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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:

NHS Financial Inclusion service

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).

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

The NHS Financial Inclusion (FI) service enables community based NHS staff to refer patients facing financial difficulties to dedicated Money Advice providers. The service aims to mitigate the high level of poverty experienced by our population, and its negative impact on health, by addressing financial instability for patients.

The service is delivered in partnership with six Financial Inclusion organisations from Glasgow Advice & Information Network (GAIN). Supports offered include: Welfare Rights; Income Maximisation; Money Advice; Debt Management; Housing Arrears; Financial Capability.

The majority of referrals are from NHS services which engage with families with young children (Health Visiting, Family Nurse Partnership and Midwifery) and thus the service contributes to mitigating the risk of child poverty.

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

The service links to Priority 1 (Prevention, early intervention and well-being) in Glasgow HSCP's Strategic Plan (2023-26): 'Develop and deliver a range of programmes across the HSCP to reduce and mitigate the impact of poverty and health inequalities in the city, focussing on child poverty, financial support, welfare rights and employability.' It also links to NHSGGC's Public Health Strategy (Turning the tide through prevention, 2018-28): 'Work in partnership with others to mitigate and prevent health inequalities which have been caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reforms' (Programme for Action 2).

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Glasgow City HSCP (NHSGG&C) has funded access to Financial Inclusion (FI) services for patients referred by community health staff for many years. Funding has come from various fixed term incomes and three years Scottish Government investment to develop the Healthier Wealthier Children project. Health Improvement has managed the annual funding challenges via supplies and other annualised incomes. Funding is dispersed to FI providers as an annual grant via Glasgow City Council.

As a result of financial pressures experienced by the HSCP, consecutive part year funding awards had to be made to the Financial Inclusion providers in both 2023/24 and 2024/25. For 2023/24, a £225k funding shortfall was addressed via a Whole Family Wellbeing Fund (administered by Glasgow City Council) award to sustain the service whilst mainstream funding was secured. For 2024/25, funding for the service was only secure until 31st January 2025, and Glasgow City Council confirmed (in August 2024) that no funding could be made available to sustain delivery until the end of 2024/25, or in future years. Significant effort was undertaken to secure other income for the service, including tabling an update on the funding position at the HSCP Children's Core Leadership Group (September 2024) but no funding intervention was approved, and Health Improvement was unable to reallocate core funding due to budget restrictions. Therefore, the HSCP financial position means that no further resource was available to sustain the service beyond January 2025.

The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.

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	Date of Lead Reviewer Training: 2018
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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):

Douglas O'Malley, Carol McGurin, Shogufta Haq, Melih Caner Inancli, Joan McDonald, Andrew Ferguson, Sherrin Esmail, Donna MacLean, Afton Hill

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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.</p>	<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>In 2023/24, of the 3,696 patients who engaged with the service, 3,309 (89%) provided data on protected characteristics via routine equalities monitoring:</p> <ul style="list-style-type: none"> • Age • Disability • Gender reassignment • Marriage and civil partnership • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation 	N/A
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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><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</i></p>	<p>All service users are requested to complete NHSGGC equalities monitoring, administered by the 6 Financial Inclusion providers which deliver the service. Responses are anonymous.</p> <p>We have not systematically explored profiles of service users in relation to protected characteristics and used the findings to inform service design. However, we have used the data to broaden service access options to be more inclusive:</p> <ul style="list-style-type: none"> • Access to interpreting support is provided • Tailored telephone appointments for families with young children or families with a disability • Evening appointments, telephone and video appointments are offered to accommodate work patterns 	N/A

