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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: Lifelink Adult stress service

Reduction in contribution to Lifelink Counselling 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).

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

Overview of Service

Lifelink is commissioned to deliver the Adult Stress Service for Glasgow city HSCP. The service is open to anyone over 16 who lives in Glasgow city or who is registered with a GP in Glasgow. The service includes the provision of short-term 1:1 counselling for individuals and a programme of wellbeing classes.

Counselling can be offered face to face across a number of venues in the city, by telephone or online. Clients are able to choose how they access the sessions and have the ability to change delivery method dependent on their needs/preferences. The wellbeing classes are delivered online as well as in person within local communities.

The main reasons for referral are anxiety/stress, depression/low mood, bereavement/loss.

The level of referrals have been consistently high. The majority of referrals are self-referrals, followed by key primary care staff (GPs, Community Link Workers and Primary Care Mental Health Teams) but when people are asked who signposted them approximately 65% come from GPs.

During 2023/24, 7068 people were referred to the service and were supported through counselling and/or wellbeing classes. During quarters 1 to 3 of 2024/25 there were 4830 referrals.

Increasing complexity in clients presenting means that more clients need more sessions. This means fewer people can be seen as more

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appointments are required and this has led to an increased waiting list.

Appointments required	2020-2021	April - Dec 2024
1-4 sessions	73.2%	45.8%
5-8 sessions	25.8%	49.6%
8+	1%	4.6%

As of 31 January 2025, the waiting list was 2419 people. These are clients who have been screened and assessed as suitable for counselling. Those requiring an interpreter make up approximately 10% of waiting list. Those requiring interpreters are booked in for double appointments.

Proposal

The core funding for the service comes from Health Improvement - £560k p.a. Funding has already been confirmed for q1 (pro-rata). Additional funding comes from the Primary Care Improvement Fund £809k (in 2024/25). This funding has only been confirmed for q1 for 2025/26. It is proposed that the funding is reduced by between 14 – 18%.

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

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

Name: Fiona Moss	Date of Lead Reviewer Training: 2016
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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):

Suzanne Niven, Health Improvement Manager

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note 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>The following equality data is routinely collected:</p> <ul style="list-style-type: none"> • Sex • Gender reassignment • Age • Religion or Belief • Race • Interpreter or other communication support? • Sexual Orientation • Disability, including impact on day to day ability to carry out tasks 	<p>Equality monitoring and analysis will continue.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were</i></p>	<p>As a result of the Screening Pilot, where clients were asked to complete e-mail forms prior to service commencement, a total of 1703 equalities forms were completed across the first 9 months of this year. This compares to 742 equalities forms for the whole of the 2023/2024 contract period. This will give us increased volume of data to analyse and report.</p> <ul style="list-style-type: none"> • 58% of clients were female, 32% of clients were male • 8.2% of clients told us they were now a different gender from that at birth • wide split of age groups but the most popular age group with 28.8% of clients is between 25-34 • 72% of clients stated that they were affected by 	<p>Equality monitoring and analysis will continue.</p>

