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**NHS Greater Glasgow and Clyde**  
**Equality Impact Assessment Tool**

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and 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 Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:**

Cessation of Wellbeing for Longer Fund

Is this a: **Current Service**  **Service Development**  **Service Redesign**  **New Service**  **New Policy**  **Policy Review**

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

This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.

The Wellbeing for Longer fund has been operating within Glasgow city since 2018 (in 5<sup>th</sup> cycle of funding) with the fund supporting adults (16+) who are most at risk from social isolation and loneliness. Previous to this the Transformation Fund supported organisation in the city from 2012 to 2018. The aim of the Wellbeing for Longer Fund was to enable community and third sector organisations to design and deliver programmes that enabled Glasgow residents that were more likely to experience isolation sustain well-being and reduce isolation.

Organisations funded via the Wellbeing for Longer programme were required to demonstrate that they worked with individuals most at risk due to at least one of the following:

- Personal characteristics – all protected characteristics such as disability and age
- Personal circumstances – such as homelessness and addictions
- Life transitions – for example young people leaving home, bereavement, becoming a parent and retirement
- Health – including conditions which may limit ability to leave home or interact with others

Impact Funding Partners (IFP's) has managed the fund on behalf of GCHSCP since 2018 to present. The core value of the fund is £650,000 (which includes £70,000 management fee) per annum with the ability each year to add additional funding if available (on top of the core fund value) up to a maximum of £650,000. Within the current contract period there is the ability to extend for another year. However, there has been no guarantee to organisations that funding would be available for the 2025/26 period.

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At present there are 19 organisations that have been funded for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2025 with levels of funding ranging from:

- Up to maximum of £25,000 (minimum of £5,000) for delivery of activities within one locality
- Up to a maximum of £40,000 (minimum of £5,000) for delivery of activities within two or more localities within the city

Within the period 2023/24 a total of 2682 people benefited from the funded activities. A diverse range of activities and programmes have been funded, some of which include:

- Easthall Residents Association - Supporting adults with additional support needs and older adults to participate in a range of activities such as cooking, cycling, walking, arts, crafts and music, as well as a supported pathway to volunteering and for individuals to become peer mentors
- Good Morning Project Limited - Supporting older people through regular telephone befriending sessions reducing isolation, monitoring well-being and alert to potential health problems of members at an early stage. Provide practical safety, social and emotional support to people most at risk from loneliness and a decline in both physical and mental health
- Project Ability - Supporting disabled young adults to improve and sustain their health and wellbeing and to reduce isolation. Providing a series of programmes working with local partner agencies to offer visual arts activities, learning & volunteering opportunities and enterprising activities
- Women's Support Project - Working with migrant, refugee and asylum-seeking women in Glasgow who are socially isolated and/or have experienced violence or abuse. Activities will reduce social isolation, build social connections, improve health and wellbeing, and empower women through raising awareness of rights and services to help
- Waverley Care - Supporting people across the city who are living with blood-borne viruses. This project will reduce loneliness and social isolation and tackle health inequalities through a range of individual and group sessions, improving access to volunteering opportunities and sharing information to reduce stigma.

Due to budgetary constraints the proposal is to stop funding the Wellbeing for Longer Programme when current funding comes to an end March 2025 and a three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.

Given the stage of this programme of work, the EQIA will be reviewed and updated in line with the 6 month review process.

**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)**

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<b>Name:</b> Nicola Fullarton	<b>Date of Lead Reviewer Training:</b>
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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):

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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<b>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 any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> <p>The fund directly supports a number of equalities groups/organisations. A range of equalities information is collated namely:</p> <ul style="list-style-type: none"> <li>• Gender (male, female, other gender, prefer not to say, do not know, transgender and intersex)</li> <li>• Beneficiaries by age</li> <li>• Beneficiaries by group (ethnicity, disability and carers)</li> </ul> <p>This data is collated and detailed within both the 6 month progress and end of year progress reports.</p>	
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

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<p>2.</p>	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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)</i></p>	<p>The number of carers using the funded services increased from 7% in the initial 6 months of 2023/24 and increased in the second half of the year to 12%. As a result, session delivered for the 19 funded organisations to look at the needs of unpaid carers, how organisation can identify and support unpaid carers and to raise awareness of the services and resources available in the city for unpaid carers.</p> <p>In addition the session had a component around mental health. This was incorporated due to service users presenting/experiencing poor mental health – resulting in the need for more intensive interventions and limited awareness to what services and resources they could signpost their service users to. Impact on staff supporting their services users was also raised as a concern. An overview of NHS mental health services, signposting resources, and training opportunities provided by NHS Greater Glasgow and Clyde and the Glasgow City Health and Social Care Partnership was shared amongst organisations.</p>	
		<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young</i></p>	<p>A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections can be found <a href="#">here</a> – was the Scottish Governments first national strategy to tackle social isolation and loneliness and to build stronger social connections. The report highlighted those that are more affected by isolation and loneliness which includes; disabled people or people with long term</p>	

