Glasgow City Health and Social Care Partnership - Equality Progress Report 2026

Equality Mainstreaming Report

and

Progress towards the Equality Outcomes 2024 to 2028

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Outcome 1. Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion. Page 32

Outcome 2. People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP. Page 36

Outcome 3. LGBT+, Disabled and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs. Page 42

Outcome 4. The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism. Page 46

Outcome 5. Glasgow City HSCP is an equalities focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population. Page 50

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Equality Mainstreaming Report 2026

1. Introduction

Mainstreaming equality means embedding equality considerations into the everyday work of an organisation. It recognises that achieving equality sometimes requires tailored, specific actions. For the Glasgow City Health and Social Care Partnership (GCHSCP), led by the Integration Joint Board (IJB), this represents a long-term commitment to ensuring that equality and diversity are reflected in our structures, behaviours and organisational culture. Glasgow City HSCP works to mainstream equality across all areas by taking a holistic approach. This includes demonstrating our commitment to equality in everything we do and ensuring that all functions consistently consider equality impacts when developing, assessing and reviewing policies and practice.

This report is the mid-term monitoring report aligned to the 2024-28 ambitions, covering a range of work undertaken across Glasgow City HSCP to mainstream our equality duties covering the period April 2024 and March 2026.

Including activity in the following areas;

- Equality Governance
- Working with Partners
- Equality Impact Assessments
- Implementing the British Sign Language (BSL) Scotland Act
- Social Work Sensory Services
- Procurement/Commissioning
- Mitigating the impact of poverty
- Workforce
- Further Mainstreaming Actions

2. Equality Governance

Glasgow City HSCP Equalities Working Group

The HSCP Head of Health Improvement and Equalities chairs the Glasgow City HSCP Equality Working Group. The group is comprised of members from across the partnership as well as representatives from the Glasgow Equality Forum, Glasgow City Council and NHS GG&C Equality and Human Rights Team. This group meets every 6 weeks and is responsible for coordinating the HSCP response to the Equality Act and driving the Equality Outcome and Mainstreaming activity across the HSCP, sharing best practice for wider learning.

The Group and the Equality Outcome and Mainstreaming is supported by the Lead for Equalities and Fairer Scotland.

Glasgow City HSCP HR Equalities Group

A small working group of key staff meet every two months to progress employment related equality activity, coordinate approaches and share practice. This groups is comprised of HR staff from HSCP (both NHS and Social Work), Glasgow City Council and NHSGGC.

3. Working with Partners

Glasgow City Health and Social Care Partnership

We work closely with the wider NHS Greater Glasgow and Clyde and Glasgow City Council systems, in particular the NHS Equality and Human Rights Team and the Glasgow City Council Equality Working Group. By sharing learning and coordinating our activities where it makes sense to do so, we aim to achieve better outcomes for people across Glasgow. For example, in partnership with NHS Greater Glasgow and Clyde, a boosted Health and Wellbeing survey was undertaken of the six largest Ethnic Minority communities in Glasgow. This research will be used to advocate for equalities issues through our role in community planning. The results of the survey were published in October 2025 and a launch event held to share with partners and discuss next steps.

Equality Organisations

We also actively engage with communities to understand the experiences of people from all protected groups. We regularly meet with members of the Glasgow Equality Forum (GEF), including the Glasgow Voluntary Sector Race Equality Network (co-ordinated by CRER), Glasgow Disability Alliance, the Women's Voluntary Sector Network (co-ordinated by Wise Women) and the LGBT+ Voluntary Sector Network. These partnerships ensure people have a meaningful platform to share concerns, highlight priorities and influence our work.

National Partners

Following its creation in 2023, the Scottish IJB/HSCP Equality Peer Support Network continues to meet every 2 months. The Network has representation from across Scotland and is an opportunity to share information, collaborate with peers and link with other bodies on particular topics, including the Scottish Government Equality Unit, the Equality and Human Rights Commission NHS Education Scotland. Recent shared learning topics have included; approaches to anti-racist policy, the Fairer Scotland Duty, Equality Impact Assessments, in particular consideration of cumulative impact and Human Rights.

4. Equality Impact Assessments

Financial Context

The current financial climate presents significant challenges, budgets are tight, and demand for support continues to rise. This puts pressure on the Glasgow City Health and Social Care Partnership (GCHSCP) as we work to meet people's needs fairly and effectively. While this report outlines the steps Glasgow City HSCP is taking to embed equality considerations in everyday practice and to deliver targeted action wherever possible, it is recognised that this work is not without difficulty. We also recognise that financial pressures can have a greater impact on equality groups who already face disadvantage and rely on essential services.

Budget reductions often require difficult decisions about how resources are allocated. We acknowledge that this requires us to adapt, be open about the challenges we face, and work in an inclusive way, and calls on us to use our influence to advocate for equality across Glasgow. We recognise that financial constraints can exacerbate the disadvantage already experienced by equality groups, making it essential that equality considerations remain integral to decision-making so that progress toward fairer outcomes is not undermined.

As outlined in this report, we have taken steps to strengthen our equality-focused approach in planning and decision-making. We remain committed to building on this work to prevent widening inequalities and to ensure that everyone has fair access to the support and services they need.

Equality impact Assessments

Equality Impact Assessments (EQIAs) are a key way of ensuring that equality is considered in all aspects of policy development and decision making. Equality and Fairer Scotland considerations are highlighted on the cover template for all IJB reports and published to a dedicated webpage here.

During 2024 and 2025, a total of 67 EQIAs were undertaken and published as part of Glasgow City HSCP's legislative duties, inclusive of reports considering cumulative impact of budget proposals. EQIA's include Equality, Socio Economic and Human Rights considerations.

In 2024, NHSGGC initiated a pilot EQIA template which includes United Nations Convention on the Rights of the Child (UNCRC) considerations. GCHSCP have begun utilising this template. This will be more widely rolled out during 2026.

Work has continued to improve and embed the equality impact assessment process across the partnership. This has included collaborative working between the Lead for Equalities and Business Development to provide support and guidance on EQIA's for those with an IJB paper scheduled. In addition, the Equality section and the Fairer Scotland Duty section of the IJB Report Guidance document have been reviewed

and updated. This revised guidance will be incorporated as part of an update under wider governance requirements for IJB reporting and decision making.

Work has been undertaken to increase awareness and understanding of Equality Impact Assessments at all levels of the organisation, this has included briefings for IJB members linked to the budget setting process, awareness sessions and briefings for GCHSCP Senior Management Team (SMT) as well as a series of awareness sessions with staff members, focussing on those involved in reviews and service redesign. Promotion of access to the NHS GG&C Equality Impact Assessment training has also continued.

6 Month Review Process

The IJB utilises the NHS GGC EQIA process, which includes a six month follow-up. In 2025, 37 EQIA's were identified for review, covering 75 follow up actions. Generally the 6 month review supported sessions were well received. It also resulted in a spike in requests for support or guidance on future EQIA's both by those involved in the review and their wider teams, which has supported awareness raising.

Discussions on the review also highlighted an opportunity to increase robustness going forward. It was highlighted, that in some cases, mitigating or positive actions that had been incorporated into process meant that they weren't included in the follow up actions. The follow-up therefore needed to reflect on the EQIA as a whole rather than outstanding actions. This was highlighted in particular for early-stage EQIAs and for EQIAs linked to commissioning-based programmes, where the final approach or contract may change due to unforeseen circumstances, requiring mitigation or alternative actions to be identified.

Annual Audit

We undertake an annual review of the implementation of EQIA recommendations. Each EQIA was examined for key considerations and any resulting actions. It is important to note that these reports do not present a complete picture of all anticipated positive equality impacts or mitigating measures planned within the programmes. Many equality focused activities are already embedded within the wider programme work. Instead, the reports highlight activity that appears to have been initiated specifically as a result of carrying out the EQIA.

Overall themes at end 2025 were in line with previous years, with a further emphasise on managing change and mitigating impact, in line with the increased number of savings and change proposals assessed during 2025.

- Continue to implement routine collection of equalities data
- Continue to implement routine analysis of equalities data

- Proactive availability of alternative languages and supports including key documents in top 10 languages and Easy Read format.
- Further involvement of people with lived experience in shaping the service, this is particularly notable in mitigating activity, to ensure people are supported through change and any opportunities for further mitigating action are taken, where possible.
- Referrals to support income maximisation, recognising the intersections of protected characteristics and socio-economic disadvantage

The audits are presented to and discussed by the GCHSCP Equality Working Group to consider the changes as a result of EQIA's over the last year and to consider any learning or opportunities for further action as a result of the findings.

5. Implementing the British Sign Language (BSL) Scotland Act

Work has continued to deliver the BSL (Scotland) Act. GCHSCP promote and support British Sign Language (BSL), through actions outlined in the Glasgow City Council's BSL Action Plan and the NHS Greater Glasgow and Clyde's BSL Action Plan. Below is outlined an overview of key progress within GCHSCP over the reporting period.

A Glasgow City HSCP BSL Working Group has been formed to help implement the BSL Action Plans. The group is accountable to the Glasgow City HSCP Equalities Group and will submit annual progress reports contributing to both the NHS Greater Glasgow and Clyde BSL Action Plan and the Glasgow City Council BSL Action Plan reporting processes.

Glasgow City HSCP British Sign Language Interpreting (BSL) Pathway

Following feedback from members of staff, a Glasgow City HSCP British Sign Language Interpreting Pathway was developed to support all staff to access BSL interpreting support when and where it is needed. Members of staff highlighted a need for further clarity on the types of interpreting support available and how to book, especially in integrated services and where there may be concerns over transitions between Council and NHS services. The pathway provides information on; how to access BSL Interpreting services for both NHS and Social Work appointments, out of Hours and Emergency Services and supports available for BSL users and staff.

Staff training and awareness

The BSL Practitioner has continued to deliver Deaf Awareness training and engagement sessions across Glasgow City HSCP throughout 2025–2026.

Over the past year, training has been delivered across a range of services including primary care, mental health services, Alcohol Drug Recovery Services, and clinical psychology teams, alongside a Primary Care Lunch and Learn session attended by 75 staff. In addition, online sessions incorporating Contact Scotland BSL awareness were delivered to a further 101 HSCP staff across multiple dates.

Feedback from staff remains consistently positive, highlighting increased confidence in communicating with Deaf patients and a greater understanding of appropriate communication support pathways. This programme continues to play a key role in improving accessibility and patient experience.

Access to Services and Communication Support

Work has progressed to improve access to communication support through both digital and face-to-face approaches.

A pilot of QR code-based online interpreting is being explored across health centres, with engagement from Business Support Managers and feedback being gathered from both staff and patients. Early findings highlight improved accessibility, alongside challenges such as Wi-Fi reliability and limitations in using online interpreting for more complex or sensitive interactions.

In addition, BSL translation videos have been produced covering key health topics, including GP services, pharmacy care, and sexual health. These resources are available via NHSGGC platforms and support improved access to information for Deaf service users.

Mental Health and Wellbeing

The Lifelink counselling service is commissioned by Glasgow HSCP and continues to provide accessible mental health support for Deaf individuals, with 12 Deaf patients accessing the service during this reporting period. The service remains an important pathway for Deaf people to access counselling that meets their communication needs.

The Mental Health and Deafness workstream has been refined to adopt a more focused and targeted approach, with greater emphasis on individual follow-up and improving care pathways.

The previous Deaf Peer Support Worker role has now ended following retirement, resulting in a recognised gap in provision. Further consideration is required to explore how this support can be developed or replaced in the future.

6. Social Work Sensory Services

In addition to delivering BSL interpreting services, Social Work Sensory Services carry out a range of activities that help staff support people with sensory impairments, as well as provide direct support to service users themselves. Activities include;

- **Property Strategy Implementation** - Delivering the supply and installation of hearing loop systems across all front-facing HSCP and council buildings, local authority care homes and day centres to enhance accessibility for residents with hearing loss.
- **Staff Development – Sensory Support Awareness** - Designing and delivering monthly awareness sessions for Social Work staff, strengthening understanding of the Sensory Support Service and supporting the Council's Maximising Independence strategy.
- **Specialist Training – Sensory Loss Awareness** - Commissioned Visibility Scotland and RNID to deliver eight full-day Sensory Loss Awareness sessions annually, improving staff capability in identifying and supporting sensory needs.
- **Inclusive Communication Training**
  Facilitating quarterly Inclusive Communication training delivered by Visibility Scotland to Social Work and Business Support staff, promoting accessible and person-centred communication practices.
- **RNID Hearing Aid Maintenance Programme** - Expanding a See Hear-funded pilot into a Scotland-wide project, significantly reducing waiting times for NHS audiology through accessible community-based hearing aid support.
- **Neuro-Visual Rehabilitation Support** - Supporting the delivery of Visibility Scotland's See Hear-funded Neuro Visual Rehabilitation service, enabling 27 Glasgow residents who have experienced a stroke, to receive specialist 1:1 or advisory support last year.
- **BSL Learning for Staff** - Delivering a comprehensive programme of BSL classes for Social Work staff, including:
  - 6 Signature Level 1 courses
  - 8 short taster courses (6–8 weeks)
- **Lip Reading Classes for Citizens** - Hosting lip-reading classes to support communication confidence and inclusion for Glasgow residents with hearing loss.
- **Professional Development in Vision Rehabilitation** - Supporting three staff members to undertake postgraduate qualifications (PGCert/PGDip) in Vision Impairment Rehabilitation at the University of Strathclyde to future-proof team skills and knowledge.
- **Vision Impairment Research Collaboration** - Participating in the **Impact of Vision Impairment Study** with Vision Collaborative Scotland and the University of Melbourne to promote standardised assessment and evidence-based practice.
- **Development of a BSL Video Suite** - Establishing a modern video suite to support high-quality online interpreting and professional BSL communication, enabling culturally appropriate and accessible digital content.

- **Accessible Information for People with Sight Loss** - Producing spoken-word versions of Council leaflets and correspondence to improve accessibility for residents with vision impairment.

