

Equality Impact Assessment

Summary

Name of Policy or practice	Attendance Management		
New Policy or Revision	Revised		
Policy Owner (role)	Head of Human Resources		
Date Policy Owner Confirmed Completion	June 2024		
Agreed Schedule Review Date	June 2027	Additional review date (Action review date)	N/A

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. 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.

Identified Actions	General Equality Duty	Owner	Date	Comment & Review
SQA captures and analyses employee absence data by age, ethnicity, and sex. 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.	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010	People Analytics, Governance & Systems Manager	TBC	

Policy Aims

What is the rationale for this policy or practice?

The stated aims of the SQA *Attendance Management* 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's *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 document also states that application of this policy and any associated procedures will be undertaken in compliance with the *Equality Act 2010*. This will include making reasonable adjustments where appropriate.

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

National Sickness Absence Statistics (Office for National Statistics):

Effective management of sickness and absence via both policies and procedures is a critical consideration in all UK organisations. An estimated 185.6 million working days were lost because of sickness or injury in the UK in 2022 - equivalent to an average of 5.7 days per worker.

Nationally, in 2022, the overall sickness absence rate in the UK rose to 2.6%. 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 minor illnesses, accounting for 29.3% of occurrences.

Respiratory conditions have overtaken mental health conditions as the fourth most common reason for sickness absence in 2022, accounting for more than twice the proportion of occurrences they did before the pandemic.

All data shown on this page and the graphs overleaf are extracted from *Sickness 2022 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)

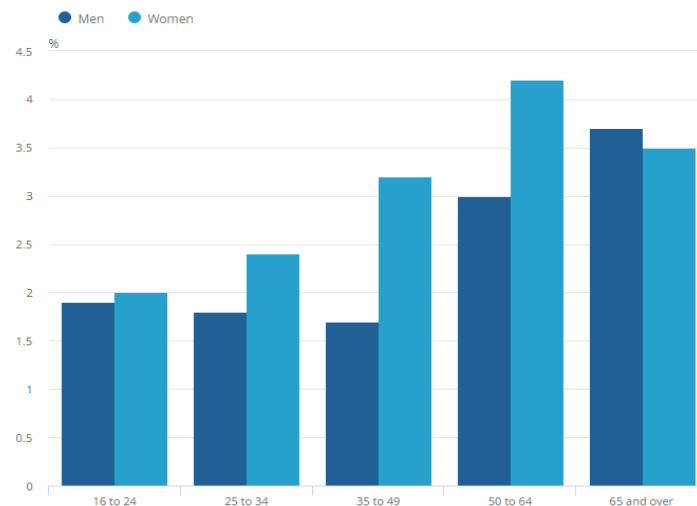
Sickness Absence by People Profiles:

The groups with the highest rates of sickness absence in 2022 included women, older workers, those with long-term health conditions and people working part-time. (See graphs below)

At 4.9%, the sickness absence rate for those with long-term health conditions is at its highest point since 2008, when it was 5.1%. The number of days lost to sickness absence for those with long-term health conditions is now at a record high of 104.9 million days.

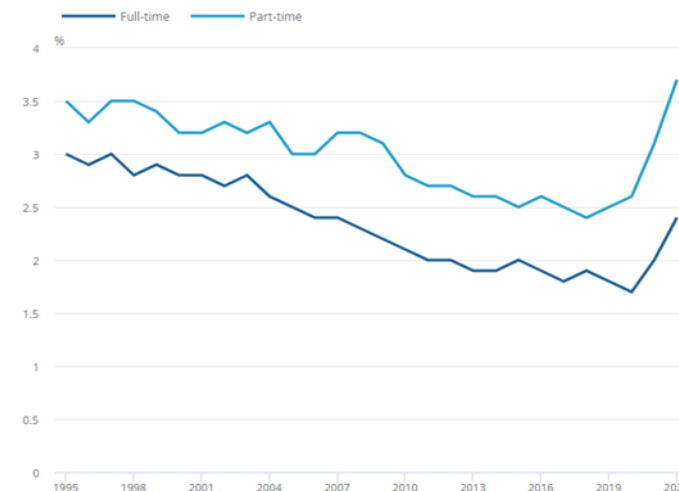
National Sickness Absence Statistics: - Sex and Part Time Working:

Sickness absence rate, by age group and sex, UK, 2022



Bar chart showing the sickness absence rates in 2022 by age group and sex. Overall, absence rates are higher in those who are over 50 and tend to be higher for women.

