NHS Greater Glasgow & Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service: Welfare Rights and Money Advice Services

Please tick the relevant box:-

- Current Service ☐
- Service Development ☐
- Service Redesign ☒
- New Service ☐
- New Policy ☐
- Policy Review ☐

CONTENTS

Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration 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.

This review was undertaken as part of the STEP forward service prioritisation programme.

Business as Usual

The Welfare Rights (WRT) and Money Advice Service sits within HSCP Business Development and is delivered by Glasgow City Council employees, operating across all care groups. While the service primarily supports HSCP service users, specific elements (i.e. Appeals, Training and Pensioner Poverty) are provided to wider Glasgow citizens and staff. A small aspect of the team (2% of referrals) provides direct personal support to HSCP staff.

The primary functions of the service include:

- Money advice and legacy debt management arrangements (DAS)
- Welfare benefits advice, Income maximisation and welfare reform support.
- Representation at appeal tribunals
- Training for frontline staff and partner organisations

The service is delivered via several sub-teams at centre and in each of the HSCP's three localities. These are:

- Income Maximisation Team
- Appeals Team
- Information and Training Team
- Pensioner Poverty Team
- Three area Locality Teams (North East, North West and South).
- There is also a centralised Welfare Rights and Money Advice function relating to the Debt Arrangement Scheme (DAS) legacy cases.

Income Maximisation Team

The Income Maximisation Team is a centre-based team that supports service users across the city who receive a chargeable non-residential care service to maximise their income. These services include Home Care, Day Care, Telecare Alarms and Personalisation.

Appeals Team

The Appeals Team represents Social Work service users and other Glasgow residents at Social Security Appeal Tribunals to challenge unfavourable benefit decisions.

Information and Training Team

The Welfare Rights and Money Advice Team provides benefits training to frontline Social Work staff so that they can assist service users with basic benefits advice. We also invite voluntary organisations who work with our service users to participate in this training.

Pensioner Poverty Team

The Pensioner Welfare Advice and Support Project is a proactive welfare rights income maximisation service that provides support to Glasgow City residents who are 75+ years of age and have been identified as potentially eligible for Attendance Allowance, Pension Credit and other benefits.

Debt Arrangement Scheme

On the introduction of the Debt Arrangement Scheme (DAS) in 2004 there was a requirement to have specifically trained advisers to work in this area of debt advice. Since then, the requirement to have specially accredited works has been removed and now this is delivered by advice projects themselves. The HSCP does not take on any new DAS cases but there are however existing cases that will take up to 10 years for the client to complete their repayment plan. There is one staff member who supports the ongoing DAS cases, which amounts to less than a 0.5 FTE post.

Area Locality Teams

Within each of the HSCP's three localities (North East, North West and South) there is a sub-team of Welfare Rights Officers who provide support to frontline Social Work staff to deal with the benefit issues of their service users. This support builds on the training provided by the Information and Training Team and further enables frontline staff to support service users. Where matters are of a complex or complicated nature then the Welfare Rights Officer will take a referral and work directly with the service user to address benefit and debt issues.

Income maximisation is the most in-demand function and is provided primarily for people receiving non-residential, chargeable HSCP services, including home care, day care, telecare and Self-Directed Support. The service maximises income for approximately 10% of all non-residential chargeable service users at any given time and provides income maximisation support to Financial Assessment and Inclusion team (FAIT) who manage charging for residential care.

The service operates within a wider complex system of financial inclusion provision. Glasgow's Financial Inclusion Strategy 2020-25 detailed the partnership between Glasgow City Council, Glasgow Health and Social Care Partnership and Wheatley Group (Glasgow's largest registered social landlord) to work collaboratively.

The service supports some of the most complex clients who are financially vulnerable and digitally excluded and plays a unique role in assessing benefit entitlement for 10% of non-residential purchased services.

During 2025, the HSCP Welfare Rights Team (WRT) received **6400 referrals.** Of the 5508 e-referrals that were subject to full assessment 3060 (56%) resulted in information and advice with 2448 (44%) requiring further input. In addition to 665 uptake for Pensioner poverty and 237 appeals, of which 165 (70%) are reported by the service to be HSCP client appeals. The team generated **£9.31 million, ~ £1455 per client** in additional benefits for Glasgow residents and managed **142 referrals for HSCP staff** approaching half-pay. Average waiting time for the service is approximately **five weeks**.

The service does not have a direct statutory footing within HSCP functions but aligns with the HSCP strategic priority of "Strengthening Communities" through addressing poverty and inequality.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities?

The service was reviewed using the HM Treasury's Green Book method. A group of planning staff have been trained in this approach, with the aim of applying a consistent and transparent approach across all reviews.

Proposal

1. HSCP WRT will focus on service delivery aligned to HSCP functions through income maximisation and support to localities teams (most vulnerable)
2. A new automatic referral to WRT for service user presenting for discretionary payments would be created (this would be piloted in terms of demand and impact)
3. Seek to collaborate with wider stakeholders to produce a universal digital information resource for Glasgow Citizens, similar to Benefits calculators - GOV.UK Live Chat & Virtual Assistant - Privacy Statement - Glasgow City Council, Glasgow Helps - Glasgow City Council Glasgow

Impact on key working areas:

- **Staffing** - This proposal includes a reduction in 24.5 FTE staff.
- **Income Maximisation** – will continue to be provided Monday from 9am to Friday 3.55pm in line with social work working hours.
- **Digital Support** - A new digital information resource will be piloted to mitigate the streamlined services and promote self-service. It is envisaged that the digital self-service could redirect referrals from frontline staff by providing information and advice that negates the requirement to make a referral for assessment and supporting online assessments. The digital self-service option would operate 24hrs/7 days.
- **Locality support** – Two thirds of the locality teams will continue to be available to support frontline Social Work staff and be targeted towards the most vulnerable care groups, particularly those who access destitution payments. This includes those that may be digitally excluded and unable to access the digital support. Identified service users will continue to have access to staff and home visits where required.

- The proposal would retain the income maximisation sub team and two thirds of localities sub teams and HSCP only appeals, jointly managing **88% (5673) of total referrals.**
- **Information and Training –** will no longer be available. Steps will be taken to mitigate this through the digital support, which will include up to date information and training for staff.
- **HSCP Appeals only** - this will be managed by locality staff rather than a separate sub team. Appeals (tier 3) workload reduced by 31% in 2024/25. GAIN has 11 agencies who provide tier 3 appeals support. There are in addition 14 other agencies out with HSCP listed as providing tier 3 services where appeals support can be accessed.
- **Pensioner Poverty** – Assertive outreach will no longer be supported. However income maximisation will continue to be available. It is noted that Pensioner poverty activity and uptake has reduced by 28% and 13% respectively**.**
- **Debt Arrangement Scheme (DAS) legacy cases** - DAS support for existing service users will continue to its natural completion. New service users seeking support with appeals/DAS will be signposted for support going forward.
- **HSCP staff support** - A small aspect of the team (2% of referrals) provides direct personal support to HSCP staff. This support will continue.