7. Procurement/Commissioning

We have been working to improve knowledge and understanding of Equality Impact Assessments (EQIAs) across the section and ensure that actions arising from the assessment are included in procurement and contract management activity.

Building on previously reported activity to improve knowledge and understanding of EQIA's by commissioning services, equality questions are routinely being asked in tenders. An Annual Equality Return for providers has been implemented to monitor numbers of diverse providers and give all providers an opportunity to share anonymised service user equality data. The equality data will allow the HSCP to understand who is accessing and services and where any gaps are to better support planning, delivery, review and purchasing. The second annual return has been collected and has yielded data from across the range of services. Collecting and sharing anonymised equality data is standard section of all new contracts and going forward, more services will be collating and sharing standardised data with the HSCP for trend analysis across services, service types and Commissioning services.

The Commissioning team has implemented a Provider Reference Group representing a cross-section of providers and Glasgow Council for the Voluntary Sector (GCVS), to consult, collaborate, and support development work within the section. The work undertaken by the group will support the ongoing aim to understand any barriers and challenges to increase diversity within the supply chain, to include businesses led by, for and with people with protected characteristics as defined by the Equality Act 2010 and the Fairer Scotland Duty and how these can be overcome.

8. Mitigating the impact of poverty

The Fairer Scotland Duty places a legal responsibility on us to actively consider ('pay due regard' to) how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. We have continued our strategic priority to mitigate and reduce poverty for Glasgow and for our service users and patients. We have done this by including assessment of the impact of socio-economic disadvantage in our Equality Impact Assessments and resultant mitigation measures and through a variety of targeted programmes, including the following.

Child Poverty Action Plan

NHS GG&C and Glasgow City Council work in partnership to tackle child poverty in Glasgow. Glasgow's Local Child Poverty Action Report 2024/25 provides a snapshot of activity undertaken to contribute towards tackling child poverty in Glasgow and the impact these have made. The report's main focus is to describe work underway to better align our strategic approach to child poverty within the city. This will ensure that we maximise our resources to deliver a preventative and early intervention approach to reduce the scale, and extent to which, children, young people and families experience poverty.

Financial Inclusion Partnership

Glasgow City Health and Social Care Partnership funded Financial Inclusion services that enabled NHS and community based staff to refer patients with money worries directly to specialist Money Advice providers. This approach supported early intervention and helped tackle health inequalities by addressing the underlying drivers of financial hardship. Through dedicated funding individuals facing money worries were connected with specialist Money Advice providers. This proactive, partnership based approach supported early intervention and addressed financial hardship as a key driver of health inequality.

While the service has now concluded, its impact in Q1-Q3 2024/25 demonstrates the value of embedding financial support within health and social care pathways. A total of 2,779 referrals were made across Glasgow, connecting individuals and families to vital advice and income maximisation support. Of these, 1,756 referrals focused on families with young children, aligning with the HSCP's strategic commitment to early years and child poverty prevention. Notably, 2,202 referrals were from new clients accessing financial advice services, often for the first time highlighting the service's role in reaching those previously unengaged or unaware of available support.

Between Q1-Q3 of 2024/25, these interventions resulted in £4.56 million in confirmed financial gains for Glasgow residents. This included benefit entitlements, emergency grants, and one off payments that helped people increase household income and manage immediate financial pressures. Many families benefitted from support to access Universal Credit, disability benefits, pension credits, and energy related assistance resources that can significantly improve financial stability and well-being.

Debt reconciliation was another key feature of the service. In total, over £1 million of debt was successfully managed, helping residents reduce stress and avoid further hardship. This included £301,215 in housing debt and £714,466 in non-housing debt**,** enabling households to better manage rent, bills, and other essential costs.
These outcomes reflect the success of a partnership model that brought together health and financial inclusion services to deliver targeted, practical support where it was most needed. The learning and impact from this work underline the importance of integrated approaches in reducing inequalities and improving lives across Glasgow.

Case Study

Client is working age and employed full time. He recently separated from his partner and is moving out of the family home with his two children. As a full-time worker, he assumed he wouldn't be entitled to any financial support. However, his life had recently changed significantly, he had separated from his partner, was moving into a new home with his two children, and was adjusting to life as a single parent. On top of that, he was learning how to support his son, who had recently been diagnosed with Autism and ADHD. Managing essential costs on his wage and Child Benefit alone was becoming increasingly difficult, but asking for help didn't come easily to him.

At first appointment, the advisor conducted a full benefit check based on his new circumstances. This revealed that the client was entitled to several forms of support. The advisor assisted him in applying for Child Disability Payment for his son, which was awarded at the middle rate for care and lower rate for mobility. Once he moved into his new home, the advisor helped him apply for Universal Credit, reassuring him that his role as a carer made him eligible despite his full-time income. This, in turn, unlocked further support, including the Scottish Child Payment and a Single Person Discount on his council tax. He was also guided to update his Child Benefit records to reflect his new address.

With a total financial gain of £23,432 across these benefits, the client's situation transformed. The additional income allowed him to cover the extra costs associated with his son's needs without sacrificing other essentials. The financial relief reduced his stress, enabling him to focus on settling into his new home and adjusting to life as a single parent. He shared that, without our support, he would have continued struggling, unaware of the help available. Now, he feels more in control and more positive about the future.

Financial Gains

Universal Credit	£10,955
Scottish Child Payment	£ 3,044
Child Disability Payment	£ 8,970
Council Tax Discount	£ 463
Total	£ 23,432

Welfare Advice Health Partnerships (WAHP)

Across Glasgow City HSCP, efforts to reduce inequalities increasingly depend on approaches that recognise the close relationship between financial security and health. The Welfare Advice and Health Partnerships (WAHP) programme reflects this commitment, offering residents timely, specialist welfare rights support within the GP practices they already know and trust. Despite reduced national funding, Glasgow has sustained and adapted the model because it aligns with the HSCP's

prevention-focused approach addressing poverty, insecurity, and the wider determinants of health before they escalate into crisis. WAHP is now embedded within primary care as a crucial mechanism for advancing the HSCP's equality ambitions, improving access for those most affected by financial and health inequalities.

Since its introduction in 2021, WAHP has strengthened Glasgow's ability to address the socio-economic conditions that drive unequal outcomes. With an initial £1.47 million of Scottish Government investment supporting 84 GP practices in the city's most deprived areas, the model placed financial inclusion at the centre of everyday healthcare. As funding tapered, delivery was reshaped, but WAHP maintained a focused presence in practices serving communities with the highest levels of need within the available funds. By 2025-26, 53 practices continued to host the service, offering weekly or fortnightly sessions to preserve access where inequality is most concentrated.

Demand for the service has remained high. In 2024-25, advisors supported 4,663 referrals and 11,500 cases, securing £12 million in financial gains and managing £1.8 million in debt. Into 2025-26, nearly 1,000 referrals and over 20,000 cases were supported in the first three quarters, securing £1.27 million in total debt reconciliation, including £340k in housing-related debt and £858k in non-housing debt, reinforcing the scale of financial strain facing many households. Taken together across 2024-25 and the first three quarters of 2025-26, WAHP supported 6,663 referrals, secured more than £14.7 million in financial gains, and managed over £3 million in total debt demonstrating a sustained and escalating need for accessible financial support within primary care.

The programme's contribution to equality outcomes extends well beyond financial impact. Embedding advisors in GP practices reduces stigma, literacy barriers, and accessibility challenges, supporting groups disproportionately affected by inequality, including disabled people, minority ethnic communities, lone parents, and those experiencing poor mental health. The trusted setting of primary care enables earlier disclosure of money worries and reaches individuals who may not engage with external services.

WAHP also reduces pressure on primary care by addressing non-clinical issues that previously absorbed significant GP time. With advisors on-site, patients receive holistic support that leads to fewer repeat appointments, more efficient consultations, and improved wellbeing. This strengthens fairness and accessibility across primary care and supports the HSCP's statutory equality duties.

Despite the challenges posed by reduced national funding, WAHP remains a stable and valued part of Glasgow's prevention system. It continues to help individuals and families stabilise their finances, reduce stress, and build resilience in the face of widening inequalities. Through its sustained presence across the city, the programme reinforces Glasgow City HSCP's commitment to tackling the root causes of health inequality and ensuring services reach those who need them most.

CASE STUDY

A patient attending a WAHP Practice was referred to the embedded Welfare Rights Advisor by the CLW after struggling to progress an existing disability benefit claim. Living with a long-term health condition, they found the benefits system difficult to navigate and felt unsure how to gather the medical evidence needed to support her appeal. The process had become overwhelming, and she was beginning to feel defeated by the complexity involved.

Because the advisor was based within the practice, support was immediate and accessible. With their consent, the advisor worked directly with the GP team to obtain the medical information required for the appeal, ensuring evidence was accurate, relevant and gathered without repeated appointments or added stress. This integrated approach removed barriers that would otherwise have prevented them from pursuing their case and helped restore their confidence.

At tribunal, the patient was awarded standard mobility while retaining her standard daily living component, leading to a meaningful increase in their income and greater financial stability. A further benefits check showed no additional entitlement due to capital rules, but the advisor continued to provide practical support by assisting with a Blue Badge application, ensuring she could access the wider benefits linked to her condition. They expressed clear relief and satisfaction with both the outcome and the supportive way it had been achieved.

This case demonstrates how WAHP can transform outcomes for a patient facing disability-related barriers and financial vulnerability. By placing advisors within trusted GP practices, support becomes immediate, stigma-free, and far easier to navigate. The seamless sharing of clinical information turns a complex system into something manageable, helping the patient feel supported and regain a sense of control during a period of uncertainty.

Whole Family Wellbeing Fund (WFWF): Primary Care

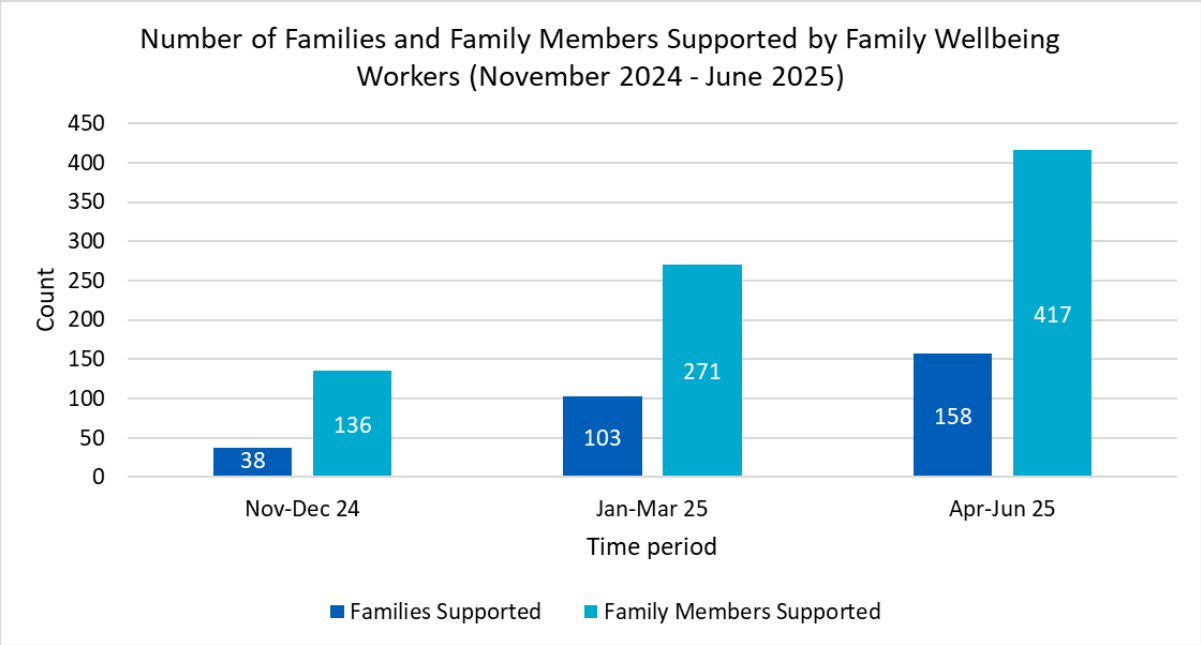
Glasgow City HSCP supports the Primary Care (Element 3) of the Whole Family Wellbeing Fund (WFWF) programme by working in close partnership with 12 Deep End GP Practices. Each of these practices hosts a Family Wellbeing Worker (FWW) who provides direct support to referred families. This involves supporting each family member with their individual needs, as well as addressing issues impacting the health and wellbeing of the whole family. The definition of ‘family’ within this programme is inclusive and broad, encompassing all family structures. This includes expectant parents and families with children and young people across a wide age range.

Referrals are made by multi-disciplinary team staff within GP practices for families experiencing a range of challenges, including social isolation, anxiety, stress,

poverty, caring responsibilities, behavioural concerns, neurodiversity, trauma, and housing issues. The FWW role encompasses emotional, social, and practical support, tailored to the specific needs of each family and the ability to work with multiple members of the family (including children & young people, as well as parents/carers).

Glasgow City HSCP has commissioned the third sector organisation *includem* to deliver the Family Wellbeing Service. The contract commenced in October 2024, with 0.5 WTE FWWs employed across twelve participating practices—equating to 6 WTE staff plus management. FWWs are now embedded within practices and are recognised as integral members of the multi-disciplinary teams.

FWWs work alongside the well-established Community Links Workers and with Family Finance Advisors, who contribute to the enhanced financial inclusion element of the service. FWWs support families in accessing a suite of free wraparound services including activities offered through Glasgow Life such as gym memberships, ESOL for Health classes, library services, and support for children to access community clubs and activities Additionally, FWWs have direct referral pathways to food insecurity support through **Thrive Under 5,** the Youth Health Service and various Trauma Support Services.



This table shows the breakdown of demographics for sex, and the programme since the start of Q1 (Apr-June 2025), currently supports more females than males and females are typically single, female parents.

