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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 (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:

Whole Family Wellbeing Fund (WFWF) Primary Care Programme – Glasgow City

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

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

This is a Glasgow City Health and Social Care Partnership (HSCP) programme funded by Scottish Government (Primary Care Division) to test the role of primary care interventions for children and families. Whole Family Wellbeing Fund in Primary Care (WFWFPC) is a small-scale test-of-change project which is highly targeted across Glasgow City, where there is deep, blanket deprivation and the majority of Scotland's 100 most deprived practices or 'Deep End' practices. The programme supports moves from crisis intervention to a preventative and proactive early intervention approach.

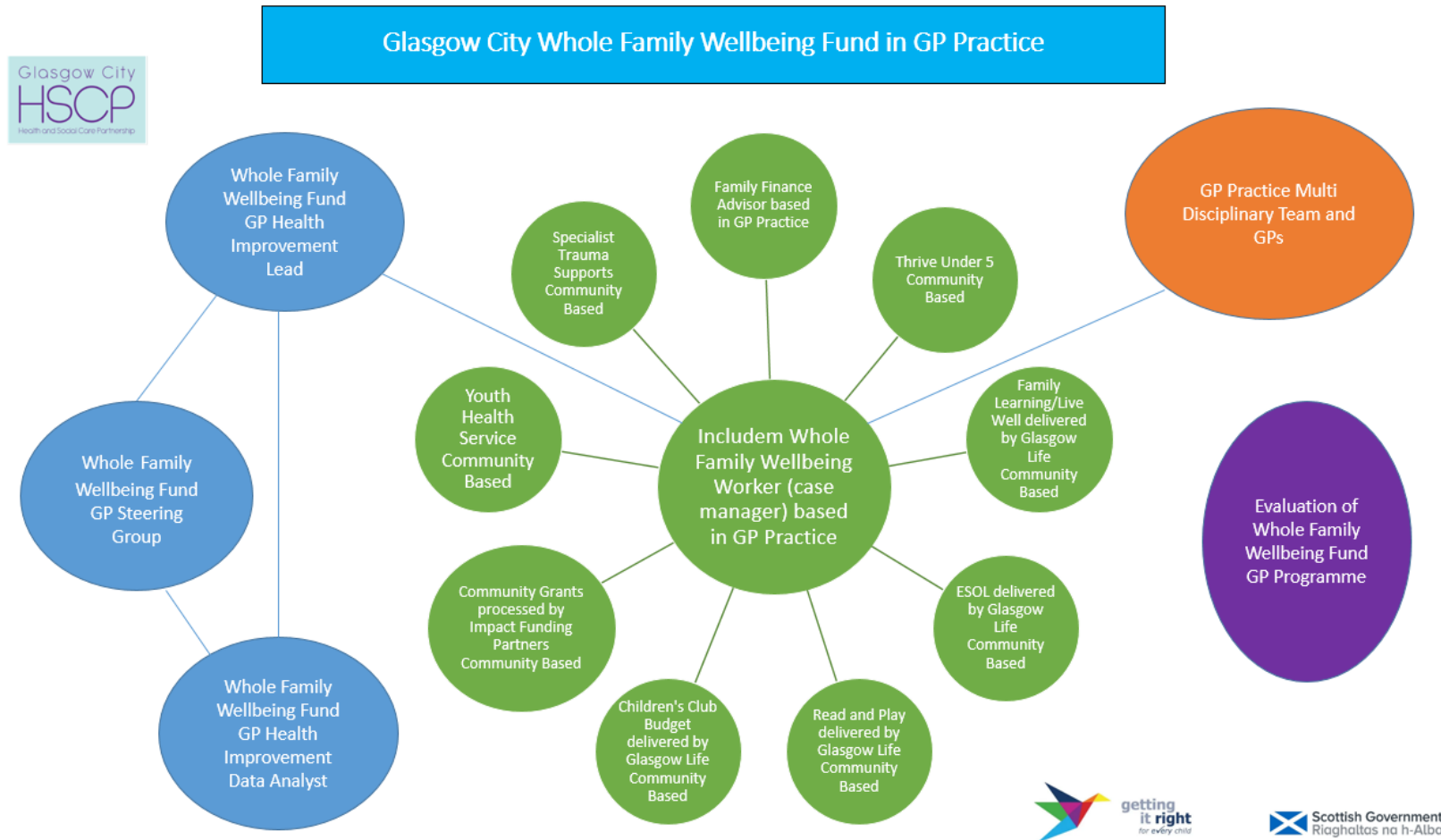
Scottish Government Primary Care Directorate (PCD) secured funding from the Whole Family Wellbeing Fund to run a time-limited project up to March 2026. PCD chose to target the investment in Glasgow City HSCP due to: the scale and time-limited nature of the funding (spreading the funding more widely would have constrained the potential to achieve positive results); the need to test a new approach to targeted general practice work on child poverty through general practice; the very high levels of blanket deprivation and families living in poverty in Glasgow; and the majority of Deep End practice are in Glasgow City. If an evaluation of WFWFPC shows that it is effective and funding were available in future years, the Scottish Government may consider the extension of this to a larger number of practices or to other areas of Scotland.

