EQUALLY SAFE AT
WORK

Equally Safe at Work

Findings from the evaluation in local
government, NHS and third sector 2022-2023

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Introduction

Equally Safe at Work is an innovative employer accreditation programme designed to support employers in Scotland prevent violence against women (VAW) and advance gender equality at work. Equally Safe at Work was developed by Close the Gap, Scotland's expert policy advocacy organisation working on women's labour market participation. Close the Gap has been working with employers, policymakers, trade unions, and employees for over two decades to influence and enable action to address the causes of women's inequality at work.

The aim of Equally Safe at Work is to ensure that workplace policies and practice take account of women's experiences of employment. The programme was designed to support employers to understand how gender inequality and VAW affect women in the workforce and the wider organisation, and to provide a framework to drive change.

Following a successful pilot in local government between 2019 and 2020, a new cohort of councils has completed the programme. It has also been expanded to deliver pilots with NHS boards and third sector organisations.

This report presents the findings from the evaluation of the programme in local government and the pilots in the NHS and the third sector. It also includes findings on the effectiveness of peer learning to facilitate best practice in different types and sizes of organisation. Section two outlines the background of the programme and the expansion into new sectors; section three sets out the evaluation methodology; section four describes the findings of the evaluation; section five sets out key considerations for the programme; and section six concludes by reflecting on the future potential of Equally Safe at Work.

About Equally Safe at Work

Equally Safe at Work was developed in 2018 to support Scottish councils to improve their employment practice through advancing gender equality at work and supporting victim-survivors of VAW. The programme was designed to support the delivery of Equally Safe, the Scottish Government and COSLA joint strategy to prevent and eradicate violence against women and girls. Equally Safe recognises that violence against women and girls is a cause and consequence of gender inequality. Eliminating women's workplace inequality and other gendered inequalities in society is therefore a fundamental step in preventing VAW.

Following the successful completion of the pilot, four councils received bronze accreditation which comprised Midlothian Council, Aberdeen City Council, Shetland Islands Council and North Lanarkshire Council.

As a result of the learning that emerged from the evaluation, a new development tier was introduced as a starting point for employers who wanted to begin their Equally Safe at Work journey but did not have the capacity or resource for the bronze tier. A change to the timescale for accreditation was also made following the pilot evaluation. It was highlighted that a longer timeframe for completing the programme would be beneficial for building sustainability into the actions being taken. As well, a longer timeframe was helpful for securing committee approval for new or updated policies.

The programme was rolled out to nine councils in March 2022, with six working towards bronze comprising East Ayrshire Council, Highland Council, Inverclyde Council, Angus Council, Fife Council, Glasgow City Council; and three working towards development comprising West Dunbartonshire Council, Perth and Kinross Council and East Dunbartonshire Council. Through the course of the programme, East Dunbartonshire Council withdrew from the programme.

During the initial pilot in 2019, a shadow group of councils was convened to share learning and has continued to meet to discuss developments in the programme, and in their own organisations. The current shadow group also functioned as a pipeline into the accreditation programme, with all of the second cohort being members of the shadow group. The shadow group met

a number of times through the accreditation period and heard from councils going through the programme. Membership of the shadow group comprises West Lothian Council, East Lothian Council, City of Edinburgh Council, Argyll and Bute Council, Moray Council and North Ayrshire Council.

Gender beacon collaborative

Equally Safe at Work was expanded into NHS boards and the third sector as part of the Gender Beacon Collaborative (GBC). The GBC was a recommendation from the First Minister's National Advisory Council on Women and Girls. Close the Gap was asked to design and deliver the GBC as part of Equally Safe at Work. The intention behind the GBC was to provide a clear framework for employers in different sectors to review and develop gender-sensitive employment practice, and to bring together employers across sectors to share learning. Close the Gap developed this idea, and designed an approach which would use the existing Equally Safe at Work framework, and test different models of inter- and intra-sectoral learning.

To engage with NHS boards, all 22 health boards were contacted, introduced to the pilot and invited to attend online information sessions. Information was also disseminated through the NHS Equality and Diversity Leads Network, NHS Gender-Based Violence Leads Network, and HR Directors Network.

Four boards applied to join the pilot, and all were accepted to participate in the Early Adopter Group. The boards are NHS Ayrshire and Arran, NHS Dumfries and Galloway, Healthcare Improvement Scotland and Public Health Scotland.

Similar to the programme in local government, a shadow group was convened to share learning from the pilot. The NHS shadow group comprised six boards including NHS Borders, NHS Shetland, NHS Orkney, NHS Fife, NHS Grampian, and NHS Education Scotland. NHS Lothian also joined the shadow group near the end of the accreditation period.

As the third sector is more diverse and more varied in its practice on gender equality, a different approach to recruitment was taken which focused on using existing networks and relationships. Five organisations joined the programme, however, midway through two had to withdraw due to staffing challenges. The three organisations that participated in the pilot comprised Association for

Chief Officers of Scottish Voluntary Organisations (ACOSVO), Voluntary Action North Lanarkshire, and Chest Heart & Stroke Scotland.

What organisations had to do

Organisations were required to meet the criteria in the Equally Safe at Work standards framework. Separate, tailored criteria were developed for local government, NHS and third sector. As indicated, three councils worked towards the development tier, which includes selected criteria from the bronze tier, and six councils worked towards bronze itself.

Due to the funding stream for the GBC, NHS boards and third sector organisations had one year to complete the pilot. As a result, NHS boards and third sector organisations worked towards the development tier. The framework for each employer group can be found in the appendix on page 63.

The framework comprises six standards which align with women's workplace equality:

• Leadership;
• Data;
• Flexible working;
• Workplace culture;
• Occupational segregation; and
• VAW[1].

Each standard includes criteria, separated into development, bronze, silver and gold tiers, which enable organisations to improve their employment practice. To meet the criteria, employers had to undertake a variety of activities including:

• establishing a working group to oversee a workplan to drive participation in the programme;
• demonstrating leadership commitment to gender equality and VAW;
• development and refreshing of employment policies;

[1] Due to the employment focus of Equally Safe at Work, the programme focuses on forms of VAW most likely to impact women's experience at work which include domestic abuse, stalking, sexual harassment, rape and sexual assault and so-called 'honour-based' abuse.

- ensuring a sample of line managers completed e-learning modules;
- supporting quantitative and qualitative employee data gathering;
- developing of improved data gathering systems;
- developing of initiatives to address occupational segregation; and
- delivering internal awareness-raising campaigns on gender equality and VAW.

At the end of the accreditation period, employers were required to submit evidence to demonstrate that they had met the development or bronze criteria for each of the standards. Following an initial assessment, Close the Gap provided a progress report on the submissions to highlight areas where the organisations needed to submit further evidence to meet the criteria.

How we engaged experts in the programme development

During the pilot with local government, an expert advisory group was convened to oversee the development and delivery of the programme. Members were experts in gender equality, VAW and local government, and included COSLA, Engender, Improvement Service, Scottish Government, and Scottish Women's Rights Centre. The advisory group continued to meet and discuss the programme through the most recent accreditation period.

For the expansion into the NHS, Close the Gap established a separate expert advisory group. Members were experts in gender equality, race equality, VAW, and NHS systems and culture. This included representatives from Healthcare Improvement Scotland, Public Health Scotland, the Royal College of Nursing, Scottish Government, Improvement Service, Scottish Women's Rights Centre, and Glasgow Caledonian University.

To develop the programme in the third sector, knowledge and expertise was captured through engagement with ACOSVO's Chief Executives' network and through previous experience supporting third sector organisations to address the causes of their pay gap.

Programme outcomes

To determine the effectiveness of the programme, progress was measured against five outcomes:

1. Employers have an increased understanding of gender equality and VAW.

2. Employers have an increased understanding of their role in preventing VAW.

3. Employers have improved gender- and VAW-sensitive employment policies and practice.

4. Intersectional data is gathered from the workforce, and there is greater understanding of women workers' experiences of gender equality and VAW.

5. Learning is shared between sectors to facilitate improved practices.

An evaluation plan was developed to outline indicators for each outcome, and to set out methodology for collecting data to measure progress against each indicator.

Evaluation methodology

A wide range of qualitative and quantitative evaluation data was collected throughout the accreditation period.

1. Self-assessment data from employers on their employment practice on gender equality and VAW.

Self-assessment data was gathered from councils, NHS boards, and third sector organisations at the beginning and end of the accreditation period to determine how employers perceived their practice on gender equality and VAW. It also measured whether organisations felt their practice had improved since the beginning of the programme.

2. Quantitative survey data from employees on their attitudes and behaviour towards gender equality and VAW.

Quantitative data was collected through an employee survey that was distributed in councils, NHS boards, and third sector organisations. There were two approaches to the survey dissemination. In councils, one survey was disseminated at the beginning and end of the accreditation period.

For NHS boards and third sector organisations, three shorter surveys on different themes were disseminated at different periods through the accreditation period. This method of three smaller surveys was designed to test out a different model of survey dissemination to determine whether it was more effective for eliciting responses. During the development of the programme with NHS boards, due to survey fatigue and pressures on frontline services, it was suggested that shorter surveys were favoured by staff. However, the three shorter surveys presented several challenges. These included low response rates and issues in communicating that each survey was different, therefore respondents assumed that had already completed the survey.

From the surveys, data was collected on employee attitudes and behaviour towards gender equality and VAW; experiences of working in the organisation; and access to equality and diversity training, flexible working, and learning and development opportunities.

Survey respondent demographics across organisations

Councils

In councils, the initial survey received responses from 3,411 employees across all nine councils. Of those responses:

- 76% were from women;
- 47% were office based;
- 28% worked in education or early years;
- 17% worked in HR, corporate, business services or finance;
- 22% were line managers;
- 21% worked part-time;
- 65% were between the ages of 40-59; and
- 92% were White Scottish or White British.

When the survey was repeated at the end of the pilot it received responses from 2,537 employees from the eight remaining councils. Of those responses:

- 76% were from women;
- 51% were office based;
- 25% worked in education or early years;
- 21% worked in HR, corporate, business services or finance;
- 19% worked in community, housing, or social work;
- 22% were line managers;
- 21% worked part-time;
- 61% were between the ages of 40-59; and
- 92% were White Scottish or White British.

NHS boards

In NHS boards, the focus of the surveys was knowledge of gender equality, violence against women and work, and workplace culture. Across the three surveys, a total of 1,378 responses were received. Of those responses:

- 87% were from women;
- 9% were disabled people;
- 40% worked in administrative services;
- 29% worked in nursing and midwifery;
- 15% worked in allied health professions;
- 5% worked in other therapeutic (optometry, pharmacy, psychology, genetic counselling);
- 25% were line managers; and
- 81% were White Scottish.

Third sector organisations

In third sector organisations, the focus of the surveys was knowledge of gender equality, violence against women and work, and workplace culture. Across the three surveys, a total of 249 responses were received. Of those:

- 68% were from women;
- 7% were disabled people;
- 23% worked in retail;
- 17% worked in people, care, and support;
- 15% worked in HR, corporate, business services, finance;
- 13% worked in community outreach, development, and education;
- 50% were line managers; and
- 74% were White Scottish or White British.