Sickness absence rate, by part-time and full-time status, UK, 1995 to 2022



Bar chart showing sickness absence rate by part-time and full-time status from 1995 to 2022. Overall, part-time sickness absence rates are higher than full-time.

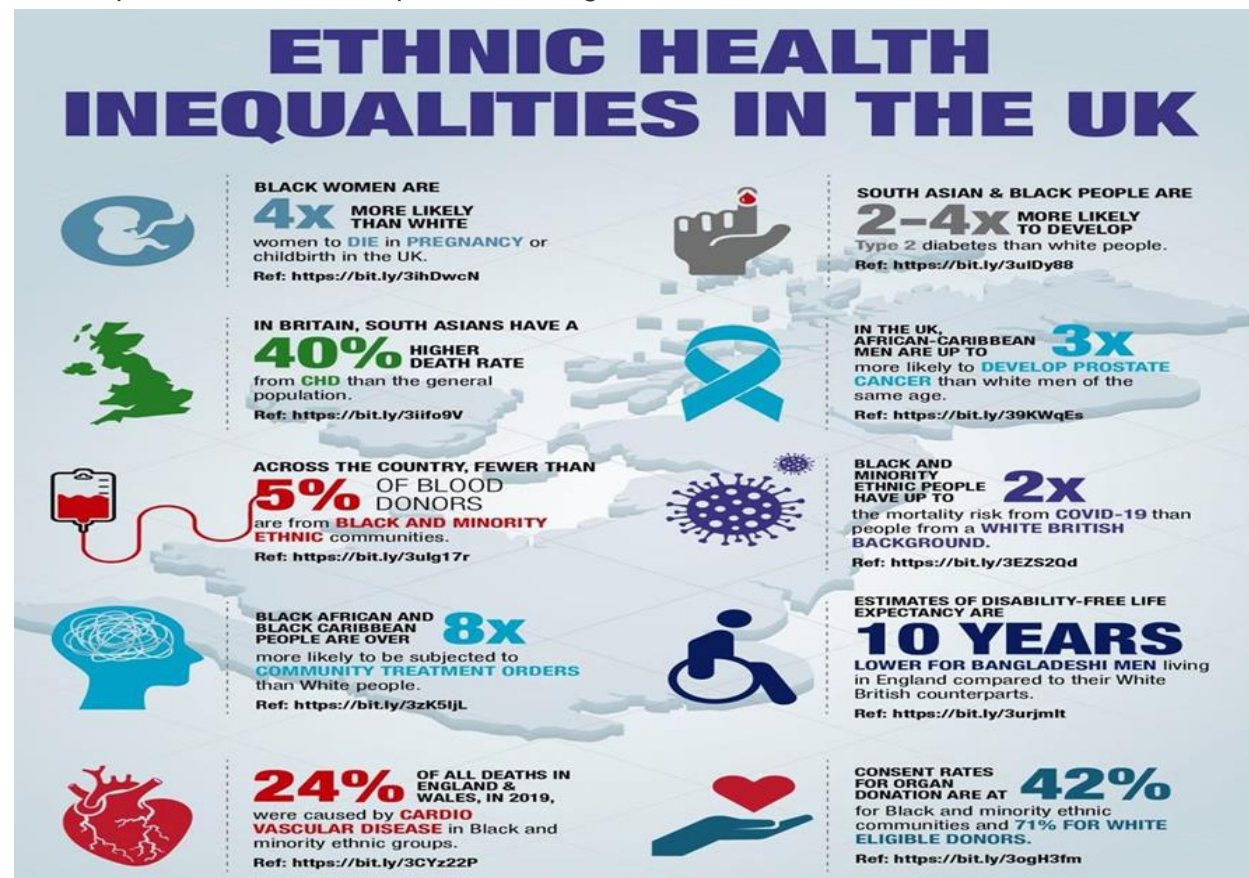
Statistically, overall sickness rates remain higher for women in most age groups than men. (In 2022, the sickness absence rate for men was 2.2% and for women 3.2%)

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.)

