



## Equality Impact Assessment (supporting guidance available)

### Action Plan

This section is completed at the end of the Equality Impact Assessment. Due to the importance of embedding equality in SQA through our actions the Action Plan will be the focus and record of ongoing actions.

Agreed Schedule Review Date	By September 24	Additional Schedule Review Date	By September 23
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Explain how you will monitor and record the actual impact on equality groups, including how the evidence can be revisited to measure the actual impact.



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<b>Required Actions</b>	<b>Owner</b>	<b>Date</b>	<b>Comment &amp; Review</b>
Review and assess monthly establishment management information packs containing fundamental employment data on SQA employees	People Analytics, Governance & Systems Manager	Commencing monthly from October 2022	
Review on a quarterly basis of employment law, case law and legislative changes, and equalities updates (including reviewing EHRC website).	HR Shared Services Manager	Commencing quarterly from January 2023	
Review and assess feedback on a quarterly basis from joint trade unions (Unite and Unison) through SQA's Joint engagement forum and Policy review group.	HR Shared Services Manager	Commencing quarterly from January 2023	
Review and assess feedback on a quarterly basis from each of SQA's staff community network groups	HR Shared Services Manager	Commencing quarterly from January 2023	
Continue to review and assess on an annual basis SQA's engagement People survey	OD Manager	Commencing annually from October 2023	
Review and assess on an annual basis all SQA employee lifecycle data	People Analytics, Governance & Systems Manager	Commencing annually from January 2024	



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Continue to review and assess every 2 years SQA's equality mainstreaming report [next report due May 2023]	People Reward and Equalities Manager	Commencing every 2 years from May 2023	
Continue to review and assess every 2 years SQA's workforce equality monitoring report [next report due May 2023]	People Reward and Equalities Manager	Commencing every 2 years from May 2023	



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Identified Actions: General Equality Duty	Owner	Date	Comment & Review
1: Add <i>Gender Identity</i> (i.e. people who identify as more than one gender or none) to all future Equality Monitoring reporting. (Page 21).	People Analytics, Governance & Systems Manager	September 24	
2: Capture and analyse <i>Age</i> profiling data relating to employee absence (by <i>Age</i> ) and any subsequent actions taken as a result of the implementation of this policy (e.g. disciplinary action) with the aim of identifying any disproportionality and risks of discrimination – particularly in respect of older workers. (Page 24.)	People Analytics, Governance & Systems Manager	September 24	
3: Add to the policy, explicit references to <i>Age</i> and possible adjustments that may be made in respect of <i>Age</i> related absences. (Page 25.)	HR Shared Services Manager	September 23	
4: Amend the policy to state that <i>Disability</i> related absences should either not count towards sickness absence or be managed differently e.g. by the use of different trigger points. (Page 27.)	HR Shared Services Manager	September 23	
5: Record whether an absence is related to a <i>Disability</i> or not. (Page 27.)	People Analytics, Governance & Systems Manager	September 24	
6: Analyse sickness rates by <i>Disability</i> and any subsequent actions taken as a result of this policy by <i>Disability</i> status. (Page 27.)	People Analytics, Governance & Systems Manager	September 24	



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7: Add to the procedures, (part two of the policy) a specific question to identify if an absence is <i>Disability</i> related. (Page 27.)	HR Shared Services Manager	September 23	
8: Add to section 6 of the policy (page 10) under <i>Roles and Responsibilities</i> , the responsibility for employees to declare a disability to their manager and for the manager to consider different trigger points or actions in respect of <i>Disability</i> related absence. (Page 27.)	HR Shared Services Manager	September 23	
9: Add home or virtual working as a potential reasonable adjustment for consideration by SQA managers. (Page 27.)	HR Shared Services Manager	September 23	
10: Produce or make available, this policy in alternative formats. (Page 28.) For example, large font, braille, etc	HR Shared Services Manager	September 23	
11: Add <i>Disability</i> to the list of <i>Exceptions to Absences</i> (bullet point 5.1) listed on page four of the policy. (Page 28.)	HR Shared Services Manager	September 23	
12: Record and analyse incidences of absence by <i>Ethnicity</i> and any subsequent actions taken as a result of this policy by the <i>Ethnicity</i> of employees with the aim of identifying any disproportionality and risks of discrimination. (Page 29)	People Analytics, Governance & Systems Manager	September 24	
13: Amend the procedures to give employees the option to have a meeting with at least one member of the 'panel' in attendance being of the same sex.(Page 29.)	HR Shared Services Manager	September 23	
14: Arrange for the policy to be available in different languages. (Page 29.)	HR Shared Services Manager	September 23	



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15: Add an advisory note to the policy to reference the importance of allowing absence (paid or unpaid) for recognised religious holidays and festivals. (Page 31.)	HR Shared Services Manager	September 23	
16: Add Menopausal related sick leave to the list of exceptional absences. (Page 4 of the policy document.) (Page 35.)	HR Shared Services Manager	September 23	
17: Use different (larger) trigger points for Menopausal related absences. (Page 35.)	HR Shared Services Manager	September 23	
18: Record and analyse absence rates by the Sex of employees. (Page 35.)	People Analytics, Governance & Systems Manager	September 24	
19: Analyse data relating to any internal action taken as a result to the implementation of this policy (e.g. disciplinary action) by the Sex of employees with the aim of identifying any disproportionate trends that may exist between men and women. (Page 35.)	People Analytics, Governance & Systems Manager	September 24	
20: Record or give employees who are absent, the option to declare their LGBTQ+ status. (Page 37.)	People Analytics, Governance & Systems Manager	September 24	
21: <i>Transgender</i> related sick leave should be added to the list of exceptional absences (page four of the policy document). (Page 38.)	HR Shared Services Manager	September 23	



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<p>22: Add to the <i>Roles and Responsibilities</i> table of the policy (page 10), an option to declare to your manager, if any absences are directly or indirectly related to personal LGBTQ+ status. (Page 38.)</p>	<p>HR Shared Services Manager</p>	<p>September 23</p>	
<p>23: Create a new <i>SQA Gender Identity</i> policy with the aim of increasing knowledge skills and confidence and to advance equality of opportunity to employees who are LGBTQ+. (Page 39.)</p>	<p>HR Shared Services Manager</p>	<p>September 23</p>	
<p>24: Publish a separate short guidance note setting out how <i>Caring</i> related absences should be treated / managed by SQA managers and how / when different treatment and trigger points may be relevant – for example, when the absence is related to the disability status of a relative or child. (Page 42.)</p>	<p>HR Shared Services Manager</p>		
<p>25: Record and analyse <i>Caring</i> related absence with the aim of identifying any trends and potential disproportionality that may exist. (Page 42.)</p>	<p>People Analytics, Governance &amp; Systems Manager</p>		



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**Policy Aims**

<b>Name of Policy or Practice:</b>	Attendance Management Policy
<b>New Policy or Revision ?</b>	Revision
<b>Name of Policy Owner:</b>	Head of Human Resources
<b>Date Policy Owner Confirmed Completion:</b>	19/8/22

<b>What is the rationale for this policy or practice?</b>
<p>The stated aims of the SQA <i>Attendance Management</i> policy are to:</p> <ul style="list-style-type: none"><li>▪ Ensure that all SQA employees are treated fairly and consistently.</li><li>▪ Ensure all sickness and other absences are reported and recorded accurately in accordance with the SQA's <i>Data Protection Policy</i>.</li><li>▪ Ensure individual circumstances are considered whenever sickness absence is being discussed.</li><li>▪ Support managers in managing attendance effectively in the SQA by placing emphasis on colleagues and managers working together to remove barriers to attendance at work.</li><li>▪ Encourage line managers and colleagues to take proactive steps towards health and wellbeing.</li><li>▪ Encourage open and honest discussion about attendance.</li><li>▪ Promote early intervention when health or wellbeing issues arise, or when absence levels are unsatisfactory.</li></ul> <p>The document also states that application of this policy and any associated procedures will be undertaken in compliance with the <i>Equality Act 2010</i>. This will include making reasonable adjustments where appropriate.</p>





**What evidence is there to support the implementation or development of this policy or practice?**

**National Sickness Absence Statistics:**

Effective management of sickness and absence via both policies and procedures is a critical consideration in all UK organisations. An estimated 149 million working days were lost because of sickness or injury in the UK in 2021 - equivalent to an average of 4.6 days per worker.

Nationally, in 2021, the overall sickness absence rate in the UK rose to 2.2%. (In the SQA it was 2.3%). This figure was compared to a record low of 1.8% in 2020. The most common reason for sickness absence given by employees in all sectors was "other" conditions, including accidents, poisonings, diabetes and coronavirus.

**Covid 19 Virus:**

COVID-19 (coronavirus) accounted for nearly one in four of all occurrences of sickness absence in the UK in 2020 - 2021. Whilst, the virus may have initially led to additional sickness absence (pre vaccine), measures such as furloughing, social distancing, shielding and increased homeworking helped to reduce other causes of absence in 2020.

However, the end of the 'furlough' scheme in September 2021 - coupled with the decline in homeworking, shielding, social distancing policies, and new COVID-19 variants, led to a rise in sickness absence in 2021 to above the pre-pandemic levels. This increase was also evident within the SQA where the rate of sickness increased to 3.7% in 2021.

