



## Equality Impact Assessment (EQIA) - Clinical supervision for the nursing and midwifery workforce learning resources and clinical supervisor preparation

NHS Education for Scotland (NES) directorate or department: Nursing Midwifery and Allied Health Professionals (NMAHP)

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### Introduction

Equality Impact Assessment is a process that helps us to consider how our work will meet the three parts of the Public Sector Equality Duty. It is an important way to mainstream equality into our work at NES and to help us:

- take effective action on equality.
- develop better policy, technology, education and learning and workforce planning solutions for health, social care and a wide range of our partners, stakeholders, and employees.
- demonstrate how we have considered equality in making our decisions.

### Background

Clinical supervision aims to enable and empower practitioners to provide high-quality, safe, person-centred care. It provides staff with time, feedback, and guidance, in a psychologically safe space, to critically reflect on and in, their practice (NHS Education for Scotland, 2023).

The NES Practice Education team are updating and developing clinical supervisor preparation resources, as well as a suite of educational resources to support the nursing and midwifery workforce in Scotland to gain the knowledge, skills and understanding to actively engage with clinical supervision and experience its potential benefits.

The NES Inclusive Education and Learning Policy (2023) underpins the design and delivery of the clinical supervisor preparation and clinical supervision learning resources, sharing the vision that:

- health and social care staff will have equity in opportunity in access and experience of education and learning.
- the content of our education and learning will reflect and be inclusive of diversity.

- it will support progress in addressing societal inequalities by promoting greater understanding of them.

A list of the clinical supervision resources considered in this EQIA can be found in Appendix A.

## Evidence

A short life working group was formed to undertake this EQIA, with regional representation from the NES Nursing and Midwifery Practice Educator National Network (NESPENN).

We carried out a desk-based literature review to identify:

- potential barriers to educational engagement, learning and attainment for people from diverse population groups.
- best practice for creating inclusive learning environments.

Where available, we have used [Scottish Health Workforce equality and diversity data](#) to help us understand the demographic of the staff for whom the clinical supervisor preparation and clinical supervision learning resources are intended, and consider how to address potential inequalities of access, participation, or attainment.

Our working group is representative of a range of nursing and midwifery fields of practice, and we have been able to provide a lived experience perspective relating to several population groups. Consultation with stakeholders has been integral to the development of the resources. This has allowed us to enlarge our representation and hear the perspectives of a more diverse range of staff from the NHS Scotland workforce, which is the target audience for our learning resources and clinical supervisor preparation programmes.

Details of the data used and our assessment of impact, including protected characteristics are provided in Appendix B.

## Assessment

We have considered how this work will impact on the Public Sector Equality Duty. This includes how it might affect people differently, taking account of protected characteristics and how these intersect, including poverty and low income. This is important as a national NHS Board in our work to address health inequalities.

We have utilised a human rights-based approach inclusive of children's rights where appropriate. We are not aware of any specific issues in this work that relate to our role as a corporate parent.

A Fairer Scotland Assessment requires public authorities to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

We have included our Fairer Scotland Assessment in this Equality Impact Assessment.

The bullet points below are the three parts of the Public Sector Equality Duty:

- How will it progress equality of opportunity for people who experience inequalities?

In developing and updating our clinical supervisor preparation and clinical supervision learning resources, we aim to avoid perpetuating inequalities by acknowledging the experiences of different population groups and adopting an anti-inequality ethos within our work. We will strive to design inclusive resources and reduce barriers to learning for people who experience inequalities, and to ensure that content and materials reflect the diversity of NHS Scotland staff and the people who use our services.

- How will it eliminate discrimination, victimisation, harassment, or other unlawful conduct?