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		<p>Example</p> <p>of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</p>	<p>1) Remove discrimination, harassment and victimisation <input checked="" 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>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, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>3.</p> <p>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.</p> <p>Age - Older adults are more likely to experience digital exclusion (lack of technological literacy) and physical accessibility issues (e.g. ATM / bank branch access) (FCA). Evidence indicates found that around 40% of people aged 60+ in Scotland are not confident in using digital banking or online financial services, contributing to their financial exclusion.</p> <p>Blog: 'Digital by default' – what a digital society might mean for older people</p> <p>Younger adults are more likely to have a limited credit history and a lack of financial literacy or knowledge about financial products.</p> <p>Disability - People with disabilities in the UK face a higher poverty rate compared to the national average, with 49% of those in poverty living in households that include a disabled person or</p> <p>Evidence in relation to experience / risk of poverty, financial worries and access barriers to services for groups with protected characteristics is summarised below.</p> <p>Age - Older adults are more likely to experience digital exclusion (lack of technological literacy) and physical accessibility issues (e.g. ATM / bank branch access) (FCA). Evidence indicates found that around 40% of people aged 60+ in Scotland are not confident in using digital banking or online financial services, contributing to their financial exclusion.</p> <p>Blog: 'Digital by default' – what a digital society might mean for older people</p> <p>Younger adults are more likely to have a limited credit history and a lack of financial literacy or knowledge about financial products.</p> <p>Disability - People with disabilities in the UK face a higher poverty rate compared to the national average, with 49% of those in poverty living in households that include a disabled person or</p> <p>Possible negative impact and Additional Mitigating Action Required</p>
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<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>being disabled themselves^[i]. Multiple factors^[ii] hinder disabled people from obtaining qualifications, securing employment, and earning a stable income leading to exclusion from economic opportunities and increasing financial vulnerability^[1]. Living with a disability often brings higher and additional costs that reduce disposable income^[iii]. The cost-of-living crisis has amplified both the prevalence and severity of poverty for disabled people^[iv].</p> <p>People with disabilities also encounter significant challenges accessing financial inclusion services. Digital and physical inaccessibility limit their engagement^[v], consequently, many are forced to rely on intermediaries, family, or friends for support⁵ which can make it harder to navigate financial systems or seek assistance^[vi]. Complex and bureaucratic benefit application processes deter those with limited financial literacy or understanding of eligibility criteria⁵. For individuals with invisible disabilities, stigma and fear of judgment often lead to reluctance to disclose their condition, creating yet another barrier to accessing vital support^[vii].</p> <p>https://www.npi.org.uk/files/34147087/2429/Disability_and_poverty_MAIN_REPORT_FINAL.pdf</p> <p>https://www.irf.org.uk/uk-poverty-2019-20</p> <p>www.irf.org.uk/report/</p> <p>^[iv] Harkins C, Burke T, Walsh D. The impacts of the cost-of-living crisis on disabled people: a case for action [Internet]. 2023 [cited 2024 Dec 9].</p> <p>^[v] https://lordslibrary.parliament.uk/challenges-faced-by-people-with-disabilities/#heading-5</p> <p>^[vi] https://www.gov.uk/government/publications/barriers-to-accessing-health-support-for-pip-ns-esa-and-uc-claimants/barriers-to-accessing-health-support-for-pip-ns-esa-and-uc-claimants#how-claimants-experience-and-manage-their-health</p>
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			<p>[vii]</p> <p>https://www.turn2us.org.uk/T2UWebsite/media/Documents/Benefits-Stigma-in-Britain.pdf</p> <p>Gender reassignment - Transgender people are significantly more likely to fall behind on rent or mortgage payments, as well as council tax. They are also likely to be in receipt of most main state benefits including income support, housing benefit, disability benefits, and council tax benefits.</p> <p>https://www.iser.essex.ac.uk/wp-content/uploads/files/working-papers/iser/2014-02.pdf</p> <p>Transgender people report experiencing higher levels of disadvantage in areas such as education, healthcare and access to public services, and this is more likely to contribute to higher rates of poverty. In addition, transgender people experience difficulty in securing and maintaining employment. Additionally, a significant proportion of trans women have reported engaging in sex in exchange for money, goods, food, drugs, or a place to stay.</p> <p>https://www.equality-network.org/wp-content/uploads/2015/07/The-Scottish-LGBT-Equality-Report.pdf</p> <p>https://www.scottishtrans.org/wp-content/uploads/2024/07/Scottish-Trans-and-Nonbinary-Experiences-Summary-Report.pdf</p> <p>There is evidence suggesting that homelessness is a significant issue for trans people in Scotland, and Trans masculine individuals are more likely to experience financial difficulties and food insecurity due to a lack of money or other resources.</p> <p>https://www.scottishtrans.org/wp-content/uploads/2024/07/Scottish-Trans-and-Nonbinary-Experiences-Summary-Report.pdf</p>	
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			<p>LGBT Health Needs Assessment</p> <p>Evidence indicates a slightly lower approval rate for benefits for Trans people compared to non-trans clients and difficulty in navigating the benefits system effectively. Many people expressed uncertainty and fear about seeking support from their local community during the cost-of-living crisis.</p> <p>evidence-review-non-binary-peoples-experiences-scotland.pdf</p> <p>https://www.scottishtrans.org/wp-content/uploads/2024/07/Scottish-Trans-and-Nonbinary-Experiences-Summary-Report.pdf</p> <p>Marriage and civil partnership - Married and cohabiting adults are the least likely to be in poverty. Some governments encourage marriage and civil partnerships as a means to alleviate poverty; for example, via tax allowances for couples who are married or in a civil partnership. Poverty can put pressure on relationships and lead to their breakdown. Relationship breakdown can also increase poverty for both parent / carers.</p> <p>Poverty and Income Inequality in Scotland 2020-23</p> <p>Pregnancy and maternity - The arrival of a new baby typically results in additional costs incurred and reduced income during maternity leave. Statutory Maternity Pay and Maternity Allowance ('income replacement benefits') often fall far short of women's income levels prior to childbirth. During pregnancy, women may experience time off work due to illness or to attend hospital appointments (with associated costs). There may be a lack of understanding of supports / benefits available and how to apply. Families on low incomes spend more of their income on food hence income reductions, and rising food prices mean, mean that food quality may be compromised. There is also a need for</p>	
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			<p>affordable childcare to support women to return to work (if applicable).</p> <p>The impact on mothers and families of low maternity payments and the cost of living crisis: a literature review - Maternity Action</p> <p>Race - In Scotland, people from minority ethnic groups face significantly higher rates of poverty compared to White individuals^[i], including deep poverty^[ii], and are more likely to live in low-income households^[iii]. Research highlights that Bangladeshi and Pakistani communities experience the highest levels of poverty among minority ethnic groups.</p> <p>Black, Asian and minority ethnic (BAME) individuals are more likely to be employed in low-paid sectors^[iv]. Unemployment and underemployment rates are also disproportionately higher among minority ethnic people^[v], particularly amongst minority ethnic women. Workers from minority ethnic backgrounds are about twice as likely as White workers to hold insecure contracts. Additionally, BAME households are more likely to rely on a single earner, amplifying financial vulnerability^[vi]. Over half (51%) of minority ethnic individuals in poverty live in unaffordable housing, compared to 44% of white individuals.</p> <p>BAME communities often face significant challenges in accessing financial inclusion services, including linguistic and cultural barriers, distrust in financial institutions and advice providers^[vii], lack of knowledge and awareness about financial rights and services ^[viii], and legal restrictions for migrants in terms of recourse to public funds^[ix].</p> <p>^[i] https://data.gov.scot/poverty/ ^[ii] https://www.jrf.org.uk/deep-poverty-and-destitution/ethnicity-and-the-heightened-risk-of-very-deep-poverty ^[iii] https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccou</p>	
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			<p>nts/compendium/economicreview/february2020/childpovertyandeducationoutcomesbyethnicity</p> <p>^[iv] https://www.crer.org.uk/blog/new-research-from-crer-ethnicity-and-poverty-in-scotland-2020</p> <p>^[v] https://www.jrf.org.uk/race-and-ethnicity/ethnicity-poverty-and-the-data-in-scotland</p> <p>^[vi] : https://www.jrf.org.uk/uk-poverty-2022-the-essential-guide-to-understanding-poverty-in-the-uk</p> <p>^[vii] https://www.bristol.ac.uk/media-library/sites/geography/migrated/documents/pfrc0605b.pdf</p> <p>^[viii] Evans JCN, Richardson T, Cross KA, Davies SV, Phiri P, Maguire N et al. The intersecting impacts of mental ill-health and money problems on the financial wellbeing of people from ethnic minority communities. Money and Pensions Service, 2023.</p> <p>^[ix] http://www2.le.ac.uk/departments/law/research/cces/documents/Too-Many-Hurdles-2011.pdf</p> <p>Religion or belief - Muslims and Buddhists are the most likely religious groups to have a low income, although this is associated with their young age profile; Jews are likely to have the highest incomes. Roman Catholics are over-represented for residence in deprived SIMD areas. From 2018-23, Muslim adults were more likely to be in relative poverty (61%) than adults overall (19%), after housing costs. Of adults belonging to the Church of Scotland, 16% were in relative poverty after housing costs, compared to 17% of Roman Catholic adults and adults of other Christian denominations (21%).</p> <p>Poverty and Income Inequality in Scotland 2020-23 Scottish Government Equality Outcomes: Religion and Belief Evidence Review - gov.scot</p> <p>Sex - Women are most likely to be in low paid part time employment, earn less than men and are less likely to have</p>	
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savings. During the pandemic, women represented the majority of furloughed staff. Alongside gendered roles and expectations about who should carry the burden of unpaid/informal care, women's experience of poverty has been compounded by the pandemic and the ongoing cost of living crisis. Their caring responsibilities and limited access to affordable childcare mean they are less able to take on additional work to meet extra costs. [The cost of living and gender: Briefing for a new government – Women's Budget Group Item 3 - PSGCPHCOVIDMicroBrief2Women.pdf](#)