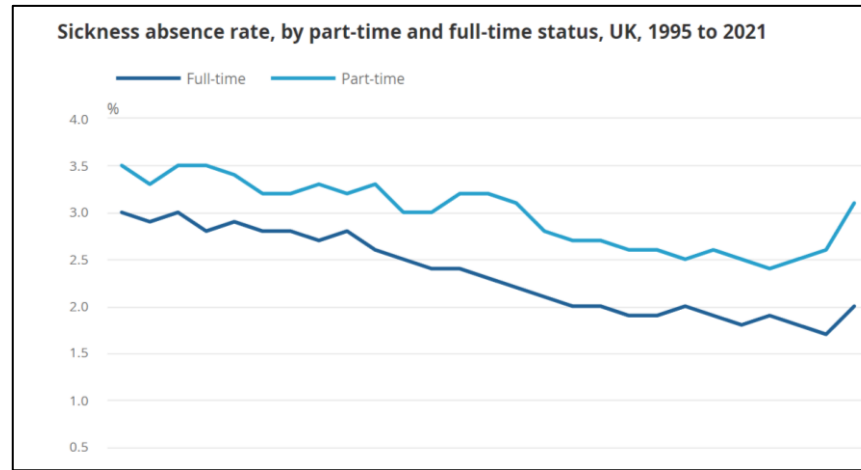
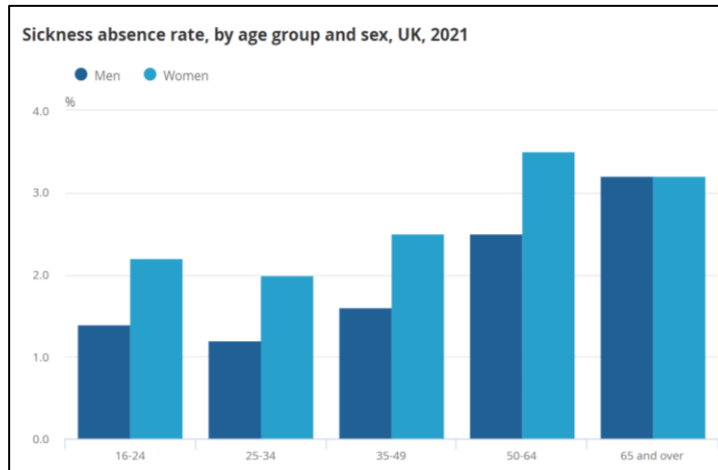
**Sickness Absence by People Profiles:**

The groups with the highest rates of sickness absence in 2021 included women, older workers, those with long-term health conditions and people working part-time. (See graphs overleaf.)

All data shown on this page and the graphs overleaf are extracted from *Sickness 2021 Statistics* produced by the *Office for National Statistics (ONS)*.

**What evidence is there to support the implementation or development of this policy or practice? (continued)**

**National Sickness Absence Statistics: - Sex and Part Time Working:**



Statistically, overall sickness rates remain higher for women in most age groups than men. (An average of 4.3 days were lost in 2021 for men compared to 4.9 days for women.)

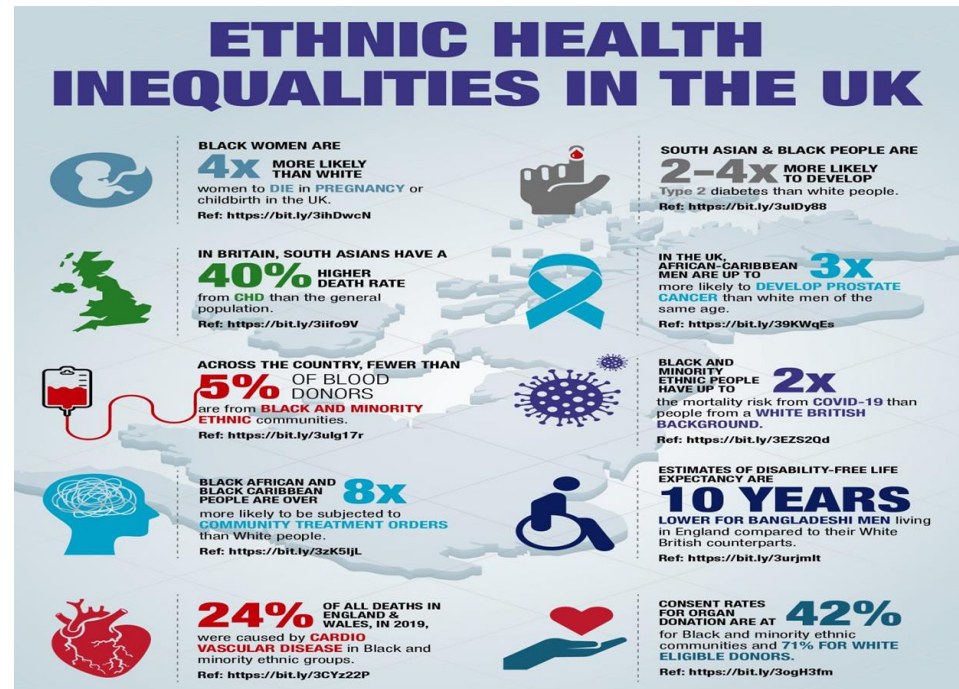
Part time workers (which statistically, comprise considerably more women than men) also recorded on average, higher sickness absence rates than full time workers. (See graph above.)

Further exploration of why absence rates differ amongst men and women are detailed on pages 33 – 34 of this document.

**What evidence is there to support the implementation or development of this policy or practice? (continued)**

**National Sickness Absence or Medical Statistics: Race and Ethnicity:**

There is considerable evidence indicating that people from different ethnic groups experience poorer health than the overall UK population and are therefore at a greater risk of workplace absence. Examples include higher observed rates of, diabetes, cardiovascular disease and mental illness.



Source National Health Service (NHS) Health Observatory



**What evidence is there to support the implementation or development of this policy or practice? (continued)**

**National Sickness Absence or Medical Statistics: People Identifying as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+)**

People identifying as LGBTQ+ are more than twice as likely to have a mental illness as people who identify as heterosexual.

Additionally, members of the LGBTQ+ community are 2.5 times more likely to experience depression, anxiety, and substance abuse compared to heterosexual people. 31% of older adults in the LGBTQ+ community report depressive symptoms.

(source: <https://thriveworks.com/blog/mental-health-and-illness-statistics-lgbtq>)

People choosing gender reassignment surgery will also, on balance, require greater periods of workplace absence during transitioning.

**National Sickness Absence or Medical Statistics: People Living with a Disability:**

Nationally, sickness absence is just over five time higher for disabled workers compared to their non disabled counterparts.

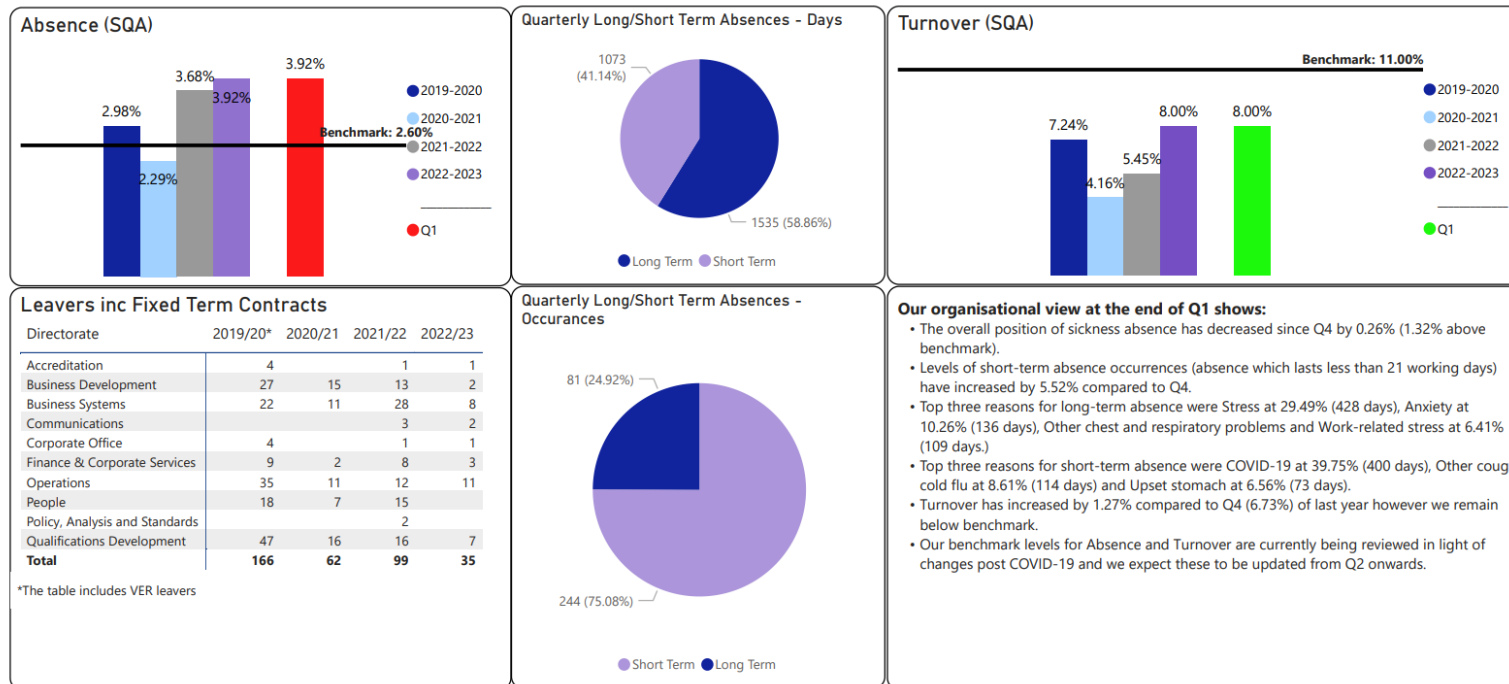
<b>Number of Working Days Lost to Disability: (Source ONS)</b>		
Year:	Days Lost: Disabled People	Days Lost Non Disabled People
2014	16.2	2.8
2015	15.8	2.9
2016	15.6	2.8
2017	13.4	2.7
2018	14.6	2.7
2019	14.7	2.5
2020	12.0	2.2
2021	14.2	2.8

**What evidence is there to support the implementation or development of this policy or practice? (continued)**

**Scottish Qualifications Authority (SQA) - Absence Statistics:**

During the years 2020 – 21, the SQA recorded an overall absence rate of 2.2% - identical to the UK average for the same period. A significant increase (+71%) is noted for Q1 in 2022. No national data currently exists to allow a comparative analysis of this figure.