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	<p>which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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).</i></p>	<p>conditions, young people, people on low income and people who are digitally excluded.</p> <p>Within a Glasgow city context the Socially Connected Glasgow Strategy was the cities first strategy to address social isolation &amp; loneliness (strategy found <a href="#">here</a>). Commissioned by GCHSCP in the summer of 2021 and launched in June 2022 it highlighted many opportunities and experiences, which enable people to be socially connected and lead more meaningful and enjoyable lives in the city. However, it also showcased many of the barriers that communities and individuals face around isolation and loneliness.</p> <p>The strategy identified 10 broad recommendations to help mitigate the impact of social isolation and loneliness. Including the need for sustainable funding that would enable access to local services and activities.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>4.</p>	<p>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)</p>	<p><i>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</i></p>	<p>At present there has been no engagement/discussions with the currently funded organisations. The 3 month extension would allow time to engage with funded organisations and service users.</p> <p>Feedback is gathered from each organisation around user experience – which highlighted many positive experiences:</p> <p>“I now get a break from my caring role and enjoy</p>	<p>Currently engagement has not been part of the EQIA process. Communication will be undertaken with funded partners during the extension period, however, it is noted that there is limited opportunity for mitigation for currently funded partners.</p> <p>Engagement will also be</p>

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	<p>support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>every minute of it” (GAMH Service User)</p> <p>“I have purpose in life again. I feel like my confidence has come back and I now have aspirations to improve my life as well as the life for others” (Waverley Care service User)</p> <p>“Now rather than feeling panic, If I don’t feel right or if I’m not feeling that great today. You take yourself back and you take the time to think through and say right, keeping breathing” (Beatroute Arts Service User).</p>	<p>undertaken with Impact Funding Partners, to discuss wind down of the funding any outstanding actions and opportunities for mitigation.</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p>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?</p>	<p><i>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</i></p>	<p>As part of the funding process, organisations were asked to describe what steps they take to ensure services are inclusive and accessible to all.</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p>	<p>Fund was launched on the 29<sup>th</sup> August 2022 (delayed slightly so that it would not overlap significantly with the Glasgow Communities Fund) for an 8 week period.</p> <p>The fund was promoted through all key partners within the city with Impact Funding Partners providing a number of fund Information sessions online to organisation (in total 5) to offer guidance and advice for completing the Wellbeing for Longer application process.</p>	



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	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>	<p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p><b>Age</b></p> <p>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).</p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. This includes factors associated with age, including; young people, people who are digitally excluded, older people and retirement</p> <p>Funded organisations support those aged 16+ and within 2023/24 supported :</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services.</p>	



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<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>44% of aged 54 and under 36% of aged 55 years and over 20% not known/preferred not to say</p> <p>A number of the currently funded organisations worked primarily with older people these include: Good Morning Project Limited, Beatroute Arts, Easthall Resident’s Association, GAMH and Cassilton Trust providing a range of services such as:</p> <ul style="list-style-type: none"><li>• Supporting older people through regular telephone befriending sessions which reduces isolation, monitors well-being and alerts to potential health problems of members at an early stage</li><li>• Supporting older people, young people, digitally excluded and people with poor mental/physical health. Through a range of creative methods, digital hooks and community-led elements</li><li>• Opportunities for older adults affected by mental health issues and unpaid mental health carers to participate in holistic therapies and peer group sessions to improve their mental and physical wellbeing and increase social connections</li><li>• Supporting adults with additional support needs and older adults to participate in a range of activities such as cooking, cycling, walking, arts, crafts and music, as well as a</li></ul>	<p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
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		<p>supported pathway to volunteering and for individuals to become peer mentors.</p>	
<p>(b)</p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. People with a disability experience loneliness, low perceived social support and social isolation at significantly higher rates than people without a disability.</p> <p>With regards to disability – 38% of those that used services within 2023/24 were disabled.</p> <p>A number of currently funded organisations working primarily with those with a disability, include Deaf Action, Print Clan and Project Ability. These organisations provide a range of activities such as:</p> <ul style="list-style-type: none"> <li>• Providing accessible and equitable services and activities for deaf people, which will reduce isolation, encourage connection and increase positive wellbeing. Via BSL counselling, befriending, lip-reading classes as well as social/group activities</li> <li>• Supporting disabled people and others with protected characteristics. Working with a range of partners they will make creative opportunities more accessible, whilst developing social connections and ways to improve mental wellbeing</li> <li>• Supporting disabled young adults to improve and sustain their health and wellbeing and to</li> </ul>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services.</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>