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 times higher for disabled workers compared to their non disabled counterparts.

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 2023 – 24, SQA recorded an overall absence rate of 3.7% - just below the public sector benchmark.

People Dashboard - Sickness Absence

As at 31st March 2024



Image shows SQA sickness absence dashboard for 2023-24 which displays sickness absence levels over each financial quarter and the overall financial year. Image shows that at the end of the financial year, SQA sickness absence levels were below the public sector benchmark. Table showing top three reasons for long-term absence were anxiety, work related stress and post operation recovery.

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 and guidance are also related to the *Attendance Management* policy:

- Alcohol and Drugs Misuse
- Code of Conduct
- Data Protection
- Disciplinary
- Equality, Diversity and Inclusion
- Flexitime
- Improving Performance
- Maternity, Paternity and Adoption
- Menopause Guidance
- Mental Health and Wellbeing
- Probation
- Retention and Redeployment
- Staff Leave
- TOIL
- Reasonable Adjustment Guidance

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 a different Sex. E.g., a woman discussing the effects of the menopause with a male manager.

The development, implementation, and analysis of the effects 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?

As this is an internal policy, SQA has asked for feedback from internal employee network groups in relation to equality impacts groups. These employee network groups include:

- ACE (Appreciate Culture and Ethnicity) Network.
- SQA Disability Network.
- SQA Rainbow Network.
- Women's Network.

Evidence of Stakeholder Engagement:

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.

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

Age

Table 1.1: Age

Age bracket	2019 no	2019 %	2020 no	2020 %	2021 no	2021 %	2022 no	2022 %	Variance no	Variance %
16–24	59	6.32%	50	5.27%	49	4.93%	36	3.47%	-23	-2.85%
25–29	65	6.97%	60	6.32%	73	7.35%	105	10.14%	40	3.17%
30–34	123	13.18%	109	11.49%	96	9.67%	95	9.17%	-28	-4.01%
35–39	131	14.04%	145	15.28%	146	14.70%	144	13.90%	13	-0.14%
40–44	129	13.83%	135	14.23%	146	14.70%	150	14.48%	21	0.65%
45–49	116	12.43%	105	11.06%	113	11.38%	124	11.97%	8	-0.46%
50–54	125	13.40%	141	14.86%	131	13.19%	126	12.16%	1	-1.24%
55–59	119	12.75%	117	12.33%	122	12.29%	122	11.78%	3	-0.98%
60–64	53	5.68%	72	7.59%	81	8.16%	102	9.85%	49	4.16%
65+	13	1.39%	15	1.58%	36	3.63%	32	3.09%	19	1.70%
Total	933	100.00%	949	100.00%	993	100.00%	1036	100.00%	103	11.04%

Table 1.1 shows the age profile of the organisation from 2019 to 2022

Source: SQA Workforce Equality Monitoring Report 2021-23

Equalities: [SQA workforce monitoring report 2021-23](#)

Disability

Table 3.1: Disability

Disability	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %	Variance number	Variance %
No	417	44.69%	651	68.60%	683	68.78%	697	67.28%	280	22.59%
Not Specified	444	47.59%	152	16.02%	152	15.31%	184	17.76%	-260	-29.83%
Prefer not to say	21	2.25%	68	7.17%	76	7.65%	72	6.95%	51	4.70%
Yes	51	5.47%	78	8.22%	82	8.26%	83	8.01%	32	2.54%
Total	933	100.00%	949	100.00%	993	100.00%	1036	100.00%	103	0.00%

Source: SQA Workforce Equality Monitoring Report 2021-23

Equalities: [SQA workforce monitoring report 2021-23](#)

Table 3.1 shows the composition of the disability self-reporting categories for the period from 2019 to 2022.

Of those staff who have declared a disability, females made up 58.54% (2021) and 53.01% (2022) of the population, and males 41.46% (2021) and 46.99% (2022). Due to the low number of staff declaring a disability within SQA we are unable to publish further intersectional data in relation to disability and other protected characteristics.