	Q1		Q2		Q3		Q4			FY	
	Number of individuals worked with	Pecentage of individuals worked with	Number of individuals worked with	Pecentage of individuals worked with	Number of individuals worked with	Pecentage of individuals worked with	Number of individuals worked with	Pecentage of individuals worked with		Number of individuals worked with	Pecentage of individuals worked with
Male	174	42%	206	42.92%						255	41.73%
Female	236	57%	272	56.67%						347	56.79%
Other Gender	2	0%	2	0.42%						4	0.65%
Prefer Not to Say	5	1%	0	0.00%						5	0.82%

From Q2 (Jul-Sept), includem are now able to capture the 6 priority family types as described by Scottish Government. Families with a disabled adult or child was high, followed by minority ethnic family and lone parent family.

Locality	Practice	Lone parent family	Family includes a disabled adult or child	Larger family (3 plus children)	Minority ethnic family	Family has a child under one year old	Family where the mother is under 25 years of age
NE	W0	0	5	3	6	0	0
	N0	2	7	2	6	1	0
	BV	4	4	1	2	2	1
	BW	6	11	2	6	1	0
	U0	6	10	3	4	2	0
NW	A0	0	0	0	0	0	0
	K0	0	0	0	0	0	0
	Q0	0	1	1	0	0	0
	E0	3	2	4	5	3	0
S	B0	5	7	1	2	0	0
	C0	2	3	0	1	0	1
	D0	3	2	1	3	0	1
CITY		31	52	18	35	9	3

University of Glasgow are undertaking the external evaluation of the programme to determine the impact of the programme in participating practices and whether the programme is an effective and cost-effective means of providing support to families most affected by poverty and other complex challenges. The evaluation will include qualitative components and quantitative components.

The planned qualitative components include interviews at different time points with FWWs, community link workers, GPs, practice managers, families that have been supported by FWWs, and families that did not engage with FWW support. The first interviews have been undertaken with all FWWs, and interviews are now being undertaken with GPs, Practice Managers and Community Link Workers. Ethics approval has been granted for the evaluation team to work with FWWs to identify families to take part in the evaluation and this is underway.

CASE STUDY

About the family

The family included a mother, a father, and four children aged 12, 15, 17 and 18. The Mother was struggling with her mental health and with supporting one of the children who has a significant health condition.

Starting point

The mother was stressed, isolated, and didn't know where to access support for herself or for the child with the long-term condition. The father is often away for long periods of time meaning that the mother is often the sole carer for the child.

What happened

- The Family Wellbeing Worker (FWW) built up a positive relationship with the family and discussed the support options available with them. A number of additional issues which had not been identified at the point of referral were identified through these conversations. These issues included financial difficulties, food insecurity and issues with school attendance.
- The FWW made a referral to the Carers Trust for the mother. Through the Carers Trust the mother accessed support groups, respite support, and food vouchers.
- The FWW made a referral to Live Well for the whole family to access activities and clubs in their local community through Glasgow Life free of charge for a time limited period.
- The FWW referred the family to the Welfare Advice and Health Partnerships (WAHP) advisor in the practice. The mother attended appointments with the WAHP advisor for income maximisation.
- The child with the significant health condition was referred to Enable to reduce their social isolation and the child was offered a place in a social club.
- The FWW supported the mother to meetings with the school so that the child's part-time timetable could be expanded to include more hours.

What changed

- The mother and child feel less isolated as a result of the Carers Trust and ENABLE referrals. These supports will be available for the family long-term.
- The mother feels more empowered and better able to advocate on behalf of her child and their needs.
- The child's part-time table has been expanded to include more hours.
- The Families financial situation has been improved due to attending appointments with the WAHP advisor for income maximisation
- The whole family feel more a part of their local community and are spending more time together as they are accessing Glasgow Life clubs and sports facilities in their local area through the Live Well advisor referral.

9. Workforce

Glasgow City HSCP continues to feed in to NHS Greater Glasgow and Clyde and Glasgow City Council reporting duties as required, these are not reported here to avoid duplication, in line with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
Glasgow City Council – Employee Diversity Information
NHS GG&C – Employee Diversity Information

In addition to the range of equality related supports for staff provided by the employing partners. Glasgow City HSCP undertakes a range of activity to support staff. Further information can be found under Equality Outcomes 4 and Outcome 5 in part 2 of this report and the GCHSCP Workforce profile can be found appendix 1.

10. Further Mainstreaming Actions

The Equality Outcomes and associated actions do not represent the full extent of our work to advance equality. Much of this work is embedded within the day-to-day activity of HSCP services. During the consultation and engagement process for developing the Equality Outcomes 2024–2028, stakeholders highlighted several areas where they would welcome further action, particularly in relation to routine service delivery. While some of these suggestions did not align directly with the agreed Outcomes or core mainstreaming themes, we have included them in our reporting to ensure transparency and to reflect the priorities identified by stakeholders. The actions are outlined below.

Partnership Priority 1: Prevention, early intervention and well being

Embed Scottish Trauma Informed Leadership Training (STILT) with Both Management and Frontline HSCP staff Lead: Maximising Independence and Mental Health
Mental Health The STILT programme involves nomination of leads to NES webinar and a minimum of three follow up in person sessions. Glasgow City HSCP leaders registered on NES (1/2 day) STILT webinar between March 2023 - March 2025 totalled 363. Of the identified priority areas, ADRS and Adult Mental Health (Northwest & South) remain in Phase 1 whilst Connect, Children's Services, Justice, Homelessness and Adult Mental Health (Northeast) have all progressed to various stages within Phase 3. All Heads of Service (HoS) and the HSCP Executive have engaged in Phase 1 of the STILT follow-up, with further sessions being planned. Workforce attendance at STILT sessions has varied by service area, reflecting different approaches to forming implementation groups. In most cases, attendees nominated are in leadership positions, from team lead level upwards.

Trauma lead coordinator has been attending the Changing nature of care meetings to ensure alignment of MI work with TIP developments. This primarily involves consulting and reporting activities.

A collective commitment was made by HoS in March 2025 to complete both the Readiness and Self-Assessments checklist from Scottish government endorsed improvement framework by June 2025: 'A Roadmap for Creating Trauma Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland (2023): Implementation - National Trauma Transformation Programme). The team will continue to work with existing priority areas to enable them to progress through all phases as illustrated in training pathway.

A follow up session will be organised with the HSCP executive group once the reconfiguration of the group has been finalised. The Glasgow City HSCP Trauma Informed Steering group membership is currently under review. It is agreed that all new members will engage in the STILT process. A compassionate leadership training session was piloted in May 2025 with the view of wider roll out and embedding within Glasgow city leadership training offers. This is being supported by TPTIC and OD.

Maximising Independence

A comprehensive training programme at the informed, Skilled and Enhanced levels is in place and underway. Gold and Learn Pro modules have been developed. A dedicated team comprised of Learning and Development and the NHS Trauma lead for NHSGGC continue to lead on this work. Further development of Gold and Learn Pro modules has taken place. In person training is also available for Informed, Skilled and enhanced Trauma practitioner levels.

Develop patient information leaflets for patients accessing mental health services. Ensure this information available in the top community languages.
Lead: Mental Health Services

As information for patient and carers are updated or created this will be available in the top community languages e.g. posters & leaflets for carers of patients in our inpatient wards.

Work has progressed with regards to Continuous Intervention activities and related information for patients and carers to be available in the top community languages.

Continue to deliver work to tackle poverty. Activity includes; Child Poverty Action Plan, Financial Inclusion and Welfare Advice Health Partnership.
Lead: Health Improvement

Reported through section on Mitigating the Impact of Poverty.

Implement the BSL Action Plan 2024 to 2030.
Lead: BSL Practitioner

Reported through section on British Sign Language (BSL) Local Plans.

Continue to improve and embed the equality impact assessment proces. Activity will include; review and refresh eqia section of IJB report guidance,

introduce supported and robust 6 monthly reviews, roll out of support tools and access to data and research and introduce eqia champions in services.
Lead: Lead for Equality and Fairer Scotland

Reported through section on Equality Impact Assessments.

Improve equality data capture and reporting across our services. Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population
Lead: Adult Services (L&D), Primary Care, Children and Families, Maximising Independence

Primary Care

The Interpreting Service has agreed to provide a report on interpreter bookings for Glasgow City within Primary Care. Work is underway by the Glasgow City Health Improvement Community Link Worker Team to analyse the data into a Practical format, this will include; bookings and language by GP (by practice), number of GP language interpreters requested for each locality (NE, NW and South) and Health Visitor (by practice). To ensure service users are represented, Glasgow City Health Improvement Community Link Worker Team analysed interpreting data to include bookings and language by GP (by practice), number of GP language interpreters requested for each locality.

Community Link Workers conducted a review of Equalities Monitoring data and case studies from the Community Link Worker programme to identify patients with protected characteristics, any trends and any potential impact as part of service design and delivery.

Clinicians highlighted the impact on patient appointments from not capturing access needs when referring through SCI Gateway. Scoping work was undertaken and a briefing with associated recommendations was presented to the Referral Management Group. Work is underway to further explore options increase access needs capture at point of referral.

Children and Families

Improvements have been made to equalities data reporting across the locality and intensive Family Support services, with a new contract in place from June 2024. A Power BI Family Support dashboard was developed to provide real time reporting of the Family Support Tender to Service Managers, Heads of Services, Commissioning, Admin and Planning Teams. This dashboard has been live since May/June 2025 and was recently updated to include the Whole Family Wellbeing Fund investment within GIFSS for Young People who are neurodiverse and/or awaiting a diagnosis to receive the GIFSS service.

The Children Services Planning Team is currently analysing the data collated for the Family Support Tender (including Family Support Health Pathway, Locality Family Support and Glasgow Intensive Family Support Service (GIFSS)). Analysis the data that feeds into the Dashboard. To explore any trends in data in relation to demographics, family's needs, and areas of the city where there are higher levels of need. The analysis will also seek to highlight any of improvement in relation to data quality.

Maximising Independence

Data capture including equalities and take up from groups with Protected characteristics is a component if the Make it Local Communities work. The Make it Local Programme has undertaken dedicated work to engage and gather information from a number of groups with protected characteristics these include.

- Glasgow Disability Alliance
- Glasgow Women's Library
- Parkhead Housing Association (Work with refugees and Asylum Seekers).
- Nan Mackay (Support to older and disabled people).
- Kingsway Community Connections (as above)
- Weekday Wow factor- support to older people including those with Dementia.
- Parkhead CAB- Anti Poverty work with in the East End of Glasgow.

This work has supported over a 1,000 people. Work with 4 additional organisations is planned during the early part of 2026.

Health Improvement

Training & Equalities Database (TED): Following a period of development, all Health Improvement training courses and community events are being monitored for equalities. All staff have attended online briefing sessions to become familiar with the tools that we use to collect and analyse equalities data and be confident in why and how we do this. This means that we can now start to explore whether our services are accessible to all sectors of the community, and to address any gaps we may identify.

Partnership Priority 2: Supporting greater self-determination and informed choice

Ensure representation of specialist equalities agencies within Maximising Independence Project Planning Groups. Lead: Maximising Independence
Work has been undertaken by including organisations like Volunteer Glasgow, Empower Women for Change, Glasgow Disability Alliance and LGBT Health and Wellbeing in project groups and research projects. This was effective during the Maximising Independence (MI) Programme. Work has been undertaken to ensure groups have links to relevant parts of the HSCP and Council structure as MI is mainstreamed. For example Empower Women for Change are now Networked with the Health Improvement Team and ongoing activity with the HSCP Lead for Equality and Fairer Scotland and the Flourish Glasgow Partnership has picked up a number of the MI themes via work with partners including Glasgow Disability Alliance.
Continue to support the work of the Alcohol and Drug Partnership women's reference group. Lead: Alcohol and Drug Partnership
The womens reference group has been heavily involved in the service design of the thistle service. The group was consulted on the design of the build, aesthetics,

and also interviewing the staff team. They have also been invited to particapate in the Alcohol Drug Recovery Service (ADRS) trauma walk throughs.

There are plans for the group to joint work with health improvement colleagues to produce anti-stigma information videos.

The Alcohol Drug Partnership (ADP) Women's Lived Experience Reference group and ADP Families Reference Group continue to inform service improvement via the ADP. Activity includes:

- Key participants in the development of the Stigma Framework and associated training videos.
- Support psychology colleagues with further GADRS trauma walkthroughs
- Review and support of the gendered lens commissioning toolkit
- Escalation of the gap in services for women in late stage pregnancy to detox in single sex wards for consideration with HSCP, NHS and Scottish Government partners

Develop opportunities for targeted engagement with specific equality groups to identify priorities for support. Activity will include; support the development of the Alcohol Related Brain Damage team, identifying priorities for support for ethnic minorities around drugs and alcohol, Support the LGBT+ bridging service.
Lead: Alcohol and Drug Partnership

The Alcohol Drug Partnership (ADP) continues to fund the LGBT+ bridging service and support commissioning work to review the Alcohol Related Braid Damage (ARBD) support service offering.

There are plans to hold a learning and networking event looking and inequality in access to drug and alcohol services for those who English is not their first language, this is currently postponed due to staffing challenges.

Primary Care will have high quality engagement & collaboration with workforce (contractors), third sector networks, locality engagement forums & equalities groups, seeking to capture patient and service users experiences and perspectives on primary care services across the equalities groups.
Lead: Primary Care

- Pharmacy Patient feedback sought biannually – random sampling which may include individuals with protected characteristics. Plans are underway to extend this.
- Vaccination service are currently creating patient feedback recording & monitoring mechanisms to gather service user views on a regular basis.
- The Advanced Nurse Practitioner team are holding stakeholder events with care home management team and senior carers. These support and education sessions for care home staff aim to enhance service understanding & communication, foster stronger working relationships, increase referral efficiency and improve overall collaboration.
- Treatment rooms have developed patient satisfaction surveys and are completed anonymously using either paper-based forms or QR code access, ensuring accessibility and confidentiality for all service users.
- A survey undertaken by Glasgow Centre Voluntary Sector (GCVS) was sent to 3rd sector organisations working with families to identify the key themes

affecting families. This learning was then taken into the Whole Family Wellbeing programme and these themes formed part of the Whole Community Grant Fund.