Single parent households are predominantly female. Scotland has three in ten families who are lone parents (Glasgow City 40%). 33% of lone parents are unemployed and have a disability or long-standing illness. Lone parents are more likely to be in part time, low paying jobs ([Lone parents](#)).

Women, especially those from low-income backgrounds, face barriers in accessing financial services due to income disparities and financial literacy issues ([World Economic Forum](#)). .

Violence against women and girls sustains poverty. Women experiencing abuse within the home will have difficulty leaving perpetrators if they are living in poverty, this creates barriers to support. Financial abuse is a form of coercion used by perpetrators to control women. [Why is Violence Against Women and Girls a problem? - Equally Safe 2023 - preventing and eradicating violence against women and girls: strategy - gov.scot](#)

Sexual orientation - There is limited high quality research in the UK but evidence indicates that gay men and bisexual men and women are more likely to experience poverty than their heterosexual counterparts. Gay men are more likely to be in receipt of income support, housing benefit and council tax benefit. There is some literature suggesting that gay men are over-represented among homeless populations.

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Bisexual men and women are 4% and 3% more likely to experience poverty than heterosexual men and women, respectively. These findings are not statistically significant but are corroborated by other evidence, such as the fact that bisexual men and women both suffer a pay penalty compared with heterosexual men and women.

Lesbians experience similar risks of poverty as heterosexual women. They are significantly more likely to participate in the labour market, and to obtain university degrees. There is a pay premium for lesbians, even when controlling for motherhood. These findings suggest that lesbian experience is less disadvantageous materially than that of gay men, at least compared with heterosexual women.

[Poverty and sexual orientation | Poverty and Social Exclusion](#)

The NHSGGC Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (2022) indicated that 27% of respondents had financial worries all or most of the time. [Final Report \(31 May 2022\).pdf](#)

There is universal access to the service for any patient referred by NHS community staff in Glasgow HSCP.

Targeted approach with certain groups:

- Age
 - Families with children under 5 years old (via Health Visiting, Family Nurse Partnership)
 - Pensioners (pension credit specifically)
- Pregnancy & maternity (via Midwifery)
- Disability

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			<ul style="list-style-type: none"> ○ Child Development Centres / Specialist Children's Services ○ Mental Health Teams <p>Quarterly performance information is collated for 3 (of 6) family groups at high risk of experiencing child poverty (lone parent families, minority ethnic families, families with a disabled person). Monitoring does not capture: families with three or more children, families with a child under 1 year old, families with a mother aged 25 years old or younger.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<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) 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><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 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>FI Providers delivering the service are required to share several case studies per year to highlight client experiences and the impact of FI interventions. These case studies routinely relate to clients with certain protected characteristics (age, sex, disability, pregnancy and maternity, race). Feedback from service users / staff / partners (via comments, complaints, testimonies) is collated to help shape service development / improvement, via quarterly contract performance meetings.</p> <p>We have not actively engaged with equality groups on service closure. We have communicated with NHS staff and partners rather than directly with clients, the majority of whom are not repeat clients. Repeat clients can only be re-referred by NHS staff and receive the same service. There is no further planned communications activity, aside from providing further detail to NHS staff on alternative supports available.</p> <p>Engagement took place with the 6 Financial Inclusion organisations which deliver the service to inform them of the service closure and the associated timeline. The FI organisations did not provide specific suggestions regarding service closure but expressed disappointment as well as their appreciation in relation</p>	<p>We expect all existing clients to be processed before service closure but some case work may be outstanding.</p> <p>FI Providers were approached to clarify the expected number of outstanding cases at 31/1/25; only one Provider supplied this information. However, Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" 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 Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</p>	<p>to the sustained efforts over recent years to secure funding for the service. We have not sought their views in relation to the possible impact on equality groups.</p> <p>There has not been engagement with patients / service users / public as only NHS staff can make referrals (no self-referrals) and the lack of flex to change the outcome of the service closure. Furthermore, engagement may create unnecessary confusion and anxiety. NHS staff will continue to signpost patients to alternative support services in the City.</p> <p>Feedback on concerns or for further information has been invited via a named contact at a locality level. Feedback received to date has been minimal.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<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>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><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 have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination,</i></p>	<p>Prior to the COVID-19 pandemic, the service engaged with clients via face-to-face appointments in HSCP Health Centres and was physically accessible to all.</p> <p>During the COVID-19 pandemic, the service changed to telephone delivery and this remains the default means for client engagement, with limited in-person appointments on request. Feedback from the vast majority of service users indicates that telephone delivery is the preferred option as it removes access barriers (e.g. travel costs) and is easier to manage childcare responsibilities.</p>	<p>Cannot guarantee that alternative services will be physically accessible. Services are located in a variety of locations across the City to support access in the local community.</p> <p>Expectation that alternative services will include offer of telephone support if required.</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 checked="" type="checkbox"/></p>	<i>harassment and victimisation).</i>		
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<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, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></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><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Currently, the service provides access to interpreters.</p> <p>Engagement took place with the 6 Financial Inclusion organisations which deliver the service to inform the timeline for service closure. We have not sought their views in relation to the possible impact on equality groups.</p> <p>All HSCP staff received an electronic communication to notify them of the service closure (31/1/25), including the date for closure of the referral pathway (1/11/24) after which no further referrals would be accepted. Staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period. In addition, NHS services which make the majority of referrals (Health Visiting, Midwifery, and Family Nurse Partnership) have been engaged via a direct email and at various planned meetings.</p> <p>The HSCP communication advised that NHS staff are able to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24 although patients may experience longer waiting times to be seen. The 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network have been notified as these</p>	<p>We cannot guarantee access to interpreting support for alternative services but all public sector organisations are required to provide this support.</p> <p>The Cost of Living guide (NHS owned) can be translated into alternative languages on request (in accordance with NHS Clear to All guidance). This will enable the most up-to-date version to be provided (as information contained is subject to change).</p>

