EQUALITY IMPACT ASSESSMENT (EqIA)

Summary results of the EqIA

Title of policy/ practice/ process/ service: Return to Workplace Policy – COVID-19.

Is the policy new (proposed), a revision to an existing policy or a review of current policy?
This is a new policy.

Key findings from this assessment (or reason why an EqIA is not required):
There are potentially positive impacts from allowing staff to return to the office.

Potential negative impacts are mainly around the perceived or actual link between reasons for return to office and protected characteristics.

The use of personal and place based risk assessments mean that a person's individual circumstances can be taken into account within the policy.

Summary of actions taken because of this assessment:
Check best practice with vaccination status.

Ensure managers have guidance for return to workplace conversations, which support work/personal circumstances and enhances the health and wellbeing of employees including additional risk or perceived risk for BME staff. Templates to help managers and staff decide if they can and want to return to the office have been made available prior to any phase of the policy becoming active.

Categories to be reduced to band together the role based (A-C) and person based (D-F) exceptions.

Policy wording to be clarified around the management of someone's health and safety, at category D.

Policy wording should be updated to be clear that role based return to workplace is subject to the personal and place based risk assessment.

Ongoing actions beyond implementation include:
Guidance for managers to be reviewed and updated in line with new categories.

Lead person(s) for this assessment (job title and department only):
Project Manager, Projects Office and Policy Projects Manager, Policy and Development.

Senior responsible owner agreement that the policy has been fully assessed against the needs of the general duty (job title only):
Director of Corporate Services and Accounts.

Publication date (for completion by Communications):
07/04/2022

Document control	
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Last reviewed:	**March 2022**
Review cycle:	**3 Months**
Document change log		

Version/ Author	Date	Comment
V0.1 – V0.6	Summer 2020 to December 2021	Drafts developed and reviewed by DANWE project board and team as policy developed
V0.7	January 2022	Draft developed for review of final policy
V0.8	February 2022	Draft developed for approval by DANWE PB alongside revised policy
V0.9	March 2022	Draft updated following DANWE PB discussion

Step 1 – Framing the planned change

Discussing step 1 and step 2 with the Corporate Policy Officer (Equalities) at an early stage will help identify appropriate evidence. This may include support from the wider Policy and Development team.

1.1   Briefly describe the aims, objectives and purpose of the policy/ practice/ process/ service. *You can use the information in your project specification, business case etc.*

The Return to Workplace policy sets out how we will manage a phased and limited return to work in our offices and other non-home locations, taking account of the Scottish Government's guidance on default homeworking whilst we remain "Beyond level 0" or for any relevant successor framework or set of mitigations.

There are various circumstances in which we will depart from the default of homeworking, in which employees may be permitted or required to attend at non-home locations (either SLAB offices or other locations, such as courts and police stations).

The policy sets out the circumstances in which office or other non-home location work will take place, in seven categories. The ability to return under each category is subject to personal and place based risk assessments and a recorded decision confirming the basis on which the specified exception applies.

The policy objectives recognise the importance of delivering on our Mission during this pandemic whilst seeking opportunities to improve– aligning with Strategic Objective 1: Deliver a high quality user focussed service. They also support our equality outcome: SLAB employees maintain good mental and physical health during the covid-19 pandemic and recovery phase.

The implementation of the policy and managing the return to the office is intended to enable us:
- To protect public health and the health and safety of our employees
- To deliver high quality services within the constraints of the COVID19 emergency
- To build capacity to provide high quality services at each stage of a public health emergency
- To increase resilience of service delivery in the event of any future emergency
- To ensure we consider any opportunities to make lasting changes to service design, which help us meet our strategic objectives and perform our public sector equality duties.

1.2   Why is the change required? *Legislative, routine review etc.*

The change to the policy is to manage any change from the COVID-19 default of working from home. The Coronavirus (Scotland) Acts required this policy to manage our response to the COVID-19 pandemic.

1.3   Who is affected by this policy/ practice/ process/ service? *Be clear about who the 'customer' is.*

This policy statement applies to all employees regardless of location of office base or contractual status. It applies equally to contractors

1.4   Policy/ practice/ process/ service implementation date e.g. *project end date, date new legislation will take effect.*
27/09/2021

1.5   What other SLAB policies or projects may be linked to or affected by changes to this policy/ practice/ process/ service?

The Return to Workplace policy is related primarily to the flexible home working policy, which governs how we work between office based and home working, by suspending part of it, and the health and safety policy (which governs home/office risk assessments and associated guidance), as well as a range of other Human Resources, Finance and Information Systems policies.