Race

Table 7.1: Race

Ethnicity	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
African, Scottish African or British African	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	<5	<0.48%
Asian, Scottish Asian or British Asian	13	1.39%	20	2.11%	24	2.42%	25	2.41%
Caribbean or Black	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Mixed or multiple ethnic group	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Not specified	383	41.05%	123	12.96%	101	10.17%	122	11.78%
Other ethnic group	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Prefer not to say	10	1.07%	33	3.48%	34	3.42%	30	2.90%
White	523	56.06%	763	80.40%	825	83.08%	849	81.95%

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Table 7.1 shows the ethnic minority background of staff within the organisation for the period from 2019 to 2022

Just under 3.50% staff declared they were from an ethnic minority background in both 2021 (3.32%) and 2022 (3.38%). However, it is encouraging to note that the percentage of staff declaring they are from an ethnic minority background has increased overall by 3.97% between 2019 and 2022. The percentage of staff within each ethnic minority category has remained relatively stable over the last three years.

Religion or Belief

Table 8.1: Religion or belief

Religion or belief	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
Another religion or body	< 5	< 0.54%	< 5	< 0.53%	6	0.60%	6	0.58%
Buddhist	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Church of Scotland	91	9.75%	122	12.86%	127	12.79%	125	12.07%
Hindu	< 5	< 0.54%	< 5	< 0.53%	7	0.70%	8	0.77%
Jewish	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Muslim	7	0.75%	11	1.16%	10	1.01%	11	1.06%
None	286	30.65%	421	44.36%	462	46.53%	489	47.20%
Not specified	405	43.41%	126	13.28%	102	10.27%	123	11.87%
Other Christian	26	2.79%	43	4.53%	44	4.43%	44	4.25%
Prefer not to say	35	3.75%	98	10.33%	103	10.37%	103	9.94%
Roman Catholic	76	8.15%	118	12.43%	129	12.99%	123	11.87%
Sikh	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%

Table 8.1 shows the religion, belief or non-belief status of staff within the organisation for the period from 2019 to 2022.

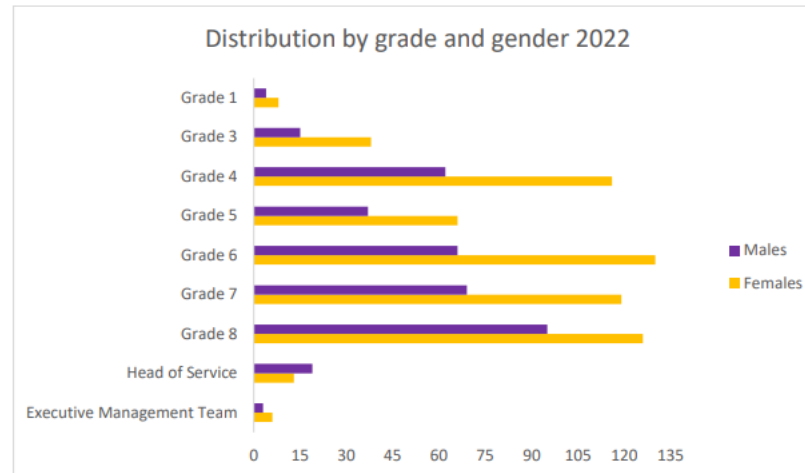
Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Sex

Gender

Distribution by grade and gender of SQA grade 1 – EMT



Source: SQA Summary of Equal Pay Audit 2023

[Scottish Qualifications Authority \(sqa.org.uk\)](https://www.sqa.org.uk/)

The majority of the 2.9 million lone-parent families in 2022 were headed by a lone mother (2.5 million, 84%)

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2022>

59% of unpaid carers are women (Census 2021). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)

Source: Carers UK

There are 1.25 million sandwich carers in the UK. These are people caring for an older relative as well as bringing up a family. 68% (850,743) are women.

Source: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/breaking-point-report/>

Sexual Orientation

Table 10.1: Sexual orientation

Sexual Orientation	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
Bisexual	9	0.96%	12	1.26%	15	1.51%	16	1.54%
Gay man	13	1.39%	20	2.11%	21	2.11%	23	2.22%
Gay woman / lesbian	9	0.96%	10	1.05%	12	1.21%	12	1.16%
Heterosexual / straight	431	46.20%	670	70.60%	700	70.49%	702	67.76%
In another way	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Not specified	< 5	< 0.54%	< 5	< 0.53%	156	15.71%	189	18.24%
Not sure	26	2.79%	76	8.01%	< 5	< 0.50%	< 5	< 0.48%
Prefer not to say	443	47.48%	158	16.65%	84	8.46%	88	8.49%

Table 10.1 shows the composition of staff sexual orientation within the organisation for the period 2019 to 2022.