- Pharmacy patient feedback sought biannually – random sampling which may include individuals with protected characteristics. Plans are underway to extend this.
- Vaccination teams participate in community outreach work – PEEK, SPACE, Daisy, linking with education, attending school/ nursery sports day. School immunisation service are currently creating young people feedback recording & monitoring mechanisms to gather service user views on a regular basis.
- A GP practice requested to withdraw services from a branch of their main surgery. Therefore, a three-month consultation for Cardonald Medical Centre patients and stakeholders was conducted. All branch patients received a survey link via text, with paper copies available, alongside the NHS GGC Equalities Monitoring Form. Survey materials were translated for those needing an interpreter. An FAQ was also sent out to address concerns. Feedback & insights from the patient survey responses informed the EQIA, to ensure changes would not unfairly affect people with protected characteristics.

Continue to implement Culturally Informed, Anti-Racist Practice in Children and Young People's Mental Health Care.
Lead: Health Improvement

Training in anti-racist practice in mental health care for school counselling providers: 2 cohorts completed training during 2024, with excellent feedback indicating changes in understanding and intentions to change practice at individual level and policy at organisational level. A third cohort completed training in summer 2025, again with excellent feedback. Work is underway to compile a report on all 3 cohorts due spring 2026. Plans are in place for a fourth cohort in 2026.

Three locality-level knowledge and practice-sharing events held in 23-24, two of which were completed in April 24, involving youth, community and mental health providers. This has been followed by an increased representation on our youth and mental health networks by organisations working with/led by Black and People of Colour, and increased awareness of cultural competence and anti-racist practice in these forums. Youth and mental health networks chaired by Health Improvement continue to promote anti-racism approaches and to encourage participation from organisations led by Black and People of Colour. However, we recognise there is a need for continued focus/priority to better embed organisations supporting Black and People of Colour across our networks and forums in 2026/27.

Within Health Improvement there have also been staff learning and development sessions following from these events. Youth and Mental Health Networks will continue to work towards improved inclusivity by ensuring they are seen as safe spaces to discuss anti-racism and cultural competence and by bringing relevant issues to the agenda.

Funding of specialist provision to children, young people and families from minority ethnic backgrounds: this has continued to be overseen by Health Improvement and continued for 2025/26, with funding from the Community MH&WB Supports &

Services Framework and included education and awareness for parents and carers; 1:1 and group provision for children and young people. Reports have been received from all funded programmes. Work is underway to build better links across children & young people's mental health structures, improving the access these organisations and the people they work with have to appropriate supports.

Partnership Priority 3: Supporting people in their communities

Increase staff awareness of access to interpreting, translations and alternative formats.
Lead: Lead for Equality and Fairer Scotland and Communications Team

The HSCP has taken several steps to address barriers to communication in participation and accessing services. We want to ensure that people do not experience barriers when accessing our services. One way we do this is by making reasonable adjustments so that information is available in a suitable language and format that our service users can understand.

Interpreting and Translations

From 1 April 2024 to 6 July 2025, we were operating an in house Linguistics Team. As of 7 July 2025 the service was transferred to an external provider, including the TUPE of the interpreters. Interpreting and translation services have been provided in 100 different languages on the new contract so far. The contract has also seen the introduction of a new on-demand telephone service, in addition to pre-booked services such as face-to-face, telephone and video.

We continue to support the increased diversity of communication in the city and respond to requests for certain languages. Since the introduction of the contract, the main language requested is Arabic at 30% of all jobs completed and the highest area of demand across Social Work is from Asylum and Refugee Team (35%).

Total interpreting provided;

- 1 April 2024 to 6 July 2025 - 16,405 completed jobs. This figure only represents the in house interpreting at the time and not jobs completed by external providers, therefore does not capture the full demand.
- 7 July 2025 to 31 December 2025 – 15,112 jobs completed

Glasgow City Health and Social Care Website Accessibility

Public Bodies such as Local Authorities and NHS Boards have a legal duty to remove communication barriers and ensure that people can access their services or take part in their planning. The Equalities Act 2010 requires service providers to provide accessible information and communication support to the people who they engage with and support. This also includes communication with the public, staff, partners and external organisations among others. Any information produced or any communication channel used, whether print, audio or digital, must comply with

minimum standards, such as standards for font type-faces, font sizes, colour, text alignment and heading structure among many other areas. As all staff communicate with others as part of their job in supporting the planning and delivery of services, accessibility is both an individual and organisational responsibility, and all communications should be made accessible where possible.

Public Body websites are required by UK legislation and regulations to be regularly up to date and comply with accessibility standards for websites and mobile applications as per the Web Content Accessibility Guidelines (Currently WCAG 2.2 AA standards), particularly to better support people with a disability, such as a person with a visual impairment, accessing a website . Non-compliance risks creating communication barriers and not supporting people to access services or take part in their planning, and non-compliance can be reported to the Equality and Human Rights Commission (EHRC).

Sample pages of Glasgow City Health and Social Care Partnership's (HSCP) website were randomly audited in Spring 2025 by the UK Government Digital Services against the accessibility standards. It identified approximately 40 issues, some of which occurred multiple times across the website that needed fixed within an agreed timeframe. Issues related to forms, content, the search function, headers, themes, menus and the carousel (on the homepage) –for example, broken links, text formatting, heading structure, colour contrast ratio and accessible documents such as PDFs. Glasgow City HSCP Communications Team worked with its website provider CIVIC to resolve the issues identified by the UK Digital Office. As part of this, a further, more comprehensive audit of the entire website was undertaken by CIVIC, and a further 40 issues were identified that were included in the programme of work to fix and improve the accessibility across the website. The website's Accessibility Statement, a requirement of WCAG, was also updated and published on the website.

Following completion of fixing the issues, the website was re-audited by the UK Government Digital Services in July to confirm (or otherwise) whether the non-compliance issues that they identified had been fixed. After having been reaudited and fixing a couple issues that continued to be outstanding at the time of reaudit, the UK Government Digital Services confirmed to Glasgow City HSCP in September that the issues they identified had been resolved and they would recommend to the EHRC that no further action be taken.

Glasgow City HSCP remains committed to accessible communications with the people who it supports and engages with, and the Communications Team is developing a programme of work to support HSCP staff to do this.

Partnership Priority 4: Strengthening communities to reduce harm

Work with third sector partners to promote access for women to personal safety courses. Pilot an approach supported by the Community Link Workers.
Activity to follow in year 3.

Partnership Priority 5: A healthy, valued and supported workforce

Promote access to the employing organisations Equality Peer Support Networks. Lead: Lead for Equality and Fairer Scotland
In June 2025, An all staff communications was shared, promoting to staff that they are welcome to take part in our staff led equalities forums/networks. These are safe spaces for staff to share their experience of working in NHSGGC and GCC, seek support and get involved in making things better for all our staff. These forums/networks aim to raise awareness of issues which affect employees from equality groups and have an input to employment matters to ensure we provide a supportive and appropriate working environment for our workforce. They are open to members of staff either from these communities or anyone who is an ally. The forums/networks are intended to enable constructive conversations and are a powerful source of influence that feed directly into the respective governance groups. These networks are organised by the employing organisations, however feedback from the Equality Outcomes engagement highlighted that there was a lack of awareness of these groups with HSCP staff. This exercise will be repeated at regular intervals to continue to promote the networks, including as part of targeted spotlight communications. For example the LGBT Networks are promoted as part of Pride Month.
Include equality and diversity as a key strand of the leadership learning programme. Lead: Lead for Equality and Fairer Scotland
Reported through Outcome 4 and Equality Impact Assessments.
Develop training and reference resource packages for each protected characteristic as well as intersectionality. Lead: Lead for Equality and Fairer Scotland
Reported through Outcome 4.
Increase awareness of available equality related training and encourage uptake. Lead: Lead for Equality and Fairer Scotland
Reported through Outcome 4
Support and encourage IJB Members to access various equality training opportunities. This will include; equality and eqia training as part of induction pack, annual offer of eqia training and promotion of the availability of equality training opportunities. Lead for Equality and Fairer Scotland & Business Development
Reported through Outcome 4 and Equality Impact Assessments.
Roll out BSL Awareness Sessions. Lead: BSL Practitioner
Reported through section on British Sign Language (BSL) Local Plans.
Develop and deliver a Primary Care training programme.

Lead: Primary Care

RCGP 'Fairer Practice' toolkit

The toolkit is a major new resource to support practices. Many GPs aim to advance health equity but often lack clear steps or evidence on effective actions. Practices face limited resources, competing priorities, and insufficient guidance, while commissioners may wish to address inequalities without a defined framework for resource allocation. The toolkit equips healthcare professionals with practical knowledge and tools to reduce health inequalities in their practice. You can access via the Clinical Toolkit page or via the Health Inequalities Hub

Listen & Learn

- An overview of Equalities Training and Resource
- Deaf Awareness Training
- Women's health policy
- Physical health of patients attending community mental health services
- Missingness and sexual health and relationships of young people

Learnpro

- All HSCP employed staff require to complete mandatory 'Equality and Human Rights' LearnPro module. Compliance is high for NHS employed staff.
- Community Link Workers (CLW) are a non HSCP workforce managed by a third sector organisation. All CLWs contracted by GCHSCP must complete the LearnPro module on Equalities and Human Rights as part of their induction before they are granted access to any patient referrals/eHealth/patient notes, and refreshers take place in line with the process. The recent baseline report indicated a 100% CLW completion.
- A baseline report has recently been run on the number of general practice completions in the last year, by area and role. Analysis is underway to identify priority areas and work will be undertaken to further promote the training. To support progress, the LearnPro team contacted GP practices to request that they ensure all staff have accounts.

Specialist Training

PCIP Workstreams:

- Relevant staff have attended the EQIA lead reviewer training.
- Following the EQIA of the treatment room service the CTAC staff requested and have received update training on - Gender Identity and Transgender people & medications.
- The Vaccination team development day included equalities update from Equality and Diversity Lead and training on 'Access to Healthcare for all by Signposting and promoting Access for - Non-English Speakers and BSL users'.
- Treatment room and vaccination managerial staff have attended management EDI training.

General Practices:

• A practice manager's event organised by PCIT was held in autumn 2024, and included a learning session on the Glasgow City Complex Needs Service & supporting our most vulnerable patients. • GP staff & clinical education- Several training sessions were delivered to clinical staff including GPs to increase primary care clinical staff awareness of health of the health of those with protected characteristics: active bystander training for GP practices, Melatonin use in specialist children & mental health services, dermatology in skin colour, polycystic ovary disease, continuity of care, neurodevelopmental disorder pathways.
Support and encourage third sector partners and commissioned services to complete equality training as part of contract management of the frameworks. Host family support equalities learning events for each framework. Lead: Children and Families Services and Maximising Independence
Third sector, voluntary and community organisations have access to e-learning on TURAS, with a range of options, including: • information on equality duties, human rights and related tools and topics • a range of educational resources, including eLearning modules, guides and frameworks on a variety of equality related topics. Equalities training has been offered via the Taurus online portal during 2025 with 3rd sector partners and to all Commissioned services. Equalities monitoring and evidence is part of the newly commissioned providers framework as detailed in the section on Commissioning and Procurement. The revised Carefirst recording/ reporting process includes equalities data with consideration being given to hosting a focused development session with commissioned Family Support providers on data (including equalities data). The HSCP has been carrying out focus groups on culturally sensitive and inclusive practice, with emerging plans for conversation cafes with local communities and discussions with GCVS about joining this work up in order to promote learning across agencies. Focused groups facilitated via GCVS were undertaken during 2025 on a variety of equalities themes. This included work with Pride Outside and Glasgow Disability Alliance and Glasgow Centre for inclusive Living. Equality, Diversity and Inclusion has been included in the Contract Management Framework in relation to policies and training.

Partnership Priority 6: Building a sustainable future

Support the Budget setting process by considering the equality impacts of individual budget proposals and report on potential cumulative impact. Lead: Lead for Equality and Fairer Scotland
Reported through section on Equality Impact Assessments.
Continue to implement an inclusive approach to Commissioning. Lead: Commissioning
Reported through section on Procurement and Commissioning.

Progress towards the Equality Outcomes

11. Introduction

Under the Equality Act 2010, public sector organisations are required to publish a set of Equality Outcomes every four years and publish progress towards the outcomes every two years. In 2024, the IJB published its third set of Equality Outcomes for 2024 – 2028, the outcomes were developed in engagement with stakeholders, citizens and staff. This report presents the mid-term progress update towards the Equality Outcomes for 2024 – 2028.

The five equality outcomes are:

1. Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.
2. People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.
3. LGBT+, Disabled and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.
4. The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.
5. Glasgow City HSCP is an equalities focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

12. Progress as of 2026

There are a total of 27 actions divided between the 5 Equality Outcomes. Each action/output has been assessed as one of the following:

Classification		Key to Performance Status
Complete	Complete	Action is complete.
G	Green	Ongoing, on track for completion by 2028 or earlier.
A	Amber	Ongoing, delayed.
R	Red	Progress not as planned or there are circumstances that have prevented delivery of the action

Summary of progress as of March 2026 is presented below.

