

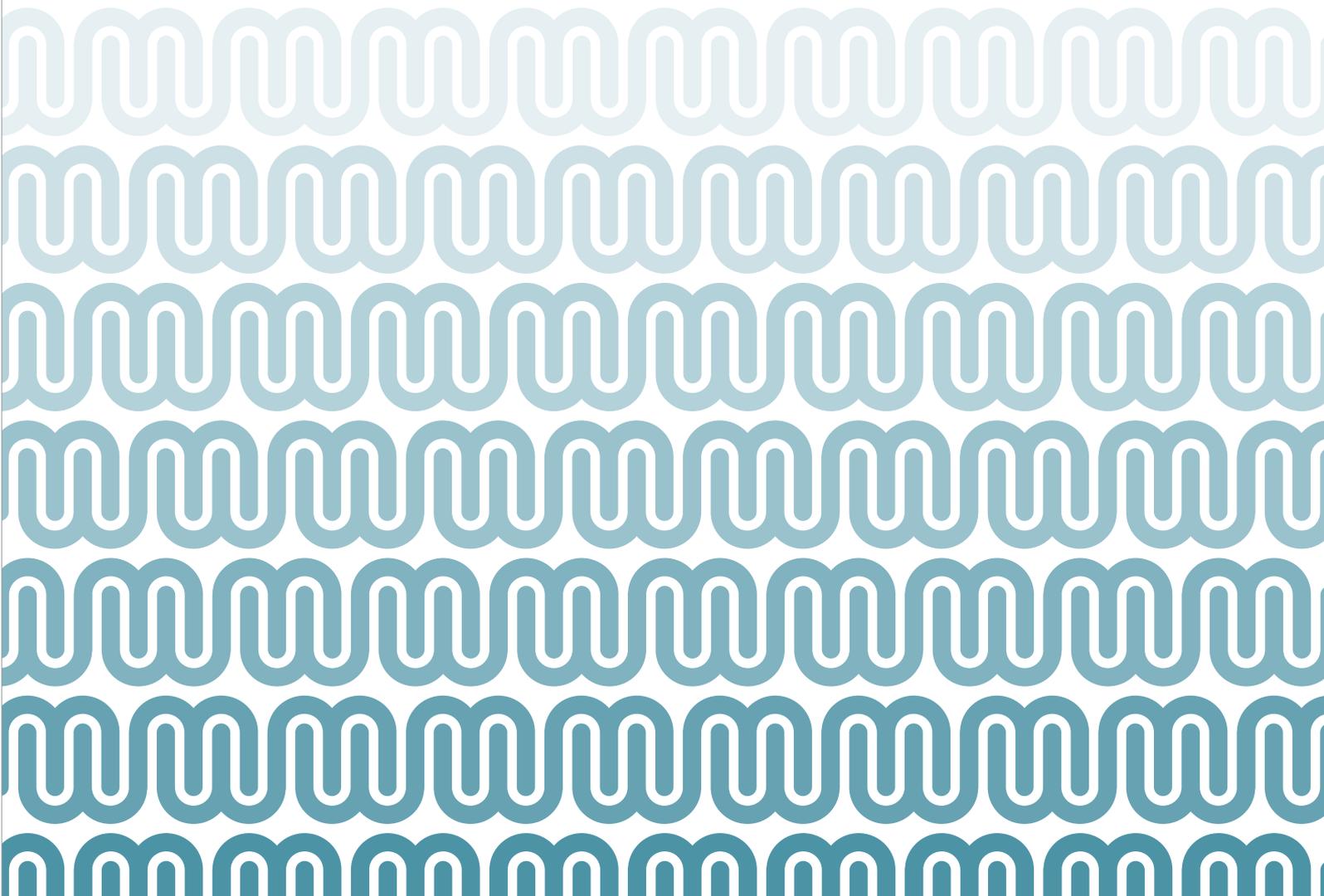


mental welfare
commission for scotland

Equality outcomes and mainstreaming progress report

Corporate document

March 2021



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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1. Background

The Commission has responsibilities under the Equality Act 2010 and public sector equality duty to:

1. Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
2. Advance equality of opportunity between people who have a relevant protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not.