Overall, referrals to teams are **reduced by 5% with a 17 % shift away from assessments which require active input to advice.** As evidenced in APR Item No 10 - Welfare Rights and Money Advice Performance Report 2024-25.Collaboration and creation of a new city wide digital resource and self-management resource should reduce referrals for both HSCP WRT and wider FI services.

Staffing Impacts

The Welfare Rights and Money Advice Service is structured into six sub-teams and employs 44.5 WTE staff. The proposal is to retain x2 Grade 7, 8 x Grade 6 staff for Income maximisation and 10 x Grade 6 for localities/DP, most vulnerable care groups. This would be a reduction in 24.5 FTE staff.

This reduction in staff potentially has equality impacts which would also relate to the workforce profile. Staff profile has not been included so as not to identify individuals. . It is anticipated that the reduction will be achieved through redeployment or natural attrition. There are currently 5.9 vacancies. If proposals are approved, there will be appropriate consultation with Trade Unions and staff as proposals are developed and implemented and the workforce will be supported through Organisational Change processes, ensuring all appropriate workforce supports.

Evidence

A new staffing model has been developed using a variety of sources. The proposed staffing model is based on the service delivering predominantly Type 2 welfare rights casework and HSCP only appeals (currently ~165). This approach is informed by the Scottish National Standards for Information and Advice Providers (SNSIAP), which recognises Type 2 work as intensive casework involving assessment, application support, representation and third-party intervention.

Using benchmark assumptions of three hours adviser input per Type 2 referral and 10 hours for an appeal (type 3). Annual demand of ~9743 referrals would generate approximately 29,299 labour hours. This assumption is based on current referrals to retained aspects of service, plus 70% of current appeals and 60% uptake of new destitution payments. It is supported by Improvement Service research on advice service delivery and caseload activity, which indicates that the majority of local authority welfare rights interventions are delivered at Type 2 level of intensity..

Applying a productive capacity assumption of **PSSRU 1,550 hours per FTE per annum based on a 35hrs week for health and social care**, Unit costs of health and social care - GOV.UK, allowing for annual leave, sickness absence, training and supervision. A staffing establishment of **18 Grade 6 Welfare Rights Advisers and 2 Grade 7 Team Leaders (20 FTE)** is considered a pragmatic and proportionate model to meet anticipated demand. The proposed establishment is predicated on anticipated demand from approximately **335 (2.6%) higher complexity appeals referrals annually**, 60% (3900) uptake of 6500 destitution payments and (5508) current referral for retained areas.

The proposal has been tested incorporating the potential new Destitution payments calculated at **60% uptake**. This is based on local authority, Public Health Scotland, and welfare advice integration studies, evidencing expected engagement rate for crisis driven referrals generally ranges between **45% and 65%**.

The impact of referral volumes, including higher complexity casework destitution payment and digital resource activity, will be monitored during implementation to inform future workforce planning and ensure capacity remains aligned to demand.

Who is the lead reviewer and when did they attend Lead Reviewer Training?

EQIA Lead Reviewer: Lynn Haughey

Operational Service Lead: Craig Cowan

Date of Lead Reviewer Training: Support and guidance provided by the GCHSCP Lead for Equality and Fairer Scotland

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)

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 below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted. **Service Evidence Provided:** Equality data is collected for; Age Sex Ethnicity Religion Disability **Possible negative impact and additional mitigating action required:** Equality data collection will continue

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Information collected from service user will be used to inform discussions around benefits potentially available to service users.
A number of the benefits that service users are supported to access are directly targeted at equality groups;
• Carers Allowance / Carers Support Payment
• Child Disability Payment
• Adult Disability Payment
• Disability Living Allowance
• Pension Credit
• Personal Independence Payment
• Severe Disability Premium
• State Retirement Pension

The annual report monitors the number of benefit claims by benefit type and percentage breakdown. The report also highlights any changes to benefits and looks at areas like the age profile of the team to support succession planning and to inform how the team is managed to reflect performance. Item No 10 - Welfare Rights and Money Advice Performance Report 2024-25

Possible negative impact and additional mitigating action required:

Utilising service user information to inform discussions around benefits will continue.

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

The service was reviewed using the HM Treasury's Green Book method. A group of planning staff have been trained in this approach, with the aim of applying a consistent and transparent approach across all reviews.

Statutory Functions/ Strategic Priorities

The service does not have a direct statutory footing within HSCP functions but aligns with the HSCP strategic priority of "Strengthening Communities" through addressing poverty and inequality.

GCHSCP provides this service internally, primarily to council service users. Inverclyde is the only other of the 6 NHSGGC HSCP's to provide an internal HSCP WR service. Of the HSCP's (4) who do not host the welfare rights service:

- 50% (2) the local authority hosts this provision. These are East Renfrewshire, and West Dunbartonshire.
- 25% (1) commission their welfare rights provision via the third sector. This is East Dunbartonshire (NB prior to becoming a commissioned service this was an internal council run service).
- 25% (1) is a mix between local authority and commissioned services (Renfrewshire).

11 other HSCP's outwith NHS GG&C were scoped in relation to provision of welfare rights: South Lanarkshire, North Lanarkshire, Dundee, Edinburgh City, Falkirk, Clackmannanshire & Stirling, North Ayrshire, East Ayrshire, South Ayrshire, Aberdeen City and Aberdeenshire.
Of the 11 other HSCP's:

- 81.8% (9) did not host their welfare rights provision within the HSCP.
- 18.2% (2) did host their welfare rights/money advice services within the HSCP. North Ayrshire provide an HSCP-led service and Dundee provide a mix of HSCP and council led service.

National Association of Welfare Rights Advisors (NAWRA) are actively campaigning for welfare rights advice to become a statutory service for **councils**, citing evidence that every £1 invested in free advice saves £2.71 in public costs.

In addition, Child Poverty (Scotland) Act 2017 places a legal duty on Local Authorities and Health Boards to work jointly to reduce child poverty and to report annually on actions taken and planned. The most recent delivery plan reports Scotland is falling significantly short of meeting the legally binding 2030 targets, with
Glasgow continuing to show a small but steady upward trend in child poverty. Key national messages for the 2026–2031 Delivery Plan include: targeting the six priority family groups, strengthening prevention, improving partnership working, ensuring lived experience, informed design, and combining income maximisation with cost-of-living reduction. Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031 - gov.scot. Glasgow in response to the Child Poverty Scotland Act has over the past nine years developed a collaborative citywide approach to tackling poverty. The current approach is "No Wrong Door" Model whereby Glasgow citizens are able to access the right support at the right time including financial support. To date 150 organisations have signed up as members of the "No Wrong Door" Approach. Part of the no wrong door model is Child Poverty pathfinder which is 10 booster wards within the city that are focused on supporting 3,000 families lives via support, financial inclusion, employment and training.