The project is being delivered within a sample of 'Deep End' practices with high levels of poverty and, therefore, health inequalities. Importantly, the approach being tested requires the creation of additional, dedicated staff capacity (i.e. Family Wellbeing Workers) so the budget determined that the project had to be focussed on a sample of eligible practices in the city to have any impact.

Includem have been commissioned to deliver the service within 12 identified practices across Glasgow City. Includem are employing Family

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Wellbeing Workers (FWW) to support children and families within these 12 identified practices which cover 7 dedicated neighbourhood areas. There will also be enhanced services to support the delivery of the programme from a range of organisations including Glasgow Life. In addition, a Health Improvement Lead has been appointed to co-ordinate the overall programme, and a Public Health Information Analyst, to support the programme further. (See visual below):



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

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Report.

This programme is being co-ordinated and managed through the Glasgow City Health Improvement Team. Glasgow City HSCP's Health Improvement staff deliver against the HSCP's strategic plan, focusing in particular on strategic priority 1 around Prevention, Early Intervention and Harm Reduction. The public health evidence which drives this strategy is firmly grounded in addressing inequalities, and recognises the additional inequalities framed by experiences of identity and discrimination, compounding and potentially leading to even poorer outcomes. The refreshed strategic direction for health improvement sits within the Scottish Government's now established Public Health Strategy which provides the national framework which drives public health work across the country:

Public Health Priorities for Scotland

1. Place and Community
2. Early Years
3. Mental Health and Wellbeing
4. Harmful substances (including tobacco, alcohol and other drugs)
5. Poverty and Inequality
6. Diet and Physical Activity

The WFWFPC programme aligns and will work alongside *The Community Link Worker programme* which is a well-evidenced, robust programme and is a core element of the Primary Care Improvement Plan which the HSCP is required to deliver on. Preventative holistic family support is essential to deliver the transformational change in health inequalities required in Glasgow. During discussions within GP forums in Glasgow, about the development of the Whole Family Well-being Fund (WFWF), there was a strong message that we need to simplify support processes and offers at a family level and put in place the now well-evidenced mitigations and protections for children growing up in poverty. This programme will focus on developing practical collaboration within practices servicing the poorest patients to make every family contact count, addressing the structural and personal aspects of disadvantage, and pro-actively engaging families on practice lists to wrap around wider mitigations and well-being services. WFWFPC will bring coherence to the primary care-based offer for families through dedicated family well-being capacity, and support wider coherence through the range of services of known need, family feedback and the emerging family support networks. The programme will test ways of strengthening more integrated support for patients with family complexity affecting their primary care presentations within deprived practices.

The WFWF PC programme aims to deliver on the following:

- Creates capacity to support general practice to pro-actively engage their registered families, bridging families to the range of supports and preventative services available and acting as a family 'link/support' worker

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- Supplementing mitigation services where there is limited availability currently (e.g., enabling family access in relation to trauma, poverty and language services)
- Expanding evidenced well-being services to complement current provision (e.g., the thrive under five holistic well-being programme that supports nutrition, food insecurity and an active childhood and the youth health service)
- Involving families - enabling local collaboration to supplement groups and activities available to families within the practice
- Learning and evidencing change. Putting in place a comprehensive package of research evidence generation and collective learning through the programme.

The 12 'Deep End' practices were identified using data based on: pregnancy rates; children aged 0-4; teenage pregnancy rates. (Deep End Definition - Deep End practices have from 88-44% of their patients in the most deprived 15% of data zones). [University of Glasgow - Schools - School of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project - Developing a Deep End project](#)

The HSCP and Scottish Government were also keen that the sample include practices with a high proportion of BME families because of the high diversity of Glasgow. Glasgow HSCP also considered practice size and practice population age.



