Social Security Scotland
Equality Impact Assessment Record:
Social Security Scotland Wellbeing Service

Dignity,
fairness,
respect.

Activity Leads
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Is this a new activity or a change to an existing activity – New activity which links in to the overall Health and Wellbeing Plan

1.   Screening

What is the aim of the proposed activity?

1.1   To understand the impact of Social Security Scotland's Wellbeing Service (the service) upon the people of the organisation. We will pay particular attention to those who fall under the ten protected characteristics outlined in the Equality Act 2010.

1.2   To gather data which highlights the positive and negative impacts of the service, with a view to make changes to the service to mitigate the risk of discrimination.

1.3   To use the activity's findings to adapt the service offer to ensure it is inclusive and accessible.

Who will it affect?

1.4   The Service will affect all employees within Social Security Scotland (the agency), as it is open to all employees.

1.5   The agency is committed to providing a healthy working environment that supports the health and wellbeing of our people. As a component of the wider Health and Wellbeing Plan, the service will contribute to the agency's aim to create a culture of prioritising mental health and wellbeing. Reaching out to a confidential internal service within the working day without the need to utilise the flexi-system will help our people to feel supported and empowered 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.

What might affect the success of the proposed activity?

1.6   The Social Security Scotland Wellbeing Service is a new service established within the agency and falls under the action plan published within the agency's Health and Wellbeing Plan, published in 2022.

[Our Health and Wellbeing Plan](#)

1.7 Our Health and Wellbeing Plan supports our people in an environment that allows them to reach their full potential. This is critical to the success of our organisation in delivering an excellent service to the people of Scotland.

1.8 The success of the activity will be largely based upon the promotion of the service, which will support the agency's wellbeing focus for its people. The wellbeing partners will promote the service and gain support from senior management and line managers to cascade the service's information amongst teams.

1.9 Individuals may not feel comfortable accessing an internal wellbeing service.

1.10 Colleagues based outside of Dundee and Glasgow office locations such as Local Delivery colleagues may not have access to a private space if they make use of outreach centres or shared work spaces.

2. Exploratory workshop results

Who do you need to consult?

2.1 We advertised the workshops to all Social Security Scotland staff in the following ways:

- Creating Events Online events for individuals to sign up to
- Promoting workshops via Yammer and Managers Cascade
- Promotion via members of the Strategic Wellbeing Group and the People Advice and Support Partners who cascaded workshop information throughout their partnered business areas

How we conducted exploratory workshops

2.2 Note takers volunteered from the Strategic Wellbeing Group and the People Advice and Support Team.

2.3 Two sessions took place, in which participants were divided into four groups with one facilitator and one note taker.

2.4 Notes were not shared with participants at the end due to the sensitive and confidential nature of the discussions.

2.5 If individuals had additional information to share then they could get in touch with the wellbeing partners via their confidential mailbox.

What questions were asked when exploring the impact of the Social Security Scotland Wellbeing Service on its people?

2.6 Are there any perceived impacts in relation to age which we ought to consider?

2.7 How do people access the service – could age impact this? Are there any barriers?

2.8 Are there any perceived impacts in relation to disability which we should to consider?

2.9 How might our services impact on disabled people, think about the wide range of disabilities people may have? Will it be easy for those with disability to access the service?

2.10 Are there any perceived impacts in relation to gender reassignment which we ought to consider?

2.11 Are there any perceived impacts in relation to pregnancy and maternity which we ought to consider?

2.12 How might the Wellbeing Service impact differently on people of different ethnicities?

2.13 How might the Wellbeing Service impact differently on people of different religions/beliefs – and those with none?

2.14 Will men and women be affected by the Wellbeing Service equally, or are there differences?

2.15 Are there actions that can be taken to restore the balance?

2.16 How might the Wellbeing Service impact differently on people who have different sexualities and/or gender identities?

2.17 How might the Wellbeing Service impact differently on people who are care experienced?

2.18 What barriers might hinder a care experienced individual from accessing the Wellbeing Service?

2.19 Is there any impact of the Wellbeing Service on individuals in relation to their marital or civil partnership status?