We will adhere to the NES Inclusive Education and Learning Policy in the refresh, design and delivery of our clinical supervisor preparation and clinical supervision learning resources. This will include:

- i. being proactive in our communication and actions, to create psychological safety for learners to discuss their learning needs, so that reasonable adjustments can be put in place and barriers to participation reduced or eliminated.
  - ii. keeping up to date with contemporary evidence and lived experiences, potential barriers to learning and best practice to help create inclusive resources and educational programmes and avoid direct or indirect discrimination.
  - iii. regular impact review of our materials and resources to ensure they are and continue to be underpinned by the principles of equality, diversity, and inclusion.
  - iv. incorporate material into the resources that raises awareness about the importance of challenging behaviours which may discriminate, victimise, or result in harassment.
- How can it promote good relations between people who share a protected characteristic and those who do not? For example, think about how we can tackle any prejudice or stigma.

The review of clinical supervisor preparation and the development of clinical supervision learning resources provides us with the opportunity to embed the principles of equality, diversity, and inclusion. To achieve this, we will:

- i. promote inclusion by ensuring content includes images, examples and case studies that reflect our diverse workforce. this will include visible representation of people from diverse population groups in clinical supervisor roles.
- ii. incorporate material into the clinical supervisor preparation resources that raises awareness about potential barriers practitioners from different population groups

may experience when accessing or engaging in clinical supervision, and best practice to address this.

- iii. embed a human rights-based approach, cultural humility and self-reflection as fundamental knowledge, skills and behaviours required by all practitioners participating in and facilitating clinical supervision.

## Mitigating Actions and Next Steps

In the evidence and data section of this report (Appendix B), we have identified current and future actions to mitigate against any potential disparities in outcomes for people with protected characteristics and from diverse populations. A summary of key themes and future actions is provided in the table below. The timescale for achieving these actions is 12 months and will be included in the Nursing and Midwifery Practice Educator work plan.

<b>Theme</b>	<b>Actions</b>
Ensure clinical supervisor preparation and clinical supervision learning resources include visible representation of the diversity of the NHS Scotland workforce.	Incorporate images, case studies and examples of people with different protected characteristics and from diverse population groups both participating in and facilitating clinical supervision
Ensure accessibility of clinical supervision materials and resources	<p>Ensure digital resources, including PowerPoint presentations adhere to the Web Content Accessibility Guidelines (WCAG) Standards 2.2 AA.</p> <p>Develop learning resources in easy-to-read and alternative formats.</p> <p>Add a facilitator checklist that describes best practice for supporting neurodivergent learners</p>
Support participation and access to clinical supervisor preparation for people who may currently face barriers to accessing learning and professional development activities such as people from black and minority ethnic backgrounds.	Establish links with relevant networks and people with living experience to collaboratively plan and put actions in place to support access and participation.

<p>Embed principles of equality, diversity, and cultural humility as core knowledge, skills, and behaviours (KSBs) for clinical supervisors.</p>	<p>The Clinical Supervision Capability Framework will include core knowledge, skills, and behaviours (KSBs) that:</p> <ul style="list-style-type: none"> <li>• support self-awareness and exploration of cultural norms and biases</li> <li>• promote inclusive communication and behaviours</li> <li>• constructively challenge prejudice</li> </ul>
<p>Create an inclusive learning experience for people with protected characteristics and from diverse population groups.</p>	<p>Follow best practice guidance for decolonising the curriculum when reviewing and developing clinical supervisor preparation programmes and learning resources.</p> <p>Recommend that programme facilitators:</p> <ul style="list-style-type: none"> <li>• consult interfaith calendars when planning session dates.</li> <li>• consider the diversity of religious and cultural obligations when choosing learning activities</li> </ul> <p>All resources and associated content will adopt inclusive language and be representative of the diversity of learners.</p>
<p>Assess the impact of the future actions as identified within this EQIA.</p>	<ol style="list-style-type: none"> <li>1. Explore methods to enhance engagement with people with lived and living experience, seeking feedback and support for future resource development and updates.</li> <li>2. We will review the EQIA when we are undertaking our product review in approximately one year or sooner if feedback is received indicating that action is required.</li> <li>3. We will explore options to collect data within our resource evaluations that will allow analysis of how effective our mitigating actions have been.</li> </ol>