**People Dashboard - Absence & Turnover**  
As at 30th June 2022



Source: SQA People Dashboard (HR System)



**What are the aims of this policy or practice?**

As previously stated, the aims of this policy are to:

- Ensure that all SQA employees are treated fairly and consistently.
- Ensure all sickness and other absences are reported and recorded accurately in accordance with the *SQA Data Protection Policy*.
- Ensure individual circumstances are considered whenever sickness absence is being discussed.
- Support managers in managing attendance effectively in the SQA by placing emphasis on colleagues and managers working together to remove barriers to attendance at work.
- Encourage line managers and colleagues to take proactive steps towards health and wellbeing.
- Encourage open and honest discussion about attendance.
- Promote early intervention when health or wellbeing issues arise, or when absence levels are unsatisfactory.

The policy itself is divided in two discrete sections:

**Policy Structure:**

- 1: Part A – Policy detail.
- 2: Part B – Procedures for SQA managers / employees to follow.

**What are the aims of this policy or practice? (continued)**

The following SQA policies are also related to the *Attendance Management* policy:

- Alcohol and Drugs Misuse
- Code of Conduct
- Data Protection [here](#)
- Disciplinary
- Equality, Diversity and Inclusion
- Flexitime
- Improving Performance
- Maternity, Paternity and adoption
- Menopause
- Mental Health and Wellbeing
- Probation
- Retention and Redeployment
- Staff Leave
- TOIL (not yet published)



### How is the content of these aims relevant to equality groups?

The SQA acknowledges that people who share / do not share, certain 'Protected Characteristics' may, on balance:

- Experience different health outcomes – for example, older workers, disabled workers and workers from certain ethnicities.
- Have greater levels of sickness absence that is directly or indirectly related to their Protected Characteristics.
- Experience compound discrimination or intersectionality i.e. where a person has one or more characteristics and may be subjected to consequentially greater levels of disadvantage. For example, people who are older **and** have a disability may have greater levels of workplace absence.
- Have greater difficulties following or complying with the written requirements of a workplace policy e.g. articulating a reason for absence in writing, taking part in one to one meetings, following a reporting flowchart etc.
- Experience higher levels of anxiety in respect of returning to work following a period of absence.
- Feel less comfortable discussing their absences with people of the opposite Sex. E.g. a woman discussing the effects of the menopause with a male manager.

The development, implementation and analysis of the affects of this policy are therefore highly relevant to people from all Equality groups as they may risk experiencing disproportionate impacts or outcomes.

It is important that the SQA identifies and takes action to mitigate or remove any disadvantage identified which is the overall purpose of this Equality Impact Assessment.





## Evidence, Consultation and Engagement

### What stakeholders have you engaged within the development of this policy or practice?

This policy has been developed in consultation with SQA's recognised Trades Unions, Unite and Unison, who represent all staff throughout the organisation.

In addition, as this is an internal policy, SQA has only consulted with internal groups. These include:

- ACE (Appreciate Culture and Ethnicity) Network.
- SQA Disability Network.
- MAC (Make A Change Group).
- Mental Health First Aiders Forum.
- SQA Rainbow Network.
- Women's Network.
- Parent & Carers Network.

#### **Trade Union Consultation Review Group (PRG):**

Members of SQA Human Resources department and trade union representatives from *Unite the Union* and *Unison* meet weekly in SQA via the PRG. This group has been meeting weekly in SQA since July 2020. SQA's trade union representatives are also given statutory time off to attend relevant training, meetings and other information gathering activities as supported in our union framework agreement.



**Evidence of all meeting minutes, actions and consultation undertaken with the PRG group** (including Equality considerations in respect of all policies, activities and functions) is detailed on a dedicated SQA shared resources site.

**Staff Network Consultations:**

In June 2021, we formed a dedicated *Equality Impact Assessment Project Group* (EIAPG) with the aim of reviewing, assessing and providing feedback from staff on all SQA HR policies from Equality perspectives.

The EIAPG group consists of representatives from each of the SQA staff networks listed on the previous page of this document.

**Evidence, feedback and actions from all EIAPG staff network consultations** are recorded on a dedicated SQA *Microsoft Teams* page which was specifically created with the aim of listing potential equality risks that exist in H.R. policies / activities, sharing resources, recording feedback and scheduling future consultation meetings.



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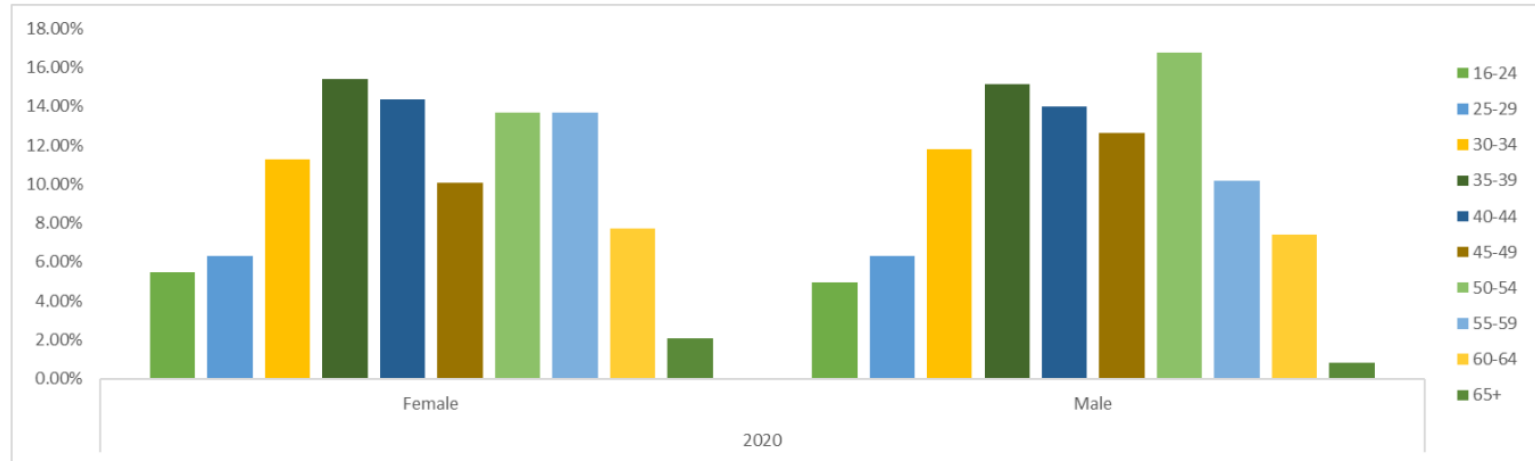
**Evidence of Staff Network Consultation Meetings:**

Policy Name	Review Date	Women's Network	(ACE)	Disability Network	Rainbow Network
Redeployment	02/08/2021	Yes	Yes	Yes	Yes
Restructure	02/08/2021	Yes		Yes	
Standby & Call-Out	23/06/2021		Yes	Yes	Yes
Time Recording	09/08/2021	Yes	Yes	Yes	Yes
Attendance Management	16/08/2021	Yes		Yes	Yes
Childcare Voucher	16/08/2021	Yes		Yes	Yes
Dignity at Work	10/08/2021	Yes	Yes	Yes	Yes
Disciplinary	01/06/2021	Yes	Yes	Yes	Yes
Equalities, Diversity & Inclusion	23/08/2021	Yes	Yes	Yes	Yes
Fixed Term Workers	23/08/2021	Yes		Yes	Yes
Grievance	29/06/2021	Yes	Yes	Yes	Yes
Improving Performance	07/09/2021	Yes	Yes	Yes	Yes
Probation	06/09/2021	Yes	Yes	Yes	Yes
Recruitment & Selection	06/05/2021	Yes	Yes	Yes	Yes
Secondment	13/09/2021	Yes	Yes	Yes	Yes
Whistleblowing	22/07/2021	Yes	Yes	Yes	Yes
Flexible Working	18/11/2021	Yes		Yes	Yes
Flexitime	26/10/2021	Yes	Yes	Yes	Yes
Pay	09/12/2021	Yes	Yes	Yes	Yes
TOIL	16/12/2021	Yes	Yes	Yes	Yes
Code of Conduct	24/02/2022	Yes	Yes	Yes	Yes
Conflict of Interest	10/03/2022	Yes	Yes	Yes	Yes
Pensions Discretion	29/03/2022	Yes		Yes	Yes
Redundancy	22/03/2022	Yes		Yes	Yes
Relocation	31/03/2022	Yes		Yes	Yes
Retirement	15/03/2022	Yes	Yes	Yes	Yes

**What evidence about equality groups do you have to support this assessment?**

**Age:**

Colleagues by age band and gender (sex) 2020 (as in Table 1.05)



Source: SQA Workforce Equality Monitoring Report 2019 - 2021

The majority of SQA employees are in the mid range age bandings. A total of 79% workers are aged between 30 – 59. Less than 2% of SQA employees are aged 60+ and the SQA has recently seen a decrease in younger (under 35) employees.

