



Shetland's Equalities Mainstreaming Report and Equality Outcomes

2013 - 2017

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*To be attached to the document under development/review and presented to the group
Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT
02/04/13	Various spelling / typing corrections
02/04/13	Section 11.3 expanded. Following feedback from staff members – greater emphasis on health inequalities not covered by the legally defined protected characteristics, in particular remote-island residents.
02/04/13	Section 6.6 expanded following feedback from third sector partners.
03/04/13	Additions – sections 7 – 10 and appendix 2.
11/04/13	Section 6.8 expanded to reflect increased feedback on draft document compared to initial public input into the development of equality outcomes.
11/04/13	Section 6.9 expanded following public feedback that asking for ethnicity information is not always properly explained.
11/04/13	Various amendments to explain the breadth of the term ‘disability’ to include physical impairment, learning disabilities, mental health issues and long-term conditions, following public feedback that our commitment to inclusive service provision for people with learning disabilities was not evident from the publication.
17/04/13	Section 6.12 added following staff feedback on the inclusion of information on alignment to the Quality Strategy.
17/04/13	Section 11.2 expanded following public feedback relating to mental health and higher suicide rates in men.
23/04/2013	Following feedback from the Board - partner logos added as joint work and section 11.3 updated to made clearer how remote island health inequality issues would be managed.
08/05/2013	Appendix 3 updated to reflect accurate SIC employment data.
09/05/2013	Different versions combined to resolve cross-agency document control issues.

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1. Introduction

The Equality and Human Rights Commission's 2010 Triennial Review, 'How Fair is Britain' notes that:

"In simple terms, Britain has become a fairer place. However, the evidence shows clearly that whatever progress has been made for some groups in some places, the outcomes for many people are not shifting as far or as fast as they should."

Shetland's Community Planning Partners are aware that there is broad support locally for advancing equality and fairness.

The Christie report on the future of public services in Scotland recognises that equality is a key consideration in public sector reform, and this is in line with the Scottish Government's national outcome of reducing significant inequalities. The **Equality Outcomes and Mainstreaming Report** offer Shetland's Community Planning Partners an opportunity to present a detailed overview of its work on equality, focusing on compliance, accountability and reducing significant inequalities. For the purposes of this report, Shetland's Community Planning Partners consist of the agencies that are named under the duties of the Equality Act 2010. These are: Shetland Islands Council, NHS Shetland, Shetland College, Schools Service, ZetTrans and Shetland licensing Board.

To provide context for this Shetland's Community Planning Partners have set out their overall commitment to equality through their joint **Equality Statement 2013-2017** below.

2. Joint Equality Statement 2013-2017

Shetland's Community Planning Partners are committed to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010:-

- Eliminating discrimination, harassment and victimisation

- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not

The protected characteristics are –

- age
- disability (including physical impairment, learning disabilities, mental health issues and long-term conditions)
- gender reassignment,
- pregnancy and maternity
- race, this includes ethnicity, colour and national origin
- religion or belief
- sex
- sexual orientation
- marriage/civil partnership (for which only the first duty applies)

Everyone has ‘protected characteristics’, but it is the treatment individuals and groups receive, the level of autonomy they have, and the positive or negative outcomes for them, that are its focus. Therefore Shetland’s Community Planning Partners will:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Meet the needs of people from protected groups where these are different from the needs of other people
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

As well as being legal requirements, these steps contribute to fairer, more efficient and more effective services. Therefore Shetland’s Community Planning Partners will:-

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be transparent, accessible and accountable

- deliver improved outcomes for all.

3. The Legal Context

The public sector equality duty, referred to as the 'general equality duty,' is set out in the Equality Act 2010. Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities are also covered by specific duties, which are designed to help public authorities meet the general equality duty. Shetland's Community Planning Partners are covered by both the general and specific equality duties.

3.1 The Equality Act 2010 and the General Equality Duty

The Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment in one legislative entity.

At the same time the Act clarifies the approach that should be taken on issues around ensuring fair treatment with regards to marriage/civil partnership and pregnancy and maternity. Shetland's Community Planning Partners in the exercise of their functions must;-

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

(Only the first duty applies in the case of marriage/civil partnership.)
These are the three fundamental elements of the general duty.

3.2 The Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively.

The key legal duties are that Shetland's Community Planning Partners must;-

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

4. Building on Previous Work

Shetland Community Planning Partnership, as part of their obligations under the Local Government Act (2003), is committed to promoting equalities, and through the Single Outcome Agreement approach, all Community Planning Partners have committed to embedding equalities in their service delivery. Local outcomes within Shetland's Single Outcome Agreement seek to promote equality of opportunity across the whole population of Shetland and contribute to the indicators that have been developed to monitor progress.

The direction and content of the work to mainstream equalities and achieve Equality Outcomes takes account of the actions and priorities identified in each organisation's previous Disability, Gender and Race Equality Schemes, NHS Shetland's Annual Equality & Diversity Report 2011/12, and Shetland Islands Council's Single Equality Scheme through the Council's Equality Framework (March 2011) for Shetland Islands Council (SIC), SIC Schools Service, Shetland College, Shetland Islands Area Licensing Board and ZetTrans.

Progress has been made on the work identified in these documents. For instance making structural changes at the Gilbert Bain Hospital to improve accessibility. Some elements have not yet been fully realised, such as establishing an LGBT community/staff network, but will be taken forward. There have been some changes in priorities based on changing needs of protected groups.

5. Why Mainstreaming Equality is Important

Mainstreaming equality simply means integrating equality into the day-to-day working of Shetland's Community Planning Partners. This means taking equality into account in the way Shetland's Community Planning Partners go about their business when acting as an employer, or planning and providing services.

Mainstreaming equality has a number of benefits including:

- Equality becomes part of the structures, behaviours and culture of service providers, to the benefit of employees and service users
- Service providers know and can demonstrate how, in carrying out their business, they are promoting equality
- Mainstreaming equality contributes to continuous improvement, better performance and better value

Shetland's Community Planning Partners are committed to integrating equality into our business, using tools such as EIA, and by ensuring that equality features explicitly and proportionately in business planning, committee or other decision-making, and reports and other policy development and review mechanisms.

Equality Outcomes are aimed at producing concrete improvements in people's lives that contribute to a fairer, more inclusive and more prosperous Shetland. These are key areas of work, but the NHS and Council will also continue on a broad front to mainstream equalities (see **Section 6**).

The Council and the NHS are two of the biggest employers in Shetland, and an important aim is to ensure that the makeup of the workforce

reflects the diversity of the local population. The report includes **employment data** (see **Appendix 4**).

6. Supporting and Mainstreaming Equality

6.1 Raising and Maintaining Awareness

It is important that NHS and Council staff and elected members are aware of the general equality duty so that it is considered in their work where relevant. The Council and NHS will therefore make sure that they supply appropriate information, using a combination of methods to build and maintain awareness:

- Briefings for elected members and Board Members
- Briefings for the Corporate/Senior Management Team
- Items in the organisation-wide briefings and communications
- Response to information requests from employees, Board members, elected members and officers.
- A twice yearly staff briefing on equalities through existing briefing mechanisms, e.g. Team Brief
- Information to key contacts as required, for example when a key legal decision around equalities has been made.
- Items and updates on the staff and public websites
- Support a Shetland Diversity Network
- Diversity newsletter 4 times a year
- Membership of Stonewall's Good Practice Programme
- Equality issues are specifically included in the Council's Code of Conduct for employees.

6.2 Community Awareness

The Council and NHS will also use a number of different channels to maintain awareness of equality issues within local communities:

- An annual Equality Bulletin
- Support for cultural events such as Black History Month, LGBT History Month, Women's Day

- Information to key equality contacts and groups as required, for example when a key legal decision around equalities has been made.
- Items and updates on the public websites.
- Direct contact with local groups
- Support a Shetland Diversity Network
- Diversity newsletter 4 times a year
- Membership of Stonewall's Good Practice Programme

The NHS and Council will continue to use its publicity material to promote positive, non-stereotypical images of equality groups, for example Stonewall educational materials in Shetland schools. Other channels of communications include the NHS and Council's public and staff websites and press releases.

6.3 Learning and Development

The Council and NHS provide a number of different courses and approaches to learning and development on equality and diversity.

NHS:

- New staff attend a full day corporate induction, which includes an interactive equality and diversity awareness session.
- Mandatory online equality and diversity awareness refresher for all staff.
- Blended learning workshop for all staff focused on awareness of the general equality duty.
- Equality workshop incorporated into the Management Development Programme.
- Equality Impact Assessment (EIA) Training
- Bespoke training for specific staff groups and functions.
- Online Guidance relating to EIA is available to those developing policy and procedures

Council:

- Online equality and diversity course
- Support with Equality Impact Assessments

- Equality and Diversity workshop
- Disability Awareness in the Workplace workshop
- Online LGBT good practice training course

6.4 Accessibility of documents and information

All Council and NHS documents can be translated on request or made available in different formats such as Braille and Audio.

6.5 Assessing Impact

The NHS and Council use an Equality Impact Assessment (EIA) process to ensure that any policies, practices and procedures or funding decisions that could affect people from protected groups undergo an EIA before decisions are taken.

All new or revised policies are screened for relevance to the three arms of the general equality duty. If relevant impact assessment will be carried out and published. Existing policies will be screened when they are reviewed, or if a change in the law or case law suggests this.

The NHS and Council publish Impact Assessments on their public websites.

6.6 Partnership Working

There are various groups where Partnership Working is evident in Shetland. For example, the Area Partnership Forum provides the framework for partnership working within Shetland NHS Board, to involve staff and their representatives properly in the decisions that affect their work and to enable them to influence the outcome. All managers and staff within Shetland NHS Board embrace partnership working, which is demonstrated by their commitment to the agreed partnership values in their day-to-day work and relationships.

Partnership working between SIC and NHS Shetland can be seen through the re-introduction of the Joint Staff Forum, which was set up to ensure that joint management arrangements, joint resourcing (aligned or pooled budgets) and joint training and organisational development could be delivered in consultation with staff representatives of the partner agencies. Shetland NHS Board Partnership Forum and Shetland Islands Council Employees Joint Consultative Committee (EJCC) aim to progress and support the local implementation of the recommendations of the national report by the Joint Future Group (JFG) entitled 'Community Care: A Joint Future.' The Joint Staff Forum (JSF) brings together representatives of both the Partnership Forum and EJCC in order to achieve this.

Links to the NHS Public Partnership Forum are ensured through cross-membership of the internal virtual Equality Network and Patient Focus Public Involvement Steering Committee. Clinical colleagues on the Network feed into other Board structures such as Area Clinical Forum, Area Partnership Forum, Clinical Governance Committee, Clinical Services Management Team, Community Health & Care Partnership etc.

The Shetland Community Planning Partnership (CPP) is a partnership of agencies that can make a positive contribution to the growth and development of the area.

The **Statement of Ambition** agreed by the Scottish Government and CoSLA in March 2012 makes it clear that Community Planning is expected to bring better local integration of public services in order to deliver better outcomes.

Public sector partners, who are involved in partnership working, are responsible for meeting the public sector equality duty. This means that initiatives or joint work carried out by the CPP must meet the general and specific equality duties.

Local outcomes within Shetland's Single Outcome Agreement seek to promote equality of opportunity across the whole population of Shetland and contribute to the indicators that have been developed to monitor progress. For this reason, NHS Shetland and Shetland Islands Council opted to deliver a joint document, reflective of the Single Outcome

Agreement, setting out progress on mainstreaming equality, equality outcomes and respective employment monitoring information. Shetland also has a strong history of public and third (voluntary) sector partnership working. Whilst the equality outcomes set out in this document are specific to Shetland Islands Council and NHS Shetland, they have been developed with input from third sector partners. We also anticipate ongoing third sector input to the delivery of the equality outcomes and related outputs over the coming years – particularly ongoing partnership around Reshaping Care for Older People. A number of the outputs supporting the delivery of outcomes will need a whole community approach e.g. local campaign to tackle homophobia, integration of migrant workers.

6.7 Consultation and Involvement

Consultation on equality is challenging for public service providers in Shetland. A broad consultation exercise was carried out in 2010, the evidence from which has been incorporated into the development of our outcomes. Feedback from the public and workforce on equality is not significant in terms of quantity, though the feedback we do receive is helpful in steering the development of equality outcomes. This consultation will be repeated every three years.

More recently we have involved NHS Shetland's Public Partnership Forum and voluntary sector partners in consulting on the development of equality outcomes, with limited feedback. We have received useful feedback from a small number of staff members in the development of outcomes, as well as feedback from NHS Shetland's Stonewall Workplace Equality Index Employee Survey.

Once this document was circulated to key groups in draft form, members of the public seemed more willing and able to contribute ideas and feedback on equality issues. We therefore need to consider carefully how we can better harvest ideas at an earlier stage to inform and develop outcomes.

6.8 Service Monitoring

Ethnicity Monitoring in the NHS

In line with Scottish Government requests, we have taken steps in recent years to improve the monitoring of patient ethnicity in the hospital.

Ethnicity relates to the group that a person belongs to, or is perceived to belong to, due to certain characteristics such as their race, religion, diet, appearance and spoken language. The quality of health varies by ethnic group. Ethnic monitoring is required to monitor such health differences to allow health preventions to be targeted at those with the greatest potential for developing ill health.

We hope that recording this information will give us a better understanding of health related to specific groups, as well as promote equality and help examine underlying causes of inequalities in health. It will also play a role when planning services. Without equalities monitoring we will be unable to assess whether or not equality policies are working, or to demonstrate progress in promoting equality as required under current legislation.

We have developed information for staff and service users in our Outpatients department and Accident and Emergency department in relation to the need to monitor patients' ethnicity. Anecdotal evidence suggests that patients feel better informed about the reasons for collecting this information and staff feel more confident to request the details and explain the reasons for this.

Feedback from members of the public suggests that patients don't always fully understand why there are being asked to provide ethnicity information, which can make them feel uncomfortable. We will therefore renew our efforts to ensure that staff understand why they are asking for the information, and feel confident explaining to the public why this is important.

Service Monitoring in the Council

A staff survey conducted in 2010 indicated that 75% thought the SIC shouldn't monitor sexual orientation and 65% thought the SIC shouldn't

monitor religion. We will continue to promote the benefits of monitoring to both staff and service users with guidance from the Stonewall Good Practice Programme.

6.10 Accessibility

Information

NHS Shetland has had a published Accessible Information Policy in place since 2008, which was reviewed as part of the Staff Governance Action Plan. The outcomes of this will be incorporated into the overall framework for document development and Communications Strategy, in order to mainstream the focus on accessibility into broader policies and procedures.

The SIC conducted a community survey in 2010. In this survey, 31.4% of respondents felt the Council does not provide sufficient support to provide information to the visually or hearing impaired. The SIC continues to try to address this issue, which is one of our equality outcomes.

Physical Access

There are two projects currently underway at the Gilbert Bain Hospital to improve both wheelchair and ambulant access for service users:

1. An access ramp is being installed at the Unit Office entrance to the GBH/Patient Travel Office. This will allow access from the designated disabled parking spaces in the adjacent car park and will also negate the high risks associated with access via the Service Yard (where it is not possible to effectively segregate pedestrians and vehicles).
2. Improvements to the existing access arrangements for patients and ambulances at the front entrance of the GBH. These improvements will provide gradients and a landing/turning area thereby making access easier for both wheelchair and ambulant service users.

Disability Shetland has been fully involved with the layout and detailed design of the improved access arrangements.

Currently, 63.9% of SIC public service buildings are suitable for and accessible to disabled people.

6.11 Mainstreaming in NHS Change Processes

NHS Shetland is undergoing a number of significant changes in terms of the implementation of our Clinical Strategy and moving towards an integrated model of service delivery. As such, a number of change projects and processes are either currently underway or pending over the forthcoming years. Each project or process is set out through a Project Initiation Document (PID). In order to better consider the impact of change on those with protected characteristics, we will ensure that each PID includes a section on equality impact, which will be discussed in project meetings and any resulting actions taken forward appropriately.