3. Qualitative data from employee experience panels with women working in lower-paid jobs.

Employee experience panels were held in each organisation. For councils and third sector employers, they were held at the beginning and end of the programme. For NHS boards, they were held at the end of the programme. The panels were only held once in the NHS due to service delivery pressures over winter which would have presented significant challenges in recruiting participants.

The panels comprised women working in lower-paid roles across sectors, including catering workers, cleaners, care workers, admin workers, and nurses. For territorial boards, two separate focus groups were held. One focus group was held with Bands 2-4 staff, and another was held with Band 5 staff. This approach was based on a recommendation from the NHS advisory group, as it was agreed that it was critical to capture the experiences of women working in lower-paid frontline health service roles, in addition to nursing staff who are Band 5.

Qualitative data was gathered from participants on their experiences of gender equality at work. In total, 62 women participated in the employee experience panels.

4. Survey data from working group members.

Each employer was required to establish a working group to develop, and oversee delivery of, their Equally Safe at Work action plan. Survey data was gathered from working group members to capture their experience of the programme. The survey was completed by 30 working group participants.

5. Qualitative data from interviews with Equally Safe at Work leads in each organisation.

Close the Gap commissioned an external evaluator to conduct interviews with the lead officers for Equally Safe at Work in each employer in the public sector. Close the Gap conducted interviews with third sector organisations. The interviews focused on each employer's experience of the programme and highlighted key successes and challenges, and the extent to which the programme has been effective in supporting organisations to progress work on gender equality and VAW.

Limitations of the data

While a variety of data collection methods were used to gather evidence on staff attitudes and behaviour, it is not representative of all employees. For example, in a number of organisations the sample size of respondents to the employee survey was less than 5%, which is fairly small. Additionally, attitudinal and behavioural change is difficult to measure and will take longer than the duration of the accreditation period to see progress.

In addition, there were challenges in comparing experiences across organisations. This was due to a number of reasons, including the different approach to disseminating surveys, and the difference in criteria for each organisation.

Despite the limitations, the data presents useful insight into the experiences of different groups of employees, and on the efficacy of the programme more widely.

Findings

This section sets out the key findings from the evaluation, using the programme outcomes to identify what organisations do differently as a result of the programme. This section examines whether:

- Employers have an increased understanding of gender equality and VAW.
- Employers have an increased understanding of their role in preventing VAW.
- Employers have improved gender- and VAW-sensitive employment policies and practice.
- Intersectional data is gathered from the workforce, and there is greater understanding of women workers' experiences of gender equality and VAW.
- Learning is shared between sectors to facilitate improved practices.

> **Outcome 1: Employers have an increased understanding of gender equality and VAW.**

To determine whether employers have an increased understanding of gender equality and VAW, this section will outline some of the activities undertaken by organisations throughout the programme.

Local government

To support councils in improving their understanding of gender equality and VAW in the workplace, Close the Gap delivered a series of capacity-building workshops to working group members in each council on applying a gender lens to employment policies and practice. A critical element of the workshop was increasing understanding of gender equality in the workplace including: what gender equality is; what intersectionality is; how gender inequality impacts the workplace; and the steps employers can take to better understand how they can make progress. As a result of this, a demand was identified for further capacity building:

- Councils requested further workshops to be delivered to other staff groups, including elected members;
- One council requested a session on how to improve their EQIAs; and

- One council embedded a tool designed for the applying a gender lens workshop into their policy review process.

Participants also shared:

> *"The workshop was really helpful. I was used to doing EQIAs but not all of the working group are. It was helpful to insist they all took the training and then could discuss as a group."*

> *"Every time we review a policy now, we apply a gender lens to it – applying a gender lens to everything. We have selected policies and will build this into our normal policy review process."*

Equally Safe at Work leads and working group members reported that their involvement in the programme increased their own understanding and practice. Equally Safe at Work leads also shared how the programme had supported progress on gender equality in their organisations:

> *"It's drawn linkage between the world of work and VAW, and causality between them. We have made effort to talk about this in comms to staff. The relevance to managers has become clearer."*

> *"It created a cultural change and will take time but it's on the radar now. It has changed attitudes that we are doing enough already. All members on the subgroup did the gender lens training, with some resistance. They felt it was a bit too long to commit to. We have analysed a couple of policies since then. This will stay with people as they look at policy, not just policy but also process and procedures."*

Working group members shared:

> *"My awareness has been raised and it has made me think of how we can proactively help increase female representation in some roles."*

> *"I sit on our Violence Against Women Partnership so I was in a more knowledgeable position to begin with, but there have been things I've learned through changes to procedures such as flexible working requests, maternity returners, and redundancy gender breakdowns, which we had never previously had and can dig deeper into from a gender perspective."*

They also reported barriers:

"On the whole, the council was receptive to developments in tackling gender-based violence in particular, but probably the hesitancy of employees across the spectrum in attending gender equality training was a barrier. I think this was because they felt they were exposing their lack of understanding when it was something they should have known about. Quite a few managers said it was a waste of time before going on it, then after attending said it was needed (and were able to pass that on to their staff)."

"I feel like some of the barriers affecting progress within the organisation were in some of the areas we would have liked to target with specific training. Senior management would have felt that this was not relevant to them as they are a majority male workforce but in my opinion this is exactly where we should be carrying out target training to change attitudes and actions and to bring awareness to the impact of our actions may cause."

NHS

To increase understanding of gender equality and VAW in NHS boards, similarly to councils, the applying a gender lens workshop was delivered to working group members. The workshop was positively received and as a result:

- Animations that were shared during the workshop and a recording of the workshop were shared with colleagues in other departments to build better understanding of gender-sensitive practice;
- Close the Gap was invited to deliver a presentation to the staff equalities network on the role of Equally Safe at Work, and provide details on developing gender-sensitive practice;
- Boards expressed a desire for further applying a gender lens sessions to be available to their policy development team; and
- Boards discussed looking at the process for implementing national policies to build in a gender-sensitive approach.

In addition, Equally Safe at Work leads shared details on their experience of the programme stating:

"I feel I have more knowledge about intersectionality between race and gender. I was also personally engaged in this work in a voluntary

> *role so came with a lot of interest and knowledge. It was not the same for others in the team so there is a lot more learning with colleagues."*

> *"The programme has made more of a gender focus to equality impact assessments. It's been an opportunity to draw this perspective in, for example looking at caring responsibilities. It has helped support other areas of work in the organisation, including the Women's Health Plan. We have brought some of this learning to inform this."*

> *"I think working towards development [tier] has increased knowledge and awareness very slightly but think if we are to move up the levels, this would increase more and more."*

Working group members stated:

> *"I personally have learned more about the links between gender inequality and VAW. I hope to take some of this learning forward through other routes in our organisation to further ensure staff across the organisation are aware of the cause and effects."*

> *"Looking at the accreditation has been a useful prompt to look at existing work and programmes and ensuring we are robustly considering from a gender lens where we could make improvements and linkages."*

Third sector

In third sector organisations, there were different challenges and opportunities due to the size of each organisation. The organisations varied from having seven staff to just over 200. Therefore, although the size of working groups were much smaller, there were opportunities for involving all staff in conversations about the programme. For the applying a gender lens training, in one organisation, almost half their staff attended. Following the training, they came together to share reflections on key learning and how it impacts not only the workplace but also their day to day lives. In another organisation, Close the Gap was invited to present information on the barriers women face in the workplace with staff during their Health and Wellbeing Week.

Equally Safe at Work leads shared that the programme has had a beneficial impact on their organisation. They stated:

> *"It's been good, at the start we didn't do anything really for equality,*

diversity and inclusion, so it has put a spotlight on these issues even beyond gender equality and VAW."

"We gained more than I expected. I thought we were doing the right stuff and would maybe add a menopause policy, however, we have changed a lot."

"It's had a huge impact on how we view things as an organisation. We've made tangible progress towards more gender equality in the workplace. We now have a good foundation to build off."

Working group members also shared their experience of participating in the programme, with one member stating:

"I have learned more about the links between VAW and gender inequality in the workplace and how we as an employer can further support colleagues to prevent this. We have also learned about intersectional approaches and this has been key in discussions we have had in the Equality, Diversity and Inclusion Group that was formed off the back of the Equally Safe at Work programme."

As highlighted by each sector, Equally Safe at Work leads and working group members expressed an increased understanding of gender equality and VAW, and how the two are integrally linked. Further work is still required to disseminate and mainstream this learning throughout organisations to reach all staff groups. However, increasing this understanding in a core group of staff is the first step in building the foundation for further change.

> **Outcome 2: Employers have an increased understanding of their role in preventing VAW.**

To measure progress against this outcome, baseline data was collected through surveys and focus groups. Data was collected on:

- Numbers of cases of VAW in the past 12 months;
- How confident staff felt reporting VAW;
- How confident line managers were in recognising the signs of VAW; and
- How confident line managers were in responding to disclosures of VAW.

In this section, the findings from the baseline data are presented followed by actions taken by organisations to improve their practice on VAW.

Local government

Number of cases of VAW

In the employee survey, staff were asked if they had experienced any form of VAW in the past 12 months. Table 1 outlines that there were 131 reported cases of VAW in the last 12 months, which is 6% of survey respondents. As well, the table shows the significant number of reported cases of VAW which were more than 12 months ago, for example 357 cases of sexual harassment and 347 cases of domestic abuse.

Table 1: Number of women who had experienced VAW (local government)		
	In the last 12 months (N)	**More than 12 months ago (N)**
Domestic abuse	40	347
Stalking	25	198
Rape and sexual assault	7	231
'Honour-based' abuse	<5	12
Sexual harassment	55	357

In the survey, staff were asked if a colleague had disclosed any form of VAW in the last year. Respondents shared:

- 95 had received a disclosure of sexual harassment;
- 59 had received a disclosure of stalking;
- 148 had received a disclosure of domestic abuse;
- 57 had received a disclosure of rape and sexual assault; and
- 3 had received a disclosure of 'honour-based' abuse.

Staff were also asked if they had experienced or witnessed any form of unwanted sexual behaviour while working for their employer. Table 2 shows the forms of unwanted sexual behaviour with the highest response rates.

Table 2: Women's experience of sexual harassment (local government)		
	In the last 12 months (N)	More than 12 months ago (N)
Hearing colleagues making comments of a sexual nature about another woman or women in general in front of you.	161	289
Unwelcome jokes of a sexual nature.	97	263
Comments of a sexual nature about your body and or clothes.	53	187
Feeling uncomfortable when alone with a colleague.	57	212
Unwanted touching such as a hand on your knee or lower back, or shoulder rubs.	32	186

Respondents were asked to share further details on the experience:

> *"I was asked as a union steward to represent a colleague who was accused of touching another colleague's buttocks. He claimed it was in jest."*

> *"I avoid engaging with the work colleague...after his derogatory comments about his wife & women in general on a night out."*

> *"I refused to continue working closely with this colleague or partaking in any projects he was involved in."*

> *"It made me self-conscious about how I dressed, walked, looked etc - when I shouldn't have to be pre-occupied with these things and should just get on with my work."*

> *"I refused to be in the office alone with that person."*

How victim-survivors felt their disclosure or report was handled

In the survey, employees reported 481 incidents of sexual harassment in the last 12 months. Of those cases, 213 employees responded whether they had reported it to their employer.