Comparisons between 2019 and 2020 data show that the greatest increase in the proportion of female colleagues is within the 60–64 age band - an increase of 12 colleagues.

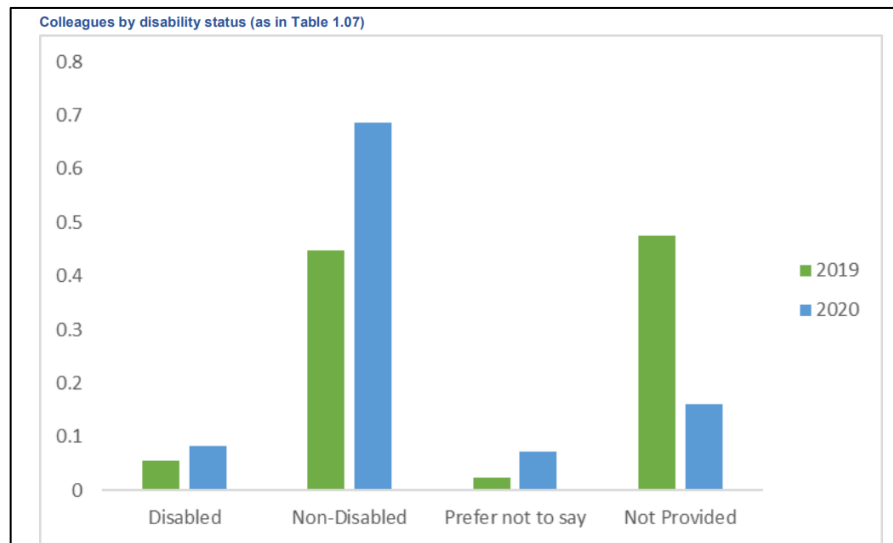
The 30–34 age band saw the largest reduction of female colleagues – a total of seven people. Over the same period, there was an increase in the proportion of male colleagues within the 50-54 age band - an overall increase of nine people. The largest decline in the

proportion of male colleagues was in the 30-34 age band, with seven fewer people. The largest decrease was seen in the 30–34 age band for both male and female colleagues - with an overall reduction of 14 people. This information can be found in table 1.05 at [workforce-equality-monitoring-report-2019-2021.pdf \(sqa.org.uk\)](https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf)

**What evidence about equality groups do you have to support this assessment?**

**Disability**

**A total of 8.2% of SQA employees declared a disability last year.** Declaration rates have significantly improved from a total response rate under the *Not Disclosed / Prefer not to say* category of 49.9% in 2019 (roughly half of employees) to a much reduced 23.1 % in 2020.



Source: SQA Workforce Equality Monitoring Report 2019 – 2021

The highest proportion of colleagues who have declared a disability (53%) falls within the lowest age bands (16 – 44) and second highest (47%) within the upper age bands (45–64)

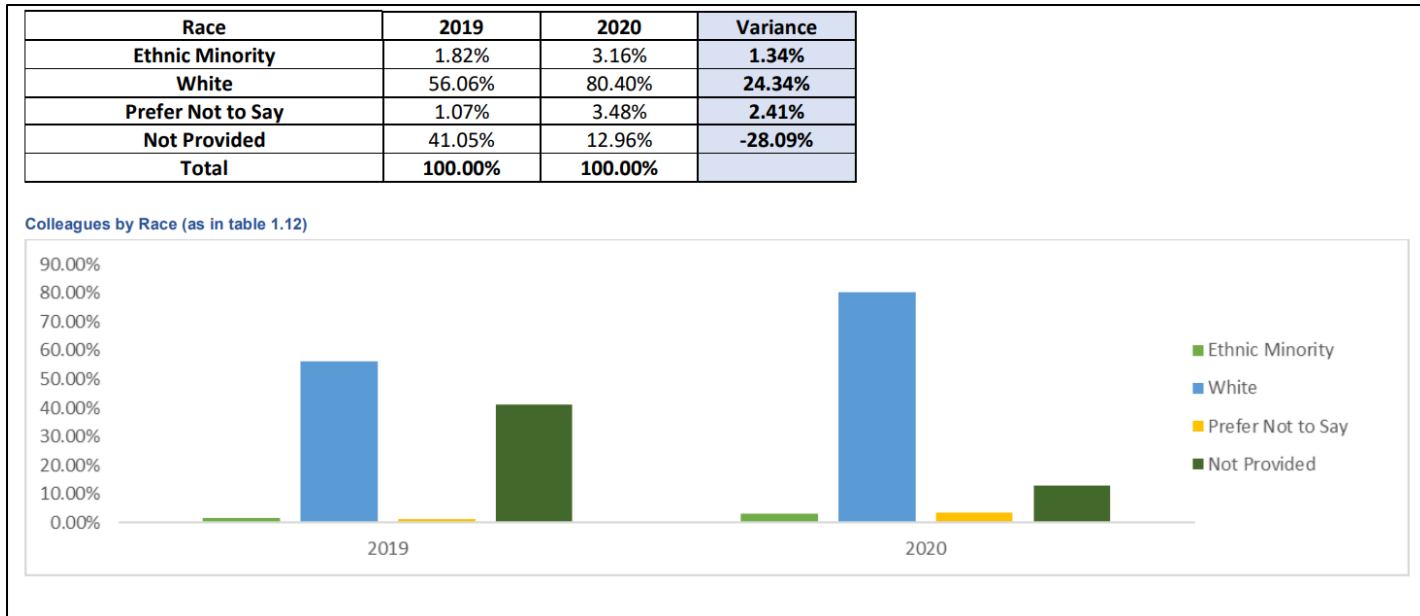


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	<p>A total of 55% of disabled employees are female and 45% are male. 63% of colleagues who have declared a disability are within the grade range 06 to Head of Service. Head of Service has the largest <b>percentage</b> of colleagues declaring a disability (13%) whereas Grade 6 has the largest overall <b>number</b> of colleagues declaring a disability at 23%. This information is in table 1.07 at <a href="https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf">workforce-equality-monitoring-report-2019-2021.pdf (sqa.org.uk)</a></p>
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**What evidence about equality groups do you have to support this assessment?**

**Race  
Ethnicity**



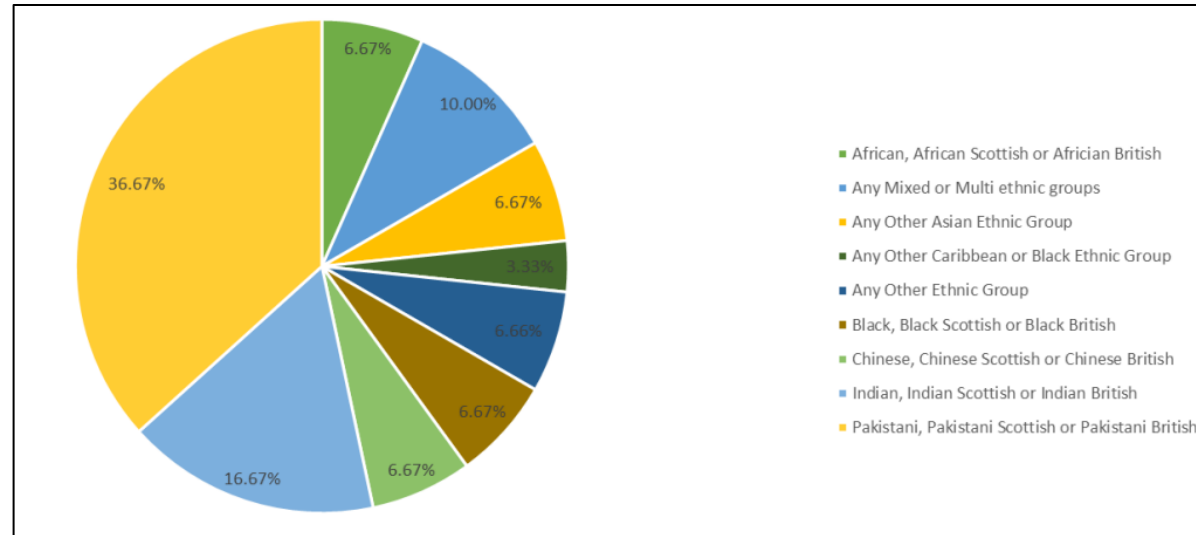
Source: SQA Workforce Equality Monitoring Report 2019 – 2021

Currently only 3% of SQA employees declared themselves as Minority Ethnicity against a national (Scotland) average of 5%. This data is in table 1.12 at [workforce-equality-monitoring-report-2019-2021.pdf \(sqa.org.uk\)](#)

A further breakdown of ethnicity (overleaf) indicates that *Chinese, Indian* and *Mixed Ethnicity* groups are currently the predominant minority ethnicities in the SQA.