We must publish equality outcomes at least every 4 years and report our progress on these and on mainstreaming the equality duty, including employee equalities and gender pay gap information, at least every two years.

In our procurement, we must also consider whether award criteria and conditions should include proportionate considerations to enable us to better perform the equality duty.

In May 2018 we published:

- [Equality outcomes and how we plan to achieve them](#)
- [Equality outcomes and mainstreaming progress report](#)

The timetable for reporting was originally planned for 2020 but has been amended to April 2021 in line with the requirement of the public sector reporting duty. This report covers 2018-19 and 2019-2020.

2. Equality outcomes

In 2015 we set out three equality outcomes:

1. Our visit and investigation work will always be carried out taking equalities issues into account, therefore ensuring we fulfil our public duties to tackle discrimination and advance equality of opportunity.
2. We will develop a workplace environment where all our staff are treated with dignity and respect.
3. We will assist services to review their use of mental health and incapacity legislation, identifying trends, where we can, across the equality strands.

This report set out our progress against these outcomes over the past two years.

We have consulted on revised equalities outcomes, and published [Equality outcomes and how we plan to achieve them](#) simultaneously with this report. The plan includes actions to address areas of improvement identified in this report.

3. What we said we would do and what we did

3.1. Equality outcome 1 - Promoting equality in our service provision

Our visit and investigation work will always be carried out taking equalities issues into account, therefore ensuring we fulfil our public duties to tackle discrimination and advance equality of opportunity.

Action	Progress
<p>1. Analyse our themed and local visits on an annual basis to review trends with regard to gender, age and ethnicity and recommend action to eradicate any discriminatory trends identified.</p>	<p>We introduced a new anonymous equalities monitoring form during 2019-20, to enable us to ask about a wider range of protected characteristics. However, there have been significant teething problems with the use of the new form, both administratively and in ensuring consistent use by practitioners. Age and gender information remains available from the main visit form, but information on ethnicity has fallen significantly. The form has allowed collection of information on gender identity and sexual orientation for the first time; although this information may not be available where the person visited is unable to respond to questions and the practitioner is relying on records.</p> <p>Ethnicity: Scotland’s minority ethnic population was approximately 4% at the 2011 census. During 2018-19 on average 3.0% of our visits were to individuals from a minority ethnic background.¹ During 2019-20 we introduced anonymous equalities monitoring forms. Difficulties with uptake of the new system meant that data was collected for only 36% of our visits. Of these, 4% were from an ethnic minority background. There is an action to address this under-recording in our Equality Outcomes Plan.</p> <p>Age: On average, since 2014-15, the breakdown of our visits is 13.2% under the age of 25 years, 26.0% aged 25-44 years, 28.7% aged 45-64 years, 24.4% aged 65-84 years and 6.3% over the age of 85 years. In 2019-20 we visited a higher proportion of younger age groups compared to average.</p> <p>Gender: Since 2014-15, we have on average visited a higher proportion of men (55.8%) than women (44.2%). In</p>

¹ This includes individuals identifying as (defined in broader group) as African, Caribbean or Black, Asian, Mixed, and other white minority groups (Gypsy/Traveller, Polish).

	<p>2019-20 we visited a slightly lower proportion of women than average (41.6%).</p> <p>Gender identity: Fewer than five individuals reported identifying as trans and 12 individuals reported that they preferred not to answer the question. Just over half the forms were blank for this question.</p> <p>Sexual orientation: Nine (2.1%) individuals identified as gay or bisexual and 33 reported they preferred not to answer the question. Over half of individuals identified as heterosexual while 36% of forms were blank.</p> <p>See appendix 1 for more information.</p>
2. Review our approach to EQIAs by April 2018 and provide training to those carrying them out.	New Integrated Impact Assessment process, including EQIA, agreed August 2020; based on a process used by NHS Lothian. Lothian LearnPro modules are available for staff training but are not fully compatible with our LearnPro system. There is an action to address this in the Equality Outcomes Plan.
3. Carry out a programme of equality impact assessments on our key strategy areas and on new and revised policies.	Delayed but now in progress.
4. Consult lived experience and carer groups on improving our monitoring of protected characteristics of people we visit during 2018-19.	<p>Consultation carried out and new anonymous equalities monitoring form brought into operation in April 2019 (see above).</p> <p>Local visit forms revised to improve questions about people's rights in April 2019.</p>
5. Review our accessible information policy by April 2018.	Published April 2018
6. Produce accessible videos about what the Commission does and about our visits by April 2018. These will include British Sign Language	<p>Accessible videos available on our website:</p> <p>About the Commission (subtitled and BSL versions)</p> <p>About your personal information (subtitled and BSL versions)</p> <p>About our visits (subtitled and BSL versions)</p>

