



Social Security Scotland
Tèarainteachd Shòisealta Alba

Social Security Scotland Equality Impact Assessment Summary Report Social Security Scotland Wellbeing Service

Dignity,
fairness,
respect.

1. Background

1.1 This report is a summary of the EQIA (Equality Impact Assessment) conducted on the Social Security Scotland Wellbeing Service. The Equality Impact Assessment has considered the potential effects of the Wellbeing Service and how it impacts on groups with protected characteristics.

1.2 This EQIA meets the three aims of the Public Sector Equality Duty:

- Identifying opportunities to reduce discrimination
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

2. The Scope of the Equality Impact Assessment

2.1 As a component of the wider Health and Wellbeing Plan which was published in 2022, the wellbeing service will contribute to the agency's plan to prioritise mental health and wellbeing. It is hoped that the provision of a wellbeing service will have a positive effect on the people of Social Security Scotland. By being able to reach out to a confidential internal service within the working day and without the need to utilise the flexi-system to do so, this will support our people to take care of themselves within the working environment. The service has the support and backing of senior leaders, as well as support from the wider People Advice and Support Team which the Wellbeing Partners fall under.

3. Key findings

Age

3.1 Evidence

The majority of our workforce fell between the ages of 20-59, with a small number falling into the 16-19, 60-64 and 65+ age ranges. A consideration ahead of the framing conversations were any generational or age related barriers in relation to technology competency; session delivery method (for example, face to face meeting or a Microsoft Teams meeting) and feeling put off by the Wellbeing Partners' ages were considered. As the Wellbeing Partners fall within the majority category, this was highlighted.

3.2 Impact

Generational attitudes were highlighted in relation to technological competency and attitudes towards mental health as barriers for consideration. While both are generalisations, the wellbeing partners will strive to offer as wide a range of session delivery methods as possible and will design materials that are relatable across all age ranges.

Disability

3.3 Evidence

In the agency, 10.4% of our employee population have a known disability, 1.8% preferred not to say and 35.3% did not give any information in relation to disability. As this information does not capture the type of disability, it is important for this EQIA to capture as broad a range of information as possible in relation to disability to include hidden disabilities and to not only focus on those of a physical nature.

3.4 Impact

The variety of session delivery options was highlighted as a positive impact (telephone, video call, face-to-face, moving meeting). A negative impact identified was that the wellbeing service materials such as the service offer PowerPoint presentation does not meet inclusive communications standards. This is a disadvantage for those utilising screen reader equipment at a disadvantage when accessing the service. Wellbeing partners will seek Communications team support to meet inclusive communications standards.

Gender reassignment

3.5 Evidence

No evidence was available when completing this analysis to understand the number of people within Social Security Scotland currently undergoing the gender reassignment process or who identify as transgender. A 2018 NHS (National Health Service) report highlighted that there is also not a definitive number published to reflect the number of transgender individuals, but estimated that 0.5% of the population identify as transgender through analysis of the number of people accessing NHS services for support. It was also reported in this 2018 study that this number was increasing, suggesting that the aforementioned percentage may be higher now.

3.6 Impact

As the wellbeing service is generic and does not offer specific services, wellbeing partners will continue to create connections with local and national organisations which offer support to specific groups, for example, Stonewall Charity for those struggling within the LGBTQ+ community.

Pregnancy and maternity

3.7 Evidence

Initial conversations prior to framing workshops noted a lack of insight into the need for support offered and taken by those who are pregnant or on maternity leave within the agency. According to National Institute for Health and Care Excellence (NICE) guidance on maternity and mental health, perinatal mental health difficulties can impact up to 20% of women. The wellbeing partners were keen to hear from our people in relation to barriers which may hinder those who are either pregnant or on maternity leave from accessing the service if they are in need.

3.8 Impact

Framing workshops highlighted the need for specific messaging to be delivered from the service in relation to the impact of pregnancy and associated experiences such as in-vitro fertilisation (IVF) and miscarriage. Those on maternity leave do not currently have enough explicit information regarding methods of accessing the

wellbeing service without logging on to their work equipment. Wellbeing partners will encourage individuals and managers to take the details of the service prior to going on leave so that they can access at a time of their choosing without using work equipment.

