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>

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| --- | --- |
| **Name of EqIA** (e.g. directorate, large project or service) | HR Case Management (HR Partnering) |
| **Senior Responsible Officer (SRO):** name and job title | Linsay Lochans |
| **Does your project link to any other** [**published EqIAs**](https://www.skillsdevelopmentscotland.co.uk/publications-statistics/publications/?page=1&topic%5b%5d=3-6&order=date-desc)**?**If so please provide the name of the EqIA (e.g. WBL) | HR Partnering Service |

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| **Approved by:** | **Director of:** | **Date approved:** | **Review date:** |
| Signed:  | Human Resources | 18th March 2022 | 18th March 2025 |

1. **Purpose of project, policy or product**

SDS is an employer of choice committed to enabling fulfilling working lives through our exemplar demonstration of fair, innovative and transformative work. There are four teams within the HR directorate committed to support SDS’s ambitions. Three of the teams are responsible for creating the Employer Framework for the employment experience, HR Policy, Organisational Development and Workforce Planning. The fourth team HR Partnering is then responsible for the implementation and embedding of the employer framework and interface with the business.

The SDS Case Advice Service is part of the SDS HR Partnering Team. Its objective is to enable good employment practice, in line with the SDS employer framework. The SDS Case Management team are responsible for providing consistent advice, guidance and constructive challenge to people managers and ensuring that principles of fair work, wellbeing and inclusive practice are considered in the informal and formal policy application. The Case Advice team are also responsible for utilising data insight and impact information to support people manager capability as part of the HR Partnering Team, and informing the HR Policy and Planning Team around insight into SDS policies and procedures in practice to support Continuous Improvement Activity.

The objective of this EQIA is to ensure that the HR Case Management Service Offer supports the needs of all colleagues, including minority groups by identifying data, risks and trends that may impact on SDS’ ability to meet its obligations under the Equality Act 2010. SDS has also included an assessment of the service on care experienced young people as an additional consideration, recognising our commitment to progress as a Corporate Parent (a component part of the Children and Young People (Scotland) Act 2014).

1. **Evidence and Impact**

This section considers the impact on each of the equality groups in turn.

* 1. **Age**

**Context:** All colleagues are subject to the standards set in SDS core policies, which are supported in advice and guidance by the HR Case Advice Team. SDS workforce age profiling shows that:

* 669 colleagues are 50 years old or more, representing 39% of the workforce
* 95 colleagues are aged 24 or less, representing less than 6% of the workforce

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Underlying health conditions are more likely to impact older colleagues, who may also suffer from chronic or multiple long-term physical and mental health conditions. However, SDS is aware that health issues can affect employees at any age and will continue to promote our health and wellbeing practises and support services for all colleagues. | [Centre for Aging Better](https://www.ageing-better.org.uk/sites/default/files/2018-04/Health-warning-for-employers.pdf)[Institution of Occupational Safety and Health](https://iosh.com/more/our-influence/iosh-older-workers-policy-position/)  | Flexibility to consider personal circumstances as part of all informal and formal processesNormalisation of conversations around health at work through Connect, Yammer and OH/ EAP resourcesHealth and Wellbeing Passport to encourage open direct communication with people managers about health and ensure consistency of adjustments when changes take placeLaunch of Reasonable Adjustment e-learning planned to support local adjustmentsProduction of Ill Health Retirement factsheet to support potentially stressful considerations when having informal or formal discussions about absence/ health |  |
| Older colleagues are more likely to take longer to recover from illness or medical procedures: this may result in longer periods of absence | [Personnel Today](https://www.personneltoday.com/hr/sickness-absence-plan-now-for-the-ageing-workforce/)[Department of Health & Social Care (UK)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/817124/health-in-the-workplace-statistics.pdf) | Flexibility to consider personal circumstances as part of all informal and formal processesAdvice and guidance to People Managers in taking an individual approach to supporting colleagues with long term absence and on their return to workFlexibility for people managers to make adjustments to suggested absence policy “triggers”Primary objective of our approach to managing absence is the health and wellbeing of our employees whilst supporting a return to work when feasible |  |
| Younger workers are more likely to experience mental ill health. However, SDS is aware that mental ill health can affect employees at any age and will continue to promote our health and wellbeing practises and support services for all colleagues. | [Young People’s Health Partnership](http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/05/Overlap-of-mh-problems-employment-issues-for-young-people-Scoping-Review.pdf) | Provision of Employee Assistance (EAP) support for all colleagues and includes access via mobile app, which may encourage take-up from younger colleagues and positively impact their attendance/ performance/ resilienceAdvice and guidance consistent with refreshed Wellbeing Strategy to focus on developing People Managers’ capability and resilience to be able to support colleagues with mental ill health |  |