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	<p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>continuing mental health issues</p>																																																													
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>																																																													
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show 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><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Client Improvement Data, is routinely monitored and analysed comparing with the previous quarter and year to date</p> <p>Client Improvement Data (CORE & Evaluation) Oct-Dec 2024 (Current Quarter)</p> <table border="1"> <thead> <tr> <th>Glasgow Totals</th> <th>Average Starting CORE</th> <th>Average End CORE</th> <th>Average CORE Improvement</th> </tr> </thead> <tbody> <tr> <td>North East</td> <td>20.7</td> <td>11.8</td> <td>8.9</td> </tr> <tr> <td>North West</td> <td>18.9</td> <td>14.6</td> <td>4.3</td> </tr> <tr> <td>South</td> <td>19.5</td> <td>13.7</td> <td>5.8</td> </tr> <tr> <td>Glasgow Totals</td> <td>19.7</td> <td>13.3</td> <td>6.5</td> </tr> </tbody> </table> <p>Jul-Sep 2024 (Previous Quarter)</p> <table border="1"> <thead> <tr> <th>Glasgow Totals</th> <th>Average Starting CORE</th> <th>Average End CORE</th> <th>Average CORE Improvement</th> </tr> </thead> <tbody> <tr> <td>North East</td> <td>20.1</td> <td>11.8</td> <td>8.3</td> </tr> <tr> <td>North West</td> <td>19.6</td> <td>14.6</td> <td>5.0</td> </tr> <tr> <td>South</td> <td>20.9</td> <td>13.6</td> <td>7.4</td> </tr> <tr> <td>Glasgow Totals</td> <td>20.2</td> <td>13.5</td> <td>6.7</td> </tr> </tbody> </table> <p>YTD (Apr-Dec 2024)</p> <table border="1"> <thead> <tr> <th>Glasgow Totals</th> <th>Average Starting CORE</th> <th>Average End CORE</th> <th>Average CORE Improvement</th> </tr> </thead> <tbody> <tr> <td>North East</td> <td>20.5</td> <td>11.8</td> <td>8.7</td> </tr> <tr> <td>North West</td> <td>19.4</td> <td>14.1</td> <td>5.3</td> </tr> <tr> <td>South</td> <td>20.3</td> <td>12.9</td> <td>7.4</td> </tr> <tr> <td>Glasgow Totals</td> <td>20.1</td> <td>13.0</td> <td>7.0</td> </tr> </tbody> </table> <p>Between October and December, the Average CORE Improvement score was 6.5, down by 0.2 on the previous quarter. Year to Date Core improvement is currently 7, demonstrating that</p>	Glasgow Totals	Average Starting CORE	Average End CORE	Average CORE Improvement	North East	20.7	11.8	8.9	North West	18.9	14.6	4.3	South	19.5	13.7	5.8	Glasgow Totals	19.7	13.3	6.5	Glasgow Totals	Average Starting CORE	Average End CORE	Average CORE Improvement	North East	20.1	11.8	8.3	North West	19.6	14.6	5.0	South	20.9	13.6	7.4	Glasgow Totals	20.2	13.5	6.7	Glasgow Totals	Average Starting CORE	Average End CORE	Average CORE Improvement	North East	20.5	11.8	8.7	North West	19.4	14.1	5.3	South	20.3	12.9	7.4	Glasgow Totals	20.1	13.0	7.0	<p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks)</p> <p>The reduction in funding is likely to impact upon waiting times.</p>
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	4) Not applicable		<p>counselling services are having a positive impact on those attending.</p> <p>Sector by sector evaluation results are noted below and all measures are exceeding target.</p> <p>☒ Oct-Dec 2024 (Current Quarter)</p> <table border="1"> <thead> <tr> <th>All Glasgow Evaluations Data</th> <th>n. Improved</th> <th>n. Not Improved</th> <th>% Improved</th> </tr> </thead> <tbody> <tr> <td>Reduction in feelings of anxiety, isolation and exclusion</td> <td>224</td> <td>17</td> <td>92.9%</td> </tr> <tr> <td>Better awareness of effects of stress on mental, emotional and physical health</td> <td>239</td> <td>9</td> <td>96.4%</td> </tr> <tr> <td>Improved confidence and self esteem</td> <td>164</td> <td>8</td> <td>95.3%</td> </tr> <tr> <td>Improved employability</td> <td>24</td> <td>4</td> <td>85.7%</td> </tr> <tr> <td>Improved overall health and wellbeing</td> <td>183</td> <td>16</td> <td>92.0%</td> </tr> <tr> <td>Reduction in suicide ideation</td> <td>20</td> <td>0</td> <td>100.0%</td> </tr> </tbody> </table>	All Glasgow Evaluations Data	n. Improved	n. Not Improved	% Improved	Reduction in feelings of anxiety, isolation and exclusion	224	17	92.9%	Better awareness of effects of stress on mental, emotional and physical health	239	9	96.4%	Improved confidence and self esteem	164	8	95.3%	Improved employability	24	4	85.7%	Improved overall health and wellbeing	183	16	92.0%	Reduction in suicide ideation	20	0	100.0%	
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4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient	<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</i>	<p>Service users have not been engaged with on this proposal as the service will continue to be delivered, although it is anticipated that there will be an increase in waiting times.</p> <p>Service user feedback is captured on a regular basis, with feedback generally positive. See section 3 above for counselling feedback and information below which refers to the wellbeing classes.</p>	Communication will be required with Referrers, although no change in process or service, communication will be required to highlight increased waiting times and reduced capacity within the service.																												