For example, given that our workforce is 81% female, it stands to reason that any change in the organisational structure is likely to have some impact on women, either positive or negative. Similarly any changes to the way we deliver our services will likely have an impact on those with long term conditions or disabilities. These are the more obvious impacts of change, others will be more subtle and potentially unknown. With little service user information on certain protected characteristics, it is difficult to assess the full impact of change, which makes it all the more important that our project teams are broad thinking in their consideration of equality impacts.

6.12 Putting People at the Heart of our NHS

NHS Scotland's 2010 Quality Strategy focuses on 'putting people at the heart of our NHS' and providing the 'best possible care compassionately and reliably.'

The Quality Strategy is about three things:

- It is about putting people at the heart of our NHS. It will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.
- It is about building on the values of the people working in and with NHS Scotland and their commitment to providing the best possible care and advice compassionately and reliably by making the right thing easier to do for every person, every time.
- It is about making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important.

The focus of the quality strategy is core to mainstreaming equality – treating people fairly and with dignity; focussing on the individual's needs; and getting it right consistently. The Quality Strategy also makes an explicit connection between these patient priorities and the values of the people working for and with the NHS in Scotland. NHS Shetland upholds the values of the Quality Strategy and our work is strategically aligned to the ambitions set out within it.

7. Mainstreaming Equality in Educational Services

Many of the general steps the Council is taking to mainstream equality cover the whole of the Council's work. This section details specific steps on education.

The Rights Respecting Schools programme is being promoted and introduced into many schools in Shetland. The Rights respecting Schools award (RRSA) recognises achievement in putting the United Nations Convention on the rights of the Child (UNCRC) at the heart of a school's planning, policies, practice and ethos. A Rights-Respecting Schools Programme teaches about children's rights, but also models rights and respect in all relationships, whether they be between teachers or other adults and pupils, between adults and between pupils. The UNCRC provides a clear link for pupils between building up their rights-respecting school, understanding their rights and for children's rights to be realised everywhere.

Continue to increase the percentage of pupils with a disability whose needs are fully met in mainstream. In the last 12 months, Shetland Islands Council has funded auxiliary communication aids, made alterations to schools estates, and provided specific resources to meet the needs of pupils with disabilities. These current provisions that support inclusion in mainstream will continue to be monitored and evaluated.

Equality Act awareness raising sessions are run for all staff in their school setting.

Stonewall's Celebrating Difference for primary teachers was delivered locally.

8. Mainstreaming Equality in Shetland College

For Shetland College to meet the needs of all learners, it is very important that equalities practice is an integrated and celebrated part of the life and work of the college. This is reflected in our equalities outcomes:

- The student voice forms one of the key strategic priorities of the college strategic plan.
- The Shetland Islands Council has signed up to be part of Stonewall's Good Practice Programme and as such the college is working with Stonewall in raising awareness of LGBT as part of the good practice programme.
- Representatives from Stonewall have met with the college's SMT as part of Stonewall's Good Practice Programme.
- The development of an Equalities webpage within the college website, which will include the Stonewall logo and a section regarding LGBT.
- The college is committed to ensure that all staff undertakes equality and diversity training.
- The college encourages learner representation on all cross college committees.

- The college has set up and implemented a series of learner forums to encourage learners to be involved in improving the learners' experience of the college.
- Learners can access an on-line talk box to express their suggestions to improve the learners' experience of the college.
- A dedicated post which incorporates student engagement has been created; part of the role is to work with staff in co-ordinating and ensuring that student engagement is embedded across all sections of the college.
- Targets marketing to ensure under-representative groups are encouraged to apply and enrol for college courses.
- Encouraged voluntary groups and charities to regular visit the college to promote their activities and engage with learners and staff.
- College has an established and highly qualified Additional Support Team which supports learners within their studies.
- Equalities is a standing item on the agenda at the Quality Improvement Committee.
- The college is represented at the UHI Equality and Diversity Group.
- As part of our support services we are able to offer student counselling to all our learners.
- SMT and some Heads of Sections have attended Mental Health training for Managers.
- During LGBT month there was a number of LGBT activities at the college including a LGBT display held in the student social area, the college librarian displayed and promoted a number of electronic resources related to LGBT to staff and students and a representative from Stonewall visited the college. These activities were followed up with an article in the local newspaper.

9. Mainstreaming Equality in ZetTrans

Many of the general steps the Council is taking to mainstream equality cover the whole of the Council's work. This section details specific steps on transport.

We operate demand responsive transport in rural areas.

During consultation exercises we try to reach people from different equality groups.

We are considering how we can make timetabling information more accessible to people with disabilities.

10. Mainstreaming Equality in Shetland Islands Area Licensing Board

The Shetland Islands Area Licensing Board is committed to working along with partner organisations which serve the public of Shetland to advance equality and fairness. In so doing the Board has two equality outcomes it is working to advance:

1. to raise awareness of equality and diversity;
2. to improve access to the service of the Board for people with protected characteristics.

These equality outcomes will help promote the general duty in relation to the promotion of good relations, the elimination of discrimination and the advancement of equality of opportunity.

These equality outcomes are informed by the information gathered and analysed by the Council and the separate surveys of users of the Board's services conducted by the Board.

The staff, property and services required by the Board, the Clerk to the Board and the Licensing Standards function, are provided by the Council. There are no separate staff employed by the Board and details of the composition of the staff with respect to protected characteristics are contained within the information published relating to the Council.

The Board itself is comprised of elected members of the Council. They are subject to an ongoing training programme which, whilst not specific to the Board's business, includes equalities issues.

Actions of the Board which will help achieve the identified outcomes include ensuring that the staff who deal with licensing matters have been

trained to recognise and be sensitive to the needs of people arising from protected characteristics. In addition, the Board carries out equality impact assessments when introducing new policies and procedures and makes any required adjustments to reduce any unfair negative impacts arising from the changes.

11. Equality Outcomes 2013-2017

The Equality Outcomes the Council has identified cover all protected Characteristics. The Equality Outcomes are not the only things the Council and NHS will be doing to support equality and fairness, but show priority areas for improvement in the next four years.

An overview of the outcomes, related outputs and associated evidence is detailed in the appendices to this report.

11.1 Evidence, consultation and involvement used in forming our Equality Outcomes

The law requires to us to identify equality outcomes with reference to relevant evidence whether local or national, qualitative or quantitative. The Council and NHS took account of the following evidence:-

- Census data 2001 and 2011 (as available at December 2012)
- Data from the Scottish Governments Equality Evidence website
- Shared information with Community Planning Partners 2012
- National data examined with the Scottish Councils' Equality Network
- Analysis of past EIAs carried by the Council and NHS
- Employment monitoring data (see appendices on employment)
- Service monitoring data
- Direct feedback from staff and service users

11.2 Results of consultation and involvement

Staff feedback, whilst limited, has been constructive. Staff members have been positive about the NHS job interview guarantee scheme for disabled applicants, and suggestions regarding the structure of interviews schedules have been taken on board.

Broad confidential feedback from patients has indicated a need to ensure that NHS antenatal classes are fully inclusive of different families, including same-sex couples.

NHS employee feedback from the staff survey element of the Stonewall Workplace Equality Index 2013 has indicated that staff continue to experience homophobia in the workplace and that some staff do not feel confident to be open about their sexual orientation at work. One third of respondents stated they did not feel able to be open about their sexual orientation with colleagues or managers, and two thirds felt this way about patients. No respondents felt confident reporting anti-gay bullying in the workplace. This is a significant concern and will therefore be addressed through outcome number 2.

We received encouraging feedback from the public following the circulation of our draft equality outcomes highlighting a gap relating to mental health and in particular the higher prevalence of suicide rates in men rather than women. It was suggested that an anti-stigma campaign would be an effective means of highlighting the issue to the public and encouraging men to seek support in dealing with suicidal thoughts and feelings.

11.3 Key challenges emerging from evidence, consultation and involvement and related Equality Outcomes

We are aware that negative attitudes, discrimination and harassment, are still prevalent. National evidence shows that some groups are subject to more negative attitudes, have poorer outcomes and are thought more likely to suffer disadvantage.

There was support from staff for work in schools and community awareness campaigns to challenge negative attitudes. There was strong

support from staff for increasing the amount of training on Equalities, and providing more information about promoting equality and diversity.

Staff feedback suggested there are local issues surrounding health inequalities and discrimination related to the provision of healthcare in a remote and rural setting, particularly for remote island residents who may not have the same access to services and whose needs may not always be taken into account. Whilst outwith the legally-defined protected characteristics and the scope of this publication, it is recognised that the operational challenges of operating a remote and rural health service will be ever-present but that any local issues relating to perceptions of prejudice or discriminatory attitudes can be managed. Any health inequality identified will be taken forward through the public health department as part of the ongoing work relating the Well North Project. PIDs and other relevant document will consider the implications for islands of proposed changes.

11.4 Aligning Equality Outcomes with Other Work

Shetland's Community Planning Partners have considered the priorities of the Shetland Single Outcome Agreement, and the NHS and Council strategic plans in setting Outcomes.

We cannot successfully tackle all significant inequalities in a four year period, but by applying these considerations it has identified outcomes which will make the most positive changes to people's lives.

Shetland Community Plan and Single Outcome Agreement

The core values in the current Community Plan and Single Outcome Agreement (SOA) are:

Accountability

We will regularly monitor performance and be accountable to the Shetland community by publicising the results.

Fairness

We will work together to close the opportunity gap between disadvantaged individuals or communities and the rest of Shetland, and will focus resources on the areas where exclusion is greatest.

Openness

We will work openly with each other and achieve progress through consensus.

Partnership

We will work together and with the Shetland community in a smarter way to find new solutions and will encourage communities to recognise their important role in community planning work.

The community plan and single outcome agreement also outlines the five priority areas that the partnership has developed through a scenario planning exercise.

Communities that are:

Wealthier & Fairer
Learning & Supportive
Healthy & Caring
Safe
Vibrant & Sustainable

It also outlines the fourteen outcomes, i.e. results, which the partnership wishes to achieve in terms of quality of life and life opportunities for individuals, families and communities within Shetland.

The Equality Outcomes support these themes. Following Scottish Government and COSLA guidance the Equality Outcomes will inform future SOAs.

NHS Shetland Vision, Values and Board Objectives

NHS Shetland's values are what is important to us, to govern our actions:

Person centered – in the partnerships between patients, their families and those delivering healthcare services we respect individual needs

and values and demonstrate care & compassion, continuity, clear communication and shared decision-making

Safe – avoiding injury or harm, in an environment that is clean and safe

Effective – the most appropriate treatments, interventions, support and services provided to everyone who will benefit

Efficient – making best use of available resources, and the eradication of wasteful or harmful variation

Equitable – taking account of and valuing diversity, promoting equality, fairness

Timely – linked to effective: services in the right place at the right time, reducing waiting times wherever possible

Sustainable – using resources responsibly, to continue to provide services locally

Ambitious – always striving to be better for our patients, staff and service

NHS Shetland Board objectives are:

- To continue to improve and protect the health of the people of Shetland
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service
- To provide best value for resources and deliver financial balance.

The Equality Outcomes for 2013-2017 support these priorities.

11.5 Taking Account of the Changing External Environment

The Council and NHS will consider possible legislative and policy developments in the coming years.

The proposed Community Empowerment and Renewal Bill will support communities to achieve their own goals and aspirations through taking independent action and by having their voices heard in the decisions that affect their area. Our approach to mainstreaming equality and equality outcomes are compatible with the aims of the proposed Bill.

Proposed changes to Community Planning Arrangements will be aimed at producing better joint working. Our joint approach to producing this report demonstrates our commitment to joint public working.

The UK Government proposes the **extension of requests for flexible working, parental leave, and unpaid parental leave**; the Council and NHS recognise the importance of extending the use of flexible working in **outcome 4**.

11.6 How we will achieve these Equality Outcomes

More detailed 2011 census results (May 2013), will give up to date information on the ethnic makeup of the Shetland, and the number of disabled people. This and other information such as the age and sex structure will be used to set targets and indicators and further refine activities.

11.7 Measuring Progress

Shetland's Community Planning Partners will publish a joint review of progress of our Equality Outcomes and mainstreaming equality in April 2015; this will be evidence based, and use the same kinds of data and methods that have been used for this stage of the work.

Appendix 1: Equality Outcomes Implementation Plan

Shetland Equality Outcomes

April 2013 – March 2017

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
1	Lack of access to childcare is a barrier for women working	Feedback from SIC Child Care Provision in Shetland survey 2011; and SIC Equalities Community Survey 2010	<p>SIC and Shetland Childcare Partnership will work together to support childcare partners to develop their capacity to successfully manage their own childcare services.</p> <p>SIC will work with Shetland Childcare Partnership to meet childcare needs in Shetland by supporting sustainable models of childcare provision which balance quality of service with affordability.</p> <p>Where appropriate, SIC will make council owned premises (predominately schools) available to support out of school clubs and wrap around childcare at no/minimum cost.</p> <p>SIC will equalise childcare fees across local authority provision over the next two years, as a step towards narrowing the gap between public and voluntary/private sectors.</p> <p>SIC and Shetland Childcare Partnership will continue to encourage employers to participate in the Childcare voucher Scheme and continue to promote the use of Childcare Vouchers.</p>	Good quality childcare is accessible and affordable for all families with children who need it.	Shetland Islands Council	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. Gender

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
2	Negative and/or perceived negative attitudes locally towards LGBT people	SIC Equalities Community Survey 2010 Stonewall's Living Together 2012 College Operational Plan	<p>Deliver a Train the Trainer course on LGBT awareness for community planning partners.</p> <p>Deliver 2 sessions of Stonewall's Celebrating Difference training for people working with young people.</p> <p>Run a local Tackling Homophobia campaign.</p> <p>Run community events during LGBT History Month.</p> <p>Support the setting up of a LGBT community group.</p> <p>Develop a webpage on the college website to publicise sources of information & support.</p> <p>Develop and deliver action plan as part of Stonewall's Good Practice Programme</p> <p>Ensure that NHS antenatal classes are fully inclusive of different families, including same-sex couples.</p> <p>Deliver LGBT awareness training to staff.</p>	LGBT people feel part of their community. Discrimination and harassment against LGBT people will be eliminated.	Shetland Islands Council Schools Service NHS Shetland Shetland College ZetTrans Voluntary Action Shetland	Foster good relations between people who share a protected characteristic and those who do not LGBT / Young People

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
3	Information relating to LGBT health outcomes and inequalities is unavailable. National evidence indicates links to mental health issues and LGBT people.	Stonewall Gay & Bisexual Men's Health Survey Scotland. Stonewall Prescription for Change: Lesbian & Bisexual Women's Health Check 2008.	Monitoring and analysis of sexual orientation – starting in the Sexual Health Clinic, once the national patient system is input. From there determine and act on any evident local health inequalities. Establish a local action group to signpost LGBT people to support when needed – to include youth services, education, school nursing service, CAMHS, social work. Use this group to explore and implement the concept of straight allies or an ally network. Utilise Stonewall online training to build awareness amongst healthcare professionals and third sector partners and to eliminate assumptions/prejudice from the provision of care to LGBT people e.g. end of life care, admissions, screening.	LGBT people feel confident and included when accessing services.	NHS Shetland Shetland Islands Council	Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. LGBT / Age

