Equality Impact Assessment

Summary

Name of Policy or practice	Mental Health, Stress and Wellbeing
New Policy or Revision	Revised
Policy Owner (role)	Head of Human Resources
Date Policy Owner Confirmed Completion	March 2025
Agreed Schedule Review Date	March 2027

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.

Required Actions	Owner	Date	Comment & Review
Actions taken to **monitor the implementation of policy and the impact on equality groups** (evidence and consultation)			**[ONGOING RECORD]**

Identified Actions	General Equality Duty	Owner	Date	Comment & Review
[LIST]	**[CROSS REFERENCE]**			

Policy Aims

What is the rationale for this policy or practice?
The stated aims of the Scottish Qualification Authority (SQA) Mental Health, Stress and Wellbeing Policy are to: Promote and protect mental health and wellbeing at work, treating colleagues fairly regardless of their mental health status. SQA are also committed to identifying, tackling and preventing the causes of work-related stress.

What evidence is there to support the implementation or development of this policy or practice?
The policy links and complies with SQA's obligations under the terms of the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999 and with the provisions of the Equality Act 2010. SQA ensure that their work environment is productive and engaging for all colleagues with a view to enhancing productivity and reducing sickness absence. Data from 2023 and 2024 highlights how mental health and well-being are affecting both employees and employers in the UK:

- In 2024, one-third of UK employees, approximately 10 million people, experienced mental health issues, with a quarter reporting a deterioration in their mental health over the year. On average, these employees took nine days off for mental health reasons, more than double the four days taken for general health issues. Notably, 33% did not take any action to address their mental health concern
  source - https://www.unum.co.uk/about-us/media/mental-health-issues?utm_source
- Stress and burnout have notably increased among younger employees. In 2023, 37% of UK workers reported poor mental health, nearly doubling from 19% the previous year. Factors such as increased workloads and persistent staff shortages contributed to this rise
  source - https://breathingspacehr.co.uk/stress-and-burnout-doubled-for-uk-workers-in-2023/?utm_source
- In the 2023/24 period, approximately 1.7 million workers in Great Britain reported work-related ill health, with around half of these cases attributed to stress, depression, or anxiety.
  source - HSE publishes annual work-related ill health and injury statistics for 2023/24 – HSE Media Centre
- The Scotland Census (2022) indicates a 6.9% increase in individuals reporting long-term mental health conditions from 2012 to 2022. Additionally, it reveals that in 2022, 15.4% of individuals aged 16 to 24 reported experiencing a mental health condition, with females in this age group reporting such conditions at twice the rate of their male counterparts.
  Source Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census

SQA use an independent Employee Assistance Programme. From January 2024 to February 2025
- There were 11 users of this service (8 females, 3 males)

- 7 users contacted EAP for mental health support
- 63.64% of users of the EAP fell into the 40 to 49 age brackets.

Scottish Qualification Authority (SQA) – Absence and turnover Statistics:

Absence Days by Type of Absence

Year	Long Term	Short Term
22-23	4412 (44.11%)	5591 (55.89%)
23-24	3410 (37.99%)	5567 (62.01%)
24-25	3054 (37.47%)	5097 (62.53%)

Occurances by Type of Absence

Year	Long Term	Short Term
22-23	87 (8.73%)	909 (91.27%)
23-24	107 (10.36%)	926 (89.64%)
24-25	66 (6.95%)	883 (93.05%)

Absence (SQA)

Current Public Sector Benchmark: 3.80%

Year	Absence
22-23	3.72%
23-24	3.16%
24-25	3.44%

Turnover (SQA)

12 Month Rolling (Exc. FTC)

Current Public Sector Benchmark: 12.70%

Year	Turnover
22-23	8.88%
23-24	6.34%
24-25	5.16%

What are the aims of this policy or practice?

As previously stated, the aims of this policy are to: Promote and protect mental health and wellbeing at work, treating colleagues fairly regardless of their mental health status. SQA are also committed to identifying, tackling and preventing the causes of work-related stress.