**What evidence about equality groups do you have to support this assessment?**

**Race  
Ethnicity  
(continued)**



Source: SQA Workforce Equality Monitoring Report 2019 – 2021

This data is in table 1.15 at [workforce-equality-monitoring-report-2019-2021.pdf](https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf) (sqa.org.uk)





**What evidence about equality groups do you have to support this assessment?**

**Religion or Belief**

Religion or Belief	2019	2020	Variance
Christian	20.69%	29.82%	9.13%
Non-Christian	11.47%	17.28%	5.81%
None	20.69%	29.29%	8.61%
Prefer not to say	3.75%	10.33%	6.58%
Not Provided	43.41%	13.28%	-30.13%
Total	100.00%	100.00%	

Source: SQA Workforce Equality Monitoring Report 2019 – 2021

29.82 colleagues say they are Christian, 17.28% are non-Christian, 29.29% declared no religion, 10.33% preferred not to say, 13.28% did not provide any information. This data is available at Colleagues by religion or belief (as in table 1.16) [workforce-equality-monitoring-report-2019-2021.pdf](https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf) (sqa.org.uk)

An improved declaration rate was also shown for this characteristic in 2020. *Christian* and *No Religion* account for nearly 60% of all responses.



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**Sex**

Grade	Gender (Sex)					
	Female			Male		
	2019	2020	Variance	2019	2020	Variance
<b>1</b>	83.33%	66.67%	<b>-16.67%</b>	16.67%	33.33%	<b>16.67%</b>
<b>3</b>	65.15%	65.00%	<b>-0.15%</b>	34.85%	35.00%	<b>0.15%</b>
<b>4</b>	63.28%	64.71%	<b>1.43%</b>	36.72%	35.29%	<b>-1.43%</b>
<b>5</b>	58.02%	61.54%	<b>3.51%</b>	41.98%	38.46%	<b>-3.51%</b>
<b>6</b>	69.90%	69.90%		30.10%	30.10%	
<b>7</b>	59.76%	57.89%	<b>-1.86%</b>	40.24%	42.11%	<b>1.86%</b>
<b>8</b>	53.54%	56.34%	<b>2.80%</b>	46.46%	43.66%	<b>-2.80%</b>
<b>HOS</b>	39.39%	40.00%	<b>0.61%</b>	60.61%	60.00%	<b>-0.61%</b>
<b>EMT</b>	57.14%	42.86%		57.14%	42.86%	
<b>Total</b>	<b>61.20%</b>	<b>61.64%</b>	<b>0.44%</b>	<b>38.80%</b>	<b>38.36%</b>	<b>-0.44%</b>

Source: SQA Workforce Equality Monitoring Report 2019 – 2021

A greater number of SQA employees overall are female - 62% female versus 38% male. A 60% representation of females across most grades is evident with a decrease to circa 40% for more senior grades. This data is available from Table 1.05: Colleagues by age band and gender (sex) [workforce-equality-monitoring-report-2019-2021.pdf \(sqa.org.uk\)](#)



**What evidence about equality groups do you have to support this assessment? (continued)**

**Sexual Orientation**

<b>Sexual Orientation</b>	<b>2019</b>	<b>2020</b>	<b>Variance</b>
<b>Bisexual</b>	0.96%	1.26%	<b>0.30%</b>
<b>Gay man</b>	1.39%	2.11%	<b>0.71%</b>
<b>Gay woman / Lesbian</b>	0.96%	1.05%	<b>0.09%</b>
<b>Heterosexual/straight</b>	46.20%	70.60%	<b>24.41%</b>
<b>In another way</b>	0.11%	0.21%	<b>0.10%</b>
<b>Not sure</b>	0.11%	0.11%	<b>0.00%</b>
<b>Prefer not to say</b>	2.79%	8.01%	<b>5.22%</b>
<b>Not Provided</b>	47.48%	16.65%	<b>-30.83%</b>
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	

Source: SQA workforce equality monitoring report 2019-21

70.60% colleagues say they are heterosexual, 1.26% bisexual, 2.11% gay man, 1.05% gay woman, 0.21% in another way, 0.11% not sure, 8.01% prefer not to say and 16.65% did not provide information. This data is available at Table 1.18 Colleagues by Sexual Orientation [workforce-equality-monitoring-report-2019-2021.pdf \(sqa.org.uk\)](https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf)



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**What evidence about equality groups do you have to support this assessment? (continued)**

<p><b>Gender Re-assignment (Gender identity and transgender)</b></p>	<p>No equality profiling data is currently captured by the SQA.</p> <p>One of the recommendations from this Equality Impact Assessment is that the <u>SQA adds <i>Gender Identity</i> (i.e. people who identify as more than one gender or none) to all future Equality Monitoring reporting.</u></p>																				
<p><b>Marriage/Civil Partnership</b></p>	<p>No equality profiling data is currently captured by the SQA.</p>																				
<p><b>Pregnancy / Maternity</b></p>	<table border="1" data-bbox="689 778 1928 1075"> <thead> <tr> <th></th> <th colspan="3">Colleagues</th> </tr> <tr> <th>Pregnancy Status</th> <th>2019</th> <th>2020</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Not Pregnant</td> <td>98.25%</td> <td>98.95%</td> <td>0.70%</td> </tr> <tr> <td>Pregnant</td> <td>1.75%</td> <td>1.05%</td> <td>-0.70%</td> </tr> <tr> <td><b>Total</b></td> <td><b>100.00%</b></td> <td><b>100.00%</b></td> <td></td> </tr> </tbody> </table> <p>Source: SQA workforce equality monitoring report 2019-21</p> <p>98.95% of colleagues are not pregnant, 1.05% are pregnant available at Table 1.20: Colleagues by pregnancy status <a href="https://www.sqa.org.uk/workforce-equality-monitoring-report-2019-2021.pdf">workforce-equality-monitoring-report-2019-2021.pdf (sqa.org.uk)</a></p>		Colleagues			Pregnancy Status	2019	2020	Variance	Not Pregnant	98.25%	98.95%	0.70%	Pregnant	1.75%	1.05%	-0.70%	<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	
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**What evidence about equality groups do you have to support this assessment? (continued)**

**Care experience  
(where relevant)**

No equality profiling data is currently captured by SQA



### **Impact and Opportunities for Action**

The impact that a policy or practice has on an equality group may be different and needs to be recorded.

The impact may not always be negative. Actions are taken to address any differential impact, and include actions to mitigate against any negative impact, to advance equality and to foster good relations between groups.

Each section contains questions for each equality group. These questions are here to support consideration; however, you can provide further detail. Focus initially on the equality groups that would be affected by this policy. If you do not consider that certain equality groups would be affected by this policy, you may leave these sections.

### **Use of the term Discrimination:**

Please note that for the purposes of this document we have used the term Discrimination as a generic descriptor which takes into account six discrete elements:

- Direct Discrimination
- Indirect Discrimination
- Harassment
- Victimisation
- Discrimination by perception
- Associative discrimination



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Protected Characteristic	General Equality Duty												
Age	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the <i>Equality Act 2010</i>.</p> <p>There is very clear evidence nationally to indicate that greater levels of sickness absence occur in older workers. For example, <b>employees in the age range 60+ have an absence rate that is 113% higher than people aged 25 – 34.</b> (See table below:)</p> <table border="1" data-bbox="488 564 927 842"> <thead> <tr> <th>Age Range:</th> <th>Average Sickness Absence:</th> </tr> </thead> <tbody> <tr> <td>16 - 24</td> <td>1.8</td> </tr> <tr> <td>25 – 34</td> <td>1.5</td> </tr> <tr> <td>35 - 49</td> <td>2.0</td> </tr> <tr> <td>50 -64</td> <td>2.9</td> </tr> <tr> <td>65 +</td> <td>3.2</td> </tr> </tbody> </table> <p>Source ONS</p> <p>There is also clear evidence to indicate that certain medical conditions are directly associated with Age. Examples of this include; Cardiovascular Disease, Hypertension, Diabetes, Arthritis and Osteoporosis. (Source NHS).</p> <p><b>Risks of Discrimination – Direct and Indirect:</b></p> <p><b>The SQA does not currently capture or analyse sickness absence rates by the Age of its employees.</b> It is not therefore possible, to establish if any disproportionate trends or risks of discrimination exist within the SQA in the use or application of this policy. The policy also does not currently list any Age related adjustments or make reference to any Age related health conditions.</p> <p><u>It is therefore recommended that the SQA captures and analyses Age data relating to employee absence and subsequent actions taken as a result of this policy. This is recommended with the specific aim of identifying any disproportionality, risks of discrimination and any actions required to eliminate or mitigate any adverse impact this policy may have on employees of different ages – particularly older workers.</u></p>	Age Range:	Average Sickness Absence:	16 - 24	1.8	25 – 34	1.5	35 - 49	2.0	50 -64	2.9	65 +	3.2
Age Range:	Average Sickness Absence:												
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<b>Age (continued)</b>	<b>Advance equality of opportunity</b>
	<p>Whilst all SQA employees are entitled to use, access, and of course, be subjected to the <i>Attendance Management Policy</i>, whether or not the policy actually <b>promotes / advances</b> the ‘same chance’ to employees of all <i>Ages</i> <b>remains unclear</b>. This is again, due to a lack of accurate monitoring of employee absence by <i>Age</i> in the SQA.</p> <p>Advancing Equality of Opportunity (same chance) may sometimes require organisations to do slightly different things to meet the different needs of people. Given that there is firm evidence indicating increased risks of absence / sickness in older workers. <u>It is recommended that some explicit references to <i>Age</i> and possible <i>Age</i> related adjustments are added to this policy.</u></p>
	<b>Foster good relations</b>

Fostering good relations involves tackling prejudice and promoting understanding between people who share, or may not share, a protected characteristic.