3. Data and evidence gathered

The agency strives to recruit a diverse workforce which is representative of the communities that it engages with. As the service is available to all staff, we looked at the equality data held for each characteristic. Initial conversations identified few impacts on each characteristic, but a predicted outcome of this Equality Impact Assessment was that it will support the service to offer targeted support. Information

detailed below in reference to Social Security Scotland employee population statistics was taken from our December 2021 Workforce Statistics spreadsheet[1].

Social Security Scotland - Workforce Information Statistics - December 2021

Age

3.1 The majority of our workforce fell between the ages of 20-59, with a small number falling outside this range. . A consideration ahead of the framing conversations were any generational or age related barriers. This included considering
- using technology
- session delivery method (for example, face to face meeting or a Microsoft Teams meeting)
- feeling put off by the Wellbeing Partners' ages (both Partners fall within the majority workforce category).

Disability

3.2 In the agency, 10.4% of our workforce have a known disability, 1.8% preferred not to say and 35.3% did not give any information in relation to their disability. As this information does not capture the type of disability, it is important for this Equality Impact Assessment 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.

Gender reassignment

3.3 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.

Pregnancy & maternity

3.4 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.

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[1] The data held within this document is captured from the wider Scottish Government's online Human Resources system which allows staff to voluntarily update sections of their personal information, including diversity information, or adding diversity information not captured on their appointment.

3.5   According to the National Institute for Health and Care Excellence (NICE), guidance on maternity and mental health, as well as perinatal mental health difficulties, can impact up to 20% of women.

3.6   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.

Race

3.7   Regarding race and ethnicity[2], the majority of our workforce is 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

Religion or belief

3.8   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 beliefs, including Muslim, Buddhist, Sikh, Jewish, Hindu, Pagan and Other.

Sex[3]

3.9   Within the agency, 60.7% our workforce is female. There were no barriers initially considered other than the service being run by two women, which may be off-putting for those who would have a preference to work with a counsellor of a different sex or who would like the option to choose.

3.10   It was highlighted that the only data from this 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.

Sexual orientation

3.11   The majority of our workforce who shared information identify as heterosexual, with 7.1% identifying as lesbian, gay, bisexual or other and 2.7% preferred not to say.

3.12   The Wellbeing Service firmly operates an inclusive and non-judgemental policy across all areas and strives to ensure that all individuals feel welcome, regardless of their sexuality

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[2] Minority ethnic group includes: African, Caribbean or Black; Asian, Asian Scottish or Asian British; Mixed or Multiple Ethnic Group; Other Ethnic Group.
[3] The Workforce Information Statistics document refers to 'Gender' and offers information from directly employed staff under 'Male' and 'Female' headcounts.

3.13 A barrier identified was that our resources could be broadened to incorporate LGBTI+ (Lesbian, Gay, Bisexual, Trans and Intersex) resources for those who would feel more comfortable engaging with specialist services which are explicit in their offering of safe/inclusive spaces.

Care Experience

3.14 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 Panel[4] 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.

Marriage and Civil Partnership

3.15 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.

4.   Assessing the impacts and identifying opportunities to promote equality

4.1   Age

Impact

4.1.1   The service offer materials that are written in a way which are inclusive in relation to age. It was highlighted that the pre-session questionnaire given to individuals seeking counselling support ahead of their first session is particularly helpful for those of an older generation, who perhaps struggle or are unfamiliar with speaking about wellbeing, so that they can take time over what they wish to express, or choose from a list of options to give wellbeing partners insight into what is troubling them.

4.1.2   Currently wellbeing sessions are held using Microsoft teams call or phone call. It was suggested that older generations may have lower levels of digital competency, and may show a preference for face to face support.

4.1.3   It was highlighted that individuals within older age categories are potentially less likely to reach out for support than those from younger generations, due to generational attitudes towards mental health.

Action

4.1.4   As the agency begins its Our Ways of Working trials, the wellbeing partners will assess the space available in Glasgow and Dundee for suitability to have

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[4] 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.

confidential conversations. Wellbeing partners are aware that this will continue to be a barrier for those in rural areas or in cities beyond reasonable travelling distance from Glasgow and Dundee.