- Over half (54%) had not reported it to their employer.

- A fifth (20%) had reported it to their employer, but felt it was not dealt with satisfactorily.
- Only 11% had reported it to their employer and felt it was dealt with satisfactorily.
- Only 2% reported it to a union rep.
- A further 9% preferred not to say.

Focus group participants further shared:

> *"There was one manager who had inappropriate conduct with me, and when I reported it to HR, they just transferred him to another service and that was that. Nobody asked me how I was feeling or if I needed support. I was just requested to move on."*

This indicates a reluctance to report or disclose, and some significant challenges with handling complaints and providing adequate support.

Staff confidence in reporting VAW

Local government staff were asked how confident they felt in reporting sexual harassment, and how confident they felt that their employer would support them if they reported VAW. In response to both questions, respondents indicated that they were somewhat confident. A high number of respondents were also very confident.

Table 3: Staff confidence in reporting VAW (local government)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
If you were being sexually harassed by a line manager or a colleague, how confident would you be about reporting it?	18	43	39
If you disclosed an experience e.g. domestic abuse, sexual harassment, rape or sexual assault, how confident are you that you'd be fully supported by your employer?	12	47	41

In the focus group, participants had varying opinions on what they would do if they were to experience a form of VAW. Several said they would go to their line manager, but others felt uncomfortable speaking to anyone at work:

"I would possibly speak to a colleague. And I don't know if I would feel comfortable going to HR, I would probably speak to a colleague for advice and take it from there."

"You feel like whoever you speak to, it will go around in a circle. So, for something so private, I wouldn't know who I would be speaking to. Would it be HR that I would be speaking to, or would it be your union? I wouldn't know."

"So, from personal experience from last year, I wasn't in work for quite a period, and it took me a little while to actually tell my boss exactly what was going on, but I did and when I did, I couldn't have wished for better."

Recognising the signs of VAW

In the survey, line managers were asked how confident they were in recognising the signs of VAW. Table 4 outlines that the majority of line managers were somewhat confident in recognising the signs of all forms of VAW, with many indicating very confident for sexual harassment and domestic abuse. This is because sexual harassment is most commonly associated with the workplace, and both sexual harassment and domestic abuse are more commonly spoken about. The forms of VAW that line managers were the least confident about recognising were rape and sexual assault and 'honour-based' abuse. This highlights that there is a need for further capacity building in line managers to understand how all forms of VAW can impact women and the workplace.

Table 4: Line managers' confidence in recognising signs of VAW (local government)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	17	65	19
Stalking	29	57	14
Domestic abuse	20	62	18
Rape and sexual assault	34	52	13
'Honour-based' abuse	48	43	9

In table 5, line managers were asked about their confidence in responding to disclosures of VAW. The majority of line managers felt somewhat confident when responding to disclosures of all forms of VAW. Similarly to the table above, line managers felt most confident responding to domestic abuse. Also, over a quarter (28%) felt very confident responding to rape and sexual assault. Almost a third (31%) felt not confident when responding to 'honour-based' abuse. This data indicates further work to be done on increasing confidence for line managers on all forms of VAW.

Table 5: Line managers' confidence in responding to disclosures (local government)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	16	57	27
Stalking	18	57	25
Domestic abuse	18	54	28
Rape and sexual assault	19	53	28
'Honour-based' abuse	31	48	21

What councils did

As indicated by the data, councils were aware that employees may not feel confident in reporting VAW. As well, line managers may lack confidence in recognising the signs of VAW and responding to disclosures. To address this, councils delivered the following activities:

• Included the Equally Safe at Work e-learning modules on VAW and work and sexual harassment into their learning management system.

• Disseminated the VAW and work e-learning module to over 250 line managers.

• Developed a VAW policy and a sexual harassment policy.

• Developed guidance on best practice for line managers and what support exists in the council.

• Hosted events for 16 days of action against gender-based violence[2].

• Distributed awareness-raising material digitally and in council buildings.

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[2] 16 Days of Action is an international campaign for the elimination of VAW. It was started in 1991 by the Centre for Women's Global Leadership. The campaign aims to raise awareness about VAW as an enduring social problem that undermines communities and workplaces

- Delivered an awareness-raising campaign by developing posters to go on the side of bin lorries with statistics on VAW and phone numbers for specialist support services.

As a result of the programme, councils became better aware of their role in supporting victim-survivors and in preventing VAW. As many of the changes made to workplaces are newly in place, it will take time to change negative attitudes and behaviours towards VAW. As well, it will take sustained effort to build capacity in all line managers in responding to reports and disclosures of all forms of VAW. One Equally Safe at Work lead shared:

> *"Our role in preventing violence against women and progressing gender equality has become far clearer. By having the data and research available to state this clearly, the purpose for doing it has created a deeper understanding and greater awareness of why this is important."*

NHS

Number of cases of VAW

In the employee survey, staff were asked if they had experienced any form of VAW in the past 12 months. Table 6 shows that of the 200 respondents, few reported experiencing any form on VAW in the past 12 months.

Table 6: Number of women who had experienced VAW (NHS)		
	In the last 12 months (N)	**More than 12 months ago (N)**
Domestic abuse	<5	35
Stalking	<5	22
Rape and sexual assault	0	26
'Honour-based' abuse	0	<5
Sexual harassment	<5	38

Staff were also asked if they had experienced or witnessed any form of unwanted sexual behaviour by a colleague, patient, or patient's visitor while working for their employer in the last 12 months. Table 7 outlines the forms of unwanted sexual behaviour that has the highest response rates.

Table 7: Women's experiences of sexual harassment (NHS)			
	Colleague (N)	Patient (N)	Patient's visitor (N)
Hearing colleagues making comments of a sexual nature about another woman or women in general in front of you.	34	28	15
Unwelcome jokes of a sexual nature.	28	19	10
Comments of a sexual nature about your body and or clothes.	16	5	0
Feeling uncomfortable when alone with a colleague.	15	24	8
Unwanted touching such as a hand on your knee or lower back, or shoulder rubs.	18	11	2

Respondents were asked to share further details on their experience:

> *"Unfortunately it is so commonplace that it does not register anymore, it is just part of the day to day now which is worrying."*

> *"It triggered memories of childhood trauma."*

How victim-survivors felt their disclosure or report was handled

In the employee survey, employees reported 157 incidents of sexual harassment in the last 12 months. Of those cases, 49 employees responded whether they had reported it to their employer:

- Over half (53%) had not reported it to their employer.
- A fifth (20%) had reported it to their employer, but felt it was not dealt with satisfactorily.
- A quarter (25%) had reported it to their employer and felt it was dealt with satisfactorily.
- Only 2% report it to a union rep.
- A further 9% preferred not to say.

This data highlights that there may be a lack of confidence in the reporting process. Previous negative experiences with disclosing and reporting can also impact whether staff feel comfortable coming forward again. These experiences

are often shared with colleagues which can lead to other staff feeling reluctant to report or disclose in the future.

Staff confidence in reporting VAW

In NHS boards, the questions posed to staff about reporting VAW slightly differed from the council survey. Table 8 shows that the vast majority (88%) of respondents agreed or strongly agreed with the statement 'if I were being sexually harassed by a line manager, colleague or patient, I would report it'. The vast majority (90%) of respondents also agreed or strongly agreed with the statement 'if I reported or disclosed an experience of VAW, my employer would fully support me'.

Table 8: Staff confidence in reporting VAW (NHS)				
	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)
If I were being sexually harassed by a line manager, colleague, or patient I would report it.	2	10	43	45
If I reported or disclosed an experience of violence against women, my employer would fully support me.	2	8	56	35
I know what support services my organisation provides for victim-survivors and where to find them.	9	48	32	11

Over half (57%) of respondents indicated that they did not know what support services their organisation provides for victim-survivors or where to find them. This was also highlighted in every focus group held with women working in lower-paid roles in NHS boards. Participants in the focus groups shared:

> *"Across the board, the information on support is not evident enough. You'd have to know someone on the gender-based violence team."*

> *"I'm not really sure of the policies and procedures."*

Focus group participants also discussed whether they would report VAW to their line manager:

> *"I think if it was a really deeply personal situation like that, I've never experienced that. I don't know if I would want to share that with my line manager or bring it into the workplace. Unless I was really not coping and was forced to, like, I had a mental breakdown or something."*

> *"[If I had an experience of VAW] within the organisation ... I would speak to my line manager, but if it's outwith the office, if it's in my private life, I would either go to a friend or whatever. I would take it forward myself. I wouldn't tell my line manager, no, I'd just deal with it myself."*

> *"I actually think that anything like that, my manager would be like, 'for God's sake, I haven't got time for this'."*

Recognising the signs of VAW

Line managers were asked about their confidence in recognising the signs of VAW. The majority of respondents felt somewhat confident in recognising the signs of all forms of VAW. However, table 9 shows that some respondents indicated that they were not confident recognising VAW, specifically in cases of rape and sexual assault and 'honour-based' abuse. Line managers were most confident recognising domestic abuse.

Table 9: Line managers' confidence in recognising signs of VAW (NHS)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	18	68	15
Stalking	21	66	13
Domestic abuse	13	69	18
Rape and sexual assault	29	59	12
'Honour-based' abuse	41	47	12

Line managers answered questions on responding to disclosures of VAW. Table 10 shows that respondents were more confident in responding to disclosures

than recognising the signs of VAW. A quarter of respondents indicated that they were very confident in responding to disclosures of sexual harassment, stalking, domestic abuse, and rape and sexual assault. Similar to the table above, a third (34%) of respondents were not confident in responding to 'honour-based' abuse.

Table 10: Line managers' confidence in responding to disclosures (NHS)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	18	56	26
Stalking	21	55	25
Domestic abuse	18	56	26
Rape and sexual assault	21	54	25
'Honour-based' abuse	34	44	21

The data indicates that there is further work to be done on increasing awareness of the signs of VAW, especially for rape and sexual assault and 'honour-based' abuse. It also suggests that further capacity building with line managers is required to increase confidence in responding to disclosure of VAW to ensure that victim-survivors are effectively supported in the workplace.

What NHS boards did

The data highlights that line managers may not feel confident recognising and responding to disclosure of all forms of VAW. Therefore, to improve practice on VAW, and also build confidence in the reporting process, NHS boards delivered a variety of activities. Each board took a different approach to developing activities, including:

- Developed guidance for staff and managers on reporting VAW; on supporting colleagues affected by VAW; and on supporting colleagues affected by VAW.
- Developed guidance for line managers on rape and sexual assault.
- Created staff intranet pages with information on VAW and support services available in the board.
- Created a pop-up banner with information on VAW that was displayed in one of the hospital.

- Organised a staff event with the White Ribbon campaign.

- Distributed awareness-raising material during a Celebrating Diversity Day.

- Shared videos of staff outlining the importance of addressing gender inequality to prevent VAW on social media during International Women's Day.

- Hosted awareness-raising events during the 16 days of action against gender-based violence .

- Hosted a quiz night to raise funds for the local Rape Crisis centre.

- Developed awareness-raising training for managers on VAW.

- Introduced a new employee assistance programme, to replace their previous one, which provides better support victim-survivors, as well as financial management, legal assistance and mental wellbeing support.