## Sign-off

Director: Karen Wilson

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Review date: 04/09/25



## References

- Breslin, E.T., Nuri-Robins K., Ash J., Kirschling J.M. (2018) The changing face of academic nursing: Nurturing diversity, inclusivity, and equity. *Journal of Professional Nursing*, 34: pp. 103–109.
- Demir I (2022) How and Why Should We Decolonize Global Health Education and Research? *Annals of Global Health* 88(1): 30. <http://doi.org/10.5334/aogh.3787>
- Dowling, T., Metzger, M. and Kools, S. (2021) Cultivating inclusive learning environments that foster nursing education program resiliency during the COVID-19 pandemic. *Journal of Professional Nursing*. 37 (5): pp.942–947.
- Huerta, C.G, Emami, A. and Glazer, G. (2017) AACN position statement on diversity, inclusion, & equity in academic nursing." *Journal of Professional Nursing*. 33 (3): pp.173-174.
- Joseph, O.R., Flint, S.W., Raymond-Williams, R., Awadzi, R., Johnson, J. (2021) Understanding Healthcare Students' Experiences of Racial Bias: A Narrative Review of the Role of Implicit Bias and Potential Interventions in Educational Settings. *International Journal of Environmental Research and Public Health*. 18, 12771 Accessed 21.02.24 [IJERPH | Free Full-Text | Understanding Healthcare Students' Experiences of Racial Bias: A Narrative Review of the Role of Implicit Bias and Potential Interventions in Educational Settings \(mdpi.com\)](#)
- Mousseau, J. (2024). Interfaith Calendar 2024. Diversity Resource [online]. [Accessed 25 May 2024]. Available at: [Interfaith Calendar 2024: Major Religious Holidays, Holy Days \(diversityresources.com\)](#)
- NHS Education for Scotland (2023) Inclusive Education and Learning Policy. Available at: [NES Corp Hub - NES Inclusive Education & Learning Policy - May 2023.pdf - All Documents \(sharepoint.com\)](#)
- NHS Education for Scotland (2023) Menopause guide for managers. Available at: [NES Corp Hub - Menopause Guide for Managers.pdf - All Documents \(sharepoint.com\)](#)
- NHS Education for Scotland (2024) Turas Data Intelligence. NHS Scotland Workforce. Available at: [NHS Scotland workforce | Turas Data Intelligence](#)
- Nursing and Midwifery Council (2020) Ambitious for Change. Research into NMC processes and people's protected characteristics. Full report. Available at: [https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/nmc\\_edi\\_research\\_full.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/nmc_edi_research_full.pdf)
- Pendleton J, Clews C, Cecile A (2022). The experiences of black, Asian and minority ethnic student midwives at a UK university. *British Journal of Midwifery* 30(5): 270-81. [\(PDF\) The experiences of black, Asian and minority ethnic student midwives at a UK university \(researchgate.net\)](#)

Royal College of Midwives (2023) Decolonising Midwifery Education Toolkit  
[Decolonising midwifery education toolkit - Royal College of Midwives](#)

Scottish Government (2019) A fairer Scotland for women: gender pay gap action.  
Available at: [Chapter 3 Early Learning And Childcare - A fairer Scotland for women: gender pay gap action plan - gov. scot \(www.gov.scot\)](#)

Scottish Government (2022) National Care Service - people who access adult social care and unpaid carers: evidence. Available at: [National Care Service - people who access adult social care and unpaid carers: evidence - gov.scot](#)

The Times Higher Education (2024) Decolonising the curriculum. [Decolonising the curriculum | THE Campus Learn, Share, Connect \(timeshighereducation.com\)](#)



# Appendices

## Appendix A

### **Clinical Supervision Learning Resources included in this EQIA.**

- eLearning module: Clinical supervision for the nursing workforce: supporting you to develop and thrive in your role (in development).
- Clinical Supervision for the Nursing and Midwifery Workforce Turas Learn pages (in development).
- Clinical Supervision Capability Framework: NHS Scotland nursing and midwifery workforce (in development).
- Clinical Supervisor Preparation Pathway (in development).
- Clinical supervision for the nursing and midwifery workforce promotional materials (in development).
- Restorative Clinical Supervisor Preparation: A work-based learning model for the Nursing and Midwifery Workforce (in development).
- Restorative Clinical Supervisor Preparation Programme: (4 digital eLearning units and four interactive workshops) (Review and refresh planned 2024).