4.1.5   Continue to use inclusive language.

4.1.6   Deliver targeted communications across age ranges. This will be relevant to the Social Security Scotland Wellbeing Calendar initiatives, which by nature will affect certain age groups more so than others.

Public Sector Equality Assessment

4.1.7   Our service, along with the changes we plan to implement to invite individuals of all age ranges to utilise the service will advance equality of opportunity.

4.2   Disability

Impact

4.2.1   Session delivery options offer flexibility to those with disabilities, for example, the choice to not use cameras while speaking was viewed as important for those struggling with anxiety.

4.2.2   The use of moving meetings supports individuals whose disabilities causes them to struggle when seated for long periods of time, can still engage in a way which will allow for them to receive support.

4.2.3   Materials utilised such as the wellbeing service offered by PowerPoint are incompatible with audio descriptive software. Some individuals will be excluded if the information is not adaptable for their needs. There is also a risk of disappointing those who have different expectations to what is offered by the service due to a lack of accessible information.

4.2.4   Individuals who have had negative experiences with health and wellbeing professionals in the past may, view this as a reason to not trust or seek support from the service.

4.2.5   The wellbeing service does not currently offer text or instant message based counselling. This may be a barrier for those who struggle with verbal communication, for example, those diagnosed as being on the autism spectrum. This could also be a barrier for those who struggle to verbalise their difficulties.

Action

4.2.6   Wellbeing partners will work with the Communications team to ensure that all service materials meet inclusivity standards. This will include adapting PowerPoint and other visual materials, as well as creating verbal recordings of the materials.

4.2.7   The wellbeing partners are committed to building trust with employees by promoting the service and offering opportunities for individuals to ask questions about the wellbeing offer.

4.2.8   Wellbeing partners are exploring options to introduce a text or instant message based service for those who would prefer to communicate in this way. Careful consideration will be taken to ensure confidentiality and anonymity for those accessing the service.

Public Sector Equality Assessment:

4.2.9   The changes required in relation to accessibility of materials have been made a priority for wellbeing partners to eliminate discrimination and alienation of those who are unable to access it due to software incompatibility issues.

4.2.10 These changes, as well as exploring options to introduce a text/instant message service will advance equality of opportunity for those utilising the service.

4.3   Gender reassignment

Impact

4.3.1   The opportunity to share individual pronouns with wellbeing partners ahead of meeting with them allows individuals an opportunity to share and not feel judged.

4.3.2   The wellbeing service is a general support service which does not specialise in gender reassignment support, it was suggested that due to this, some individuals may not feel that the service can offer them the level of support required.

Action

4.3.3   The service is not equipped to offer those undergoing gender reassignment the level of support that is given by specialist services. This is due to the service's single session model that cannot offer specialised support.

4.3.4   The wellbeing partners can offer ad hoc support to those on waiting lists for specialised counselling services.

4.3.5   The wellbeing partners will build relationships with external stakeholders such as Stonewall Charity and LGBTI+ Health and Wellbeing to signpost individuals on to.

Public Sector Equality Assessment

4.3.6   The inclusive nature of the wellbeing service, and its provision of a gender-inclusive space, eliminates unlawful discrimination, harassment and victimisation. It is hoped that the services' culture of acceptance and inclusivity will influence the wider agency's culture, ensuring that individuals undergoing gender reassignment can feel safe and accepted within the workplace.

4.4 Pregnancy and maternity

Impact

4.4.1   Participants felt it appropriate for the service to deliver sessions which normalise the challenging feelings which are less commonly spoken about when experiencing all aspects of pregnancy and maternity, including IVF (in vitro fertilisation), miscarriage, traumatic birth, pre/post-natal depression, etc.

4.4.2   The lack of information in the wellbeing materials regarding pregnancy and maternity was highlighted as a potential barrier, with participants suggesting that due to beliefs and assumptions about pregnancy and maternity being a completely positive experience, individuals may not consider the wellbeing service as an option for them to seek support.

4.4.3   The methods of communication for those on maternity leave were highlighted as a barrier to seeking support. As the service is work-based, individuals may not wish to log on to their work devices while on maternity/paternity leave. It was suggested that this could be due to general anxieties related to 'logging on' and seeing a large number of emails waiting unanswered, or quite simply wishing to maintain a boundary between their work and personal life.