* 1. **Disability**

**Context:** SDS workforce profiling shows that 5.2% of SDS workforce identify as disabled. Reasonable adjustments are in place for all colleagues who’ve identified they need additional support due to a disability or underlying health condition. There is not data available to identify the percentage of additional support/ reasonable adjustments in place across the business, however it is understood that this is impacts significantly more than 5.2% of the workforce

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| The impact of working from home during the Covid-19 pandemic may impact ability to supply kit for reasonable adjustments (RAs) and impact on performance or sickness absence. Conversely working from home can be considered as a reasonable adjustment for some health conditions. *Note this is applicable during the Covid-19 pandemic and beyond considering SDS commitment to consider hybrid working as a feature of our future workplace practices in the context of our new Strategic Plan* | [People Management (May 2020)](https://www.peoplemanagement.co.uk/voices/comment/how-employers-supporting-disabled-staff-during-coronavirus#gref)[People Management (July 2020)](https://www.peoplemanagement.co.uk/experts/legal/remote-working-and-disabled-employees#gref) [Unison](https://www.unison.org.uk/content/uploads/2020/08/Covid19-and-disabled-workers-Time-for-a-home-working-revolution.docx)  | Work undertaken with RA kit suppliers to ensure kit delivery is available to all colleagues, whether at home or in an officeLaunch of home workstation assessment during the Covid-19 pandemic in order to ensure RA kit can be assessed no matter your work locationCommitment to replicate RA kit for all SDS work locations wherever this is reasonable and practicable Contract management to ensure OH providers are able to provide Remote Ergonomic Assessments for those colleagues who may need bespoke adjustmentsAbility to engage with OH physician where home working is being requested as a RA | Development of process with Resourcing team and people managers to support early disclosure of health conditions and ensure that Neurodiversity, Access to Work, Occupational Health or other support can be put in place as soon as possible from accepting an offer with SDS or diagnosis. This should mitigate probation extensions due to awaiting RA recommendations/ kit and support early RAs to facilitate good performance and suitable attendance |
| Those with underlying health conditions or disabilities are more likely to have periods of absence or need additional support to meet performance expectations.  | Internal SDS employee relations data | Consideration of the impact and potential adjustments required to support a disabled colleague and ensure it is specifically included as part of informal and formal policies, procedures and guidanceFlexibility to consider personal circumstances as part of all informal and formal processesNormalisation of conversations around health at work through Connect, Yammer and OH/ EAP resourcesHealth and Wellbeing Passport to encourage open direct communication with people managers about health and ensure consistency of adjustments when changes take placeNeurodiversity support in place via our OH provider to provide additional tailored support for colleagues with Dyslexia, Dyspraxia, Dyscalculia, ASD – promoted to CIAG colleagues and HR teamsAdvice and guidance consistent with refreshed Wellbeing Strategy to focus on developing People Managers’ capability and resilience to be able to support colleagues with mental ill healthWork collaboratively with internal ASN Development Coach to identify support solutions (in progress) | Development of process with Resourcing team and people managers to support early disclosure of health conditions and ensure that Neurodiversity, Access to Work, Occupational Health or other support can be put in place as soon as possible from accepting an offer with SDS or diagnosis. This should mitigate probation extensions due to awaiting RA recommendations/ kit and support early RAs to facilitate good performance and suitable attendance |

* 1. **Gender reassignment** (sometimes under heading of Transgender)