Glasgow City Council is also currently redesigning their financial inclusion provision, GCC Committee Financial Inclusion Redesign March 2026. GCC are proposing the creation of a charity organisation Glasgow Advice Partnership and giving the opportunity for one strategic lead partner to deliver in collaboration with other organisations and GCC across the city. The funding for this model is £8.9million for a three-year period (a combination of Glasgow Community Fund and Whole Family Wellbeing Fund monies). The focus of the model will be families with children aged 0-5 years along with a flexible/crisis response to financial inclusion

Possible negative impact and additional mitigating action required:

This proposal has the potential to impact across a number of equality groups, in particular age, disability and those living in poverty. It is recognised that most service users rely on one or more benefits, many of which continue to be affected under the UK Government's welfare reforms, and the ongoing managed migration to Universal Credit. Fuller consideration of impacts and mitigating action is outlined at section 7.

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

Routine service user feedback has never been collected by the service; this will be addressed going forward at the implementation stage. With the exception of destitution payments, service users tend to only use the service one time, limiting opportunity for engagement as part of this service review. It can be determined from the financial gains for service users, that the service has a positive impact on service users.

A programme of engagement in relation to the STEP Forward programme is currently ongoing. This was reported in detail to the Public Engagement Committee on 18 February 2026. Item No 06 - Communications and Engagement Plan for Service Prioritisation Programme.pdf

As an integral part of the overarching STEP forward programme methodology. Engagement with Welfare Rights staff was undertaken. This consisted of 2 workshops where members of Welfare Rights staff, management, Trade Union representation, GAIN representation and NHS Financial Inclusion were invited. Staff and unions participated in workshop 1. However for workshop 2 unions did not participate and encouraged staff not to engage. Staff partially engaged in workshop 2, in addition to providing written feedback and suggesting options via operational leads.

Possible negative impact and Additional Mitigating Action Required:

Lack of routine service user feedback limits the ability to understand the real impact of the redesigned service on equality groups.
Action - Introduce routine service user feedback for those accessing the redesigned Welfare Rights and Money Advice service

Staff and Trade Union engagement has been partial and requires continuation as the proposal moves into implementation.
Action - Maintain structured staff and Trade Union engagement throughout implementation, including discussion of service model, redeployment, workload, risk, and equality implications.

Due to the sensitivity of this review, there has not been any direct engagement with third sector partners, including those currently accessing the training provision. Further work will be undertaken to engage with partners as the plans for implementation are developed.

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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

The majority of service user contact is currently delivered through home visits, with a significant amount of staff time spent completing forms on behalf of service users. In addition to home visits, the service offers telephone and online appointments.

Possible negative impact and additional mitigating action required:

The service would continue to operate Monday from 9am to Friday 3.55pm in line with social work working hours. The digital self-service could operate 24hrs/7 days.

Two thirds of the locality teams will continue to be available to support frontline Social Work staff and be targeted towards the most vulnerable care groups, particularly those who access destitution payments. This includes those that may be digitally excluded, with home visits where required.

A new digital information resource will be introduced to mitigate the streamlined services and promote self-service. This will also offer up to date information and training for staff.

Although access will still be available, it is recognised that the team will be reduced and is likely to result in increased waiting times for anyone unable to utilise the digital resource.

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Service users will continue to have access to interpreters, translations and alternative formats in line with business as usual.

A communications and support plan for staff will be developed to support the implementation of the proposal, when approved. This will include;

- working with HR and organisational development staff for members of staff within the Welfare Rights Team.
- Communications with all staff referring to the service
- Communications with stakeholders for any change in provision

Management of current caseload and service users on waiting list will be reviewed and considered as part of the implementation process.

Possible negative impact and additional mitigating action required :

Two thirds of the locality teams will continue to be available to support frontline Social Work staff to deal with the benefit issues of their service users and for those that may be digitally excluded, this includes home visits for those who may need in person support or those who may need support with completing applications. Although access will still be available, it is recognised that the team will be reduced and is likely to result in increased waiting times for anyone unable to utilise the digital resource or service users waiting for support with appeals.

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Service is provided to service users of any age

Service User Data 2025

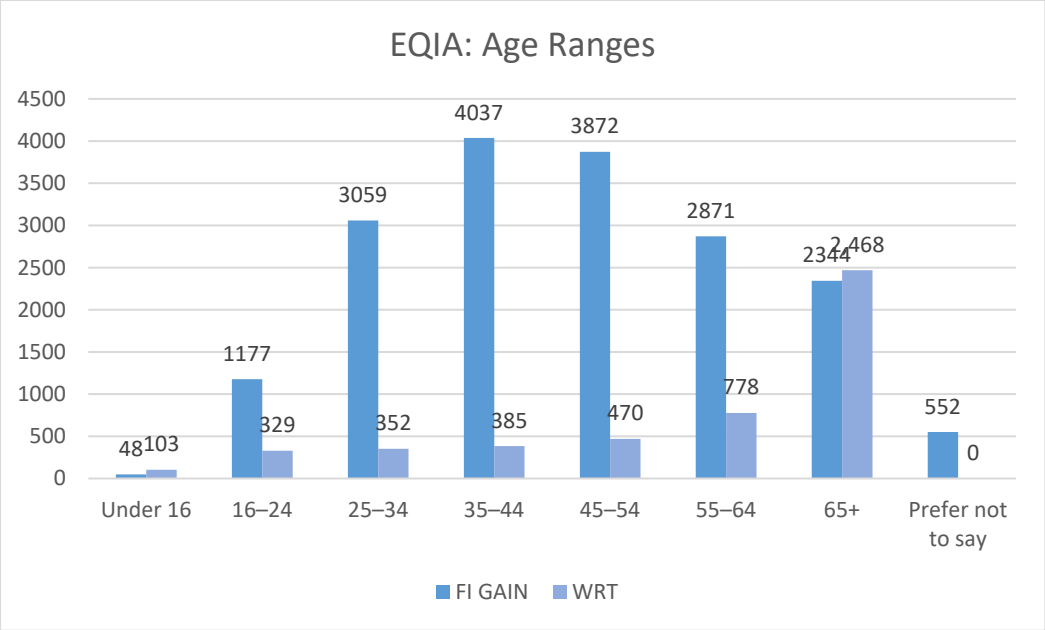
Age Group	Count
Under 16	103
16–24	329
25–34	352
35–44	385
45–54	470
55–64	881
65+	2,462

This proposal has the potential to significantly impact across a number of equality groups, in particular older people, disability and those living in poverty. It is recognised that most service users rely on one or more benefits, many of which continue to be affected under the UK Government's welfare reforms, and the ongoing managed migration to Universal Credit.
Ageing population could result in an increase of residential and non-residential service users who require financial assessment.

The removal of the proactive service for those aged 75+, will directly impact on older people. However there is currently no waiting list for this sub team. Pensioner poverty activity has **reduced by 28% activity and 13% uptake** and the income maximisation team being retained, covers services traditionally accessed by +65 age group, such as telecare, home care and day care. The proposal would retain the income maximisation sub team and two thirds of localities sub teams, jointly managing **88% (5673) of total referrals and retaining HSCP appeals (2.6% caseload).**

It is recognised that most service users rely on one or more benefits, many of which continue to be affected under the UK Government's welfare reforms, and the ongoing managed migration to Universal Credit. In addition, many disabled service users are still in the process of migration to the Scottish Government's Adult Disability Payment and Pension Age Disability Payment.