WFWF Final Practice selection updated Aug

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: Suzanne Niven	Date of Lead Reviewer Training: November 2019
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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):

- Kenna Campbell, HI Lead WFWF
- Melanie McIntosh, HI Senior CLW
- Information shared with WFWF Steering Group

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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 commissioned service will undertake NHSGGC Equalities monitoring with their service users. This covers all the protected characteristics.</p> <p>Additional Equalities monitoring will be captured through the Welfare Advise Health Partnerships and enhanced services involved in the WFWF programme.</p>	<ul style="list-style-type: none"> • Equalities forms are now available in a range of languages. • FWW can use flexibility to ask for equalities forms to be completed at the end of first appointment if they felt this would support engagement. • FWW will provide a place for forms to be securely deposited to ensure that they remain anonymous and providing reassurance to patients. • Briefing on equalities monitoring for all new FWW.
	<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 ✓</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 introduced with</i></p>	<p>Data will be monitored and reviewed quarterly with the commissioned service in order to establish if usage is representative of the families being targeted as part of the programme across the equality groups and those experiencing poverty.</p> <p>Data will also be captured through enhanced service activity and through an external monitoring and evaluation programme.</p>	<p>The service is not restrictive in its scope – allowing all types of families (kinship, grandparents etc) to access this service.</p>

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	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></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>4) Not applicable <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</i></p>	<p>The 12 'Deep End' practices were identified using data based on: pregnancy rates; children aged 0-4; teenage pregnancy rates. (Deep End Definition - Deep End practices have from 88-44% of their patients in the most deprived 15% of data zones). University of Glasgow - Schools - School of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project - Developing a Deep End project</p> <p>Scottish Government Primary Care Directorate (PCD) secured funding from the Whole Family Wellbeing Fund to run a time-limited project up to 2025/26. PCD chose to target the investment in Glasgow City HSCP due to: the scale and time-limited nature of the funding (spreading the funding more widely would have constrained the potential to achieve positive results); the need to test a new approach to targeted general practice work on child poverty through general practice; the very high levels of blanket deprivation and families living in poverty in Glasgow; and the majority of Deep End practice are in Glasgow City.</p>	<p>Includem have been commissioned to support families based within the GP Practices and are highly skilled in supporting complex family needs.</p> <p>The formative evaluation process will help identify gaps and emerging issues during the delivery of the programme.</p>

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		<i>relations).</i>	The wrap around support elements for the programme were identified following our experience with the CLW, TU5, WAHP and other programmes all of which are targeted on addressing inequalities. Additionally, learning from the Everyone's Children programme in Glasgow which involved consultation & engagement with organisations, parents and families informed the approach and key elements to be included.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>√</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination,</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017</i></p>	<p>The HSCP ran an open and transparent process for recruiting Deep End practices. It ran two briefing sessions, for all Deep End practices in Glasgow, which GPs and/or practice managers could attend and sent out a briefing paper to all of the practices asking them to express their interest in participating in WFWFPC. Once they received notes of interest, they then used the following principles to narrow down which practices would be invited to take part:</p> <ul style="list-style-type: none"> • Is it within the 30 most deprived Deep End practices based on key data* • Is there a geographical spread of practices across city • Does the practice support cluster working (areas-based clusters are core to GP Quality Improvement) as running WFSGP in a number of practices in a specific locality of the city maximises learning and 	<p>The enhanced services attached to this programme such as Glasgow Life, will support the needs highlighted through engagement such as: increase in ESOL provision and provision for ASN community based activities.</p>