SQA will support colleagues by:

- promoting good mental health and wellbeing.
- encouraging safe and healthy workplace settings
- use policies, training and communication to: (1) promote open conversations about mental health and stress; (2) allow employees to raise concerns about their work or working environment; and (3) help employees understand and recognise the causes of mental ill health and stress, and how to address them.
- provide a workplace free from harassment, bullying and victimisation. Address inappropriate behaviour through disciplinary action.
- ensure risk assessments include or specifically address work-related causes of mental ill health and stress.
- carry out performance appraisals which will monitor the suitability of workloads [working hours and use of holiday entitlement].
- facilitate requests for flexible working where reasonably practicable in accordance with our Flexible Working Policy.

Together with this policy there is also a range of other policies to help SQA to do this. It is intended that this policy will help colleagues and managers find it easier to access support.

If colleagues experience symptoms of mental ill health or stress they will be supported in the workplace by their line manager, have access to initial support from mental health first aiders, occupational health, the employee assistance programme, Able Futures, and Human Resources.

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
The following SQA policies are also related to the Mental Health, Stress and Wellbeing Policy:

• Attendance Management
• Dignity at Work
• Equality, Diversity and Inclusion
 • Flexible working
• Recruitment and Selection
• Transitioning at work

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 performance outcomes – for example, older workers and disabled workers. • 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. • Have greater difficulties following or complying with the written requirements of a workplace policy e.g. articulating a reason for concerns in writing, taking part in one-to-one meetings, following a reporting flowchart etc. • Experience higher levels of anxiety in respect of formal meetings. • Feel less comfortable discussing their concerns with people of the opposite Sex. Employees who have mental health and wellbeing issues that last over 6 months will come under the protected characteristic of disability.

Evidence, Consultation and Engagement

What stakeholders have you engaged with in the development of this policy or practice?

This policy has been developed in consultation with SQA's recognised Trades Unions, Unite and Unison, and in line with SQA Recognition Agreement.
 	
In addition, 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:
 	
Trade Union Consultation Review Group (Policy Review Group):
 	
Members of SQA Human Resources department and trade union representatives from *Unite the Union* and *Unison* meet weekly in SQA via the PRG. 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.

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

National Evidence:

In 2023, data was collected by Vitality: Britain's Healthiest Workplace study, which was developed in partnership with RAND Europe and the University of Cambridge. https://www.vitality.co.uk/business/healthiest-workplace/findings/

This data showed that employees below the under the age of 30 have a 14.6% higher levels of depression compared to much lower rates on older age groups.

Older employees (50+) report better mental health outcomes and show substantial lover levels of burnout, depression and fatigue compared to lower aged groups. This translates to few lost days due to mental health absences, an average of 36.3 days per year compared to 59.7 days for under-30s, a 64% difference.

In the workplace, young staff are more likely to feel that they do not receive respect from colleagues; experience strained relationships at work and have a lack of clarity on duties and responsibilities. The research shows that new entrants to the job market are the most vulnerable.

Particularly, employees aged 18-20 are especially vulnerable - reporting the worst outcomes across mental health, work performance, work engagement, cultural perception and shared identity with their employer.

There is also evidence to suggest older workers are more likely to experience mental health issues: please see: https://www.shponline.co.uk/culture-and-behaviours/older-workers-more-stressed-than-younger-colleagues/

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.

National Evidence:
A recent survey published by the Office For National Statistics (ONS) indicated:
(https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilitywellbeingandlonelinessuk/2019)

• Disabled people's average ratings are lower than those for non-disabled people for happiness, worthwhile and life satisfaction measures.
• Average anxiety ratings are higher for disabled people at 4.27 out of 10, compared with 2.66 out of 10 for non-disabled people.
• Disabled people with a mental impairment as a main health problem have the poorest well-being ratings.
• Disabled people whose impairments affect them more severely have poorer well-being ratings than disabled people whose impairments affect them less severely.
• The proportion of disabled people (13.3%) who report feeling lonely "often or always" is almost four times that of non-disabled people (3.4%), with the greatest disparity for young adults, aged 16 to 24 years old.