Step 2: Consider the available evidence and data relevant to your policy/ practice/ process/ service

2.1   What information is available about the experience of each equality group in relation to this policy/ practice/ process/ service?

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
Age	1. **Staff Demographics in annual report** 2. **CIPD** 3. **National Records Scotland** 4. **Public Health Scotland** 5. **CIPD working lives Scotland 2021** 6. **SLAB Staff Work Place Survey** 7. **Kadence research** 8. **LSE survey of London flatshare homeworkers** 9. **ONS analysis of attitudes towards the future of homeworking (2021)**	Our employees are clustered around the middle age ranges with fewer employees aged <=24 years and 65+ years (both <5%). Around a third of our employees are aged 45-54 years (30-35%) and our next largest age group is 35-44 (25-30%). Proportionally, our age demographic is similar to the 2019 Scottish population in employment. The main difference is across the lower age ranges where we have <5% aged <=24 years and 10-15% aged 25-34 years compared to the 2019 Scottish population in employment which is 11.9% aged <=24 years and 23% aged 25-34 years. The mean employee age is 46 years; a slight increase from 45 years in 2019/20. (1) We know that older people are more likely to have a serious illness if they contract coronavirus. A higher proportion of SLAB employees are aged 45 and over compared than the national figure of 46%. (1) (2) (3) (4) Younger employees are more likely to experience isolation and may wish to be in an office. (7) Younger people's mental health was more at risk early on in the pandemic. (10) Older workers are more likely to report better mental health (65% of those 55+ report good mental health, compared with 42% of those aged 25–34). (5)

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
	10. **Coronavirus (COVID-19): health and social impact assessment** 11. SLAB staff internal data	Young people may have less suitable working environment if they are living in parents' homes, shared accommodation or flats with limited room space for working at home. (8) Young people are the only age group to report more distraction when working from home and were less likely to report an overall positive view of homeworking. All age groups reported that it was harder to work with others when working from home. (9) Fewer than ten staff recorded Covid-19 sickness absence. Such low numbers cannot be analysed by age. (11) The % of total SLAB staff who declared some form of caring responsibility is 30-35%. 20-25% of SLAB staff have child care responsibilities only; <5% care for an adult only; and <5% have responsibilities for both a child and adult. (11)
Disability	1. **Staff Demographics in annual report** 2. **CIPD** 3. **Public Health Scotland** 4. **People management** 5. **Scottish Health Survey**	15-20% of employees who completed their equality record declared a disability or long term health condition. This level remains higher than the 2019 Scottish population in employment figure of 13.8% but lower than the 25.9% of people with a disability in the general population. (1) We carried out a staff survey in 2021, where the number of respondents identifying themselves as having a disability, long term illness or long term condition was 20-25%. (9)

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
	6. **Mental Health Foundation** 7. **ACAS** 8. **Coronavirus (COVID-19): health and social impact assessment** 9. **SLAB staff workplace survey 2021** 10. **Disabled workers flexible working** 11. **Going back to the work environment (Mental Health Foundation)** 12. **SLAB staff internal data**	We know that people with disabilities are more likely to have a serious illness if they contract coronavirus. (2) (3) The Scottish Health Survey 2018 states 32% of Scottish Adults have a long term mental or physical health condition or disability. (5) Severe illness from COVID-19 disproportionately affects individuals with disabilities, their carers or families. (2) (3) (8) There are legal duties to take extra steps to keep people safe who have been identified as clinically extremely vulnerable. (7) In general, when working from home disabled staff may have a lack of reasonable adjustments, such as an accessible desk, chair or equipment to take part in video calls. However, employees with disabilities report a range of positive impacts from working from home and 90% wish to continue doing so some of the time. (11) Our staff survey showed that the majority of those with a disability (82%) would prefer to work from home at least some of the time in the short term (once offices can open safely) and the long term (once the pandemic has ended). However compared to people without a disability, people with a disability are more likely to want to be office based in the short or long term future; 14% compared to 7% of those without a disability. (9) Staff responses to the health and safety questionnaires indicated that 25% requested equipment to meet their needs. (10)