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<p>harassment and victimisation</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>improvement</p> <ul style="list-style-type: none"> • Does it fit with multi-member wards priority areas for Community Planning <p>Everyone’s Children (the cities third sector network supporting families and children which is co-ordinated by Glasgow Council for the Voluntary Sector) were simultaneously completing the Glasgow Promise Project involving the third sector and families in determining what ‘good’ family support could be locally. They engaged 123 services across 78 organisations delivering support to families and consultations with families (based on 387 in-depth interviews with children, young people and parents across Glasgow), co-producing the final recommendations and report (GPP-Consultation-Report-1.pdf)</p> <p>Families and those supporting them wanted more support, earlier support, and fewer barriers to access, better communication between services and professionals and more information on services that are available. Particular issues raised included:</p> <ul style="list-style-type: none"> ➤ Mental health (for parents, young people and children) ➤ Poverty, cost of living, food and fuel poverty, money advice ➤ Complex needs, Additional Support Needs (ASN), Autism Spectrum Disorder (ASD), disability, respite, 	
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			<p>transitions</p> <ul style="list-style-type: none"> ➤ Early intervention, preventative work, local services, ➤ Support for BME communities, asylum seekers and refugees ➤ Employability and skills development ➤ Dads only provisions <p>This consultation then helped shape the overall programme.</p> <p>As part of the WFWF PC programme, local organisations have been funded to deliver additional family supports within the seven neighbourhood areas. Further feedback will be gathered on the impact these additional services have had on the themes mentioned above.</p> <p>Feedback in the form of case studies will be gathered from FWW working directly with families and the external evaluation will also capture impact.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the</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</i></p>	<p>The 12 GP Practices identified are DDA compliant to allow patients to attend.</p>	<p>FWW can offer outreach service visits to families/individuals in libraries, community spaces or at home. The FWW will promote this at first appointment.</p>

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	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>doors retained by magnets that could deactivate in the event of a fire.</i> <i>(Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p>Example</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>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove</i></p>	<p>Referrals will come to FWWs from any MDT staff based within the GP practices. FWW will have access to interpreters'/translators/ advocacy through NHSGGC interpreting services.</p>	<p>There can be challenges accessing interpreters and also in ensuring consistency of interpreters for groups or multiple appointments.</p> <p>Includem are a commissioned service and access to NHSGGC Interpreting services are available to them.</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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>discrimination, harassment and victimisation and promote equality of opportunity).</i></p>		
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.</p>	<p>Poor outcomes in childhood can continue to have significant implications in life. There are already wide health inequalities in the very earliest stages of childhood. These are compounded by inequalities in determinants of health which, if unaddressed, risk a further relative deterioration in health for the most disadvantaged children.</p> <p>Age has a strong effect on people's experience of accessing and using GP and local NHS services. Older people were generally more positive than younger people. The effects of age were greatest for people's experiences of doctors and nurses, and the overall</p>	<p>This project is targeted at families with children to improve child outcomes and support wellbeing of the care givers, this can be parents, grandparents, kinship carers etc. Even taking that in to account, this will more than likely have a disproportionate benefit for young families.</p> <p>The service is not restrictive in its scope – allowing all types of families (kinship, grandparents etc) to access this service.</p> <p>Glasgow HSCP has a duty to monitor the impacts of its services on equalities; it will decide which specific demographic data are needed for this and how to incorporate</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 checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>care provided.</p> <p>More generally, lack of health literacy and digital exclusion are particular concerns across both of these age groups, which have a negative impact on accessing Primary Care services.</p>	<p>equalities into evaluation.</p>
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Nearly half (49%) of all those living in poverty in the UK, are either disabled people or live in a household containing a disabled person. (Joseph Rowntree Foundation, Feb 2020)</p> <p>1 in 4 adults living in poverty were unpaid carers, 1.9 million child-carers and 0.9 million social-carers. To this we can add those living in the same household as a carer, including millions of disabled and elderly people, and virtually all children.</p> <p>The following were identified as priority areas for the programme.</p> <ul style="list-style-type: none"> ➤ Mental health (for parents, young people and children) ➤ Complex needs, Additional Support Needs (ASN), Autism Spectrum Disorder (ASD), disability, respite, transitions 	<p>Glasgow HSCP will develop its own monitoring.</p> <p>This project is not targeted to those with a disability. However, as nearly half of those in poverty have a disability or live in a household with someone who is disabled, we expect that some families affected by disability will benefit from involvement in the project with its aims to provide more holistic and proactive interagency support.</p>

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		<p>Enhanced elements offered through Glasgow Life will offer community play and active sessions to these specific families with complex needs, across Glasgow City. Families will also be supported to access these sessions. In addition, the Youth Health Service will provide holistic support to young people and specialist trauma organisations will have capacity to offer longer term counselling to parents/carers, along with group work.</p> <p>Disability Rights Commission</p> <p>NHS Greater Glasgow and Clyde – Better Access to Healthcare Buildings</p> <p>Inclusion Scotland – Research</p> <p>Poverty and Social Security - Inclusion Scotland</p> <p>What pushes unpaid carers into poverty? Joseph Rowntree Foundation (jrf.org.uk)</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<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</p>	<p>There is very little to no evidence on this characteristic in relation to this work.</p>	<p>This is a holistic service and non-discriminatory and open to people going through gender reassignment.</p>