(BSL) translation and subtitles.	
7. Review our Interpreters Good Practice Guide 2013 edition.	Working with an interpreter good practice guide reviewed 2018
8. Ensure our engagement and participation work is inclusive of minority groups and take steps to reach underrepresented groups.	<p>Included in engagement and participation officers' objectives. In 2019-20, E&P officers met a wide range of groups, and their families/carers, including:</p> <ul style="list-style-type: none"> • People with a diagnosis of personality disorder • People with a learning disability and additional support needs • People who are older and have a mental illness • People with a dual diagnosis • People who have experience of the prison and justice system • People from areas of deprivation • People from the LGBTQI community • People who are autistic • People who feel unable to attend group meetings
9. We will analyse participant applications to the NCF on all the protected characteristics.	NCF completes an application form for all participants that requests information including age and gender and any other information the participant wishes to disclose about themselves including disability, race or religion.

We also:

- Carried out themed visits to:
 - [People with borderline personality disorder](#) (published 2018)
 - [People with autism and complex care needs](#) (published 2019)
 - [Older people with functional mental illness](#) (published 2020)
 - [People with eating disorder](#) (published 2020)

3.2. Equality outcome 2 - Promoting equality in employment

We will develop a workplace environment where all our staff are treated with dignity and respect.

Action	Progress
1. Carry out a programme of equality impact assessments on new and revised employment-related policies.	Dedicated extra HR resource has been secured to assist with this work and policies and impact assessment reviews are underway, focusing initially on Covid and Homeworking/Health & Safety related areas. A project plan is in place and staff involvement is planned using the Citizen Space consultation system to allow full engagement.
2. Publish gender pay gap information and a statement on equal pay in April 2019.	<p>We reported in April 2017 that our full time gender pay gap at March 2017 was 26.10%. Our full time gender pay gap at March 2018 was 29.15%.</p> <p>The high number reflected the fact that our three highest paid posts at that time were filled by male post-holders although in the past two of our senior medical posts were filled by women and our Chief Executive post is now filled by a women.</p> <p>The small size of the organisation at that time, with 59 staff, meant that this had a disproportionate effect. Excluding these three posts, the gender pay gap at March 2018 for the remainder of the organisation was 12.14%. We recognised that this was still above the full time pay gap for Scotland as a whole. Analysis of salaries by department at the time showed that within most departments there was no or a very small gender pay gap.</p> <p>Updated Gender Pay Gap information is being prepared for publication by 30th April 2021</p>
3. Analyse recruitment monitoring forms on an annual basis and report to operational management group.	A dedicated piece of work is being done on this area but delayed due to Covid office closure and problems with accessibility of hard copy forms/data located in the office. That issue is now resolved and full reports will be available by end of February 2021. All recruitment monitoring forms are analysed at the time of recruitment to proactively identify any barriers or equality issues.
4. Provide equality and diversity training for	This training was delayed for various reasons and to allow full participation of new Board members and Chief Executive. Training delivered in November 2020 on