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
4	Occupational segregation in Shetland	SIC Equalities Community Survey 2010 Annual Business Inquiry (NOMIS) Shetland College UHI Equality Learner Data Analysis Report	Role model programme in schools and increased involvement in careers events. Focus on introducing girls to STEM (Science, Technology, Engineering and Mathematics) opportunities. Research methods of advertising in non-traditional forums. Trial new methods and monitor/report outcomes. Review flexible working practices within NHS and SIC – survey staff for uptake, barriers to uptake and preferences for change and publish findings. Benchmark best practice nationally and make recommendations for the introduction of more up to date flexible working practices. Monitor trends analysis of equality and diversity data for use of targeting college promotional material.	Gender segregation in Shetland is narrower	Shetland Islands Council NHS Shetland Shetland College	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Gender
5	Information provided by community partners is not accessible for everyone	SIC Equalities Community Survey 2010 College Operational Plan	Raise awareness of inclusive communication through the community planning partnership. Develop a sign language interpretation system for service users. Investigate the use of portable hearing loops through the SIC. Link inclusive communication principles to the SIC Corporate Standards. Develop a webpage on the college website to publicise sources of information & support. Implement and monitor the impact of college learner feedback mechanisms such as 'Talkbox', learner forums, college class reps	Community planning partners share information in a way that everybody can understand	Shetland Islands Council ZetTrans Shetland Licensing Board Shetland College NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Disability

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
6	Integration of migrant workers and their families into their local community	Universitetet i Stavanger Masters Thesis	Sports project. Investigate sponsorship for a welcome pack. Cultural project.	Migrant workers and their families feel more integrated into their local community	Shetland Islands Council	Foster good relations between people who share a protected characteristic and those who do not Race
7	Increase awareness of the need to treat minority groups with respect	Bullying Monitoring Form annual return College Operational Plan	Before academic year 14/15, all schools will have an equality milestone in their development plan. All schools will have updated behaviour policies to promote good behaviour and prevent bullying. Schools signing up to United Nations Rights Respecting Schools. As part of the main college induction learners participate in an equality awareness raising induction.	Reduce identity based bullying and harassment in schools	Schools Service ZetTrans Shetland College	Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. Foster good relations between people who share a protected characteristic and those who do not. Race/ LGBT

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
8	Delivering a curriculum to meet the needs of all learners	10% of last year's school leavers not in a positive or sustained destination Shetland College UHI Equality Learner Data Analysis Report	Work with partners and groups to develop and deliver a senior phase curriculum that meets the needs of all learners and supports agreed outcomes, including progression. Explore implementation of the Stonewall Education Equality Index. Utilise Stonewall anti-homophobic bullying training and resources where appropriate. Monitor trends analysis of equality and diversity data.	Transition is managed systematically and appropriately for all young people	Schools Service Shetland College	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. Age / all
9	Disabled employees in the NHS have reported increased instances of bullying and distress. Our workforce does not reflect the wider population in relation to disability.	NHS Inclusion Index Survey 2009. National data. Employment monitoring data.	Analysis of staff survey information relating to bullying. Joint piece of work with Occupational Health to identify and address instances of unreported bullying against employees with a disability. HR to monitor JIG applicants and analyse progress of JIG candidates through the recruitment process. Joint piece of work with local disability groups to understand and address any barriers to employment, including learning disabilities. We will continue to work to cultivate a culture where staff feel safe to share their disability status. We continue to provide reasonable workplace adjustments in line with guidance from our Occupational Health service in order to enable continued employment for members of the workforce with disabilities.	Employment practices are inclusive and accessible for employees and applicants with disabilities.	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. Disability

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
10	Transgender discrimination	Local anecdotal evidence. Stonewall's Living Together 2012 Equality & Human Rights Commission national evidence. Annual employment monitoring.	Make an organisational commitment to taking action on trans equality. Nominate a member of the Senior Management Team to lead on this. Establish closer working links with NHS Grampian on trans issues. Awareness building and training work across the organisation, building on the pilot programme carried out in our Accident & Emergency department in 2008. Design and delivery of awareness building training for relevant staff groups – initial focus on clinical staff. Suitable poster campaign. Improve consultation with transgender staff. Continued contact with the Transgender Alliance.	Transsexual and transgender people will be confident to apply for employment and volunteering opportunities. Discrimination and harassment against transsexual and transgender people will be eliminated.	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. Transgender
11	Attracting and retaining ethnic minority employees	2009 ethnicity mapping exercise. Annual employment monitoring.	Identify ways of attracting individuals from ethnic minority backgrounds to apply for posts at all levels of the organisation	Ethnic minority applicants will be confident to apply for employment and volunteering opportunities	Shetland Islands Council NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. Race

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
12	Ageing workforce in the NHS	National data. Annual employment monitoring.	Ensure that workforce plans and retention strategies recognise that: <ul style="list-style-type: none"> - A long-term view of the workforce is essential. - Reward can play a key role in recruitment, retention and staff development strategies. - With people living longer, pensions will have to stretch further, so many people will consider staying in work past 65 to fund their later years. - Employers should have regular career conversations with employees. - Any changes to benefits provision must be clearly communicated. 	Plans for our future workforce and service delivery are reflective and inclusive of the ageing workforce and population as a whole	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Age
13	Higher rates of certain morbidities in ethnic groups Smoking cessation & weight management services – very small numbers of clients from ethnic minorities Lack of uptake of Keep Well health check offer	International & national research evidence Service Data	Revisit Ethnic Minorities Health Needs Assessment Analysis of characteristics of those who don't take up services to identify if there are any groups with protected characteristics Adaptation of services in conjunction with those groups who don't take up services to meet their needs and make access easier Work with GP practices, in particular, to make services more accessible to more disadvantaged people	Services meet the needs of ethnic minorities	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Race

#	Situation/ Problem	Evidence	Activities / Outputs	Equality Outcome	Who's Involved	General Equality Duty
14	Not clear whether universal sexual health clinic service meets the needs of LGBT people in Shetland	Service data	Review service data to identify any amendments which would make service more relevant, appropriate and easy to access	Services meet the needs of LGBT people	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not LGBT
15	Progressing Spiritual Care within the NHS	Appointment / retention of Healthcare Chaplain CEL (2008) 49 – Spiritual Care	Appointment of a Healthcare Chaplain for NHS Shetland. Continue the work of the Spiritual Care Committee and Reference Group, maintaining strong links with local faith groups. Continue to meet the known needs of patients through use of volunteer chaplain. Develop the skills of NHS Shetland healthcare providers to ensure confidence and capability in delivering spiritual care to patients. Support the spiritual care needs of our workforce through training, listening and individual support.	The spiritual care needs of our workforce and patient population are understood and met.	NHS Shetland	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Religion & Belief
16	Ageing Population	National Statistics	Continue to progress activities contained within to CHCP Reshaping Care for Older People planned work, including telehealthcare, carers, community capacity building, extra care housing, locality management, access to services, data sharing, reablement, respite and out of hours care.	Our health and social care services are reflective of the needs of an aging population.	NHS Shetland Shetland Islands Council ZetTrans	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Age

Appendix 2: Evidence Summary for Equality Outcomes

Age

The proportion of their life that Scottish men and women can expect to spend feeling fit after the age of 65 has dropped, while the ratio of healthy life for older people in other parts of the UK has either seen no change or increased. Separate findings in the Office for National Statistics (ONS) research show the health of Scottish men is now failing in their late-50s rather than their early-60s. Older women also appear to be ailing earlier north of the Border, while across England and Wales people are spending more of their lives in good health. The ONS warns:

“These findings indicate Scotland and Northern Ireland may face proportionally greater future demands on health services than England and Wales.”

Apart from the increasing health costs, which are significant, decreasing healthy life expectancy risks continued unwanted economic and social consequences among society at large, particularly in some of the most deprived communities for longer. This ONS data, which compared findings from 2005/07 with results from 2008/10, showed English men on average enjoying good health beyond the age of 64, up from 61.6. Healthy life expectancy for Scottish men had dropped from 61.2 to 59.8. Scottish women, while behind their English counterparts at 66, had seen an extension of healthy years to 64.1.

Researchers also analysed the proportion of life people could expect to spend feeling fit after the age of 65. The ONS report says: “In terms of the proportion of life spent in very good or good health (from the age of 65), the trend for Scotland was particularly striking, with a decline of more than four percentage points for females and more than ten percentage points for males.” Among Scottish men this proportion of healthy older life had dropped from 62% to 52% and among Scottish women it fell from 60% to 56%. For England the results for men changed little between 2005/07 and 2008/10 while it improved for women”. Answers to official Government health surveys were used to calculate the findings. (From ONS August 2012)

The age structure of the Shetland population has changed between the 2001 and 2011 census as follows:

- The population aged under 15 has fallen by 7.5%.

- The population aged 15-39 has fallen by 3%.
- The population aged 40-64 has risen by 14.3%.
- The population aged over 65 has risen by 22.4%. From GROS

By 2035, the population aged under 16 is projected to decline by 18.5%. The age group that is projected to increase the most in size is the 75+ age group. (From Shetland Population Change Study, Hall Aitken 2007).

In Shetland, female life expectancy at birth is 80.7 years; life expectancy at birth for males is 77.2 years. (From GROS)

Disability

A third of households in Scotland (34%) contain at least one person with a long-standing illness, health problem or disability. Owner-occupier households (30%) and those who rent from the private sector (21%) are less likely to contain someone with long-standing health problems or disabilities than those living in the social rented sector (53%) or other tenure type. While 13% of all households contain at least one person who requires regular help or care, around one in four single pensioners and one in five older smaller households have care needs. (From 2011 Scottish Household Survey).

“Closing the employment gap for people with disabilities”. Only 50% of disabled people are likely to be in work compared to 80% of non-disabled adults. Employment rates for people with mental health conditions – 13%. Cuts in public sector employment where many disabled people work. Disabled people not getting the support they need and are entitled to. (From How Fair is Britain, EHRC, 2012).

Nearly a fifth of 16-64 year olds have a disability in the UK (18%). (Office of National Statistics).

A significant proportion of respondents felt that support for those with visual/hearing impairments was insufficient. For example, a lack of portable hearing loop systems and sign language interpretation within the Council. Respondents also felt there was not enough communication between departments to ensure that people with visual/hearing impairments are consistently and appropriately informed about the services and support available to them. (From SIC Equalities Community Survey 2010).

Gender

Women make up half the workforce in Britain but only 33% of managers, directors and senior officials. (From The Equality Strategy Building a Fairer Britain: Progress Report May 2012).

In the SIC, 24.6% of the top 2% of highest paid Council earners are women. 21.3% of the top 5% of highest paid Council earners are women. These figures are lower than any other Scottish local authority. (From Audit Scotland SPIs).

In two years the number of FTE posts in the Council has changed from 75.14% female and 24.86% male to 62.74% female and 37.26% male. (From SIC Equality Monitoring Reports).

The employer survey found that recent employer changes have had a specific gender component. While male full-time jobs increased marginally (by 25 jobs) between 2003 and 2007, female full-time jobs fell by 290.

Construction and the public sector have shown substantial growth in employee jobs. However, only 2 of the 156 additional full-time construction jobs are occupied by females. In contrast, the growth in public administration jobs has resulted in a growth in female employment. Some 580 more women are employed part-time and 94 more full-time in this sector compared to 2003, which would appear to offset similarly sized losses in social work and health jobs.

Catering is the third biggest employment growth sector since 2003 (+101 FTE jobs) and women account for most of these new jobs. This is not usually regarded as a sector that has good retention rates or progression opportunities. While this has helped to offset losses in jobs in business services (50 fewer women working full-time), the quality and attractiveness of these jobs is likely to be far lower to graduates.

In the survey, greater proportions of female out-migrants compared to men felt that opportunities for career progression made them want to leave – 88% of female out-migrants felt this was a factor compared with 83% among males. Females were also slightly more likely to identify mainland lifestyle as an influencing factor than males. (From Shetland Population Change Study, Hall Aitken 2007).

Women in Scotland can expect to receive more than one third less than men when they retire – average annual income of £10029 compared with £17539 for men. Media focuses on the fact that the gender pension gap has narrowed, although this is because men's income has fallen as opposed to an increase in the amount women are saving. (From Prudential Research June 2012).

Women are less likely to be in work and have access to occupational pension scheme and when they are in work, they experience lower rates of pay and so are less able to contribute to a pension. (From Research by Scottish Widows).

What women want:

- Wraparound childcare, affordable childcare, accessible childcare.
- Encourage young women to study non-traditional subjects.
- Increased mental health service provision.
- Awareness of VAW throughout communities.
- Access to VAW services. (From Manifesto for the Women of Scotland – Scottish Women's Convention March 2012).

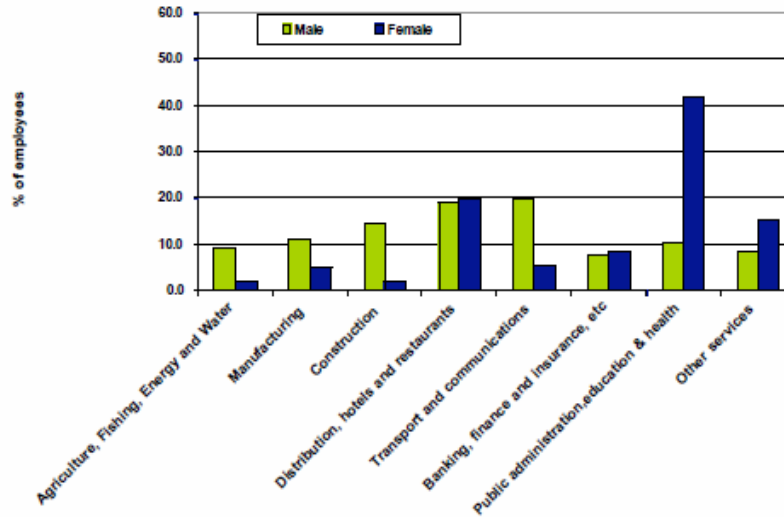
Whilst a number of issues which affect women are applicable to those living in both urban and rural areas, many are specific to or are more acutely felt in more remote parts of the country. **Transport, employment and childcare** are overwhelmingly the three most important challenges and priorities for women throughout rural Scotland. Suitable, sustainable and affordable housing, access to broadband and mobile phone networks, health, education and access to services are also issues of concern. (From Voices of Women in Rural Scotland, Scottish Women's Convention 2012).

79.4% of respondents felt that individuals have the opportunity to pursue or enter a career in traditionally male or female roles in Shetland. 20.6% of respondents said no. Reasons for this include:

- Old-fashioned perceptions/traditionalism.
- Men and women get treated differently at work.
- Respondents felt there are relatively few women that have held or currently hold senior positions in the SIC. They felt that if you wish to work part-time or job share, there is less opportunity to progress to these senior roles. Respondents also felt that men dominate local decision making. **From SIC Equalities Community Survey 2010**

- Only 48 people, 11.7% have made use of the Child Care Voucher scheme, meaning that 364 respondents to the survey are not benefitting from getting tax relief on their child care payments.
- Of those 364 respondents, 144 (39.6%) had never even heard of the scheme. There clearly needs to be further promotion and discussion between child care providers and employers to encourage usage of the scheme, particularly in the north and west mainland and the northern isles.
- 176 people stated that the lack of accessible child care affected the amount of hours they worked. 59 stated that either they, or their partner, had to stop work while 143 worked reduced hours to be at home to look after children.
- 50.4% of respondents (199 of 395) stated that they did not access further child care because it was 'too costly'. 57.7% of respondents (97 of 178) said they found it 'very difficult' or 'fairly difficult' to access appropriate child care outside school hours.
- 296 respondents (67.9%) stated that they would access further child care at particular times if it were available, primarily in afternoons and school holidays. Of those who stated a figure (176), they would require an average of 10.9 hours per week, although this figure is higher in the west mainland and Yell/Fetlar. (From SIC Child Care Provision in Shetland survey, 2011).
- Cost is a major barrier preventing parents on the lowest incomes from accessing childcare.
- The high cost of child care has a significant impact on most families, but for families in severe poverty the impact is particularly extreme.
- Difficulties accessing child care are significantly affecting the ability of parents in severe poverty to work, train or study.
- The high cost of child care means that work is not paying for the poorest families. (From Making Work Pay, Save the Children Scotland, 2012).

Figure 4: Employment by Gender and Sector: 2008



Source: Annual Business Inquiry (NOMIS)

Note: These figures exclude the self-employed. Actual employment is likely to be higher particularly in primary industries and tourism.