As part of our resource development and review, the restorative clinical supervisor preparation programme described above will be broadened to incorporate all 3 components of the Scottish Clinical Supervision model. The preparation of supervisors in the future will include all 3 components: practice, professional and restorative. During the EQIA process we have considered potential differential impacts and mitigating actions that will directly inform the development and delivery of refreshed clinical supervisor preparation programmes and resources.

## Appendix B

During our EQIA we have considered potential differential outcomes for people with protected characteristics and from different population groups. Our findings are summarised below.

**Age** (includes young people and older people)

### Evidence and data

The clinical supervision learning resources are primarily targeted at the NHS Scotland nursing and midwifery workforce. The age profile of the Scottish health workforce ([NES 2023](#)) is described in Table 1.

34 and under	35-54	55+
29.7%	49.7%	20.6%

We must consider the potential differential outcomes for learners in the whole adult age range and for young people aged 17 to 18 who may be employed in a support worker role.

### Potential Impacts

- Assumptions might be made about a learner's ability to use digital technology, or about their preferred learning style, based on their age profile.
- Learning and engagement may be negatively affected if learners do not see a representation of people from their age range in the images, examples and case studies used in the learning resources.

### Current mitigating actions

- The programme is delivered in different formats, online and in-person so learners have a choice that best suits their learning preference.
- Offer pre-course information that creates psychological safety for learners to identify and seek support for any specific learning needs or preferences.
- Programme facilitators demonstrate inclusivity in their behaviour, language, and communication, to avoid stereotyping and help eliminate discrimination.
- Facilitators are encouraged to follow trauma-informed principles for all learners.
- Programme facilitators are committed to ongoing learning about equality and diversity to enhance self-awareness and prevent indirect discrimination.

### Future actions

- Every effort will be made to ensure all images, case studies, and examples are inclusive of people from the whole age profile of the NHS Scotland workforce.

**Disability** (includes physical and mental health conditions. Remember ‘invisible disabilities’)

### **Evidence and data**

[NHS Scotland workforce statistics](#) show that 1.4% of staff self-reported having a disability in the year ending March 2023. This data is collected via staff engagement forms via the e: you questionnaire that is for all Scotland staff in post. However, completion of the questionnaire is optional, and the response rates are variable. Therefore, there may be underreporting of disabilities if staff choose not to disclose them to their employer.

No	Yes	Declined	Not known
60.6%	1.4%	8.0%	30.0%

### **Potential impacts**

- A lack of visible representation of people with disabilities in the clinical supervision resources and clinical supervisor preparation may inhibit the sense of psychological safety and belonging for participants with disabilities, and this could negatively impact their learning experience.

### **Physical/sensory disabilities**

- If the clinical supervision materials and resources are not available in alternative formats this may inhibit learning.
- In terms of the current clinical supervisor preparation programme:
  - Sitting for the length of the hour in person workshop may be difficult for some learners.
  - If the venue of in-person workshops is not accessible for people with physical or sensory disabilities this will negatively impact their ability to participate and engage with the programme.

### **Learning disabilities**

- Lack of summary and easy-to-read versions of the resources and programme materials may inhibit learning for people with some learning disabilities.

### **Neurodiversity**

- The learning experience of some people may be negatively impacted if the resources, including online learning units, handouts and PowerPoint slide decks do not conform to neurodiversity guidelines and best practice.