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
		The Mental Health Foundation indicates 1 in 6 adults experiences a common mental health problem, such as anxiety or depression. (6)
		A recent employment tribunal found indirect discrimination arising from a return to workplace policy for a carer of a relative with a disability. (4)
		Staff will have varied experiences of working from home and have a range of views on returning to the workplace. Staff involvement in planning, emphasising support available and enabling flexibility to take into account individual circumstances will be important to reducing anxiety and improving wellbeing. (11)
		Fewer than ten staff recorded Covid-19 sickness absence. Such low numbers cannot be analysed robustly by disability. (12)
Race	1. **Staff Demographics in annual report** 2. **CIPD** 3. **Unison** 4. **Report on research into return to workplace** 5. **Report on research into US attitudes** 6. **SLAB staff internal data**	For ethnic origin our data tells us that: 85-90% of employees identify as White Scottish, British or Irish <5% identify as White minority ethnic <5% identify as non-white minority ethnic 5-10% selected prefer not to say Our employee demographic is broadly comparable to the 2019 Scottish population. Our representation of people from a white minority ethnic group is slightly lower than that reported in the 2019 Scottish population (6.8%) and for those in employment (8.2%). (1)

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
		Minority ethnic people generally have an increased risk of getting Covid-19, experiencing more severe symptoms and higher rates of death. (2) (3)
		This generalised risk should be considered and mitigated for individuals through individual risk assessments. (2) (3)
		Fewer than ten staff recorded Covid-19 sickness absence. Such low numbers cannot be analysed robustly by race. (6)
		Minority ethnic employees report being more anxious and stressed about returning to the office. (4)
		Minority ethnic staff report being more likely to want to work from home for longer portions of the week. (5)
Sex	1. Staff Demographics in annual report 2. SLAB staff internal data 3. Unpaid work - Engender 4. CIPD 5. Domestic abuse: police recorded statistics	We continue to have a 65-70% female and 30-35% male gender breakdown. The 2019 population data shows that in the general population 52% are female and 48% are male and of those in employment 48.5% are female and 51.5% are male. (1) Those roles which would fall into categories A-C in the policy (Facilities, Public Defence Solicitors Office and Solicitor Contact Line) have a gender split of 45-50% male and 55%-60% female. (2) The % of total SLAB staff who declared some form of caring responsibility is 30-35%. 20-25% of SLAB staff have child care responsibilities only; <5% care for an adult only; <5% have responsibilities for both a child and adult.

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
	6. **Report on research into return to workplace** 7. **SLAB staff workplace survey 2021** 8. **Revealing hidden realities: disclosing domestic abuse to informal others** 9. **SLAB staff internal data**	The time spent caring in national statistics is differentiated by sex, with women spending more time undertaking unpaid care, whether for children or adults. (3) Men generally have an increased risk of getting Covid-19, experiencing more severe symptoms and higher rates of death. (4) Fewer than ten staff recorded Covid-19 sickness absence. Such low numbers cannot be analysed robustly by sex. (9) Possible increase in domestic abuse, which is predominantly carried out by men against women in a home or dwelling. (5) Disclosing domestic abuse is very difficult. (8) Female employees report being more anxious and stressed about returning to the office. (6) Looking at longterm work location preferences; there was no significant gender difference in overall profile, nor in preference to work mainly from home (male 39%; female 40%). However males were somewhat more likely to prefer office based working (male 15%; female 6%), and less likely to prefer mixed working (male 44%; female 52%). (7)
Gender Reassignment	1. **Staff Demographics in annual report** 2. **Coronavirus (COVID-19): health and**	Fewer than 5% of SLAB's staff indicated that they are not the same gender identity they were assigned at birth. This is comparable to national statistics. (1) Trans employees may experience more stress and mental health problems. (2) (3)

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
	social impact assessment 3. **Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities** 4. **Report on research into return to workplace**	Employees who identified as LGBTQ+ are also experiencing higher levels of stress and anxiety at the possibility of returning to the office compared to their heterosexual peers. The survey found that LGBTQ+ people scored almost 12 per cent more than those who identify as heterosexual. WorkL also found that LGBTQ+ people are overall less happy at work and score low across all six of the platform's workplace engagement areas. (4)
Sexual orientation	1. **Staff Demographics in annual report** 2. **Coronavirus (COVID-19): health and social impact assessment** 3. **Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities** 4. **Report on research into return to workplace**	Fewer than five percent (<5%) of employees identify as lesbian, gay, bisexual, or other/ unsure. This has not changed since our October 2018 equality report. Representation in SLAB appears comparable to the 2019 Scottish population (2.9%) and people who are in employment (3.2%). However 10-15% of our employees have chosen not to disclose their sexual orientation. (1) Lesbian, gay, or bisexual staff may have increased stress and mental health problems. (2) (3) Employees who identified as LGBTQ+ are also experiencing higher levels of stress and anxiety at the possibility of returning to the office compared to their heterosexual peers. The survey found that LGBTQ+ people scored almost 12 per cent more than those who identify as heterosexual. WorkL also found that LGBTQ+ people are overall less