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<p>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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Online: Feedback: Before the class began, how would you rate your mood and motivation (1-10)? 92 replies – average 3.9 Please rate your mood and motivation at the end of your wellbeing session? 92 replies – average 8.7</p> <p>Face to Face: 862 Attended – average of 20.04 people per session. Feedback: Before the class began, how would you rate your mood and motivation (1-10)? 623 replies – average 4.5 Please rate your mood and motivation at the end of your wellbeing session? 623 replies – average 9.2</p> <p><u>Community Engagement</u> Lifelink also undertake regular community engagement and outreach through attendance at local meetings and networking events such as locality mental health networks/forums which are attended by a wide range of community organisations. Wellbeing groups are delivered in communities with local organisations in response to local need and demand.</p> <p>New wellbeing class areas have been developed in response to identified need – e.g. menopause sessions which are now the most popular class.</p>	<p>Patient feedback will continue to be captured and used to shape service delivery and monitored via contract management.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Counselling can be offered face to face across a number of venues in the city, by telephone or online. Clients are able to choose how they access the sessions and have the ability to change delivery method dependent on their needs/preferences. The wellbeing classes are delivered online as well as in person within local communities.</p> <p>For q3 2024/25, face to face appointments accounted for 67.7% of sessions attended which is down from 72.9% last quarter. This could potentially be down to the time of the year; bad weather, festivities, lower finances etc. Clients choosing telephone appointments was 28.5% and video appointments increased from 1.4% last quarter to 3.8% this quarter.</p>	<p>The service will continue to be available in the way that best meets individual needs and preferences.</p>
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was</i></p>	<p>No direct communication with service users required, as the service will continue to be delivered, although it is anticipated that there will be an increase in waiting times.</p> <p>Communication will be required with Referrers,</p>	<p>Further work is required to communicate with Lifelink on the reduction. Lifelink will be notified via a joint meeting with procurement and the Contract Manager.</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>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>including GP's and Community Link Workers. Although no change in process or service, communication will be required to highlight increased waiting times and reduced capacity within the service.</p> <p>Communication needs is captured as part of referral to the service, including self-referral.</p> <p>Do you need an interpreter or other communication support?</p> <table border="1"> <thead> <tr> <th></th> <th>North East</th> <th>North West</th> <th>South</th> <th>Glasgow Total</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>0.9%</td> <td>1.2%</td> <td>2.2%</td> <td>1.4%</td> </tr> <tr> <td>No</td> <td>97.4%</td> <td>96.6%</td> <td>96.8%</td> <td>96.9%</td> </tr> <tr> <td>Prefer not to answer</td> <td>0.9%</td> <td>0.7%</td> <td>0.4%</td> <td>0.6%</td> </tr> <tr> <td>Blank/Unknown</td> <td>0.9%</td> <td>1.5%</td> <td>0.7%</td> <td>1.1%</td> </tr> <tr> <td>Total</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </tbody> </table> <p>The waiting list is currently 2419 people. These are clients who have been screened and assessed as suitable for counselling. Those requiring an interpreter make up approx 10% of waiting list. Those requiring interpreters are booked in for double appointments.</p>		North East	North West	South	Glasgow Total	Yes	0.9%	1.2%	2.2%	1.4%	No	97.4%	96.6%	96.8%	96.9%	Prefer not to answer	0.9%	0.7%	0.4%	0.6%	Blank/Unknown	0.9%	1.5%	0.7%	1.1%	Total	100.0%	100.0%	100.0%	100.0%	<p>Interpreter and communication support will continue to be available for service users.</p>
	North East	North West	South	Glasgow Total																														
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(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 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 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 service is open to anyone over 16 who lives in Glasgow city or who is registered with a GP in Glasgow.</p> <p>Those aged 25 – 44 years are most likely to access the service and therefore are most likely to be impacted by increased waiting times.</p> <p>Over recent years, increase in younger people <35 accessing service (now about 43% - 10 years ago would have been 25-30%).</p> <table border="1" data-bbox="884 651 1451 1029"> <thead> <tr> <th></th> <th>Glasgow Total</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td><16</td> <td>0.2%</td> <td>0.2%</td> </tr> <tr> <td>16-24</td> <td>15.8%</td> <td>16.5%</td> </tr> <tr> <td>25-34</td> <td>28.8%</td> <td>29.9%</td> </tr> <tr> <td>35-44</td> <td>23.8%</td> <td>22.7%</td> </tr> <tr> <td>45-54</td> <td>14.0%</td> <td>13.7%</td> </tr> <tr> <td>55-64</td> <td>11.9%</td> <td>11.9%</td> </tr> <tr> <td>65-74</td> <td>3.8%</td> <td>3.1%</td> </tr> <tr> <td>75+</td> <td>1.4%</td> <td>1.2%</td> </tr> <tr> <td>Blank/Unknown</td> <td>0.4%</td> <td>0.9%</td> </tr> </tbody> </table>		Glasgow Total	2023/24	<16	0.2%	0.2%	16-24	15.8%	16.5%	25-34	28.8%	29.9%	35-44	23.8%	22.7%	45-54	14.0%	13.7%	55-64	11.9%	11.9%	65-74	3.8%	3.1%	75+	1.4%	1.2%	Blank/Unknown	0.4%	0.9%	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>
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(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>BSL counsellor is available in house. BSL provision will continue to be available and is not anticipated to be impacted by the reduction in funding, due to the numbers accessing the service.</p> <p>It is noted that the service is directly targeted at people seeking support for mental health, therefore any reduction or increase in waiting times is more likely to impact on mental health.</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait</p>																														