<p>Board members in June 2018.</p>	<p>Inclusive Leadership, Diversity & Inclusion with positive feedback and plans to fully implement the learning and action points across the organisation. Roll out of certain parts of the training across the organisation planned for 2021 including Unconscious Bias training.</p>																																			
<p>5. Provide equality and diversity training for recruiting managers and staff, using LearnPro, during 2018-19.</p>	<p>A range of training resources are available for staff/managers as mandatory or CPD training on LearnPro including:</p> <ul style="list-style-type: none"> • British Sign Language • Deaf Awareness • Gender Based Violence • Transgender and Intersex • Transgender Awareness <p>Equality Impact Assessment training module and training being finalised for roll out.</p>																																			
<p>6. Publish Board Gender Diversity statement as required by forthcoming Scottish Government regulations and develop succession planning arrangements to increase diversity.</p>	<p>As of 31st March 2021, our Board Membership, non-executive members, is 37.5% male, compared to 55.5% male in 2016. A full breakdown of our Board membership by gender since 2016 is below.</p> <table border="1" data-bbox="606 1187 1380 1556"> <thead> <tr> <th>Gender split</th> <th>31 March 2016</th> <th>31 March 2017</th> <th>31 March 2018</th> <th>31 March 2019</th> <th>31 March 2020</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>5</td> <td>5</td> <td>6</td> <td>5</td> <td>3</td> <td>3</td> </tr> <tr> <td>Female</td> <td>4</td> <td>3</td> <td>2</td> <td>3</td> <td>5</td> <td>5</td> </tr> <tr> <td>Total</td> <td>9</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> <tr> <td>% male</td> <td>55.5</td> <td>62.5</td> <td>75</td> <td>62.5</td> <td>37.5</td> <td>37.5</td> </tr> </tbody> </table> <p><i>Table: Board Membership by Gender since 2016</i></p> <p>As well as working to improve the diversity of the Board members, we seek to ensure that our serving Board members receive appropriate training and other development opportunities in relation to equality, diversity and inclusion.</p> <p>The Public Appointments Team oversees the regulated public appointments process for Ministers and follows the Ethical Standards Commissioner Code of Practice.</p>	Gender split	31 March 2016	31 March 2017	31 March 2018	31 March 2019	31 March 2020	Current	Male	5	5	6	5	3	3	Female	4	3	2	3	5	5	Total	9	8	8	8	8	8	% male	55.5	62.5	75	62.5	37.5	37.5
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	<p>We continue to work collaboratively with sponsor departments and the Public Appointments Team to help them improve individual campaigns.</p> <p>In undertaking recruitment with executive search firms we ensure diversity is a key outcome.</p> <p>Succession planning arrangements are being built upon in line with an organisational framework for succession planning.</p>
<p>7. Continue to carry out a staff equality monitoring questionnaire as part of each staff survey. Analyse staff data across all protected characteristics, and publish restricted information in our biennial reports, to maintain staff confidentiality. We are not required to do this due to the small size of the organisation, but it is good practice. The next staff survey is due in January 2019.</p>	<p>An HR information Management system, YouManage, has been procured and is being fully implemented in early 2021. This is a quality improvement in relation to capturing and monitoring of staff equality data. Staff will be encouraged to self populate certain equality fields as part of maintenance of own employee record and will be able to view and edit data resulting in improved organisational data capture, real time information and anonymised reporting.</p> <p>We intend to help staff understand why we are asking for information and how it will be used, so that they feel safe in disclosing it. Due to the small size of the organisation, we will be careful not to compromise individual confidentiality in the reporting, particularly if staff numbers are small in any protected characteristic category.</p> <p>The date of the next Staff Survey is to be agreed in line with organisational priorities. It was agreed to delay the next Staff Survey to spend the time building on and delivering the action plan for improvements.</p> <p>From the equality monitoring we have identified that the workforce tends to have staff in higher age brackets and we have successfully introduced and implemented a Modern Apprentice Scheme aimed at encouraging younger recruits into apprentice business support posts.</p>

We also:

- Work to Level 1 Positive about Disability Accreditation to make our recruitment process accessible and inclusive.
- Seek to support staff with disabilities or long term health conditions.

3.3. Equality outcome 3 - Highlighting issues of equality in the use of mental health and incapacity legislation

To assist services to review their use of mental health and incapacity legislation, identifying trends, where we can, across the equality strands.

Action	Progress
1. Work towards using ethnicity data provided with Mental Health Act monitoring forms to enable us to analyse differences in the use of the Act	There is missing data and we continue to work on improving this in forms returned to us. Minority ethnic project during 2020-21 will address this.
2. Mainstream the publication of equalities information in our monitoring reports.	Included in Mental Health Act monitoring reports from 2018-19 .

