

## 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. Please refer to the EQIA Guidance Document while completing this form. 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 [CITAdminTeam@ggc.scot.nhs.uk](mailto:CITAdminTeam@ggc.scot.nhs.uk) for further details or call 0141 2014560.

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

Glasgow City HSCP Domestic Abuse Strategic Plan (2023-26)

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.*

Due to the nature and complexity of domestic abuse, we know that preventative work, support, and service provision, falls across many services in Glasgow City HSCP. The development of a 5-year Domestic Abuse Strategic Plan seeks to address the risk that an uncoordinated approach may be failing to identify and act on every opportunity to prevent and eradicate domestic abuse. The Strategic Plan pledges to improve our services to people who experience, or are otherwise affected by domestic abuse, as well as improve our understanding of, and response to, people who cause harm through domestic abuse. It describes what Glasgow City HSCP will do over the next three years to ensure people affected by domestic abuse receive the best possible care, and outlines what supporting infrastructure will be put in place to ensure our staff are equipped and enabled to achieve this. Whilst specific to Glasgow City HSCP, the Strategic Plan also outlines how we will improve the way we work with our partners and stakeholders in pursuit of shared, strategic ambitions, and how we will continue to seek the involvement of people with lived experience in the design and evaluation of domestic abuse services and in our preventative work.

In preparing to develop a Strategic Plan, a definition of domestic abuse was agreed by the Glasgow City HSCP Domestic Abuse Strategic Oversight Group as:

*Any form of physical, verbal, sexual, psychological or financial abuse perpetrated by partners (married, cohabiting, civil partnership or otherwise) or ex-partners. It can include physical abuse, sexual abuse, mental and emotional abuse (including coercive and controlling behaviour).*

***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.)***

The design, review, improvement and delivery of Glasgow City HSCP's domestic abuse services will stem from the development of this Strategic Plan, meaning the scale of its potential impact is significant. Noting that domestic abuse tends to be underreported as a crime, there were 118 recorded incidents of domestic abuse per 10,000 population in Scotland in 2022-22. In the same period, Glasgow had the third highest incident rate of any Scottish local authority, with 147 domestic abuse crimes per 10,000 population. ([Domestic abuse: statistics recorded by the police in Scotland - 2021/22](#)). The undertaking of an EQIA is therefore necessary to identify and mitigate any negative impacts of the Strategic Plan, but also key in proactively seeking opportunities with the Strategic Plan to promote equality, as well as realising our continued commitment to key national outcomes:

- We grow up loved, safe and respected so that we realise our full potential.
- We live in communities that are inclusive, empowered, resilient and safe.
- We respect, protect and fulfil human rights and live free from discrimination.

Glasgow City HSCP's own vision is that *Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time*. The previous HSCP Strategic Plan (2019-22) committed us to a range of supporting actions, including: being responsive to Glasgow's population, focussing on reducing health inequalities; supporting and protecting vulnerable people and promoting their independence and social wellbeing; and designing and delivering services around the needs, talents, aspirations and contributions of individuals, carers and communities, using evidence from what we know works. We will continue to focus on any new and emerging actions in the updated HSCP Strategic Plan 2023-2026. Glasgow City HSCP equality outcomes commit to ensuring *improved care and health outcomes through advancing equalities practice across all HSCP services*.

We recognise that those with lived experience of domestic abuse have unique and valued perspectives that can help to inform and shape services, which make engaging with service users a critical part of the Strategic Plan's design and implementation, and this engagement needs to reflect the unique diversity of Glasgow's population. As an example of this diversity, 11.5% of Glasgow's population has a Black or Minority Ethnic (BME) background, and 19.3% of Glasgow's people are classed as income deprived. (*Glasgow City HSCP Demographic Profile*, June 2021)

In addition to public protection duties, Glasgow City HSCP has a specific, strategic outcome related to *prevention, early intervention and harm reduction*. In identifying the need for this Strategic Plan, we recognise we may be missing opportunities to identify opportunities to protect people from domestic abuse. While anyone can be affected by domestic abuse, national evidence makes clear that domestic abuse affects protected groups in different ways, and to different extents, making the design and accessibility of our service responses, all the more critical for people with protected characteristics. A number of national and international organisations describe domestic abuse as a public health issue. Reflecting this, and the position of our own national body for public health, the undertaking of an EQIA was considered critical to the design of an effective Domestic Abuse Strategic Plan (2023-2028) for Glasgow:

*"Domestic abuse can seriously affect physical, emotional, mental and sexual health and can be both chronic and acute in impact. It is under-reported and the number of incidents is likely to greatly exceed the number of reports made to the police. Although being female is the key risk factor for experiencing domestic abuse, not all women are equally at risk. Factors such as age, poverty, economic dependence, disability, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further. Minority ethnic women may face barriers e.g. language in accessing services or fear being accused in their communities of bringing shame and dishonour upon their families. Disabled women may experience communication or physical barriers to getting help or leaving an abuser, or may be isolated because of their impairment. Signs of domestic abuse may also be overlooked and attributed to their impairment. Young women are at a higher risk of all forms of abuse yet often this can be overlooked or minimised, particularly in their teenage years. Men can also be abused by their partners and it is important that their needs are recognised and addressed sensitively. They may be reluctant to disclose abuse because of perceived stigma around this, or a fear of not being believed or being judged. Domestic abuse can adversely affect their health, relationships, self-esteem and ability to function. LGBT+ victims can be threatened with being 'outed' to family, friends and employers or forced to conceal their sexual orientation. They might also have concerns about encountering homophobic attitudes in services and be reluctant to seek support."*