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		<p>reduce isolation. Providing a series of programmes working with local partner agencies to offer visual arts activities, learning &amp; volunteering opportunities and enterprising activities</p> <p>Session was developed for funded organisation due to service users presenting/experiencing poor mental health – resulting in the need for more intensive interventions and limited awareness to what services and resources they could signpost their service users to. Impact on staff supporting their services users was also raised as a concern too. An overview of NHS mental health services, signposting resources, and training opportunities provided by NHS Greater Glasgow and Clyde and the Glasgow City Health and Social Care Partnership was shared amongst organisations.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding.</p> <p>From the 2022 LGBT+ Health Needs Assessment - LGBT+ people are much more likely than others to feel isolated and/or lonely, and the COVID pandemic exacerbated this. Findings on loneliness contrast starkly with the findings from the Scottish Health Survey in 2020 which showed that 19% of adults in Scotland had ever felt lonely in the previous two weeks, compared to 73% in the LGBT+ survey.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to</p>

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	<p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Loneliness and isolation were most common among trans and non-binary people.</p> <p>Currently LEAP Sports Scotland are supporting LGBTIQ+ people who are, or who have been, refugees and asylum seekers (New Scots). Supporting them to live in a safe, welcoming and cohesive community and enabling them to build diverse relationships and connections through physical activity, integrating into their local communities and improving connectedness and wellbeing.</p>	<p>funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p>	<p>No specific impacts identified at this time.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to</p>

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	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period.</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. This includes factors associated with life transitions like becoming a parent.</p> <p>Currently via this fund, Amma Birth Companions are providing opportunities for parents who face inequalities and social isolation to connect with one another and their wider communities. Parents are invited to join any time in their pregnancy/parenting journey through group antenatal classes, a participant-led drop in, social events, parenting workshops, wellness activities and gardening.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to</p>

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	<p>4) Not applicable <input type="checkbox"/></p>		<p>support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(f)</p>	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. This includes factors associated with race, including; little or no spoken English, low income.</p> <p>There is a higher prevalence of BME communities living in the most deprived (SIMD) areas of Glasgow, and people in these areas are more likely to experience poverty and thus be impacted by stopping the fund.</p> <p>A number of currently funded organisation provide activities to support BME communities such as the Women’s Support Project and Music Broth:</p> <ul style="list-style-type: none"> <li>Working with migrant, refugee and asylum-</li> </ul>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to</p>

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	<p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>seeking women in Glasgow who are socially isolated and/or have experienced violence or abuse. Activities will reduce social isolation, build social connections, improve health and wellbeing, and empower women through raising awareness of rights and services to help.</p> <ul style="list-style-type: none"> <li>• Support adults of all ages most at risk of social isolation and loneliness, especially New Scots, minority ethnic people, LGBTQIA+ community, and gender minorities. Providing drop in, individual and group music sessions, enabling social connections and improving people’s wellbeing.</li> </ul>	<p>support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>No identified impacts at this stage.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p>

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			<p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The majority of those that accessed activities and programmes were female. For the period 2023/24 70% of service users were female. Therefore women are more likely to be impacted by the discontinuation of this funding.</p> <p>In addition 12% of service users in 2023/24 identified themselves as carers. Via the Glasgow City HSCP Carer's Strategy 2022-2025 we know that there is a higher percentage of women than men undertake this role.</p> <p>A number of currently funded organisations have been supporting women for example; Amma Birth Companions, North West Women's Centre and Women's Support Project by delivering a range of supports and activities:</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p>

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		<ul style="list-style-type: none"> <li>• To provide opportunities for parents who face inequalities and social isolation to connect with one another and their wider communities. Parents are invited to join any time in their pregnancy/parenting journey through group antenatal classes, a participant-led drop in, social events, parenting workshops, wellness activities and gardening.</li> <li>• To provide a range of therapeutic wellbeing activities for women who are experiencing poor mental health and are at risk of social isolation. Activities will help to improve both physical and mental wellbeing through exercise, mindfulness and creative arts</li> <li>• Working with migrant, refugee and asylum-seeking women in Glasgow who are socially isolated and/or have experienced violence or abuse. Activities will reduce social isolation, build social connections, improve health and wellbeing, and empower women through raising awareness of rights and services to help.</li> </ul>	<p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and</b></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding.</p> <p>From the 2022 LGBT+ Health Needs Assessment - LGBT+ people are much more likely than others to feel isolated and/or lonely, and the COVID pandemic exacerbated this. Findings on loneliness contrast starkly with the findings from the Scottish Health Survey in 2020 which showed that 19% of adults in</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding,</p>