The sectors that are particularly important relatively for male employment in Shetland are Transport and communications (19.9% of its male employment compared with 9.6% in the Highlands and Islands), Distribution, hotels and restaurants (18.8%) and Construction (14.5%).

For female employment, Public administration, education and health is dominant (42.1%) with Distribution, hotels and restaurants (19.9%) and Other services (15.2%) also important.

Employment by Company Size

Figure 5 shows employment by company size in Shetland compared to the Highlands and Islands in 2008 (excluding self-employment).

Gender Reassignment

The numbers of people who identify as being part of the Transgender spectrum are greater than those who identify as Transsexuals. The current estimated ratio is approx 30:1. (From Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, June 2009).

- Even though there is a greater number of Transgender than Transsexual people, they are more hidden and interaction can be far more difficult. Average age of a transsexual transitioning is 42, therefore that's an average of 30+ years of struggling with identity.
- Gender identity issues – conflict in families, lose contact with family and friends.
- Receiving health and social care can be problematic.
- 50% of transsexual community do not use public, social and leisure facilities.
- Bereavement – family claim body and undertake funeral arrangements by person's birth sex and original name.
- 1 in 4 Trans people live in privately rented accommodation, double the UK general population figures. This tend to be less secure and of poorer quality.
- Almost 35% of Trans people have attempted suicide at least once. (From Potential Areas of Concern Between Local Authorities and the Transsexual/ Transgender Community, Nicola James and Allana Strain, 2012).

Pregnancy and Maternity

Detailed evidence gathered in 2005 demonstrated that:

- Each year almost half of the 440,000 pregnant women in Great Britain experience some form of disadvantage at work, simply for being pregnant or taking maternity leave. 30,000 are forced out of their jobs.
- Women who lose their jobs miss out on £12m in Statutory Maternity Pay each year and, on average, return to hourly earnings 5% lower than they could have expected, 14% less for those on lower incomes.
- Yet the majority of women take little or no action to assert their rights. Seven in ten pregnant women treated unfairly by their employers do not speak out. Around 3% of those who lose their job will attempt to seek financial compensation for their dismissal at an Employment Tribunal. Less than one in 20 will seek advice.
- This discrimination has serious, far-reaching implications for Government and employers, too.
- Women are nearly half the workforce and increasingly highly qualified. Unfair treatment at work during pregnancy makes it much less likely that they will return to their old jobs after maternity leave. And six times more likely that they will consider never going back to work at all. Employers not

only lose out on their skills and experience, they also face extra recruitment and training costs.

- All women of childbearing age are potentially affected. Employer concerns about managing pregnancy may be having a wider impact on women's access to work. More research is needed but anecdotal evidence is shocking: 80% of HR professionals replying to one on-line survey said that they think twice before employing women of childbearing age. This needs to be tackled if the UK economy is to continue to grow.

(From Equal Opportunities Commission June 2005)

If you work and are pregnant or are on maternity leave you have greater rights and protections. One of these rights is that your employer is not allowed to discriminate against you, either because you are pregnant or because you're on maternity leave. This means that your employer can't dismiss you, demote you or discipline you either because of your pregnancy or maternity leave. This is known as discrimination because of pregnancy and maternity leave.

For example, it would be pregnancy and maternity leave discrimination if you were dismissed or disciplined:

- because you have asked to take time off to attend ante-natal classes
- because you are unable to do your job during your pregnancy for health and safety reasons
- because you asked to take maternity leave or you are on maternity leave.

(From Citizens Advice Bureau Website)

Race

All minority ethnic groups in Scotland appeared disadvantaged on one or more poverty indicators. Length of UK residence, legal status, belonging to a travelling culture and religion were factors in economic, social, material and environmental deprivation:

- High unemployment rates in certain minority ethnic groups.
- Mismatches between educational qualifications and types/ levels of employment, and the potential for employment discrimination.
- High incidences of homelessness and housing need in certain groups.
- Links between disadvantaged economic status, ethnicity and poor health.

- Fear of racial harassment in certain areas. (From A Review of Poverty and Ethnicity in Scotland, Joseph Rowntree Foundation, February 2011).

Individuals from some ethnic minority groups are more likely to have their loan applications rejected than white counterparts. (From The Equality Strategy Building a Fairer Britain: Progress Report May 2012).

In Shetland, in the school year 2011/12, there were 97 school pupils with an additional language. Twenty different additional languages are spoken. (From SIC Schools Service).

47 people became UK citizens in Shetland between 2008 and 2011. (From SIC Registration Services).

Religion/ Belief/ Non Belief

39% of the Shetland population state that they have no religion. The Church of Scotland is the most prominent religion in Shetland, followed by 'Other Christian'. (From 2001 Census)

97.7% of respondents said they had not felt discriminated against in terms of accessing services provided by the Council, because of their religion or beliefs. (From SIC Equalities Community survey 2010).

Sexual Orientation

Very little reliable data on size of the population. DTI offered an estimate of 5-7% in its impact assessment for the Civil Partnerships Act 2004.

Three in five (62%) of people say there is public prejudice against lesbian, gay, bisexual and transgender people in Scotland today. More than four in five (83%) people believe it is right to tackle prejudice against lesbian, gay, bisexual and transgender people where they say it exists. (From Stonewall's Living Together: Scottish Attitudes to Lesbian, Gay, Bisexual and Transgender People in 2012).

There have been 6 civil partnerships registered in Shetland. (From SIC Registration Services).

- Respondents felt Shetland was ‘behind the times’ when it comes to acceptance of LGBT individuals; homophobia and narrow-mindedness is believed to still persist in a large part of the Shetland community.
- Respondents noted that negative comments are made towards LGBT individuals in the Shetland community, and that LGBT individuals are scared to express themselves, fearing the abuse they may face. Respondents felt that negative attitudes, or closed-mindedness, towards LGBT individuals are more prevalent in older generations.
- Respondents indicated there are still young people moving south to the Scottish Mainland due to the intolerance experienced growing up in Shetland. As well as discrimination in the wider Shetland community, they highlighted that negative attitudes are still prevalent among their peers at school. (From SIC Equalities Community survey 2010).
- Homophobic bullying of gay pupils is lower in schools that explicitly state that homophobic bullying is wrong.
- Gay pupils are also much less likely to be bullied in schools that respond quickly to homophobic bullying than in schools that don’t respond to incidents. Gay pupils in these schools are three times more likely to feel their school is ‘an accepting, tolerant place where I feel welcome’.
- In schools that have sought to eliminate homophobic remarks and where such language is rarely or never heard, the incidence of homophobic bullying is just 37% compared with 68% in schools where homophobic language is heard more frequently.
- Only one in three (34%) lesbian, gay and bisexual pupils who are taught about or discuss gay issues in school say this is done in a way they find is positive overall. Gay young people are much less likely to be bullied in schools that teach and address gay issues positively compared with schools that do so negatively. (From Stonewall’s School Report, 2012).

Appendix 3: Employment Data Shetland Islands Council (Including Occupational Segregation & Equal Pay Gap information)

Contracted employees based on basic hourly rate as at 31 March 2012

Occupational Segregation Information

Gender as a % of Grade		
Grade	Female	Male
A	88.98%	11.02%
B	84.52%	15.48%
C	84.25%	15.75%
D	79.79%	20.21%
E	77.25%	22.75%
F	74.46%	25.54%
G	72.59%	27.41%
H	63.41%	36.59%
I	56.13%	43.87%
J	45.16%	54.84%
K	53.33%	46.67%
L	41.18%	58.82%
M	39.13%	60.87%
N	16.67%	83.33%
O	40.00%	60.00%
P	55.56%	44.44%
Q	33.33%	66.67%
R	0.00%	100.00%

Chief Official	50.00%	50.00%
Teacher	81.98%	18.02%
Chartered Teacher	78.38%	21.62%
Principal Teacher	53.85%	46.15%
Deputy/Head Teacher	71.11%	28.89%
Instructor	89.19%	10.81%
Lecturer	62.50%	37.50%
Senior Lecturer	57.14%	42.86%
Assistant Principal Lecturer	100.00%	0.00%
Quality Improvement	62.50%	37.50%
Grand Total	70.38%	29.62%

Grades A to G are predominately occupied by Females; this can be rationalised by

recognising that these roles are predominately part-time and traditionally “female”.

It should also be highlighted that the above figures include ALL contracts, so employees with more than one job, are counted more than once.

Below are examples of posts within each grade (this is not an exhaustive list)

Grade	Example of post (not exhaustive)
A	Cleaner
B	Supervisory Assistant
C	Kitchen Assistant/Domestic Assistant
D	Home Help/Senior Kitchen Assistant
E	Youth Worker/Play Support Worker/ASN Assistant
F	Social Care Worker/ASN Auxiliary/Early Years Assistant/Assistant Cook
G	Social Care Worker

Grades L to R are predominately, but not exclusively Managerial Roles.

Grade as a % of Directorate							
Grade/Directorate	Chief Executive	Children's Services	Community Care Services	Corporate Services	Development Services	Infrastructure Services	Grand Total
A	0.00%	7.00%	0.10%	0.57%	0.32%	0.91%	3.25%
B	0.00%	5.22%	0.00%	0.00%	0.32%	0.18%	2.31%
C	5.00%	4.58%	6.27%	0.00%	1.29%	1.09%	4.02%
D	0.00%	4.96%	7.17%	1.14%	2.91%	4.91%	5.18%
E	0.00%	11.84%	0.40%	2.29%	8.41%	6.36%	7.03%
F	20.00%	8.98%	5.78%	15.43%	13.27%	9.82%	8.96%
G	5.00%	12.67%	53.69%	9.14%	9.39%	27.27%	25.74%
H	20.00%	5.73%	11.45%	16.57%	10.68%	17.82%	10.17%
I	15.00%	2.48%	9.46%	12.00%	11.00%	14.00%	7.41%
J	0.00%	1.15%	1.20%	9.14%	10.03%	8.55%	3.42%
K	5.00%	0.70%	1.99%	9.14%	7.44%	3.45%	2.48%
L	10.00%	0.76%	1.79%	13.71%	4.85%	2.55%	2.34%
M	0.00%	0.13%	0.10%	4.57%	1.62%	1.27%	0.63%
N	0.00%	0.00%	0.00%	0.57%	0.97%	0.36%	0.17%
O	5.00%	0.13%	0.20%	3.43%	0.32%	0.55%	0.41%
P	0.00%	0.06%	0.30%	1.14%	0.65%	0.18%	0.25%
Q	5.00%	0.06%	0.00%	0.57%	0.65%	0.18%	0.17%
R	0.00%	0.00%	0.00%	0.00%	0.00%	0.36%	0.06%
Chief Official	10.00%	0.13%	0.10%	0.57%	0.32%	0.18%	0.22%
Teacher	0.00%	21.20%	0.00%	0.00%	0.00%	0.00%	9.18%
Chartered Teacher	0.00%	2.36%	0.00%	0.00%	0.00%	0.00%	1.02%
Principal Teacher	0.00%	4.14%	0.00%	0.00%	0.00%	0.00%	1.79%

Deputy/Head Teacher	0.00%	2.86%	0.00%	0.00%	0.00%	0.00%	1.24%
Instructor	0.00%	2.36%	0.00%	0.00%	0.00%	0.00%	1.02%
Lecturer	0.00%	0.00%	0.00%	0.00%	12.94%	0.00%	1.10%
Senior Lecturer	0.00%	0.00%	0.00%	0.00%	2.27%	0.00%	0.19%
Assistant Principal Lecturer	0.00%	0.00%	0.00%	0.00%	0.32%	0.00%	0.03%
Quality Improvement	0.00%	0.51%	0.00%	0.00%	0.00%	0.00%	0.22%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Gender as a % of Directorate		
Directorate	Female	Male
Chief Executive	70.00%	30.00%
Children's Services	82.24%	17.76%
Community Care Services	87.45%	12.55%
Corporate Services	66.29%	33.71%
Development Services	62.78%	37.22%
Infrastructure Services	10.91%	89.09%
Grand Total	70.38%	29.62%

Directorate as a % of Gender						
Gender	Chief Executive	Children's Services	Community Care Services	Corporate Services	Development Services	Infrastructure Services
Female	0.55%	50.59%	34.38%	4.54%	7.60%	2.35%
Male	0.56%	25.95%	11.72%	5.49%	10.70%	45.58%

Pay Gap Information

Based on Contracted employees basic hourly rate.

It should also be highlighted that these figures include ALL contracts, so employees with more than one job, are counted more than once.

Total Female – 2473

Total Males – 1007

Total Female basic Rate = $30546.40/2473 = 12.352$ avg

Total Male basic Rate = $13766.5/1007 = 13.6709$ avg

$12.352-13.6709 \times 100 = 90.3525$

$100 - 9.3525$

= 9.6475 PAY GAP

Equality Statistics for 2011/2012

all figures are expressed as a %

Applicants			
<p>All applicants are asked to complete an Equal Opportunities Monitoring information on the online Recruitment Portal. The monitoring form is not included with application pack and is therefore not seen by the selection panel. This information is stored on the portal and HR can produce reports which give information on applicants.</p> <p>2535 people applied for jobs with the Council during 2011/2012.</p>			
Age Range			
	Appointed %	Unsuccessful %	Withdrawn %
b.16-25	26.92	34.08	25.81
c.26-35	21.79	23.03	23.50
d.36-45	17.95	17.74	19.35
e.46-55	12.82	11.51	12.44
f.56-65	2.05	3.58	4.15
g.66-70	0.00	0.05	0.00
Unknown	18.46	10.01	14.75
Gender			
	Appointed %	Unsuccessful %	Withdrawn %

Female	63.077	59.55	59.45
Male	20.769	31.94	29.95
Prefer not to answer	0.513	0.05	0.00
unknown	15.641	8.46	10.60

Disability			
	Appointed %	Unsuccessful %	Withdrawn %
No	78.72	84.65	78.34
Prefer not to answer	0.77	0.73	0.92
Yes	3.59	5.60	6.91
Unknown	16.92	9.02	13.82

Applicants (Continued)			
Ethnic			
	Appointed %	Unsuccessful %	Withdrawn %
Asian- Pakistani (Inc.Scottish/British)	0.32	0.36	0.00
Caribbean or Black (Other)	0.00	0.12	0.00
African- (Inc.Scottish/British)	0.32	0.18	0.00
African- Other	0.00	1.15	1.09
Any Mixed or Multiple	0.32	0.48	0.00
Asian- Bangladeshi(Inc.Scottish/British)	0.00	0.30	0.55
Asian- Chinese (Inc.Scottish/British)	0.00	0.18	0.00
Asian- Indian (Inc.Scottish/British)	0.00	0.91	0.00
Asian- Other (Inc.Scottish/British)	0.00	0.36	0.55
Black (Inc.Scottish/British)	0.00	0.30	0.00
Caribbean (Inc.Scottish/British)	0.00	0.12	0.00
Other- Arab (Inc.Scottish/British)	0.00	0.18	0.00
Other, please specify	0.96	1.39	3.28
Prefer not to answer	1.59	0.91	0.00
Unknown	20.38	9.48	12.57
White – Eastern European	0.00	0.00	0.55

White - English - Old Option	0.32	0.12	0.00
White - Other - Old Option	0.00	0.06	0.55
White - Scottish - Old Option	0.64	0.42	1.64
White- Eastern European (eg Polish)	0.96	1.87	1.64
White- Irish	0.64	1.45	1.64
White- Other British	15.61	18.96	20.77
White- Other white ethnic group	0.32	3.38	2.73
White- Scottish	81.85	73.73	71.04

WORKFORCE - as at 31 March 2012

The total is 5891. This includes employees with multiple contracts and Relief workers.

Shetland Islands Council did an exercise to update staff records in line with recommendations from the Equality & Human Rights Commission. Not all staff responded, therefore not all records are up to date.