Local Evidence:

With the exception of the fact that 14 of the most recent referrals to the SQA employee assistance programme were related to mental health, there is no other related internal equality profiling data available in SQA.

An SQA employee assistance programme providing employees with confidential support and guidance 24 hours a day, 7 days a week.

We use equality monitoring data in a number of ways. It helps us to:

- Understand our colleagues' needs. With an accurate overview of our workforce profile, we can take targeted action to respond to any identified needs and provide support.
- Promote awareness of the workforce diversity and its benefits.
- Explore any trends and whether patterns of any potential disadvantage or discrimination exist.
- Inform policy and decision-making and make improvements.
- Provide targeted information, support and positive action initiatives to address any identified under-representation.
- Comply with the law. All employers are responsible under the Equality Act 2010 for protecting employees from discrimination and harassment at work.
- Measure and report progress against our equality outcomes and inform our equality impact assessments.

SQA's Recruitment and Selection Policy states that interview panels will have at least two members. All internal panel members will be trained in our Recruitment and Selection procedures. The interview will be based around the competencies for the post; these will be outlined in the job description.

Carers UK highlight that:
♦ According to Carers UK's "State of Caring Survey 2023," 79% of carers reported feeling stressed or anxious.

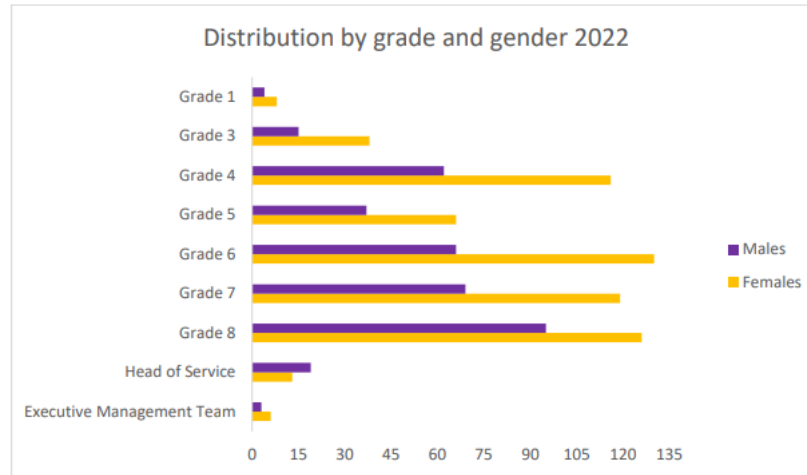|	
	◆ The same survey found that 49% of carers felt depressed, and 50% experienced feelings of loneliness. ◆ Research indicates that providing more than 20 hours of unpaid care per week nearly doubles the likelihood of reporting poor mental health compared to non-carers ◆ More than three quarters of all carers (79%) feel stressed or anxious, half (49%) feel depressed, and half (50%) feel lonely. Source - https://www.carersuk.org/reports/state-of-caring-survey-2023-the-impact-of-caring-on-health
Race	**Table 7.1: Race** Table with data below. 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. Nationally, there is evidence that suggests that people of different races may experience different health outcomes. Based on data from the 2015 Scottish Census, the Scottish Government published a paper 'An analysis of health inequality and ethnicity in Scotland, Source - Which ethnic groups have the poorest health? - gov.scot

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%

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** Distribution by grade and gender 2022 *[Bar chart showing distribution by grade and gender, Males (purple) and Females (yellow), for Grade 1, Grade 3, Grade 4, Grade 5, Grade 6, Grade 7, Grade 8, Head of Service, Executive Management Team, x-axis 0 to 135]* Source: SQA Summary of Equal Pay Audit 2023 Scottish Qualifications Authority (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/ In their 2023 report "Is Scotland Fairer", Link Equality and Human Rights Commission (EHRC) found that:

The proportion of both men and women reporting symptoms of poor mental health increased between 2015 and 2018, though this increased faster for males. Our analysis of Scottish Health Survey data found that the proportion of men with symptoms indicative of poor mental health rose from 14.2% to 18.0% while the proportion of women with poor mental health increased from 16.9% to 20.6%.80 In 2018, there was no significant difference in the prevalence of symptoms of poor mental health between males and females. Analysis of mental health inpatient care in 2020/21 found that 54% of patients were men, but that young women aged under-18 were over-represented, making up 65% of mental health inpatients (Public Health Scotland, 2021a)

Source - Equality and Human Rights Monitor: Is Scotland Fairer?

Men report lower levels of life satisfaction than women, according to the government's national wellbeing survey, Men are less likely to access psychological therapies than women: only 36% of referrals to NHS talking therapies are for men. Also, men are nearly three times as likely as women to become dependent on alcohol and three times as likely to report frequent drug use.

Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%).

Women are twice as likely to be diagnosed with anxiety as men and 25.7% of women and 9.7% of men aged 16 to 24 report having self-harmed at some point in their life.

Source - Men and women: statistics | Mental Health Foundation

According to the Office for National Statistics (ONS), in 2023, the age-standardised suicide rate for males in England and Wales was 17.4 deaths per 100,000, while for females, it was 5.7 per 100,000. This indicates that men are approximately three times more likely to die by suicide than women

Source - Suicides in England and Wales - Office for National Statistics

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

National Evidence

A study by *Stonewall 2023* found that over the previous year:

♦ Half of LBGT (52%) experienced depression on the last year.
♦ Nearly half of trans people have contemplated suicide in the past year.
♦ One in eight LGBTQ+ individuals aged 18 to 24 have attempted suicide in the same timeframe

Source - lgbt_in_britain_health.pdf

Trans individuals are particularly affected, with 67% having experienced depression and 70% reporting anxiety in the previous year.

Source - Hidden Figures: LGBT Health Inequalities in the UK - LGBT Foundation

Gender Re-assignment (Gender identity and transgender)	**National Evidence** A study by *Stonewall 2023* found that over the previous year: ♦ Half of LBGT (52%) experienced depression on the last year. ♦ Nearly half of trans people have contemplated suicide in the past year. ♦ One in eight LGBTQ+ individuals aged 18 to 24 have attempted suicide in the same timeframe Source - lgbt_in_britain_health.pdf Trans individuals are particularly affected, with 67% having experienced depression and 70% reporting anxiety in the previous year. Source - Hidden Figures: LGBT Health Inequalities in the UK - LGBT Foundation 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

At a national level there is evidence to suggest that being in a harmonious relationship has a direct link to wellbeing.
Using the 'Warwick – Edinburgh Mental Wellbeing Scale' (WEMWBS), the Scottish Health Survey mental health and wellbeing in 2015 found:

Scores on the WEMWBS scale are lowest among adults whose relationship status is 'separated', with a mean of 45.8. People who are married (51.2) or living as married (50.4) have the highest mean scores. Scores within each marital status category do not vary significantly by gender.

https://www.gov.scot/publications/scottish-health-survey-topic-report-mental-health-wellbeing/pages/9/

Data from the Office for National Statistics (ONS) for the year ending March 2023 indicates that adults who were separated from their partners reported poorer well-being compared to those who were married or in civil partnerships. Specifically, 12.0% of separated individuals reported low life satisfaction, compared to 3.3% of married individuals. Additionally, 30.6% of separated adults reported high levels of anxiety, whereas 20.5% of married individuals did so.

Source - Personal well-being in the UK - Office for National Statistics

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%

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).