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	<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>services are likely to experience an increase in demand as a result of the service closure. All GAIN organisations offer a universal service. One Provider offers an additional service ('Financially Included') delivered in partnership with Violence against Women.</p> <p>We have communicated with HSCP Primary Care governance structures which oversee Community Link Worker Programme and GP Practices (many of which have the Welfare Advice Health Partnership service), as they may signpost patients. Aside from GAIN organisations (which we anticipate will receive the majority of signposted patients), we have communicated the service closure with other relevant organisations where identified (e.g. all Housing Providers and Registered Social Landlords in the City). There is ongoing engagement with locality forums and networks to raise awareness of CoL guide.</p> <p>There has not been engagement with patients / service users / public as only NHS staff can make referrals (no self-referrals) and the lack of flex to change the outcome of the service closure. Furthermore, engagement may create unnecessary confusion and anxiety. NHS staff will continue to signpost patients to alternative support services in the City.</p> <p>Feedback on concerns or for further information has been invited via a named contact at a locality level. Feedback received to date has been minimal.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</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</p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The age profile is provided below. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p>	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to</p>

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<p>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>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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<table border="1"> <thead> <tr> <th>Age</th> <th>Early Years</th> <th>Other NHS</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Under 16</td> <td>12 (0%)</td> <td>1 (0%)</td> <td>13 (0%)</td> </tr> <tr> <td>16-25</td> <td>437 (13%)</td> <td>57 (2%)</td> <td>494 (15%)</td> </tr> <tr> <td>26-35</td> <td>931 (28%)</td> <td>151 (5%)</td> <td>1,082 (33%)</td> </tr> <tr> <td>36-45</td> <td>520 (16%)</td> <td>189 (6%)</td> <td>709 (21%)</td> </tr> <tr> <td>46-55</td> <td>145 (4%)</td> <td>187 (6%)</td> <td>332 (10%)</td> </tr> <tr> <td>56-65</td> <td>34 (1%)</td> <td>216 (7%)</td> <td>250 (8%)</td> </tr> <tr> <td>Over 65</td> <td>1 (0%)</td> <td>424 (13%)</td> <td>425 (13%)</td> </tr> <tr> <td>Prefer not to say</td> <td>2 (0%)</td> <td>2 (0%)</td> <td>4 (0%)</td> </tr> <tr> <td>Total</td> <td>2,082 (63%)</td> <td>1,227 (37%)</td> <td>3,309</td> </tr> </tbody> </table>	Age	Early Years	Other NHS	Total	Under 16	12 (0%)	1 (0%)	13 (0%)	16-25	437 (13%)	57 (2%)	494 (15%)	26-35	931 (28%)	151 (5%)	1,082 (33%)	36-45	520 (16%)	189 (6%)	709 (21%)	46-55	145 (4%)	187 (6%)	332 (10%)	56-65	34 (1%)	216 (7%)	250 (8%)	Over 65	1 (0%)	424 (13%)	425 (13%)	Prefer not to say	2 (0%)	2 (0%)	4 (0%)	Total	2,082 (63%)	1,227 (37%)	3,309	<p>respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services as well as those targeted at families with children.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of different age and these will be added to the guide at the next refresh.</p>
	Age	Early Years	Other NHS	Total																																						
	Under 16	12 (0%)	1 (0%)	13 (0%)																																						
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Total	2,082 (63%)	1,227 (37%)	3,309																																							
<p>The service is universal and NHS staff can refer all adults over 16 years old. The service offers tailored advice based on client age, primarily in relation to grant / benefit entitlement.</p> <p>Over two thirds of clients who completed equalities monitoring were 45 years old or younger. The service closure is more likely to impact families with young children as the majority of referrals originate from NHS services which routinely engage with families with children under 5 years old. These services are actively encouraged and supported to raise the issue of money worries via Universal Child Health pathways, and services may receive feedback on referral volumes generated.</p> <p>Certain family groups are known to be at higher high risk of experiencing child poverty (lone parent families, minority ethnic families, families with a disabled person, families with three or more children, families with a child under 1 year old, families with a mother aged 25 years old or younger).</p>																																										

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			FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.																				
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The disability profile is provided below. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <table border="1"> <thead> <tr> <th>Category</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Disability</td><td>533 (16%)</td><td>1038 (31%)</td><td>1571 (47%)</td></tr> <tr> <td>No Disability</td><td>1528 (46%)</td><td>183 (6%)</td><td>1711 (52%)</td></tr> <tr> <td>Prefer not to say</td><td>21 (0%)</td><td>6 (0%)</td><td>27 (1%)</td></tr> <tr> <td>Total</td><td>2082 (63%)</td><td>1227 (37%)</td><td>3,309</td></tr> </tbody> </table> <p>Almost half of the clients who completed equalities monitoring identified themselves as having a disability. The service closure is more likely to impact disabled people / families and they are at higher risk of experiencing poverty.</p> <p>The service takes referrals from NHS services (e.g. Primary Care & Community Mental Health teams, Specialist Children's Service, Child Development Centres) which engage with patients with a disability, including mental and physical disabilities, and neurodevelopmental disorders.</p> <p>Referrers are asked to specify any accessibility needs of patients so that service delivery can be tailored appropriately (e.g. via longer appointments, home visits or telephone appointments).</p>	Category	Early Years	Other NHS	Total	Disability	533 (16%)	1038 (31%)	1571 (47%)	No Disability	1528 (46%)	183 (6%)	1711 (52%)	Prefer not to say	21 (0%)	6 (0%)	27 (1%)	Total	2082 (63%)	1227 (37%)	3,309	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal</p>
Category	Early Years	Other NHS	Total																				
Disability	533 (16%)	1038 (31%)	1571 (47%)																				
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Total	2082 (63%)	1227 (37%)	3,309																				