All workforce

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	8.74	Female	63.15	No Disability	84.92	Asian	0.34
c. 26-35	17.36	Male	36.85	Not Disclosed	4.13	Asian - Chinese	0.08
d. 36-45	24.75			Unknown	4.68	Black	0.07
e. 46-55	30.64			Disability	6.27	Mixed	0.23
f. 56-65	17.09					Mixed - Any other mixed	0.00
g. 66-70	1.26					Not Disclosed	0.72
h. >=71	0.17					Other	0.29
						Other Eth group - Other	0.11
						Other Eth Group - PNTA	0.15
						Unknown	3.90
						White	74.64
						White - Irish	0.20
						White - Other	0.62
						White - Other British	3.03

						White - Scottish	15.61
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Chief Officials

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
c. 26-35	12.5	Female	37.5	Disability	12.5	Not Disclosed	12.5
e. 46-55	75	Male	62.5	No Disability	75	White	50
f. 56-65	12.5			Not Disclosed	12.5	White - Other British	12.5
						White - Scottish	25

Lecturers

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	0.06	Female	67.76	No Disability	83.53	Not Disclosed	1.60
c. 26-35	5.45	Male	32.24	Not Disclosed	4.83	Unknown	0.16
d. 36-45	36.52			Unknown	5.65	White	91.19
e. 46-55	35.10			Disability	6.00	White - Other British	1.96
f. 56-65	22.76					White - Scottish	5.10
g. 66-70	0.12						

Local Government Employees

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	9.96	Female	61.43	No Disability	85.05	Asian	0.41
c. 26-35	17.50	Male	38.57	Not Disclosed	3.76	Asian - Chinese	0.09
d. 36-45	24.62			Unknown	4.79	Black	0.04
e. 46-55	29.69			Disability	6.40	Mixed	0.28
f. 56-65	16.92					Mixed - Any other mixed	0.00
g. 66-70	1.13					Not Disclosed	0.51
h. >=71	0.17					Other	0.26
						Other Eth group - Other	0.14
						Other Eth Group - PNTA	0.18
						Unknown	4.19
						White	71.74
						White - Irish	0.25
						White - Other	0.71
						White - Other British	3.31
						White - Scottish	17.89

Teachers

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
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b. 16-25	3.82	Female	72.94	No Disability	85.47	Asian	0.01
c. 26-35	19.48	Male	27.06	Not Disclosed	5.91	Black	0.26
d. 36-45	25.33			Unknown	3.63	Mixed	0.01
e. 46-55	34.57			Disability	4.99	Not Disclosed	1.57
f. 56-65	16.69					Other	0.52
g. 66-70	0.06					Unknown	2.56
h. >=71	0.04					White	88.42
						White - Other	0.26
						White - Other British	1.68
						White - Scottish	4.70

Training Applications - Approved and Not Approved

Total Training Applications received were 5210 with 5125 approved

Figures are expressed as %'s

Age range	Approved	Not Approved	Gender	Approved	Not Approved	Disability	Approved	Not Approved	Ethnic Origin	Approved	Not Approved
16-25	13.35	12.94	Female	83.32	89.41	No	79.73	85.88	African	0.21	0.00
26-35	19.75	21.18	Male	16.68	10.59	Not Disclosed	0.04	0.00	Asian	0.10	0.00
36-45	23.04	21.18				Unknown	15.38	10.59	Bangladeshi	0.02	0.00
46-55	28.60	34.12				Yes	4.86	3.53	Black	0.04	0.00
56-65	13.52	9.41							British	0.16	0.00
66-70	1.48	1.18							Chinese	0.18	0.00
Over 70	0.16	0.00							English	8.64	10.59
Under 16	0.02	0.00							Irish	0.60	0.00
Unknown	0.08	0.00							Mixed	0.02	0.00
									Not Disclosed	0.27	0.00
									Other	2.77	2.35
									Scottish	62.20	75.29
									Unknown	18.07	10.59

									Welsh	0.59	0.00
									White	0.35	1.18
									White - Other	0.02	0.00
									White Other British	0.25	0.00
									White Scottish	5.50	0.00

Promotion

These figure are determined by reporting on the number of employees who received a pay increase greater than the incremental increase within each grade.

Total number was 255

Age Range	%	Disability	%	Gender	%	Equal Opportunities	%
16-25	17.25	Disability	3.92	Female	69.41	Asian	0.78
26-35	27.45	No Disability	86.67	Male	30.59	Not Disclosed	0.78
36-45	24.31	Not Disclosed	3.53			Unknown	5.49
46-55	21.96	Unknown	5.88			White	76.86
56-65	8.63					White - Other	0.39
Over 70	0.39					White - Other British	0.39
						White - Scottish	15.29

Appraisal Mark Distributions							
The appraisal scheme only covers Chief Officials							
Age Group	%	Gender	%	Disability	%	Equal Opportunities Description	%
c. 26-35	12.5	Female	37.5	Yes	12.5	Not Disclosed	12.5
e. 46-55	75	Male	62.5	No Disability	75	White	50
f. 56-65	12.5			Not Disclosed	12.5	White - Other British	12.5
						White - Scottish	25

Employee Review and Development Meetings							
All employees should take part in an annual Employee Review & Development meeting with their Line Manager. A Total of 440 were recorded							
Age Range	%	Gender	%	Disability	%	Equal Ops	%
16-25	7.50	Female	60.68	Disability	5.45	Mixed	0.23
26-35	18.64	Male	39.32	Unknown	2.27	Other	0.68
36-45	29.77			Not Disclosed	4.77	Other Eth group - Other	0.23
46-55	26.59			No Disability	87.50	Other Eth Group - PNTA	0.23
56-65	15.68					Unknown	1.82
66-70	1.36					White	67.05
Over 70	0.45					White - Irish	0.23
						White - Other	0.91

						White - Other British	3.86
						White - Scottish	24.77

Grievances							
9 Hearings were heard							
Age Range	%	Disability	%	Gender	%	Ethnicity	%
16-25	11.11	Disability	22.22	Female	66.67	White	88.89
36-45	33.33	No Disability	77.78	Male	33.33	White – Other British	11.11
46-55	44.44						
66-70	11.11						

Disciplinary							
9 Hearings took place							
Age Range	%	Disability	%	Gender	%	Ethnicity	%
16-25	22.22	Disability	11.11	Female	55.56	White	88.89
26-35	44.44	No Disability	88.89	Male	44.44	Unknown	11.11
36-45	11.11						
46-55	22.22						

LEAVING THE AUTHORITY

A total of 1065 left the Authority

Dismissed

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	14.29	Female	71.43	No Disability	85.71	White	100
c. 26-35	42.86	Male	28.57	Disability	14.29		
d. 36-45	28.57						
e. 46-55	14.29						

Resignation

Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	16.27	Female	76.90	No Disability	82.94	Asian	0.52
c. 26-35	27.82	Male	23.10	Not Disclosed	2.36	Mixed	0.79
d. 36-45	21.52			Unknown	9.19	Not Disclosed	0.79
e. 46-55	15.22			Yes	5.51	Other	0.79
f. 56-65	16.27					Other Eth group - Other	0.26
g. 66-70	1.57					Unknown	7.61
h. >=71	1.31					White	85.56
						White - Other British	1.05

						White - Scottish	2.62
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Redundancy							
Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
c. 26-35	1.96	Female	41.18	No Disability	84.31	White	84.31
d. 36-45	3.92	Male	58.82	Disability	15.69	White - Other British	1.96
e. 46-55	25.49				100.00	White - Scottish	13.73
f. 56-65	62.75						
g. 66-70	5.88						

LEAVING THE AUTHORITY (Continued)							
Retirement							
Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
c. 26-35	0.97	Female	60.19	No Disability	74.76	Asian	0.97
d. 36-45	0.97	Male	39.81	Not Disclosed	5.83	Mixed	0.97
e. 46-55	8.74			Unknown	4.85	Unknown	2.91
f. 56-65	66.02			Disability	14.56	White	84.47
g. 66-70	19.42					White - Other	0.97
h. >=71	3.88					White - Other British	1.94
						White - Scottish	7.77

Other (Death in Service, End of Contract, Error Correction)							
Age Group	%	Gender	%	Disability	%	Equal Opportunities	%
b. 16-25	25.29	Female	72.99	Disability	5.56	Asian	0.57
c. 26-35	21.07	Male	27.01	No Disability	81.03	Black	0.19
d. 36-45	17.82			Not Disclosed	2.49	Mixed	0.19
e. 46-55	19.73			Unknown	10.92	Not Disclosed	0.96
f. 56-65	12.07					Other	0.19
g. 66-70	2.87					Unknown	9.20
h. >=71	1.15					White	84.87

						White - Irish	0.19
						White - Other	0.19
						White - Scottish	3.45

Appendix 4: Employment Data NHS Shetland

Ensuring that we have good employee information will help NHS Shetland to:

- Identify key issues in employment
- Assess whether we are discriminating unlawfully in any of your employment functions and help identify action to remedy this
- Identify any actions we can take to avoid discrimination and harassment, advance equality of opportunity or foster good relations
- Understand the impact of our employment policies, practices and decisions on people with different protected characteristics and thereby plan them more effectively
- Consider taking steps to meet the needs of staff and potential staff who share relevant protected characteristics
- Make informed decisions about policies and practices which are based on evidence about the impact of your activities on equality
- Demonstrate to the public and to audit, scrutiny and regulatory bodies how we are performing on equality
- Assess performance against that of similar organisations, nationally or locally.

The specific duties require NHS Shetland as a public authority to take steps to gather information on the composition of our employees and on the recruitment, development and retention of people as employees with respect to, in each year, the number and relevant protected characteristics of such persons. These steps will include any that are likely to help us to gather information on the composition of our employees, including preparatory steps taken in order to encourage a good response to requests for information from employees. We must use the information gathered to improve our performance in terms of the general equality duty.

The total number of staff working for NHS Shetland at 30th September 2012, including bank workers, is 785, but for the purposes of this report we use a figure of 639 to refer to staff. The 639 figure includes all permanent and fixed term employees and excludes bank workers, locums, secondees, volunteers, students and those employed jointly with other organisations. The workforce data has been obtained both from the Scottish Workforce Information Standard System (SWISS), our local HR and recruitment database (SDMS) and locally collated information.

Due to the size of the Board and our responsibility for the protection of staff data, we have elected not to disclose staff numbers under five to ensure that members of staff cannot be identified. We want to assure the Board that we do understand the status of staff and groups and are happy to provide this information to the relevant regulatory bodies on demand.

Temporary Workforce

Whilst we do not currently collect or collate equality data for bank workers, locums, secondees, volunteers, students and those employed jointly with other organisations, this is an area that we are keen to understand more about. If internal resources enable workforce monitoring to be further expanded to include the temporary workforce, this may be something that we can include in our future aspirations.

Hotel Services – Transfer In

Our workforce has increased significantly in the past 12 months following the transfer-in of soft facilities management to NHS Shetland. Around 80 employees transferred into our Hotel Services department in April 2012.

Workforce Profile

This workforce data has been obtained from the Scottish Workforce Information Standard System (SWISS) and is a snapshot as at 30th September 2012. Wherever possible the staff profile has been broken down into Agenda for Change bandings 1 – 9, Directors and Medical & Dental staff.

Age

The data provides a profile of our workforce in terms of age. Of the 639 staff employed, 55 (8.6%) were under 25 years of age, 363 (56.8%) were between 25 –49 and 221 (34.5%) were aged 50 and over. The profile shows a slight increase in younger (1.6%) and older (1.5%) people employed since the previous year's report.

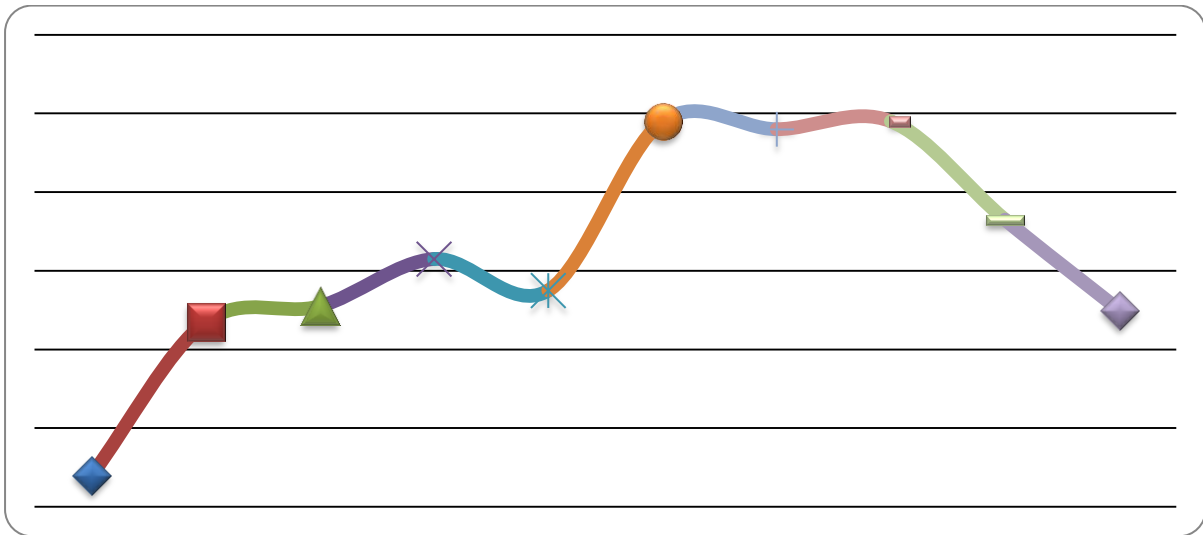


Chart 1 – Workforce Age Profile as at 30 September 2012

Disability

Chart 2 shows our workforce profile by disability. Eight members of staff (1.25%) identify as having a disability. This figure shows a further decrease in staff identifying as having a disability in comparison to the 2011 figure of 1.87% and the 2010 figure of 2.5%.

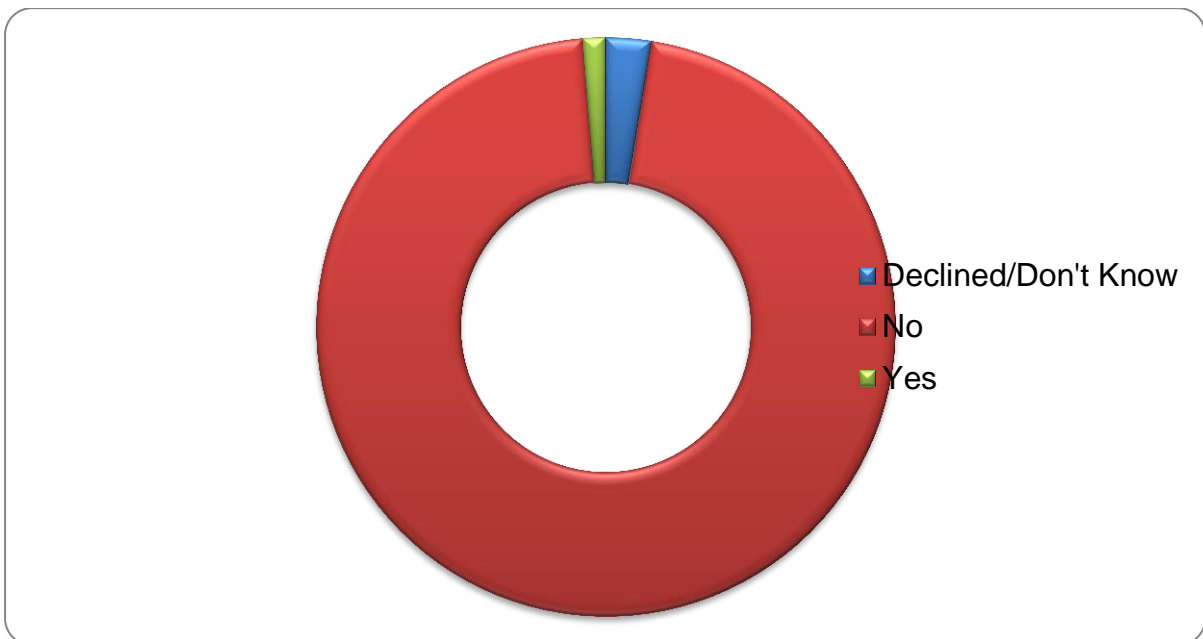


Chart 2 - Workforce Disability Profile as at 30 September 2012

Ethnicity

Chart 3 shows the profile of our workforce by ethnicity as at 30 September 2012. We have recorded 1.88% of our workforce that identify as being from an ethnic minority group. This figure shows a further

decrease in staff identifying as being from an ethnic minority group in comparison to the 2011 figure of 2.89% and the 2010 figure of 3.23%. We look forward to the results of the 2011 census for clarity whether this is broadly representative of the Shetland population demographic.