**Context:** Under SDS 10 employees are recorded as identifying as trans

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| There is some evidence that trans colleagues may be more likely to experience mental ill health. This has the potential to impact absence, performance or conduct and should be considered in the application of policies to support/ manage. | [Stonewall](https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help)[Rethink Mental Health](https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/lgbtplus-mental-health/) | LGBT Allies forum organised informal tea break to support LGBT colleagues (Equalities)Return to Work and Wellbeing Conversations guidance for Managers to support open and honest conversations and allow early support to be availableGuidance in place to ensure commitment to enable appointments for an individual transitioning is not included as sick leave |  |

* 1. **Marriage and civil partnership**

**Context:** We have reviewed this and do not believe there is a potential impact on this group.

* 1. **Pregnancy and maternity**

**Context:** From 1 Apr 2020 to 31 March 2021 we had 25 individuals on maternity leave

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Pregnant women may experience pregnancy-related health issues which impact their attendance or performance | [Acas](https://www.acas.org.uk/your-maternity-leave-pay-and-other-rights/health-at-work-during-pregnancy) | Pregnancy Risk Assessment (PRA) available on SDS AcademyPolicy is clear that time off work is available as Special Leave for Pregnancy-related appointmentsPolicy guidance asks people managers to consider pregnancy as a mitigation when deciding whether to implement the formal sickness absence procedure; regular informal conversations to support are still encouragedWork in progress to make PRA easier to use and to inform reasonable adjustmentsFurther maternity research to support continuous improvement in support for this area | Further maternity research to support continuous improvement in support for this area, including work in progress to make PRA easier to use and to inform reasonable adjustments, also to support positive recruitment outcomes |

* 1. **Race**

**Context:** As per SDS latest Equality Mainstreaming Report, 1.7% of employees self-disclosed that they are from a minority ethnic community.

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Concerns have been raised about BAME colleagues feeling unable to raise concerns  | Feedback from BAME Allies group | Direct phone line to HR Director to flag concernsBullying and Harassment MailboxSupport through signposting of policies and coaching managers on questioning techniques to help raise concernsConduct sessions running in CIAG to promote psychological safety in raising concerns and reiterate SDS expectations on colleagues behaviour |  |

* 1. **Religion or belief**

**Context:** 43.7% of our employees state that they do not have a religion or belief: 43.4% disclosed that they held a religion or belief

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Observation of religious practice may impact attendance or require adjustment to working practices. Whilst this is not a contractual right, consideration should be given to time off/ adjustments and support to observe. | [XpertHR](https://www.xperthr.co.uk/tasks/establish-a-policy-on-requests-for-time-off-to-observe-religious-holidays/150478/) | Health and Wellbeing Passport encapsulates adjustments to support religious observation and is designed to encourage open and honest conversations and supportAwareness raised around availability of designated rooms in SDS locations (where possible) for religious observationAdvice and guidance on informal support to flex start and finish times during periods of religious observation (use SDS flexi time policy) |  |

* 1. **Sex** (or gender)

**Context:** SDS workforce gender breakdown as per the last Equality Mainstreaming Report is 72.3% female 28.7% male

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Women are more likely to have additional caring responsibilities (children or adult dependents)Whilst SDS understands that men and women may both experience domestic abuse, women remain more likely to be victims of domestic abuse | [Equality Evidence Review](https://skillsdevelopmentscotland.sharepoint.com/sites/IShare/Connectcontent/Resource%20Library/Forms/NotArchived.aspx?id=%2Fsites%2FIShare%2FConnectcontent%2FResource%20Library%2FEquality%2FEquality%20Evidence%20Review%202021%5F30%2E04%2E21%5FFINAL%2Epdf&parent=%2Fsites%2FIShare%2FConnectcontent%2FResource%20Library%2FEquality&p=true) (April 2021)[Women’s Aid](https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/) | Ability to use special leave with discretion as support to deal with caring responsibilities and to remove themselves from situations of abuseGuidance around additional support | Work with PAM OH to understand referral numbers for EAP to better understand impact Review SDS Domestic Abuse Guidance |