Complete	G	A	R	Total
1	21	4	1	27

Areas identified as amber or red include;

- The review of the Primary Care Mental Health Service was subject to both a change of lead and savings attached to the review. Alternative leads have now been identified and there is a commitment to identify targeted equality activity aligned to the outcome of the review and resulting recommendations. (Outcome 3, action 5)
- The planned co-design of technology enabled care and support has been paused linked to wider programme developments. Work is underway to identify an alternative targeted action which will support the delivery of the overarching outcome. (Outcome 1, action 2)
- The development of an asset mapping and information hub service has been delayed, due to circumstances out with HSCP control, work is being progressed through a comprehensive update to the Your Support Your Way website and online directory and an upgrade to the ALISS database. (Outcome 1, action 5)
- The introduction of an anti-discrimination and harassment campaign has been delayed slightly, to align to a launch of National resources, work is now underway to progress this action. (Outcome 4, action 1)
- The introduction of mandatory Equality and Human Rights training for all staff is slightly delayed to align activity with Glasgow City Council, in the interim, the training continues to be promoted to all staff on a regular basis. (Outcome 4, action 4)

A progress update against each of the actions to deliver the outcomes is presented below. This represents progress for April 2024 to March 2026, further detail on activity to deliver on our previous equality outcomes can be accessed on our equality webpage - Equalities | Glasgow City Health and Social Care Partnership

Equality Outcomes Progress

13. Outcome 1: Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.

1. Enhance patient access to Primary Care by promoting what is available at each GP surgery, and pathways into services. Lead: Primary Care
G NHSGGC published the first Primary Care Strategy 2024-2029. To implement the strategy a number of workstreams have recently been established. The Improving Access workstream has a strategic objective to 'identify and progress joined up actions to strengthen direct patient access to the right care at the right time'. As part of each improving access activity, actions will be targeted and tailored to: 1. Identify and seek support for action on barriers to equal and equitable access to care in line with the legal requirement to protect against discrimination, advance equality of opportunity and foster good relations 2. Focus improvements on areas/populations where people can benefit most 3. Pay particular attention to the needs of equality and inequality groups for any digital developments, to avoid widening inequalities in health Key steps to date include; • NHS 24 have produced a Primary Care Toolkit Guide for their services. The toolkit and invite to meet with NHS 24 for PLT as to how patients can be better supported to use out of hours services has been sent to all GP practices. This included clarifying out of hours mental health services. • The Primary Care Improvement Team developed a suite of primary care resources to help Multi-Disciplinary Team (MDT) staff and patients understand health care services and staff roles. The resources were sent to Glasgow GP practices and shared on the new version of Your Support Your Way (YSYW). ○ **7 min briefings** - (aimed at staff and professionals only), for example "What is the Treatment Room?" ○ **Leaflets and Posters** - (for patients/public) The information leaflets have been developed and translated into ten languages to support accessibility for patients from diverse backgrounds. • **Short 2-minute videos** - describing MDTs (for everyone). Two informational videos have been produced for treatment room and phlebotomy, one with subtitles and another designed specifically for the British Sign Language (BSL) community NHSGGC - BSL - Phlebotomy Service to further enhance communication and inclusivity. • The Primary Care Improvement Team have commissioned Effective Professional Interactions to deliver a series of 'Care Navigation-from Reception

to Active Signposting' training delivered to practice administration staff to support patients with protected characteristics receiving appropriate person-centred triage & self-referral. This training helps to enhance patient access to healthcare within Primary Care by promoting what is available at each GP surgery, and pathways into different services within and out with the surgery. Courses have been fully booked.

- The HSCP Lead for Equality and Fairer Scotland and a Clinical Director attended two meetings with the Red Cross to discuss potential barriers to people registering with a GP who had no fixed abode. Engagement work will continue via the Lead for Equality to continue to raise awareness and reduce barriers to accessing Primary Care Services.
- A multi-service health board Interpreting Staff Reference group has been re-established to address interpreter access for acute, HSCP, and GP services via phone, Video Remote Interpreting (VRI), and in-person interpretation. While improvements have been made, interpreter availability remains an issue, especially for key languages in primary care. This has resulted in recruiting in-house staff, such as a Vietnamese interpreter.
- The interpreting service and equalities team have been looking into AI translation devices functionality with eHealth. They have agreed to hold a trial to test accuracy before any potential rollout. Update will be requested again with this action.

2. Support co-design of technology enabled care and support

Lead: Adult Services

R

The planned co-design of technology enabled care and support has been paused linked to wider programme developments.

Work is underway to identify an alternative targeted action which will support the delivery of the overarching outcome.

3. Develop specific projects which utilise an asset and Strengths based approach with both our own workforce, partner agencies and service users/customers. Initial projects include TEC Clinics (help take the fear out of technology), Circles of Support (building circles of family support for children and young people and older people) and Rehab and Enablement within Older People's Services.

Lead: Maximising Independence

G

Technology Enabled Care (TEC) Clinics are organised on a regular basis through a programme called helpful Hints with Home Technology which delivers 6 sessions a month (two in each HSCP area) at Community venues and Health and Care settings. During 2025 The HSCP Technology Enabled Care Staff and Local Area Co-Ordinators have held a regular programme of Helpful Hints drop in sessions utilising venues at both 3rd sector and NHS/HSCP venues, including Maryhill Health Centre, The Parkhead Hub and the New Victoria Hospital. Work is

underway to continue with drop-in sessions, to develop home visits where necessary and undertake follow up evaluation activity to measure impact.

The Circles of Support model is being developed within specific area teams in the Older People's and Disabilities workforce as part of a wider Strengths based approach.
Rehab staff are being linked in with Health and Care facilities and community orgs via attendance at events such as within Falls prevention week and the Make it Local Communities programme. A comprehensive staff training programme has commenced to embed Strengths Based practice which includes Circles of Support amongst the Social Work area teams.

Future activity includes; further seven cohorts (20 per cohort) of staff to be trained during 2026. Further communications to embed Strengths Based practice principles within the HSCP.

4. Increase awareness of the BSL Video Relay Interpreting app through a promotions campaign within the local BSL community and across Primary Care

Lead: BSL Practitioner & Primary Care

G

On 16th January 2025, 23 staff attended a Primary Care Listen and Learn session on BSL and Deaf Awareness: Enhancing Communication with BSL Users. The session explored key communication barriers in healthcare for deaf individuals, including the medical vs. social models of deafness. Solutions such as face-to-face interpreters, online BSL interpreting, and Contact Scotland's Video Relay Service (VRS) were discussed. The session received highly positive feedback and highlighted demand for further training. A programme plan is under development for the piloting of the BSL Video Relay app. In year one, this will be focussed on roll out to Health Centres.

A rolling programme of training is underway to improve staff capability and confidence. This includes:
- In-Person Training – Contact Scotland BSL & Online BSL Interpreting
- Online Deaf Awareness Training – Enhancing Communication in Healthcare.

To improve patient access to BSL interpreters, a QR code poster has been developed that can be scanned to book an interpreter using internet-enabled devices like smartphones and iPads. A project proposal and an implementation plan have been developed to roll out the patient QR code across primary care HSCP and contracted services initially being piloted in Health Centres and clinics. Project reported and approved in June 2025 to Primary Care Leadership Group. Project Proposal and update taken to Primary Care Strategy Group in December 2025. Meetings with Business Managers and staff have been ongoing throughout early 2026 and plans are underway for testing in Spring by a small number of Deaf volunteers to visit health centres and clinics to test the resource and check that appropriate access is in place.

All SPoA admin staff attended BSL and interpreting awareness sessions so they are aware of the initiative and can advise patients how to access. Initial roll out planned for health centre & clinic receptions with a view to rolling out to independent contractors. Currently attending Business Support meetings in NW, NE & South GCHSCP to implement within reception areas.
5. Develop an asset mapping and information hub service to improve how we provide and display information. Using platforms such as 'Your Support Your Way' to assist service users and carers to engage with HSCP Services. Lead: Maximising Independence
 Some of this work has stalled due to problems with the initial supplier (Axiom) as their CEO died unexpectedly. Work is now underway to update Health and Social Care Connect directories, Your support Your Way and the Alliance's ALLISS platform. The Local area Co-ordination team who are aligned to the Maximising Independence work are a key resource for this work. Asset Mapping has progressed via a comprehensive update to the Your Support Your Way website and online directory and an upgrade to the ALISS database.

14. Outcome 2: People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.

1. Work with partners to agree a timely and more proactive approach to engagement and consultation opportunities. Lead: Lead for Equality and Fairer Scotland & Business Development
G While we want to take steps to be more proactive in sharing information, we also want to ensure this is two way. The lead for Equality and Fairer Scotland has reached out to Glasgow Equality Forum Members to extend an invite to share any relevant research they have undertaken and associated recommendations through the Public Engagement Committee and the Glasgow City HSCP Equality Group. This has been repeated in advance of agenda setting for each of the Public Engagement Committees. Following a review of the Public Engagement Committee Consultation and Engagement Log in autumn 2025, proactive steps have been taken to share this with equality organisations. Next steps are to seek feedback on the approach from Glasgow Equality Forum members for impact and areas for improvement.
2. Support the Alcohol and Drug Partnership women's subgroup to take a gendered lens to strategic planning in collaboration with the Glasgow Violence Against Women Partnership Lead: Alcohol and Drug Partnership
G The Women's subgroup continues to work to advance the support available to women with complex needs. There are plans to progress a joint working opportunity with a consortium of services with the aim of providing intensive support to women with complex needs Soft Edges Steering group has been established reporting to the Alcohol Drug Partnership Women's subgroup. Coproduction of the service model and delivery are planned for early 2026, with the Alcohol Drug Partnership Lived Experience Women's Reference group and living experience groups.
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated. Lead: Children and Families
G

Families can access a directory of resources on Your Support Your Way, and can self-refer to a number of services, including CAMHS and Youth Health Service. CAMHS in now managed by East Dunbartonshire HSCP but there is ongoing work to continue to develop the range of tier 1 and 2 mental health supports, particularly to support families with children on the waiting list for a CAMHS assessment. Following baselining of funding in 2025/26, all of the tier 1 and 2 supports are being reviewed to ensure that services are meeting the needs of children, young people and families. Many of these supports include self-referral routes; these services are promoted through social media.

The HWB Website is designed for staff delivering health and wellbeing education and programmes for children, young people, and families. It's suitable for use in both school and community settings, from early years through to young adulthood. It offers a wide range of quality-assured information and resources for professionals working in Education, Youth Work, Community, and Third Sector organisations.
Visit the HWB Website: GGC - Education Health and Wellbeing | Right Decisions

The HWB Website is reviewed and updated every six months.
The Tier 1 and Tier 2 GCHSCP Mental Health Group has co-created the following digital guide for Glasgow City services that are currently open and taking referrals for children and young people in need of mental health and wellbeing supports (Updated Jan 2026). Guide accessible here: Children and Young People's Mental Health Support Guide (Glasgow City) - NHSGGC.

MyApp: My Mental Health is a free digital resource developed by NHS Greater Glasgow & Clyde and hosted on the Right Decisions Scotland platform. It's designed for people looking for self-guided support with common mental health and wellbeing challenges while they are still managing day-to-day life themselves. The app provides information, coping strategies and links to further support on topics such as anxiety, depression, stress, sleep problems, eating disorders, ADHD, borderline personality disorder, self-harm, suicidal thoughts, and more. It also includes sections specifically for children & young people and for carers supporting others. You can access it through the Right Decisions: Health & Care app on Apple and Android or via the website

Glasgow Children's Services partnership have begun a programme of consultation and engagement with children and young people to inform our next Children's Services Plan (incorporating our first Children's Rights report), to be published in 2026. From April 2025 we talked to young people about what was important to them and what should go into our new CSP. Up until October 2025 we have spoken to a representative cross-section of **170** children and young people. They have asked for improved Mental Health and support services, especially for young carers and those with ASN:

- "Shorten the waiting list for speech and language, autism and ASN diagnosis."
- "Mental health help"
- "support for families in poverty"

The Children's Services Plan consultation and engagement process will continue through until March 2026 to inform the CSP and children's rights report. Where

possible Equalities data will be recorded, and information pertinent to design of mental health services will be shared with those involved in service design.

4. Redesign Day Services for People with Learning Disabilities in consultation and engagement with service users.

Lead: Adult Services

G

The Modernisation Plan for Adult Learning Disability Day Services within Glasgow City Health and Social Care Partnership continues to be progressed in response to the increasing complexity of need, including a sustained rise in people with profound and multiple learning disabilities (PMLD) and complex support requirements.

A new staffing structure has now been proposed and has been formally progressed to employees as part of the final consultation phase. The period for trade union involvement closed in December 2025. The proposed staffing structure has since been approved through Workforce Planning and is moving forward to implementation.

In relation to workforce development, a structured Continuous Professional Development (CPD) plan was implemented in 2026 and has now commenced. This programme has been designed to strengthen staff skills and capability in supporting people with PMLD and complex needs.

Further progress has also been made in improving the physical and operational environment of services. Additional specialist equipment has been purchased to better reflect the needs of people with PMLD, with further investment planned on an ongoing basis.

Feasibility studies have been completed to identify and scope priority upgrades to elements of the physical environments within the two learning disability day services. These studies will support targeted modernisation of facilities and ensure they remain fit for purpose for the foreseeable future.

A Learning Disability Modernisation Group remains in place and continues to provide oversight and operational support to take forward the wider recommendations set out in the Modernisation Plan.

5. Implement findings of the Glasgow Unpaid Work services review in relation to how we meet the needs of women within the service.

Lead: Health Improvement and Community Justice

G

Women sentenced to Community Payback Orders with an unpaid work requirement are prioritised for a Personal placement. Personal placements are designed to provide individuals with opportunities to work directly with a third sector organisation, often a charitable organisation or social enterprise, to gain new skills and support local communities. In Glasgow we seek to place women with organisations such as Martha's Mammies, Tomorrow Women, Salvation

Army, Barnardo's and local community organisations. These placements are seen as supportive and nurturing as evidenced by high rates of compliance with a CPO and unpaid work requirements. Personal placements provide opportunities for individuals to develop new skills, support local communities, and potentially improve their prospects for future employment.

Where women sentenced to Unpaid Work attend squad placements run my Glasgow City Council Neighbourhoods, Regeneration and Sustainability (NRS) additional safe guarding procedures are performed.