In the evaluation, employers were asked if they better understood their role in preventing VAW and progressing gender equality. ESAW leads shared:

> *"Before the programme, we maybe weren't as explicit in stating how we can support employees [experiencing VAW]."*

> *"We have processes in place. The challenge is making them clear to people and making sure they are managed effectively. We identified that if staff were experiencing violence or supporting someone, a challenge would be identifying where to go for support. That's why we put together a resource for colleagues and managers about what to do and where to go."*

Third sector

Number of cases of VAW

In the employee survey, staff were asked if they had experienced any form of VAW in the past 12 months. Due to the size of the organisations in the programme and the smaller number of survey respondents, questions that have less than five respondents will be denoted as <5 to avoid identifying any employees. When considering the data in Table 11, it is important to consider the number of respondents for this survey was 113. Table 11 outlines that there were fewer than 15 cases of VAW in the last 12 months. The table also shows the significant number of cases that happened more than 12 months ago.

Table 11: Number of women who had experienced VAW (third sector)		
	In the last 12 months (N)	More than 12 months ago (N)
Domestic abuse	<5	9
Stalking	<5	10
Rape and sexual assault	0	17
'Honour-based' abuse	0	0
Sexual harassment	5	16

Staff were also asked if they had experienced or witnessed any form of unwanted sexual behaviour while working for their employer. Similar to the previous table, it is important to consider that the number of respondents who completed this survey was 113. Table 12 shows the forms of unwanted sexual behaviour that have the highest response rates.

Table 12: Women's experiences of sexual harassment (third sector)		
	In the last 12 months (N)	More than 12 months ago (N)
Hearing colleagues making comments of a sexual nature about another woman or women in general in front of you.	<5	7
Unwelcome jokes of a sexual nature.	<5	5
Unwelcome sexual advances.	<5	7
Unwanted touching such as a hand on your knee or lower back, or shoulder rubs.	<5	5

Staff confidence in reporting VAW

In third sector organisations, staff were asked whether they would report sexual harassment or felt they would be supported by their employer if they reported VAW. Almost all respondents (97%) agreed or strongly agreed that if they were

being sexually harassed by a line manager or colleague that they would report it. 92% also agreed or strongly agreed with the statement 'if I reported or disclosed an experience of violence against women, my employer would fully support me'.

Table 13: Staff confidence in reporting VAW (third sector)				
	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)
If I were being sexually harassed by a line manager or colleague, I would report it.	0	3	33	64
If I reported or disclosed an experience of violence against women, my employer would fully support me.	1	7	38	54
I know what support services my organisation provides for victim-survivors and where to find them.	4	31	41	24

Around a third (34%) of respondents indicated that they did not know what support services their organisation provides for victim-survivors and where to find them. This was also echoed by focus group participants who were unaware of what was available in their organisation. When asked if they knew what support was available for VAW, respondents shared:

> "I don't know. We don't have anything specific to violence. I don't know what kind of support would be available."

> "It's probably in a document somewhere. But I don't know what it is I'm afraid."

> "I actually don't know. But I don't know if that's maybe because I haven't looked into it. It's probably out there somewhere."

> "I don't know at all. I have no idea."

Focus group participants were also asked if they would disclose or report VAW. Participants were divided on what they would do, and some highlighted the challenge with working in a smaller organisation:

> *"This is the problem, like, we don't have an HR department. Yeah, and there's not even clarity. If there's something you don't want to talk to your manager about. Or if you have issues with your line manager."*

> *"I genuinely don't know if I would be comfortable. And if I would want the way I'm perceived at work, and people that work with me to be affected by disclosing this."*

Table 14 presents data on line managers' confidence in recognising the signs of VAW. Line managers were somewhat confident in recognising the signs of all forms of VAW. Similar to the public sector employers, they were less confident about recognising signs of 'honour-based' abuse.

Table 14: Line managers' confidence in recognising signs of VAW (third sector)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	8	66	26
Stalking	13	63	24
Domestic abuse	13	61	26
Rape and sexual assault	18	58	24
'Honour-based' abuse	39	45	16

Table 15 shows that line managers were more confident in responding to disclosures. The forms of VAW that line managers were most confident in responding to were sexual harassment and domestic abuse. Also, almost half (47%) were very confident in responding to rape and sexual assault, and just over a third (38%) were very confident responding to 'honour-based' abuse.

Table 15: Line managers' confidence in recognising to disclosures of VAW (third sector)			
	Not confident (%)	Somewhat confident (%)	Very confident (%)
Sexual harassment	8	41	51
Stalking	15	41	44
Domestic abuse	13	38	49
Rape and sexual assault	13	40	47
'Honour-based' abuse	31	31	38

What third sector organisations did

The findings from the survey and focus groups highlighted that third sector organisations would benefit from increasing awareness of what support was available in the workplace for victim-survivors. For the third sector organisations participating in the programme, this was their first time discussing VAW as a workplace issue. Therefore, many employers did not have existing guidance or policies on VAW. As a result of the programme, organisations developed a number of activities, these include:

• Ensured a sample of line managers completed Close the Gap's e-learning modules on sexual harassment and VAW;

• Developed a policy on VAW;

• Developed guidance for line managers on VAW to support the implementation of the new policy;

• Introduced special leave for VAW;

• Introduced sign-posting to specialist support services; and

• Distributed awareness-raising material on VAW throughout the workplace.

The implementation of new policies on VAW and the development of awareness-raising activities indicates an increased understanding in third sector organisations of VAW as a workplace issue. Equally Safe at Work leads reported the impact the programme had on their VAW practice:

> *"Prior to the programme, we didn't have policies for VAW, and now they have a dedicated space for everything to do with VAW."*

"This programme had a major impact on our practice. We didn't really have anything in place and now we have policy and support mechanisms. We offer sign-posting to external support and have put in place leave for VAW."

"Within HR, management team and with line managers, there's increased understand of confidentiality and privacy being an important thing, lots more awareness of VAW."

Outcome 3: Employers have improved gender- and VAW-sensitive employment policies and practice.

Local government

Employers completed a self-assessment at the beginning and end of the programme. The assessment included questions on current practice on gender equality and VAW. Table 16 shows that employers felt their practice improved at the end of the programme.

Table 16: Self-assessment data from local government employers				
	Poor (a lot of improvement needed) (%)	**Okay (some improvement needed) (%)**	**Good (a little improvement needed) (%)**	**Excellent (very little to no improvement needed) (%)**
How would you rate your current practice on advancing gender equality in your organisation?	0 (2022)	75 (2022)	25 (2022)	0 (2022)
	0 (2023)	33 (2023)	67 (2023)	0 (2023)
How would you rate your organisation's current practice in supporting employees who are experiencing a form of violence against women?	13 (2022)	37 (2022)	50 (2022)	0 (2022)
	0 (2023)	17 (2023)	50 (2023)	33 (2023)

As a result of the programme, local government employers introduced a variety of changes to policies, practices, and processes to ensure they were gender sensitive. This was demonstrated through the evidence that was submitted for accreditation. Changes include:

Violence against women

- Developing a VAW policy that set out the role of HR and line managers; the support available for victim-survivors; and the links between VAW, the workplace and gender equality.
- Developing a sexual harassment policy that outlines the facilitators of sexual harassment; the link to VAW; and details on how to report.
- Introducing support mechanisms for victim-survivors such as signposting to Scottish Women's Aid and Rape Crisis Scotland, access to an employee assistance programme, the provision of special leave[3], and safety planning.
- Implementing a new centralised data system to gather intersectional data on employee experiences of VAW.
- Delivering internal campaigns for the 16 days of action initiative.

Occupational segregation

- Developing a programme of job shadowing for women in lower and middle management to enable women's progression.
- Implementing data collection systems to record gender-disaggregated data on training and development opportunities to identify any gendered barriers to training.
- Establishing a requirement that recruitment panels must be gender balanced, set out in internal guidance.
- Using images of women doing traditionally male jobs in job advertisements.
- Disseminating a video of the Chief Executive explaining what occupational segregation is, how it impacts the council and what steps they are taking to address it.
- Developing an initiative to work with schools to better understand how young people understand gender stereotypes.

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[3] Special leave is made available for victim-survivors of VAW of up to ten days. Reasons employees may use special leave may include taking time off to attend doctor's appointments, counselling appointments, solicitor's appointments, bank manager appointments to change accounts, moving schools, moving to a new house or police investigations.

Workplace culture

- Reviewing and updating their equality policy to include information on occupational segregation, VAW, sexism, misogyny, and intersectionality.
- Reviewing and updating policies on flexible working, recruitment, equal opportunities, and organisational change.
- Reviewing and updating their policies on maximising attendance to include information on how to use the policy to support victim-survivors of VAW.

Flexible working

- Reviewing and updating their flexible working policy.
- Developing systems to collect data on flexible working, disaggregated by gender.
- Including information on the provision of flexible working in job advertisements.

Data

- Introducing new systems to collect data on VAW.
- Implementing systems to collect data on women returning from maternity leave and other returners.
- Collating data on flexible working refusals and reasons for refusals.

NHS

Similar to local government employers, NHS boards were asked to reflect on their employment practice at the beginning and end of the accreditation period. Table 17 highlights that there was a slight improvement in practice on gender equality. However, for VAW, all employers felt their practice was good, with little improvement needed by the end of the programme.

Table 17: Self-assessment data from NHS boards				
	Poor (a lot of improvement needed) (%)	Okay (some improvement needed) (%)	Good (a little improvement needed) (%)	Excellent (very little to no improvement needed) (%)
How would you rate your current practice on advancing gender equality in your organisation?	0 (2022)	50 (2022)	50 (2022)	0 (2022)
	0 (2023)	33 (2023)	67 (2023)	0 (2023)
How would you rate your organisation's current practice in supporting employees who are experiencing a form of violence against women?	25 (2022)	25 (2022)	50 (2022)	0 (2022)
	0 (2022	0 (2022)	100 (2023)	0 (2022)

In NHS boards, to meet the criteria of the programme the following changes were made:

- Developing internal awareness-raising campaigns on VAW, including producing a pull up banner to be displayed in the hospital.
- Creating staff intranet pages on VAW at work, and how to access support.
- Providing training for staff on trauma-informed approaches and VAW.
- Developing guidance for line managers on responding to rape and sexual assault.
- Developing guidance for staff on how to report VAW.
- Producing leaflets on flexible working to include information for recruitment managers.
- Including a question on flexible working in internal vacancy control forms for recruitment managers.
- Reviewing internal practices on policy implementation to ensure it is gender sensitive.

- Including action plans in equal pay statements with target actions and timeframes for completion.

Third sector

In the self-assessments completed by third sector organisations, table 18 highlights that by the end of the programme, all employers felt their practice had improved. For practice on supporting employees experiencing VAW, at the beginning of the programme employers said it was either poor or okay. By the end, every employer felt their practice was good. While there may be further work to improve practice on VAW, this reflection from employers outlines that the work completed as part of the programme has made an impact on the organisation.