Public Health Scotland website

**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)**

<p><b>Name:</b> Fiona Noble, Planning and Performance Manager; Kate Hudson, Organisational Change and Development Manager. Pat Togher Assistant Chief Officer (Public Protection and Complex Needs) is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group</p>	<p><b>Date of Lead Reviewer Training:</b> 4<sup>th</sup> November 2021</p>
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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):**

This EQIA was undertaken by group of Glasgow City HSCP staff who volunteered their time, expertise and insight between December 2021 and March 2022. Those staff who took part are listed below. In addition to staff involvement, the EQIA has been informed by female service users with lived experience of domestic abuse, who were anonymised throughout the engagement process, enabled and supported by colleagues in homelessness services, and our partners at the 218 Service (Turning Point Scotland), and Tomorrow's Women Glasgow. The experiences of men who have abused and who are part of the Caledonian System were also used to help inform this, through facilitated sessions.

Michelle Black, Senior Learning and Development Officer  
Sarah Craig, Health Improvement Senior  
Linda Donnelly, Learning and Development Officer  
Lorraine Fleming, Health Improvement Lead  
Susie Heywood, Health Improvement Senior  
Iona Hughes, Healthcare Assistant, Leverndale Hospital  
Lorna Kilday, Social Worker, Residential Childcare  
Lorraine Kinlan, Home Carer  
Ann Logan, Health Improvement Senior  
Kirstie McCrae, Community Staff Nurse  
Caroline McDonald, Team Leader, North West  
Anne McGinty Speech and Language Therapy Manager  
Pamela McGoldrick, Change and Development Manager, Adult Services  
Selena McIntosh, Resource Worker, Children's Rights Service  
Linda McMillan, Occupational Therapist  
Jacquel McWilliam, Senior Officer, Children and Families Commissioning Team  
Louise Murray, Team Leader, Central Review Team  
Alison Nimmo, Community Children's Nurse  
Kirstin Patey, Carer Team Leader, North East  
Kimberley Paton, Project Worker, James McLean Project  
Carol Sheridan, Team Leader, Homecare Assessment  
Ashleigh Wilkie, Social Worker, Children and Families  
Bruce Young, Social Care Worker, Homecare Assessment

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p><b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b></p>	<p>Accessing equalities data in relation to current domestic abuse services has been complicated by:</p> <ul style="list-style-type: none"> <li>a) a lack of consistency in the capture, monitoring and reporting of equalities data across Glasgow City HSCP service areas;</li> <li>b) a reliance on equalities data pertaining to domestic abuse crimes, that will not adequately reflect the prevalence and nature of unreported domestic abuse, by protected characteristics;</li> <li>c) research which highlights a range of barriers for people in disclosing domestic abuse to health and social care professionals.<sup>1</sup> Our own engagement with service users has confirmed barriers to disclosure can include attitudes towards domestic abuse some health and social care staff are perceived to hold, and concerns about the consequences of disclosing to health and social care professionals when children are involved.</li> </ul> <p>As domestic abuse can affect anyone, the EQIA has not assumed specific service user groups, though has sought to better understand the lived experience of service users in contexts we might typically encounter them, e.g., through homelessness services. This approach has not been exhaustive and requires more consistent, routine methods of engagement to be embedded in service areas, mindful to ensure the practice of involvement and/or consultation, does not stigmatise or retraumatise service users.</p> <p>The EQIA has been informed by national data relating to domestic abuse in relation to protected characteristics, where data specific to Glasgow city could not be identified.</p>	<p>While no engagement activity required people to provide their own equality data, those engaged with the undertaking of the EQIA, and those who took part in staff engagement activities to help inform the Strategic Plan, would appear to reflect a female majority in terms of participation. Gaps in equalities information have determined the recommendations that:</p> <ul style="list-style-type: none"> <li>- the Domestic Abuse Strategic Plan includes the design of an ongoing, inclusive engagement plan for staff, stakeholders and service users, as part of the Strategic Plan's annual, and overall, monitoring and evaluation process.</li> <li>- The Strategic Plan establishes a standard monitoring process for all HSCP services, to allow for routine analysis of equalities data, including but not limited to, the uptake of domestic abuse services by people with a protected characteristic, and service user outcomes.</li> </ul>

<sup>1</sup>Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research, Heron, R. and Eisma, M., Health and Social Care in the Community, Volume 29, Issue 3, pp612-630, May 2021. (<https://onlinelibrary.wiley.com/doi/10.1111/hsc.13282> - accessed 21 March 2022)