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<p>(c)</p>	<p>Gender Reassignment</p> <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 type="checkbox"/></p>	<p>Is your current gender different from that at birth?</p> <table border="1"> <thead> <tr> <th></th> <th>Glasgow Total</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>88.1%</td> <td>91.2%</td> </tr> <tr> <td>Prefer not to answer</td> <td>1.4%</td> <td>0.5%</td> </tr> <tr> <td>Yes</td> <td>10.5%</td> <td>8.2%</td> </tr> <tr> <td>Blank/Unknown</td> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table> <p>It is recognised that although 90% of the sample identified that their gender was the same as that assigned at birth and represent the majority of the patients, the representation of people whose gender is not the same as that assigned at birth is higher than that of the wider population. According to census 2022, 4,000 (0.6%) of Glasgow residents identified themselves as having a Trans History. Therefore the increase in waiting times is more likely to have an impact for this group</p>		Glasgow Total	2023/24	No	88.1%	91.2%	Prefer not to answer	1.4%	0.5%	Yes	10.5%	8.2%	Blank/Unknown	0.0%	0.0%	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>
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<p>(d)</p>	<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</p>	<p>No impact identified at this time.</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait</p>															

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(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>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No impact identified at this time.</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>
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<p>(f)</p>	<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 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>What is your ethnic group (Primary)?</th> <th>Glasgow Total</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td>African</td> <td>1.8%</td> <td>0.8%</td> </tr> <tr> <td>Asian, Asian Scottish, or Asian British</td> <td>5.5%</td> <td>4.2%</td> </tr> <tr> <td>Caribbean or Black</td> <td>0.5%</td> <td>0.4%</td> </tr> <tr> <td>Mixed or multiple ethnic groups</td> <td>1.9%</td> <td>1.8%</td> </tr> <tr> <td>Other ethnic group</td> <td>1.9%</td> <td>1.8%</td> </tr> <tr> <td>White</td> <td>86.9%</td> <td>89.9%</td> </tr> <tr> <td>Prefer not to answer</td> <td>1.6%</td> <td>1.2%</td> </tr> <tr> <td>Blank/Unknown</td> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table> <p>The waiting list is currently 2419 people. These are clients who have been screened and assessed as suitable for counselling. Those requiring an interpreter make up approx 10% of waiting list. Those requiring interpreters are booked in for double appointments.</p>	What is your ethnic group (Primary)?	Glasgow Total	2023/24	African	1.8%	0.8%	Asian, Asian Scottish, or Asian British	5.5%	4.2%	Caribbean or Black	0.5%	0.4%	Mixed or multiple ethnic groups	1.9%	1.8%	Other ethnic group	1.9%	1.8%	White	86.9%	89.9%	Prefer not to answer	1.6%	1.2%	Blank/Unknown	0.0%	0.0%	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p> <p>Double appointments will continue to be available for those requiring an interpreter. It is not anticipated that there will be a disproportionate impact on the availability of double appointments.</p> <p>Interpreter and communication support will continue to be available for service users.</p>
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<p>(g)</p>	<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>No impact identified at this time.</p> <table border="1"> <thead> <tr> <th>What religion or belief do you identify with?</th> <th>Glasgow Total</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td>Atheist</td> <td>5.5%</td> <td>5.4%</td> </tr> <tr> <td>Buddhist</td> <td>0.4%</td> <td>0.4%</td> </tr> <tr> <td>Church of Scotland</td> <td>7.5%</td> <td>7.7%</td> </tr> </tbody> </table>	What religion or belief do you identify with?	Glasgow Total	2023/24	Atheist	5.5%	5.4%	Buddhist	0.4%	0.4%	Church of Scotland	7.5%	7.7%	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait</p>															