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Gender Re-assignment (Gender identity and transgender)

Due to the low number of staff reporting as transgender or describing their gender identity ‘in another way’, we are unable to publish further data in relation to gender reassignment or gender identity. This data is, however, monitored internally.

Marriage/Civil Partnership

Table 5.1: Relationship status

Relationship status	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %
Civil Partnership	7	0.75%	7	0.74%	8	0.81%	9	0.87%
Co-habiting/in a relationship	80	8.57%	112	11.80%	122	12.29%	122	11.78%
Divorced/Dissolved Civil Partnership	14	1.50%	16	1.69%	17	1.71%	19	1.83%
Married	265	28.40%	370	38.99%	425	42.80%	416	40.15%
Married/Civil Partnership	8	0.86%	12	1.26%	14	1.41%	16	1.54%
Not Specified	407	43.62%	179	18.86%	102	10.27%	127	12.26%
Other	< 5	< 0.54%	< 5	< 0.53%	7	0.70%	9	0.87%
Prefer not to say	18	1.93%	49	5.16%	55	5.54%	59	5.69%
Separated	6	0.64%	12	1.26%	12	1.21%	13	1.25%
Single	122	13.08%	183	19.28%	224	22.56%	239	23.07%
Widowed/surviving partner from Civil Partnership	< 5	< 0.54%	6	0.63%	7	0.70%	7	0.68%

Table 5.1 shows the marriage and civil partnership status of staff within the organisation for the period from 2019 to 2022.

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Pregnancy / Maternity

Table 6.1: Pregnancy and maternity

Pregnancy and maternity	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %
Contract ended as planned					1	3.33%		0.00%
Due to return to work					0	0.00%	11	40.00%
Resigned					0	0.00%	1	4.00%
Returned to work	20	100.00%	10	100.00%	29	96.67%	14	56.00%
Total	20	100.00%	10	100.00%	30	100.00%	26	100.00%

	<p>Table 6.1 details the number of staff who have taken maternity leave, whether they are still on maternity leave (due to return to work), have returned to work following maternity leave, resigned following maternity leave, or their fixed-term contract ended (contract ended as planned).</p> <p>Source: SQA Workforce Equality Monitoring Report 2021-23 Equalities: SQA workforce monitoring report 2021-23</p>
Care experience (where relevant)	SQA does not currently collect Care Experience data.

Impact and Opportunities for Action

The impact that a policy or practice has on an equality group may be different and this requires 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.

Protected Characteristic	General Equality Duty												
Age	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010												
	There is very clear evidence nationally to indicate that greater levels of sickness absence occur in older workers. For example, employees in the age range 60+ have an absence rate that is 113% higher than people aged 25 – 34. (See table below:)												
	<table><tr><td>Age Range:</td><td>Average Sickness Absence:</td></tr><tr><td>16 – 24</td><td>1.9</td></tr><tr><td>25 – 34</td><td>2.0</td></tr><tr><td>35 – 49</td><td>2.3</td></tr><tr><td>50 – 64</td><td>3.5</td></tr><tr><td>65+</td><td>3.7</td></tr></table>	Age Range:	Average Sickness Absence:	16 – 24	1.9	25 – 34	2.0	35 – 49	2.3	50 – 64	3.5	65+	3.7
	Age Range:	Average Sickness Absence:											
	16 – 24	1.9											
25 – 34	2.0												
35 – 49	2.3												
50 – 64	3.5												
65+	3.7												
Source ONS													
	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).												
	Risks of Discrimination – Direct and Indirect:												

SQA does not currently capture or analyse sickness absence rates by the Age of its employees. 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.

Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including age.

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.