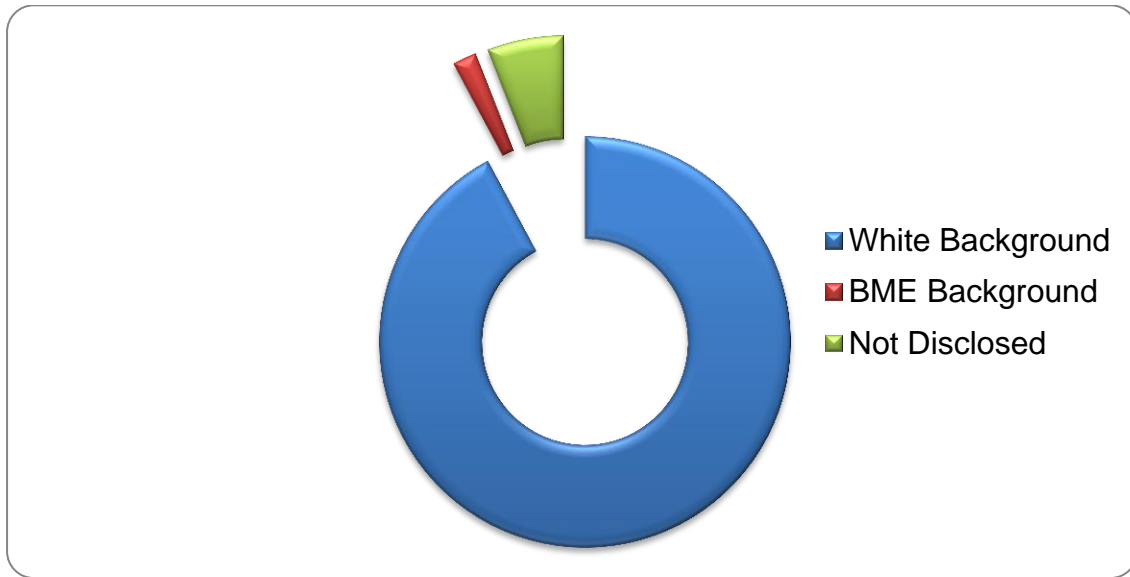


Chart 3 - Workforce Ethnicity Profile as at 30 September 2012

Gender

The Gender profile of our workforce continues to be pre-dominantly female. Eighty one per cent (81%) of our workforce is currently made of females and only nineteen per cent (19%) are male. This represents a 1% upward shift in male employees in comparison to 2011.

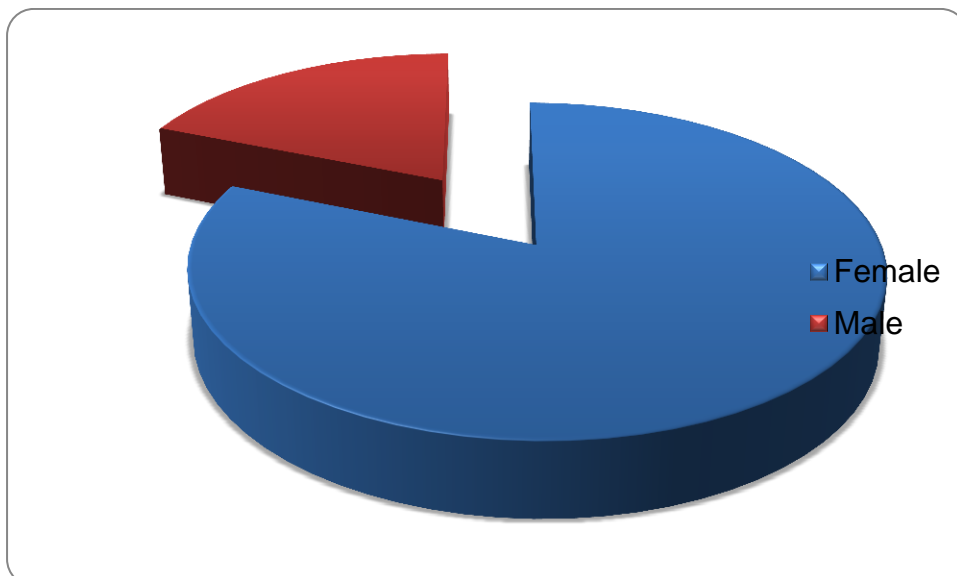


Chart 4 - Workforce Gender Profile as at 30 September 2012

Marriage & Civil Partnership

Chart 5 shows a reasonably even split in those employees who are married or in a civil partnership and those who are not.

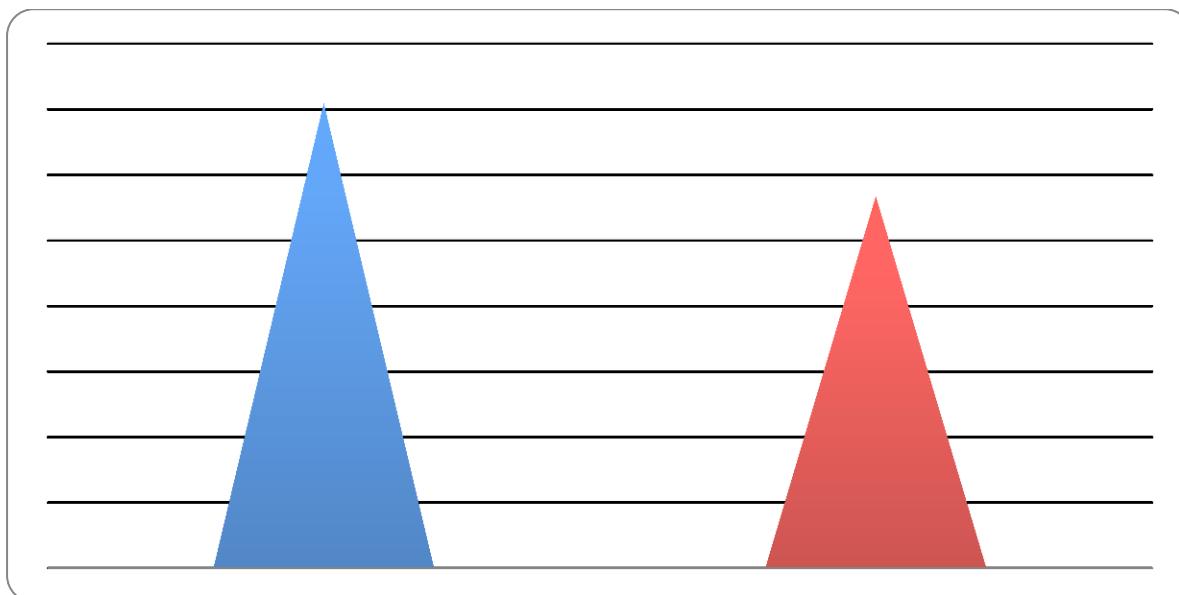


Chart 5 Workforce Profile – Marriage & Civil Partnership as at 30th September 2011

Pregnancy & Maternity

All pregnant employees, regardless of length of service, are entitled Maternity Leave. Employees with 12 months continuous NHS service at the beginning of the 11th week before the expected week of childbirth and who intend to return to work following maternity leave are entitled NHS Shetland enhanced maternity pay.

Twenty four employees benefited from maternity leave within the reporting period 1st October 2011 – 30th September 2012.

Religion & Belief

Fifty one per cent (51%) of our workforce identify with a religion: 46.32% with a Christian religion and 4.69% with other religions/faith groups, including Buddhist, Hindu and Muslim faiths. 37.09% say they have no

religion or faith and 11.89% chose not to provide details of their religion or faith.

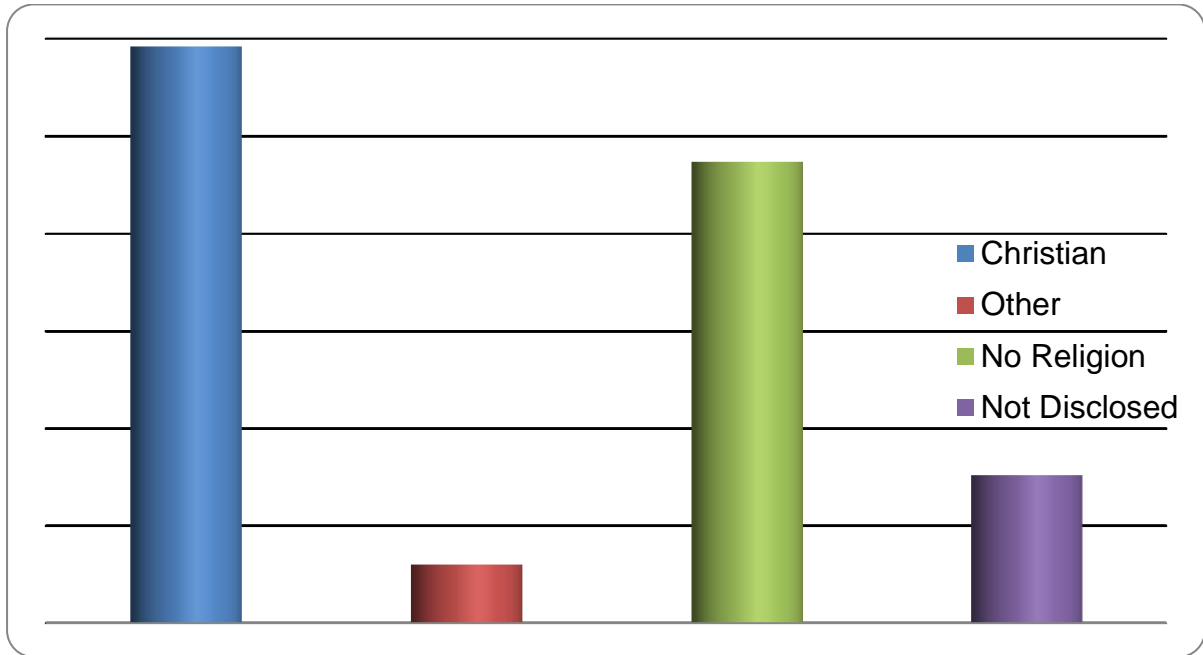


Chart 6 Workforce Profile – Religion & Belief as at 30th September 2012

Sexual Orientation

The majority of our workforce (83.57%) identify as heterosexual, with just 8 employees (1.5%) identifying as gay, lesbian or bisexual. Whilst this remains a small number, it is a slight (0.25%) increase on the number reported in 2011. We will continue to engage with our workforce as to why we need to collect this data in an attempt to overcome any continued reluctance amongst staff to provide it.

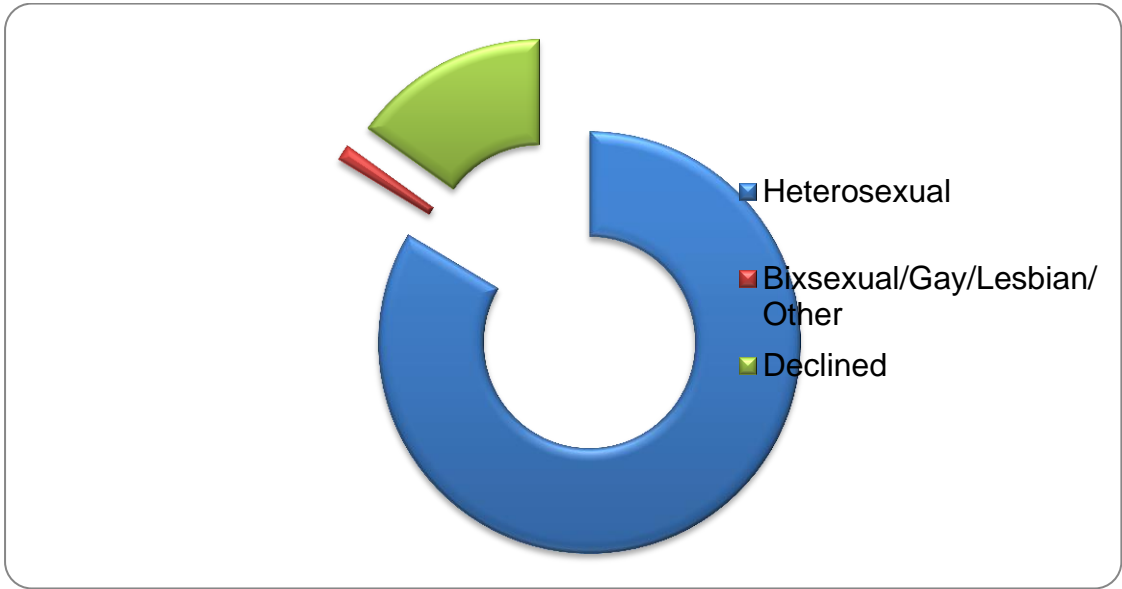


Chart 7 Workforce Profile – Sexual Orientation as at 30th September 2012

Transgender

None of our workforce currently identifies as transgender and twenty two employees either declined to disclose their transgender status or stated that they did not know whether they were transgender.

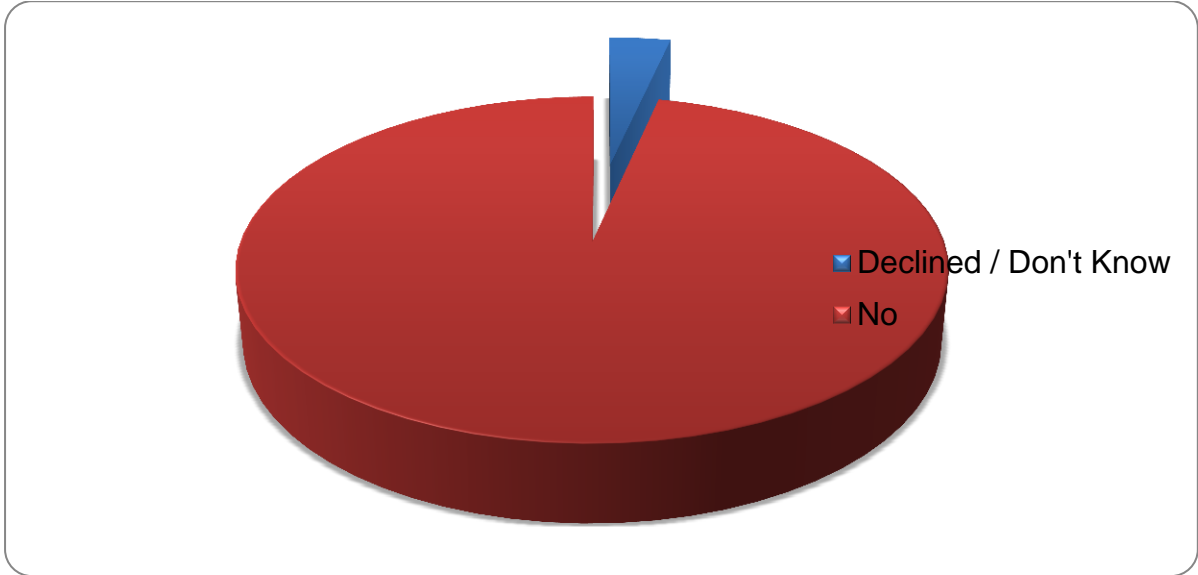


Chart 8 Workforce Profile – Transgender status as at 30th September 2012

Recruitment Activity

This recruitment data has been obtained from NHS Shetland’s local recruitment database (SDMS) and is covers all vacancies during the period at 1st October 2011 to 30th September 2012. This includes temporary, fixed-term and bank working opportunities as well as substantive positions. Data is broken down where possible to reflect the stages of candidates applying, being shortlisted and finally being appointed to the relevant vacancy.