## **Mental Health**

- Clinical supervision supports wellbeing. Trauma-informed practice is promoted throughout the programme and resources, to support an emotionally safe environment and culture. Although participants may become emotional when sharing, participants are empowered to lead these discussions, within the boundaries agreed at the contacting stage.
- It is not anticipated that the programme or resources would negatively impact individuals with a mental health illness.

## **Current Mitigating actions**

- We follow trauma-informed principles when facilitating clinical supervisor preparation programmes.
- We are committed to being proactive in our communication and actions, to create psychological safety for learners to discuss their individual learning needs or disclose a disability so that reasonable adjustments can be put in place and barriers to participation reduced or eliminated.
- We consider reasonable adjustments and accessibility of access when choosing the venue for in-person workshops.
- We incorporate regular rest breaks into our workshop timetables.

## **Future actions**

- We will continue to follow trauma-informed principles in the design and facilitation of clinical supervisor preparation programmes. For example, we will inform participants in advance that cameras are expected to be on during sessions to facilitate communication and relationship building. We will encourage them to contact us if they require reasonable adjustments in this regard.
- Our learning materials and resources will incorporate images, case studies, and examples that are inclusive of people with a disability.
- We will provide learning resources in alternative formats.
- We will ensure that digital resources, including PowerPoint presentations adhere to the Web Content Accessibility Guidelines (WCAG) Standards 2.2 AA.
- We will include a checklist for clinical supervisor preparation programmes that describes best practice for supporting neurodivergent learners.

## **Race and ethnicity**

### **Evidence and data**

[NHS Scotland workforce statistics](#) indicate that whilst most staff identify themselves as white Scottish (57%), our workforce also includes staff from a wide range of ethnic backgrounds. Therefore, we must consider the potential differential impacts of current

and future clinical supervisor preparation programmes and clinical supervision learning resources on learners from diverse population groups.

Evidence highlights that people from black and minority ethnic backgrounds working in healthcare settings in the United Kingdom are more likely to face barriers to career progression, for example, fewer opportunities for training and promotion than white peers (NMC, 2020, Pendleton, 2017). In addition, it has been identified that they are more likely to experience bullying and harassment or abuse from other staff or experience discrimination at work (King's Fund, 2020). People from black and minority ethnic backgrounds are also more likely to enter a formal disciplinary process than white staff; and proportionately more black nurses and midwives are referred to the Nursing and Midwifery Council Fitness to Practice process (NMC, 2020).

In healthcare education, research indicates that learners from black and minority ethnic backgrounds face differential attainment, higher attrition rates, and more negative experiences compared to their white peers (Joseph et al., 2021, RCM, 2023, Pendleton et al., 2022).

Best practice recommendations to decolonise the curriculum and create learning environments that are inclusive for learners from diverse population groups include:

(RCM, 2023, Demir, 2022, The Times Higher Education, 2024)

- Weave anti-racist content throughout the programme e.g., social inequalities, white privilege, racism, conscious and unconscious racial bias, microaggressions, effects of colonisation and decolonisation
- Create safe spaces for students from diverse population groups to promote a sense of belonging and security.
- Ensure all staff have training on inclusive education, cultural diversity, and anti-racism.
- Diversify reading lists and sources used within teaching material to increase representation of viewpoints (i.e., avoid just presenting a Eurocentric viewpoint)
- Engage learners as co-producers in developing the curriculum.
- Be mindful of language and terminology to promote inclusive, culturally safe learning materials and environments. Avoid racial stereotypes and avoid perpetuating microaggressions.
- Promote cultural safety.

Ensure programme timetables take into consideration diversity of religious and cultural obligations

## **Potential impacts**

- Staff from black and minority ethnic backgrounds may face barriers to participating in clinical supervisor preparation due to the lack of opportunity provided for professional development.
- A lack of visible representation of people from black and minority ethnic backgrounds in the resources and clinical supervisor preparation programmes may inhibit the sense of psychological safety and belonging for learners from diverse ethnic groups, and this could negatively impact their learning experience and engagement.
- A lack of visible representation of people from black and minority ethnic backgrounds in clinical supervisor roles resources may perpetuate implicit and explicit racial bias.

