



## NHS Greater Glasgow and 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 [Equality@ggc.scot.nhs.uk](mailto:Equality@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Community Mental Health & Wellbeing Supports and Services Framework programme review

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).**

A programme of expenditure for Children and Young People's Mental Health and Wellbeing was previously funded annually from a ring-fenced Scottish Government funding stream, which concluded in March 2025, with funding being mainstreamed. A review of the programme of activities was undertaken to explore the successes and challenges; and how we propose to allocate the funding going forward in light of the changing landscape of children and young people's mental health.

This EQIA was undertaken in line with the review and outlines the anticipated impact of the proposal for the continued funding of the Community Mental Health and Wellbeing Supports and Services Framework (CMHWBSSF).

Following the review it is proposed that the tier 1 and 2 community level supports for children and young people's mental health supports continue to be delivered, in line with the Scottish Government's framework. This ongoing investment will continue to complement and strengthen current service responses, reflecting the aspirations of Getting It Right For Every Child and the current HSCP reform and change agenda, to deliver the right help at the right time. Furthermore, this investment will continue to align the preventative spend in the City, ensuring that the whole system operates effectively to deliver coordinated support, best value and maximising outcomes for children, young people and families.

Since 2021 the Tier 1 and Tier 2 sub group of the Children's Services Executive Group has overseen the development, delivery, monitoring and evaluation of the programme of work that responds to this Framework and the funding provided. In 2025-26 this funding is £1.8M. The group includes key stakeholders: NHSGGC's Specialist Children's Services, Glasgow City's Social Work

Services, Youth Health Service, Health Improvement, Education Services and Third Sector partners.

Funding has been allocated to the development of an overall programme of activity that includes NHSGGC and GCC posts and programmes, and externally commissioned services. Our reporting demonstrates that over the lifetime of the fund, as supports and services have developed and gained the trust of referrers and service users, the number of people benefitting has increased, with 4,630 children and young people, and a further 637 parents and carers, accessing our supports and services in 2024-25.

Recommendations arising from the review were;

- a) Provision for People with Protected Characteristics /Fairer Scotland have been substantively advanced, these components should be continued. There should be broader consideration for young people with a disability and young carers.
- b) The scope of provision requirements for 5-10 year olds should be further explored.
- c) Many of the staff employed on temporary contracts for a number of years should now be made permanent to ensure continuation of delivery and reduce employer risks
- d) Move towards longer term contracts for required provisions, tailored to the specifics of each service and existing agreements, to improve continuity and workforce stability in provider organisations.
- e) Innovation. Some programmes are in development stages, offering innovative solutions that help reduce system pressures, 8% of the CYPMH funds are utilised in this way. Having a small component of the fund that enables innovation will remain critical to addressing emerging issues and some of the intractable challenges for children and young people's mental health.
- f) Review and refine the evaluation framework to more clearly capture the effectiveness and value of CYPMH programmes.

Failure to approve and implement this plan would have a negative impact on equality groups, as the anticipated positive activity would not continue and if the proposal is not approved then a further eqia would be required with an aim of identifying potential mitigating actions

**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:**  
Fiona Moss, Head of Health Improvement and Equalities

**Date of Lead Reviewer Training:**  
2016

**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):**

		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<b>1.</b>	<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>	<b><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></b>	<p>The programme includes a wide range of services offering different types of support and with different levels of funding.</p> <p>We currently have limited equalities data available. Some of the funded supports and services with bigger contracts do collect and regularly provide equalities data while others do not. Reasons for this include very small external providers working with specific communities and limited resources or knowledge of equalities monitoring practice; providers offering online chat or telephone based distress support where there is limited opportunity to gather this data; or who have not received training in gathering equalities data. Our annual reporting to Scottish</p>	<p>We have limited data on our reach to children and young people with disabilities other than neurodiversity. We also do not know how well those projects targeted at people with specific protected characteristics reach those with intersecting PCs.</p> <p>We have recently met with all the funded providers and agreed an equalities monitoring system which the providers will trial using from October onwards. We will provide guidance on how to obtain and store this data in compliance with GDPR.</p>