Age

We received 623 applications for employment during this period. Of these 37 (5.9%) were under 20 years of age, 439 (70.46%) were between 20 and 50 and 120 (19.26%) were over 50 years of age. Age was not recorded for 4.33% of applicants, an improvement on 2010/11.

One hundred and thirty four (134) candidates were appointed, giving an overall success rate of 21.5% out of the total number of applicants. The success rate for candidates under 20 years of age was 16.21%, a significant increase on the 5.5% success rate in 2010/11. Candidates in the 20 – 50 age range had a 23.46% success rate with 103 being appointed. Twenty one (21) candidates over 50 were appointed equating to a success rate of 18.1% for this age range.

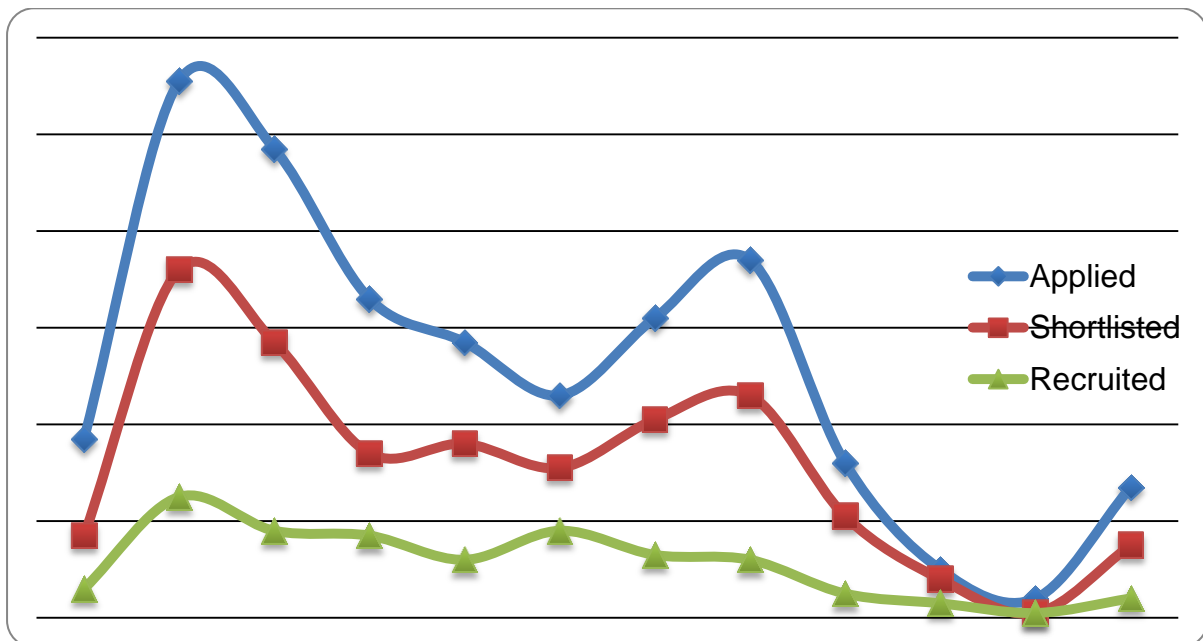


Chart 9 Age Profile of Applicants for Period 1st October 2011 – 30th September 2012

Disability

Chart 10 shows that 5 of the applications for employment received by the Board during the 2011/12 reporting period were from individuals who identified as disabled. As a Disability 'Two Ticks' symbol holder, we operate a Job Interview Guarantee (JIG) scheme for all disabled applicants who meet the essential requirements for any of our vacancies.

Less than 5 disabled people who applied for a post with us during this period were short-listed for interview and subsequently appointed.

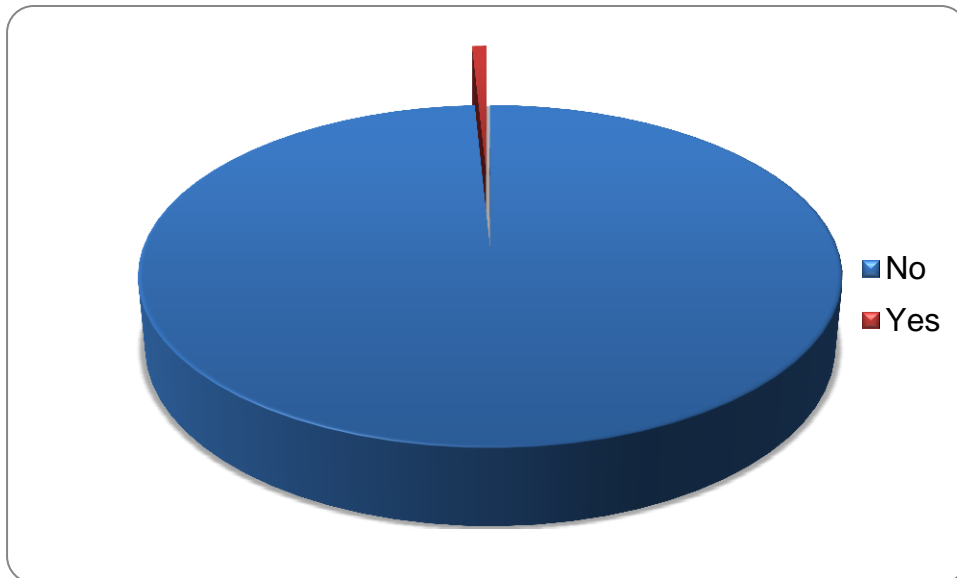


Chart 10 Disability Profile of Applicants for Period 1st October 2011 – 30th September 2012

Ethnicity

Chart 11 shows recruitment activity, broken down by ethnic group, for the twelve months from October 2011 to September 2012. Out of a total of 623 applications for employment received during that period, 32 (6.58%) were from applicants who identified as being from black and minority ethnic (BME) backgrounds; 562 applications (90.2%) were from individuals who identified as being from White backgrounds and 29 applicants (4.65%) chose not to disclose their ethnic background.

Three hundred and seventy nine candidates (60.83% of all who applied) were short listed for interview. Thirteen candidates from BME backgrounds were short listed for interview (2.08% of the total number of BME candidates who applied). Three hundred and fifty one short listed applicants were from White backgrounds (92.6% of the total number of White applicants who applied).

One hundred and thirty four candidates in total were successful in being offered positions with us, making the overall success rate for all candidates 21.5%. Less than five candidates from BME backgrounds were appointed.

This tells us that we continue to attract and shortlist a diverse range of candidates for our vacancies; however the success rate for this group of applicants has decreased – from 15% last year to 12.5% this year.

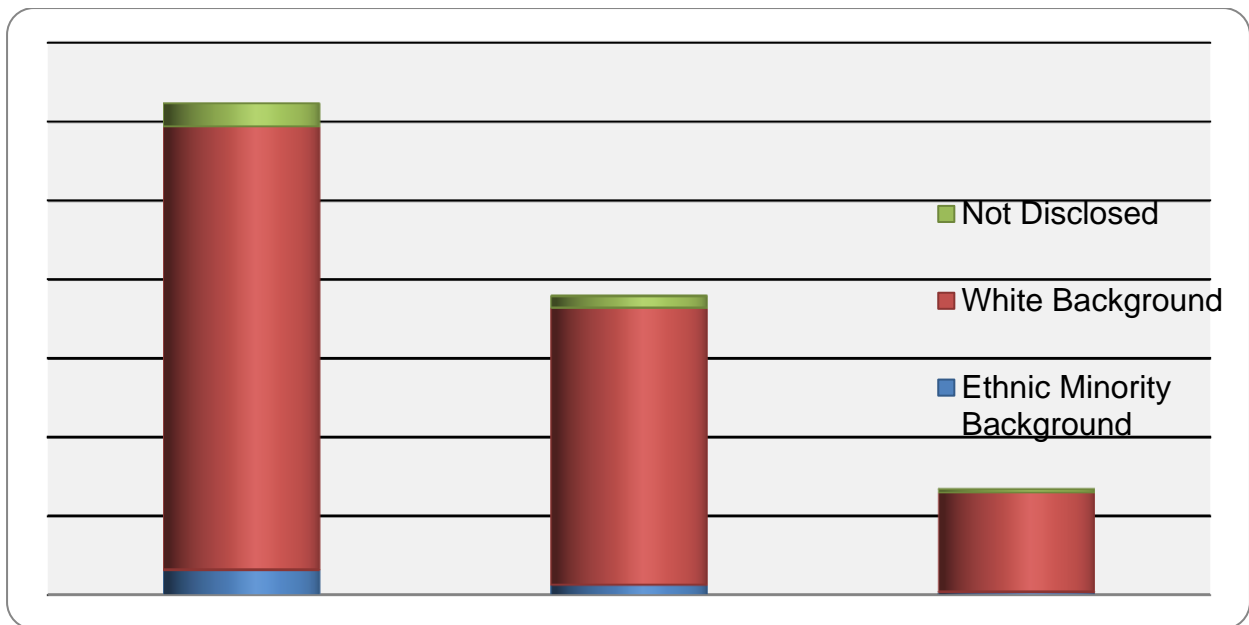


Chart 11 Ethnicity Profile of Applicants for Period 1st October 2011 – 30th September 2012

Gender

Chart 12 gives a breakdown of recruitment activity by gender for this reporting period. Eighty one percent of applications received by the Board during this reporting period were from females and 19% from males. The success rate for men and women in gaining employment with us was 21.5%.

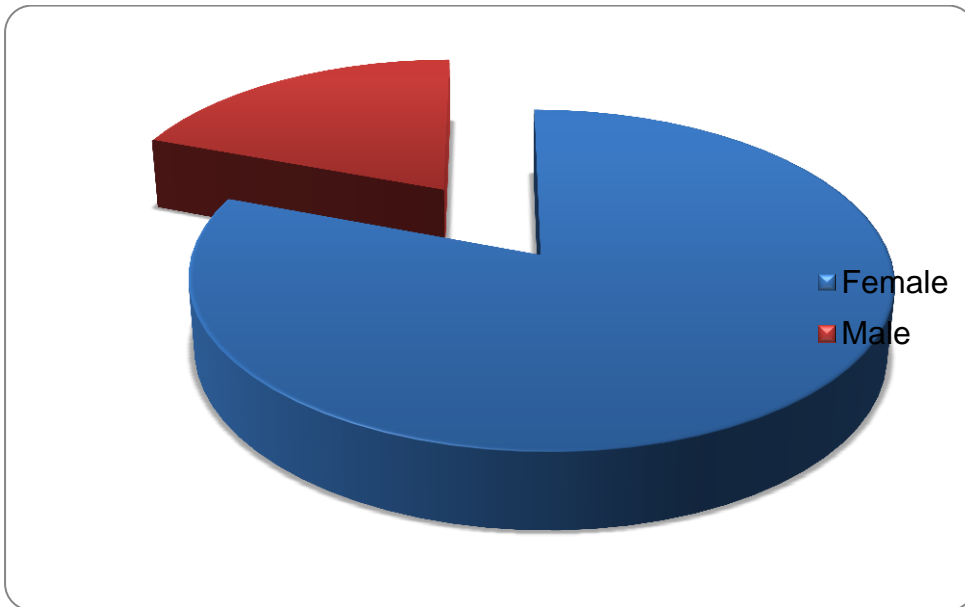


Chart 12 Gender Profile of Applicants for Period 1st October 2011 – 30th September 2012

Marriage & Civil Partnership

Chart 13 shows an even split in the success rates of those who are married or in a civil partnership and those who are not.

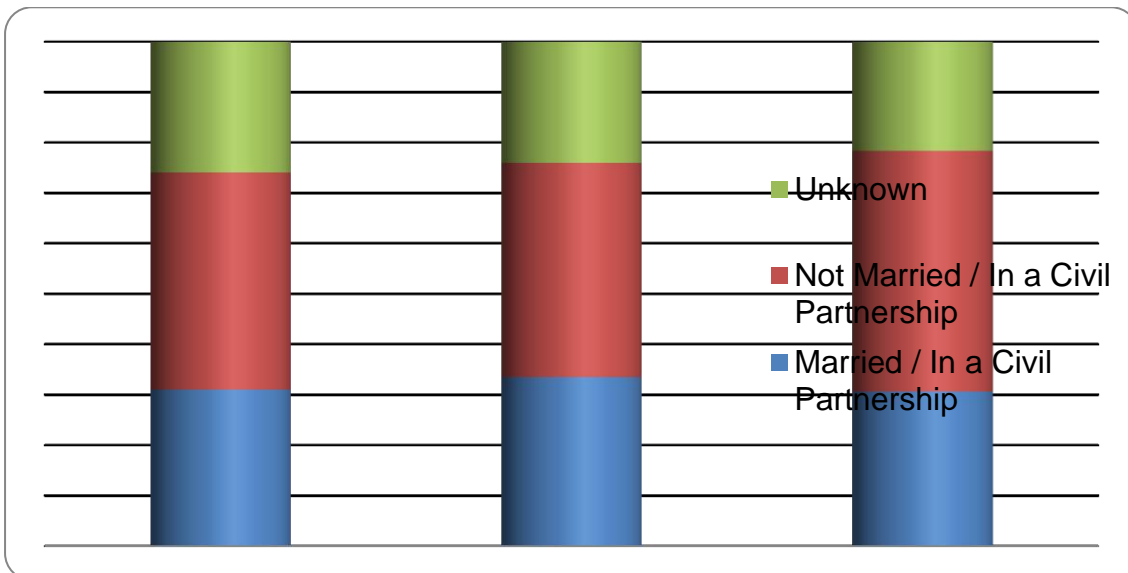


Chart 13 Marital Status Profile of Applicants for Period 1st October 2011 – 30th September 2012

Pregnancy & Maternity

We do not currently record information on whether or not applicants are pregnant or on maternity leave at the time of submitting their application. Development of this recording will be reliant on changes to the NHS Scotland national application form.

Anecdotal evidence suggests that recruiting managers are confident in appointing pregnant employees and are aware of their responsibilities in terms of non-discrimination.

Religion & Belief

Chart 14 shows that 44% of applications for employment received by the Board during the period under review were from individuals who identified with a Christian religion. Seven percent (7%) of applicants chose not to disclose their religion or faith and 45% stated that they had no religion or faith. Around 3% of applicants identified with other religions or faiths, including Buddhist, Hindu, Jewish and Muslim, a decrease from 6% in 2011/12.

Sixty four percent (64%) of applicants with a Christian faith were short listed for interview, compared to 62.5% of those who stated they had no religion or faith and 56.25% of applicants from other religions or faith groups.

The success rate for candidates identifying with a Christian religion was 21%, compared to 11% for candidates of no religion or faith and 24% for candidates from other religions or faiths.