Women serving their Unpaid Work in squad placements are able to access the CPO/UPW Health & Wellbeing Programme. A joint project organised by Glasgow City HSCP, NHS Health Improvement and NRS is a service response that addresses service user identified health needs, including alcohol, drug use and mental health. The programme offers staff training and direct input or activity for service users geared to directly address people's health needs. Supporting individuals with their health and complex life circumstances improves health, reduces inequalities, improves understanding of community services and helps reduce reoffending. While also allowing people serving a CPO with UPW to take part in meaningful activity that goes beyond the punishment and reparative aspect of a CPO. Health topics covered in year one – alcohol awareness, sexual health & Blood Borne Viruses, mental health, financial health, naloxone training & suicide prevention.

A partnership between health and justice services in Glasgow is improving people's wellbeing - Community Justice Scotland

Work is planned to restart the CPO/UPW Health & Wellbeing Programme in 2026 after a pause in planned delivery in 2025. Actions include introducing the recently launched "Talking About" mental health and wellbeing toolkit and associated training offer, commissioned by NHSGGC, to NRS unpaid work staff and third sector commissioned unpaid work agencies.

The toolkit is designed to enable staff to have meaningful recovery focused wellbeing conversations with people in the justice system. Research in the sector identified several themes impacting on and symptomatic of the mental wellbeing of people supported by and working in justice. The toolkit, therefore, focuses on these themes and contains several practical strategies and resources which can be used by staff at all levels.

This is a full day training in the effective use of the new Justice Wellbeing Toolkit for use in community justice settings. Focusing on giving staff an opportunity to practice using the toolkit and explore where it can help you in the workplace. The training aims to help participants to:

- Feel more confident in addressing mental health and wellbeing in professional settings.

- Gain a structured, effective approach to support individuals experiencing distress.
- Help people navigate towards helpful solutions and appropriate services.
- Strengthen your ability to provide trauma-informed care and support in high-pressure environments.

Case Study

Laura stated that doing her unpaid work within Martha's Mammies was an unexpected opportunity. She said as her mental health was not great, she feels she would not have been unable to complete any orders within the community, resulting in her not fulfilling her order.

Laura stated that doing her unpaid work elsewhere would have been difficult as she had multiple appointments, contact with her son and groups within MM. Having the flexibility within the service enabled her to attend all appointments and complete her hours without being stressed. She stated that when she became stressed, she would usually use drugs to cope with this.

She feels this had broken down barriers within services that she was so untrusting of and enabled her to build relationships with criminal justice social work. Laura also loved that the criminal justice worker would come and meet her within the service where she felt safe and listened to.

She felt safe within Martha's Mammies and doing it within the service enabled her to attend all the groups and be supported at the time she needed it most. Completing this within the service enabled her to build her confidence, whilst rebuilding structure into her life. Also learning new skills that she enjoyed and will use many of these within her home and learning with her son. Coming into the service to do her unpaid work she felt relief and reduced her anxiety.

Laura is very thankful for the opportunity; she feels that this has played a huge part on her recovery and most importantly played a part on her regaining custody of her son.

6. The Glasgow Health Determinants Research Collaborative will involve Equality partners in the development and design of its health inequalities research programme

Lead: Health Improvement

G

Glasgow's Health Determinants Research Collaboration (HDRC) was established in January 2025 and is funded by the National Institute of Health & Social Care Research (NIHR) for a 5 year period.

The collaboration is led by Glasgow City Council (GCC) in Partnership with NHS Greater Glasgow & Clyde (NHSGGC), the Universities of Glasgow and Strathclyde, Glasgow Centre for Population Health (GCPH) and Glasgow City Health & Social Care Partnership (GCHSCP).

Glasgow HDRC within its second year of funding, are keen to explore opportunities for closer collaboration with the Glasgow Equalities Network (GEF). Partnering with GEF will help ensure that equality considerations are embedded throughout the development of HDRC activities, strengthening our commitment to inclusive, community-informed research and practice.

Work is underway on planning a discussion session with GEF members, with the aim to;

- Increase understanding among Glasgow Equalities Forum (GEF) members of the purpose, scope, and ambitions of Glasgow's HDRC
- Increase understanding among Glasgow's HDRC of GEF's role, remit and priorities
- Identify equality-related research gaps that align with HDRC's core priorities and areas of focus
- Explore how GEF members can engage with and shape HDRC for an equality focused approach

15. Outcome 3: LGBT+, Disabled and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.

1. Improve the collection and use of equality data within Mental Health Services by creating a short life working group to build on data improvement work and explore opportunities for; • changing practice to support and encourage equality data capture, • ensuring that equality is a core consideration of data capture system specifications across acute and community services. • working with NHS GGC to utilise a Dashboard to track people with English as an additional language throughout their journey in Acute Wards to ensure a failsafe system for providing Interpreters to meet their needs. Lead: Mental Health Services
G An additional template has been created within the Mental Health electronic patient record to capture equality data that was missing from the system currently used. The template was promoted by communications to all staff. NHSGGC have developed a Dashboard to track people with English as an additional language within in patient care to ensure a failsafe system for providing interpreters to meet their needs. This is checked on a daily basis, to arrange interpreters, where they have not already been requested. The system has now been widened to include Mental Health in patient care. Work is underway to monitor and evaluate the impact of the Dashboard. There has been some advancement in a national approach for improved equality data capture since this action was identified. This includes National Services Scotland being able to pull through more patient data and plans to rollout the Scotland's Digital Front Door platform. The plans for the platform "goes beyond" the NHS App because it will include access to both health and social care data and services. The Digital Front Door will allow people to access, self-manage, and contribute to their own health and care information online, providing digital notifications, access to personal health information and options for patients to interact directly with health and social care services. It is anticipated that roll out of the Digital Front Door platform will begin in 2026, this action will be temporarily paused, beyond business as usual, in order to align with the National rollout. This will be revisited later in 2026 for any potential interim action required, if there is a delay to the rollout. Current rate of ethnicity recording is 75.4%. This is based on patients currently open to mental health services (both community and inpatients).
2. Undertake targeted equality engagement as part of the Mental Health Strategy ' What Matters'

Lead: Mental Health Services
G Throughout 2024/25, public and community engagement was undertaken, including an online survey (April/May) and in-person engagement sessions (August/September). People were invited to complete equalities monitoring forms. Unfortunately, completion rates were low, therefore it is difficult to assess the extent to which the views and experiences of people with protected characteristics were represented in the discussions and feedback. As public and community engagement continues, we are specifically engaging with equalities organisations such as Glasgow Equality Forum and the Mental Health Foundation to plan targeted engagement at an agreed stage to maximise the opportunity for marginalised groups to actively participate in and influence the next steps of the engagement process. We are in the process of appointing and external consultant to facilitate the option appraisal on the reconfiguration of inpatient mental health services in early summer, following the Scottish Government elections. Our Patient Engagement and Public Involvement (PEPI) colleagues will also be involved, and together we will ensure a focus on equalities. Internal engagement will be targeted through staff equalities forums.
3. Expand the representation of Mental Health commissioned engagement services, with a specific focus on race, disability and sexual orientation. Lead: Mental Health Services
G Discussions have taken place with Scottish Asian Counselling services regarding input from the Mental Health Network. Further work is planned with Urban Community Project which provides mental health support and crisis intervention to BME children, young people and families. Work is still progressing to gain further members from protected characteristics.
4. Review the accessibility of Mental Health Assessment Units. Lead: Mental Health Services
G The accessibility of the Mental Health Assessment Units was reviewed utilising the NHS Greater Glasgow and Clyde Frontline Equality Assessment Tool (FEAT). This tool is used to assess and offset risk at unit level across all protected characteristics. The assessments record awareness of both equality legislation and the range of resources available to support staff deliver equality sensitive person-centred care. The FEAT was developed as historically there was a focus on Public Sector Duty compliance in strategic decisions and through equality impact assessments, although this is an important mechanism and required by the legislation, this approach overlooks possible gaps in frontline service provision where practice

may not always reflect the requirements of legislation. To bridge the gap between strategic review and frontline service delivery, the FEAT was developed by the NHS GG&C Equality and Human Rights Team to develop a new and more supportive approach to imbedding equality sensitive and legally compliant practice into day-to-day service delivery.

In December 2025 the GCHSCP Lead for Equalities and the Fairer Scotland Duty visited both Mental Health Assessment Units and worked with the Nurse Team Leads to complete the FEAT. From the visit to the service and discussions with staff, the audit found that a person-centred approach is fundamental to the service delivery. Staff demonstrated strong awareness of equality related issues, including intersectionality and its potential impact on patients' mental health. There was a clear understanding of the equality supports available, particularly interpreting services, as well as the challenges in accessing these fully due to the unplanned nature of the service and restrictions on equipment arising from ligature risk. There was evidence that staff had been proactive in addressing these challenges, including reporting any issues, adapting processes, and implementing workarounds wherever possible, always with a focus on achieving the best possible outcome for patients. Some actions were identified that reflect the positive attitudes of staff and their commitment to overcoming unforeseen barriers in the delivery of care.

Following this audit, BSL awareness training has been arranged for all MHAU staff and work is underway to explore the feasibility of an agreed process around utilising remote BSL interpreters in critical situations.

5. Ensure equality is a core consideration of the review of Primary Care Mental Health Services.

Lead: Mental Health Services

A

During 2024/25, a comprehensive internal review of the Primary Care Mental Health Service was conducted across NHS Greater Glasgow & Clyde, which included an equality impact assessment - EQIA - Primary Care Mental Health Team Review.pdf

The Equality impact assessment identified a number of key actions to take into the next phase of the programme, including;

- Identify protected groups to engage to ascertain their experience of PCMHT
- Develop process for collating, analysing and reporting on protected characteristic data for purpose of service improvement/redesign
- Identify list of training that it would be expected that all staff complete.

Given the significant variation in current service delivery models, each HSCP will develop a local implementation plan outlining how they will meet the standards and recommendations set out in the board-wide review. This may be achieved through direct delivery within PCMHTs, partnership working with Third Sector providers, or

by strengthening joint working arrangements between primary and secondary care services within their respective areas. These local plans will be informed by the themes and key actions identified in the board-wide review and its associated EQIA.

The review of the Glasgow City Primary Care Mental Health Service is currently in progress, and an Equality Impact Assessment will be completed as part of this work and any resulting recommendations. Throughout the review and subsequent implementation, consideration will be given to opportunities for targeted equality actions to mitigate potential negative impacts and to further strengthen equality outcomes within PCMHTs

16. Outcome 4: The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.

1. Introduce anti-discrimination and harassment campaigns. This will be a phased approach, with an initial focus on anti-racism activity. Lead: Lead for Equalities and Fairer Scotland
A Scottish Government have funded the Coalition of Racial Equality and Rights (CRER) to develop a Health and Social Care Anti-Racism in the Workplace Toolkit that were launched at the end of 2025 and hosted on TURAS. In addition the Scottish Social Services Council launched Anti-Racism Learning Resource for Social Workers. Following a slight hold, while awaiting the launch of the national resources, work is underway to consider the best way to utilise resources and introduce a phased action plan. At this stage it has been identified that resources for NHS HSCP staff will be in line with NHS GG&C planned activity, which includes; focussing on the NES anti-racism e-modules, the GGC Active Bystander training and Anti-racism within managers training. For Social Work HSCP staff, initial discussions have taken place with learning and development to consider how best to make resources available and easily accessible for staff, including making them available on GOLD.
2. Promotion of bullying and harassment procedures and supports Lead: HR (SWS and NHS)
G **NHS** In January 2025, the NHSGGC Human Resources Support and Advice Unit (HRSAU) launched a telephone line to provide additional help to any staff member wishing to raise concerns about bullying or harassment. This service was promoted and is available to all NHS GCHSCP staff. This service was created, following feedback from the staff led equalities groups, that when reporting these kinds of issues, staff members often need support beyond traditional HR advice. The helpline ensures that, as well as staff receiving advice on HR policy and processes, there is also dedicated support provided and sign-posting to other support services available during what can be a difficult time. Regular support is provided to managers on bullying and harassment incidents via HRSAU and HR managers.

Tackling Sexual Harassment in NHS Greater Glasgow and Clyde

NHSGGC is committed to ensuring a safe, respectful, and inclusive workplace for all staff. As part of our **Cut It Out** and **Equally Safe at Work** programmes, we are providing seminars on tackling sexual harassment to senior teams across NHSGGC, including GCHSCP. There are a range of support and training available for staff include: a Sexual Harassment Module for managers and supervisors on policy and prevention, Active Bystander Training which provides skills to challenge unacceptable behaviours, and a full resource pack available via our dedicated intranet Cut It Out Page

Council

Glasgow City Council undertook promotions, including all social work staff, to promote policy, procedure and supports in August 2024. During 2025, 7 Social Work HSCP staff completed Bullying and Harassment Investigator training.

Tackling Sexual Harassment in Glasgow City Council

Glasgow City Council have been clear for several years as outlined in our Bullying and Harassment Policy and Guidance that harassment, bullying or victimisation of any kind are unacceptable and will not be tolerated. The Worker Protection adds to current protections for employees, which we welcome. We have updated our Bullying and Harassment Policy and Guidance to make sure that we meet our legal obligations under the Act and further protect our employees. This activity further reinforces the recent Managers' Briefing on Equally Safe at Work and our commitment to tackle gender inequality and violence against women. The updates include;

- Further clarified our definitions of harassment, bullying and victimisation, and have included a clear definition of sexual harassment along with examples of each of these situations.
- Detail of the context of sexual harassment as a form of violence against women.
- Strengthened our message that harassment, bullying or victimisation will not be tolerated.

As part of the roll out of the updated Policy and guidance, managers were encouraged to complete the GOLD eLearning courses 'Equally Safe at Work' Sexual Harassment Module One and Sexual Harassment Module Two, and support and encourage all members of their team to complete these too.