This policy does not explicitly reference *Age*. It does not, for example, provide any guidance to managers in respect of considering age related adjustments, age related health conditions, or acknowledging different risks of absence in employees of different ages. For that reason, there is little evidence to indicate that this policy actually fosters good relations between employees of different age groups.

It is recommended that some overall guidance / references to absences by *Age* is added to the policy.

It is also worth noting that the first two stated aims of this policy are:

- To ensure that all SQA employees are treated **fairly and consistently**.
- All sickness and other absences are reported and **recorded accurately** in accordance with the SQA Data Protection Policy.

This assessment concludes that these two aims (particularly the wording in bold above) are not currently being realised in their entirety in the SQA.





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Protected Characteristic	General Equality Duty
Disability	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p>As stated in an earlier section of this document, at a national level, sickness absence is just over five times higher for disabled workers compared to their non disabled counterparts.</p> <p><b>Risks of Discrimination in the SQA – Direct and Indirect:</b></p> <p><b><i>Discrimination arising from disability:</i></b> It would be unlawful for the SQA to treat a disabled employee less favourably due to something arising from their disability (source ACAS). For example, the SQA would need to objectively justify giving a formal warning or taking action against an employee for any absences relating to their disability.</p> <p><b><i>Indirect Disability Discrimination:</i></b> This could occur when the SQA implements this policy to all staff equally, but it disadvantages certain employees who have a particular disability. (Especially where a Disability results in higher levels of sickness absence compared to that of a non disabled employee.) Therefore, taking disciplinary action or dismissing a Disabled employee under this policy could potentially risk indirect disability discrimination.</p> <p>The policy <b>does not currently reference Disability related absences</b> or suggest that such absences should be recorded differently or discounted. The policy currently states (extract from page 4 of the policy below):</p> <p>All instances of sickness absence will be considered towards attendance review check points, regardless of the length, frequency or reason of the absence, with the exception of situations where there are temporary provisions in place instructing otherwise, and always with the exception of absences related to:</p> <ul style="list-style-type: none"> <li>• Pregnancy.</li> <li>• Periods of continuous hospitalisation.</li> <li>• Operations or conditions with subsequent rehabilitation periods (which come under the definition of long-term absence).</li> <li>• Terminal illness.</li> <li>• Any illness/ condition which comes under the definition of long-term absence or chronic illness as defined by this policy.</li> </ul>



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Protected Characteristic	General Equality Duty
<p><b>Disability (continued)</b></p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 (continued)</p> <p>Due to the fact that <i>Disability</i> adjustments are not specifically referenced in this policy and the SQA does not record <i>Disability</i> related absences, <b>it is not possible to either identify or eliminate</b> any risks of discrimination towards <i>Disabled</i> employees in the application of this policy. (Please see examples of best practice from ACAS below:)</p> <p>By law, an employer must make adjustments for someone who is disabled if the adjustments are reasonable. What's considered 'reasonable' depends on the circumstances and reasonable adjustments are specific to an individual person.</p> <p>Some adjustments might be around 'trigger points' for absence - if the organisation uses a trigger point system. This is a system that triggers an absence review if an employee reaches a certain number of absences.</p> <p>Examples of reasonable adjustments could be:</p> <ul style="list-style-type: none"> <li>▪ not counting some or all sickness absence related to a disability towards any trigger points</li> <li>▪ increasing the number of absences that will trigger a review</li> </ul> <p>It is therefore recommended that the SQA:</p> <ol style="list-style-type: none"> <li>i. <u>Implement the two adjustments shown above. (Whilst these are already referenced generally on page 4 of the policy, this should be referenced specifically to <i>Disability</i>). We also recommend that home working should be added as a potential reasonable adjustment for consideration by SQA managers.</u></li> <li>ii. <u>Specifically record whether an absence is related to a <i>Disability</i> or not.</u></li> <li>iii. <u>Analyse sickness rates by <i>Disability</i> and subsequent actions taken as a result of this policy by <i>Disability</i> status.</u></li> <li>iv. <u>Add to the procedures, (part two of the policy) a specific question to identify if an absence is <i>Disability</i> related or not.</u></li> <li>v. <u>Add to section 6 of the policy (page 10) under <i>Roles and Responsibilities</i> the responsibility for employees to declare a <i>Disability</i> to their manager and for the manager to consider different trigger points actions relating to <i>Disability</i> related absence.</u></li> </ol>



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<b>Disability (continued)</b>	Advance equality of opportunity
	<p>Whilst all SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i>, the policy does not necessarily <b>promote / advance</b> the ‘same chance’ to employees who are <i>Disabled</i> compared to a non disabled employee.</p> <p>The reasons for this assessment are:</p> <ul style="list-style-type: none"><li>▪ Absences are currently recorded in the same way for both disabled and non disabled employees.</li><li>▪ The same systems and processes are used e.g. <i>Return to Work</i> meetings (which may not suit all employees), process flowcharts etc.</li><li>▪ The use of ‘Trigger Points’ which currently may not necessarily be adjusted for disability absences due to a lack of explicit guidance in this policy.</li><li>▪ <u><i>Disability</i> should be added to the list of <i>Exceptions to Absences</i> (bullet point 5.1) listed on page four of the policy.</u></li><li>▪ <u>The policy only appears to be available in one (paper) format.</u></li></ul>
	Foster good relations

Fostering good relations involves tackling prejudice and promoting understanding between people who share, or may not share, a protected characteristic.

Much greater references to *Disability* is required in this policy which would facilitate and promote a greater understanding of how *Disability* absences differ from *Non-Disability* related absence in the SQA.

There is little evidence to indicate that this policy currently fosters good relations between disabled and non-disabled employees.

Finally, one of the the stated aims of this policy is to:

- Ensure **individual circumstances** are considered whenever sickness absence is being discussed.

Once again, this assessment concludes that some of the aims of this policy are not currently being entirely realised.



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Protected Characteristic	General Equality Duty
Race	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p>As previously stated, in an earlier section of this document, there is clear national evidence indicating that people from certain ethnic groups may experience poorer health outcomes than the overall UK population. Examples include; higher observed rates of diabetes, cardiovascular disease and mental illness.</p> <p><b>The SQA currently does not record absence rates by <i>Race or Ethnicity</i>.</b> Once again, it is therefore not possible to either <b>establish nor discount</b> if any disproportionate rates of absence are experienced by SQA employees drawn from different ethnic groups. <u>It is recommended that absence by Ethnicity and any subsequent actions taken as a result of this policy, by the ethnicity of employees is both captured and analysed.</u></p> <p style="text-align: center;">Advance equality of opportunity</p> <p>Whilst all SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i>, the policy does not always promote / advance the ‘same chance’ to employees from different ethnicities:</p> <p>For example:</p> <p><u>The fact that people from different ethnicities may experience different health outcomes is not <b>acknowledged</b> in the policy or any existing SQA guidance.</u></p> <p><u>Some women from certain ethnicities may feel less comfortable being part of a one to one meeting (or other meetings) with an all male ‘panel’. We recommend that employees should be given the option to have a meeting with at least one member of the ‘panel’ in attendance being of the same sex.</u></p> <p><u>The policy is only available in English, so may not be fully understood by people for whom English is not their first language – alternative formats are therefore recommended.</u></p> <p>Implementing the above, would help the SQA to realise the policy’s stated aim of:</p> <ul style="list-style-type: none"> <li>▪ Supporting managers in <b>managing attendance effectively</b> in the SQA by placing emphasis on colleagues and managers working together to remove barriers to attendance at work.</li> </ul>



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Foster good relations	
<b>Race (continued)</b>	<p>There is no evidence to indicate that this policy currently fosters good relations between employees of different ethnicities.</p> <p>A reminder that in 2021, 3% of SQA employees declared themselves as minority ethnicity and this is therefore an important consideration.</p>



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Protected Characteristic	General Equality Duty
Religion or Belief	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	We conclude there is no evidence to suggest this policy may impact on people of different <i>Religions</i> or <i>Beliefs</i> .
	<b>Neutral Equality related impact is therefore recorded in this area.</b>
	However, the following advisory comments are made:
	1: Cultural sensitivities – particularly in respect of the composition of meeting panels. Consideration should be made for people of different religions / beliefs who may not feel comfortable being in a one to one meeting with someone of the opposite Sex. (This point is referenced in more detail in the previous section of this document under Race / Ethnicity).
	2: <u>An advisory note should be placed in the policy or policy guidance, to reference the importance of allowing absence (paid or unpaid) for recognised religious holidays and festivals.</u>
Advance equality of opportunity	
All SQA employees from all <i>Religions / Beliefs</i> are entitled to use, access and be subjected to the <i>Attendance Management Policy</i> .	
There is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their <i>Religion</i> or <i>Philosophical Belief System</i> .	
Foster good relations	
There is no evidence to indicate that this policy currently fosters good relations between employees of different religions or beliefs. No further recommendations are made in respect of this at this stage.	