Table 18: Self-assessment data from third sector organisations				
	Poor (a lot of improvement needed) (%)	Okay (some improvement needed) (%)	Good (a little improvement needed) (%)	Excellent (very little to no improvement needed) (%)
How would you rate your current practice on advancing gender equality in your organisation?	0 (2022)	67 (2022)	33 (2022)	0 (2022)
	0 (2023)	0 (2023)	100 (2023)	0 (2023)
How would you rate your organisation's current practice in supporting employees who are experiencing a form of violence against women?	33 (2022)	40 (2022)	0 (2022)	0 (2022)
	0 (2023)	0 (2023)	100 (2023)	0 (2023)

For the third sector, significant changes were made to workplace practices as they started at a different stage than public sector bodies. Changes include:

- Analysing and publishing mean and median pay gap data.

- Analysing and publishing occupational segregation data.
- Introducing a flexible working policy with reference to the benefit to different groups of women, including victim-survivors.
- Introducing a VAW policy with information on the link to gender inequality, how to report, and what support is available.
- Including flexible working in all job advertisements.
- Including information in their recruitment policy on gender-balanced panels.
- Undertaking unconscious bias training and organising training for other senior managers.
- Reviewing language used in job advertisements to ensure it is free from gender bias.
- Developing a statement on equal pay, outlining the organisation's commitment to equal pay, and understanding the causes of their pay gap.

Support from Close the Gap

As part of the programme, Close the Gap provided a number of resources to support employers to improve their practice. This included:

- Delivering 11 workshops to working groups in local government, NHS, and third sector on applying a gender lens.
- Disseminating guidance for line managers on VAW and work, and sexual harassment.
- Disseminating new guidance on developing an anti-racist approach to tackling gender inequality in the workplace.
- Providing data summary reports which outlined the findings from the surveys and the focus groups and providing recommendations for best practice.
- Distributing awareness-raising materials, including leaflets, posters, and postcards on VAW and gender equality.
- Delivering workshops for staff during 16 days of activism.
- Providing e-learning modules for line managers on flexible working, sexual harassment, and VAW.
- Sharing case studies on what previous councils did as part of the programme.
- Providing ongoing tailored support and feedback.

Feedback from employers

Employers reflected on changes that were made in their organisation as a result of the programme and shared the following:

> *"The fact that we have made the change to the gender-based violence policy, and added paid time off for seeking refuge, probably wouldn't have thought of doing this if not part of the programme. It's about making women more confident about raising these issues at work so they know they are entitled to this. It raises the profile and makes it more acceptable to take up."*

> *"We introduced collecting data on flexible working refusals. We wouldn't know before if this had been denied but now reasons for refusal have to go through HR and highlights where this is about safety."*

> *"We are recording instances of sexual harassment specifically. People hadn't seen this clearly before as something we should do."*

> *"The big thing has been extending special leave for the VAW policy. We had a code of conduct and have now set up a specific policy for sexual harassment. Now people know what to do if affected. We have identified hybrid working as an additional risk and have put suggestions into policy about how to better support someone and pick things up, people might not have known about this before."*

Outcome 4: Intersectional data is gathered from the workforce, and there is greater understanding of women workers' experiences of gender equality and VAW.

Local government

A number of activities were undertaken to ensure that intersectional data on women's experiences in the workplace was collected. As mentioned previously, a survey was disseminated to collect data on staff attitudes and behaviour to gender equality and VAW. Focus groups were also held with women working in lower-paid positions to capture their experiences in the workplace. The data was then compiled into tailored reports for each council, outlining key findings

and recommendations that aligned with the criteria of the programme. Similar findings were evident across all councils which included:

- Women in lower-paid roles often felt undervalued and excluded from the workplace.
- Women faced barriers to accessing flexible working, progression, and learning and development opportunities.
- There was a lack of confidence in reporting VAW to line managers.
- Staff were unaware what the council was doing to progress gender equality.

Councils in the programme identified a number of actions for using the data provided in the data summary reports, and for gathering further data on women's experiences of gender equality and VAW. These include:

- Sharing the data summary report with the corporate equalities forum and implementing actions in response to findings.
- Using the data from the data summary report to inform the development of their sexual harassment policy.
- Using data from the data summary report in communications to staff to outline the issues that ESAW is trying to address.
- Introducing systems to collect data on experiences of VAW, including whether victim-survivors were satisfied with how their disclosure was handled.
- Setting up a women's network to provide insight and consultation on changes happening in the councils.
- Implementing systems for collecting data on women returning from maternity leave and other returners.

Equally Safe at Work leads also reported:

> *"The employee survey presented questions to staff for the first time. We will be keeping some of the questions in our employee survey that happens every three years. It will start to give us data about the picture for people and their experiences."*

> *"We didn't previously record about returners from maternity leave. We also didn't record employees request for time off for violence, although it was happening, it wasn't recorded, so have this in place now."*

NHS

A number of activities were undertaken to ensure that intersectional data on women's experiences in the workplace was collected. Similar to councils, surveys were disseminated to staff and focus groups were held with women working in lower-paid roles. Each NHS board received a tailored data summary report, with recommendations for improving practices. The key themes highlighted in NHS boards were:

- Women in lower-paid roles often felt undervalued, especially in service delivery roles where value was based on pay band.
- Women in lower-paid roles faced significant barriers progressing into different pay bands. They also weren't provided with helpful feedback with how to be successful in the future.
- Women were unaware of what support exists in the workplace for victim-survivors.
- Hostile and negative workplace cultures prevented them from coming forward to report VAW and lead them to think that nothing would be done even if they did report.
- Previous negative experiences of reporting VAW prevented them from wanting to come forward again.

As part of the evaluation, NHS Equally Safe at Work leads reported that they were unsure if the data summary reports were useful. This could be the result of low survey response rates and focus group participation. Another reason may be because the themes highlighted in the focus groups have been persistent issues within the NHS and cannot be addressed in the development tier of the programme.

However, one board shared that they wanted to use what was captured in the focus groups and take steps to address what was identified. They stated that they hoped the information could be used to inform actions moving forward.

In terms of actions undertaken by NHS boards to gather intersectional gender-disaggregated data, most were restricted with the data they can collect because systems are designed at a national level. For example, median pay gap data could not be collected by territorial boards because this was not available through the national data collection system. With large numbers of staff and

resource constraints, identifying the median gender pay gap was not seen as a priority.

In one board, a separate project was funded to capture data on women and disabled staff in the organisation. This project spoke to 200 employees and identified a number of key challenges. This was then used to influence work on Equally Safe at Work.

Third sector

Third sector employers received data summary reports outlining the findings from the surveys and focus groups. Employers received the reports near the end of the accreditation period due to the different approach to survey dissemination. As a result, there were limited opportunities for action around this. However, several leads reported that they planned to look at it in further detail later in the year. One lead said:

> *"It was useful and gave insight for parts of the organisation that we didn't have. It was helpful to get such valuable data and suggestions."*

In third sector organisations, the most significant change in data collection was the occupational segregation data. Organisations were asked to publish data on occupational segregation, which was new data for all organisations in the programme. This provided organisations with new insight and understanding into the causes of gender inequality in their organisation.

> ### Outcome 5: Learning is shared between sectors to facilitate improved practices.

A new element of Equally Safe at Work that was introduced alongside the expansion to NHS and third sector was the Community of Practice[4]. The Equally Safe at Work Community of Practice was developed to bring together employers who were working on, or interested in, the Equally Safe at Work accreditation. Peer support and learning have been critical success factors for employers

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[4] A Community of Practice is formed by people coming together with a common goal to share best practice, knowledge, challenges and ideas, and to find solutions.

engaged in the programme, and with the expansion of the programme it was important to measure the effectiveness of collaboration in facilitating change.

Peer learning was facilitated by Close the Gap previously in the pilot and throughout the recent accreditation period through sector-specific employer meetings. These meetings brought together employers currently working through the programme to share learning and discuss the criteria of the programme. However, this is the first time bringing together employers from different sectors, and also those who were not currently participating in the programme.

This new model of peer learning was a critical element of the intended outcomes of the Gender Beacon Collaborative. The Community of Practice model aimed to test out a new approach of shared learning by bringing together different sizes and types of organisations which are at different stages of their journey on gender equality and VAW. It was also designed to test out whether participation in the group helped to lever improved employment practices on gender equality.

To enable participants to feel ownership of the group and to differentiate the meetings from the sector-specific employer meetings, external facilitators designed and led the discussions with employers. The Community of Practice met four times over a six-month period. Two meetings were held in person and two were held online.

Participants were asked what they hoped to gain from participating in the Community of Practice and they stated:

- Practical advice, examples of good practice, and peer support;
- Networking opportunities and opportunities to share good practice;
- A better understanding of what Equally Safe at Work would involve;
- Connections and networking with other councils; and
- To be able to hear everyone's experiences as being part of the programme, the challenges we've all had and how we've dealt with them.

The discussions were participant led and centred on topics including data collection, leadership commitment, engaging with staff, and challenging negative workplace culture. Several participants shared best practice examples and resources. In one case, a council shared their VAW policy and guidance with a third sector organisation. The discussions from the sessions suggest that the

Community of Practice has made a promising start, with a demand for this type of activity, and demonstrates that there may be further value in continuing this group with employers participating in Equally Safe at Work.

Challenges and opportunities

There were a variety of challenges and opportunities that became apparent as the Community of Practice met. The majority of participants felt positively about the Community of Practice and recognised the benefits of participating. Participants shared:

> *"Only went to one – it was fantastic, meeting others and seeing what barriers they had and how [they were] overcoming [them]."*

> *"The Community of Practice was great, because people had already completed it so you could learn from them. Very useful. They should continue. Much better in person than online."*

> *"Been involved both face-to-face and online. It was definitely useful to speak to someone outwith own discipline and in a much wider group. It was useful to hear from others and think about what might be tweaked to use in ours. Last one in June, we were asked 'what would make you sad' and lots said if this didn't continue. I think we are all keen to see this continue, especially is working through levels of accreditation as this develops."*

At the final meeting, participants had stated that they wanted the group to continue after the accreditation period, and shared that they would benefit from having an online space to share resources.

One key challenge was the ability to participate in in-person meetings. While both online and in-person meetings were organised, the in-person meetings were seen as more beneficial to attendees. One attendee shared:

> *"The face-to-face meetings were particularly useful. It was outside of the workplace, and helpful to speak to people on similar journeys. Also having other organisations e.g. NHS and Police Scotland was interesting."*

This was a challenge as many employers were unable to attend in-person meetings due to time constraints and the associated cost. As well, several

employers, primarily those working in councils, were unable to attend due to long travel times. One participant shared that due to cost-saving measures, they were unable to claim expenses for travelling outside their local authority area. Employers who were unable to attend shared:

> *"The Community of Practice seemed time consuming. We had so little time so couldn't make a lot of these, felt it was an opportunity to share experience but we felt couldn't give the time to that, felt like a luxury to get to them."*

> *"Not attended many of these due to time constraints, probably would have been helpful."*

Along with the challenge of not all employers being able to attend, a further challenge of the Community of Practice was bringing together different employers at different stages and shaping the conversation to be relevant to all organisations. While the Community of Practice was introduced to provide a space for shared learning across sectors, it was also used as a space to bring in employers who were interested in participating in the programme in the future. The Community of Practice was then presented as an option for new employers to learn more about the programme. However, this meant that new employers came in at different stages and at different points of the conversation. This challenge was paired with a lack of continuity of attendance and, as a result, each session was effectively a new group, and therefore difficult to build relationships and create momentum.

