

Full Equality Impact Assessment (EqIA)


Skills Development Scotland has a legal duty to consider the impact of any new ‘policy’ on equality groups. A ‘policy’ in this context is taken to mean any new activity, function, policy or product, essentially anything that SDS does. Assessing impact includes considering relevant evidence, including evidence received from equality groups and the likelihood of a positive or negative impact on equality groups of introducing that new product, project or policy. The final section of this form requires us to think about how negative consequences can be mitigated against or removed, and how potential positive impacts can be encouraged.

Equality impact assessment helps SDS meet its obligations under the Equality Act 2010. In addition, SDS took the decision to use the impact assessment process to make progress as a Corporate Parent in relation to care experienced young people, which is a component part of the Children and Young People (Scotland) Act 2014. The process might also be used to consider other groups that SDS has evidence of experiencing discrimination or underrepresentation.

For more detailed information about equality impact assessment, please see EHRC guidance here:

<https://www.equalityhumanrights.com/en/publication-download/assessing-impact-and-public-sector-equality-duty-guide-public-authorities>

Name of EqIA (e.g. directorate, large project or service)	Reset and Restart Project
Senior Responsible Officer (SRO): name and job title	Carolyn Anderson

Approved by:	Director of:	Date approved:	Review date:
	Human Resources	15 June 2020	N/A

1. Purpose of project, policy or product

SDS had managed our response to the coronavirus challenge in line with our Pandemic Business Continuity Plan, with oversight by a Senior National Incident Management Team (SNIMT).

This impact assessment uses the language and model of the Scottish Government's [Economic Recovery Plan](#) including the four steps of:

1. **Response:** reactive actions required by the pandemic to maintain services and colleague wellbeing
2. **Reset:** preparation to know what a safe restart will look like and what needs to be done to deliver this for different 'personas' and environments.
3. **Restart:** restarting the delivery of SDS services in the 'new normal', including non-remote in line with the wider societal approach
4. **and Recover:** moving from restart to a longer term norm and delivering our corporate goals in a way which is right for the people of Scotland post crisis

SNIMT's focus to date has primarily been on SDS's Response phase. This phase is broadly complete – the main tools we require to deliver during lockdown are in place and we can monitor their effectiveness.

Reset and **Restart** phases now become the focus of SNIMT. This includes defining, planning, delivering and monitoring/ evaluating the actions which enable customer facing colleagues to recommence face to face service delivery and colleagues to recommence face to face contact in SDS and partner premises.

The aim of this phase will be to articulate the intent of our reset and restart phases in SDS and how colleagues across the organisation will work together to achieve that intent, via the following actions:

- Defining what reset and restart means for SDS in the scope of this project
- Agreeing the services, teams and resource required to enable the reset and restart of SDS services as we move from the period of lockdown
- Ensuring appropriate oversight and guidance
- Developing and delivering an effective plan and resources
- Ensure all proposals align with SDS values, our everyday leadership culture and our fair work and wellbeing intent.
- Take account of ADKAR principles to enable effective change with transparency and agility.

This impact assessment will focus on the 'Reset' and 'Restart' aspects mentioned above. We have worked in partnership with our recognised Trade Unions (Unison and PCS) in developing our approach to Reset and Restart, with a focus on colleague wellbeing and fair work at the heart of our approach.

2. Evidence and Impact

2.1 Age

Context: SDS workforce age profile shows that we have 641 over the age of 50 years which represents 39% of the workforce

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Older employees likely to be adversely impacted by Covid 19, may be less willing to return due to health concerns.</p> <p>Older employees more likely to be impacted by isolation and may need support re-adjusting.</p> <p>Young people have less suitable working environment if they are living in parents' homes with limited room space.</p>	<p>NRS figures</p> <p>WHO</p> <p>CIPD</p>	<p>Regular comms regarding wellbeing and working from home issued.</p> <p>Keeping in touch calls and Informal social calls/discussion taking place to address isolation.</p> <p>Mentoring pilot planned.</p> <p>Ability to reduce working hours when caring for dependants with no impact on pay.</p> <p>Published guidance on how to work from home using laptops which will support colleagues if they have limited space to work from.</p>	<p>Age to be included in diversity monitoring in next Pulse survey to identify any specific issues in relation to age.</p> <p>Include considerations of age-related potential impacts in guidance for managers when having conversations around returning to work/personal circumstances.</p>