	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>Remove discrimination, harassment and victimisation. <input checked="" type="checkbox"/></p> <p>Promote equality of opportunity. <input checked="" type="checkbox"/></p> <p>Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>Not applicable</p>	<p>Data gathered as part of this EQIA informed the initial draft of the Glasgow City HSCP Domestic Abuse Strategic Plan which was consulted on from August to November 2022, and will inform the subsequent design, review, improvement and delivery of domestic abuse services, including (as a recommendation of this EQIA) ongoing engagement activity with groups of people with protected characteristics.</p>

	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. <b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>Remove discrimination, harassment and victimisation. <input checked="" type="checkbox"/></b></p> <p><b>Promote equality of opportunity. <input checked="" type="checkbox"/></b></p> <p><b>Foster good relations between protected characteristics. <input checked="" type="checkbox"/></b></p> <p><b>Not applicable</b></p>	<p>We reviewed a wealth of research to understand the needs of people accessing support for domestic abuse. From this, together with our staff, stakeholder and service user engagement, we recognise that the design of the Strategic Plan and its subsequent interventions, needs to reflect evidence of what works, specifically:</p> <ul style="list-style-type: none"> <li>- Multi-agency working or 'whole-system approaches' which offer integrated care pathways and better information sharing protocols.</li> <li>- The involvement of advocacy services and third sector organisations, who positively extend networks of information and support, and can provide many more 'access points' for safe disclosure.</li> <li>- A consistent approach to screening or routine enquiry as a means to identify people who are experiencing domestic abuse, informed by an understanding of how protected characteristics and their intersectionality can impact the individual experience of, and response to, domestic abuse, and the barriers to disclosure.</li> <li>- Consistent, cross-system training to help health and social care professionals identify victims of domestic abuse, and equip them to respond sensitively to disclosure.</li> <li>- The inclusion of services to address the behaviour of people who abuse.</li> </ul> <p>Findings from our staff engagement (such as calls for a whole family approach, less burden placed on mothers to be responsible for the safety of children, and more provision to address the behaviour of those who abuse) correlate with the findings of the <a href="#">Safe Lives 2019 survey of domestic abuse practitioners in England and Wales</a>.</p>	<p>Failure to act on the evidence available risks us sustaining barriers to disclosure, engagement, and service uptake. Recommendations from the EQIA are to:</p> <ul style="list-style-type: none"> <li>- Establish a Short Life Working Group to put an infrastructure in place for consistent, equalities-proofed screening tools or methods of routine enquiry across services, with consideration of how various screening tools/approaches may impact the likelihood of disclosure.</li> <li>- Include as part of the implementation of the Strategic Plan, a plan detailing a comprehensive programme of awareness raising and skills development opportunities, to support culture change and drive practice development.</li> <li>- Drawing on the experience and expertise gained through the Caledonian System, ensure a strategic commitment to the design and resourcing of services which address the behaviour of people who abuse.</li> <li>- Incorporate learning from relevant research as it becomes available, such as GCU Domestic Homicide research project<sup>2</sup> and Perspectives of Victims and Witnesses in Scotland<sup>3</sup></li> </ul>

<sup>2</sup> [Understanding Domestic Homicide in Scotland: Exploring Patterns, Promoting Safeguarding — ResearchOnline \(gcu.ac.uk\)](#)

<sup>3</sup> [extension://elhekieabhbkmcefcobjddigjcaadp/https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2023/01/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/documents/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/govscot%3Adocument/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland.pdf](https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2023/01/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/documents/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland/govscot%3Adocument/domestic-abuse-court-experiences-research-perspectives-victims-witnesses-scotland.pdf)

	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>Remove discrimination, harassment and victimisation.</p> <p>Promote equality of opportunity. <input checked="" type="checkbox"/></p> <p>Foster good relations between protected characteristics.</p> <p>Not applicable</p>	<p>Our engagement process was heavily affected by the impact of COVID on staff absence, both within the HSCP, and across our network of stakeholders. Prior to drawing together the draft Strategic Plan, we engaged:</p> <ul style="list-style-type: none"> <li>- Over 200 HSCP staff at 6 events between September and November 2021.</li> <li>- 40-50 service users between January and June 2022.</li> <li>- 20-30 stakeholders between September 2021 and March 2022.</li> </ul> <p>As well as exploring barriers to services, we asked staff and service users how they felt about the types of images typically used in domestic abuse campaigns or strategies, and the language most often used. Women with lived experience of domestic abuse told us:</p> <ul style="list-style-type: none"> <li>- They feared being judged by others.</li> <li>- Those with children, perceived disclosing their circumstances to social care professionals to be a risk.</li> <li>- They experienced a loss of self-esteem so severe, they often couldn't recognise themselves, nor their actions.</li> <li>- They do not like to think of themselves, or be seen, as victims.</li> <li>- They aspire to live lives that are happy, not 'just safe'.</li> <li>- They had often experienced multiple abusive relationships, often struggling to identify or experience indicators of 'healthy relationships', from a young age.</li> </ul> <p>Men who have caused harm through domestic abuse told us they often felt excluded by services, and treated as if their experience of being a father was not valued. Many expressed the view that earlier help to identify their behaviours as abusive and recognise their own triggers would have prevented further abuse and harm. They highlighted the importance of peer support and of consistency in the support they did receive from services.</p> <p><a href="#">One Thousand Words</a>, by Zero Tolerance and Scottish Women's Aid, is flagged as good practice in the use of images and words, based on the experiences of women who have lived through domestic abuse.</p>	<p>(See earlier recommendation regarding ongoing engagement plan.)</p> <p>In addition, it is recommended that:</p> <ul style="list-style-type: none"> <li>- the HSCP takes a proactive approach to public messaging, education and awareness-raising in relation to domestic abuse, targeted as required to reach groups who share protected characteristics.</li> <li>- as part of the implementation of the Strategic Plan, the HSCP support and build on national campaigns and ensure localised work in Glasgow to promote awareness of both the issue of domestic abuse, and the infrastructure of support and challenge in place to address it.</li> </ul>