Conclusion: Probable neutral impact

Advance equality of opportunity

Whilst all SQA employees are entitled to use, access, and of course, be subjected to the *Attendance Management Policy*, whether or not the policy actually **promotes / advances** the 'same chance' to employees of all Ages **remains unclear**. This is again, due to a lack of accurate monitoring of employee absence by Age in the SQA.

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.

Foster good relations

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.

	<p>It is also worth noting that the first two stated aims of this policy are:</p> <ul style="list-style-type: none"> ▪ 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. <p>This assessment concludes that these two aims (particularly the wording in bold above) are not currently being realised in their entirety in the SQA.</p>
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>Risks of Discrimination in the SQA – Direct and Indirect:</p> <p><i>Discrimination arising from disability:</i> 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><i>Indirect Disability Discrimination:</i> 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 references long-term health conditions, chronic illness and disability and highlighted that absences due to these reasons should be reviewed on a case-by-case basis to eliminate any risk of being treated less favourably compared to absences not coming under these definitions.</p> <p>The policy has linked the new reasonable adjustment guidance which supports employees and managers in the</p>

	<p>application of all SQA people policies to remove or reduce any substantial disadvantage faced by disabled colleagues which would not be faced by a non-disabled colleague.</p> <p>There has been an addition to the <i>Roles and Responsibilities</i> section of this policy (section 2) to encourage employees to disclose if they have a medical condition or disability so that SQA can exercise their duty of care.</p> <p>Absence recording within SQA has been updated to include whether or not individual absences are due to a disability or not. This allows us to report meaningful data with regards to disability related absence trends.</p> <p>Of those staff who have declared a disability, females made up 58.54% (2021) and 53.01% (2022) of the population, and males 41.46% (2021) and 46.99% (2022).</p> <p>There has been an addition to the <i>Definitions</i> section (section 4.1.1) to include the legal definition of Disability.</p> <p>Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including disability.</p>
	<p>Conclusion: Probable positive impact</p>
	<p>Advance equality of opportunity</p>
	<p>All SQA employees are entitled to use, access and be subjected to the <i>Attendance Management Policy</i> which promotes the 'same chance' to employees who are <i>Disabled</i> compared to a non-disabled employee. The policy makes clear references to disability, disability related absence and that absences due to disability should be treated on a case-by-case basis, supported by occupational health and the provision of reasonable adjustments.</p>
	<p>Foster good relations</p>
	<p>Fostering good relations involves tackling prejudice and promoting understanding between people who share, or may not share, a protected characteristic.</p> <p>Much greater references to <i>Disability</i> has been included in this policy which facilitates and promotes a greater understanding of how <i>Disability</i> absences differ from <i>non-disability</i> related absence in the SQA.</p>

Protected Characteristic	General Equality Duty
Race	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	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>Due to the low numbers of ethnic minority staff, SQA currently does not record absence rates by <i>Race</i> or <i>Ethnicity</i>. Once again, it is therefore not possible to either establish or discount 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>
	Conclusion: Probable neutral impact
	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 explicitly promote / advance the ‘same chance’ to employees from different ethnicities however there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including race.</p> <p>This individual consideration would include, for example, the fact that people from different ethnicities may experience different health. Additionally, 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.’</p> <p>Consideration was given to the fact that this policy is only available in English however all posts in SQA require a standard of English that would allow them to read and fully understand this policy. All SQA people policies have been written in plain English.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different ethnicities. A reminder that in 2022, 3% of SQA employees declared themselves as minority ethnicity and this is

	therefore an important consideration.
Protected Characteristic	General Equality Duty
Religion or Belief	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p>We conclude there is no evidence to suggest this policy may impact on people of different <i>Religions</i> or <i>Beliefs</i>.</p> <p>Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including religion or belief.</p> <p>However, the following advisory comment is made:</p> <p>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 a different Sex. (This point is referenced in more detail in the previous section of this document under Race / Ethnicity).</p> <p>Conclusion: Probable neutral impact</p> <p>Advance equality of opportunity</p> <p>All SQA employees from all <i>Religions / Beliefs</i> are entitled to use, access and be subjected to the <i>Attendance Management Policy</i>.</p> <p>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>.</p> <p>Foster good relations</p> <p>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.</p>

Protected Characteristic	General Equality Duty																																																																									
Sex	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010																																																																									
	Nationally, sickness absence rates differ between men and women – the difference fluctuating slightly annually. (See table below. Source ONS.)																																																																									
	<table><tr><td>Year:</td><td>Days lost per worker Men</td><td>Days lost per worker Women</td></tr><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><tr><td>2022</td><td>5.2</td><td>6.1</td></tr></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	4.9	2022	5.2
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	Previous research undertaken by the ONS indicates two possible reasons why women, may on average, take more sickness absence than men. These reasons are:																																																																									

1: A greater culture of presenteeism amongst men than women. Men being more likely to attend work when they are ill.

