion forbids or discourages it.

Possible negative impact and additional mitigating action required:

Grass roots initiatives through a small grant funded programme to engage with diverse communities and build learning to be able to respond to gambling harm.

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

Men have greater rates of participation and expenditure on gambling compared to women. There are also differences in the types of gambling that men and women engage in. There is some evidence that suggests that women through higher rates of social, emotional and financial strain can progress quicker to problem gambling.

Men cite the addictive nature of gambling and emotional distress as barriers to help seeking, whilst women feel deep stigma associated with social, family and economic consequences. An additional connection with anxiety and depression is also a comorbidity associated with women who gamble.

[Risk Factors for Gambling Problems: An Analysis by Gender - PMC](#)

The project will work in partnership to develop gendered approaches to tackling gambling harm. Simon Community Scotland is a key partner who have experience in developing resources and approaches to engaging with women affected by gambling harm. The project will build on this work. Through the previous small grants programme there are insights into engaging with women through the Women's Centre in Maryhill and the project will also build on this work. Through the Alliance Gambling Support Lived Experience Panel there is the opportunity to engage with those with lived experience to understand gender differences in experiences of gambling harm.

The Specialist Financial Support Service will provide support to those affected by financial harm as a result of gambling and through a no wrong door approach will ensure that there is signposting to other services.

Possible negative impact and additional mitigating action required:

Evidence suggests that treatment and support services are more likely to be designed to meet the needs of men e.g. Gamblers Anonymous. There is a need to focus work on engaging with women to understand their needs in programme and service design.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics.
- 4) Not applicable

Service Evidence Provided:

Research and findings are mixed regarding gambling and sexual orientation. Some studies show higher vulnerability often driven by increased stressors such as stigma, discrimination, and social isolation. There is evidence of increased risk of suicidality.

LGBTQ+ individuals may experience higher rates of problem gambling than the general population. The limited research available highlights the need for more inclusive, specialised support services and work to understand the risks.

[Does gambling differ in people with a minority sexual orientation? - PubMed](#)

The project will work in partnership to better understand the increased risks associated with sexual orientation.

Possible negative impact and additional mitigating action required:

Project will undertake to improve collection of anonymous patient data to identify sexual orientation and any related support issues for service users through use of equalities monitoring forms. Through the involvement of academic partners within the multi agency partnership group, there will be an opportunity to discuss and agree specific areas of focus for evaluation around stigma and discrimination. Connections with the Alliance supported small grant projects exploring gambling and suicide will

also help to build a better understanding of evidence around increased risk of suicidality.

(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)

Service Evidence Provided:

Gambling harm arises from a complex interaction between individuals, gambling products, and the wider environment. While anyone can be affected, factors such as poverty and local access to gambling venues, shape individual experiences and risks.

Gambling is a profit-driven industry, with companies using marketing and policy influence to promote their products. 42% of Glasgow's betting shops are in the most deprived fifth of the city. In contrast, just 2.5% can be found in the most affluent fifth, nearly 17 times less. The clustering of gambling establishments in deprived areas sit alongside poorer mental health, more financial instability, higher family breakdown, and increased suicide risk.

The project will use data on postcodes to understand the patterning of referrals to the Specialist Financial Inclusion Service for those experiencing financial harm from gambling and to the Multiple Risk Service for Children and Young People. The Data Foundry App will also provide valuable data which can be overlaid with other data to gain a better insight into the impact of gambling harm on those experiencing poverty.

Possible negative impact and additional mitigating action required:

Additional targeted work will be undertaken within 3-4 neighbourhoods with a high density of land based gambling sites such as betting shops. Data and intelligence on the neighbourhood areas with highest density of health harming commodities reveals

that these are within areas of highest deprivation. This targeted work will build capacity to challenge the clustering of land based sites and work with regulatory agencies and communities to influence planning and regulation to reduce inequalities.

Monitoring and evaluation framework which will support monitoring of participation and engagement within neighbourhoods with highest levels of poverty and deprivation.

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

The needs of those affected by homelessness, those in touch with criminal justice services, ex-service personal, those with addictions, asylum seekers and refugees and travellers will be considered and programmes developed with key partners who have experience of developing resources and supports for these marginalised groups.

Previous work engaged with criminal justice services, both with staff and with those taking part within the community payback service to understand their awareness of gambling support services. This work explored the hidden nature of gambling with those in touch with criminal justice services. There was evidence of lack of routine enquiry about gambling and the consequences of this not being included in court reporting. The BetYouCanHelp training offer for criminal justice services was developed in partnership with RCA Trust and the project will look to re-establish and develop this programme.