3. Promote Hate Crime Awareness, including delivering regular Hate Crime Awareness Training.

Lead:

G

Hate Crime Awareness training was relaunched for 2025. The training is delivered in partnership with Police Scotland. 3 sessions took place throughout 2025, with a further 4 scheduled for 2026. Feedback for the course was very positive:

Further work has been undertaken to refine the feedback forms for the training sessions, to identify service areas accessing the training and opportunities for targeted promotions, linked to intersectional priorities. For example learning disabilities. This will be tested for the 2026 sessions.

Hate Crime Awareness communications were introduced for all staff in October 2025, to align with Hate Crime Awareness week. This included a brief overview of;

- What is a Hate Crime?
- How to report a Hate Crime
- Available staff training – interactive online sessions and e-learning modules

- 814 Social Work HSCP staff have completed the Hate Crime Awareness e-learning module since April 2024.
- 37 NHS HSCP staff have completed the Hate Crime Awareness e-learning module since April 2024.

4. Introduce Mandatory Equality and Human Rights Training for all staff.

Lead: Lead for Equalities and Fairer Scotland

A

This action focusses on SW HSCP staff, as training is available, but is not currently mandatory. Activity is planned for the second half of the outcomes, to align with the Glasgow City Council Staff Equality Outcomes action to explore introducing mandatory equality training.

In the interim, the availability of the equality and diversity e-learning course on GOLD, is promoted as part of all equality training communications to encourage uptake, Equality training also continues to be a part of all in person induction training for social workers. Across Social Work HSCP staff 1,051 staff have completed their Equality and Diversity Awareness module within the last 2 years.

For NHS HSCP staff the training is already mandatory, most recent completion figures are that 89.2% of staff have completed the training in the past 3 years.

In addition to promoting the equality and diversity e-learning modules further work has been undertaken to promote access to training and awareness sessions. There have been spotlight communications, pulling together a range of resources and supports and promoting uptake to all staff, utilising local and national resources. Topics include;

- Black History Month
- Pride Month
- British Sign Language
- Neurodiversity
- Staff Equality Peer Support Networks
- Hate Crime Awareness Week

5. Support and encourage IJB Members to identify and access various equality training opportunities.

Lead: Lead for Equalities and Fairer Scotland and Business Development

G

On the 5th March 2025, Glasgow City IJB Members received a presentation and discussion session on equality impact assessments and what is required from them when considering equality impact assessments as part of budget setting. A further session was undertaken with SMT Members on 11th June 2025, to raise awareness of the need to undertake equality impact assessments with the development of proposed and revised policies and practices.

Following a request from IJB Chief officers, IJB Chief Financial Officers and NHSGGC Non Executive Board members an online session was arranged for all non executive board members who are on the boards of IJBs within Greater Glasgow and Clyde to support a consistency of approach on Equality Impact Assessments. The session took place on 17th December 2025, prior to the budget setting process, given the importance of EQIAs within that context.

More widely, addressing the equality needs of IJB Members, is underway. This will include; equality and EQIA training as part of induction pack, annual offer of EQIA training and promotion of the availability of equality training opportunities'. So far, a suggested suite of equality training has been identified, this will be promoted to IJB Members in line with the launch of the PSED toolkit for IJB Members by the Equality and Human Rights Commission.

6. Health Improvement to achieve the LGBT Youth Charter Mark.

Lead: Health Improvement

Complete and ongoing: The service achieved the Charter Mark in June 2025. The Champions Group continue to work through a substantial action plan with colleagues. Plan has included a variety of learning, policy, leadership and campaigning activities. Ongoing activity includes;

- Staff will continue to refresh equalities learning through Learnpro.
- Develop guidance for digital communications, through the City Communications group.
- Consider social media campaign with presentation at teams/forums on or around days/periods of action.
- Maintain LGBT information boards in each locality.
- Developed a new MS Form to improve efficiency, allow easier analysis and then allow actions to improve future demographics of those accessing learning via training calendar.

Some further areas are planned but have been delayed slightly due to the Health Improvement Service Review;

- Standing item in Equalities subgroup.
- Champions group will meet 6 monthly to discuss updates at team meetings.
- Equalities and workforce development groups will include in any future Training Needs Assessment.
- Increase awareness of relevant policies though inclusion in HI staff induction

package.

17. Outcome 5: Glasgow City HSCP is an equalities focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

1. Report on and monitor the diversity of our workforce. Lead: HR (SWS and NHS)
G **NHS** Diversity data is reported to leadership Groups SPF and relevant committees through the NHS story board. We have employees equalities info for the following groups: returns of over 70% for religion and sexual orientation, just short of 80% for ethnicity. Disability is the area with least data available with 45.3% of employees reporting disability unknown. A campaign is planned to encourage staff to improve equalities information across the workforce. NHSGGC are launching an eform with wider roll out and we will promote this across the HSCP and report on progress. **Council** A verification exercise was undertaken during March 2025 that was aimed at office based employees, using a Microsoft Form to improve return rates. As at 2025 Q3; we have employee equalities information for the following groups: 78.8% disclosure for ethnicity and similar disclosure rates across disability (51.3%), sexual orientation (51.3%) and religion and belief (52.4%). A follow up campaign is schedule for Spring 2026. Monthly monitoring of diversity data collated by HR Operations Team and reported on a quarterly basis to Corporate HR. **GCHSCP** A workforce Profile is available as appendix 1. Further work is planned to reviewing how we collate data and planned activity around recruitment campaigns to ensure an inclusive workforce.
2. Promote ourselves as an inclusive employer. This will include increasing diversity by targeting underrepresented groups by how we advertise our vacancies and raise awareness of our job opportunities. Lead: HR (SWS and NHS)
G Equalities data now provided (from action 5.1) will be used to inform targeted areas.

A number of actions in the Glasgow City HSCP Workforce Plan action. A summary of activity is included below and further detail can be found in the most recent progress update to IJB in March 2025.

Implement a comprehensive leavers process to gather intelligence from exit questionnaires and interviews.

A joint working group has been established to review arrangements. To date it has been established that both organisations have limited data regarding lever's feedback. An electronic HSCP wide draft questionnaire has been created. Once finalised the questionnaire will be piloted ahead of implementation.

Develop opportunities for international resourcing

NHSGGC continues to support International Recruitment offering sponsorship to roles within GCHSCP such as Health Care Support Workers and qualified mental health nurses within Inpatient Mental Health sites in particular. Some specific examples include:

- Upskilling current internationally educated nurses who are already working in NHSGGC so they are ready to apply for NMC registration. This is currently in its soft launch phase
- Recruiting internationally educated nurses / AHPs who are already working in the UK, so they can be upskilled and ready to apply for NMC registration.

Recruiting internationally educated nurses / AHPs from overseas. An established process is now in place to support Sponsorship within Glasgow City HSCP. The programme supports recruitment in Home Care, Older People Residential Services and Social Workers. This has been a particularly successful programme of over 23 sponsorships agreed and 15 pending, which supports retention of staff (5 years sponsorship)

Further work is required on actions taking a more targeted approach on disparities in success rates, rather than number of applications. Initial activity will include analysis by protected characteristic to identify priorities and potential barriers to recruitment (linked to action 5.3 below) and focusing on particular job families for a more targeted approach.

3. Develop an Inclusive recruitment and interview process

Lead: HR (SWS and NHS)

G

Safer Drugs Consumption Facility

The Thistle introduced an interview process which involved people with lived experience on the interview panel who set their own questions and scoring system. The recruitment experience feedback was positive from the panel and applicants, including those who were unsuccessful.

A number of actions in the Glasgow City HSCP Workforce Plan action. A summary of activity is included below and further detail can be found in the progress update to IJB in March 2025 and progress update to IJB in January 2026.

Further develop our successful simplified application process and values-based assessment

Value Based assessment well established within Home Care. Following short-leet application, candidates complete the online assessment via our talent attraction provider. Following completion of the assessment, a report is generated for each candidate and used as a mechanism for screening candidates for interview. There had been feedback from the recent care inspectorate audit which commented on the positive aspects of both competency and value-based interviews. Further discussions with Values Based recruitment provider in November to understand how this can be used across other Social Work roles.

Create targeted campaigns aimed at young people to encourage careers in Health and Social Care.

GC HSCP are expanding the opportunities to support Modern Apprenticeships roles. Within mental health nursing, GC HSCP have accessed the NHSGGC Healthcare Academy to train candidates for the role of HCSW within mental health inpatient with a guaranteed interview. We hope to expand this to support candidates in applying for admin vacancies and HCSW roles across the HSCP. Work is already underway to re-establish an MA programme within Social Work, specifically admin roles. Due to the salary for a new MA within GCC, further work needs to be undertaken as to how to make these posts attractive – competition across the market.

Since this workforce plan was introduced, GCHSCP Modern Apprentice programmes have increased as part of wider recruitment, retention and succession planning activities. Within our Older People Residential Day Care and Learning Disabilities Day Care Services, there continues to be a positive MA programme annually which allows young people to develop skills in the Social Care industry and wider service. There are currently 8 MAs within these services. In addition, Business Administration currently support 3 MAs. Older People Residential Services in conjunction with Clyde College support Social Care Internships programme. This allows young people and individuals looking for a career in Social Care. The programme sees up to 18 interns each intake working with our Care Homes to develop skills and experience in the Social Care industry which provides excellent hands-on experience and off job training at the College. This has proven to be a positive route into permanent employment within the Care Homes.

The HR Team work with our Education Services to support young people recruitment, particularly those in 5- and 6-Year school education. The team have attended various school jobs fairs and larger Jobs Fairs hosted by Myjobscotland. This continues to feature part of our recruitment events annually and talking to young people about careers within the Partnership

Further work is planned to reviewing how we collate data and planned activity around recruitment campaigns to ensure an inclusive workforce.

4. Develop a staff wellbeing framework including specific equality actions.

Lead: Organisational Development

G

An HSCP Wellbeing survey has been designed and issued. The aim is to understand more about the wellbeing needs of our staff. Analysis of survey results will inform future goals and priorities.

Robertson Cooper (Workplace Wellbeing Specialists) have designed a wellbeing webinar for managers. The aim is to help managers understand how they influence Good Days at Work. As part of this managers will be able to access a **Leadership Impact** tool to help them reflect on their natural leadership style and the impact it may have on those they manage. Sessions for managers will be designed (by the OD team) to support them with understanding their leadership impact report.

Menopause Support

Work to support staff has included activity around menopause support. Around 80% of the workforce in our HSCP are women who are around the age at which peri-menopausal and menopausal symptoms may occur.
In response to staff feedback, we run, in partnership with Lifelink, an online informal drop in coffee catch up for staff on the last Friday of every month, to discuss anything menopause related with peers, what has worked, what is challenging for individuals and the opportunity to share advice.

Between April 2024 and April 2025, there have been;

- 21 online wellbeing sessions, 394 participants.
- 13 online menopause coffee mornings, 176 participants
- 4 Face-to-Face Wellbeing Sessions for Home Care staff
- 7 Leadership sessions
- 124 In-Person Wellbeing Classes
- 11 In-Person Wellbeing Team Sessions

5. Explore the equalities considerations to leadership development offerings linked to the implementation of Succession Planning and the HSCP workforce plan.

Lead: Organisational Development with HR Support

G

In recognition of the high proportion of women in the workforce and the barriers that exist to advancing careers the HSCP has launched its first Women's Leadership Development Programme (WLDP) Women's In Leadership Programme. Data: 63% females in the Executive /Senior leadership structure versus 81% female workforce overall; data is approximate in relation to the quality of data available.

The pilot was launched in October 2025 as a positive action initiative aligned to our PSED Equality Outcomes and the commitment to explore equalities considerations within leadership development. The pilot brings together female colleagues from both NHS and Council services, spanning Grades 6 through to Assistant Chief

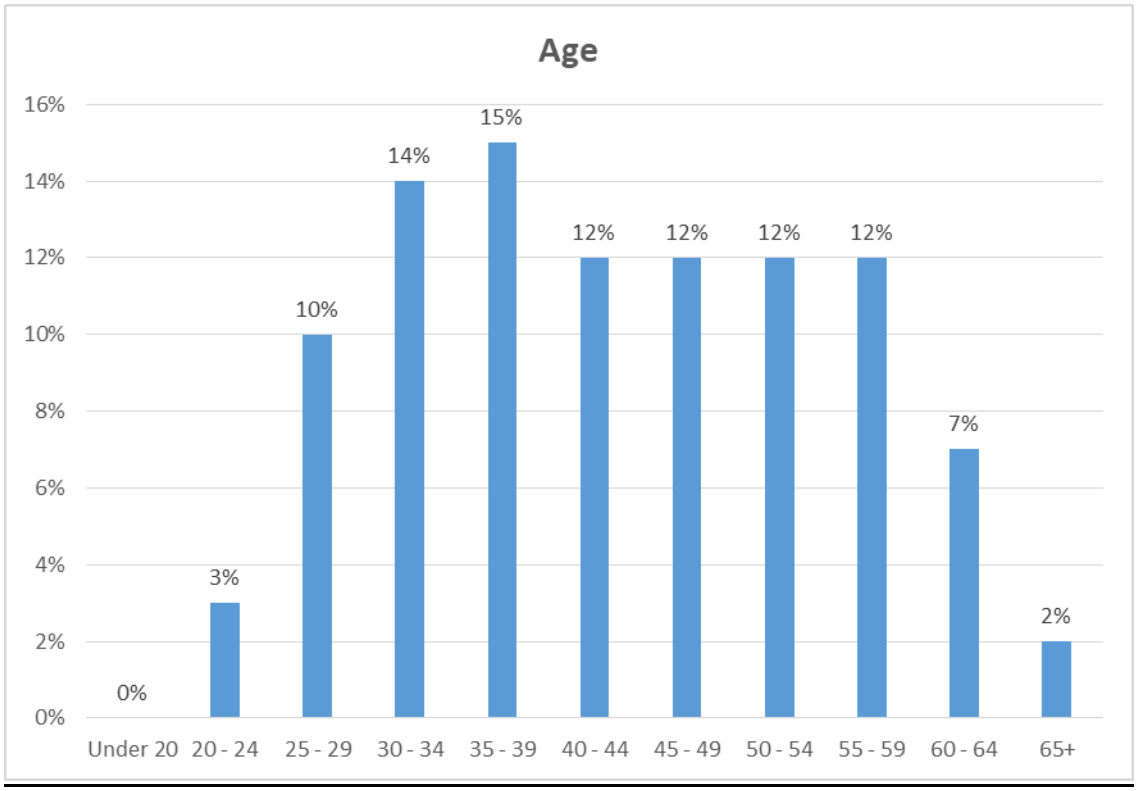
Officer/Head-of-Service level, with the aim of addressing systemic, cultural, and personal barriers that women experience in progressing into leadership roles.