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	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<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 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>This service is promoted to families as a whole and no anticipated impact due to marriage and civil partnership</p>	<p>We will continue to collect data via NHSGGC Equalities Forms to get a clearer picture of service usage and analysis this alongside census data.</p>
<p>(e)</p>	<p>Pregnancy and Maternity</p>	<p>There is evidence to suggest that the</p>	<p>HSCP will collect data on the family make</p>

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	<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>interface between Primary Care and other healthcare services, including maternity services, needs improvement. This could be a barrier for pregnant women and new mothers for accessing Primary Care services.</p> <p>The options for care for women and access to additional support are not consistent or equitable across Scotland.</p>	<p>up, ages etc., and links will be made with health visiting and other maternity services.</p> <p>This is a holistic service to support interaction and work between services.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<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 <input type="checkbox"/></p>	<p>The service is collecting data on this protected characteristic via NHSGGC Equalities forms.</p> <p>When identifying the 12 GP Practices for this programme, Glasgow City HSCP and Scottish Government were keen that the sample included practices with a high proportion of BME families because of the high diversity of Glasgow. The HSCP and Scottish Government were also keen that the sample include practices with a high proportion of BME families because of the high diversity of Glasgow.</p>	<p>This is a holistic service to support interaction and work between services.</p> <p>We will analyse the service user data on a quarterly basis through our commissioned services and enhanced provision services.</p>

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	<p>characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The 2011 Census showed that households where the Household Reference Person (HRP) was from a minority ethnic group were more likely to be in urban areas in Scotland. The vast majority of 'African' households were in large urban areas (85 per cent) compared to only 40 per cent of all households.</p> <p>Glasgow has become more ethnically diverse; for example, almost a quarter of pupils in Glasgow schools are now from a minority ethnic community. Support for Black and Minority Ethnic (BME) groups was therefore identified as a priority area of this work.</p> <p>To address this, additional capacity for ESOL classes will be provided across the city, with a health specific focus. Glasgow Life have employed additional tutors to support the delivery of these classes and families will be triaged based on skill level. FWW will also have access to interpreting/translation services through GP Practices.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p>The service is collecting data on this protected characteristic via NHSGGC Equalities forms.</p> <p>In 2019 adults belonging to the Church of Scotland were least likely to have experienced discrimination in the previous 12 months (4%).</p>	<p>We will analyse the service user data on a quarterly basis through our commissioned services and enhanced provision services.</p> <p>As some of the practices will be in areas with higher Black and Ethnic Minority populations and New Scots, there is a higher possibility of a wider range of faiths</p>

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	<p>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>In contrast, 10% of Roman Catholics, and 9% of other Christians had experienced discrimination.</p> <p>Adults belonging to another religion were most likely to have experienced discrimination (24%).</p>	<p>or no faiths.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<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>The service is collecting data on this protected characteristic via NHSGGC Equalities forms.</p> <p>More women are single parents than men. Women still take on most of the caring roles in households.</p> <p>1 in 4 adults living in poverty were unpaid carers, 1.9 million child-carers and 0.9 million social-carers.</p> <p>Women face particular health inequalities and disadvantages due to their sex. Women still face unmet need, lack health professional education about women's health and issues accessing healthcare. A report by the BHF suggests there are inequalities at every stage of a woman's medical journey.</p> <p>A Fairer Scotland for Women: Gender</p>	<p>We will analyse the service user data on a quarterly basis through our commissioned services and enhanced provision services.</p> <p>Although not targeted to women, it is noted that more women tend to be caregivers and therefore more likely to seek support/help for their children than men.</p> <p>Male caregivers will be given the same opportunities for support through this project. There have been discussions around 'dad' specific groups.</p> <p>This project is likely to disproportionately support women than men. The care givers, whoever they are, will also be given the opportunity to address their health needs that might not have been picked up without this service.</p>