Equality characteristics	Evidence source (e.g. web link, report, survey, complaint)	What does the evidence tell you about the experiences of this group in relation to the policy/ practice/ process/ service? Lack of evidence may suggest a gap in knowledge/ need for consultation (step 3).
		happy at work and score low across all six of the platform's workplace engagement areas. (4)
Religion or Belief	1. Staff Demographics in annual report	The number of employees identifying as Christian (35-40%) is lower than that reported for the Scottish population in 2019 (42.5%) but comparable to those in employment (36.4%). The percentage of SLAB employees declaring no religion (45-50%) is lower than the 2019 Scottish population (53.7%) and significantly lower than those in employment (60%). The number of employees identifying with other religions (collating Buddhist, Hindu, Muslim and others e.g. Jewish) is <5%, in line with the 2019 national profile of 3.1%. Our 'prefer not to say' figure is relatively high at 15-20% which represents a gap in our knowledge. (1)
Pregnancy or maternity	1. SLAB internal data 2. NHS	SLAB has around 10 employees who are pregnant or are on maternity leave. (1) People who are pregnant are in the list of moderate risk of COVID 19 due to the impact and other complications. People who are pregnant don't appear to be more susceptible to coronavirus (COVID-19) than the general population, but are generally more susceptible to infection. It is recommended to have the Covid-19 vaccine while pregnant to protect against known risks of coronavirus while pregnant. (2)
Marriage or civil partnership		None known
Care Experienced *(corporate parenting duty)*	1. SLAB internal data 2. SLAB literature review	We know that 5-10% of all staff members declare they are care-experienced. (1) We know that care experienced people are more likely to experience mental health problems. (2)

2.2   Using the information above and your knowledge of the policy/ practice/ process/ service, summarise your overall assessment of how important and relevant the policy/ practice/ process/ service is likely to be for equality groups.

The policy will impact on most equality groups and will be of direct relevance to many, due to the differential impact and experience of Covid-19 and evidence on differential attitudes towards return to the office.

2.3   Outcome of step 2 and next steps. Complete the table below to inform the next stage of the EqIA process.

Outcome of Step 2 following initial evidence gathering and relevance to equality characteristics	Yes/ No (Y or N)	Next steps
There is no relevance to equality or our corporate parenting duties	N	Proceed to Step 5: agree with decision makers that no EqIA is required based on current evidence
There is relevance to some or all of the equality groups and/ or our corporate parenting duties	Y	Proceed to Step 3: complete full EqIA
It is unclear if there is relevance to some or all of the equality groups and/ or our corporate parenting duties	N	Proceed to Step 3: complete full EqIA

Step 3 – stakeholder involvement and consultation

This step will help you to address any gaps in evidence identified in Step 2. Speaking to people who will be affected by your policy/ practice/ process/ service can help clarify the impact it will have on different equality groups.

Remember that sufficient evidence is required for you to show 'due regard' to the likely or actual impact of your policy/ practice/ process/ service on equality groups. An inadequate analysis in an assessment may mean failure to meet the general duty.

The Policy and Development team can help to identify appropriate ways to engage with external groups or to undertake research to fill evidence gaps.

3.1   Do you/did you have any consultation or involvement planned for this policy/ practice/ process/ service?
Yes

3.2   List all the stakeholder groups that you will talk to about this policy/ practice/ process/ service.

Staff. GMB Union.

3.3   What did you learn from the consultation/ involvement? Remember to record relevant actions in the assessment action log.

The staff consultation has given us a number of areas to consider in relation to the health and safety category (D) and the wellbeing grouping (E).

Most respondents felt the policy and the guidance were clear and easy to understand, with a minority providing comments on the policy and the accompanying office guidance. The office guidance is not covered by the return to workplace policy, although it is key to how people perceive the policy.

In terms of the return to workplace policy itself, the main theme was around the implementation of the policy in respect of concerns around identification or allocation to Groups D & E. Group D encompasses return to workplace on the grounds of health and safety concerns at home, with Group E covering return to workplace on grounds that wellbeing is negatively impacted by working from home.