Possible negative impact and additional mitigating action required:

Some of the most marginalised groups may not have access to a phone or other digital equipment or have the means to travel to engage with the project and services. The project will commit to ensuring that activities and programmes are delivered in locations and at times that are accessible to those who are most marginalised.

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

- 1) Remove discrimination, harassment and victimisation
- 2) Promote equality of opportunity
- 3) Foster good relations between protected characteristics
- 4) Not applicable

Service Evidence Provided:

No cost saving. New service, expanding on previous work.

Possible negative impact and additional mitigating action required:

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

Health and Social Care staff have access to a wide range of training including:

1. Equalities & Diversity & Human Rights
2. NHSGGC Tackling Health Inequalities in Health and Social Care
3. Guiding a Blind or Partially Sighted Person
4. British Sign Language & Tactile BSL
5. Improving Access for Deaf People
6. SMHFA for Deaf People
7. Transgender Awareness
8. Gender Based Violence
9. Forced Marriages
10. Human Trafficking
11. Gypsy/Traveller Communities Awareness
12. FGM Awareness
13. Dementia Awareness
14. Autism Awareness
15. Dyslexia Awareness
16. Hate Crime
17. Menopause Awareness
18. Mental Health Awareness

Possible negative impact and additional mitigating action required:

Equality training included in any tendering specifications.

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks identified.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

*FAIR is an acronym for the following -

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Project will work with The Alliance Gambling Support Lived Experience Panel to develop local campaigns, programmes, services and supports.

[11.](#) The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the [full list of articles](#) to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

The Glasgow Gambling Harms Project aims to ensure that wherever possible the activities, programmes and supports offered help to mitigate the impact of poverty and structural inequalities, aiming to reduce any barriers to engagement and support across all groups of children, young people and families with protected characteristics.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

The Glasgow Gambling Harms Project supports the delivery of Getting it Right for Every Child (GIRFEC) in Glasgow, promoting the best interests of the child, which is the underpinning principle for all support provided by the HSCP.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

The Glasgow Gambling Harms Project supports the delivery of Getting it Right for Every Child (GIRFEC) in Glasgow. Central to GIRFEC and the FSS is for children and young people to be supported to reach their full potential through early and effective support. The project will work in partnership to develop the aims and objectives required to achieve this, and to achieve positive outcomes for children, young people and families.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

The Glasgow Gambling Harms Project will ensure that children and young people's voices inform service development and improvement of services in line with their needs. This will be done through feedback from the Specialist Multiple Risk Service delivered by the Youth Health Service and through engagement with young people in Education and those connected to Youth Services.

Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the [findings of the assessment](#). This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here)

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

If you believe your service is doing something that 'stands out' as an [example of good practice](#) - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the space below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

Action	Completion Date	Who is responsible
Equalities forms reporting including commissioned services	June 2027	HI Lead
Data Analyst recruitment and reporting in place and improved data collection	August 2027	GCCPP
Adult Health & Wellbeing Survey gambling questions reviewed	April 2026	HI Lead, Public Health
PHS Monitoring and Evaluation Framework	December 2026	PHS
Support increase in engagement in The Alliance Gambling Support Lived Experience Panel	June 2027	The Alliance, HSCP, Multi agency partners
Build on small grant funded grass roots initiatives and projects	June 2027	HI Lead, Third Sector commissioning
Develop Specialist Multiple Risk Service to support children and young people affected by gambling and work in partnership to raise awareness of gambling harm within Education and Youth Services including developing a financial education programme	June 2027	Youth Health Service, HSCP, Education, Youth Sector, FastForward
Develop gendered approaches	October 2027	HSCP, Simon Community Scotland, RCA Trust
No wrong door approach development through Specialist Financial Inclusion Service	June 2027	Strategic Partnership, Glasgow City Council

No actions identified

Date for completion over the three year period of the project to March 2029
Who is responsible? (initials) MH

Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer:

Name Fiona Moss

Job Title Head of Health Improvement and Equalities

Signature

Date 31st December 2026

EQIA Sign Off:

Name

Job Title:

Signature:

Date

Quality Assurance Sign Off:

Name Louise Carroll

Job Title: Planning and Development Manager

Signature: *Louise Carroll*

Date: 05/05/2026

Multi-agency gambling harms partnership members will be involved in 6 monthly review.

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
[6 monthly review sheet](#)

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed

Date

Initials

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by

Date

Initials

Action:

Reason:

To be completed by

Date

Initials

Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: Alastair.Low@nhs.scot