2: Women are more likely to be carers of children / relatives than men and may therefore incur greater absences.

With the obvious exception of the menopause, there is no evidence nationally, to indicate any significant differences in the **reasons** men and women give for workplace absence. (See table below – source ONS):

Some shorthand is used in these tables, [c] = sample size too small for reliable estimate, [u]=Estimate based on a sample size of between 5 and 9. Shading is used for emphasis in this table. The shorthand in the notes column explains what this emphasis refers to.

	2022 (%age of occurrences)	2021 [note 4,5] (%age of occurrences)	2020 [note 4, 5] (%age of occurrences)	2019 (%age of occurrences)	2018 (%age of occurrences)
Reason given for sickness (Men)					
Minor illnesses [note 10]	31.1	21.8	26.6	31.1	36.5
Musculoskeletal problems [note 11]	11.7	15.6	18.9	20.0	18.5
Other [note 12, 13]	24.6	26.4	20.5	11.7	13.3
Mental health conditions [note 14]	6.4	8.9	9.8	9.4	8.5
Gastrointestinal problems	5.5	5.9	7.4	8.1	7.2
Eye/ear/nose/mouth/dental problems	[c]	3.3	[c]	3.7	3.3
Headaches and migraines	3.2	[c]	[c]	2.4	2.6
Respiratory conditions	8.2	6.9	[c]	3.2	2.0
Genito-urinary problems	[c]	[c]	[c]	0.9	[c]
Heart, blood pressure, circulation problems	2.7	3.5	3.4	4.3	3.3
Prefers not to give details	5.1	3.9	5.0	5.2	[c]
Total [note 15]	100.0	100.0	100.0	100.0	100.0
	2022 (%age of occurrences)	2021 [note 4,5] (%age of occurrences)	2020 [note 4, 5] (%age of occurrences)	2019 (%age of occurrences)	2018 (%age of occurrences)
Reason given for sickness (Women)					
Minor illnesses [note 10]	27.7	22.0	25.8	29.9	33.3
Musculoskeletal problems [note 11]	9.4	11.4	12.6	13.4	14.2
Other [note 12, 13]	23.2	27.3	14.5	15.0	12.6
Mental health conditions [note 14]	9.7	10.5	13.1	12.9	8.8
Gastrointestinal problems	5.4	3.6	4.2	6.1	6.1
Eye/ear/nose/mouth/dental problems	2.5	3.0	3.4	4.5	4.6
Headaches and migraines	3.8	5.4	7.3	3.9	5.8
Respiratory conditions	8.4	5.3	5.3	4.0	3.0
Genito-urinary problems	3.2	3.9	4.8	3.8	4.0
Heart, blood pressure, circulation problems	[c]	1.6	[c]	1.9	1.9
Prefers not to give details	[c]	6.0	[c]	5.6	5.7
Total [note 15]	100.0	100.0	100.0	100.0	100.0

There is no evidence currently available to identify sickness absence rates in the SQA by Sex. 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.

Risks of Direct Discrimination in the SQA:

1: Menopausal Absence:

There are currently no specific legal obligations placed on the SQA to consider Menopausal related absence differently to any other absences. However, the SQA **does** 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.

2: The Menopause as a Disability:

In some cases, the menopause could be considered a disability under discrimination law as some menopause symptoms may have a long term and substantial impact on a women's ability to carry out normal day-to-day activities. This could trigger the SQA's obligations to make reasonable adjustments.

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.

Risks of Indirect Discrimination:

Women are statistically more likely to have Caring responsibilities than men. (Please see later section of this document.)

Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including sex.

Absence data 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.