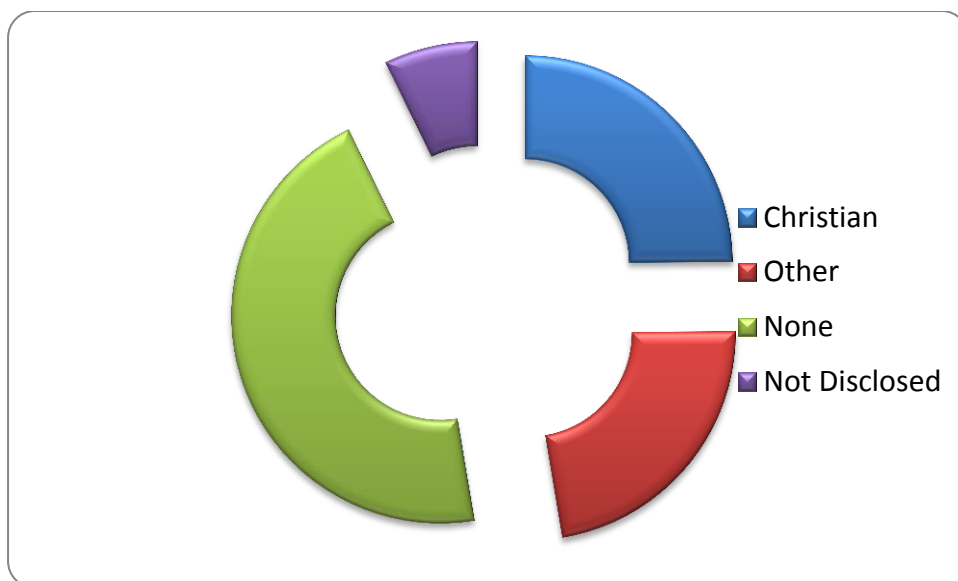


Chart 14 Religion Profile of Applicants for Period 1st October 2011 – 30th September 2012

Sexual Orientation

Chart 15 shows that 1.6% of individuals applying for employment with NHS Shetland during the twelve months under review identified as Lesbian, Gay or Bisexual (LGB). Around 11% of applicants chose not to disclose their sexual orientation, a notable increase on the 2% reported the previous year. This highlights a need to re-emphasise the confidentiality surrounding information shared when applying for vacancies.

Forty percent (40%) of the total number of LGB applicants were short-listed for interview, compared with 62% of heterosexual applicants. The success rate for LGB applicants in gaining employment with us was 10%, compared to 22.5% for heterosexual applicants.

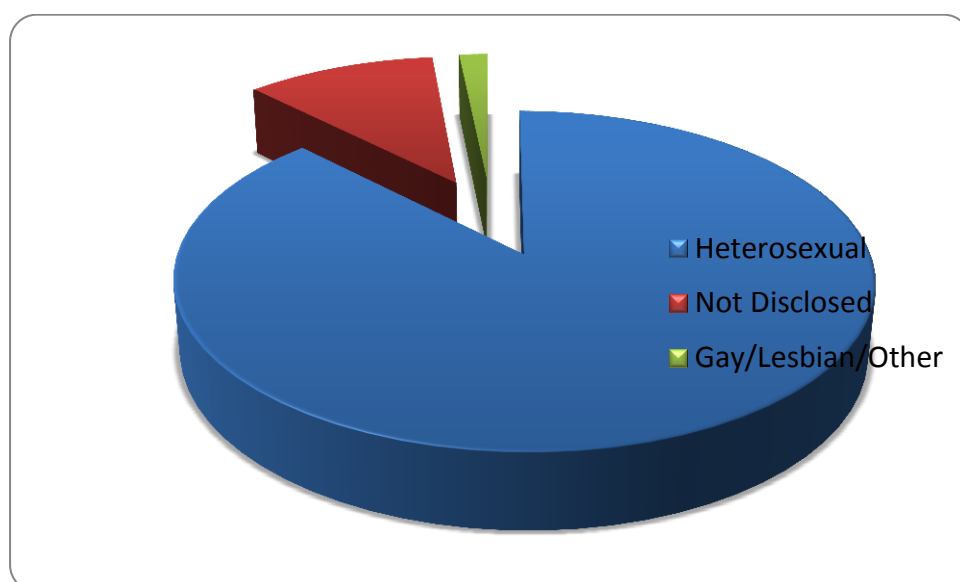


Chart 15 Sexual Orientation Profile of Applicants for Period 1st October 2011 – 30th September 2012

Transgender

We are not currently able to record transgender status at recruitment stages of employment. This information is collected via the national application form, but is not currently recorded or monitored. We anticipate being able to capture this in the new Employee Support System (e:EES), which will form part of the Scottish Workforce Information Standard System (SWISS). This is due to be rolled out in Shetland during 2013, which should enable to us to capture transgender information on recruitment in our next report.

Career Progression/Performance Appraisal

Thirty six (36) members of staff were successful in applying for an advertised post at a higher grade within the organisation during this period. The majority identified as being from a white background, with less than five from BME backgrounds or not disclosing their ethnicity. The majority of employees were female and 17% were male. Most promoted staff identified as being heterosexual, with less than five choosing not to disclose their sexual orientation. None of these employees identified as disabled.

Chart 16 shows that 36% of those promoted identified with a Christian religion. Less than 5 chose not to disclose their religion, whilst 53% of those promoted did not identify with a religion.

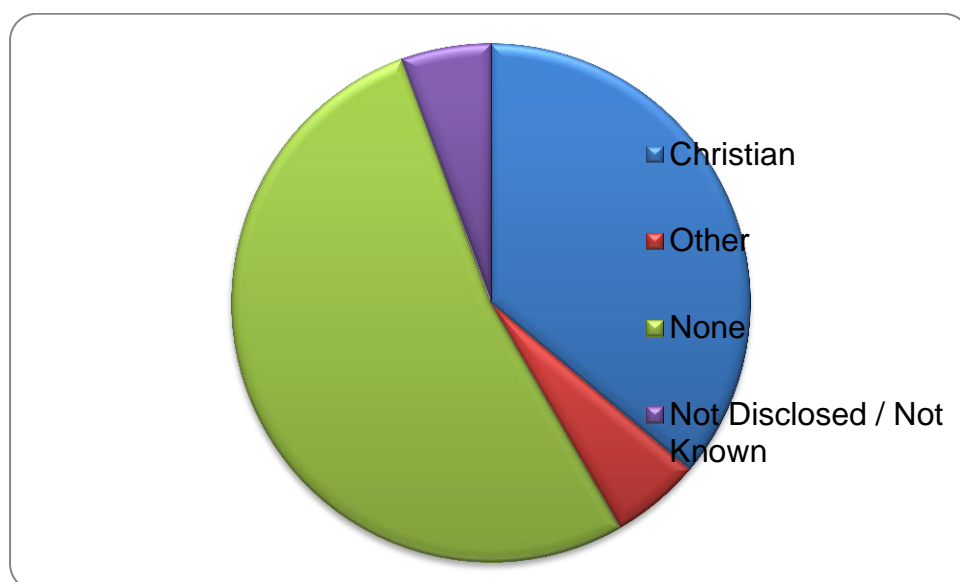


Chart 16 Religion breakdown of promoted posts.

Chart 17 shows the age breakdown of those promoted by at least one Agenda for Change band during the monitoring period.

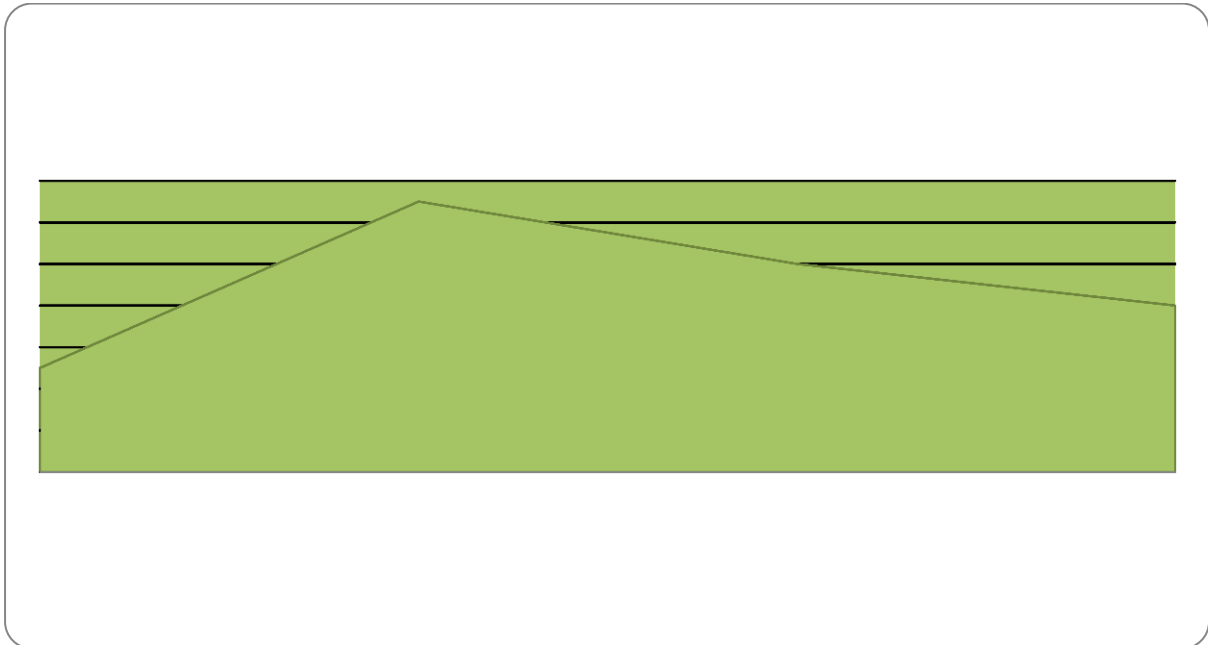


Chart 17 Age breakdown of promoted posts

Forty four per cent (44%) of those promoted were married or in a civil partnership. Whilst we do not directly monitor pregnancy or maternity leave relating to those promoted, we were able to cross-reference our records to be able to report that less than five of those promoted were pregnant or on maternity leave at the time of their promotion.

As reported previously, we use a number of national performance appraisal processes that have been developed and agreed with trade unions and professional organisations. To our knowledge, no staff member has suffered benefit or detriment through appraisal, as the appraisal process does not currently affect pay progression.

The majority of our staff are employed under Agenda for Change terms and conditions. As the situation currently stands, none of them either benefit or suffer detriment as a result of performance appraisal as the results do not affect pay progression. Each member of staff is required to have a Personal Development Plan (PDP) designed to support their needs in meeting the Knowledge and Skills Framework (KSF) outline for their respective post. KSF outlines specify the levels of knowledge and skills that an individual is expected to be able to demonstrate in order to carry out their role effectively.

Our Executive Directors are rated according to performance and this rating outcome is approved by the Board's Remuneration Committee and verified by the National Performance Monitoring Committee. Consultants employed under the National Consultant Contract participate in job planning and appraisal as specified by their contracts.

Progress through the seniority points of their pay scale is on an annual basis with points only being withheld or delayed where the consultant has not met the commitments of their agreed job plan.

The purpose of the GP Appraisal system – which all GPs are expected to be appraised under - “is to provide a confidential and supportive setting in which a doctor is given the opportunity to reflect on their practice, celebrate their expertise and focus, in a structured way, on areas where their expertise could be enhanced or problems addressed.’ ‘The focus of the discussion between the GP Appraiser and the GP is always on what the individual doctor has learned or identified as a learning need as a result of the gathering and reflecting on that evidence.’

The Performance of the Board is managed and assessed through the Board’s Annual Review and Local Delivery Plan, the annual actions of which are detailed in the Corporate Action Plan.

Numbers of Part-time and Full-time Staff

We also record the number of male employees working on a part-time basis – at 30th September 2012, 17 men were working part-time.

For future reports, we intend to develop mechanisms for reporting on the breakdown of part-time and full-time employment by other protected characteristics.

Staff Attending Training

In the past 12 months NHS Shetland has trained 2825 staff members in a wide variety of training courses. As in previous reports these figures are reported on a twice yearly basis to NHS Shetland Area Partnership Forum. Equality and Diversity data on both training attendances and non attendances is collected and analysis would indicate that there is no direct or indirect discrimination on training access. However as previously reported many staff do not disclose equalities data.

Since the most recent version of our compulsory training day which commenced in January 2012, 328 (December 2012) staff have completed it, this is on target to have all of our staff complete within the 18 month cycle, this is reported to both APF and through the Staff Governance Committee. This is also recorded and updated monthly on the Boards balanced scorecard.

Staff Leaving Employment

One hundred and one (101) employees left the Board's employment during the reporting period, including 18 people reaching the end of fixed-term contracts or junior doctor rotations. Twenty-six percent (26%) of the leavers were male, 10% less than the previous year. Less than 5% of leavers were disabled, an increase on the previous year.

Less than 5% percent of leavers identified as being from a BME background and 7% declined to disclose their ethnicity. Less than 5% of leavers identified as being gay, lesbian, bisexual or an 'other' sexual orientation.

Seven percent (7%) of leavers identified as being Muslim or an 'other' faith, whilst 51% identified with a Christian faith and 31% declared no religion or faith and 11% declined to answer. Chart 16 shows the age profile of employees leaving the organisation during the reporting period.

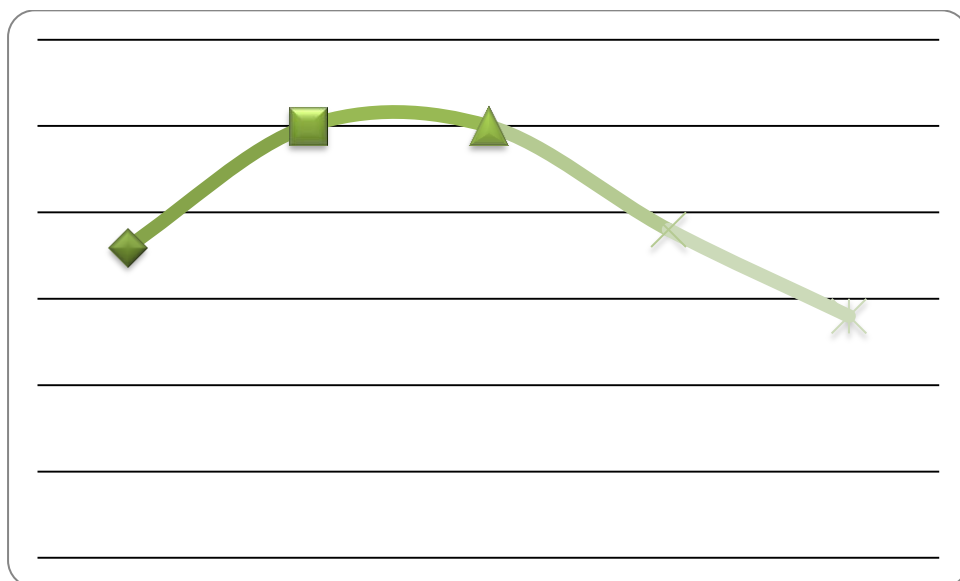


Chart 18 – Age Profile of Leavers

Return to work of disabled employees following sick leave relating to their disability

Information relating to the return to work of disabled employees following sick leave relating to their disability is not recorded in a manner that can

be readily monitored and reported on. However, when managing sickness absence, line managers are advised to make appropriate referral to the Occupational Health service and to carefully consider guidance provided on potential workplace adjustments to enable successful return to and sustained attendance in the workplace.

Disciplinary & Grievance Issues

There were twenty formal employment interventions during the reporting period, including allegations and issues raised under the Disciplinary and Capability Procedures, as well as formal complaints made by employees under the Bullying & Harassment and Grievance & Whistleblowing Procedures. Of the employees involved, the 70% were female and 30% male. None of the employees were transgender, with a small number who declined to disclose if they were transgender.

Most employees identified as heterosexual, with a small number declining to disclose their sexual orientation. Sixty percent (60%) of employees involved in these cases identified with Christian faiths and the remaining 40% with 'other' religions, no religion or chose not to disclose their beliefs. The majority of those involved identified with a white ethnic origin and a small number chose not to disclose their ethnicity. Less than 5 of the employees involved identified as disabled. The ages of the individuals involved were mixed, with 25% under the age of 40, 30% between 40 and 50, and 45% over 50.

Sixty five per cent (65%) of the employees were married and by cross referencing our records we can report that none of those involved were pregnant (to the best of our knowledge) or on maternity leave.

Board Membership

Of those who chose to share their information, seven (7) were female and six (6) male. Less than 5 members that chose to share their information identified as lesbian, gay or bisexual and the remainder identified as heterosexual. No members are disabled and all identify as being from a white background. All of those choosing to share information, less than five were over the age of 60 and the remainder was in the 35 – 59 age range. Those sharing their information identified with either a Christian faith (60%), no religion, or preferred not to answer.