4.4.4   The wellbeing materials offering support to managers do not make reference to maternity, suggesting that managers supporting colleagues on maternity leave may not think to offer the service's contact details.

Action

4.4.5   Wellbeing partners will create relevant material for session delivery to be delivered across the agency.

4.4.6   Wellbeing partners will make changes to the service offered materials to ensure clarity around the service being available to those approaching or currently on maternity/paternity leave.

4.4.7   Wellbeing partners will work with the wider People Advice and Support Team so that they can support managers to pass on wellbeing service materials in their partnered business areas or in management discussions.

4.4.8   Wellbeing partners will adapt materials to highlight that the service can be accessed using personal devices, and to encourage managers to share details of the service ahead of leave as part of management best practice. Additionally, the service offer update will also include this as an example of when a wellbeing partner and manager can liaise (with the consent of the individual) to discuss the support offered to individuals.

Public Sector Equality Assessment

4.4.9   Following the changes which will be made to the service, promotion and the information specific to those experiencing pregnancy and maternity related difficulties, this will eliminate the risk of isolation, advance equality of opportunity to

access the service, and will promote good relations between those in need of support and their employer.

4.5   Race

Impact

4.5.1   The lack of racial diversity within the service may present as a barrier to those who would prefer to seek support from an individual from a similar racial background to feel related to and understood.

4.5.2   It was suggested that the wellbeing partners may have their own biases and assumptions towards other races and/or that individuals engaging with the service may have their own biases/assumptions about the wellbeing partners' race.

4.5.3   There may be individuals who feel unsafe or uncomfortable discussing the topic of race with the wellbeing partners, particularly if that individual has been persecuted or discriminated against by an individual who is racially similar to the wellbeing partners.

4.5.4   English is the only language spoken within the wellbeing service, with no other languages offered. It was suggested that this could be a barrier for those whose first language is not English.

Action

4.5.5   The wellbeing partners are ethically bound by their professional governing body (The British Association of Counselling and Psychotherapy) to understand the impact of racial discrimination, and how they can navigate this effectively within their counselling work. The wellbeing partners do this by attending events run within the agency and via external stakeholders, as well as extensive reading of articles and real life experiences of others.

4.5.6   Individuals may wish to speak with a counsellor who is not the same race as them, so that a different perspective can be offered.

4.5.7   Spoken and written English competency are required to work within the agency. The use of an interpreter service is not currently something which the wellbeing service will implement as this could have a negative impact upon the level of confidentiality offered. This will be revisited in the future for consideration.

4.5.8   The wellbeing service will explore alternative support for individuals who require counselling in an alternative language.

Public Sector Equality Assessment

It is hoped that the actions taken will allow for good relations between groups to be promoted. By increasing awareness of competency and understanding of race, as well as the Wellbeing Partners' own race and where that falls within societal

discourse, this will work towards a positive outcome of allowing individuals to feel safe and supported within the service, regardless of their racial background.

4.6 Religion or Belief

Impact

4.6.1   Individuals may wish to speak with someone who does not belong to the same religion as them so that they can get support from a different perspective.

4.6.2   The service's religious and spiritual neutrality was flagged as a potential barrier to those who prefer to seek support from a source aligned to their own religious/spiritual beliefs.

Action

4.6.3   The wellbeing service will continue to operate with religious and spiritual neutrality, and will operate in a non-judgemental and accepting manner towards all individuals, regardless of religious or spiritual background and belief.

4.6.4   Wellbeing partners will continue to raise awareness of their approach and will also endeavour to support individuals to find support which suits them, including support to self-refer into faith-based counselling services. Wellbeing partners will explore the availability of faith-based counselling services to direct individuals to.

Public Sector Equality Assessment

4.6.5   The Wellbeing Service's current delivery in relation to religion and belief offers support to all, regardless of their religious or spiritual affiliations, meaning that it does not discriminate and offers equal opportunities for 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.