Issues relating to allocating people to groups in the policy included specific concerns about data protection: *there is no information about how the assessment of individuals will be done & by whom; there is a suggestion that a further party will then be granted access to who is in each group to allow them to prioritise if there is over-subscription. This raises big concerns over data protection.*

The need for individual assessments of need was identified by respondents, both generally (*consulting with each employee*) and for specific characteristics (*mental health and wellbeing need to be taken into consideration*). It was noted that individuals with the same characteristics may have different workplace preferences (*some may be struggling with home working but equally some may be struggling with the thought of having to return to office based*).

The potential difficulties of providing information for the assessment of need process were also noted (*unreasonable burden being placed on all staff to disclose personal equality related information to gain access to the office …it's not clear who is going to see or assess that information*). As was the assessment process itself (*careful consideration should be given to how we will assess which band for returning to work a person falls into*).

A few health related issues were raised, most of these were framed as reasons not to return to the workplace (travel on public transport, those with asthma and additional dangers to them if are infected). General wellbeing was given as a reason to return.

The overall thrust of the policy was queried by some respondents, which this quotation illustrates:
- *The policy is all based on reasons for attending the office there is nothing on reasons for not attending the office* (working from home policy).

A range of potential impacts for different equality groups were raised in relation to how the accompanying office guidance would affect people's ability to return to the workplace or to gain the benefits intended from a return, with a focus on age, disability, race and pregnancy.

Step 4 - Impact on equality groups and steps to address these

You must consider the three aims of the general duty for each protected characteristic. The following questions will help:
- **Is there potential for discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010?** How will this be mitigated?
- **Is there potential to advance equality of opportunity between people who share a characteristic and those who do not?** How can this be achieved?
- **Is there potential for developing good relations between people who share a relevant protected characteristic and those who do not?** How can this be achieved?

4.1   Does the policy/ practice/ process/ service have any impacts (whether intended or unintended, positive or negative) on any of the equality characteristics?

Age	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impact	Negative impact	No impact	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination	x	x		The role based reasons for working from an office could be in conflict with the person's increased risk from Covid-19 due to being older. The policy mitigates this by including the need

				for a personal and place based risk assessment to be undertaken. The inclusion of balancing factors between role based need and personal/ place based risk assessment should be made explicit in the policy. The policy should be explicit that return to workplace is only applied if it is practicable and accords with our general duty of care towards staff. Younger people are less likely to be at risk of severe illness if they contract Covid-19, but are more likely to be in unsuitable accommodation, experience mental health issues and to desire a return to workplace. The wellbeing and health and safety categories cover these factors. The policy should be clarified to demonstrate that the health and safety category is about better management of health and safety, rather than the home environment being unsafe.
potential for developing good relations			x	
potential to advance equality of opportunity	x			Ensure managers have guidance for return to work/work from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees. Policy or associated guidance should either explicitly set out how sensitive personal data is managed to encourage all people who would benefit from participation in a return to

workplace category to take it up, or refine the number of categories to avoid speculation about possible impact of protected characteristics on the exception that applies- especially important if prioritisation of groups is needed.

We propose reducing the number of categories.

Sex	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	Negative impacts	No impact	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination	x			Assessment of Health & safety at home could be considered to encourage people to disclose where they are at risk e.g. from domestic abuse, whilst acknowledging this is very hard to disclose. Categories of essential workers could be extended to include these unseen personal safety risks. Men are more at risk of severe illness from Covid-19. The role based reasons for working from an office could be in conflict with the person's increased risk from Covid-19 due to being male. Women are more likely to be anxious about a return to the office and to undertake more unpaid caring that could constrain their ability to return to the workplace. The policy mitigates these issues by including the need for a personal and place based risk assessment to be undertaken. The inclusion of balancing factors between role based need and personal/ place based risk assessment should be made

				explicit in the policy. The policy should be explicit that return to workplace is only applied if it is practicable and accords with our general duty of care towards staff. The policy should be clarified to demonstrate that the health and safety category is about better management of health and safety, rather than the home environment being unsafe.
potential for developing good relations			x	
potential to advance equality of opportunity	x			Ensure managers have guidance for return to work/working from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees. Policy or associated guidance should either explicitly set out how sensitive personal data is managed to encourage all people who would benefit from participation in a return to workplace category to take it up, or refine the number of categories to avoid speculation about possible impact of protected characteristics on the exception that applies-especially important if prioritisation of groups is needed. We propose reducing the number of categories.