Younger service users supported by this team have significant disabilities, and as such they have been able to achieve the tougher disability tests to maintain the same level of disability benefits. Furthermore, the receipt of the disability benefit for younger service users has in turn provided protection from other changes such as the Benefit Cap. Any reduction or increased wait time for access to the service is likely to impact on younger disabled people. However younger services users are not the primary client group of this service, with most younger adults accessing advice via the Glasgow Advice and Information Network, as detailed below.



Certain family groups are known to be at higher high risk of experiencing child poverty (lone parent families, minority ethnic families, families with a disabled person, families with three or more children, families with a child under 1 year old, families with a mother aged 25 years old or younger). However Glasgow in response to the Child Poverty Scotland Act has over the past nine years developed a collaborative citywide approach to tackling poverty. The current approach is “No Wrong Door” Model whereby Glasgow citizens are able to access the right support at the right time including financial support. To date 150 organisations have signed up as members of the “No Wrong Door” Approach. Part of the no wrong door model is Child Poverty pathfinder which is 10 booster wards within the city that are focused on supporting 3,000 families lives via support, financial inclusion, employment and training.

Number of Successful Benefit Claims by Benefit Type and Percentage Breakdown

Benefit Claim	Adult Disability Payment	Attendance Allowance	Carers Allowance	Council Tax Exemption	Council Tax Reduction	Disability Living Allowance	Housing Benefit	Pension Credit	Personal Independence Payment	Severe Disability Premium	Universal Credit	Other (IS ESA DHP SRP SWF	Total
Claims 2024-25	45	183	39	427	131	27	76	126	4	59	42	23	1,182
% 24-25	4%	15%	3%	36%	11%	2%	6%	11%	0%	5%	4%	2%	100%
2023-24	0	89	17	325 (both)		2	43	32	9	27	5	0	549
% 23-24	0%	16%	3%	59%		0%	8%	6%	2%	5%	1%	0%	100%

Possible negative impact and additional mitigating action required:

The service will continue to deliver and prioritise Income Maximisation services and two thirds of locality teams will continue to be available to support frontline Social Work staff, targeted toward the most vulnerable care groups e.g. those accessing destitution payments and the digitally excluded, managing 88% (5673) of total referrals. However the proposal has the potential to impact across a number of equality groups, **in particular age, disability and those living in poverty.**

Key impacts and associated mitigating action:

- **Reduced provision within the Locality Area Teams.**
  Two thirds of staff will be retained within localities to support the most vulnerable services users and care groups e.g. digitally excluded and those frequently accessing destitution payments. In addition an automatic referral will be piloted for destitution payments. Protecting and targeting resources towards the most vulnerable care groups. Locality staff will manage cases through all stages including appeals.
- **Reduced staffing capacity may increase waiting times for service users who require direct advice, particularly those unable to use digital information or those who require support with appeals –** The current average waiting time for the service is

approximately five weeks. Overall, referrals to team are reduced by 5% with a 17 % shift away from full assessment and input to advice. Collaboration and creation of a new city wide digital and self-management resource should reduce referrals for both HSCP WRT and wider FI services.

Action - establish a prioritisation process for remaining Welfare Rights Team to prioritise priority groups (people accessing destitution payments, digitally excluded service users, service users receiving chargeable non-residential care, and those with urgent income maximisation needs).

Action - Establish monitoring thresholds for waiting times and demand. Where waiting times exceed agreed thresholds for priority groups, escalation should be made to senior management with options for corrective action.

- **The shift towards self-service for information & advice and assessments may disadvantage people who are digitally excluded, including older people, disabled people and those experiencing poverty.**
  Action - ensure clearly defined non-digital access route for people unable to use digital self-service (i.e. telephone support, staff-assisted access, and home visits).
- **The proposed digital information may itself create access barriers if not designed inclusively. Action -** Contribute to ensuring the digital resource is reviewed for accessibility before implementation (e.g. plain English, translation and interpretation, compatibility with assistive technology, and clear signposting to non-digital support).
- **The proposed automatic referral for people receiving destitution payments is currently described as a pilot and demand/resource implications are uncertain. -**
  Action - Develop and implement a structured pilot for automatic referral from discretionary/destitution payment routes, with defined eligibility, referral process, recording arrangements, review points and escalation if demand exceeds capacity.
- **Limited opportunity to support future appeal tribunals. Removal or reduction of appeals support may disproportionately impact disabled people, given the EQIA notes that many appeals relate to disability and incapacity benefits. -** Appeals (tier 3) workload reduced by 31% in 2024/25. There are in addition 11 GAIN agencies, who provide tier 3 appeals support and 14 other agencies out with HSCP listed as providing tier 3 services. HSCP will retain in house appeals cases. Others will be concluded and any future needs out with HSCP can be signposted to List of accredited agencies - Scottish Legal Aid Board
  Action - Develop a transition pathway and communication strategy for non-HSCP appeals cases. Develop monitoring arrangements to review and mitigate any impact on waiting lists for support from the team, including for HSCP appeals cases.
- **Removal of Pensioner Poverty Team may impact older people, particularly those who would otherwise not self-refer. -** Activity and uptake of this service has reduced by 28% and 13% respectively in the last year and income maximisation will continue to be available, with most service users accessing non-residential chargeable services such as home care, telecare, day care aligning to the 75+ age bracket.

Action - Develop a targeted communication and referral approach for older people through existing HSCP and partner contact points (including services linked to home care, telecare, day care and financial assessment).

- **Debt Arrangement Scheme (DAS) legacy cases** - DAS support for existing service users will continue to its natural completion. New service users seeking support with appeals/DAS will be signposted for support going forward.
- **HSCP staff support** - A small aspect of the team (2% of referrals) provides direct personal support to HSCP staff. This support will continue.
- **Reduction of training to frontline Social Work staff and wider voluntary organisations who participate in the training. -** New digital resource would include up to date information for staff and appropriate on line training if required
- **There are risks that the third and independent sector may not be able to absorb the increased demand in service.**
  Demand based on current annual referral data, this will be less than 1000 service users. The proposal would retains within WRT the income maximisation sub team and two thirds of localities sub team, jointly managing 88% (5673) of total referrals. Table below also details other FI service providers within Glasgow and Appendix 1 details all 123 agencies within wider FI arena that Glasgow citizens can access.

Glasgow City Financial Inclusion Provision Summary Table

Area/ Support Tier	Tier 1	Tier 1 & 2	Tier 3	Total
North West	1	14	7	22 (17
North East	0	17	5	22 (17
South	0	18	6	24 (19
Citywide	1	42	7	50 (40
No Recourse to Public Funds	0	5	0	5 (4.3%
Total	2 (1.7%)	96 (78%)	25 (20.3%)	123

Action - Explore development of a managed referral protocol for priority cases rather than relying solely on signposting (e.g. where complex or vulnerable service users).