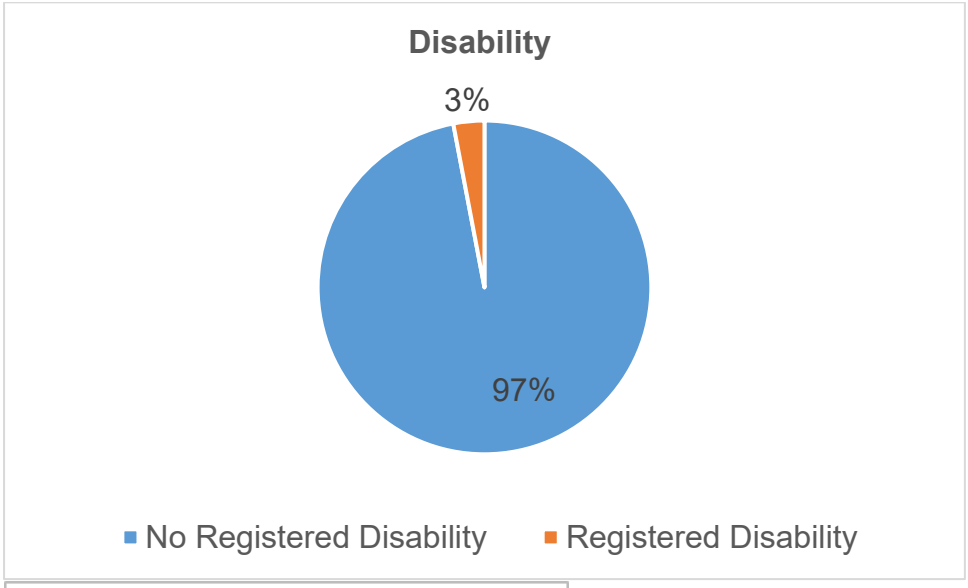
The programme provides a safe and supportive environment to build leadership capability, confidence and peer connection, and early learning from the pilot will directly inform future iterations. Further cohorts are planned for 2026 and beyond, broadening access and supporting organisational succession planning and workforce equality ambitions.

In addition, work is underway to develop a complementary suite of self-serve resources focusing on key themes and barriers highlighted through the pilot. These resources will help strengthen leadership readiness, improve visibility of development pathways, and expand equitable access to support across the HSCP.

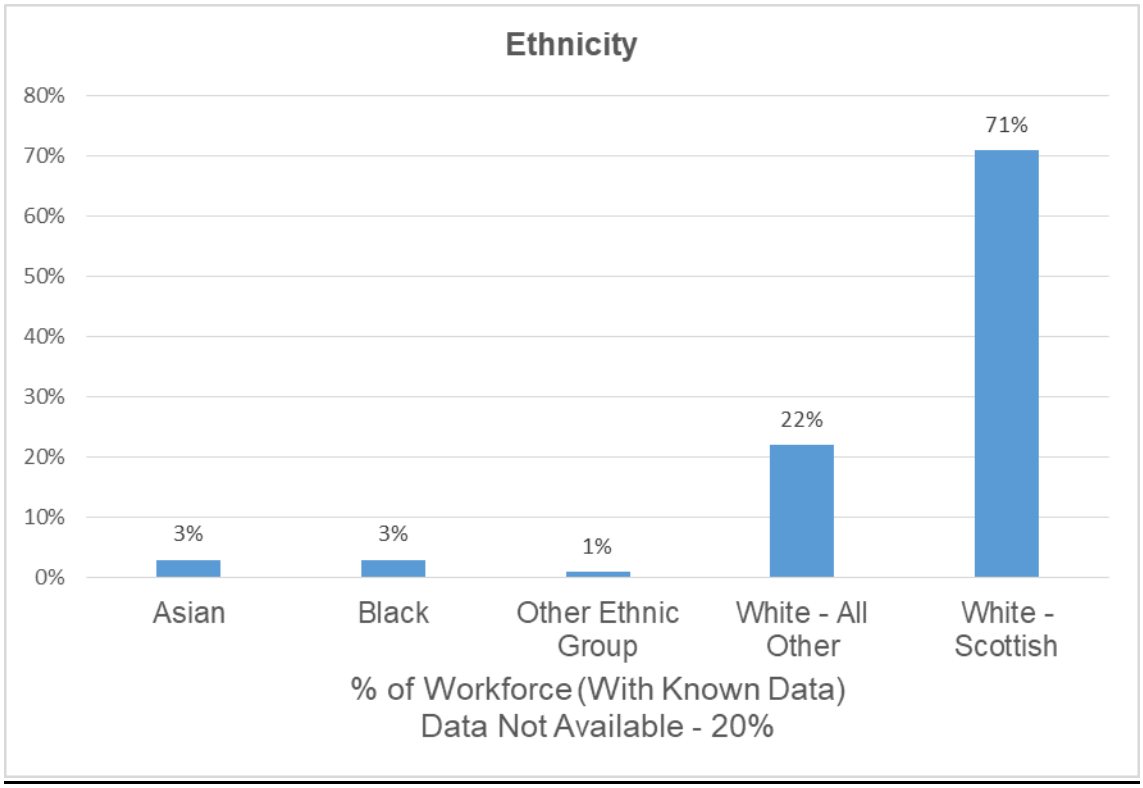
18. Appendix 1: Glasgow City Health and Social Care Partnership Workforce Profile 2025/26 – Quarter 3

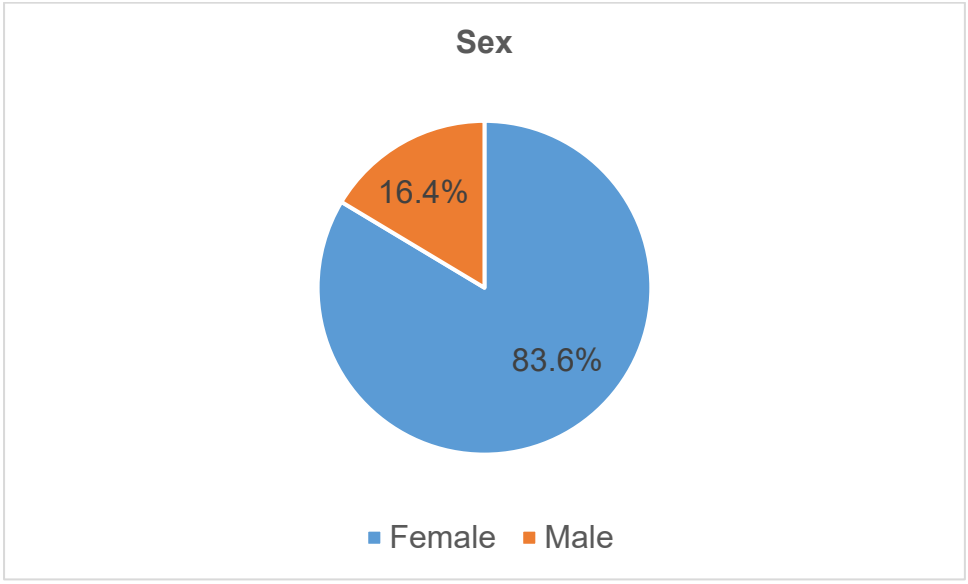
NHS HSCP



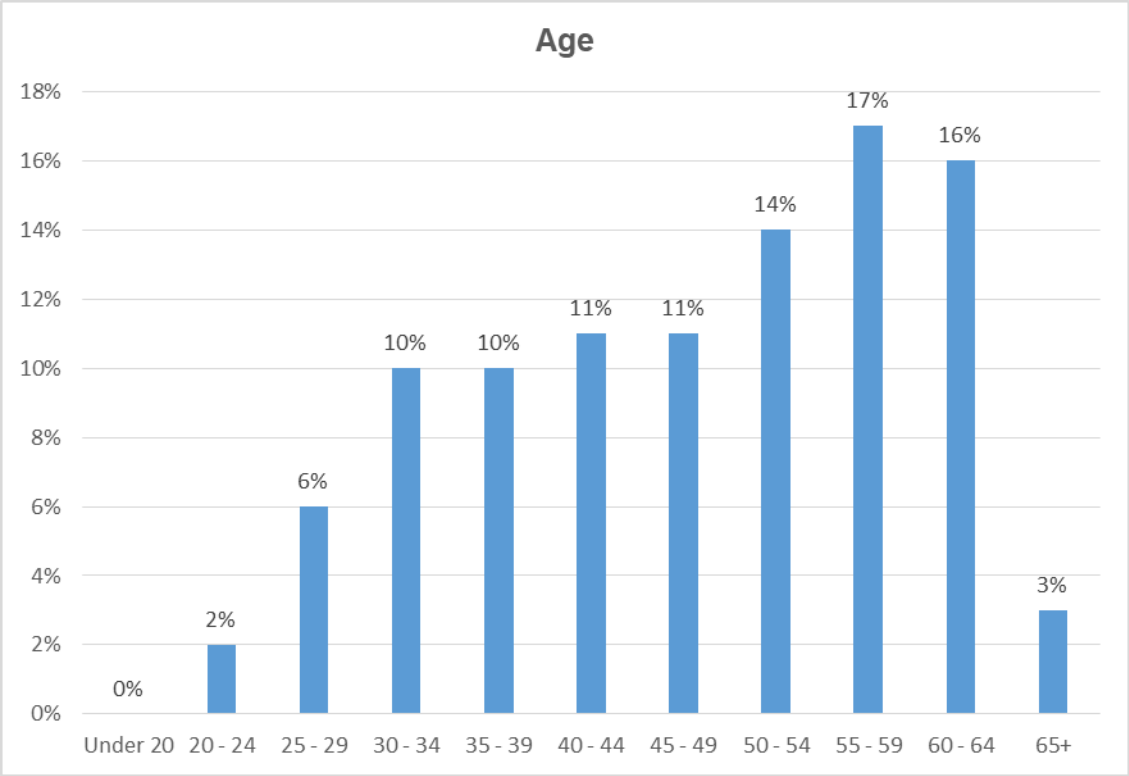


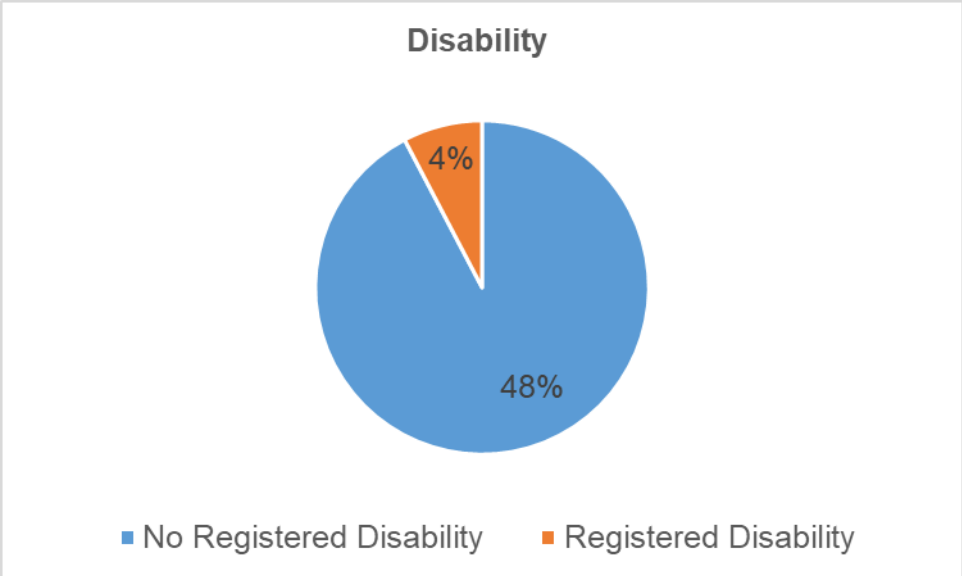
% of Workforce (With Known Data)
Data Not Available - 45%


Ethnicity
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
3%
1%
22%
71%
Asian
Black
Other Ethnic Group
White - All Other
White - Scottish
% of Workforce (With Known Data)
Data Not Available - 20%


Sex
16.4%
83.6%
Female
Male

Council HSCP





% of Workforce (With Known Data)
Data Not Available - 49%

Ethnicity	%
African, African Scottish, African British	3.9%
Any mixed or multiple ethnic groups	0.5%
Arab, Arab Scottish or Arab British	0.1%
Bangladeshi, Bangladeshi Scottish Bangladeshi Brit	0.1%
Black, Black Scottish, Black British	0.1%
Caribbean, Caribbean Scottish, Caribbean British	0.1%
Chinese, Chinese Scottish or Chinese British	0.2%
Gypsy/Traveller	0%*
Indian, Indian Scottish or Indian British	0.5%
Irish	0.5%
Non disclosed/declined	20.9%
Other African background	0.5%
Other Asian background	0.2%
Other British	18.5%
Other Caribbean/ Black background	0%*
Other ethnic background	0.3%
Other White Ethnic	1.5%
Pakistani, Pakistani Scottish or Pakistani British	0.6%
Polish	0.4%
White Roma	0%*
White Scottish	51.0%