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			<p>services as well as those targeted at disabled people.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of disability and these will be added to the guide at the next refresh.</p> <p>Cannot guarantee that alternative services will be physically accessible. Services are located in a variety of locations across the City.</p> <p>Expectation that alternative services will include offer of telephone support if required.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. 2,220 responded to the question related to gender reassignment. All respondents selected 'prefer not to say'.	The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS

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<p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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 checked="" type="checkbox"/></p>	<table border="1"> <tr> <td>Transgender</td> <td align="center">0</td> </tr> <tr> <td>Transperson</td> <td align="center">0</td> </tr> <tr> <td>Prefer not to say</td> <td align="center">0</td> </tr> <tr> <td>Total</td> <td align="center">2,220</td> </tr> </table> <p>The service is universal. No direct impact identified but it is recognised that trans people more likely to experience poverty (NHSGGC LGBT health needs assessment).</p>	Transgender	0	Transperson	0	Prefer not to say	0	Total	2,220	<p>staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at trans</p>
Transgender	0									
Transperson	0									
Prefer not to say	0									
Total	2,220									

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			<p>people and these will be added to the guide at the next refresh.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>																
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required																
(d)	<p>Marriage and Civil Partnership</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> <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 checked="" type="checkbox"/></p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. 1,176 responded to the marriage and civil partnership question. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <table border="1"> <thead> <tr> <th>Status</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Married</td><td>818 (25%)</td><td>353 (11%)</td><td>1171 (35%)</td></tr> <tr> <td>Civil Partnership</td><td>1 (0%)</td><td>4 (0%)</td><td>5 (0%)</td></tr> <tr> <td>Total</td><td>819 (25%)</td><td>357 (11%)</td><td>1,176 (36%)</td></tr> </tbody> </table> <p>The service is universal. No direct impact identified.</p>	Status	Early Years	Other NHS	Total	Married	818 (25%)	353 (11%)	1171 (35%)	Civil Partnership	1 (0%)	4 (0%)	5 (0%)	Total	819 (25%)	357 (11%)	1,176 (36%)	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p>
Status	Early Years	Other NHS	Total																
Married	818 (25%)	353 (11%)	1171 (35%)																
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			<p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This did not identify additional organisations which offer services targeted at people who are married / in a civil partnership.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>												
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. 902 responded to the pregnancy and maternity question. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <table border="1"> <thead> <tr> <th>Pregnant or gave birth in last 26 weeks</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Pregnant</td><td>499 (15%)</td><td>22 (1%)</td><td>521 (16%)</td></tr> <tr> <td>Maternity</td><td>375 (11%)</td><td>6 (0%)</td><td>381 (12%)</td></tr> </tbody> </table>	Pregnant or gave birth in last 26 weeks	Early Years	Other NHS	Total	Pregnant	499 (15%)	22 (1%)	521 (16%)	Maternity	375 (11%)	6 (0%)	381 (12%)	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS</p>
Pregnant or gave birth in last 26 weeks	Early Years	Other NHS	Total												
Pregnant	499 (15%)	22 (1%)	521 (16%)												
Maternity	375 (11%)	6 (0%)	381 (12%)												

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<table border="1" data-bbox="880 132 1637 175"> <tr> <td>Total</td><td>874 (26%)</td><td>28 (1%)</td><td>902 (27%)</td></tr> </table> <p>Service closure is more likely to impact on pregnancy and maternity. The service is actively promoted with Midwifery staff to support routine enquiry for money worries with patients, as becoming pregnant / having a child is considered a significant change in circumstances which may impact household income and entitlement to grants / benefits. The service offers tailored advice for pregnant women in relation to maternity pay and grant / benefit entitlements.</p>	Total	874 (26%)	28 (1%)	902 (27%)	<p>staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people experiencing pregnancy and maternity and these will be added to the guide at the next refresh.</p> <p>Midwifery staff can continue to refer patients to the NHS Blossom service (if they meet the criteria), which includes a FI service.</p>
Total	874 (26%)	28 (1%)	902 (27%)				

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			FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.																
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required																
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The race profile is provided below. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <p>It is recognised that this is more likely to have an impact on people from Black and Minority Ethnic Backgrounds. From the last census, one in five Glaswegians are from Black and Minority Ethnic backgrounds whereas a higher proportion of service users (38%) were accessing the service.</p> <p>Almost half of clients are White Scottish and are more likely to be impacted. There is a higher prevalence of BME communities living in the most deprived (SIMD) areas of Glasgow, and patients in these areas are more likely to experience poverty and thus be impacted by service closure.</p> <p>Ethnicity and Socio-economic Deprivation in Scotland — CRER</p> <table border="1"> <thead> <tr> <th>Race</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>WHITE SCOTTISH</td><td>732 (22%)</td><td>895 (27%)</td><td>1627 (49%)</td></tr> <tr> <td>WHITE IRISH</td><td>5 (0%)</td><td>15 (0%)</td><td>20 (1%)</td></tr> <tr> <td>WHITE OTHER BRITISH</td><td>50 (2%)</td><td>39 (1%)</td><td>89 (3%)</td></tr> </tbody> </table>	Race	Early Years	Other NHS	Total	WHITE SCOTTISH	732 (22%)	895 (27%)	1627 (49%)	WHITE IRISH	5 (0%)	15 (0%)	20 (1%)	WHITE OTHER BRITISH	50 (2%)	39 (1%)	89 (3%)	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>We cannot guarantee access to interpreting support for alternative services but all public sector</p>
Race	Early Years	Other NHS	Total																
WHITE SCOTTISH	732 (22%)	895 (27%)	1627 (49%)																
WHITE IRISH	5 (0%)	15 (0%)	20 (1%)																
WHITE OTHER BRITISH	50 (2%)	39 (1%)	89 (3%)																