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(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 type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>So far during 2024/25 59% of service users are female, broadly in line with figures for 2023/24. Therefore women are more likely to be impacted by increased waiting times to access the service.</p> <p>What is your sex? Apr–Dec 2024</p> <table border="0"> <thead> <tr> <th></th> <th>Glasgow Total</th> <th>2023/24</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>58.7%</td> <td>60.1%</td> </tr> <tr> <td>Male</td> <td>32.0%</td> <td>31.9%</td> </tr> <tr> <td>Non-binary</td> <td>0.8%</td> <td>0.8%</td> </tr> <tr> <td>Other</td> <td>0.2%</td> <td>0.1%</td> </tr> <tr> <td>Prefer not to say</td> <td>0.1%</td> <td>0.4%</td> </tr> <tr> <td>Blank/Unknown</td> <td>8.2%</td> <td>6.7%</td> </tr> </tbody> </table> <p>Wellbeing classes will continue to be delivered. The Menopause session is the most popular session and there should still be sufficient capacity to manage demand for this.</p>		Glasgow Total	2023/24	Female	58.7%	60.1%	Male	32.0%	31.9%	Non-binary	0.8%	0.8%	Other	0.2%	0.1%	Prefer not to say	0.1%	0.4%	Blank/Unknown	8.2%	6.7%	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>									
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(i)	<p>Sexual Orientation</p>	<p>No impact identified at this time.</p>	<p>The service will continue to be</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 type="checkbox"/></p>	<p>Which of the following best describes how you think of yourself?</p> <table border="0"> <thead> <tr> <th></th> <th align="right">Glasgow Total</th> <th align="right">2023/24</th> </tr> </thead> <tbody> <tr> <td>Bisexual (attracted to same and opposite sex)</td> <td align="right">9.2%</td> <td align="right">7.1%</td> </tr> <tr> <td>Gay or lesbian (attracted to same sex only)</td> <td align="right">5.5%</td> <td align="right">5.3%</td> </tr> <tr> <td>Heterosexual / Straight (attracted to opposite sex only)</td> <td align="right">76.0%</td> <td align="right">80.1%</td> </tr> <tr> <td>Other</td> <td align="right">2.1%</td> <td align="right">2.6%</td> </tr> <tr> <td>Prefer not to answer</td> <td align="right">6.3%</td> <td align="right">3.9%</td> </tr> <tr> <td>Blank/Unknown</td> <td align="right">1.1%</td> <td align="right">1.1%</td> </tr> </tbody> </table>		Glasgow Total	2023/24	Bisexual (attracted to same and opposite sex)	9.2%	7.1%	Gay or lesbian (attracted to same sex only)	5.5%	5.3%	Heterosexual / Straight (attracted to opposite sex only)	76.0%	80.1%	Other	2.1%	2.6%	Prefer not to answer	6.3%	3.9%	Blank/Unknown	1.1%	1.1%	<p>available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>
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Blank/Unknown	1.1%	1.1%																						
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>																					
<p>(j)</p>	<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-</p>	<p>The majority of people accessing the service are from SIMD 1 and 2, therefore any increase in waiting times are more likely to impact on people living in poverty.</p> <p>Counselling is available in a variety of ways in order to reduce socio economic status as a barrier. It is recognised that travel costs or the availability of a telephone line or internet access may be a barrier for some. A variety of options are available with an aim of reducing this barrier.</p> <p>Counselling can be offered face to face across a number of venues across the city, by telephone or</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>																					