## **Current mitigating actions**

- Practice educators developing clinical supervision learning resources and updating the clinical supervisor preparation programme are committed to ongoing learning about equality and diversity to enhance self-awareness and cultural humility.
- During workshops, facilitators are mindful to ensure there is equal opportunity for everyone to contribute, ensuring the voices of people from diverse ethnic backgrounds are valued and diversity is celebrated.

## **Future actions**

- Our learning materials and resources will incorporate images, case studies, and examples that are inclusive of people from diverse ethnic backgrounds.
- We will include positive representations and examples of clinical supervisors from black and minority ethnic backgrounds.
- In relation to clinical supervisor preparation programmes and resources:
  - Updated programme content will raise awareness and reinforce the message that all supervisors need to undertake equality and diversity training.
  - We will follow best practice guidance for decolonising the curriculum and creating an inclusive learning environment for people from diverse population groups.
  - We will support access to and participation in clinical supervisor preparation for people who are at risk of discrimination due to their race and/or ethnicity. This includes approaching relevant groups and networks to collaboratively plan and put in place actions to support this.

## Gender reassignment

### Evidence and data

Whilst we are not aware of any specific issues related to gender reassignment and the clinical supervision education resources, the group are conscious of the evidence base regarding the discrimination faced by trans people and a general lack of understanding of specific needs. Any mitigating actions detailed below are in response to this understanding and should be implemented as standard practice to avoid the need for unwanted personal disclosure.

### Current mitigating actions

- Resource content is representative of the general population and has examples of clinical supervisors and supervisees within case studies and imagery that reflects the gender spectrum, ensuring to avoid any stereotypical references and gender-biased language.

### Future actions

- Pronouns should not be used to assume gender in face-to-face delivery. In the absence of confirmed personal pronouns, individuals can be referred to using the terms “they/them.”
- Educators can contribute to a psychologically safe space by including reference to their own pronouns within their introductions. Educators must refer to participants using a person’s chosen name and the pronouns they identify with.
- All resources and associated content will adopt language that is inclusive of all gender identities.

## Sex

### Evidence and data

[NHS Scotland Workforce Statistics](#) indicate that 89.1% of the nursing and midwifery workforce are female and 10.9% are male.

[Scottish Government \(2019\)](#) indicate that childcare responsibility continues to rest with women, and this disproportionately impacts their opportunities to enter education and employment. In addition, it is estimated that older, working-aged women are more likely to provide unpaid care than other age and gender groups. (26% women aged 45-54, 23% women aged 55-64) ([Scottish Government, 2022](#)) 49.7% of the NHS Scotland Nursing and Midwifery Workforce are aged between 35 and 54.

Transitioning through menopause, which typically happens between ages 45 and 55 (although this may be earlier or later) can affect a person’s emotional, and physical health

and cognition. This may impact on their experience of engaging with education and learning in general.

We are not aware of any specific issues relating to this protected characteristic in relation to the clinical supervision resources. However, we are committed to undertaking the proactive mitigating actions detailed below.

### **Current mitigating actions**

- We are proactive in our communication and actions, to create psychological safety for learners to discuss their learning needs so that reasonable adjustments can be put in place.
- We follow the principles of the NES Inclusive Education and Learning Policy, taking a proactive, flexible approach to reduce barriers to learning.
- For the delivery of the clinical supervisor preparation programme, we consider the needs of people with childcare and unpaid caregiving responsibilities, providing flexible learning options including in-person and blended formats.

## **Pregnancy and maternity**

### **Evidence and data**

- In terms of the clinical supervision education resources, we are not aware of any specific issues related to pregnancy and maternity. However, as stated in the previous section, 89.1% of the nursing and midwifery workforce in Scotland are women, therefore we are cognisant that a percentage of the people accessing our resources will be pregnant, breastfeeding or have recently returned from maternity leave.