For some employers, there was a lack of understanding on what the Community of Practice was for. This may be the result of confusion over the difference between the Community of Practice and the sector-specific employer meetings. As well, it may be because the model was introducing a new way to reflect on developing practice, and therefore participants were less clear on how this would benefit them. One participant shared:

> *"I didn't attend all. The meetings felt a bit random. I didn't understand."*

One participant from a smaller organisation felt that the discussions were not relevant for their workplace context. They shared:

> *"I don't think it was useful. I liked it and came to the one meeting in Edinburgh. However, the size of the big organisations made it not relatable to small organisations like us."*

Employer understanding of shared learning

A key learning that came from the Community of Practice was around the different ways that employers engaged with the shared learning discussions. The cross-sectoral design of the meetings, and the focus on Appreciative Inquiry[5] was a relatively new way to discuss Equally Safe at Work, and required employers to be reflective and share examples of what was happening in their organisation. As a result, employers had different experiences of the meetings.

The majority of participants understood and engaged with the purpose of the Community of Practice while some were less clear on the purpose and how the discussion would support their practice. Some of the participants who were only able to attend the final meetings, and were not currently going through the programme, shared that they had expected that more information would be provided on the practical elements of participating in the programme.

Since the sector-specific employer meetings discussed the criteria in detail, the discussions for the Community of Practice were aimed at asking bigger picture questions. They were designed to facilitate a deeper understanding of the purpose of Equally Safe at Work and offer insights and fresh ideas. The discussions encouraged participants to think about what was going well in their organisation, and where they want to go in their practice on equalities. Rather than focusing on the operational side of Equally Safe at Work, it pushed participants to reflect on the wider organisational challenges impacting their work on gender equality. While there were opportunities to discuss the criteria of Equally Safe at Work, the focus was on the wider themes of the programme, for example, how to influence staff at different levels of the organisation. Participants shared frustrations on challenges with changing negative workplace cultures or creating leadership buy-in.

Participants shared their feedback on the impact of the Community of Practice. As highlighted above, some participants felt the discussions were really beneficial, while others agreed but were unsure how it impacted their practice.

"I didn't go to all of the meetings. I found it useful but I'm not sure why."

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[5] Appreciative Inquiry is a methodology and process of organisational change. It is commonly referred to as an asset-based or strength-based approach to system change that focuses on strengths, opportunities, advantages and what works well.

"It has been helpful for exchange of ideas but not sure how much further it's taken us."

What this highlights is that for some attendees of the Community of Practice, bigger picture discussions feel less helpful for creating changes to employment practices. While for others, these discussions helped facilitate change and introduce new ideas or approaches. Participants shared they found it:

"Inspiring and refreshing to think about the impact of the work in this way."

For those who found it less useful, it may be the result of being unclear how to translate theoretical or abstract discussions into tangible actions. As there are many different approaches to learning, working, and facilitating change, the discussions from the Community of Practice may have been less helpful for those who work in a more individual, task-focused way.

This learning shows that employers have different needs and ways of engaging with Equally Safe at Work. From the pilot with councils, it was highlighted that the prescriptive nature of the programme was a key factor for success. It is clear that there may be challenges in thinking beyond the prescriptive actions in the programme to consider other ways of thinking about how to create change.

Key learning

As evidenced through the changes in policy and practices made by each organisation participating in the programme, Equally Safe at Work has been successful in facilitating change. Change looks different for each organisation, but accredited employers have built a foundation for continuing to improve practice on gender equality and VAW.

The expansion of the programme into the NHS and third sector has produced learning to take forward in the future roll-out of the programme. Also important is the current context in which all the employers are working, which is very different than the previous context for the pilot in local government.

This section will outline key learning from the programme. It will look at the challenges experienced by councils, NHS, and the third sector. It will also highlight the important role of leadership and outline considerations for moving forward. It is important to highlight that the challenges outlined for each sector sit alongside the positive gains made that have been set out in this report.

Challenges for councils

As outlined in the previous sections, councils implemented a variety of data collection systems, new initiatives, and new policies to progress gender equality and prevent VAW. Over the 18-month period, a substantial amount of work was undertaken to better understand the causes of gender inequality in the workplace, with a commitment to build sustainable actions and continue to work beyond the accreditation period. While the recent accreditation period has been primarily positive, with all employers receiving accreditation, there were some key learning points.

Equally Safe at Work was initially piloted in local government between 2019 and 2020. While it was anticipated that there would be similar challenges facing councils, the recent cohort experienced increased challenges in progressing accreditation work. During the pilot in 2019, there was a heightened interest in taking action to address VAW at work as a result of the #MeToo movement and the refresh of the Equally Safe strategy. As the programme was the first of its kind, councils in the pilot were able to create momentum to make substantial progress through the programme.

However, during Covid-19, VAW and gender equality became deprioritised in local government as many staff were redeployed into crisis management roles. As a result, progress made on gender equality and VAW has slowed.

During the most recent accreditation period, it was apparent that the context in which councils are working is different from that of the pilot. While resourcing constraints and budget cuts have always been an issue, this has been more significant and has created a greater barrier to councils prioritising gender equality work and having more than one staff member driving the work forward. In a number of councils, work was led by an intern. In some councils, critical staff roles were made redundant, including VAW leads, and some councils did not have an equalities lead at all. Also, one of the shadow group councils had to withdraw from the group because it was not seen as a priority and they reported that, due to cost-saving measures, they were not allowed to participate in the group or attend quarterly meetings.

As a result, less progress was made against the criteria. The accreditation period was extended to 18 months based on feedback from the councils during the pilot, however even with the extension, councils struggled to complete all of the work.

As part of the bronze tier, councils are required to develop initiatives to address both vertical and horizontal segregation. There were significant challenges in meeting these criteria. In the pilot, councils developed innovative initiatives to address the specific occupational segregation challenges in their organisation. For example, one council developed a comprehensive data report on underrepresentation of men and women in different job roles through the council, which included actions and suggested targets for each sector. Another council had planned to implement an initiative to increase the number of women in waste management and recycling services. With the current group of councils completing the programme, for many this was not seen as a priority, and no new or innovative initiatives were developed. Instead, existing mentoring or shadowing programmes were repackaged as evidence to meet the criteria. This provides insight into the current context in which councils are working. There is limited time or resource to develop a deeper understanding of the causes of gender inequality in the organisation. In a number of councils, and other organisations in the programme, gender equality was seen as 'nice to have but not a priority'

Challenges for NHS boards

The pilot in NHS boards was successful in supporting employers to build a foundation for creating change. It was also effective in testing out the model in a new setting and increasing interest in boards across Scotland. There was key learning that was gained through the pilot in terms of policy development, and developing and delivering training to staff. As well, during the pilot period, a number of shadow boards expressed interest in participating in the programme in the next roll out. This demonstrates an awareness and willingness to look at how to improve practice on gender equality and VAW. Similar to councils, there were also a number of critical factors that influenced boards experience in the programme.

NHS boards faced similar challenges to councils in progressing accreditation work. A key challenge was the timeframe in which NHS boards had to complete the work. NHS boards had one year to complete the development tier of the programme, which was determined by the funding context for this work. This was seen as a challenge due to the resource constraints and service delivery pressure many of the boards were facing. There were differences between territorial boards and special boards. Territorial boards shared that it felt like a lot to complete, while the special boards reported that it felt like they could have done more work. This presents challenges for creating a programme that can meet the needs of all boards, while driving best practice. One Equally Safe at Work lead discussed the barriers they faced during the programme:

> *"Probably similar to other organisations it's having enough resource to focus distinctly on Equally Safe at Work against the backdrop of other competing demands and a challenging operating environment."*

Another challenge for the programme was around policy development and implementation. In interviews with Equally Safe at Work leads, while they outlined that they benefited from participating in the programme, they were unsure of what changes had been made to the workplace as a result. A key difference in the work councils and third sector organisations were doing was that they had to review policies for gender-sensitivity, and develop policies on VAW and sexual harassment. However, in the NHS, policies are developed at a national level through the Once for Scotland initiative[6]. While it provides a standardised approach to policies across NHS Scotland, individual boards have

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[6] The Once for Scotland Workforce Policies Programme is a Scottish Government initiative to harmonise existing policies and create standardised workforce policies for NHS boards. The aim of the programme is to create consistency across board. Policies are developed through phased approaches.

limited say on what is included in the policy or supporting guidance unless they are part of the working group. Boards engaged with Equally Safe at Work reported that this creates barriers for gender-sensitive policy design and implementation. While Close the Gap engaged with the Once for Scotland team throughout the pilot, there were challenges in including the criteria for Equally Safe at Work in the policies. This was in part due to the restrictive format of the policies but also due to failure from strategic partners to link into Equally Safe at Work earlier on.

A further challenge that was highlighted by boards was communicating the message across a diverse workforce. One Equally Safe at Work lead discussed the barriers they faced:

> *"Size and complexity of the board. It was hard to engage with staff in a meaningful way in a busy and often disparate workforce."*

The pilot with NHS boards was helpful for understanding the different structures in the NHS that hinder and facilitate change. It also provided insight into the different support needs for NHS boards.

Challenges for the third sector

In the pilot with third sector organisations, as it is a different context than the public sector with fewer resources for organisational development, some of the most significant progress was made. For example, developing policies on flexible working and VAW, collecting gender pay gap data and occupational segregation data, establishing an Equalities Forum, and introducing special leave for victim-survivors. As we have learned in the previous pilot, organisations were most successful when introducing new policies or practices, rather than updating and reviewing previous work. For the third sector, since many of the activities undertaken during the pilot were new, employers were able to make substantial changes to the workplace in a relatively short period.

For third sector employers, there were also significant barriers to participation in the early stages of the programme. Initially there were five organisations participating in the programme, however, two organisations had to withdraw before the end of 2022. One organisation withdrew because of staffing issues. The other organisation had to withdraw because critical staff leading the programme left the organisation and therefore there were not resources or staff to commit to the programme.

As third sector employers are much smaller than our public sector partners, they are less likely to have a discrete HR function, or where this does exist it may only be one person. While this can present challenges, it also presented opportunities for two organisations in the pilot whereby the programme delivery was led by men. As well, one organisation's working group was primarily comprised of men. They shared concern over not wanting to make decisions on behalf of women in the organisation. The Equally Safe at Work lead shared:

> *"We're a smaller organisation and very busy. It was hard to get buy in and feedback from staff, especially as the only HR person and being male. I didn't want to make decision for a group I wasn't a part of."*

By having the work on gender equality led by men this provides an opportunity for communicating to all staff that this is everyone's issue.

A challenge that was highlighted early in the pilot was securing buy-in from trustees or board members. One Equally Safe at Work lead had highlighted that the board did not see the work as a priority and did not think that staff resource should be used on organisational development. Within the third sector, prioritisation is routinely dictated by funding streams and demonstrating measurable outcomes. Therefore, delivering services was prioritised over reviewing and improving internal employment policies and practices.