			<p>Government has required all providers to produce limited data breaking down by age group and sex and also the number of people accessing services who come from 'at risk' groups.</p> <p>Some services directly target people with specific protected characteristics, for example a contracted LGBT+ Support service and a range of projects and programmes working with people from Black and Minority Ethnic communities.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<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</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</i></p> <p>X</p>	<p>Work is already underway to forge better connections between the service providers to enable learning about issues faced by people with PCs and about supports and services available, and to make these more accessible where needed. With the new data we will be able to measure the impact of steps taken.</p>	<p>Data collected within the new agreed system will enable us to review whether each of the funded services reaches a representative proportion of people with PCs, and whether there is recognition of intersecting inequalities across the system we are building.</p>

	<p>discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p>	<p><i>interventions was not representative. As a result an adapted range of materials were produced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>		
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<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 which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</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 LGBT+ people had a disproportionately difficult time through exposure to bullying and</i></p>	<p>In 2021 the Scottish Government published the CMHWBSS Framework, based on the findings of the audit of rejected referrals to CAMHS, Audit Scotland's report on children and young people's mental health, and the Children and Young People's Mental Health Taskforce. These recommended the provision of easily accessible support for children and young people with mental health problems not severe enough to fit the eligibility criteria for CAMHS, based in the community and focused on prevention and early intervention. A <a href="#">revised version</a> was published in 2024. The Framework is aligned to:</p>	

	<p>harassment and victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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>	<ul style="list-style-type: none"> <li>the <a href="#">Scottish Government and COSLA's joint Mental Health and Wellbeing Strategy</a> which recognises that children, young people and families should be able to easily access support in their local community when needed, and that this support should be focused on prevention and early intervention. The strategy highlights health inequalities that should be considered, outlines the value of a whole-system approach where support, and states that care and treatment should be delivered in a way that is as local as possible and as specialist as necessary, within a system that is responsive to local and individual needs.</li> <li>the joint <a href="#">COSLA and Scottish Government Suicide Prevention Strategy (Creating Hope Together)</a> and the <a href="#">Self Harm Strategy and Action Plan</a></li> <li><a href="#">The Promise, and Plan 2430</a></li> <li><a href="#">The Whole Family Wellbeing Fund</a>, which aims to help family support services make</li> </ul>	
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			<p>transformational system changes to reduce the need for crisis intervention and shift investment towards prevention and early intervention.</p> <ul style="list-style-type: none"> <li>• The principles of Getting it Right for Every Child (GIRFEC)</li> <li>• <a href="#">The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024</a>, recommending strategies should be developed or strengthened, with sufficient resources, for ensuring the availability of community based mental health services for children of all ages.</li> </ul> <p>Our local programme review explored the breadth of coverage in terms of age range, vulnerabilities/protected characteristics and how well we are meeting the six aspects of NHS GG&amp;Cs <a href="#">Mental Health Prevention and Early Intervention Framework</a>.</p> <p>Prevention and early intervention in children and young people's mental</p>	
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			<p>health and wellbeing is vital to the IJB's strategy in responding to and where possible reducing the demand for higher tier support services within Health and Social Care.</p> <p>The development of elements of the programme has been influenced by research into the experience of <a href="#">LGBT+ people</a> and <a href="#">BAME children and young people</a> .</p> <p>The <a href="#">PAC report</a>, undertaken by and for care experienced young people, has also been considered within our recommendations.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
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	<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</i>	We have engaged with our contracted providers on ongoing monitoring and evaluation. This included representation from; YoMo, Lifelink, the 3 contracted LGBT+ organisations (LEAP Sports, LGBT Youth Scotland and LGBT Health), Kooth, GCVS, With Kids, Baba Yangu Foundation, Urban Community Project and Togetherall, many of whom represent or work with children, young people and families from equality groups.	Continued engagement will be incorporated into contract management. Learning from this process, including any negatives identified, will be critical to service and system developments and our local and Scottish Government reporting.