* 1. **Sexual orientation**

**Context:** LGBT make up 3.2% of workforce (as per disclosed sexual orientation)

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| There is some evidence that LGBT colleagues may be more likely to experience mental ill health. This has the potential to impact absence, performance or conduct and should be considered in the application of policies to support/ manage. | [Stonewall](https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help)[Rethink Mental Health](https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/lgbtplus-mental-health/) | LGBT Allies forum organised informal tea break to support LGBT colleaguesReturn to Work and Wellbeing Conversations to inform open and honest conversation and allow early supportAdvise managers where appropriate of other routes of support for LGBT individuals including the LGBTi+ network group for confidential support |  |

1. Assessing impact on other groups

This section is the same as above only considers the impact of groups not covered in the Equality Act (2010), e.g., care experience, carers, socio-economic disadvantage).

* 1. **Care experience**

**Context:** As per the latest Equality Mainstreaming Report, 1.1% of SDS colleagues disclosed that they are care experienced. As a corporate parent, SDS consider those with care experience have the same protection as those groups listed in the legislation.

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Potential ongoing Mental Ill Health due to ACEs (adverse childhood experiences) | NSPCC Training | Focus on MIH and Wellbeing as part of wellbeing strategy NSPCC training for all case team, NPO training for Head of HR and HRBP Case AdviceHR team completed mandatory Corporate Parenting training  |  |

1. Island Community Impact Assessment

This section covers our commitments under the Islands (Scotland) Act 2018. This follows the same process as the rest of the form. Please see [Scottish Government Toolkit](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.scot%2Fpublications%2Fisland-communities-impact-assessments-guidance-toolkit%2F&data=04%7C01%7CJordon.Gorevan%40sds.co.uk%7Ced2dcd52cc474134145d08d8c9e79135%7C33ca6d475e4f477484f1696cbb508cbe%7C0%7C0%7C637481343690991575%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=9NJwzexZG%2BaGREDjlY74Av%2BP6deY2Z0NC2uORMZa16M%3D&reserved=0) for more information.

**Context:**. Given the geographical reach of SDS, it is important that the differing and unique priorities of our colleagues in our island communities are given fair consideration to ensure inclusion.

| Evidence of positive or negative impact | Source of evidence  | Activity to date  | Further activity required  |
| --- | --- | --- | --- |
| Reasonable Adjustment kit can be more challenging to get to areas outwith the Scottish Mainland | Internal Procurement Contracts | Working with suppliers to understand and mitigate barriers to delivery to mainland. Working with Procurement and Facilities to ensure different route for kit delivery to Islands if required. |  |

**5. Action Plan**

The SRO is responsible for all actions.

| **What is the action?** | **Which group(s) does it relate to?** | **What is the anticipated outcome?** | **What method is used to measure it?** | **Timescale** |
| --- | --- | --- | --- | --- |
| Development of process with Resourcing team and people managers to support early disclosure of health conditions and ensure that Neurodiversity, Access to Work, Occupational Health or other support can be put in place as soon as possible from accepting an offer with SDS or diagnosis. This should mitigate probation extensions due to awaiting RA recommendations/ kit and support early RAs to facilitate good performance and suitable attendance | Disability | Less probation extensions to allow RAs to be implementedBetter understanding of disabilities and underlying health in people managers | Agresso statistics (number of probation extensions and reasons)Manager feedback (qualitative) | End of August 2022 |
| Work with PAM OH to understand referral numbers for EAP to better understand impact Review SDS Domestic Abuse Guidance | Gender | Improved understanding of number of colleagues within SDS who may need additional support due to personal circumstances and any insight they have around what support may look like | PAM OH Data | End of June 2022 |
| Further maternity research to support continuous improvement in support for this area, including work in progress to make PRA easier to use and to inform reasonable adjustments, also to support positive recruitment outcomes | Pregnancy and Maternity  | Supportive Maternity journey and reduced risks to pregnant colleagues - person-centred approach too development opportunities | Masters Dissertation Project action planning will determine this | End of June 2022 |