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Protected Characteristic	General Equality Duty																																																																						
Sex	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010																																																																						
	<p>Nationally, sickness absence rates differ between men and women – the difference fluctuating slightly annually. (See table below. Source ONS.)</p> <table border="1" data-bbox="1014 475 1507 1276"> <thead> <tr> <th data-bbox="1014 475 1178 571">Year:</th> <th data-bbox="1178 475 1341 571">Days lost per worker Men</th> <th data-bbox="1341 475 1507 571">Days lost per worker Women</th> </tr> </thead> <tbody> <tr><td>2000</td><td>6.5</td><td>6.5</td></tr> <tr><td>2001</td><td>6.4</td><td>6.5</td></tr> <tr><td>2002</td><td>6.1</td><td>6.4</td></tr> <tr><td>2003</td><td>6.4</td><td>6.3</td></tr> <tr><td>2004</td><td>5.8</td><td>6.0</td></tr> <tr><td>2005</td><td>5.7</td><td>5.7</td></tr> <tr><td>2006</td><td>5.5</td><td>5.4</td></tr> <tr><td>2007</td><td>5.3</td><td>5.9</td></tr> <tr><td>2008</td><td>5.0</td><td>5.6</td></tr> <tr><td>2009</td><td>4.7</td><td>5.4</td></tr> <tr><td>2010</td><td>4.4</td><td>5.1</td></tr> <tr><td>2011</td><td>4.3</td><td>4.8</td></tr> <tr><td>2012</td><td>4.2</td><td>4.9</td></tr> <tr><td>2013</td><td>4.0</td><td>4.8</td></tr> <tr><td>2014</td><td>4.1</td><td>4.6</td></tr> <tr><td>2015</td><td>4.1</td><td>4.8</td></tr> <tr><td>2016</td><td>4.0</td><td>4.7</td></tr> <tr><td>2017</td><td>3.8</td><td>4.5</td></tr> <tr><td>2018</td><td>4.1</td><td>4.7</td></tr> <tr><td>2019</td><td>3.9</td><td>4.6</td></tr> <tr><td>2020</td><td>3.3</td><td>4.0</td></tr> <tr><td>2021</td><td>4.3</td><td>4.9</td></tr> </tbody> </table>			Year:	Days lost per worker Men	Days lost per worker Women	2000	6.5	6.5	2001	6.4	6.5	2002	6.1	6.4	2003	6.4	6.3	2004	5.8	6.0	2005	5.7	5.7	2006	5.5	5.4	2007	5.3	5.9	2008	5.0	5.6	2009	4.7	5.4	2010	4.4	5.1	2011	4.3	4.8	2012	4.2	4.9	2013	4.0	4.8	2014	4.1	4.6	2015	4.1	4.8	2016	4.0	4.7	2017	3.8	4.5	2018	4.1	4.7	2019	3.9	4.6	2020	3.3	4.0	2021	4.3
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The shorthand in the notes column explains what this emphasis refers to.</p> <table border="1"> <thead> <tr> <th></th> <th>2021 [note 4,5]</th> <th>2020 [note 4, 5]</th> <th>2019</th> <th>2018</th> <th>2017</th> <th>2016</th> <th>2015</th> <th>2014</th> <th>2013</th> <th>2012</th> <th>2011</th> <th>2010</th> <th>2009</th> </tr> <tr> <th></th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> <th>(%age of occurrences)</th> </tr> </thead> <tbody> <tr> <td><b>Reason given for sickness (Men)</b></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Minor illnesses [note 10]</td> 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12,13]	26.4	20.6	11.7	13.3	12.1	12.5	13.0	14.2	15.1	14.7	12.6	9.9	13.0	Mental health conditions [note 14]	8.8	9.9	9.4	8.5	6.1	8.1	7.0	6.4	8.5	6.4	6.4	4.9	5.7	Gastrointestinal problems	5.9	7.3	8.1	7.2	8.0	5.8	6.8	6.0	6.6	8.1	8.1	8.6	5.3	Eye/ear/nose/mouth/dental problems	3.2	[c]	3.7	3.3	3.8	5.0	2.4	4.1	4.1	4.3	4.2	1.8	3.4	Headaches and migraines	[c]	[c]	2.4	2.6	3.3	2.5	3.0	2.1	1.5	1.3	1.7	3.7	[c]	Respiratory conditions	6.9	[c]	3.2	2.0	2.6	2.4	3.1	4.4	3.4	2.8	3.6	5.1	[c]	Genito-urinary problems	[c]	[c]	0.9	[c]	[c]	[c]	1.5	[c]	[c]	1.1	1.7	[c]	[c]	Heart, blood pressure, circulation problems	3.6	3.3	4.3	3.3	2.5	2.9	3.2	4.5	4.0	3.8	3.8	2.2	[c]	Prefers not to give details	4.0	[c]	5.2	[c]	[c]	[c]	3.2	[c]	[c]	4.9	3.5	[c]	[c]	Total [note 15]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0																2021 [note 4,5]	2020 [note 4, 5]	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009		(%age of occurrence)	(%age of occurrence)	(%age of occurrence)	(%age of 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problems	3.9	4.4	3.8	4.0	3.4	4.7	3.2	3.4	3.9	4.8	4.1	3.9	2.6	Heart, blood pressure, circulation problems	1.6	[c]	1.9	1.9	1.8	[c]	1.1	1.5	1.7	2.6	1.5	1.1	[c]	Prefers not to give details	5.9	[c]	5.6	5.7	6.0	[c]	5.3	4.6	5.0	6.3	4.6	2.8	[c]	Total [note 15]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
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Other [note 12,13]	27.3	14.6	15.0	12.6	14.4	13.0	14.2	15.9	13.4	13.5	12.4	9.8	10.4																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Mental health conditions [note 14]	10.5	13.1	12.9	8.8	9.5	8.2	11.5	9.8	9.0	11.3	10.2	8.8	7.8																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Gastrointestinal problems	3.6	4.1	6.1	6.1	4.8	7.2	5.1	6.8	7.9	6.3	7.6	7.7	5.1																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Eye/ear/nose/mouth/dental problems	3.0	3.5	4.5	4.6	4.7	4.1	4.1	3.7	4.3	3.5	3.9	2.9	3.2																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Headaches and migraines	5.4	7.3	3.9	5.8	3.5	4.2	4.1	3.2	2.9	3.1	2.8	3.7	4.8																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Respiratory conditions	5.3	5.2	4.0	3.0	2.9	4.4	3.7	4.5	4.2	3.3	3.7	4.7	4.6																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Genito-urinary problems	3.9	4.4	3.8	4.0	3.4	4.7	3.2	3.4	3.9	4.8	4.1	3.9	2.6																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Heart, blood pressure, circulation problems	1.6	[c]	1.9	1.9	1.8	[c]	1.1	1.5	1.7	2.6	1.5	1.1	[c]																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Prefers not to give details	5.9	[c]	5.6	5.7	6.0	[c]	5.3	4.6	5.0	6.3	4.6	2.8	[c]																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Total [note 15]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0																																																																																																																																																																																																																																																																																																																																																																																																																																																	





Equality Impact Assessment – Attendance Management Policy V1.0

Protected Characteristic	General Equality Duty
<p><b>Sex (continued)</b></p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><b>There is no evidence currently available to identify sickness absence rates in the SQA by Sex.</b> It is not therefore possible to prove or disprove if any disproportionality or discrimination exists in respect of sickness absence in the SQA relating to the Sex of employees.</p> <p><b>Risks of Direct Discrimination in the SQA:</b></p> <p>1: Menopausal Absence:</p> <p>There are currently no specific legal obligations placed on the SQA to consider Menopausal related absence differently to any other absences. However, the SQA <b>does</b> have clear legal obligations not to treat employees unfairly on the grounds of their Sex. Clearly, the Menopause does not apply to men, so a risk of discrimination could exist if women are treated less favourably on the grounds of menopausal absence as this is a condition that would not generally apply to men.</p> <p>2: The Menopause as a Disability:</p> <p>At the time of writing, (August 2022) there has not yet been a final Employment Tribunal decision which defines the menopause as a disability (Note this decision is pending). However, some severe Menopausal symptoms do risk meeting the legal test of Disability (e.g. <i>adverse impact on normal day to day activities</i>) meaning this could trigger the SQA’s obligations to make reasonable adjustments.</p> <p>For example, an employee might experience extreme hot flushes which might affect their ability to carry out their work as normal and ask to be moved to a desk nearer to a window or virtual working. Tiredness resulting from Menopausal related sleeping difficulties may affect overall performance or increase absence rates etc.</p> <p><b>Risks of Indirect Discrimination:</b></p> <p>Women are statistically more likely to have Caring responsibilities than men. (Please see later section of this document.)</p>