In our reporting of the use of mental health and incapacity legislation we have:

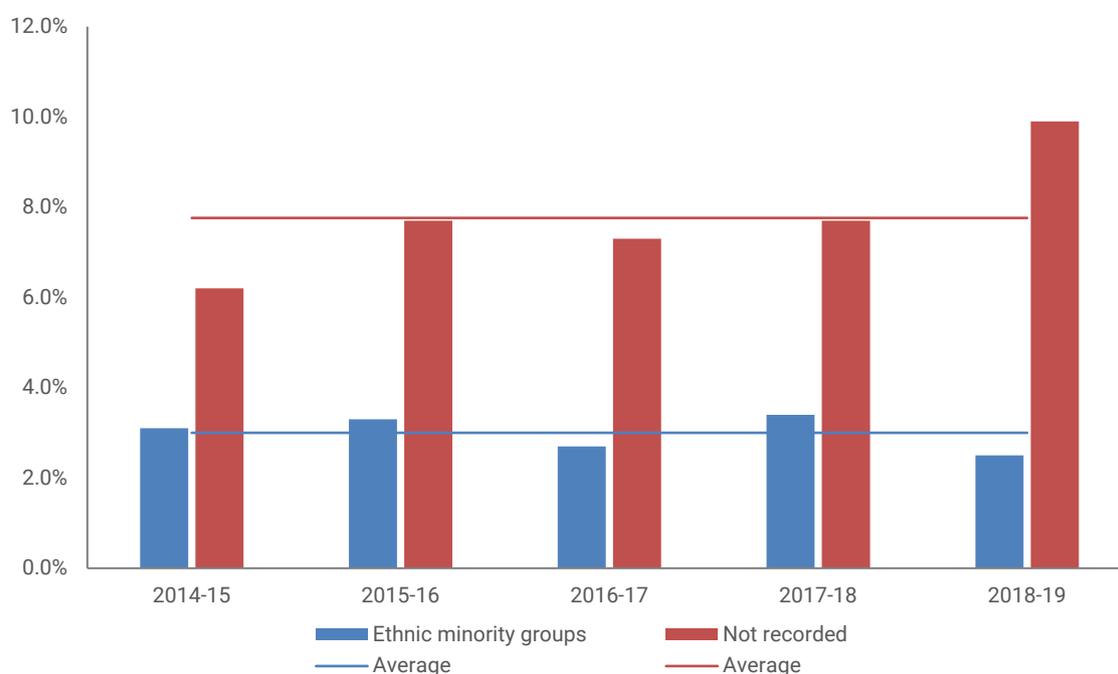
- Published an annual [Young People Monitoring Report](#) highlighting the rise in young people with mental illness being treated in non-specialist wards
- Reported on [young people detained for mental health treatment](#) and the high rate of self-harm they experience
- After consultation in 2017 we stopped separating ethnicity monitoring data from Mental Health Act forms we receive, which allows us to analyse the use of the Act by ethnicity.

4. Appendix 1: Who we visited

4.1. Ethnicity

Between the years 2014-15 and 2018-19, on average 3.0% of our visits have been to individuals from a minority ethnic background.² This under-represents Scotland's minority ethnic population, which was approximately 4% at to the 2011 census. Over this period, information regarding ethnicity was left blank on 7.8% of forms on average, with the highest proportion in 2018-19 when 9.9% of forms were blank. In addition, 10 forms (0.7%) in the same year had "Ethnicity not provided" indicated, whereby our practitioners attempted to obtain the information but the individual did not provide it. This was more forms than in previous years (2 forms in 2014-15, 1 form in 2015-16 and 2 forms in 2017-18).

Figure 1. Ethnicity of visited individuals



The system for recording ethnicity changed in 2019-20, and this is reported on separately. For 2019-20, recording of ethnicity was made anonymous and was not linked to other individual information on our information system. There were difficulties in the introduction of the system and data was collected for only some of the individuals we visited.