### **Current mitigating actions**

- We adopt a flexible person-centred approach to support learners who are pregnant, breastfeeding or recently returned from maternity leave, providing reasonable adjustments as required.
- We follow the principles of the NES Inclusive Education and Learning Policy (2023)

## **Sexual orientation**

### **Evidence and data**

NHS Scotland workforce statistics (2023) indicate that whilst most staff identify themselves as heterosexual (64.1%), our workforce also includes staff who identify their sexual orientation to be gay, lesbian, bisexual or other. In addition, statistics show that a considerable number of staff opted to decline (11.7%) answering this question or the data is not known (21.4%). Therefore, we must consider the potential differential impacts of the clinical supervision learning resources on learners from all sexual orientations.



Evidence would agree that at the core of LGBTQI+ inclusive education, all learners should feel safe and happy with their identities and know they are represented and welcomed in the education setting. Supporting an inclusive learning environment requires educators to acknowledge differences whilst removing any barriers to learning (Huerta et al., 2017; Breslin et al., 2018; Dowling et al., 2021).

Potential negative impact on lesbian, gay, and bisexual orientation if images and other learning content are restricted e.g., assumptions about the nursing workforce and families; recognition of the discrimination that LGBTQI+ people face.

### **Future actions**

- Programme facilitators look at the language used when promoting and recruiting participants to the programme.
- Consider how and where the programme is being promoted/advertised, for example, an LGBTQI+ staff forum.
- Educators will endeavour to include positive representation from the LGBTQI+ community ensuring communications are inclusive.

It is important to recognise that the NHS workforce is diverse. The NHS Scotland workforce religious data (2023) identified eight categories of religion among the workforce including, Buddhist, Church of Scotland, Roman Catholic, Christian- other, Hindu, Jewish, Muslim and Sikh. A further 2% reported having a religion out with those identified, 10% declined to answer and 20% are unknown. Although we are not aware of any issues relating to the clinical supervision preparation programme in relation to religion and faith representation across the diverse workforce should be considered.

## **Religion/Faith**

### **Evidence and data**

#### **Current mitigating actions**

- We adopt a flexible person-centred approach to support our learners, following the principles of the NES Inclusive Education and Learning Policy (2023)

#### **Future actions**

- Ensure programme timetables take into consideration the diversity of religious and cultural obligations. Details of interfaith calendars can be found at [Interfaith Calendar 2024: Major Religious Holidays, Holy Days](#) (Mousseau, 2024)
- Ice breakers should be mindful of the same e.g., food-related ice breakers during Ramadan.

- Diversity among the workforce can be acknowledged and represented via visual images of staff wearing religious clothing.

## **Marriage/ civil partnership**

### **Evidence and data**

We are not aware of any specific issues relating to marriage or civil partnership.

### **Current Mitigating actions**

- We adopt a flexible person-centred approach to support our learners, following the principles of the NES Inclusive Education and Learning Policy (2023)

## **Socio-economic status**

### **Evidence and data**

The cost of living remains an ongoing concern in the UK. Within Scotland, unions are submitting joint pay claims to the Scottish Government for the next Agenda for Change review. <https://unison-scotland.org/nhs-scotland-pay-campaign-2024-25/>

Evidence in England from a recent study by NHS Providers found that the rising living costs are having a mental, physical and financial impact on NHS staff ([Concerns for NHS staff and patients as cost of living pressures hit health services - NHS Providers](#)).

We are not aware of any specific issues relating to this protected characteristic, however, will take proactive measures with the mitigating actions below.

### **Current Mitigating actions**

To ensure equity for health and social care colleagues to access and experience the clinical supervision training, the following actions are taken into consideration to remove any barriers to learning:

- Educators offer online and in-person sessions.
- Signposting to resources/equipment to staff experiencing digital poverty to allow access to online units/online training.
- Follow the principles of the NES Inclusive Education and Learning Policy (2023).