Disability	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
	Positive impacts	Negative impacts	No impact	
potential for discrimination	x			The role based reasons for working from an office could be in conflict with the person's increased risk from Covid-19 due to having a disability. The policy mitigates this by including the need for a personal and place based risk assessment to be undertaken.

The inclusion of balancing factors between role based need and personal/ place based risk assessment should be made explicit in the policy. The policy should be explicit that return to workplace is only applied if it is practicable and accords with our general duty of care towards staff.

Conversely, some people with disabilities – especially mental health disability – may benefit from working in an office environment. This is covered by the health and safety and wellbeing categories. The policy should be clarified to demonstrate that the health and safety category is about better management of health and safety, rather than the home environment being unsafe. |
| potential for developing good relations | x | | | The policy is designed to let people back into the office who are currently negatively affected from prolonged homeworking as well as for productivity reasons. However, this does not mean that all staff affected with poorer wellbeing are being classed as disabled, but consideration of |

				Health and Wellbeing are being prioritised. For the majority of staff members working from home will remain the default.
potential to advance equality of opportunity	x			Ensure managers have guidance for return to work/working from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees. Policy or associated guidance should either explicitly set out how sensitive personal data is managed to encourage all people who would benefit from participation in a return to workplace category to take it up, or refine the number of categories to avoid speculation about possible impact of protected characteristics on the exception that applies- especially important if prioritisation of groups is needed. We propose reducing the number of categories. Ensure managers have guidance for return to work/working from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees. The policy is designed to let people back into the office who are currently unable to work or suffering from prolonged homeworking as well as for productivity reasons. For the majority of staff members working from home will remain the default.

Gender Reassignment	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	**Negative impacts**	**No impact**	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination			x	Evidence indicates that impact on this equality group is most likely through differential experience of mental health. That is covered in the disability section.
potential for developing good relations			x	
potential to advance equality of opportunity			x	

Race	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	**Negative impacts**	**No impact**	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination	x	x		The role based reasons for working from an office could be in conflict with the person's increased risk from Covid-19 due to their ethnic background. Minority ethnic employees may be more anxious about a return to the office. The policy mitigates this by including the need for a personal and place based risk assessment to be undertaken.

The inclusion of balancing factors between role based need and personal/ place based risk assessment should be made explicit in the policy. The policy should be explicit that return |

				to workplace is only applied if it is practicable and accords with our general duty of care towards staff.
potential for developing good relations			x	
potential to advance equality of opportunity	x			Ensure managers have guidance for return to work/working from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees including additional risk or perceived risk for minority ethnic staff. Policy or associated guidance should either explicitly set out how sensitive personal data is managed to encourage all people who would benefit from participation in a return to workplace category to take it up, or refine the number of categories to avoid speculation about possible impact of protected characteristics on the exception that applies- especially important if prioritisation of groups is needed. We propose reducing the number of categories.

Religion or Belief	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
	Positive impacts	Negative impacts	No impact	
potential for discrimination			x	

			x	
potential for developing good relations			x	
potential to advance equality of opportunity			x	

Sexual Orientation	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	Negative impacts	No impact	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination			x	Evidence indicates that impact on this equality group is most likely through differential experience of mental health. That is covered in the disability section.
potential for developing good relations			x	
potential to advance equality of opportunity			x	

Pregnancy & Maternity	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	Negative impacts	No impact	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination	x			The role based reasons for working from an office could be in conflict with the person's perception of increased risk from Covid-19 due to being pregnant. The policy mitigates this by including the need for a personal and place based risk assessment to be undertaken.

	Positive impacts	Negative impacts	No impact	
				The inclusion of balancing factors between role based need and personal/ place based risk assessment should be made explicit in the policy. The policy should be explicit that return to workplace is only applied if it is practicable and accords with our general duty of care towards staff.
potential for developing good relations			x	
potential to advance equality of opportunity	x			Ensure managers have guidance for return to work/working from home conversations, which support work/personal circumstances and enhances the health and wellbeing of employees.

Marriage & Civil Partnership	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take.
	Positive impacts	Negative impacts	No impact	E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
potential for discrimination			x	
potential for developing good relations			x	
potential to advance equality of opportunity			x	

Care experienced young people	Place 'X' in the relevant box(es)			Describe the changes or actions (if any) you plan to take. E.g. to mitigate any impact, maximise the positive impact, or record your justification to not make changes despite the potential for adverse impact.
	Positive impacts	Negative impacts	No impact	
potential for discrimination				Evidence indicates that impact on this group is most likely through differential experience of mental health. That is covered in the disability section.
potential for developing good relations				
potential to advance equality of opportunity				

4.2 Describe how the assessment so far might affect other areas of this policy/ practice/ process/ service and/ or project timeline?