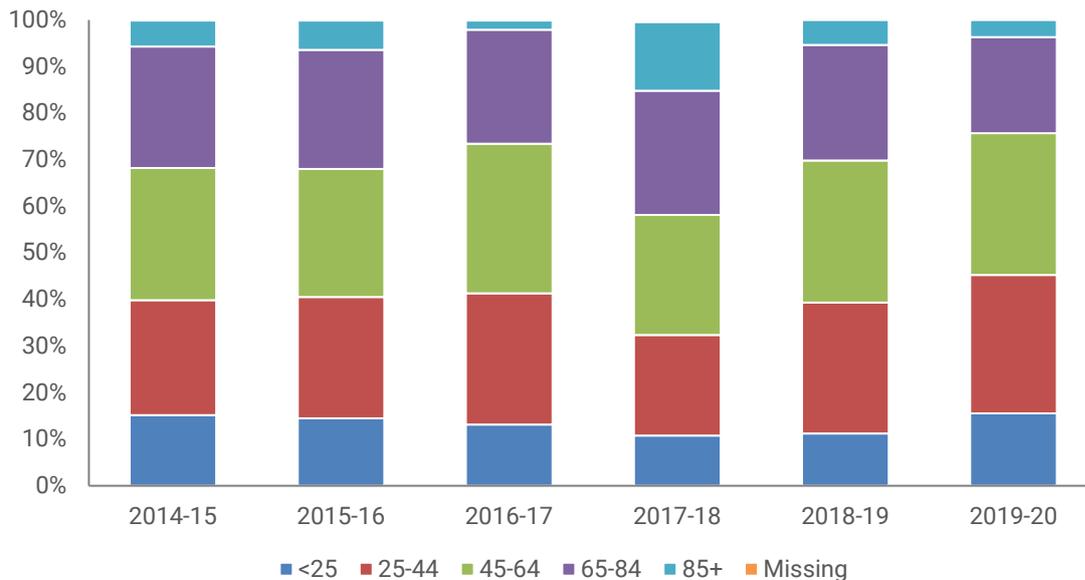
For 2019-20, we had information about ethnicity for 497 out of 1,363 visits (36.4%) Of these, 4% were from an ethnic minority background. Seven of these forms had "Ethnicity not provided" indicated, which constitutes 0.5% of all visits that year. Overall, ethnicity was not recorded on 64% of the visits that took place in this year.

² This include individuals identifying as (defined in broader group) as African, Caribbean or Black, Asian, Mixed, and other white minority groups (Gypsy/Traveller, Polish).

4.2. Age

The age of individuals we visit varies depending on the themed visits we undertake. In 2017-18, we did a themed visit on dementia which led to a higher proportion of people over the age of 65 years visited that year. On average, since 2014-15, the breakdown of our visits have been 13.2% under the age of 25 years, 26.0% aged 25-44 years, 28.7% aged 45-64 years, 24.4% aged 65-84 years and 6.3% over the age of 85 years. In our last reporting year we visited a higher proportion of the younger age groups compared to average.