	Source: SQA Workforce Equality Monitoring Report 2021-23 Equalities: SQA workforce monitoring report 2021-23 NHS England state that the NHS has expanded specialist perinatal mental health services, with over 57,000 people receiving support between March 2023 and February 2024, up from 43,053 in the previous year. Source - NHS England » Record numbers of women accessing perinatal mental health support The National Health Service (NHS) Approximately 10% to 20% of women experience mental health problems during pregnancy and the first year after childbirth The Uk Government in 2019 also report that: ♦ Approximately 10% to 20% of people experience mental health problems during pregnancy and the first year after childbirth ♦ Depression and anxiety are the most common, affecting about 12% and 13% of people during the perinatal period, respectively. ♦ Severe conditions like postpartum psychosis occur less frequently, affecting between 1 and 2 in 1,000 people after childbirth Source - 4. Perinatal mental health - GOV.UK
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
	Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself, should therefore have a positive impact on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (please see previous page) to suggest people of different age groups may be at a greater risk of experiencing mental health conditions, overall risks of Age discrimination or any adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect *Age* related profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Neutral to Positive Impacts Recorded.**
	Advance equality of opportunity
	Whilst all SQA employees are entitled to use, access, the Mental Health, Stress and Wellbeing Policy, whether or not the policy actually promotes / advances the 'same chance' to employees of all Ages is unclear. This is again, due to a lack of accurate monitoring of employee absence by Age in the SQA.

	As previously stated, the object of the policy is to promote and protect mental health and wellbeing at work, treating colleagues fairly regardless of their mental health status. SQA are also committed to identifying, tackling and preventing the causes of work-related stress. As highlighted by the policy, SQA have many interventions and support steps available to all staff including: • HR support • A 24/7 employee assistance programme • Trade union representatives who can provide members with advice, help and support. • Mental Health First Aiders are available for 1st point of contact support • The Able Futures service can be contacted for ongoing professional support for mental health and well-being. • The MAC (Make a Change) Group maintains awareness of workplace mental health through promotional activities. If SQA gather evidence indicating increased risks of absence / sickness in particular age cohorts, then further action should be taken to promote the application of this policy in its use for that age cohort
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different age. No further recommendations are made in respect of this at this stage.
Protected Characteristic	**General Equality Duty**
Disability	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself should therefore have a **positive impact** on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (please see previous page) to suggest disabled people **may be at a greater risk of experiencing mental health conditions**, overall risks of Disability discrimination or any adverse trends in SQA cannot be accurately identified, eliminated or discounted as the SQA does not currently collect *Disability* related profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Neutral to Positive Impacts Recorded.**

	Advance equality of opportunity
	The Mental Health, Stress and Wellbeing policy is proactive in supporting all staff. It states: "We are committed to promote and protect mental health and wellbeing at work, treating you fairly regardless of your mental health status. We are also committed to identifying, tackling and preventing the causes of work-related stress. We will support you by: • encouraging safe and healthy workplace settings, • promoting good mental health and wellbeing, • use policies, training and communication to: (1) promote open conversations about mental health and stress; (2) allow employees to raise concerns about their work or working environment; and (3) help employees understand and recognise the causes of mental ill health and stress, and how to address them. • provide a workplace free from harassment, bullying and victimisation. Address inappropriate behaviour through disciplinary action. • ensure risk assessments include or specifically address work-related causes of mental ill health and stress. • carry out performance appraisals which will monitor the suitability of workloads, [working hours and use of holiday entitlement]. • facilitate requests for flexible working where reasonably practicable in accordance with our Flexible Working Policy. Together with this policy there is also a range of other policies and support mechanisms in place to help us to do this, (see associated/related policies). It is intended that this policy will help you and your line manager make it easier to access support." The policy is accessible to all colleagues and should advance the equality of opportunity for those with disabilities directly or indirectly linked to their mental health which will provide a positive impact.
	Foster good relations
	There is no clear evidence to indicate that this policy currently fosters good relations between employees with disabilities. The policy is however a positive one as highlighted above and combined with the other SQA policies in place should reassure, protect and have a positive impact on those with disabilities and mental health related disabilities in particular.
Protected Characteristic	**General Equality Duty**