		<p>HSCP Community Justice service has designed a systematic, rolling and electronic framework to gather client feedback about the quality of the service, and this will be tailored for domestic abuse and victims (if appropriate).</p>	
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	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>Remove discrimination, harassment and victimisation.</p> <p>Promote equality of opportunity.</p> <p>Foster good relations between protected characteristics.</p> <p>Not applicable <input checked="" type="checkbox"/></p>	<p>Services are provided in various settings and buildings across the Glasgow area. Any properties from which services are delivered will adhere to statutory guidance and legislation, and relevant policies and procedures of both NHS Greater Glasgow &amp; Clyde and Glasgow City Council. The HSCP is committed ensuring that services are physically accessible and that any barriers to accessing their services are minimised.</p>	

		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>Remove discrimination, harassment and victimisation. <input checked="" type="checkbox"/></p> <p>Promote equality of opportunity. <input checked="" type="checkbox"/></p> <p>Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>Not applicable</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>There is limited evidence to suggest current services are discriminatory in the way they communicate with service users and staff, but a lack of evidence relating to service uptake and outcomes by protected characteristic, makes this difficult to determine, and evidence gathered as part of this EQIA suggests we may be overlooking key barriers to services, specific to those with protected characteristics. This includes barriers to the disclosure of abuse, the accessibility of services, the suitability of interventions, and the accessibility of information we share or promote, throughout.</p> <p>Our staff and service user engagement has highlighted negative experiences for those seeking, and those providing, support for domestic abuse. For those seeking support, we have heard from women who felt judged, untrusted, and interrogated. Men perpetrators told us they also felt judged, undervalued and excluded. Staff told us they sometimes felt unsure how to help someone in ways that are not (by way of current process) stigmatising or retraumatising, or which may further restrict a service user's individual agency, self-determination and choice, at a point these things are often most needed as part of recovery.</p> <p>Research has identified potential barriers preventing health professionals from screening women for domestic abuse, with the most frequently occurring barrier identified as lack of training and education, with <i>"resultant feelings of a lack of competence and confidence among health professionals."</i> Additional findings from this research were that health professionals felt that they were not able to access policies and support with <i>"managing emotional difficulties in what are often highly emotive and challenging circumstances."</i><sup>4</sup></p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>- the suite of materials designed to promote the Domestic Abuse Strategic Plan reflects Glasgow City HSCP's <a href="#">guide to Accessible Communications</a>, can be offered in other languages and formats, and that all digital/video content is accompanied by a BSL signer.</li> <li>- that the design of specific services or interventions to support people experiencing domestic abuse, are individually assessed to ensure potential barriers to awareness, understanding and access, are addressed.</li> <li>- that supporting guidance and policies for staff providing domestic abuse support or services, are developed aligned to the HSCP's <a href="#">Staff Mental Health and Wellbeing Action Plan</a>.</li> <li>- that the Strategic Plan explicitly promotes a culture of compassion in relation to domestic abuse, and that the HSCP's learning in relation to trauma-informed practice, is applied to the design of processes and procedures relating to domestic abuse, for the benefit of both staff and service users.</li> <li>- that the outcomes for service delivery are person-centred and co-produced, recognising 'where we find people' who are experiencing domestic abuse, and in processes that more explicitly reflect their aspirations for action and recovery.</li> </ul>

<sup>4</sup> What barriers prevent health professionals screening women for domestic abuse? A literature review, Kirk, L., and Bezzant, K., British Journal of Nursing, Vol. 29, No. 13. (<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2020.29.13.754> - accessed 22 March 2022)