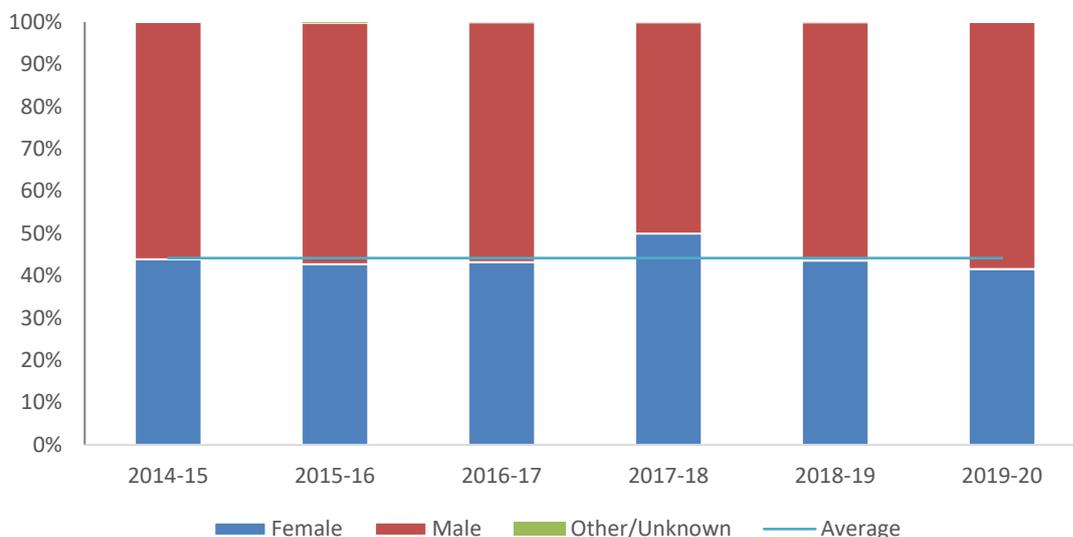
Figure 2. Age of visited individuals



4.3. Gender

Since 2014-15, we have on average visited a higher proportion of males (55.8%) than females (44.2%). Figure 3 shows the proportion for each year, indicating that the last reporting year was the year with the lowest percentage of females visited (41.6%).

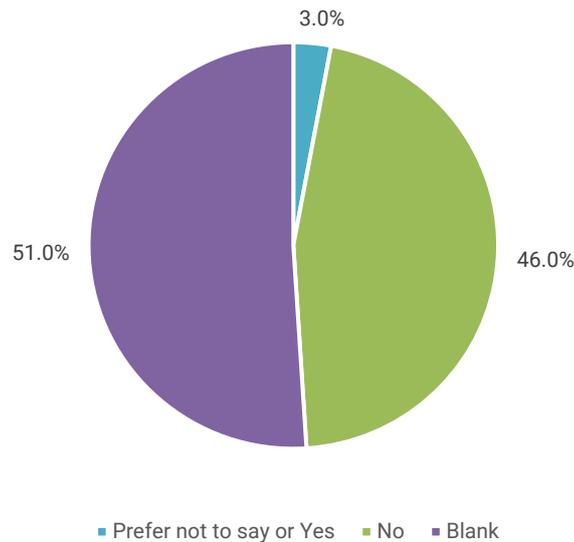
Figure 3. Gender of visited individuals



4.4. Trans

In the 2019-20 anonymous equalities reporting form (N=439) we asked individuals we visited if they identify as a trans person. Figure 4 shows that more than half of forms were left blank and the majority of those who responded to the question said they did not identify as a trans person. Fewer than five individuals reported identifying as trans and 12 individuals reported that they preferred not to answer the question.

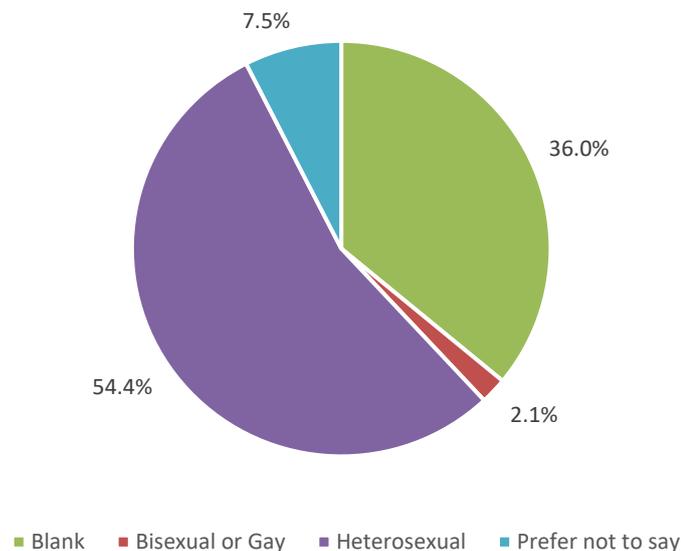
Figure 4. Identification as trans person among individuals visited



4.5. Sexuality

In the 2019-20 anonymous equalities reporting form (N=439) we asked about what sexuality individuals identified with. Figure 5 shows that over half of individuals identified as heterosexual while 36% of forms were left blank. Nine (2.1%) individuals identified as gay or bisexual and 33 reported they preferred not to answer the question.

Figure 5. Sexual orientation among individuals visited





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