Race	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	The analysis revealed the following key findings: ♦ Most ethnic groups in Scotland reported better health than the 'White: Scottish' ethnic group; ♦ Across most ethnic groups, older men reported better health than older women. Older Indian, Pakistani and Bangladeshi women reported poor health, and considerably worse health than older men in these ethnic groups; ♦ Gypsy/Travellers in Scotland had by far the worst health, reporting twice the 'White: Scottish' rate of 'health problem or disability' and over three and a half times the 'White: Scottish' rate of 'poor general health'; ♦ 'White: Polish' people aged under 65 reported relatively good health, whereas those aged 65 or over reported relatively poor health; ♦ The age-standardised rates of 'health problem or disability' by ethnic group in Scotland followed a similar pattern to the results for England and Wales; ♦ Older Bangladeshi men in Scotland were relatively healthier than older Bangladeshi men in England and Wales. SQA currently does not record sickness absence / wellbeing / stress by Race or Ethnicity. It is therefore not possible to either establish or discount if any disproportionate rates of wellbeing / stress / mental health absences are experienced by SQA employees drawn from different ethnic groups. The policy (along with the others linked to this one) are intended to remove any barriers that all SQA colleagues may face in performing and attending effectively at work that are linked to mental health / stress / wellbeing concerns. Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself, should therefore have a positive impact on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (please see previous page) to suggest people from different Races/ Ethnicities may be at a greater risk of experiencing mental health conditions, overall risks of discrimination or adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect Race related

	profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Positive and Potentially Negative Impacts Recorded.**
	Advance equality of opportunity
	All SQA employees of any Race are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy. There is no empirical evidence to indicate that this policy impacts employees differently or less favourably, on the grounds of their race or ethnicity. The policy is accessible to all colleagues and should advance access to support for all SQA colleagues regardless of race or ethnicity
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different race or ethnicity. No further recommendations are made in respect of this at this stage.
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
	Risks of Discrimination: We conclude there is no evidence to suggest this policy may impact differently on people of different *Religions* or *Beliefs.* The policy (along with the others linked to this one) are intended to remove any barriers that all SQA colleagues may face in performing and attending effectively at work that are linked to mental health / stress / wellbeing concerns and will have a positive impact on any SQA colleague who has mental health / stress / wellbeing concerns. **Neutral Equality related impact is therefore recorded in this area as it relates to religion or belief, but positive from an 'all colleague' perspective.**
	Advance equality of opportunity
	All SQA employees from all Religions / Beliefs are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy. The policy (along with the others linked to this one) are intended to remove any barriers

	that all SQA colleagues may face in performing and attending effectively at work that are linked to mental health / stress / wellbeing concerns. There is no empirical evidence to indicate that this policy affects employees differently or less favourably, on the grounds of their Religion or Philosophical Belief System. It is positive in the provision of support to all colleagues.
	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.
Protected Characteristic	**General Equality Duty**
Sex	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself, should therefore have a **positive impact** on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (please see previous page) to suggest people from different Sexes **may be at a greater risk of experiencing mental health conditions**, overall risks of discrimination or adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect Sex related profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Positive and Potentially Negative Impacts Recorded.**
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy. This includes employees of both sexes. As stated, nationally there is data that shows women have higher levels of absence and reported poor health so this policy which enables and encourages access to support in dealing with mental health / stress and wellbeing issues is positive and may be of greater benefit to colleagues including women who need support.