Conclusion: Probable neutral impact

Advance equality of opportunity

All SQA employees are entitled to use, access and be subjected to the *Attendance Management Policy*. This

	<p>includes employees of both sexes. However, because there is no Sex related profiling data available relating to:</p> <ul style="list-style-type: none"> ▪ Absence rates in the SQA by Sex. ▪ People who are disciplined as a result of this policy by Sex. ▪ Other action taken e.g., redeployment by Sex. <p>It is not possible to conclude if this policy does effectively advance equality of opportunity between Men and Women.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different sexes.
Protected Characteristic	General Equality Duty
Sexual Orientation	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>As previously stated in an earlier section of this document, people identifying as LGBTQ+ are more than twice as likely to have a mental illness as people who identify as heterosexual.</p> <p>Additionally, members of the LGBTQ+ community are 2.5 times more likely to experience depression, anxiety, and substance abuse compared to heterosexual people.</p> <p>Within this policy there is reference to wellbeing support and mental health provisions and a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including sexual orientation.</p>
	Conclusion: Probable positive impact
	Advance equality of opportunity
	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> .

	Foster good relations
	There is however evidence indicating that people who identify as LGBTQ+ (a broader descriptor which includes <i>Sexual Orientation</i>) may experience different health outcomes. This is detailed in the next section of this report.
Protected Characteristic	General Equality Duty
Gender Re-assignment (Gender identity and transgender)	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<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"> ▪ Proposing to undergo a Gender transition. ▪ Undergoing the process of Gender transitioning. ▪ As a result of Gender transition. <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> may or may not involve medical intervention and is defined as wanting to live as a gender that is different from that assigned at birth.</p> <p>Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including gender re-assignment.</p> <p>Conclusion: Probable neutral impact</p>
	Advance equality of opportunity
	<p>SQA has published a Gender Identity and Transitioning at Work Policy which sets out SQA's responsibilities as an employer of trans people, including those with non-binary identities.</p> <p>This policy and corresponding guidance covers trans colleagues' rights, transitioning while you are employed with</p>

	<p>SQA and other aspects of the employment lifecycle that may be affected by a trans colleague's status.</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. (Source: NHS, 2024)</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>
	Foster good relations
	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+.
Protected Characteristic	General Equality Duty
Marriage/Civil Partnership	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including marriage/civil partnership.</p> <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>
	Conclusion: Probable neutral impact
	Advance equality of opportunity
	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> .
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different

	<p><i>Marital Status.</i></p> <p>No further recommendations are made in respect of this in relation to this policy.</p>
Protected Characteristic	General Equality Duty
Pregnancy / Maternity	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p>Within this policy there is a clear emphasis to treat all absences on a case-by-case basis to consider absences related to all protected characteristics, including pregnancy/maternity.</p> <p>Please refer to the separate SQA policy – <i>Maternity, Paternity and Adoption</i> which deals with <i>Maternity</i> related absence.</p> <p>Conclusion: Probable neutral impact</p> <p>Advance equality of opportunity</p> <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 <i>Pregnancy/Maternity</i>.</p> <p>Foster good relations</p> <p>There is no evidence to indicate that this policy currently fosters good relations between employees that have the protected characteristic of <i>Pregnancy/Maternity</i>.</p> <p>No further recommendations are made in respect of this in relation to this policy.</p>
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>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. 23.9% of SQA employees stated they currently have some caring responsibilities. (Equalities: SQA workforce monitoring report 2021-23)</p>

	<p>Increasing hours of care, often results in the general health of carers deteriorating. Unpaid carers are more than twice as likely to suffer from poor health compared to people without caring responsibilities. (Source Carers UK In Poor Health: the impact of caring on health).</p> <p>Caring responsibilities can have an adverse impact on the physical and mental health, education, and employment potential 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 Assessment, eligibility and portability for care users and carers). 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 Sandwich generation concern is growing).</p> <p>SQA have developed a Carer's policy to support the Carer's Leave Act that came into effect throughout the UK on 6 April 2024 and will support employees with all caring responsibilities.</p>
	Conclusion: Probable neutral impact
	Advance equality of opportunity
	No evidence identified.
	Foster good relations
	No evidence identified.

Miscellaneous:

Other impacts identified as part of this EqlA 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
- Carer Positive Employer