7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>While there is no age cut-off to services, staff have raised concerns that the transition points between care groups (Children and Families, Adult and Older People) may pose a risk that our approach and interventions may lack consistency and/or a continuity of care, known to be critical to stop repetitive patterns of abuse which control and limit the life experience of people who live with domestic abuse. Looking at reported incidents of domestic abuse in Scotland, in 2020-21, the 31 to 35 years old age group had the highest incident rate for both victims (282 incidents recorded per 10,000 population) and for the accused (260 incidents recorded per 10,000 population). (<a href="#">Domestic abuse: statistics recorded by the Police in Scotland - 2020/21</a>)</p> <p>Looking at young people, the Rise Report (2022)<sup>5</sup> found that over a third (36%) of young women (aged 12-25) had experienced abuse in their intimate relationships. Although young women have a good understanding of what healthy and unhealthy relationships are, their learning happens through their own and their peer's experiences and through social media rather than school or educational settings. The young women who took part in the research also said that some statutory services are not as accessible or as supportive as they need them to be, and that in order for them to reach out to a service young women need to know what is available and what steps to expect when they make contact.</p> <p>Many of the problems facing older people are common to all those experiencing domestic abuse. However, research indicates that the experiences of older people are often exacerbated by social, cultural and physical factors that require tailored service responses. We could find no widely accepted prevalence data for domestic abuse experienced by older people, locally, or nationally. The "invisibility" of older people experiencing domestic abuse is routinely referenced across research and the policy work of organisations supporting older work. SafeLives, in their report on <a href="#">Older People and Domestic Abuse</a> (2016), describe barriers to identifying/disclosing abuse, different responses to abuse, and issues accessing support, that are specific to older people:</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP, is undertaken through the lens of the life-course, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- That the HSCP considers the recommendations contained within the Rise Report, including making it clear what services and supports are available, how they can be accessed, and what can be expected.</li> <li>- that HSCP services respond to older victims in an appropriate and targeted way, both in our messaging to older people, and in the design of interventions and service responses. The EQIA recommends working with partners in the city, such as <a href="#">Glasgow's Golden Generation</a> and their service users, to co-produce messaging about domestic abuse, and ensure adequate sign-posting is in place for older people.</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an</li> </ul>

<sup>5</sup> extension://elhekieabhbkmcefcobjddigjcaadp/https://womensaid.scot/wp-content/uploads/2022/07/The-Rise-Report-Final.pdf

		<ul style="list-style-type: none"><li>- As a consequence of so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. These assumptions may encourage health professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse.</li><li>- Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm, limit their perception of options available to them, and in some cases, limit their access to uniform interventions or service responses.</li><li>- SafeLives data suggests that people over 60 are less likely to have attempted to leave than those under 60 (17% vs 29%).</li></ul> <p>Of note from the research is that domestic abuse campaigns can be effectively targeted to reach specific age groups. Camden Council's <a href="#">'Know This Isn't Love'</a>, was aimed at young people through the production of short features for use on social media and in cinemas. The campaign is said to have raised domestic abuse service referrals by 44% for people in the area aged 16–25.</p>	abusive relationship involving an older victim, and instructs staff on how to provide a safe place for disclosure.
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<p>(b)</p>	<p><b>Disability</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p><a href="#">ONS data</a> (February 2021) shows disabled people to be almost three times more likely to have experienced domestic abuse than non-disabled people. Around 1 in 7 (14.3%) disabled people aged 16 to 59 years in England and Wales experienced domestic abuse between March 2019 to March 2020, compared with about 1 in 20 (5.1%) non-disabled people. Disabled women (17.5%) were more than twice as likely to experience domestic abuse in the that time period, than non-disabled women (6.7%)</p> <p><a href="#">SafeLives research</a> found that disabled victims of domestic abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims, with their data illustrating that disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims of abuse.</p> <p>Considering intersectionality, the distinct impact of domestic abuse on disabled, older women is already significant, before any other protected characteristic is taken into account.</p> <p>There is limited evidence on the numbers of people with learning disabilities who experience domestic abuse, although national data does show that it is greater for women and men with long-standing illness or disability than it is for the general population, and studies show that women and girls with a learning disability are particularly at risk (40% of women and 20% of men with long-standing illness or disability have experienced domestic abuse).<sup>6 7</sup> People with a learning disability are less likely to disclose abuse for a variety of reasons, and they may also fear that sharing their experience of abuse might lead to their capacity being challenged.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of disability, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to victims with a disability in an appropriate and targeted way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim with a disability</li> <li>- that easy to read, accessible information is provided to allow people with learning disabilities who need our services to increase their knowledge and skills which will help them choose healthy relationships and identify abuse.</li> </ul>
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<sup>6</sup> Office for National Statistics. Prevalence of partner abuse among adults aged 16 to 59, by long-standing illness or disability, by category, sex and type of abuse, year ending March 2017 Crime Survey for England and Wales. London; 2018

<sup>7</sup> Cambridge P, Beadle-Brown J, Milne A, Mansell J, Whelton B. Patterns of risk in adult protection referrals for sexual abuse and people with intellectual disability. Journal of Applied Research in Intellectual Disabilities 2011;24(2):118–132