- **Staffing Impacts** - This proposal includes a reduction in 24.5 FTE staff. Staff profile has not been included so as not to identify individuals. It is anticipated that the reduction will be achieved through redeployment or natural attrition.
  Action - If proposals are approved, there will be appropriate consultation with Trade Unions and staff as proposals are developed and implemented and the workforce will be supported through Organisational change processes, ensuring all appropriate workforce supports.
- **Other implications** - It is noted that the financial assessment and income maximisation is a mitigation for the Social Care Charging Policy, the most recent EQIA is available here: EQIA - Social Work Services Social Care Charging Policy 2026 to 2027.pdf. Income Maximisation will continue under this proposal and is unlikely to significantly impact on this mitigation, however noted that this may be subject to increased waiting times and monitoring will be required.

Financial Inclusion Appendix.docx

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☒

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Service User Data 2025

Disability status	Count
Not recorded	4,829
Not disclosed	31
Other (specify)	14
Physical / motor	7
Complex or multiple disability	1
Autistic Spectrum Disorder	1
Learning disability	1
Visual	1

This proposal has the potential to significantly impact across a number of equality groups, in particular older people, people with a disability and those living in poverty. It is recognised that most service users rely on one or more benefits, many of which continue to be affected under the UK Government's welfare reforms, and the ongoing managed migration to Universal Credit.

It is recognised that disability status is substantially under-recorded, which is a recognised limitation given the strong link between disability, long-term conditions and

financial vulnerability. As can be seen from the table below, a significant proportion of the benefits accessed relate to disability.

Number of Successful Benefit Claims by Benefit Type and Percentage Breakdown

Benefit Claim	Adult Disability Payment	Attendance Allowance	Carers Allowance	Council Tax Exemption	Council Tax Reduction	Disability Living Allowance	Housing Benefit	Pension Credit	Personal Independence Payment	Severe Disability Premium	Universal Credit	Other (IS ESA DHP SRP SWF	Total
Claims 2024-25	45	183	39	427	131	27	76	126	4	59	42	23	1,182
% 24-25	4%	15%	3%	36%	11%	2%	6%	11%	0%	5%	4%	2%	100%
2023-24	0	89	17	325 (both)		2	43	32	9	27	5	0	549
% 23-24	0%	16%	3%	59%		0%	8%	6%	2%	5%	1%	0%	100%

It is recognised that most service users rely on one or more benefits, many of which continue to be affected under the UK Government's welfare reforms, and the ongoing managed migration to Universal Credit. In addition, many disabled service users are still in the process of migration to the Scottish Government's Adult Disability Payment and Pension Age Disability Payment.

Younger service users supported by this team have significant disabilities, and as such they have been able to achieve the tougher disability tests to maintain the same level of disability benefits. Furthermore, the receipt of the disability benefit for younger service users has in turn provided protection from other changes such as the Benefit Cap. Any reduction or increased wait time for access to the service is likely to impact on younger disabled people.

Certain family groups are known to be at higher high risk of experiencing child poverty (lone parent families, minority ethnic families, families with a disabled person, families with three or more children, families with a child under 1 year old, families with a mother

aged 25 years old or younger). However Glasgow in response to the Child Poverty Scotland Act has over the past nine years developed a collaborative citywide approach to tackling poverty. The current approach is “No Wrong Door” Model whereby Glasgow citizens are able to access the right support at the right time including financial support. To date 150 organisations have signed up as members of the “No Wrong Door” Approach. Part of the no wrong door model is Child Poverty pathfinder which is 10 booster wards within the city that are focused on supporting 3,000 families lives via support, financial inclusion, employment and training

The majority of appeals continue to relate to disability benefits and incapacity benefits. Therefore the reduction in the staffing model may impact on waiting lists for appeals support and is more likely to impact on disabled people.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are as outlined under age above. Although these actions will apply across service user groups, the proposal has the potential to impact across age, disability and those living in poverty in particular. The impact on these characteristics have been considered in particular when identifying mitigating action as outlined above.

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impact identified but it is recognised that trans people more likely to experience poverty (NHSGGC LGBT health needs assessment).

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impact has been identified at this time.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☒

Service Evidence Provided:

No direct impact has been identified at this time.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Service User Data 2025

Ethnicity	Count
White Scottish	3,960
Not known	347
White Other British	140
Pakistani	97
Any Other White Background	75
Any Other Ethnic Background	70
Black African	52
White Irish	34
Indian	29
Any Other Asian Background	22
Chinese	22
Any Mixed Background	17
Any Other Black Background	11
Declined Information Request	7
Bangladeshi	2

The majority of service users identify as White Scottish, with representation across a range of minority ethnic groups. Almost half of clients are White Scottish and are more likely to be impacted.
There is a higher prevalence of BME communities living in the most deprived (SIMD) areas of Glasgow, and patients in these areas are more likely to experience poverty and thus be impacted by service reduction.
Ethnicity and Socio-economic Deprivation in Scotland — CRER

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

Access to interpreters and translations will continue to be available, in line with business as usual.

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Service User Data 2025

Religion	Count
Unknown	3,824
Christian Catholic	387
Christian Protestant	231
Non-believer	171
Christian Other	87
Muslim (Sunni)	62
Other religion	56
Muslim (Shia)	16
Sikh	12
Agnostic	12
Jewish	8
Hindu	6
Taoist	6
Jehovah's Witness	4
Buddhist	2
Bahai	1

Religion and belief are significantly under-recorded within Welfare Rights data, limiting the ability to identify differential impacts. No direct impact has been identified at this time.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Service User Data 2025

Gender - Count
Female - 2,529
Male - 2,287
Unknown - 69

Slightly more women than men access Welfare Rights support related to cost-of-living pressures.

Women are most likely to be in low paid part time employment, earn less than men and are less likely to have savings. Lone parents, the majority of whom are women, are typically at higher risk of experiencing poverty. Women are also more likely to have unpaid caring responsibilities and experience financial abuse.

Number of Successful Benefit Claims by Benefit Type and Percentage Breakdown

Benefit Claim	Adult Disability Payment	Attendance Allowance	Carers Allowance	Council Tax Exemption	Council Tax Reduction	Disability Living Allowance	Housing Benefit	Pension Credit	Personal Independence Payment	Severe Disability Premium	Universal Credit	Other (IS ESA DHP SRP SWF	Total
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% 23-24	0%	16%	3%	59%		0%	8%	6%	2%	5%	1%	0%	100%

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

No direct impact identified but the NHSGGC health needs assessment (2022) indicates that a high proportion of the LBGT community are likely to experience financial worries.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

(j) Socio – Economic Status & Social Class

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?

Service Evidence Provided:

There is potential for impact on people living in poverty due to the nature of the service being provided, as outlined below. It is noted that there may be an increase in wait times and reduced capacity. Demand for the service could increase due to cost of living crisis, homelessness crisis, the demographic profile of the city (e.g. ageing population and high prevalence of socioeconomic disadvantage and the impact of UK welfare reform policy.

Vulnerable service users may be less likely to be identified to access a service, leading to increased risk of poverty and poor health outcomes

Potential increase in waiting times for service users signposted may result in a delayed response to address priority financial issues within appropriate timescales

Signposting is generally associated with higher attrition compared to direct referral, particularly for service users facing barriers to engagement.