Protected Characteristic	
	All SQA employees are entitled to use and access the Mental Health, Stress and Wellbeing Policy. This includes employees of both sexes. However, because there is no Sex related profiling data available relating to absence rates in the SQA by sex, it is not possible to conclude with certainty if this policy does effectively advance equality of opportunity between Men and Women
	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
	Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself, should therefore have a **positive impact** on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (above) to suggest people who identify as LGBTIQ+ **may be at a greater risk of experiencing mental health conditions**, overall risks of discrimination or adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect equality profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Positive and Potentially Negative Impacts Recorded.**
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their Sexual Orientation.
	Foster good relations
	Consideration should be given to report more thoroughly on HR case work, informal and formal, in relation to each protected characteristic. This would show if any trends or patterns emerge so that action can be taken.
Protected Characteristic	**General Equality Duty**
Gender Re-assignment	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010

(Gender identity and transgender	
	Risks of Discrimination: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself, should therefore have a **positive impact** on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (above) to suggest people who identify as LGBTIQ+ **may be at a greater risk of experiencing mental health conditions**, overall risks of discrimination or adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect equality profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. **Positive and Potentially Negative Impacts Recorded.**
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their trans status.
	Foster good relations
	Consideration should be given to report more thoroughly on HR case work, informal and formal, in relation to each protected characteristic. This would show if any trends or patterns emerge so that action can be taken.
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
	The Mental Health, Stress and Wellbeing Policy applies to all staff in a positive and supportive way regardless of marriage or civil partnership. There is no evidence to suggest that this policy could impact negatively directly / indirectly on people who are *Married* or in a *Civil Partnership* and therefore make no further recommendations in this area. **Neutral Equality related impact is therefore recorded in this area, but it is highlighted that the policy should be beneficial and have a positive impact on all colleagues.**
	Advance equality of opportunity

	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their Marital Status. It is considered to have a positive impact on all SQA colleagues
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different Marital Status. No further recommendations are made in respect of this in relation to this policy.
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 – Maternity, Paternity and Adoption The Mental Health, Stress and Wellbeing policy complements the SQA Maternity, Paternity and Adoption policy and will assist any colleague with symptoms of post-natal depression source support. **Risks of Discrimination**: This policy aims to promote and protect mental health and wellbeing at work and also identify, tackle and prevent causes of work-related stress. This application of the policy itself should therefore have a positive impact on all employees as the overall aim of the policy is to provide support to employees experiencing mental health difficulties. Whilst there is national evidence (above) to suggest people who are pregnant or, more significantly have had children recently, may be at a greater risk of experiencing mental health conditions, overall risks of discrimination or adverse trends in SQA cannot be accurately identified, eliminated or discounted as the Authority does not currently collect equality profiling data relating to either sickness absence, mental health absence, or use of the employee assistance programme. Positive and Potentially Negative Impacts Recorded.
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy

	and there is no evidence to indicate that this policy could affect employees less favourably, on the grounds of Pregnancy/Maternity. It should have a positive impact on some who may benefit from the support that it offers.
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees that are Pregnant or on Maternity. No recommendations are made in respect of this in relation to this policy.
Considered by SQA	**General Equality Duty**
Care experience (where relevant)	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	Care experienced individuals may be more likely to have missed opportunities to gain qualifications in early life and this may also impact on their ability to thrive in their employed role. Whilst there is currently no evidence to suggest that care experience colleagues are placed at a disadvantage compared to other colleagues (or vice versa), it is recommended that data is collected and an analysis, by care experience, be performed of the 'lifecycle' of colleagues to identify any adverse trends and consider what support for growth and performance is needed
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Mental Health, Stress and Wellbeing Policy and there is no evidence to indicate that this policy could affect employees less favourably, on the grounds of Care Experience. The absence of evidence should be rectified, if possible, by collection of data relating to care experience. As repeatedly stated above, this policy is intended to have a positive impact on all SQA colleagues
	Foster good relations
	No evidence identified.

Rationale

If you are proceeding with a decision that may have a negative impact and are not putting in place actions to mitigate against this, please explain how this is objectively justified.
Not Applicable

Miscellaneous:

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

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