<p>(c)</p>	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>Research undertaken by the LGBT Domestic Abuse Project and the Scottish Transgender Alliance looking at the experience of transgender people, found that 80% of survey respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner. Our efforts to promote information about domestic abuse, and the design of our services need to reflect that only 60% of respondents in this research recognised this behaviour as domestic abuse, and almost a quarter told no-one about the domestic abuse that they had experienced. (<a href="#">Out of sight out of mind? Transgender People's Experiences of Domestic Abuse, 2010</a>)</p> <p>NHSGGC's Gender Reassignment Policy (March 2021) sets out the Board's commitment to provide fair and equitable treatment to patients with the protected characteristic of Gender Reassignment. This includes information relating to accommodating patients in single sex services and use of sex-specific services. This follows guidance issued by the Equality and Human Commission<sup>8</sup> and allows NHSGGC to offer policy provision that is up to date and in line with legislation.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of gender reassignment, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to victims with the protected characteristic of gender reassignment in an appropriate way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim with the protected characteristic of gender reassignment</li> </ul>
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<sup>8</sup> [Gender reassignment provisions in the Equality Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/equality-act/equality-act-provisions-on-gender-reassignment)

<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>Services will be provided that are inclusive of marriage and civil partnership status.</p> <p>Forced Marriage is a form of Gender Based Violence which intersects with Domestic Abuse.</p> <p>It's noted that the risk of Domestic Abuse can be elevated at the end of a relationship, marriage or civil partnership.<sup>9</sup> The Femicide Census has consistently shown that separation is a risk factor for intimate partner femicides, or a trigger for violent, abusive and/or controlling men. The restrictions to movement in response to the COVID pandemic made it more difficult for women to leave abusive men. Between 2018 and 2019, on average 43% of all women killed by current or former partners had left or were in the process of leaving. In 2020, evidence of separation was reported in 37% of intimate partner femicides.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim who has experienced Forced Marriage and also recognises the risk of an escalating pattern of abuse at the end of a marriage or civil partnership.</li> </ul>	
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<sup>9</sup> [extension://elhekieabhbkmcefcobjddigjcaadp/https://femicidescensus.org/wp-content/uploads/2020/02/Femicide-Census-Report-on-2018-Femicides-.pdf](https://elhekieabhbkmcefcobjddigjcaadp/https://femicidescensus.org/wp-content/uploads/2020/02/Femicide-Census-Report-on-2018-Femicides-.pdf)

<p>(e)</p>	<p><b>Pregnancy and Maternity</b></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>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>There is limited evidence concerning the extent to which pregnant people experience domestic abuse in Scotland. However, research quoted in the <a href="http://www.gov.scot">Scottish Government Equality Outcomes: Pregnancy and Maternity Evidence Review - gov.scot (www.gov.scot)</a> found that "research highlights that pregnant women face an "increased risk" of domestic abuse, with domestic abuse 'estimated to occur in 5% to 21% of pre-birth cases and in 13% to 21% of postbirth cases'" and that "evidence from Scotland and across the UK indicates that 'abuse often starts in pregnancy and gets worse when the first child is newborn."</p> <p>Pregnancy as a protected characteristic significantly concerns trans men and non-binary people, who are unable to and shouldn't be expected to be classed as women to receive support. The strategy needs to reflect this.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim who has the protected characteristic of Pregnancy and Maternity and also recognises the risk of an escalating pattern of abuse during this period.</li> </ul>	
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(f)	<p><b>Race</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></b></p> <p><b>2) Promote equality of opportunity <input checked="" type="checkbox"/></b></p> <p><b>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></b></p> <p><b>4) Not applicable</b></p>	<p>Services which provide a response to people from BAME communities who experience domestic abuse must take into account the very specific and complex needs of these communities, including:</p> <ul style="list-style-type: none"> <li>• Language difficulties and access to interpreting services and translated resources</li> <li>• Lack of cultural awareness or sensitivities</li> <li>• Immigration and legal status and trafficking</li> <li>• Loneliness and isolation</li> </ul> <p>There are opportunities around working with our partners in early years establishments, for example women's aid children's workers providing intense support in schools to children and young people from BME backgrounds affected by forced marriage, domestic abuse at home, difficult family environments and a range of other issues.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of Race, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to victims with the protected characteristic of Race in an appropriate way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim with the protected characteristic of Race</li> <li>- Glasgow's black and minority ethnic communities are far more diverse that they used to be and HSCP responses must recognise this.</li> </ul>	
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<p>(g)</p>	<p><b>Religion and Belief</b></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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>No differential impact on strategy or service provision based upon the protected characteristic of religion and belief.</p>	
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<p>(h)</p>	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>People of any sex can perpetrate domestic abuse. Where domestic abuse has been reported as a crime, and where gender information was recorded, four in five (80%) incidents of domestic abuse in Scotland in 2020-21 involved a female victim and a male accused. In the same period, 16% of domestic abuse incidents where gender information was recorded, involved a male victim and a female accused. (<a href="#">Domestic abuse: statistics recorded by the Police in Scotland - 2020/21</a>)</p> <p>However, in <a href="#">national case reviews analysed by NSPCC</a> (2020), practitioners did not always view physical abuse by a woman against a man as a crime. Some men also held this view and therefore did not see themselves as victims of domestic abuse.</p> <p>In our staff engagement activities, professionals have repeatedly raised and reflected on a societal perception that mothers are 'more' responsible for the care and protection of their children, which may be leading us to rely too heavily on a mother's ability to keep her children safe from abuse.</p> <p>Being alert to domestic abuse irrespective of sex, is critical to ensure that risk is not overlooked or underestimated, and to ensure that our interventions do not place an unfair burden of responsibility on women.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of the protected characteristic of Sex, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to victims with the protected characteristic of Sex in an appropriate way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship through a gendered analysis.</li> </ul>
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<p>(i)</p>	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable</p>	<p>Research has found that lesbian, gay, bisexual and transgender people who experience domestic abuse have a lack of trust of statutory services as they fear discrimination and that they won't get a sympathetic response from mainstream services. It also found that gay and bisexual men were significantly more likely to experience sexual violence and financial abuse than lesbian women.<sup>10</sup></p> <p>LGBTQ+ people are just as or more likely to experience domestic abuse than straight or cisgender people. Evidence highlights that 1 in 3 lesbian, gay and bisexual people have experienced domestic abuse in their intimate relationships<sup>11</sup>. There is a perceived lack of services to support or provide advice leaving people further isolated and vulnerable; as well as a lack of understanding and awareness among service providers and the general public that sexual violence and domestic abuse can occur outside of scenarios involving male perpetrators and female victims. The report found that just 17% of those who had been in an abusive relationship had accessed any help or support.</p> <p>Learning from relevant research will continue to be considered and incorporated as it becomes available, such as "Experiences of Scottish Men Who Have Been Subject to Intimate Partner Violence in Same-Sex Relationships", December 2022.</p> <div style="text-align: center;">  <p>GBM IPV RR Summary.pdf</p> </div>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of sexual orientation, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to victims with the protected characteristic of sexual orientation in an appropriate way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving a victim with the protected characteristic of sexual orientation.</li> </ul>	
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<sup>10</sup> *Domestic Violence and sexuality – What's love got to do with it?*, Catherine Donovan and Marianne Hester (2014). University of Bristol