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		<p>Pay Gap Action Plan (www.gov.scot)</p> <p>Men are less likely to seek help from their GP for medical conditions as quickly as women, which is made worse by socioeconomic inequalities. Men are less likely to talk about physical or mental health problems with their peers or with medical professionals. Men are more likely to have poorer health literacy.</p>	
(i)	<p>Sexual Orientation</p> <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>The service is collecting data on this protected characteristic via NHSGGC Equalities forms.</p> <p>In 2017, adults identifying as LGBT & Other scored lower in mental wellbeing than those identifying as Heterosexual (0.8 lower after age-standardisation).</p> <p>There is some evidence of health care barriers for some LGBT groups if services are not sensitive.</p> <p>NHSGGC carried out an LGBT Health Needs Assessment and have commissioned services offering varying levels of support to LGBT+ individuals/groups.</p>	<p>This is a holistic service and non-discriminatory and open to same sex parents.</p> <p>We will analyse the service user data on a quarterly basis through our commissioned services and enhanced provision services.</p> <p>Glasgow City Health Improvement Team are undertaking LGBT Silver Charter status and any barriers will be identified through this action plan and associated work.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

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<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>In addition to the above, if this constitutes a ‘strategic decision’ you should evidence due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic decisions</u> and complete a separate assessment. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>	<p>Across all health indicators, people living in the most deprived areas have the worst outcomes.</p> <p>In 2019, there was a 24-year gap in healthy life expectancy between people living in the most and least socioeconomically deprived 10% of local areas in Scotland.</p> <p>In Scotland, use of some preventative services has been declining, with greater falls among people living in the most deprived areas e.g. childhood immunisation and cervical screening.</p> <p>The cost-of-living crisis will have a greater impact on the poorest households and therefore a significant impact on health.</p> <p>The 12 ‘Deep End’ practices were identified using data based on: pregnancy rates; children aged 0-4; teenage pregnancy rates. (Deep End Definition - Deep End practices have from 88-44% of their patients in the most deprived 15% of data zones). University of Glasgow - Schools - School of Health & Wellbeing - Research - General Practice and Primary Care - The Scottish Deep End Project - Developing a Deep End project</p> <p>The HSCP and Scottish Government were also keen that the sample include</p>	<p>Glasgow HSCP has a duty to monitor the impacts of its services on equalities; it will decide which specific demographic data are needed for this and how to incorporate equalities into evaluation</p> <p>Socioeconomic status will intersect with a number of the protected characteristics above.</p> <p>Using the whole family approach has the aim of increased health wealth and wellbeing for children, young people and their families.</p>
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		<p>practices with a high proportion of BME families because of the high diversity of Glasgow. Glasgow HSCP also considered practice size and practice population age.</p> <p>As poverty, including cost of living, food, fuel and money advice, was another of the emerging themes, Family Finance Advisors (FFAs) have been employed through the programme to work in GP practices. This will complement the already existing Welfare Advice Health Partnerships based in practice.</p> <p>FFAs will work closely with FWW to ensure that families have support with financial capability. FWWs will also be able to support families eligible for TU5 to access meal packs/food pantry shops, access to vouchers for cooking utensils and support around healthy weight management. Thrive Under 5 (TU5) is an additional element of the programme.</p> <p>Data capturing on the child poverty risk factor indicators used by Scottish Government for the TU5, Glasgow Life and Includem reporting, will be used to demonstrate the number of families being supported through this programme, in relation to these.</p>	
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on</p>	<p>The service is collecting data on this protected characteristic via NHSGGC Equalities forms.</p>	<p>This is a holistic service and non-discriminatory and open to all families. The FWW will work closely with</p>

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	<p>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>As Glasgow is such a diverse city, there will be specific groups impacted such prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers.</p>	<p>Community Link Workers who have a thematic remit for supporting asylum seekers and refugees. FWW are skilled workers who are able to support ex-offenders, people with addictions etc and have undertaken relevant training to support them to do this, using a trauma informed approach.</p>
<p>8.</p>	<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 characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No. It is investment of funding from Scot Government which is time limited (March 2026).</p>	<p>n/a</p>
		<p align="center">Service Evidence Provided</p>	<p align="center">Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>FWW based within the GP Practices have undertaken statutory and mandatory training including equalities-based training as part of their induction training.</p> <p>FWW all have access to Learn Pro training.</p>	<p>Includem support the training needs and development of their staff. FWW will also have the opportunity to attend additional training offered via Glasgow City HSCP.</p>

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		<p>As the role of the FWW, they will be able to access additional training specific to their role such as Culture Humility awareness training.</p>	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

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

Positive - potential to improve access to Primary Care services for some protected groups including ethnic minorities, disabled people. Actions taken by practices as part of IHAGP could complement what WFWF PC are doing to tackle health inequalities which may benefit these groups as outlined. There should be no negative impacts on any specific groups as a result of this project.