4.7 Sex

Impact

4.7.1   Participants noted that the service offers an accepting approach in relation to sex, and that the materials offered through the service do not appear to advertise to any one sex.

4.7.2   There is a lack of diversity within the service due to two females running and delivering it. It was considered that this could be a barrier for those who would like the option to choose the sex of their counsellor – something which is not uncommon in other counselling services.

4.7.3   The stereotype that men may not be comfortable discussing their mental health was raised.

Action

4.7.4   There is not currently a plan to recruit further for the wellbeing service. Wellbeing partners continue to develop a list of services which can offer flexibility and/or sex-specific counselling services.

4.7.5   The wellbeing service reaches approximately the same number of men and women. Partners are aware of stereotypes regarding men's mental health and promote the service to encourage men to get in touch.

Public Sector Equality Assessment

In relation to sex, the wellbeing service does not discriminate or victimise, and offers equal opportunities for all to access, regardless of their sex.

4.8   Sexual orientation

Impact

4.8.1   Confidentiality was noted to be important within this group, with participants adding that this service appears well suited to those who are not ready to share their sexual orientation publicly.

4.8.2   Questions were asked by participants if wellbeing partners will offer training or support to managers to tackle issues such as homophobia and biphobia in the workplace.

4.8.3   There are no LGBTI+ resources on Saltire or on the internal Wellbeing Toolkit. Participants discussed the lack of relatability to those belonging to the LGBTI+ community, and whether the lack of signposting and resources would present as a barrier to reaching out.

Action

4.8.4   Wellbeing partners will work alongside internal staff networks and groups to promote an accepting culture within the agency.

4.8.5   Wellbeing partners will discuss what training is currently available or underway within the Learning and Development team.

4.8.6   Wellbeing partners will amend Saltire guidance to offer a link to Stonewall and other relevant charities/organisations to support the LGBTI+ community.

Public Sector Equality Assessment

4.8.7   By making the changes discussed regarding the resources available to individuals seeking LGBTI+ resources on Saltire, this will advance equality of opportunity for those seeking relevant support, and will work to create a more inclusive culture within the agency.

4.9 Care Experienced

Impact

4.9.1 Some individuals who are care experienced will have interacted with a variety of professionals and organisations. There is a risk of negative pre-conceived ideas about the wellbeing partners based on these previous experiences.

4.9.2 While this is not necessarily the case for all care experienced people, the wellbeing partners will continue to be visible to staff and offer opportunities for people to understand the service offer and build trust. The wellbeing partners will also work with stakeholders to support their competency level when working with those who have care experience.

Public Sector Equality Assessment

4.9.3 The anecdotal evidence given by participants in relation to care experienced individuals, will allow the wellbeing partners to shape the service in a way which allows people seeking to learn more, without committing to engaging will be possible, thus building the opportunity to build trust and make an informed choice about the support they wish to receive.

4.10 Marriage and Civil Partnership

Impact

4.10.1 The inclusion of walking meetings allows people to speak about their difficulties without being overheard by their partner, this is especially important in cases where there are domestic challenges.

4.10.2 Speaking with a third party is especially important for those experiencing marital/civil partnership difficulties, as a unbiased perspective can be shared.

4.10.3 Not enough is currently done to promote the use of walking meetings or use of a phone to conduct a wellbeing session. If individuals are unaware that sessions can take place in these ways then there is the risk of a partner overhearing a session if it was conducted while working from home. This may put individuals at risk who are experiencing domestic issues.

Action

4.10.4 Wellbeing partners will explore the possibility of additional promotion of the different methods of session delivery to ensure comprehensive awareness for all in need of support.

Public Sector Equality Assessment

4.10.5 By offering a variety of options for individuals to access their wellbeing session, this creates a broader scope for access opportunity.

5.   Decision making and monitoring

How has the Equality Impact Assessment analysis shaped the proposed activity process so far?

5.1   There were areas identified during analysis which the wellbeing partners were already aware of and had factored into planning for the service. The analysis gave the wellbeing partners ideas for actions to take to mitigate further impact.

5.2   In line with the hybrid working trials currently taking place within the agency, both Wellbeing Partners arranged in-person drop in sessions in Glasgow and Dundee for all staff to attend. The Wellbeing Partners also offer face-to-face support to individuals in our offices as part of the hybrid working model.