<sup>11</sup> Leven T. Joint/National health needs assessment of lesbian, gay, bisexual, transgender and non-binary people in Scotland. NHS GGC, NHS Lothian (May 2022).

<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> 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: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> </ol>	<p>A recent Scottish study<sup>12</sup> which looked at social stratification of mother’s exposure to abuse shows that mothers in the lowest income households were more likely to have experienced abuse, more types of abuse and more often than people in the highest income households.</p> <p>Women experiencing abuse who have no recourse to public funds may be highly vulnerable, and this could be another way for the person using abusive behaviour to control them. Clear guidance for our staff is needed to ensure people get a consistent response where this is an issue.</p> <p>There is evidence that women in abusive relationships may use gambling as a way of coping with their situation and gambling venues can act as a physical place of safety<sup>13</sup>. Where gambling is present physically abusive relationship, it can exacerbate the violence. Women can experience multiple and interconnected harms from gambling and are also more likely to be affected and impacted by someone else’s gambling (12% of people seeking treatment for a gambling problem report being a victim of domestic violence)<sup>14</sup>.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- Intersection of domestic abuse and financial inclusion through access to targeted income maximisation for victims of domestic abuse.</li> <li>- That the HSCP explores additional supports to people who may need a more complex response from services, including people with insecure immigration status and people with no recourse to public funds.</li> <li>- That the HSCP supports the development of systems that help women achieve economic autonomy in order to increase their safety and wellbeing.</li> </ul>
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<sup>12</sup> Skafida V, Morrison F, Devaney J (2021) Prevalence and Social Inequality in Experiences of Domestic Abuse Among Mothers of Young Children: A Study Using National Survey Data from Scotland; *Journal of Interpersonal Violence*

<sup>13</sup> Women’s experience of gambling and gambling harm: A Rapid Evidence Assessment, January 2022, S Collard, S Davies and M Fannin, University of Bristol

<sup>14</sup> An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research, Hing, N et al, School of Health Medicines and Applied Sciences, Central Queensland University, October 2022

<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)<sup>21</sup> 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 Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
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(k)	<p><b>Other marginalised groups</b></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 &amp; refugees and travellers?</p>	<p>While domestic abuse can be experienced by anyone, women and girls are more at risk and some women are even more vulnerable than others. Circumstances such as poverty, financial dependence, disability, homelessness, and immigration status can increase a woman's risk of experiencing domestic abuse.</p> <p>Additional supports are often required to be provided to people who may need a more complex response from services – people with learning disabilities, asylum seekers and people with insecure immigration status, people with impaired mental capacity, people with no recourse to public funds, people in custody.</p>	<p>The EQIA recommends:</p> <ul style="list-style-type: none"> <li>- a review of domestic abuse services, provision and support across the HSCP is undertaken through the lens of Protected Characteristics and other marginalised groups, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.</li> <li>- that HSCP services respond to all victims of domestic abuse in an appropriate way</li> <li>- Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship across all Protected Characteristics and other marginalised groups.</li> </ul>
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>	No	

	2) Promote equality of opportunity <input type="checkbox"/> 3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
		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.	This data would be required to be considered by care group/service area.	