Equality Impact Assessment – Attendance Management Policy V1.0

Protected Characteristic	General Equality Duty
<p><b>Sex (continued)</b></p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 (continued)</p> <p>This assessment recommends that:</p> <ul style="list-style-type: none"> <li>▪ <u>Menopausal related sick leave should be added to the list of exceptional absences. (Page four of the policy document.).</u></li> <li>▪ <u>Different trigger points should be considered for Menopausal related absences.</u></li> <li>▪ <u>Homeworking should be considered as a reasonable adjustment. (Previously referenced in this document.)</u></li> <li>▪ <u>Absence rates by Sex are recorded and analysed.</u></li> <li>▪ <u>Data relating to any internal action taken as a result to the implementation of this policy (e.g. disciplinary action). This should be analysed by the Sex of employees, with the aim of identifying any disproportionate trends that may exist between men and women - however unintentional / accidental these may be.</u></li> </ul>
<p><b>Sex (continued)</b></p>	<p style="text-align: center;">Advance equality of opportunity</p> <p>All SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i>. This includes employees of both sexes. However, because there is no Sex related profiling data available relating to:</p> <ul style="list-style-type: none"> <li>▪ Absence rates in the SQA by Sex.</li> <li>▪ People who are disciplined as a result of this policy by Sex.</li> <li>▪ Other action taken e.g. redeployment by Sex.</li> </ul> <p>It is not possible to conclude if this policy does effectively advance equality of opportunity between Men and Women.</p>



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	Foster good relations
<b>Sex (continued)</b>	<p>There is no evidence to indicate that this policy currently fosters good relations between employees of different sexes.</p> <p>Implementing the actions listed on the previous page of this document would improve this situation considerably.</p>



Equality Impact Assessment – Attendance Management Policy V1.0

Protected Characteristic	General Equality Duty
<b>Sexual Orientation</b>	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>We conclude there is no evidence to suggest that this policy may impact directly on people of different <i>Sexual Orientations</i> and therefore make no further recommendations in this area.</p> <p><b>Neutral Equality related impact is therefore recorded in this area.</b></p>
	Advance equality of opportunity
	<p>All SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i> and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their <i>Sexual Orientation</i>.</p>
	Foster good relations
	<p>There is however <b>evidence indicating that people who identify as LGBTQ+</b> (a broader descriptor which includes <i>Sexual Orientation</i>) may experience different health outcomes. This is detailed in the next section of this report.</p> <p><u>Finally, it is recommended that the SQA captures more detailed information about employees who are absent and this should include LGBTQ+ status. This is currently not recorded so any disproportionality (however likely or unlikely) cannot be wholly discounted.</u></p>



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Protected Characteristic	General Equality Duty
<p><b>Gender Identity.</b></p> <p><b>This includes:</b></p> <p><b>Gender Re-assignment</b></p> <p><b>Non Binary</b></p> <p><b>Gender Fluid</b></p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <hr/> <p>The <i>Equality Act 2010</i> protects employees against discrimination if they are absent from work related to <i>Gender Reassignment</i>. This is defined when a person transitions from one Gender to another. The protection against discrimination includes:</p> <ul style="list-style-type: none"> <li>▪ Proposing to undergo a Gender transition.</li> <li>▪ Undergoing the process of Gender transitioning.</li> <li>▪ As a result of Gender transition.</li> </ul> <p>Examples of absences relevant to <i>Gender Reassignment</i> include attending medical appointments and Gender counselling services. It is important to stress that <i>Gender Reassignment</i> <b>may or may not</b> involve medical intervention and is defined as wanting to live as a gender that is different from that assigned at birth.</p> <p><b>Risks of Direct Discrimination in the SQA:</b></p> <p><i>Transgender</i> is not referenced (at all) in the SQA <i>Attendance Management</i> policy or any associated policies. It is therefore possible that absence relating to Gender reassignment might be unlawfully used against a SQA employee. It is therefore recommended that:</p> <ul style="list-style-type: none"> <li>▪ <u><i>Transgender</i> related sick leave should be added to the list of exceptional absences. (Page four of the policy document.)</u></li> <li>▪ <u>Different trigger points should be considered for <i>Transgender</i> related absences.</u></li> <li>▪ <u>Added to the <i>Roles and Responsibilities</i> table (page 10 of the policy) is an option to declare to your manager, if any absences are directly or indirectly related to personal LGBTQ+ status.</u></li> </ul>



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<p><b>Gender Identity.</b></p> <p><b>This includes:</b></p> <p><b>Gender Re-assignment</b></p> <p><b>Non Binary</b></p> <p><b>Gender Fluid</b></p> <p><b>(continued)</b></p>	<p>Advance equality of opportunity</p>
	<p>The SQA currently does not have a <i>Gender Identity</i> policy providing background information to SQA managers and employees in respect of:</p> <ul style="list-style-type: none"> <li>▪ People who identify as the Gender they were assigned at birth. (<i>Cisgender</i>)</li> <li>▪ People who identify with Gender that is different to that assigned at birth. (<i>Transgender</i>)</li> <li>▪ People who identify with multiple Genders. (e.g. <i>Non Binary</i> and <i>Gender Fluid</i>.)</li> </ul> <p>(Note this list is illustrative and is not intended to be definitive.)</p> <p>People who are LGBTQ+ are more likely to experience certain medical conditions (e.g. mental health) and more likely to experience workplace harassment which may lead to greater periods of absences.</p> <p>(Source: National Government LGBT survey 2019.)</p> <p>Whilst, with the exception of <i>Gender Reassignment</i>, there is currently no legal obligation placed on the SQA to provide Equality of Opportunity to people who identify as different Genders, it is a very relevant modern consideration – particularly in academic environments such as schools, colleges and universities. (Once again, highly relevant to the SQA.)</p> <p><u>We therefore recommend that the SQA create a new <i>Gender Identity</i> policy to facilitate and advance equality of opportunity to employees who are LGBTQ+.</u></p>
	<p>Foster good relations</p>
<p>There is no evidence to indicate that this policy currently fosters good relations between people of different <i>Gender Identities</i> or who are LGBTQ+.</p> <p>Implementing the actions listed within this section of the document would begin to improve this situation somewhat.</p>	



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Protected Characteristic	General Equality Duty
<b>Marriage/Civil Partnership</b>	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>We conclude there is no evidence to suggest that this policy may impact directly / indirectly on people who are <i>Married</i> or in a <i>Civil Partnership</i> and therefore make no further recommendations in this area.</p> <p><b>Neutral Equality related impact is therefore recorded in this area.</b></p>
	Advance equality of opportunity
	<p>All SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i> and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their <i>Marital Status</i>.</p>
	Foster good relations
	<p>There is no evidence to indicate that this policy currently fosters good relations between employees of different <i>Marital Status</i>.</p> <p>No further recommendations are made in respect of this in relation to this policy.</p>



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Protected Characteristic	General Equality Duty
Pregnancy / Maternity	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	Please refer to the separate SQA policy – <i>Maternity, Paternity and Adoption</i> which deals with <i>Maternity</i> related absence.
	Advance equality of opportunity
	Foster good relations





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Considered by SQA	General Equality Duty
Care experience (where relevant)	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><b>A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.</b> 23.6% of SQA employees stated they currently have some caring responsibilities.</p> <p>Increasing hours of care, often results in the general health of carers deteriorating. Unpaid carers are <b>more than twice as likely to suffer from poor health</b> compared to people without caring responsibilities. (Source Carers UK <u><a href="#">In Poor Health: the impact of caring on health</a></u>).</p> <p><b>Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential</b> of those who care, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care (Source Carers UK <u><a href="#">Assessment, eligibility and portability for care users and carers</a></u>). There is an increasing prevalence of 'sandwich carers' (2.4 million in the UK) – those looking after young children at the same time as caring for older parents. It can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations. (Source Carers UK <u><a href="#">Sandwich generation concern is growing</a></u>).</p> <p><b>Risks of Direct / Indirect Discrimination in the SQA:</b></p> <p><u>We recommend that the SQA:</u></p> <ul style="list-style-type: none"> <li>▪ <u>Publishes a separate short guidance note setting out how caring absences should be treated / managed by SQA managers and how / when different treatment and trigger points may be relevant – for example, when the absence is related to the disability status of a relative or child.</u></li> <li>▪ <u>Captures caring related absence with the aim of identifying any trends and / or potential disproportionality that may exist.</u></li> </ul>



Equality Impact Assessment – Attendance Management Policy V1.0

Advance equality of opportunity	
<b>Care experience (where relevant)</b>  <b>continued</b>	No evidence identified
	Foster Good Relations
	No evidence identified.



**Miscellaneous:**

**Other impacts identified as part of this EqIA which generally have a positive impact on all SQA employees include:**

- A SQA employee assistance programme providing employees with confidential support and guidance 24 hours a day, 7 days a week.
- Trade union representatives who can provide members with advice, help and support relating to sickness absences
- Mental Health First Aiders who are available as a first point of contact in the SQA.
- The *Able Futures* service who can be contacted for ongoing professional support for mental health and wellbeing.
- The SQA occupational health provider offers medical advice and support on staying healthy at work.
- Internally, the SQA Human Resources team can provide confidential support and advice to employees.
- The SQA Parent and Carers Network provides support to colleagues. This network aims to provide a safe and confidential space to allow parents and carers to support each other, share ideas, current challenges, knowledge and experiences.

**Additionally, the SQA is committed to being a supportive and inclusive employer and is members of and/or accredited by various organisations these include:**

- Disability Confident Employer
- Hidden Disability Sunflower Scheme Member
- Employers Network for Equality & Inclusion Member
- Happy to Talk Flexible Working Employer
- Accreditation as a Scottish Living Wage Employer
- Business in the Community Race at Work Charter Signatory
- Stonewall Diversity Champion
- Dying to Work Charter Member