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ANY OTHER WHITE BACKGROUND	234 (7%)	63 (2%)	297 (9%)
ASIAN INDIAN	54 (2%)	15 (0%)	69 (2%)
ASIAN PAKISTANI	185 (6%)	71 (2%)	256 (8%)
ASIAN BANGLADESHI	16 (0%)	2 (0%)	18 (1%)
ASIAN CHINESE	20 (1%)	9 (0%)	29 (1%)
ASIAN ANY OTHER BACKGROUND	131 (4%)	23 (1%)	154 (5%)
BLACK AFRICAN	182 (6%)	33 (1%)	215 (6%)
BLACK CARRIBBEAN	4 (0%)	2 (0%)	6 (0%)
BLACK ANY OTHER BACKGROUND	33 (1%)	9 (0%)	42 (1%)
ANY MULTIPLE ETHNIC BACKGROUND	242 (7%)	23 (1%)	265 (8%)
OTHER BACKGROUND	169 (5%)	22 (1%)	191 (6%)
PREFER NOT TO SAY	25 (1%)	6 (0%)	31 (1%)
TOTAL	2082 (63%)	1227 (37%)	3309

The service is universal. It provides access to interpreting / translation support for clients.

organisations are required to provide this support.

Staff will continue to signpost patients to alternative provision and will utilise the [Glasgow City HSCP Cost of Living Support Guide Oct 24](#) which includes information on organisations which offer universal services as well as those targeted services related to race.

The Cost of Living guide (NHS owned) can be translated into alternative languages on request (in accordance with NHS Clear to All guidance). This will enable the most up-to-date version to be provided (as information contained is subject to change).

As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of different race and these will be added to the guide at the next refresh.

FI Providers have indicated that all referrals have been processed and that any outstanding cases will be

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(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</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 checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The religion / belief profile is provided below. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <p>The service is universal. A relatively high proportion of clients are Muslim and research indicates that this religious group (and Buddhists) are the most likely to have a low income and experience relative poverty.</p> <table border="1"> <thead> <tr> <th>Religion/Belief</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>BUDDHIST</td><td>5 (0%)</td><td>0 (0%)</td><td>5 (0%)</td></tr> <tr> <td>CHURCH OF SCOTLAND</td><td>163 (5%)</td><td>137 (4%)</td><td>300 (9%)</td></tr> <tr> <td>HINDU</td><td>10 (0%)</td><td>3 (0%)</td><td>13 (0%)</td></tr> <tr> <td>JEWISH</td><td>1 (0%)</td><td>1 (0%)</td><td>2 (0%)</td></tr> <tr> <td>MUSLIM</td><td>439 (13%)</td><td>86 (3%)</td><td>525 (16%)</td></tr> <tr> <td>NONE</td><td>654 (20%)</td><td>476 (14%)</td><td>1130 (34%)</td></tr> <tr> <td>OTHER CHRISTIAN</td><td>160 (5%)</td><td>46 (1%)</td><td>206 (6%)</td></tr> <tr> <td>OTHER</td><td>82 (2%)</td><td>43 (1%)</td><td>125 (4%)</td></tr> <tr> <td>PREFER NOT TO ANSWER</td><td>364 (11%)</td><td>237 (7%)</td><td>601 (18%)</td></tr> <tr> <td>SIKH</td><td>14 (0%)</td><td>4 (0%)</td><td>18 (1%)</td></tr> <tr> <td>ROMAN CATHOLIC</td><td>190 (6%)</td><td>194 (6%)</td><td>384 (12%)</td></tr> <tr> <td>TOTAL</td><td>2082 (63%)</td><td>1227 (37%)</td><td>3309</td></tr> </tbody> </table>	Religion/Belief	Early Years	Other NHS	Total	BUDDHIST	5 (0%)	0 (0%)	5 (0%)	CHURCH OF SCOTLAND	163 (5%)	137 (4%)	300 (9%)	HINDU	10 (0%)	3 (0%)	13 (0%)	JEWISH	1 (0%)	1 (0%)	2 (0%)	MUSLIM	439 (13%)	86 (3%)	525 (16%)	NONE	654 (20%)	476 (14%)	1130 (34%)	OTHER CHRISTIAN	160 (5%)	46 (1%)	206 (6%)	OTHER	82 (2%)	43 (1%)	125 (4%)	PREFER NOT TO ANSWER	364 (11%)	237 (7%)	601 (18%)	SIKH	14 (0%)	4 (0%)	18 (1%)	ROMAN CATHOLIC	190 (6%)	194 (6%)	384 (12%)	TOTAL	2082 (63%)	1227 (37%)	3309	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p>
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			<p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of different religion / belief and these will be added to the guide at the next refresh.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>																				
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required																				
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</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 checked="" type="checkbox"/></p>	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The gender split is provided below. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <table border="1"> <thead> <tr> <th>Gender</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Female</td><td>1,671 (50%)</td><td>709 (21%)</td><td>2,380 (72%)</td></tr> <tr> <td>Male</td><td>408 (12%)</td><td>518 (16%)</td><td>926 (28%)</td></tr> <tr> <td>Prefer Not to Say</td><td>3 (0%)</td><td>0 (0%)</td><td>3 (0%)</td></tr> <tr> <td>Total</td><td>2,082 (63%)</td><td>1,227 (37%)</td><td>3,309</td></tr> </tbody> </table> <p>The majority of clients engaging with the service are women and are thus more likely to be impacted by service closure. Women</p>	Gender	Early Years	Other NHS	Total	Female	1,671 (50%)	709 (21%)	2,380 (72%)	Male	408 (12%)	518 (16%)	926 (28%)	Prefer Not to Say	3 (0%)	0 (0%)	3 (0%)	Total	2,082 (63%)	1,227 (37%)	3,309	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24;</p>
Gender	Early Years	Other NHS	Total																				
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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>are most likely to be in low paid part time employment, earn less than men and are less likely to have savings. 644 lone parents engaged with service in 2023/24, the majority of whom are women, and they are typically at higher risk of experiencing poverty. Women are also more likely to have unpaid caring responsibilities and experience financial abuse.</p>	<p>this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of different gender and these will be added to the guide at the next refresh.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>
(i)	Sexual Orientation	<p>3,309 out of 3,696 patients who engaged with the service completed equalities monitoring. The sexual orientation profile is provided below. The percentages in this table represent the</p>	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent</p>