	<p>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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>child care issues. As a result the 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>The session included mapping of activities against NHS GGCs Mental Health Improvement Framework and by age, protected characteristics/SIMD groups, and to demonstrate whether those activities took referrals from or could evidence diversion from statutory services.</p> <p>The services themselves regularly engage with the children and young people they work with, and provide case studies and qualitative feedback.</p>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
5.	Is your service physically accessible to everyone? If this is a	<i>An access audit of an outpatient physiotherapy</i>	The programme includes a range of services provided by various providers. We do not currently know	We are working with our external providers as mentioned above to capture equalities data and explore any equalities issues

	<p>policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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).</i></p>	<p>if all are physically accessible other than those with contracts requiring an open tender process.</p> <p>The programme includes contracted online and telephone-based mental health supports.</p>	<p>which will include physical access.</p> <p>While this process is ongoing, access will be considered on a case by case basis and we will continue to work with our service providers to commit to ensuring every CYP receives a service regardless of disability, through our ongoing engagement work with providers.</p>
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
6.	How will the service	<i>Following a</i>	Some inconsistency has been	Our work with providers on improved

<p>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, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland)</p>	<p><b><i>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></b></p> <p><b><i>Written materials were offered in other languages and formats.</i></b></p> <p><b><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></b></p>	<p>identified here. Communication styles and supports vary according to organisational size and capacity and whether contracts include access to NHS interpreting and translation services. Some services funded are internal eg. Youth Health Service, CYP Networking Team therefore access is a given.</p> <p>For the smaller services, some work within specific communities and have internal resources to provide language translation, while others do not.</p>	<p>monitoring &amp; evaluation will explore provision of interpreting and translation; support may be offered to smaller organisations to ensure contract requirements do not disadvantage organisations that may have higher interpreting needs. We will work towards building a system with our providers to ensure that children and young people can access a service that meets their communication needs.</p>
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	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.																																																			
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>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</p>	<p>The Scottish Government funding is to provide support for those aged 5 years to 26 years, however some of the work with families/parents &amp; carers reaches under 5's.</p> <p><b>Age range mapping</b></p> <table><tr><th>Age</th><th>Under 5*</th><th>5-11</th><th>12-1</th></tr><tr><td colspan="4">Service</td></tr><tr><td colspan="4">External providers</td></tr><tr><td>Lifelink</td><td></td><td></td><td></td></tr><tr><td>YoMo</td><td></td><td></td><td></td></tr><tr><td>BYF</td><td></td><td></td><td></td></tr><tr><td>UCP</td><td></td><td></td><td></td></tr><tr><td>SACS</td><td></td><td></td><td></td></tr><tr><td>FWH</td><td></td><td></td><td></td></tr><tr><td>LGBTYS</td><td></td><td></td><td></td></tr><tr><td>LEAP Sports</td><td></td><td></td><td></td></tr><tr><td>LGBT H&amp;WB</td><td></td><td></td><td></td></tr></table>		Age	Under 5*	5-11	12-1	Service				External providers				Lifelink				YoMo				BYF				UCP				SACS				FWH				LGBTYS				LEAP Sports				LGBT H&WB				<p>The programme aims to provide appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling CYP and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Therefore it is anticipated that this programme of activity will have a positive impact for children and young people, as well as their families/parents and carers.</p> <p>The programme has recently been adapted to include more support to the 5-10 age group and this element of support will be</p>
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	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>anticipated that this programme of activity will have a positive impact for children and young people with disabilities, as well as their families/parents and carers.</p> <p>It is proposed that, within funding available, there continues to be services that are directly promoted at Tier 1 and 2 mental health needs support and organisations that provide targeted support for neurodivergent children and young people.</p> <p>The review process has highlighted that some targeted activity with CYP with physical disabilities may be required, this will be explored and developed with appropriate 3<sup>rd</sup> sector disability organisations.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(c)	<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>1) Remove discrimination, harassment and</p>	<p>A number of the commissioned services are directly targeted at children and young people who are gender non-conforming or transgender, including the services provided by LGBT Youth Service, LGBT Health and LEAP Sports.</p>	<p>The programme aims to provide appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling children, young people and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Therefore it is anticipated that this programme of activity will have a positive impact for children and</p>