Potential increase in service users travel costs to access advice, depending on location of alternative supports and if telephone support is available

Number of Successful Benefit Claims by Benefit Type and Percentage Breakdown

Benefit Claim	Adult Disability Payment	Attendance Allowance	Carers Allowance	Council Tax Exemption	Council Tax Reduction	Disability Living Allowance	Housing Benefit	Pension Credit	Personal Independence Payment	Severe Disability Premium	Universal Credit	Other (IS ESA DHP SRP SWF	Total
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% 23-24	0%	16%	3%	59%		0%	8%	6%	2%	5%	1%	0%	100%

Under business as usual the vast majority of discretionary payments received by service users (95%) are not referred to the Welfare Rights Team. Under the proposal, all those receiving discretionary payments will be automatically referred to the Welfare Rights Team for income maximisation. This process will be subject to a pilot exercise to understand possible demand and resource requirements within the context of a reduced workforce. Although current data indicates that a referral does not completely remove repeat presentations for discretionary payments, it does indicate a reduction. It is proposed that this approach is piloted with higher care group users e.g. Children and families, care leavers and criminal justice.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are as outlined under age above. Although these actions will apply across service user groups, the proposal has the potential to impact across age, disability and those living in poverty in particular. The impact on these characteristics have been considered in particular when identifying mitigating action as outlined above.

(k) Other marginalised groups

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?

Service Evidence Provided:

Demand for the service could increase due to cost of living crisis, homelessness crisis and ageing population.

There is potential for impact on carers due to the nature of the services being delivered, including support with access to Carers benefits.

The welfare rights service does not collect data for the other marginalised groups thus the direct impact of the service is unknown. However data provided from HSCP Destitution payments does indicate particular groups access their services more. These being (Children and Families (42%), Care Leavers (30%) and Criminal Justice (17.6%).It is therefore proposed these care groups are where future workforce and staff resources will be targeted most.

Under business as usual the vast majority of discretionary payments received by service users (95%) are not referred to the Welfare Rights Team. Under the proposal, all those receiving discretionary payments will be automatically referred to the Welfare Rights Team for income maximisation. This process will be subject to a pilot exercise to understand possible demand and resource requirements within the context of a reduced workforce. Although current data indicates that a referral does not completely remove repeat presentations for discretionary payments, it does indicate a reduction. It is proposed that this approach is piloted with higher care group users e.g. Children and families, care leavers and criminal justice

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are in line with the general service user group as outlined under age above.

8. 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?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☒

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Why are we reviewing services?
The STEP Forward programme has been established to support the long-term sustainability of community health and care services in the city. It was developed in response to the IJB's request to adopt a more strategic approach to achieving budget balance, recognising the limitations of the traditional approach (e.g. by setting a financial target for every service) and the potential impact this has on the quality of delivery of critical services.
This new holistic STEP Forward approach has been developed reviewing over 400 budget lines and all services are in scope over the next three years, which will involve exploring opportunities to redesign services. There is an overall savings target of £103M. Savings associated with this particular services is £1M

How are we reviewing services?
The methodology underpinning the reviews is the Treasury's Green Book, which will ensure that the approach is consistent in considering several elements, including costs, benefits, risks and impact of service changes etc. This has been modified to reflect the needs of the HSCP and will involve developing a Business Justification Case for each service, to determine the net public value for each service. The process will include capturing financial as well as 'non-monetised' benefits (e.g. longevity and other health and social care outcomes). The recommendation of the service review might be to reduce, enhance, cease or adapt the delivery model.

Possible negative impact and additional mitigating action required:

Impacts and mitigating action are outlined under age above.

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 below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

Promotion of staff equality and human rights training will continue with staff groups

Possible negative impact and additional mitigating action required:

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 below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

Although the change to this service does not directly impact on Human Rights, it can be recognised that the service does support access to a number of Economic, social and cultural rights, including;
• the right to social security
• the right to an adequate standard of living
• the right to the highest possible standard of physical and mental health
• the right to participate in cultural life

Please explain 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* (see below).

*FAIR is an acronym for the following -

- **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.

11. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the full list of articles to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031 - gov.scot .In response to the Child Poverty Scotland Act, Glasgow has, over the past nine years, developed a collaborative citywide approach to tackling poverty. The current "No Wrong Door" model allows Glasgow citizens to access the right support at the right time, including financial support. To date, 150 organisations have signed up as members of the "No Wrong Door" Approach. Part of the No Wrong Door model is the Child Poverty Pathfinder which consists of 10 booster wards within the city that are focused on supporting 3,000 families via support, financial inclusion, employment and training.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Income maximisation supports will continue to be in place as outlined in the mitigation section above and staff resources will target children and families care groups in particular through the new proposed automatic destitution payment referral.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Bringing Hope, Building Futures: Tackling child poverty delivery plan 2026-2031 - gov.scot .In response to the Child Poverty Scotland Act, Glasgow has, over the past nine years, developed a collaborative citywide approach to tackling poverty. The

current “No Wrong Door” model allows Glasgow citizens to access the right support at the right time, including financial support. To date, 150 organisations have signed up as members of the “No Wrong Door” Approach. Part of the No Wrong Door model is the Child Poverty Pathfinder which consists of 10 booster wards within the city that are focused on supporting 3,000 families via support, financial inclusion, employment and training.

Respect of children’s views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Routine service user feedback has never been collected by the service; this will be addressed going forward at the implementation stage. With the exception of destitution payments, service users tend to only use the service one time, limiting opportunity for engagement as part of this service review. It can be determined from the financial gains for service users, that the service has a positive impact on service users.

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

Option 1: No major change (where no impact or potential for improvement is found, no action is required) ☐

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ☐

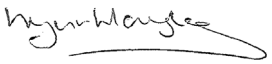
Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) ☒

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) ☐

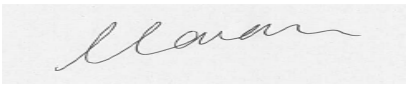
Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

EQIA Lead Reviewer:
Name Lynn Haughey
Job Title Change and Development Lead, Step forward programme



Signature
Date24.7.2026

Operational Service Lead Sign Off:
Name Craig Cowan
Job Title Head of Business Development
Signature



Date 26.7.2026

Quality Assurance Sign Off:
Name Louise Carroll
Job Title Planning and Development Manager, EHRT
Signature: Louise Carroll
Date 25/08/2026

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & 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