Race

3.9 Evidence

Regarding race and ethnicity¹, the majority of our workforce are white with 3.5% of the population from minority ethnic groups. Initial conversations highlighted that there may be a potential barrier to reaching out for those within minority ethnic groups as there is a lack of representation within the wellbeing service.

3.10 Impact

The lack of racial diversity within the Wellbeing team was highlighted as a potential barrier to those accessing support, with it being noted that individuals may feel more comfortable speaking with a counsellor of the same race, particularly if they wish to discuss racial issues. While there are not currently plans for further recruitment within the team, the wellbeing partners will strive to maintain and improve their competency in line with the principles outlined by the British Association of Counselling and Psychotherapy. This will be done through engagement with internal and external groups and organisations.

Religion or belief

3.11 Evidence

Like most counselling services, the Wellbeing Service operates without any religious influence, however the wellbeing partners are aware that some individuals may prefer to access support from a religiously affiliated service. Within our agency, 41.7% of our people identified with no religion, 25.3% identified as Christian (including Church of Scotland, Roman Catholic and Other Christian) and 3.1% identified as Other religious belief, including Muslim, Buddhist, Sikh, Jewish, Hindu, Pagan and Other.

3.12 Impact

The service offers support to all, regardless of their religious or spiritual beliefs, meaning that it does not discriminate and offers equal opportunities to all to access. In order to increase the equality of access, the wellbeing partners will explore the availability of faith-based services to signpost to individuals who would prefer this style of support.

Sex²

3.13 Evidence

Within the agency, 60.7% our workforce are female. There were no barriers initially considered other than the service being ran by two women, which may be off-putting

¹ Minority ethnic group includes: African, Caribbean or Black; Asian, Asian Scottish or Asian British; Mixed or Multiple Ethnic Group; Other Ethnic Group.

² The Workforce Information Statistics document refers to 'Gender' and offers information from directly employed staff under 'Male' and 'Female' headcounts.

for those who would have a preference to work with a counsellor of a different sex or who would like the option to choose. It was highlighted that the only data from the Workforce Information Statistic spreadsheet in relation to gender takes into account 'Male' or 'Female', and so further insight from the gender spectrum was hoped for from the framing workshops.

3.14 Impact

In relation to sex, the wellbeing service does not discriminate or victimise, and offers equal opportunities for all to access, regardless of their sex. However, there is a lack of gender diversity within the wellbeing team, therefore the wellbeing partners will endeavour to engage with local and national stakeholders who can offer sex-specific advice and support to those in need.

Sexual orientation

3.15 Evidence

The majority of our workforce who offered information identify as heterosexual, with 7.1% identifying as lesbian, gay, bisexual or other and 2.7% preferred not to say. The Wellbeing Service firmly operates an open, inclusive and non-judgemental policy across all areas and strives to ensure that all individuals feel welcome, regardless of their sexuality, and so there were no barriers identified at the initial evidence gathering stage, other than that our resources could be broadened to incorporate LGBTQ+ resources for those who would feel more comfortable engaging with specialist services which are explicit in their offering of safe/inclusive spaces.

3.16 Impact

It was identified that there is not enough LGBTQ+ resources on the Wellbeing Toolkit, which is something that can be explored and remedied. Participants also highlighted the need for training to be delivered to tackle homophobia in the workplace. The wellbeing partners plan to engage with internal and external groups to promote an inclusive culture within the agency.

Care Experience

3.17 Evidence

There was little evidence to be found directly within Social Security Scotland's workforce information. Evidence in relation to care experience was gathered from the Social Security Experience Panel³ research which found that care experienced individuals reported barriers to benefit access due to a lack of experience using internet technology. The wellbeing service is mainly an online service but will offer office-based support as the agency moves towards hybrid working.