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<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</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 checked="" type="checkbox"/></p>	<p>proportion of Early Years and Other NHS clients relative to the total combined number of clients (3,309).</p> <table><tr><th>SEXUAL ORIENTATION</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr><tr><td>BISEXUAL</td><td>70 (2%)</td><td>6 (0%)</td><td>76 (2%)</td></tr><tr><td>GAY WOMAN / LESBIAN</td><td>5 (0%)</td><td>5 (0%)</td><td>10 (0%)</td></tr><tr><td>GAY MAN</td><td>0 (0%)</td><td>7 (0%)</td><td>7 (0%)</td></tr><tr><td>HETROSEXUAL / STRAIGHT</td><td>1891 (57%)</td><td>1006 (30%)</td><td>2897 (88%)</td></tr><tr><td>OTHER</td><td>0 (0%)</td><td>5 (0%)</td><td>5 (0%)</td></tr><tr><td>PREFER NOT TO SAY</td><td>116 (4%)</td><td>198 (6%)</td><td>314 (9%)</td></tr><tr><td>TOTAL</td><td>2082 (63%)</td><td>1227 (37%)</td><td>3309</td></tr></table> <p>The service is universal. No direct impact identified but the NHSGGC health needs assessment (2022) indicates that a high proportion of the LGBT community are likely to experience financial worries.</p>	SEXUAL ORIENTATION	Early Years	Other NHS	Total	BISEXUAL	70 (2%)	6 (0%)	76 (2%)	GAY WOMAN / LESBIAN	5 (0%)	5 (0%)	10 (0%)	GAY MAN	0 (0%)	7 (0%)	7 (0%)	HETROSEXUAL / STRAIGHT	1891 (57%)	1006 (30%)	2897 (88%)	OTHER	0 (0%)	5 (0%)	5 (0%)	PREFER NOT TO SAY	116 (4%)	198 (6%)	314 (9%)	TOTAL	2082 (63%)	1227 (37%)	3309	<p>referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>As part of the EQIA, a mapping exercise was undertaken to identify organisations which offer targeted support for equality groups. This identified additional organisations which offer services targeted at people of different sexual orientation and these will be added to the guide at the next refresh.</p>
SEXUAL ORIENTATION	Early Years	Other NHS	Total																															
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(j)	<p>Socio – Economic Status & Social Class</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> 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: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined</p>	<p>Household income data is available for 3,401 clients who engaged with the service. The percentages in this table represent the proportion of Early Years and Other NHS clients relative to the total combined number of clients.</p> <table border="1"> <thead> <tr> <th>Household income</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>0 - £6,000</td><td>269(8%)</td><td>170(5%)</td><td>439(13%)</td></tr> <tr> <td>£6,001-£10,000</td><td>341(10%)</td><td>235(7%)</td><td>576(17%)</td></tr> <tr> <td>£10,001-£15,000</td><td>323(9%)</td><td>184(5%)</td><td>507(15%)</td></tr> <tr> <td>£15,001- £20,000</td><td>358(11%)</td><td>219(6%)</td><td>577(17%)</td></tr> <tr> <td>£20,001- £25,000</td><td>348(10%)</td><td>203(6%)</td><td>551(16%)</td></tr> <tr> <td>£25,001-£30,000</td><td>177(5%)</td><td>144(4%)</td><td>321(9%)</td></tr> <tr> <td>£30,001 -£40,000</td><td>117(3%)</td><td>94(3%)</td><td>211(6%)</td></tr> <tr> <td>£40,001 and over</td><td>82(2%)</td><td>25(1%)</td><td>107(3%)</td></tr> <tr> <td>Not relevant</td><td>6 (0%)</td><td>106(3%)</td><td>112(3%)</td></tr> <tr> <td>Total</td><td>2,021(59%)</td><td>1,380(41%)</td><td>3,401(100%)</td></tr> </tbody> </table> <p>Service closure is expected to have a significant impact on patients at higher risk of experiencing poverty. It will remove the ability of NHS community staff to directly refer patients to a dedicated FI service. Instead, they will need to signpost patients to alternative sources of FI support, which are likely to experience an increase in demand (with longer waiting times).</p>	Household income	Early Years	Other NHS	Total	0 - £6,000	269(8%)	170(5%)	439(13%)	£6,001-£10,000	341(10%)	235(7%)	576(17%)	£10,001-£15,000	323(9%)	184(5%)	507(15%)	£15,001- £20,000	358(11%)	219(6%)	577(17%)	£20,001- £25,000	348(10%)	203(6%)	551(16%)	£25,001-£30,000	177(5%)	144(4%)	321(9%)	£30,001 -£40,000	117(3%)	94(3%)	211(6%)	£40,001 and over	82(2%)	25(1%)	107(3%)	Not relevant	6 (0%)	106(3%)	112(3%)	Total	2,021(59%)	1,380(41%)	3,401(100%)	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP</p>
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	<p>(particularly those with lived experience of socio-economic disadvantage)?</p> <p>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?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>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?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>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)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>Service closure can be expected to create several risks:</p> <ul style="list-style-type: none"> • Routine sensitive enquiry for money worries by NHS staff may decrease as staff cannot offer a dedicated service response. Routine enquiry helps reduce stigma in relation to money worries • Vulnerable patients may be less likely to be identified to access a service, leading to increased risk of poverty and poor health outcomes • Potential increase in waiting times for patients signposted may result in a delayed response to address priority financial issues within appropriate timescales • Signposting is generally associated with higher attrition compared to direct referral, particularly for patients facing barriers to engagement. Patients require confidence and skill to navigate a crowded advice service landscape • Potential digital exclusion for patients if signposted to online support • Potential increase in patient travel costs to access advice, depending on location of alternative supports and if telephone support is available 	<p>Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p> <p>FI Providers have indicated that all referrals have been processed and that any outstanding cases will be absorbed within their core service provision from 1/2/25.</p>								
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>19 people who engaged with the service were homeless (5 Early Years and 14 Other NHS clients).</p> <table border="1" data-bbox="880 1249 1653 1367"> <thead> <tr> <th>Housing Status</th><th>Early Years</th><th>Other NHS</th><th>Total</th></tr> </thead> <tbody> <tr> <td>Homeless</td><td>5</td><td>14</td><td>19</td></tr> </tbody> </table> <p>The service does not collect data for the other marginalised groups thus the direct impact of the service closure is unknown.</p>	Housing Status	Early Years	Other NHS	Total	Homeless	5	14	19	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need</p>
Housing Status	Early Years	Other NHS	Total								
Homeless	5	14	19								