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	<p>victimisation</p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>young people considering gender reassignment, as well as their families/parents and carers.</p> <p>The programme has gone some way to developing supports and services that meet the specific needs of some equalities groups, in particular providing a children and young people aspect to NHS GG&amp;Cs LGBT+ Mental Health contract,</p> <p>It is proposed that, within funding available, there continues to be services that are targeted at LGBT children and young people.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</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>	No direct impact identified	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>		
(e)	<b>Pregnancy and Maternity</b>  <b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b>  <b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b>  1) Remove discrimination, harassment and victimisation <input type="checkbox"/> 2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input type="checkbox"/>	Services include support targeted at women who have had children removed from their care.  Postnatal support is not provided within this programme but mainstream support services are available.	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<b>Race</b>	A number of the commissioned	The programme aims to provide



	<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><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>services are directly targeted at Black, Asian and Minority Ethnic people, including the services provided by Baba Yangu Foundation (African &amp; Afro-Caribbean families), Urban Community Project (Muslim &amp; BAME), Scottish Asian Counselling Services (Muslim and Sikh) and Youth Community Support Agency delivery in schools. The programme also delivers training in antiracist practice to providers of the school counselling service.</p> <p>Language interpreting is inconsistent across the programme and varies according to organisation size and capacity, contract specifications and internal resources for working with specific communities.</p>	<p>appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling children, young people and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Therefore it is anticipated that this programme of activity will have a positive impact for children and young people with the protected characteristic of Race, as well as their families/parents and carers.</p> <p>The programme has gone some way to developing supports and services that meet the specific needs of some equalities groups, in particular developing training and services for Black, Asian and Minority Ethnic people.</p> <p>There is an increased risk of mental health stigma among some BAME groups; the programme goes some way to working with groups within communities to support better understanding and reduce stigma. It is proposed that, within funding available, there continues to be services that are targeted at Black, Asian and Minority Ethnic children and young people.</p> <p>Our work with providers on improved monitoring &amp; evaluation will explore</p>
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			provision of interpreting and translation; support may be offered to smaller organisations to ensure contract requirements do not disadvantage organisations that may have higher interpreting needs.
(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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>A number of the commissioned services are directly targeted at people from specific religious groups including, UCP (Muslim &amp; BAME), Scottish Asian Counselling Services (Muslim and Sikh).</p> <p>The programme includes training in antiracist practice which includes discussion of islamophobia and other religious discrimination.</p>	<p>The programme aims to provide appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling children, young people and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Therefore it is anticipated that this programme of activity will have a positive impact for children and young people with the protected characteristic of Race, as well as their families/parents and carers.</p> <p>The programme has gone some way to developing supports and services that meet the specific cultural and faith needs of some equalities groups and to address the increased stigma among some groups.</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</b></p>	<p>Parents and carers will benefit from increased mental health support and more seamless pathways into</p>	<p>The review mentioned within this report identifies young carers as an area for further development, this additional grant</p>

	<p><b>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 checked="" 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>support, particularly in relation to responses to children and young people's needs which do not require more specialist support (e.g. from CAMHS). The aim is to provide a range of services which respond to all levels of needs, and to support carers (as well as staff) with understanding the range of children and young people's needs, and to provide a range of approaches where a medical diagnosis is not appropriate/ required. In addition, the challenge is to ensure that both parents and carers are guided through the current maze of service provision. It is hoped that a more aligned and coordinated neighborhood approach in tandem with Joint Support Teams in schools and primary care teams will ensure that children get the help they need when they need it.</p> <p>The majority of carers, including young carers, continue to be female.</p> <p>Consistent with the majority of mental health supports and services, the majority of those benefiting from this programme are female. This is likely due to a combination of females having poorer mental health and males being less likely to reach</p>	<p>and investment is complementing the aspirations and objectives of the Family Support Strategy.</p> <p>We will continue to monitor our data and follow research and best practice on how to engage young males in mental health supports.</p>
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		out to supports at this level.	
(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 victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>A number of the commissioned services are directly targeted at LGBT Children and Young People, including the services provided by LGBT Youth Service, LGBT Health and LEAP Sports.</p>	<p>The programme aims to provide appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling children, young people and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Therefore it is anticipated that this programme of activity will have a positive impact for children and young people with the protected characteristic of sexual orientation, as well as their families/parents and carers.</p> <p>The programme has gone some way to developing supports and services that meet the specific needs of some equalities groups, in particular providing a children and young people aspect to NHS GG&amp;Cs LGBT+ Mental Health contract</p> <p>It is proposed that, within funding available, there continues to be services that are targeted at LGBT children and young people.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>