2.2 Disability

Context: 5.2% of workforce identify as disabled but this does not fully reflect the number of reasonable adjustments which have previously been put in place

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Lack of access to reasonable adjustment support while working from home (WFH) e.g chairs, desk. (0.3 lower for disabled colleagues Pulse survey)</p> <p>Potential for development of anxiety in relation to vulnerability to Covid-19</p> <p>Increased anxiety, mental health and wellbeing issues in relation to potential return to workplaces.</p> <p>Colleagues with Neurodiversity (Autism) may face anxiety caused by disruption to routine and find coping with the change more difficult</p> <p>Any forms, checklists, guidance or signs which are inaccessible, would disadvantage this group</p> <p>Isolation for people who are shielding (people with underlying condition)</p>	<p>Pulse survey</p> <p>HR Case Management team</p> <p>ONS Stats on disability</p> <p>PCS and Unison Health & Safety Survey 2020</p>	<p>Pulse survey issued</p> <p>Regular comms regarding wellbeing and working from home issued</p> <p>Keeping in touch calls and informal social calls/discussion taking place to address isolation</p> <p>Mentoring pilot being developed which will support vulnerable colleagues to be able to speak to a mentor (other support will be highlighted including Employee Assistance Programme)</p> <p>Reduced working time with no impact on pay as a reasonable adjustment for colleagues</p> <p>Case management team providing reasonable adjustments where possible</p> <p>Guidance for people managers issued regarding reasonable adjustments</p>	<p>Continue to monitor results in future pulse surveys survey to identify any specific issues in relation to disability</p> <p>Review forms, risk assessment checklists, guidance, signs (in centres) for accessibility.</p> <p>Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including anxiety, mental health and physical and mental disabilities.</p> <p>Consider Personal Emergency Evacuation Plan (PEEP) in returning to work, social distancing and reduced number of colleagues on-site.</p> <p>Disability risk assessments on sites re-opening</p> <p>Gather information of colleagues currently shielding (create a way to do it)</p>

2.3 Gender reassignment (sometimes under heading of Transgender)

Context: Under 10 employees identify as trans

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
Potentially, trans employees may be more likely to experience mental health problems	Stonewall Rethink Mental Health	LGBT Allies forum organised informal tea break to support LGB colleagues.	Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including anxiety and mental health

2.4 Marriage and civil partnership

Context:

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
None Known			

2.5 Pregnancy and maternity

Context: 37 colleagues on maternity leave (as at June 2020)

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
Pregnant employees potentially at greater risk from COVID-19 There is no evidence that	NHS statistics		Ensure process put in place to support those returning from mat leave in coming

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>pregnant women are more likely to get seriously ill from coronavirus.</p> <p>However, pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution.</p>			<p>months, (preparing to talk about personal circumstances returning to office etc)</p> <p>Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including pregnancy and maternity.</p> <p>All maternity leave returners to be advised of special leave provision for reduce hours for caring for dependents</p>

2.6 Race

Context: BME colleagues make up 1.6% of our workforce.

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Potentially greater negative impact from COVID-19 for BME employees</p> <p>Higher exposure to death within their network of friends and family. More likely to live in a multi-generational household.</p> <p>Potential for increased harassment from Chinese/Asian colleagues in customer facing roles.</p>	<p>NHS /ONS stats</p> <p>News articles re police reports increased during COVID-19</p>		<p>Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including any additional risk or perceived risk for BME employees.</p> <p>Race to be included in diversity monitoring in next Pulse survey</p> <p>Consider impact on Chinese/Asian employees returning to customer facing</p>

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
BME people are identified as at a greater risk as per Scottish Government guidance and expectation that more requires to be done to protect them			roles re harassment in operational risk assessment guidance.

2.7 Religion or belief

Context:

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
Inability to pray at religious venues, negative impact on Mental Health especially if someone has recently passed.			Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including anxiety, mental health.