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		<p>However, these groups are at higher risk of experiencing poverty. Supporting asylum seekers and refugees is not core business for the service given the restricted supports they are eligible to receive (no recourse to public funds).</p>	<p>and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p>
8.	<p>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?</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>Glasgow City HSCP (NHSGG&C) has funded access to Financial Inclusion (FI) services for patients referred by community health staff for many years. Funding has come from various fixed term incomes and 40% from core Health Improvement funding. Health Improvement has managed the annual funding challenges via supplies and other annualised incomes. Funding is dispersed as an annual grant through Glasgow City Council. Without additional incomes the service became unviable with the remaining funds and these will be provided as savings for 2025/26.</p>	<p>The service was closed to new referrals from 1/11/24 after which no further referrals were accepted. NHS staff were asked to prioritise urgent referrals to enable the service to respond to those in greatest need and provide appropriate support to existing clients during the 3 month notice period given to the six Financial Inclusion providers. NHS staff have been directed to signpost</p>

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	<div>2) Promote equality of opportunity <input type="checkbox"/></div> <div>3) Foster good relations between protected characteristics. <input type="checkbox"/></div> <div>4) Not applicable <input type="checkbox"/></div>	<p>As a result of financial pressures experienced by the HSCP, consecutive part year funding awards had to be made to the Financial Inclusion providers in both 2023/24 and 2024/25. For 2023/24, a £225k funding shortfall was addressed via a Whole Family Wellbeing Fund (administered by Glasgow City Council) award to sustain the service whilst mainstream funding was secured. For 2024/25, funding for the service was only secure until 31st January 2025, and Glasgow City Council confirmed (in August 2024) that no funding could be made available to sustain delivery until the end of 2024/25, or in future years. Significant effort was undertaken to secure other income for the service, including tabling an update on the funding position at the HSCP Children’s Core Leadership Group (September 2024) but no funding intervention was approved, and Health Improvement was unable to reallocate core funding due to budget restrictions. Therefore, the HSCP financial position means that no further resource was available to sustain the service beyond January 2025.</p>	<p>patients to local services and supports in the Glasgow City HSCP Cost of Living Support Guide Oct 24; this includes the 16 Financial Inclusion support services which are members of the Glasgow Advice & Information Network and offer a universal service.</p> <p>Staff will continue to signpost patients to alternative provision and will utilise the Glasgow City HSCP Cost of Living Support Guide Oct 24 which includes information on organisations which offer universal services.</p>
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	<p>Staff completion of mandatory e-learning on equalities and human rights.</p>	<p>Completion of equality training will be dependent on each of the organisations signposted to.</p>

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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.

Although the discontinuation of this service does not directly impact on Human Rights, it can be recognised that the service did support access to a number of Economic, social and cultural rights, including;

- the right to social security
- the right to an adequate standard of living
- the right to the highest possible standard of physical and mental health
- the right to participate in cultural life

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* .

*

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- **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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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 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. 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.

The service closure is more likely to impact families with young children as the majority of referrals (approx two thirds) originate from NHS services which routinely engage with families with children under 5 years old. Certain family groups are known to be at higher high risk of experiencing child poverty (lone parent families, minority ethnic families, families with a disabled person, families with three or more children, families with a child under 1 year old, families with a mother aged 25 years old or younger).

UNCRC article 26 (social security): Every child has the right to benefit from social security....including financial support and other benefits, to families in need of assistance.

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.

NHS staff will continue to signpost patients, including those with dependent children, to alternative provision and will utilise the [Glasgow City HSCP Cost of Living Support Guide Oct 24](#) which includes information on organisations which offer universal services as well as those targeted at families with children.

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.

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Clear guidance has been shared with NHS staff, particularly those supporting families, on the process for signposting patients to alternative support services.

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.

A decision was taken not to engage directly with patients or service users (including those with children) as only NHS staff can make referrals (no self-referrals) and the lack of flex to change the outcome of the service closure. Furthermore, engagement may create unnecessary confusion and anxiety. Staff will continue to signpost to alternative provision.

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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)
- ☐ Option 4: 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.

Date for completion	Who is responsible?(initials)
24.1.25	Carol McGurin
30.6.25	Joan McDonald, Shogufta Haq, Melih Caner Inancli
Ongoing	Joan McDonald, Shogufta Haq, Melih Caner Inancli
Ongoing	Fiona Moss

Health Improvement confirm (with FI Providers) the expected number of outstanding cases at end January 2025, and how these clients will continue to receive support to resolve their cases after the official service closure date.

Health Improvement to review the Cost of Living guide every 6 months, and include any new support services targeted at groups with protected characteristics.

Health Improvement to respond to requests to translate Cost of Living guide into different languages.

Health Improvement to continue to advocate for access to financial advice through NHS services.

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

Lead Reviewer:

Name Fiona Moss

EQIA Sign Off:

Job Title Head of Health Improvement and Equalities

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Signature 
Date 23rd January, 2025

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature A Low
Date 27/01/25

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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:

--

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

--

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

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