A further challenge was that for some third sector employers, this was the first time focusing on reviewing employment policies and practices through a gender lens. One Equally Safe at Work lead shared their experience:

> *"I felt the barriers were that it is difficult to implement change in areas where ways of working have been in place for so long e.g. retail and flexible working is difficult due [to] set shifts and working hours."*

Importance of leadership buy-in

From the pilot, the importance of leadership buy-in was highlighted by employers. With the most recent group of employers, leadership buy-in was again mentioned as a critical factor for progressing work. When participants across sectors were asked what enabled their participation and progress, they stated:

"Definitely buy-in to ESAW from the most senior level of the organisation. It was supported by elected members and the senior leadership team (from the Chief Executive down), and all managers down to first line supervisors. I think in our ESAW working group, along with help from Close the Gap, we were able to identify the gaps and look to put measures in place to address them."

"Strong leadership from the lead officer in charge of this project and a good working group that works well to bring positive change to attitudes and actions of the wider council workforce."

"Buy-in from the senior management team, and a great working group who were invested in making positive change."

"The enablers in the organisation were the senior management - they bought in from the start and ensured that the changes that had to be made were made and made timeously."

"The CEO was really good, and allowed me to survey staff and make changes to policy with minimal intervention so I was able to fast track things. As well, one of the senior managers was helpful when I wasn't getting feedback and buy-in from staff."

As highlighted by the quotes above, leaders have the ability to progress work and create culture change. During the accreditation period, it was also evident that further work could be done with leaders. Participants suggested creating buy-in at the national level may help to create momentum and drive in organisations. One Equally Safe at Work lead also suggested that the programme could have a stronger focus on senior leaders and how to create buy-in.

Suggestions for improving the programme

Equally Safe at Work leads and working groups members highlighted a number of ideas for adapting the programme. This was particularly helpful from the NHS and third sector leads, as these sectors were new to work with and there was significant learning gained through the process. Suggestions included:

• More opportunities to learn from previous participants.

• Example policies from employers who had achieved accreditation.

• More information on how to foster, encourage, and create better attitudes and action toward the subject.

A focus on why organisations want to improve processes for staff:

"Sometimes it can be hard to look inward as we're so used to delivering services for others. Maybe a little more focus on why we want to get it right for staff?"

Moving forward with the Community of Practice

The majority of participants in the Community of Practice stated that they wanted to group the continue after the accreditation period. There are also a number of considerations for how to move forward with the Community of Practice. These include:

- Having a clear purpose and expectation for the group, which is participant led. By co-creating the purpose and establishing a core group of employers, there will be greater clarity of the role of the Community of Practice.

- Ensuring that the group is open and refreshed. This means creating energy and interest in the group, and engaging new people.

- Offering different ways to participate. While in-person meetings were valued above the online meetings, many people cannot or do not want to attend in person. One solution could be to develop an online forum for sharing practice and encouraging discussion outwith meetings.

- Creating ways for people to come together that allows for different levels of participation that suits people at different times.

- Encouraging participants to notice and share examples of good practice, and consider the factors that have enabled that to happen through Appreciative Inquiry.

- Creating opportunities for 'peer orientation' with new members joining the group. It may be helpful for new members to hear from those who have gone through the programme to understand what's involved.

Conclusion

Based on the evaluation data collected through the accreditation period, the programme has been successful in facilitating change in councils, NHS boards, and third sector organisations. The prescriptive nature of the programme provides a clear framework for employers to work through within a specific timeframe. For some employers, this is the first time they have had a focus on progressing work on gender equality and VAW, and the programme has created momentum for further change.

Key elements that supported employers through the programme included strong leadership commitment, the ability to participate in peer learning opportunities, and the resources and support provided by Close the Gap. As well, similar to the pilot, to progress work it is essential for employers to have allocated resources and interest in and/or understanding of gender equality and VAW.

The pilot with third sector organisations and NHS boards has illustrated that the model of Equally Safe at Work can be successfully implemented in different sized and types of organisations. However, further work is required on adapting a peer learning model that can accommodate different employer needs, and different working styles.

Equally Safe at Work, while still a relatively new programme, has produced 18 accredited employers across Scotland and has reached a further 20 employers through the shadow groups and Community of Practice. Through continued engagement and commitment from employers, there is significant potential to make real changes for women working in Scotland.

> *"I think development level is a good overall first step in the journey to improving awareness and ensuring positive experiences for staff in the organisation around gender equality and violence against women."*
>
> **Third sector lead**

"I would definitely recommend the programme. It's well run. Goals are tough but achievable. Would recommend it to organisations of all size and even if they can't complete everything, there is so much useful learning."

NHS lead

"My advice would be to be open. Lots of organisations would want to make it political, gender equality benefits everyone. Do exactly what's in the manual and to not just tick boxes, to really dive deep into each standard. Don't do the bare minimum."

Council lead

Good practice case studies

Fife Council: Using videos to communicate with staff

During Covid-19, Fife Council created a video series, 'Direct from the Chief Exec', where the Chief Executive shared key messages with staff. Using videos for updates was seen as more engaging and, due to the positive feedback from employees, the Chief Executive continued to use this format to provide updates on the work going on around the council.

As part of Equally Safe at Work, the Chief Executive shared a video outlining the council's commitment to gender equality and tackling VAW. He also recorded a video explaining what occupational segregation is, and how it impacts the workplace. This video was shared as part of the council's 'Women in the Workplace' month and also included interviews with a number of female joiners in the council.

East Ayrshire Council: Awareness-raising in the community

In the council's working group, one of the members suggested developing posters for the side of bin lorries to share critical support information on VAW with community members. The working group received funding from one of the trade unions and developed two posters, one on sexual harassment and one on domestic abuse. The posters included statistics and phone numbers for specialist support services.

The aim of the campaign was to increase awareness of the high levels at which domestic abuse and sexual harassment occur. As well, since many council staff work from home, the working group hoped that the campaign would reach both staff and community members to enable those who needed support to see where to access it.

Chest Heart & Stroke Scotland and North Lanarkshire Council: The benefits of peer learning

In the first meeting of the Community of Practice, staff from North Lanarkshire Council and the HR projects officer from Chest Heart & Stroke Scotland were in the same discussion group. Through the discussion, the HR projects officer mentioned the challenges in developing a policy on VAW. Since North Lanarkshire Council was bronze accredited and had already developed a VAW policy and complementary guidance for line managers, they offered to share this to provide a template for Chest Heart & Stroke Scotland's policy. As a result of sharing resources, Chest Heart & Stroke developed both a policy and detailed guidance for line managers on VAW that was influenced by the work at North Lanarkshire Council.

ACOSVO: Proactive team learning and reflection

ACOSVO was the smallest organisation participating in Equally Safe at Work, with only seven staff. As part of the programme, their working group attended the applying a gender lens workshop. As many of their staff members were in the office on the day of the training, once it was completed, the staff got together to discuss what they had learned in more detail. This was a unique opportunity to further reflect and also share examples from their own life. Being a smaller organisation, with almost half of the workforce completing the training, meant that learning could more easily be mainstreamed and shared more broadly.

Healthcare Improvement Scotland: Developing a quick guide for staff on supporting victim-survivors

Healthcare Improvement Scotland developed a guidance document for staff and managers on supporting colleagues affected by gender-based violence. The guidance was developed to support their gender-based violence policy and provide staff with further information on creating a trauma information environment in which employees feel safe to disclose their experience.

Healthcare Improvement Scotland wanted to ensure that staff had all the information they needed on what support was available; the different policies that could help including the flexible working policy and special leave; and external specialist support services. In addition to the guidance, a new mandatory training for managers and staff was created on gender-based violence.

NHS Ayrshire and Arran: The benefits of flexible working leaflet

In NHS Ayrshire and Arran, to improve understanding of the benefits of flexible working and how it support victim-survivors, they developed a leaflet for staff. The leaflet includes details on what flexible working is, the different types of flexible working, and how it improves employment practice.

The leaflet also include key details on how flexible working supports women returning from maternity leave, and those with caring responsibilities. It also highlights how flexible working can be an important support mechanism for victim-survivors of domestic abuse, and other forms of VAW.

The leaflet has been shared with staff across the organisation and has been uploaded to the vacancies page on the board's website.

Acknowledgements

Appendix: Frameworks by sector
Local Government

Development

Leadership

1. The council has made a public statement signed by the Chief Executive and the Council Leader in support of Equally Safe at Work.

2. The Chief Executive has made a written statement to all employees about Equally Safe at Work.

3. A cross-departmental working group is convened to oversee the delivery of the council's Equally Safe at Work action plan.

4. Working groups have received capacity building on how to apply a gender lens to their work.

Data

17. Gender pay gap information has been published.

Flexible working

25. The availability of flexible working is included in job advertisements.

Occupational segregation

31. An equal pay statement is published which includes horizontal and vertical occupational segregation information.

Workplace culture

46. A minimum of one policy has been reviewed to ensure gender sensitivity.

Violence against women

55. A violence against women policy is developed.

58. Support mechanisms for victim-survivors are in place.

59. Provision of violence against women leave for staff.

Bronze

Leadership

1. The council has made a public statement signed by the Chief Executive and the Council Leader in support of Equally Safe at Work.

2. The Chief Executive has made a written statement to all employees about Equally Safe at Work.

3. A cross-departmental working group is convened to oversee the delivery of the council's Equally Safe at Work action plan.

4. Working groups have received capacity building on how to apply a gender lens to their work.

5. Elected members have been engaged to build leadership capacity for Equally Safe at Work.

6. Cross-departmental engagement with the local multi-agency Violence Against Women Partnership is visible.

7. An internal awareness-raising campaign that highlights the links between gender inequality, women's labour market inequality and violence against women has been delivered.

Data

15. Gender-disaggregated employee data is collected and analysed.

16. Intersectional gender-disaggregated data on employee experiences of violence against women is collected.

17. Gender pay gap information has been published.

Flexible working

23. A sample of line managers complete the flexible working e-learning module.

24. The flexible working e-learning module is included in inductions for new line managers.

25. The availability of flexible working is included in job advertisements.

Occupational segregation

31. An equal pay statement is published which includes horizontal and vertical occupational segregation information.

32. Recruitment practice is free from gender bias.

33. Learning and development opportunities are gender sensitive.

34. Progression practice is reviewed and updated.

35. Initiatives to address horizontal segregation are developed.

36. Initiatives to address vertical segregation are developed.

Workplace culture

44. Your equality policy has been reviewed and/or developed.

45. An employee code of conduct or equivalent is in place.

46. A minimum of one policy has been reviewed to ensure gender sensitivity.

47. Equality training is included in inductions.

48. An equal pay review has taken place in the past two years or is planned to take place within the next year.

Violence against women

53. A sample of staff have completed the violence against women e-learning module.

54. Staff capacity is built on violence against women.

55. A violence against women policy is developed.

56. A sexual harassment policy is developed.

57. Awareness-raising material on violence against women is used.

58. Support mechanisms for victim-survivors are in place.

59. Provision of violence against women leave for staff.

Silver

Leadership

8. The Chief Executive has made a written statement to all employees about working towards the silver tier of Equally Safe at Work.

