

Human Resources

Diversity & Inclusion

Example One – demonstrating Equality Analysis in action

The Building User Group and Estates have recommended making changes to signs within an individual building on one of our campuses to reflect the recent moves and occupant changes in a building.

During the Equality Analysis, the project manager identified that proposed changes were highly relevant for groups included in the protected characteristic 'disability'. This was particularly the case as considerations over disability and visibility needed to be looked at before any changes were made. In relation to other protected characteristics, the same policy was rated low impact as this was unlikely to be an issue.

The Building User Group consulted with disabled staff who highlighted the importance of signs being visible from different viewpoints – e.g. from standing and viewed from a wheelchair. The size and clarity of fonts was important, as was alternative formats such as tactile and spoken maps for users with visual impairments. The disabled staff group also identified a need to identify level access routes, especially in the older buildings at King's.

The EA helped to identify how the signs could improve access and inclusion for a particular group of people. Through consulting with the building user group and a disabled user group, decisions were taken to:

- Increase size of signage and improve positioning for users
- Improve lighting around signage
- Provide tactile maps at building reception
- Explore feasibility of alternative sign formats, e.g. including signing routes which have level access, and colour coding direction advice at critical points

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Example Two – demonstrating how Equality Analysis would improve decision making

An area of the university employs many part-time workers, 87% of whom are women with caring responsibilities. This department holds regular development afternoons for their staff teams to come together for non-mandatory training. These development afternoons have been arranged in advance to fall on Wednesdays - when all part time staff are present and have the opportunity to participate. Without consultation, the department management make the decision to change the sessions from a Wednesday to a Monday - contractually, not all PT staff have Monday as a working day. Many of the part time staff are unable to attend the training as a result.

Male employees are more likely to hold full time roles and contracts that enable them to attend the training sessions. Unhappy with this decision, a few of the part time staff affected by this decision raised the issue with management and asked for additional training sessions to be provided on their working days, which was refused by management due to cost saving. These decisions disproportionately, indirectly affect women working at the organisation - by limiting their access to training and development opportunities that are afforded to their peers.

In this case, full and proper Equality Analysis would have alerted the organisation to the over-representation of women in part time roles, and a consultation process would have potentially alerted management to the issues raised by part time employees and the impacts on their training and development. This information would have enabled management to have made an informed and evidence-based decision on the matter at hand, with the opportunity to mitigate differential adverse impacts upon staff on the basis of their gender/sex, or take a different path of action.

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Example Three – using Equality Analysis to understand impact and remedy adverse impact

A committee charged with running a graduate scheme in 2015 had no successful BME candidates, despite having 40% BME applicants for that round. In 2013 and 2014, the proportion of BME applicants to successful candidates was comparable, both being around 40%. The committee wanted to understand why the process in 2015 did not lead to similar success rates for white and BME staff.

Equality Analysis deconstructed the process into three parts: application form, psychometric tests, and assessment centre in order to identify the cause of the change. The analysis showed that in 2013 and 2014, the assessments were taken as a matrix, where each test contributed to a final score. In this process, each of the three assessment types contributed equally to the result. In 2015, to save costs, the tests were sequenced, so if you failed the first test you were unable to complete the second test, if you failed the second test you were unable to complete the third test.

Reviewing the process showed that the majority of BME candidates dropped out during the psychometric tests, and further research showed there to be a proven bias in that the tests had differential results for BME (and other groups). The guidance from the provider of the psychometric tests recommended the use of the tests as part of a holistic assessment process, and not to be used individually.

In 2016, the process for the graduate scheme changed to include a more refined psychometric test which did not have differential results by ethnicity. This test was used in combination with the application form and assessment centre.

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Example Four – Implementing hot desking

Due to an increase in recruitment, there is an increasing demand for desk space in the department office. As part of developing new ways of working, the leadership team have decided to implement hot desking for their teams. This is to enable staff to work remotely and in other locations, and which would mean that staff would no longer have an assigned desk. This change to their working style also means desks will need to be kept clear when not occupied.

During the Equality Analysis, the leadership team identified that the proposed changes were highly relevant for groups included in the protected characteristic 'disability', as well as staff with caring responsibilities.

The project manager consulted with staff who would be directly affected by these proposed changes. It enabled staff to highlight the impact these changes would have on them. Some different viewpoints included:

- A member of staff with childcare responsibilities has a mobility impairment that makes travelling in rush hour difficult. They had previously agreed workplace adjustments with their manager where they usually got into the office by 10am, and used a permanent desk, which was adapted to their mobility needs.
- Another member of staff with social anxiety disorder had agreed reasonable adjustments with their manager that included taking frequent short breaks throughout the working day and working at a desk based in a quiet location and increased personal space.

The EA helped to identify how current and new staff with disabilities/health conditions, caring responsibilities (or both) could still have their needs met, where reasonable, whilst operating a hot desking policy. Through consulting with staff, decisions were taken to:

- ♦ Pilot the policy before widespread implementation
- ♦ Allocate permanent desks for staff with adapted work stations
- ♦ Introduce a quiet zone for working
- ♦ Audit other available space in the building that could be used for hotdesking