Some aspects of the policy wording could be clarified to make sure people understand how the personal and place-based risk assessment interacts with the categorisation of some jobs into A-C.

The handling of sensitive information, or the inferences that may be drawn from the person-based categories about the impact of protected characteristics, may be a barrier to take up of the policy. The handling of sensitive data could be clarified in the policy or associated guidance, or the categories reduced to remove the ability to draw any inferences.

The policy wording should be clarified to demonstrate that the health and safety category is about better management of health and safety, rather than the home environment being unsafe.

4.3 **Having considered the potential or actual impacts of your policy/ practice/ process/ service on equality groups, you should now record the outcome of this assessment below.** Choose from one of the following (mark with an X or delete as appropriate):

Please select (X)	Implications for the policy/ practice/ process/ service
	No major change Your assessment demonstrates that the policy/ practice/ process/ service is robust. The evidence shows no potential for unlawful discrimination and that you have taken all opportunities to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.
X	**Adjust the policy/ practice/ process/ service** You need to take steps to remove any barriers, to better advance equality of to foster good relations. You have set actions to address this and have clear ways of monitoring the impact of the policy/ practice/ process/ service when implemented.
	Continue the policy/ practice/ process/ service with adverse impact The policy/ practice/ process/ service will continue despite the potential for adverse impact. You have justified this with this assessment and shown how this decision is compatible with our obligations under the public sector equality duty. When you believe any discrimination can be objectively justified you must record in this assessment what this is and how the decision was reached.
	Stop and remove the policy/ practice/ process/ service The policy/ practice/ process/ service will not be implemented due to adverse effects that are not justified and cannot be mitigated.

Step 5 - Discuss and review the assessment with decision makers and governance structures

You **must** discuss the findings of this assessment with senior decision makers during the lifetime of the project/ review and before you finalise the assessment. Relevant groups include, but are not limited to, a Project Board, Executive Team or Board members. EqIA should be on every project board agenda therefore only note dates where key decisions have been made (e.g. draft EqIA sign off, discussion about consultation response).

5.1 **Record details of the groups you report to about this policy/ practice/ process/ service and impact assessment.** Include t**he date you presented progress** to each group and an **extract from the minutes** to reflect the discussion.

1 July 2021: Members noted the return to workplace policy.

The policy was based around the Covid restriction levels system that was currently in place and CL suggested that we would need to issue to staff before there was move away from the levels. The next step would be to consider where we go beyond this if things progress past level zero. The policy would cover us in the event of any delay in going past level zero or if there was a move back to the levels system in any of our office locations.

It was agreed that we would issue the policy to the DANWE work stream members and ask for feedback. The policy would then be issued for consultation. The draft EQIA would not be issued as this would be completed following the consultation.

20 July 2021: GH said that until social distancing was removed completely our capacity would not increase. CL noted that we would still need to prioritise attendance and we should consider what the triggers are for moving to different reasons for being in the office or whether we activate all reasons.

CL suggested that our policy is that when we move from level zero we will activate all reasons for being in a non-home workplace, subject to capacity limits. CL noted that we would adapt the policy to make it a prioritisation framework for staff returning based on own reasons.

18 August 2021: It was noted that the consultation questions would still fit when the policy is stripped back. LB had made a suggestion that we include the EQIA. It was agreed that we should include the EQIA to prevent staff raising things that we had

already considered as part of the EQIA process. The EQIA would be included for staff to provide comments. GH had updated the policy statement with input from AD. This was included for discussion with the consultation questions first and guidance.

21 September 2021: AD said that the EqIA had been started when our knowledge of Covid-19 and the impact on people was less developed. There would be information in the survey to be considered in the EqIA. CI said that she had updated a few aspects on the EqIA to incorporate the feedback from the survey and any comments from the project board could be added.

The project board were asked to review the consultation findings and feedback from staff.

Colin agreed that we should respond to the comments and he felt the communication was clear that the policy was about enabling a return but some people had misinterpreted it and had asked what happens if they do not want to return.   We should perhaps clarify that if staff do not want to return then they do not have to. There was a linked question on the present and the longer term position.   The policy is not on flexible homeworking it is a policy to enable a return to the workplace over a phased period. We could respond and clarify this.