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.

No perceived risk

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\* .

Participatory approach to EQIA  
Input from Lived and Living Experience groups in formation of draft Strategy  
Public consultation and information sessions on draft Strategy

- **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.

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)

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.

The participatory approach to EQIA is new and unique, and undertaken as a project working group with a broad and committed membership from staff across the whole HSCP, reflective of the organisation and the communities we serve. In addition to staff involvement, the EQIA has been informed by service users with lived experience of domestic abuse, who were anonymised throughout the engagement process, enabled and supported by colleagues in homelessness services, the Caledonian Project, and our partners at the 218 Service (Turning Point Scotland).

**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

	Date for completion and Who is Responsible
An inclusive, ongoing engagement plan for staff, stakeholders and service users, as part of the Strategic Plan's annual, and overall, monitoring and evaluation process.	October 2023 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
A standard monitoring process for all HSCP services, to allow for routine analysis of equalities data, including but not limited to, the uptake of domestic abuse services by people with a protected characteristic, and service user outcomes.	October 2023 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Establish a Short Life Working Group to put an infrastructure in place for consistent, equalities-proofed screening tools or a method of routine enquiry across services, with consideration of how various screening tools/approaches may impact the likelihood of disclosure.	October 2023 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Include as part of the implementation of the Strategic Plan, a plan detailing a comprehensive programme of awareness raising and skills development opportunities, to support culture change and drive practice development.	Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group

Drawing on the experience and expertise gained through the Caledonian System, ensure a strategic commitment to the design and resourcing of services which address the behaviour of people who abuse.	March 2024 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Incorporate learning from relevant research as it becomes available	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The HSCP takes a proactive approach to public messaging, education and awareness-raising in relation to domestic abuse, targeted as required to reach groups who share protected characteristics.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The HSCP support and build on national campaigns and ensure localised work in Glasgow to promote awareness of both the issue of domestic abuse, and the infrastructure of support and challenge in place to address it.	March 2026 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The suite of materials designed to promote the Domestic Abuse Strategic Plan: reflects Glasgow City HSCP's <a href="#">guide to Accessible Communications</a> ; can be offered in other languages and formats; and all digital/video content is accompanied by a BSL signer.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The design of specific services or new interventions to support people experiencing domestic abuse, are individually assessed to ensure potential barriers to awareness, understanding and access, are addressed.	March 2026 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Supporting guidance and policies for staff providing domestic abuse support or services, are developed, aligned to the HSCP's <a href="#">Staff Mental Health and Wellbeing Action Plan</a> .	March 2025 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The Strategic Plan explicitly promotes a culture of compassion in relation to domestic abuse, and HSCP's learning in relation to trauma-informed practice, is applied to the design of processes and procedures relating to domestic abuse, for the benefit of both staff and service users.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The outcomes for service delivery are person-centred and co-produced with service users, supported by processes that more explicitly reflect their aspirations for recovery.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group

A review of domestic abuse services, provision and support across the HSCP, is undertaken through the lens of all the protected characteristics, so as to mitigate the risk that we may be missing opportunities to prevent or eradicate abuse.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Working with partners in the city, such as <a href="#">Glasgow's Golden Generation</a> and their service users, to co-produce messaging about domestic abuse, and ensure adequate sign-posting is in place for older people.	March 2025 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Within the staff development plan, provide training which specifically addresses the dynamics of an abusive relationship involving an older victim, and instructs staff on how to provide a safe place for disclosure.	March 2024 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Provide easy to read, accessible information to allow people with learning disabilities who need our services to increase their knowledge and skills which will help them choose healthy relationships and identify abuse	March 2025 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Glasgow's black and minority ethnic communities are far more diverse that they used to be and HSCP responses must recognise this	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
Intersection of domestic abuse and financial inclusion through access to targeted income maximisation for victims of domestic abuse.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The HSCP explores additional supports to people who may need a more complex response from services, including people with insecure immigration status and people with no recourse to public funds.	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group
The HSCP supports the development of systems that help women achieve economic autonomy in order to increase their safety and wellbeing	March 2028 Pat Togher is in a position to authorise any actions as the Chair of the Domestic Abuse Strategic Oversight Group

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

Assuming publication of the Strategic Plan in April 2023, the first 6 monthly review will be required by the end of October 2023.



Lead Reviewer:

EQIA Sign Off:

Name Fiona Noble  
Job Title Planning and Performance Manager  
Signature *Fiona Noble*  
Date 24/01/2023

Quality Assurance Sign Off:

Name Julian Heng  
Job Title Planning and Development Manager  
Signature *Julian Heng*  
Date 24/01/2023

**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:			

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