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	<p>victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Scotland had ever felt lonely in the previous two weeks, compared to 73% in the LGBT+ survey.</p> <p>Currently LEAP Sports Scotland are supporting LGBTIQ+ people who are, or who have been, refugees and asylum seekers (New Scots). Supporting them to live in a safe, welcoming and cohesive community and enabling them to build diverse relationships and connections through physical activity, integrating into their local communities and improving connectedness and wellbeing.</p>	<p>this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>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?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. This includes factors associated with low income and poverty.</p> <p>Many of the organisation currently funded are based within the most deprived data zones.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding,</p>

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<p><b>decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:</b><a href="https://www.gov.scot/guidance/fairer-scotland-duty-guidance-for-public-bodies">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"><li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li><li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li><li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li><li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li><li>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</li><li>6. How has the evidence been weighed up in reaching our final decision?</li><li>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about</li></ol>		<p>this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
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	<p>the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p><b>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 &amp; refugees and travellers?</b></p>	<p>It is recognised that some people are more affected by isolation and loneliness and therefore are more likely to be effected by the discontinuation of this funding. This includes factors associated with marginalised groups, including; homelessness, addictions, asylum seekers and refugees.</p> <p>LEAP Sports Scotland, Music Broth and the Women’s Support Project who are currently funded have been supporting asylum seekers &amp; Refugee’s in a number of ways including:</p> <ul style="list-style-type: none"> <li>• Supporting LGBTIQ+ people who are, or who have been, refugees and asylum seekers (New Scots). Supporting them to live in a safe, welcoming and cohesive community and enabling them to build diverse relationships and connections through physical activity, integrating into their local communities and improving connectedness and wellbeing.</li> <li>• Supporting adults of all ages most at risk of social isolation and loneliness, especially New Scots, minority ethnic people, LGBTQIA+ community, and gender minorities. Providing drop in, individual and group music sessions, enabling social connections and improving people’s wellbeing.</li> </ul>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p> <p>As part of the engagement, there will be discussions with</p>

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		<ul style="list-style-type: none"> <li>Working with migrant, refugee and asylum-seeking women in Glasgow who are socially isolated and/or have experienced violence or abuse. Activities will reduce social isolation, build social connections, improve health and wellbeing, and empower women through raising awareness of rights and services to help.</li> </ul>	<p>Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.</p>
<p>8.</p>	<p><b>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?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025. Due to budgetary constraints the proposal is to stop funding the Wellbeing for Longer Programme when current funding comes to an end March 2025 and a three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p>	<p>Displacement of Need - Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into statutory health and social care services</p> <p>For those organisations currently receiving funding, this will end March 2025. A three month extension to funded organisations (for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2025) has been granted to support this transition.</p> <p>Currently communication and engagement has not been undertaken due to sensitivity of the budget process. However, this will be carried out during the extension period</p>

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			As part of the engagement, there will be discussions with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.
		<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
9.	<b>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 recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b>	Equality training did not form part of the funding award. However it is noted that a number of the funded partners are equality organisations who are specialist in their relevant fields to ensure an equality sensitive approach.	

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 in the field 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.

Reduction in third sector supports is likely to see community projects fold or reduce in scope, with resulting displacement of demand into
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statutory health and social care services.

**Please explain in the field 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\* .**

\*

- **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.

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Having completed the EQIA template, please tick which option you (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) Decision to continue without objective justification on the grounds that this was a time limited funding award and an additional offer to promote mental well-being
- Option 4: Full mitigation of identified risk not made,
- 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)

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11. 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 box 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 boxes completed above, please summarise the actions this service will be taking forward.**

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
Give notice to Impact Funding Partners	June 2025	Fiona Moss/ Nicola Fullarton
Undertake engagement with Impact Funding Partners, to discuss wind down of the funding any outstanding actions and opportunities for mitigation.	June 2025	Nicola Fullarton
Explore with Impact Funding Partners, around any possibility of a bespoke grant finder search to support organisations.	June 2025	Nicola Fullarton

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

**Lead Reviewer:  
EQIA Sign Off:**

**Name** Fiona Anne Moss  
**Job Title** Head of Health Improvement and Equalities

**Signature**



**Date** 10<sup>th</sup> February, 2025

**Quality Assurance Sign Off:**

**Name** Alastair Low  
**Job Title** Planning Manager  
**Signature**

A Low – QA suggests that risk remains in this decision without appropriate engagement.

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Date

06/03/2025

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

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

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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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@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

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