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<p>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:</p> <ol style="list-style-type: none">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 (particularly those with lived experience of socio-economic disadvantage)?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?4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?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?6. How has the evidence been weighed up in reaching our final decision?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	<p>online. Clients are able to choose how they access the sessions and have the ability to change delivery method dependent on their needs/preferences. The wellbeing classes are delivered online as well as in person within local communities.</p>	<p>The service will continue to be available in the way that best meets individual needs and preferences.</p> <p>There will continue to be no charge for services.</p>
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	<p>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>		
(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>Although Asylum Seeker status is not captured, it is recognised that a number of face to face sessions are hosted in asylum seeker support organisations and that there has been ongoing work with Integration Networks to explore ways to better support asylum seekers.</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</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>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p>This EQIA aligns with the IJB Financial Allocations and Budgets 2025-26 paper, being presented to IJB members in March 2025.</p> <p>The core funding for the service comes from Health Improvement - £560k p.a. Funding has already been confirmed for q1 (pro-rata). Additional funding comes from the Primary Care Improvement Fun £809k (in 2024/25). This funding has only been confirmed for q1 for 2025/26.</p> <p>It is proposed that the funding is reduced by between 14 – 18%.</p>	<p>The service will continue to be available, although with a reduced provision, which will impact on waiting times. It is noted that there is already a waiting list for this service as outlined below.</p> <p>The 12-month average wait from Assessment to counselling is 111 days (15.8 weeks). October to December average wait times are 137.7 days (19.6 weeks).</p>



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	characteristics. 4) Not applicable <input 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.	Lifelink undertake regular equality and diversity training for all staff.	There is no anticipated impact on the training available for Lifelink staff

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 impact on human rights

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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* .

There will still be ongoing engagement with service users, referrers and wider stakeholders, There will be ongoing contract management with performance, outcomes and equalities data reported on at quarterly contract meetings. This includes a number of SMART indicators referenced throughout the EQIA. Lifelink will ensure staff continue to undertake a range of equality and diversity training.

*

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

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- 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.


Lifelink have been collecting the full range of equalities data for many years. This information is used to track changes over time and has enabled the organisation to be proactive in targeting particular populations to ensure reach and access to the service. Having a BSL counsellor within the service has been a positive addition in terms of promoting accessible counselling for BSL clients. Lifelink have been proactive at working with the contract manager to raise issues relating to the interpreting service in order to address issues in service provision. They have met with the Interpreting service managers to raise issues and have offered to support training for interpreting staff.

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)
Meeting to be arranged with procurement, contract manager and Lifelink to discuss reduction in budget and amendments to contract delivery targets.	31 March 2025	SN

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

1 September 2025

**Lead Reviewer:
EQIA Sign Off:**

Name Fiona Moss
Job Title Head of Health Improvement & Equalities
Signature 
Date 27th February, 2025

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Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	<i>Alastair Low</i>
Date	02/03/25

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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:

Lifelink

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

		Completed	
		Date	Initials
Action:	Meeting with Procurement, Contract Manager and Lifelink		
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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