5.3   The wellbeing partners have begun work with the Communications team to ensure that the service materials meet inclusive communication standards.

5.4   The wellbeing partners keep a list of external services for individuals who require specialised support. The partners will continue to add specialised services to this list which support individuals across the protected characteristics, for example, LGBTI+ services, Pregnancy and Maternity services, gender specific services, etc.

5.5   The wellbeing partners encourage use of the service even when individuals are on long-term absence or annual leave. The People Advice Partners promote this message to their partnered business areas so that this information can be delivered by managers to the wider staff network. This message is also being delivered when promoting the service to teams throughout the agency.

How will the Equality Impact Assessment analysis help develop better outcomes for people and communities?

5.6   A positive outcome was the response from participants regarding the choice given to individuals when choosing the method of delivery for their wellbeing session.

5.7   Individuals being free from the pressure to leave their cameras on during Microsoft Teams sessions supports those who feel increased levels of anxiety when discussing sensitive issues with their camera on.

5.8   The option to have a moving meeting was viewed positively for anyone who struggles to remain seated for any length of time.

5.9   Moving meetings are helpful for those who struggle to find a confidential space to talk about their difficulties, particularly those experiencing marital or relationship difficulties who are also working from home alongside their partner.

How will the activity be monitored going forward?

5.10   The responsibility of monitoring of the Social Security Scotland Wellbeing Service will fall with the wellbeing partners, with support from the wider People Advice and Support Team.

5.11   Wellbeing Partners meet regularly to monitor the operational running of the Wellbeing Service, and will continue in this way. This will allow for new impacts identified to be addressed when they are raised.

5.12   It has been agreed that changes made to the service will be monitored and evaluated over a six month period.

5.13   Contact is kept on a weekly basis with the wider People Advice and Support team to give insight into the number of wellbeing sessions, enquiries, Wellbeing Offer presentations and themed presentations being delivered across the agency.

5.14   Feedback is received via an anonymous survey to understand staff's needs and opinions regarding the service so that it can develop to suit our people.

5.15   A post-session evaluation is in the process of being made so that qualitative feedback can be obtained from those attending wellbeing sessions.

5.16   The service now collects anonymous data to include the business areas that individuals are accessing the service from. The wellbeing partners will use this to identify themes from business areas and offer relevant support as necessary.

5.17   Data being collected from the service will be assessed against HR data noting number of working days lost due to wellbeing and mental health related difficulties. It is hoped that the provision of an internal service will have a positive impact on individual wellbeing and work-related stress.

5.18   The agency's People Survey will be used to assess the efficacy of the Wellbeing Service for our people, to understand the level of support felt within the workplace, as well as our people's overall sense of wellbeing.

6.   Authorisation

Declaration
I am satisfied with the Equality Impact Assessment that has been undertaken and give my authorisation for the results to be published on the Social Security Scotland website.

Name: James Wallace

Position: Deputy Director

Date: 06 October 2022

7.   List of References

Scottish Public Health Network, 'Health Care Needs Assessment of Gender Identity Services' – May 2018: - (scotphn.net)

British Association of Counselling and Psychotherapy, 'Ethical Framework for the Counselling Professions' – July 2018: bacp-ethical-framework-for-the-counselling-professions-2018.pdf

National Institute for Health and Care Excellence (NICE), 'Maternity and mental health' – 2018: Maternity and mental health | NICEimpact maternity and neonatal care | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | NICE

Social Security Experience Panels, 'Seldom Heard Research Program: carers and care experienced people' – February 2022: Common barriers - Social Security Experience Panels: Seldom Heard research programme: carers and care experienced people - visual summary - gov.scot (www.gov.scot)

UK Public General Acts, 'Protected Characteristics' – 2010: Equality Act 2010 (legislation.gov.uk)

UK Public General Acts, 'Public Sector Equality Duty' – 2010: Equality Act 2010 (legislation.gov.uk)

Social Security Scotland, 'Workforce Information Statistics' – December 2021: Social Security Scotland - Workforce Information Statistics - December 2021