(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>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?</b></p> <p>In addition to the above, if this constitutes a 'strategic decision' you should evidence 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 <u>strategic</u> decisions and complete a separate assessment. Additional information available here: <a href="https://www.gov.scot/publications/fairer-scotland-duty/pages/1-2.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p>	<p>It is anticipated that this programme activity will have a positive impact on those living in poverty. It is known that people facing that socio economic disadvantage are more likely to have poorer mental health.</p> <p>A number of the commissioned organisations have identified that they predominantly deliver services to children and young people from SIMD 1 and 2. (CDRS (80%, YHS 70%))</p>	<p>The programme aims to provide appropriate, accessible and timely services in the community and to develop a 'no wrong door' approach. There is a focus on prevention and early intervention, increasing the access to lower-tier supports enabling children, young people and families to benefit from improved mental health and reducing their requirement for higher-level interventions. Together with our SIMD data it is therefore anticipated that this programme of activity will have a positive impact for children and young people experiencing poverty and socio-economic disadvantage, as well as their families/parents and carers.</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>A gap was identified for identified for care experienced CYP and young carers.</p> <p>Young Carers and care experienced children and young people will benefit from increased mental health support and more seamless pathways into support, particularly in relation to responses to children and young people's needs which do not require more specialist support (e.g.</p>	<p>The review mentioned within this report identifies young carers and care experienced children and young people as an area for further development, this additional grant and investment is complementing the aspirations and objectives of the Family Support Strategy.</p>

		<p>from CAMHS). The aim is to provide a range of services which respond to all levels of needs, and to support carers (as well as staff) with understanding the range of children and young people's needs, and to provide a range of approaches where a medical diagnosis is not appropriate/ required. In addition, the challenge is to ensure that both parents and carers are guided through the current maze of service provision. It is hoped that a more aligned and coordinated neighbourhood approach in tandem with Joint Support Teams in schools and primary care teams will ensure that children get the help they need when they need it.</p>	
8.	<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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>In 2025 Scottish Government confirmed mainstreaming of the funding which had previously been provided to local authorities on an annual basis. The amount granted to Glasgow for 2025-26 was £1.8M. The funding has been partially used to begin to meet the specific needs of some protected characteristic groups.</p>	

	3) Foster good relations between protected characteristics. <input type="checkbox"/>  4) Not applicable <input type="checkbox"/>		
		<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>	<p>Within the programme we have funded training in anti-racist practice to school counselling providers and a series of learning events to a wide range of statutory and community providers.</p> <p>Regular meetings of the Tier 1 and 2 group have provided learning opportunities in the form of presentations from research or programmes carried out with LGBT+, BAME and care experienced groups.</p> <p>All our external providers have been invited to join locality-based youth networks where the Health Improvement Training calendar is promoted, offering free training opportunities in a range of equalities and human rights issues.</p>	<p>Ongoing good practice will continue</p>

**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.**

In general the services provided support the human rights of patients and service users, in particular children and young people will be involved in identifying the services that best meet their needs. The services provided include those specifically targeted at LGBT+ young people, and people from religious or faith communities.

**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\* .**



Ongoing engagement of children and young people accessing the services is critical to the programme, they have the opportunity to shape the service in ways that best meet their needs. It is recognised that the reporting element is inconsistent for some smaller organisations however this will be explored going forward.

\*

- **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.