Concerns had been raised about confidentiality of the reasons staff want to return if someone other than their manager was looking at overall numbers.

16 February 2022: The conclusions at 4.2 had been reflected in the latest version of the policy also included with the project board papers.

The additional information, still to be inserted into the EqIA, will not change the outcomes but add context. The project board approved the EqIA and once updated with the additional information, this will go to Colin for final sign off and not back to the project board.

This update to the policy will act as a bridge to the general homeworking policy. At the moment we are still managing a transition which can still move backwards as well as forwards. This amendment captures business need. If we had to manage capacity then the people who cannot work from home would take priority over anyone who was accessing the office under

preference. Marie-Louise pointed out that section E/F on page 5 – work to be delivered from a non-home location, could an amendment to say 'but is not possible'. Colin, thought we could update this to say 'where the work to be undertaken from a non-home location either cannot be delivered from home or can be delivered but undertaking it in a non-home location would be a distinct improvement to productivity'.

The impact on the EqIA of the change to the policy was discussed. The policy up until now had been a permissive policy, what we would allow people to do rather than what we require them to do. If someone is not applying to come into the office but we are saying you cannot do your work from home and therefore you need to come into the office, we are then initiating the return to work, then the onus is on us to do the Risk Assessment, that risk assessment will need be such that if someone does not want to return or put themselves at risk then we need to be able to demonstrate, as a result of the risk assessment, that the risk is minimised. Everything that we have in place at the moment is to minimise the risk of transmission in the workplace and to make the workplace safe, which should be enough to overcome any objection, but if someone had a protected characteristic or caring responsibilities then the position is almost back to pre-pandemic.

Step 6 – Post-implementation actions and monitoring impact

There may be further actions or changes planned after the policy/ practice/ process/ service is implemented and this assessment is signed off. It is important to continue to monitor the impact of your policy/ practice/ process/ service on equality groups to ensure that your actual or likely impacts are those you recorded. This will also highlight any unforeseen impacts.

6.1   Record any ongoing actions below. This can be copied from the project action log or elsewhere in this assessment and should include timescales and person/ team responsible. If there are no outstanding items please make this clear.

Number	Description	Due date	Responsibility
1	Check best practice with Vaccination status. The vaccination status will not be requested.	Complete	ID / GH
2	Ensure managers have guidance for return to work/wfh conversations, which support work/personal circumstances and enhances the health and wellbeing of employees including additional risk or perceived risk for BME staff. Templates to help managers and staff decide if they can and want to return to the office have been made available prior to any phase of the policy becoming active.	Complete	GH / HR
3	Categories to be reduced to band together the role based (A-C) and person based (D-F) exceptions.	Complete	Policy
4	Policy wording to be clarified around the management of someone's health and safety, at category D.	Complete	Policy
5	Policy wording should be updated to be clear that role based return to workplace is subject to the personal and place based risk assessment.	Complete	Policy
6	Guidance for managers to be reviewed and updated in line with new categories.	Prior to implementation of new policy	GH / HR

6.2   Note here how you intend to monitor the impact of this policy/ practice/ process/ service on equality groups. In the table below you should:

- list the relevant measures,
- Identify who or which team is responsible for implementing or monitoring any changes
- Where the measure will be reported to ensure any issues can be acted on as appropriate.

Measure	Lead department/ individual	Reporting (where/ frequency)
Staff wellbeing	HR/Linda Laughland	DANWE specific staff surveys
Staff physical health	HR/ Linda Laughland	Staff surveys
Staff approved under each category	HR/ Linda Laughland	DANWE Project Board, as needed
Building occupancy levels across the SLAB estate	Facilities/ Colin McKinnell	DANWE Project Board, as needed

6.3   **EqIA review date.** This EqIA should be reviewed as part of the wider post-implementation review of the policy/ practice/ process/ service. The date should not exceed 3 years from the policy/ practice/ process/ service implementation date.

01/06/2022

Step 7 – Assessment sign off and approval

All equality impact assessments must be signed off by the relevant Director or Senior Responsible Owner (SRO), even where an EqIA is not required, and be reviewed by the Director of Strategic Development for quality assurance purposes. The Chief Executive must approve all equality impact assessments. Note the relevant dates here:

Director/ SRO sign off: 24/03/2022

Quality assurance by Equalities project group: 03/03/2022

Chief Executive approval: 01/04/2022

All full equality impact assessments must be published on SLAB's website as early as possible after the decision is made to implement the policy, practice, process or service.