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

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@nhs.scot

6.0	**Appendix 1: Financial Inclusion Provision Summary Glasgow City**
	Glasgow's Financial Inclusion Strategy 2020-25 details the Financial Inclusion Partnership between Glasgow City Council, Glasgow Health and Social Care Partnership and Wheatley Group (Glasgow's largest registered social landlord) to work collaboratively to help the citizens of Glasgow with money/debt advice, welfare rights, financial capability, housing advice, employment rights and social welfare law. Currently GCC are seeking to redesign their provision and investment within Financial Inclusion the GCC Committee Financial Inclusion Redesign March 2026 outlines a proposal of a Strategic Lead (Glasgow Advice Partnership) within the city, focusing on prevention, integration with the No Wrong Door Model and a revised performance framework. GCC Transforming the City Financial Inclusion Offer includes the provision of GAIN and FISO services detailed below.
6.1	**Child Poverty Pathfinder**
	The Scottish Government provided funded for Child Poverty Pathfinder, in 2022 organisations across Glasgow participated in workshop by the improvement service. A shared understanding emerged from partners that incremental improvements would not be enough—a fundamental shift in approach was required. As a result, city partners committed to adopting a whole-system approach, agreeing to take bold and decisive action to improve services and outcomes for families. Collectively, partners identified three core system challenges that must be addressed to achieve meaningful change: 1. Data – improving how information is captured, shared, and used across services. 2. Accountability and Culture – strengthening responsibility, trust, and collaborative behaviours across the system. 3. Funding and Commissioning – redesigning investment and commissioning models to support long-term, preventative work. These challenges provide the context and drivers for the city's Pathfinder programme. Central to this new approach is the commitment to embed the No Wrong Door model. This ensures that, regardless of which service a citizen contacts—or whether services proactively reach out—people receive consistent, joined-up, and comprehensive support, without being passed around or left to navigate the system alone. The pathway has now identified 10 booster wards whereby they will support up to 3,000 families who receive benefits and have a child aged 0-5 years old. These families will all be known to HSCP Health Visiting and a significant number would potentially be known to Social Work Services. Four of the demonstration of change are currently in operation within the Calton, Drumchapel, Southside Central and Govan.
6.2	**No Wrong Door Model**
	The No Wrong Door Model is a vision for a system where, no matter where someone first asks for help, they will get the support they need. It's about building a collaborative network of services that can offer the right help in the right place at the right time. Still in early stages of this journey, scoping a shared case management system and delivery framework that will bring services together in a more meaningful way. Currently 150 organisations have joined the No Wrong Door Network and are contributing to creating a connected support system.
6.3	**Glasgow Helps**
	Glasgow Helps is a GCC team that deals with holistic needs including mental health, money advice, food/fuel poverty and welfare benefits. The team has a seconded team members from Wheatley Group and some from the Wise Group. GCVS host the Glasgow Helps website, which is essentially a directory of support Glasgow Helps | Home.

6.4	**Glasgow Advice & Information Network (GAIN)**
	Glasgow's Advice and Information Network (GAIN) are a range of Citizen Advice Bureaus, Money Advice Agencies and Independent Law Agencies who are funded by Glasgow City Council (GCC) via Community Grant Funding for £2.1million. The GAIN services are 16 Providers based within all localities in Glasgow. For the period of 2024/25 GAIN supported 17,960 clients with 53,755 cases resulting in £19,256,794 in financial gains and £17,481,883 in debt managed. On average this is an increase in income of £1,072 per client, with £973 per client of debt managed. At the time of writing report March 2026, GAIN Providers had an 8 to 12 week wait for an appointment to access the service.
6.5	**Glasgow City Council Financial Inclusion Support Officers (FISO)**
	In addition to the funding of GAIN, GCC fund via their Financial Inclusion Team several projects that support Glasgow citizens. Financial Inclusion Support Officers (FISO) is a service with 9 money advisors operating within all of Glasgow's 30 secondary schools with parents/carers able to access support if their child attends the secondary school.
6.6	**Glasgow City Council: Long Term Conditions Macmillan Service & Improving the Cancer Journey Service**
	To support people with long term health conditions such a cancer, chest, heart and stroke patients and their carers, the financial inclusion team offer two services – Long Term Conditions Macmillan Service (LTCM) and Improving Cancer Journey Service (ICJ). LTCM has 3 welfare rights officers and delivers benefit maximisation. The ICJ service delivers holistic needs assessments to cancer patients across the city, the team will also deliver benefit maximisation to these clients. The service is a mix of home visits, telephone and outreach provision. The outreach provision is at acute sites – Beatson, Gartnavel, Stobhill, Queen Elizabeth Hospital, Victoria Hospital and Glasgow Royal Infirmary.
6.7	**The Wheatley Group**
	The Wheatley Group hosts an online form on their website for tenants too contact them regarding money matters and energy tips, whereby tenants will receive advise from a welfare rights officer.
6.8	**NHS GGC Financial Inclusion**
	In relation to NHS GGC provision of Financial Inclusion, most of the provision ceased in 2024/25 due to availability of funding for services. The current provision from NHS GGC Financial Inclusion *(funded by Scottish Government)* is via the Welfare Advice and Health Partnership (WAHP) project whereby welfare rights officers are placed within 70 out of 140 GP Practices within Glasgow City. Welfare rights officer cover income maximisation, debt advice, access to affordable credit, budgeting and support for training and employment. The wider WAHP project reported in 23/24 that 5,487 patients referred resulting in 12,188 individual cases receiving welfare rights and money advice. This assistance led to financial gains of over £9.2 million and addressed £1.7 million in debt, primarily £1.2 million in non-housing debts like utility bills, personal loans, and credit card expenses for essential living costs. The national evaluation of the WAHP pilot reported the substantive reach of the service (84% of those using the service had never used financial advice services before). These outcomes highlight the program's role in helping patients manage financial difficulties and improving their overall well-being. **Please note the delivery of the WAHP service is delivered via GAIN network, with NHS GG&C Health Improvement utilising 3.3 FTE staff and £172,580 to administer the WAHP project amongst other health portfolio projects**.

6.9 Table Financial Inclusion Provision Glasgow City

Area	Target Group/Group Supported	Type of support provided:	Organisation(s)	Access Eligibility	Funded by
North West	All Glasgow Citizens Asylum Seekers and Refugees	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty Employment Immigration	Drumchapel CAB	Open to all	GAIN (GCF)
			Glasgow NW CAB	Open to all	GAIN (GCF)
			Drumchapel Money Advice Centre	HSCP Service Users	HSCP
	Registered Social Landlord Tenants	Welfare Rights & Benefits Money Advice Housing	Cernach Housing Association	Tenants of HA	Cernach HA
			Maryhill Housing – Financial Support Team	Tenants of HA	Maryhill HA
			Queens Cross Housing Association – Financial Inclusion	Tenants of HA	Queens Cross HA
			Whiteinch & Scotstoun Housing Association	Tenants of HA	Whiteinch & Scotstoun HA
			Cadder Housing Association	Tenants of HA	Cadder HA
			Glasgow West Housing Association	Tenants of HA	Glasgow West HA
	All Glasgow Citizens Asylum Seekers and Refugees	Appeals	Drumchapel CAB	Open to all	GAIN (GCF)
			Glasgow NW CAB	Open to all	GAIN (GCF)
			Drumchapel Money Advice Centre	Open to all	HSCP
	Registered Social Landlord Tenants	Appeals	Cernach Housing Association	Tenants of HA	Cernach HA
			Maryhill Housing Association	Tenants of HA	Maryhill HA
			Queens Cross Housing Association – Financial Inclusion	Tenants of HA	Queens Cross HA