2.8 Sex (or gender)

Context: Workforce gender breakdown 72% female 28% male

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
Female employees are more likely to have the primary caring role / home schooling for children.	Pulse Survey NHS Engender & Equate Research Reports	No difference between genders shown in the Pulse survey results Reduced working hours with no impact on pay	Continue to monitor gender in Pulse survey to identify any specific issues. Ensure guidance for having conversations around returning to work/personal circumstances enables

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Female employees may be more likely to have caring responsibilities for adult dependants</p> <p>Potential for increase of domestic abuse which will more adversely impact women</p> <p>Men more likely to get COVID-19, and potentially less likely to speak about Mental Health</p> <p>Greater risk of stress related to managing return to work and managing return to schools and hybrid model, based on pulse survey. Direct employee feedback reinforces these concerns</p>		<p>Shared information on domestic abuse guidance to colleagues and included in the Mental Wellbeing webinar. Also included this information in a list of wellbeing resources published to all colleagues</p> <p>Men only mental health support groups set up, and Mental Health blog from male colleague shared to all colleagues.</p> <p>Ongoing supportive messaging from senior management about not feeling guilty for looking after dependants and not being able to work 35 hours.</p>	<p>open and honest conversations of health and wellbeing needs including caring responsibilities.</p> <p>Emphasise option for reduced hours as special leave, in return to work manager guidance.</p> <p>Consider the need for 'Parenting in Lockdown' Webinars for colleagues</p>

2.9 Sexual orientation

Context: LGB make up 3.2% of workforce

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Potentially, LGB employees may be more likely to experience mental health problems</p>	<p>Stonewall</p> <p>Rethink Mental Health</p>	<p>LGBT Allies forum organised informal tea break to support LGB colleagues.</p>	<p>Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health</p>

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
			and wellbeing needs including anxiety and mental health.

3. Assessing impact on other groups

3.1 Care experience

Context: 0.8% of SDS workforce

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
<p>Most research covers financial hardship as a result of furlough or redundancy. However, no one should be financially impacted in SDS.</p> <p>Potentially, care experienced employees may be more likely to experience mental health problems</p>	<p>Who Cares? Scotland</p> <p>Mental Health of people on care</p>	<p>Extension of young talent colleagues contract (MAs Interns) to ensure no negative financial impact</p> <p>Published guidelines in relation to financial hardship link to union guidance etc</p> <p>Regular comms regarding wellbeing and working from home issued</p> <p>Keeping in touch calls and informal social calls/discussion taking place to address isolation</p>	<p>Ensure guidance for having conversations around returning to work/personal circumstances enables open and honest conversations of health and wellbeing needs including anxiety and mental health.</p>

3.2 Add additional factors as needed

Context:

Evidence of positive or negative impact	Source of evidence	Activity to date	Further activity required
Lower socio-economic background greater impact of COVID and potential impact financially as a household.		Published guidelines in relation to financial hardship link to union guidance etc.	N/A

4. Action Plan

What is the action?	Which group(s) does it relate to?	What is the anticipated outcome?	Timescale
Age and Race to be included in the diversity monitoring section of next Pulse survey	Age and Race	Better understanding of the impact on colleagues from different age groups and ethnicity.	June - July 2020
Guidance should be flexible enough to allow employees from different groups to raise specific concerns relating to different equality groups.	Age, Disability, Sexual Orientation, Race, Gender Reassignment, Carers, Sex, Pregnancy & Maternity	Ensure consideration is given to different groups of people where there may be a greater impact of COVID-19 and the impact on returning to work.	July 2020
Continue to monitor results in future pulse surveys	Gender, Age, Race, Disability, Carers	Better understanding of the impact on colleagues from different groups and respond as necessary	Ongoing

What is the action?	Which group(s) does it relate to?	What is the anticipated outcome?	Timescale
Review forms, guidance and checklists for colleagues returning to work for accessibility.	Disability	Ensure accessibility of forms and checklists	June – July 2020
Consider PEEP requirements in light of social distancing and reduced number of colleagues on site, when disabled employees return to work.	Disability	Disabled employees are safe in returning to work	From July 2020