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* .

*

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

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United Nations Convention on the Rights of the Child

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

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

Poor outcomes in childhood can continue to have significant implications in life. There are already wide health inequalities in the very earliest stages of childhood. These are compounded by inequalities in determinants of health which, if unaddressed, risk a further relative deterioration in health for the most disadvantaged children. Glasgow has become more ethnically diverse; for example, almost a quarter of pupils in Glasgow schools are now from a minority ethnic community.

The WWF PC programme has been designed to support the needs of children, young people and their families living within our most deprived GP Practice areas across Glasgow City. Consultation work with Everyone's Children (the cities third sector network supporting families and children which is co-ordinated by Glasgow Council for the Voluntary Sector) was done with organisations supporting children and young people to ensure that the key themes emerging would be addressed. Everyone's Children (were simultaneously completing the Glasgow Promise Project involving the third sector and families in determining what 'good' family support could be locally. They engaged 123 services across 78 organisations delivering support to families and consultations with families (based on 387 in-depth interviews with children, young people and parents across Glasgow), co-producing the final recommendations and report ([GPP-Consultation-Report-1.pdf](#)). This consultation then helped shape the overall programme. The key themes identified included mental health of children and young people, complex needs, poverty and support for BME children and young people.

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

It is anticipated that this programme will have a positive impact on children.

The WWF PC programme has been designed to support the needs of children, young people and their families living within our most deprived GP Practice areas across Glasgow City. Consultation work with Everyone's Children (the cities third sector network supporting families and children which is co-ordinated by Glasgow Council for the Voluntary Sector) was done with organisations supporting children and young people to ensure that the key themes emerging would be addressed. Everyone's Children (were simultaneously completing the Glasgow Promise Project involving the third sector and families in determining what 'good' family support could be locally. They engaged 123 services across 78 organisations delivering support to families and consultations with families (based on 387 in-depth interviews with children, young people and parents across Glasgow), co-producing the final recommendations and report ([GPP-Consultation-Report-1.pdf](#)). This consultation then helped shape the overall programme.

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The key themes identified included mental health of children and young people, complex needs, poverty and support for BME children and young people.

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.

This programme is funded by the Scottish Government's Whole Family Wellbeing Fund and the overall aims of the fund are to:

- Improve family health and wellbeing
- Reduce health inequalities
- Reduce the number of children living away from their family
- Increase healthy activity and access to good services/supports
- Improve access to monies and increase financial capability

Achieving these aims, utilising a whole family approach, will help improve the overall health and wellbeing of children.

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.

As part of the external evaluation, families will be invited to discuss the impact this new service has had on their lives, and we would be keen to involve children as part of this feedback. Includem use patient feedback as part of their service and children and young people's feedback will be sought throughout the support offered to them.

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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: 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)

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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.

NHS GGC equalities forms will be used to gather data from Includem to ensure that the service is working with our targeted groups and ensuring we are continually monitoring the diversity of the service to ensure it meets people’s needs. Monitoring requirements will be used to capture data across the different elements of the programme too to highlight the diversity and further ensure we are targeting our specific population for the programme.

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)
We will continue to collect and monitor equalities data to get a clearer picture of service usage in the new contract and analyse this alongside new data on child poverty when available.	Ongoing via contract monitoring and overall review annually	KC
We will use contract reporting data around key areas to review service performance and consider areas for improvement where feasible.	Ongoing via contract monitoring and overall review annually	KC and AC (PH Information Analyst)
We will continue to work with suppliers and NHSGGC Equality and Human Rights Team to raise any issues, provide feedback and identify areas for improvement.	Ongoing as required	KC
As part of the learning and development programme we will continue to offer a range of learning and training opportunities in response to the changing demography of the city to ensure FWWs are knowable and skilled at responding to the needs of marginalised groups.	Ongoing – reviewed March 2026	KC

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

Oct 2025

Lead Reviewer:

Name

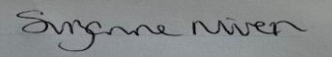
Suzanne Niven

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EQIA Sign Off:

Job Title Health Improvement Manager

Signature



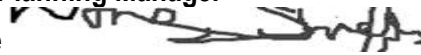
Date 18 March 2025

Quality Assurance Sign Off:

Name Noreen Shields

Job Title Planning Manager

Signature



Date 26/3/25

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

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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:

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

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

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

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

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

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

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Reason:			
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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