### **United Nations Convention on the Rights of the Child**

**The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16<sup>th</sup> 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. The full list of articles to be considered is available [here](#) for 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.

This programme of activity is specifically targeted at CYP. It has acknowledged the importance for care experienced young people therefore the age range is expanded to 26 for this group.

**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 a options considered need to be reframed against the best possible outcome for children.

The full programme including the national research, our local review, and ongoing engagement are specifically targeted at a positive impact for children and young people and their mental health. This also includes their wider family support system.

**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 programme of activities is directly targeted at ensuring children and young people have access to mental health support that best meets their needs

**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.

In 2021 the Scottish Government published the CMHWBSS Framework, based on the findings of the audit of rejected referrals to CAMHS, Audit Scotland's report on children and young people's mental health, and the Children and Young People's Mental Health Taskforce. These recommended the provision of easily accessible support for children and young people with mental health problems not severe enough to fit the eligibility criteria for CAMHS, based in the community and focused on prevention and early intervention. A [revised version](#) was published in 2024. The Framework is aligned to:

- the [Scottish Government and COSLA's joint Mental Health and Wellbeing Strategy](#) which recognises that children, young people and families should be able to easily access support in their local community when needed, and that this support should be focused on prevention and early intervention. The strategy highlights health inequalities that should be considered, outlines the value of a whole-system approach where support, and states that care and treatment should be delivered in a way that is as local as possible and as specialist as necessary, within a system that is responsive to local and individual needs.

- the joint [COSLA and Scottish Government Suicide Prevention Strategy \(Creating Hope Together\)](#) and the [Self Harm Strategy and Action Plan](#)
- [The Promise, and Plan 2430](#)
- [The Whole Family Wellbeing Fund](#), which aims to help family support services make transformational system changes to reduce the need for crisis intervention and shift investment towards prevention and early intervention.
- The principles of Getting it Right for Every Child (GIRFEC)
- [The United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#), recommending strategies should be developed or strengthened, with sufficient resources, for ensuring the availability of community based mental health services for children of all ages.

Our local programme review explored the breadth of coverage in terms of age range, vulnerabilities/protected characteristics and how well we are meeting the six aspects of NHS GG&Cs [Mental Health Prevention and Early Intervention Framework](#).

Prevention and early intervention in children and young people's mental health and wellbeing is vital to the IJB's strategy in responding to and where possible reducing the demand for higher tier support services within Health and Social Care.

The development of elements of the programme has been influenced by research into the experience of [LGBT+ people](#) and [BAME children and young people](#). A consultation with parents and carers contributed to part of the parents and care support element of the programme, and consultation with young people was carried out prior to the age expansion of the YP CDRS service. The [PAC report](#), undertaken by and for care experienced young people, has also been considered within our recommendations. Consultation with children, young people and families as part of the ongoing development of Glasgow's Family Support Strategy and Children's Services Plan have also informed our approaches.

Our contracted providers as well as the Youth Health Service regularly consult with their children, young people and families to understand their experiences and improve services.

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)
- ☐ 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)

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.	Date for completion	Who is responsible?(initials)
<p><b>No actions identified</b></p> <p>Further develop work with all funded supports and services to produce quality monitoring and evaluation, including equalities data.</p> <p>Work with funded services to ensure full accessibility in terms of language and BSL interpreting and physical access, including offering support where needed.</p> <p>In the short term, work with providers on a case by case basis to ensure a system is in place to enable any child or young person to access an appropriate service regardless of additional support needs.</p> <p>Explore the identified areas for development including young carers, care experience and children and young people with disabilities.</p>	<p>March 2026</p> <p>September 2026</p> <p>March 2026</p> <p>September 2026</p>	

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

**Lead Reviewer:**  
**EQIA Sign Off:**

**Name** Fiona A Moss  
**Job Title** Head of Health Improvement & Equalities

**Signature**  
**Date** 05/09/2025



**Quality Assurance Sign Off:**

**Name** Dr Noreen Shields (NHSGGC Assessments)  
**Job Title** Planning and Development Manager

**Signature**  
**Date** 10/9/25



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 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:			

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)