Area	Target Group/Group Supported	Type of support provided:	Organisation(s)	Access Eligibility	Funded by
North East	All Glasgow Citizens Asylum Seekers and Refugees	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty Employment Immigration	Bridgeton CAB	Open to all	GAIN (GCF)
			Easterhouse CAB	Open to all	GAIN (GCF)
			Parkhead CAB	Open to all	GAIN (GCF)
	Registered Social Landlord Tenants	Welfare Rights & Benefits Money & Debt Advice Housing	Calvay Housing Association	Tenants of HA	Calvay HA
			Parkhead Housing Association – Welfare Rights	Tenants of HA	Parkhead HA
	Residents of Cranhill	Welfare Rights & Benefits Money Advice	Cranhill Development Trust	Residents of Cranhill and surrounding area	
	All Glasgow Citizens Asylum Seekers and Refugees	Appeals	Parkhead CAB	Open to all	GAIN (GCF)
			Easterhouse CAB	Open to all	GAIN (GCF)
	Registered Social Landlord Tenants	Appeals	Calvay Housing Association	Tenants of HA	Calvay HA
			Parkhead Housing Association	Tenants of HA	Parkhead HA
Area	**Target Group/Group Supported**	**Type of support provided:**	**Organisation(s)**	**Access Eligibility**	**Funded by**
South	All Glasgow Citizens Asylum Seekers and Refugees All Glasgow Citizens Asylum Seekers and Refugees All Glasgow Citizens	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty Employment Immigration	Castlemilk CAB	Open to all	GAIN (GCF)
			Pollok CAB	Open to all	GAIN (GCF)
		Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty Employment Independent Legal Advice	Castlemilk Law Centre	Open to all	GAIN (GCF)
			Govan Law Centre	Open to all	GAIN (GCF)
			Toryglen Law & Money Advice Centre	Open to all	Toryglen Law & Money Advice Centre
	Registered Social Landlord Tenants	Welfare Rights & Benefits Money & Debt Advice	Cassiltoun Housing Association	Tenants of HA	Cassiltoun HA

		Housing			
	Carers	Welfare Rights & Benefits Money & Debt Advice Housing	Carers Money Matters (partnership between South Carers Service and Southside Housing Association)	Carers who access carer commissioned services	Carers Trust
	Religion specific service	Welfare Rights & Benefits	The Ark	Individuals must be Muslim to receive service	
	All Glasgow Citizens	Appeals	Pollok CAB	Open to all	GAIN (GCF)
			Castlemilk Law Centre	Open to all	GAIN (GCF)
			Toryglen Law & Money Advice Centre	Open to all	Toryglen Law & Money Advice Centre
	Registered Social Landlord Tenants	Appeals	Cassiltoun Housing Association	Tenants of HA	Cassiltoun HA
Area	**Target Group/Group Supported**	**Type of support provided:**	**Organisation(s)**	**Access Eligibility**	**Funded by**
Health Citywide	All Glasgow Citizens Asylum Seekers and Refugees	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty Employment Immigration	Glasgow Central CAB	Open to all	GAIN (GCF)
			Money Matters	Open to all	GAIN (GCF)
			Legal Service Agency	Open to all	GAIN (GCF
			Ethnic Minorities Law Centre	Open to all	GAIN (GCF)
			Glasgow Helps	Open to all	GCC Financial Inclusion
			No Wrong Door Approach – 150 organisations delivering support including financial to individual/families across the city	Open to all	GCC Financial Inclusion
	All Glasgow Citizens Gender Base violence Disability	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty	GEMAP Scotland	Open to all	GAIN (GCF)

	All Glasgow Citizens	Welfare Reform	Glasgow Life Family Finance Key Workers	Open to all	Glasgow Life
	Registered Social Landlord Tenants of Wheatley Group	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty	Wheatley Group (GHA, Loretto, Cube)	Tenants of HA	Wheatley Group
	Parents/Carers of Children/Young People	Welfare Rights & Benefits Money & Debt Advice Housing Food & Fuel Poverty	Financial Inclusion Support Officer All 30 Secondary Schools delivered by Third Sector and commissioned by GCC.	Parents/Carer	GCC Financial Inclusion Core
	Health All Patients	Welfare Advice Health Partnership	GAIN Agencies with 70 GP surgeries (via Health Improvement Team)	Open to all patients	Scot Gov. Health Funding
	Health Condition - long term health condition/cancer and carers	Welfare Rights & Benefits Money & Debt Advice Food & Fuel Poverty Housing Holistic Needs Assessment	Long Term Health Conditions/Cancer	Patients with LTC/Cancer – Referrals	GCC Financial Inclusion Core
			Improving the Cancer Journey (ICJ)	Letters Cancer Patients to opt in	GCC Financial Inclusion Core
	Health Condition Cancer Support	Welfare Rights & Benefits Support	Maggie's Glasgow	Open to all patients	
	Health Condition – Glasgow Citizen affected by an asbestos related condition and/or other work-related condition.	Welfare Rights & Benefits Money & Debt Advice	Clydeside Action on Asbestos	Open to all	GAIN (GCF)
	Health Condition MS Support	Welfare Rights & Benefits Money & Debt Advice Housing Support	Revive MS Support	Patients with MS	Revive MS Support Charity
	Health Condition Epilepsy Support	Welfare Rights & Benefits	Epilepsy Scotland	People with epilepsy seeking welfare advice.	
	Health Disability	Welfare Rights & Benefits	Glasgow Disability Alliance	Disabled people in Glasgow	

				requiring welfare rights advice.	
	Older Population Support	Welfare Rights & Benefits	Glasgow Golden Generation	Older Adults	
			Glasgow Action for Pensioners	Open to all Older Adults.	
	Ethnic Minority Support	Welfare Rights & Benefits	The Well Multicultural RC	Ethnic minority communities; those needing language/cultural support.	
	All Glasgow Citizens Asylum Seekers and Refugees	Appeals	Legal Service Agency	Open to all	GAIN (GCF)
			GEMAP Scotland	Open to all	GAIN (GCF)
			Glasgow Central CAB	Open to all	GAIN (GCF)
			Ethnic Minorities Law Centre	Open to all	GAIN (GCF)
	Health – Glasgow Citizen with MS	Appeals	Revive MS Support	Patients with MS	Revive MS Support Charity
	Health – Glasgow Citizen affected by an asbestos related condition and/or other work-related condition.	Appeals	Clydeside Action on Asbestos	Open to all	GAIN (GCF)
	All Glasgow Citizens	Appeals	Norman Lawson & Co Solicitors	Open to all (legal aid)	Norman Lawson & Co Solicitors
Citywide NRPF	No Recourse to Public Funds	Short Term Accommodation Destitution Support Advocacy	Ubuntu Women Shelter	Asylum Seekers/Refugees	
		Destitution Service	Positive Action in Housing (PAIH	Asylum Seekers/Refugees	
		Destitution Support	Scottish Refugee Council	Asylum Seekers/Refugees	
		Destitution Support Domestic Abuse	Hemat Gryffe Women's Aid	Asylum Seekers/Refugees	HSCP
		Housing Support	Fair Way Scotland:	Asylum Seekers/Refugees	
	Website Listing support for appeals Type I, II and III (court) across Scotland	List of accredited			

		agencies - Scottish Legal Aid Board			
	GCC Cost of Living Support	Cost of Living Support - Glasgow City Council			