9. Collaborative working with specialist support services is visible.

10. Commitment is made from senior leaders to engage with Equally Safe in Practice.

11. An Equally Safe at Work Champions initiative is developed for elected members.

Data

18. Learning and development data is collected and analysed.

19. Intersectional data is collected and analysed.

20. Qualitative data on staff experiences of work is collected and analysed.

Flexible working

26. An audit of flexible working request refusals has been completed.

27. Barriers to uptake of flexible working have been identified.

28. Best practice in flexible working is shared and celebrated.

Occupational segregation

37. Occupational segregation has reduced.

38. Intersectional initiatives on occupational segregation are developed.

39. Initiatives to improve communication with staff are developed.

Workplace culture

49. The sexual harassment learning resources have been integrated into council practice.

50. Delivery of an internal awareness-raising campaign on the causes of gender inequality in the workplace.

Violence against women

60. Data on staff experiences of the reporting process is collected.

61. Employment policies are violence against women-sensitive.

62. A staff member is designated the violence against women contact for staff.

63. A plan is developed to track towards all line managers receiving violence against women and employment training.

Gold

Leadership

12. The Chief Executive has made a written statement to all employees about working towards the gold tier of Equally Safe at Work.

13. Additional and/or existing resources are allocated for work on gender equality.

14. Gender equality is integrated in strategic documents.

Data

21. Intersectional data is collected and analysed.

22. Data on experiences of returning to work after maternity leave is collected and analysed.

Flexible working

29. Flexible working is available for senior roles.

30. A team of flexible working champions is created.

Occupational segregation

40. Additional or existing resources are allocated for work on occupational segregation.

41. Spend on learning and development is gender proofed.

42. Initiatives to address horizontal segregation are developed.

43. Initiatives to address vertical segregation are developed.

Workplace culture

51. Childcare support is provided.

52. Additional and/or existing resources are allocated for work on gender equality initiatives.

Violence against women

64. Additional and/or existing resources are allocated for work on preventing violence against women.

65. All line managers have received violence against women and employment training.

Appendix: Frameworks by sector
Third Sector

Development

Leadership

1. The organisation has made a public statement signed by the Chief Executive and Chair of the board in support of the Equally Safe at Work pilot.

2. The Chief Executive has made a written statement to all employees about the Equally Safe at Work pilot.

3. A working group is convened to oversee the delivery of the organisation's Equally Safe at Work action plan.

4. Working group members have received capacity building on how to apply a gender lens to their work.

Data

13. Gender pay gap information has been published.

Flexible working

19. A sample of line managers have completed the flexible working e-learning module.

20. A flexible working policy is in place.

21. The availability of flexible working is included in job advertisements.

Occupational segregation

25. Occupational segregation data is published.

26. Recruitment practice is free from gender bias.

Workplace culture

32. A statement on equal pay is developed.

33. A minimum of one policy has been reviewed to ensure gender sensitivity.

Violence against women

40. A sample of line managers have completed the violence against women e-learning module.

41. A sample of line managers have completed the sexual harassment e-learning module.

42. A violence against women policy is developed.

43. Awareness-raising material on violence against women is used.

44. Support mechanisms for victim-survivors are in place.

Bronze

Leadership

1. The organisation has made a public statement signed by the Chief Executive and Chair of the board in support of the Equally Safe at Work pilot.

2. The Chief Executive has made a written statement to all employees about the Equally Safe at Work pilot.

3. A working group is convened to oversee the delivery of the organisation's Equally Safe at Work action plan.

4. Working group members have received capacity building on how to apply a gender lens to their work.

5. An internal awareness-raising campaign that highlights the links between gender inequality, women's labour market inequality and violence against women has been delivered.

Data

12. Gender-disaggregated employee data is collected and analysed.

13. Gender pay gap information has been published.

Flexible working

19. A sample of line managers have completed the flexible working e-learning module.

20. A flexible working policy is in place.

21. The availability of flexible working is included in job advertisements.

Occupational segregation

25. Occupational segregation data is published.

26. Recruitment practice is free from gender bias.

27. Progression practice is reviewed and updated.

Workplace culture

32. A statement on equal pay is developed.

33. A minimum of one policy has been reviewed to ensure gender sensitivity.

34. Your equality policy has been reviewed and/or developed.

35 Equality training is gender- and violence against women-sensitive.

36. Equality training is included in inductions.

Violence against women

40. A sample of line managers have completed the violence against women e-learning module.

41. A sample of line managers have completed the sexual harassment e-learning module

42. A violence against women policy is developed.

43. Awareness-raising material on violence against women is used.

44. Support mechanisms for victim-survivors are in place.

45. A sexual harassment policy is developed.

Silver

Leadership

6. The Chief Executive has made a written statement to all employees about working towards the silver tier of Equally Safe at Work.

7. A sample of line managers and/or staff have received capacity building on how to apply a gender lens to their work.

Data

14. Qualitative data on staff experiences is collected and analysed.

15. Learning and development data is collected and analysed.

16. Intersectional data is collected and analysed.

Flexible working

22. Barriers to uptake of flexible working have been identified.

23. Best practice in flexible working is shared and celebrated.

Occupational segregation

28. Learning and development opportunities are gender sensitive.

Workplace culture

37. Employees and workers are paid the real Living Wage.

38. The sexual harassment learning resources have been integrated into practice.

Violence against women

46. A sample of line managers and/or staff have completed the violence against women e-learning module.

47. A sample of line managers and/or staff have completed the sexual harassment e-learning module.

48. Collaborative working with specialised support services is visible.

49. Staff feedback on the reporting process is collected.

Gold

Leadership

8. The Chief Executive has made a written statement to all employees about working towards the gold tier of Equally Safe at Work.

9. All line managers and staff have received capacity building on how to apply a gender lens to their work.

10. An Equally Safe at Work Champions initiative is developed for board members.

11. Gender equality is integrated in strategic documents.

Data

17. Intersectional data is collected and analysed.

18. Data on experiences of returning to work after maternity leave is collected and analysed.

Flexible working

24. Flexible working is available for senior roles.

Occupational segregation

29. Initiatives to address horizontal segregation are developed.

30. Initiatives to address vertical segregation are developed.

31. Spend on learning and development is gender-proofed.

Workplace culture

39. Delivery of an internal awareness-raising campaign on the causes of gender inequality in the workplace.

Violence against women

50. All line managers and staff have completed the violence against women e-learning module.

51. All line managers and staff have completed the sexual harassment e-learning module.

52. Employment policies and practice are violence against women-sensitive.

Appendix: Frameworks by sector
NHS

Development

Leadership

1. A statement is signed by the Chief Executive and the Chair of the board in support of the Equally Safe at Work pilot.

2. The Chief Executive has made a written statement to all employees about the Equally Safe at Work pilot.

3. A cross-departmental working group is convened to oversee the delivery of the NHS board's Equally Safe at Work action plan.

4. Working group members have received capacity building on how to apply a gender lens to their work.

Data

15. Gender pay gap information has been published.

Flexible working

24. The availability of flexible working is included in job advertisements.

Occupational segregation

30. An equal pay statement is published which includes horizontal and vertical occupational segregation information.

Workplace culture

43. A minimum of one policy, programme or practice has been reviewed to ensure gender sensitivity.

Violence against women

52. Staff capacity is built on violence against women.

54. Awareness-raising material on violence against women is used.

55. Support mechanisms for victim-survivors are in place.

Bronze

Leadership

1. A statement is signed by the Chief Executive and the Chair of the board in support of the Equally Safe at Work pilot.

2. The Chief Executive has made a written statement to all employees about the Equally Safe at Work pilot.

3. A cross-departmental working group is convened to oversee the delivery of the NHS board's Equally Safe at Work action plan.

4. Working group members have received capacity building on how to apply a gender lens to their work.

5. Non-executive board members have been engaged to build leadership capacity on Equally Safe at Work.

6. Cross-departmental engagement with the local multi-agency Violence Against Women Partnership is visible.

7. An internal awareness-raising campaign that highlights the links between gender inequality, women's labour market inequality and violence against women has been delivered.

Data

13. Gender-disaggregated employee data is collected and analysed.

14. A system to collect intersectional gender-disaggregated data on employee experiences of violence against women is developed.

15. Gender pay gap information has been published.

Flexible working

22. A sample of line managers have completed training on flexible working.

23. The flexible working training is included in inductions for new line managers.

24. The availability of flexible working is included in job advertisements.

Occupational segregation

30. An equal pay statement is published which includes horizontal and vertical occupational segregation information.

31. Recruitment practice is free from gender bias.

32. Learning and development opportunities are gender sensitive.

33. Progression practice is reviewed and updated.

34. Initiatives to address horizontal segregation are developed.

35. Initiatives to address vertical segregation are developed.

Workplace culture

43. A minimum of one policy, programme or practice has been reviewed to ensure gender sensitivity.

44. Equality training is included in inductions.

45. An equal pay review has taken place in the past two years or planned to take place within the next year.

Violence against women

51. A sample of staff have completed the violence against women and employment training.

52. Staff capacity is built on violence against women.

53. A sexual harassment policy is developed.

54. Awareness-raising material on violence against women is used.

55. Support mechanisms for victim-survivors are in place.

56. Provision of violence against women leave for staff.

Silver

Leadership

8. The Chief Executive has made a written statement to all employees about working towards the silver tier of Equally Safe at Work.

9. An Equally Safe at Work Champions initiative is developed for senior members of staff and non-executive board members.

Data

16. Data is collected on flexible working requests and refusals.

17. Learning and development data is collected and analysed.

18. Intersectional data is collected and analysed.

19. Qualitative data on staff experiences in the workplace is collected and analysed.

Flexible working

25. Barriers to uptake of flexible working have been identified.

26. Best practice in flexible working is shared and celebrated.

Occupational segregation

36. Occupational segregation has reduced.

37. Intersectional initiatives on occupational segregation are developed.

38. Initiatives to improve communication with staff are developed.

Workplace culture

46. Employees are paid the real Living Wage.

47. The sexual harassment learning resources have been integrated into board practice.

48. Delivery of an internal awareness-raising campaign on the causes of gender inequality in the workplace.

Violence against women

57. Data on staff experiences of the reporting process is collected.

58. Employment practice, programmes and policies are violence against women-sensitive.

59. There are designated violence against women contacts for staff.

60. A plan is developed to track towards all line managers receiving violence against women and employment training.

Gold

Leadership

10. The Chief Executive has made a written statement to all employees about working towards the gold tier of Equally Safe at Work.

11. Additional and/or existing resources are allocated for work on gender equality.

12. Gender equality is integrated in strategic documents.

Data

20. Intersectional data is collected and analysed.

21. Data on experiences of returning to work after maternity leave is collected and analysed.

Flexible working

27. An audit of flexible working requests and refusals has been completed.

28. Flexible working is available for senior roles.

29. A team of flexible working champions is created.

Occupational segregation

39. Additional and/or existing resources are allocated for work on occupational segregation.

40. Spend on learning and development is gender proofed.

41. Initiatives to address horizontal segregation are developed.

42. Initiatives to address vertical segregation are developed.

Workplace culture

49. Childcare support is provided.

50. Additional and/or existing resources are allocated for work to advance gender equality.

Violence against women

61. Additional and/or existing resources are allocated for work on violence against women.

62. All line managers have received violence against women and employment training.

Close the Gap works in Scotland on women's labour market participation. We work with policymakers, employers and unions to influence and enable action that will address the causes of women's inequality at work.

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