3.18 Impact

Participants highlighted the difficulties faced by care experienced individuals when engaging with support services, with it being noted that trust in health professionals often being negatively impacted through experience. This information helps the wellbeing partners to shape the service in a way which does not cause individuals to

³ The Social Security Experience Panel is a piece of research involving carers and care experienced people in a study programme titled 'Seldom Heard Voices' which gathers detailed experience from participants.

feel that they must commit to engaging. This creates the opportunity to build trust in the service.

Marriage and Civil Partnership

3.19 Evidence

There is little information regarding the marital/civil partnership status of Social Security Scotland's staff, with 70.1% of our workforce having not shared this information. It was predicted that the wellbeing service will not have a significant direct impact upon those falling under this characteristic.

3.20 Impact

The wellbeing service's offering of a variety of delivery methods (video, telephone, moving meeting, face-to-face) was highlighted as a positive impact for those working from home alongside their partner, however it was noted that more could potentially be done to promote the variety of delivery methods on offer.

4.0 Recommendations and Conclusions

4.1 This Equality Impact Assessment has identified potential impacts on all protected characteristics as a result of the introduction of the Social Security Scotland Wellbeing Service, however action can be taken to mitigate these impacts. Overall, the Wellbeing Service has a positive impact on people with all protected characteristics. Particular characteristics where specific positive impacts were highlighted were: Age, Disability, Gender Reassignment, Religion or Belief, Sex, Sexual Orientation, and Marriage and Civil Partnership. Where areas of improvement have been identified, we have made changes to meet the needs of people with protected characteristics.

4.2 Three broad themes were identified:

- Service Delivery Setting and Accessibility
- Communication
- Signposting and Stakeholder Engagement

4.3 The action points detailed in the plan below will be undertaken by the Wellbeing Partners and the wider People Advice and Support Team. The action points listed will be reviewed following their implementation to ensure their success.

| Actions | Protected characteristic | Owner | Timeline |
|---|---|---|---|
| <p>Service Delivery Setting and Accessibility</p> <ul style="list-style-type: none"> Action 1: Use hybrid working trials as an opportunity to identify rooms within our office buildings to conduct confidential face-to-face sessions with people seeking support. The wellbeing partners will look to identify at least two rooms in each office which are suitable. Suitable rooms will be private and discreet, for example: soundproofing, removed from the main office floor space, no visibility into the room from the outside. Action 2: Wellbeing partners will ensure that individuals are made aware of the service availability to them, even when they are off work long-term, particularly those on maternity leave. Wellbeing partners plan to do this by delivering specific communications to raise awareness of the service and its availability without using work-based equipment and also by inviting individuals to take note of the wellbeing service contact details prior to going on leave, and to encourage managers to pass details on during keeping in touch meetings. People Advice Partners will be asked to pass this message on to the managers within their partnered business areas. | <p>All</p> <p>Pregnancy and Maternity</p> | <p>Wellbeing Partners</p> <p>Wellbeing Partners</p> | <p>By August 2022</p> <p>By August 2022</p> |
| <p>Communication</p> <ul style="list-style-type: none"> Action 1: Publish service materials which have been approved by the Communications team. The following materials will be shared with the Communications team to meet inclusive communications standards: <ul style="list-style-type: none"> ➤ Wellbeing Service Offer PowerPoint Slides | <p>Disability</p> | <p>Wellbeing Partners</p> | <p>By January 2023</p> |

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|--|---|---------------------------|--|
| <ul style="list-style-type: none"> ➤ Counselling Contract and Information Sheet ➤ Pre-session questionnaire ➤ Safety Plan | | | |
| <p>Signposting and Stakeholder Engagement</p> <ul style="list-style-type: none"> • Action 1: Wellbeing partners will continue expand the list of external services which can offer support which is specific to the needs of various characteristics. This will be actioned by researching and engaging with organisations across Scotland to understand what they can offer to individuals referring themselves for support. | <p>Gender Reassignment Pregnancy and Maternity Race Religion or Belief Sex Sexual Orientation</p> | <p>Wellbeing Partners</p> | <p>Continuous action required as this list will be updated as external services change/become available.</p> |

