Close the Gap submission to the Scottish Government Consultation on next steps on delivery of Employment Injury Assistance June 2024

1. Introduction

Close the Gap is Scotland's policy advocacy organisation working on women's labour market participation. For more than two decades, we have been working with policymakers, employers and employees to influence and enable action that will address the causes of women's labour market inequality. Women's experiences of workplace injury and illness often differ to those of men's, but this is not reflected in current approaches to occupational health and safety which are largely gender blind. As a result, women's specific gendered experiences are routinely rendered invisible, along with the harms and risks they face in the workplace. This is evident in the Industrial Injuries Disablement Benefit (IIDB) system which fails to deliver for women in Scotland and the UK. Women are significantly underrepresented among those accessing IIDB, representing just 19% of claimants[1] and 5% of new prescribed disease claim applicants,[2] despite accounting for around half (49%) of those employed in Scotland.[3] Women's underrepresentation within the IIDB system is driven by the gender-blind design and delivery, including an outdated list of prescribed diseases, which systemically ignores the workplace hazards women face.

Although devolved in 2016, IIDB continues to be delivered by the Department for Work and Pensions under agency agreement until March 2026, when the delivery and management of the benefit will be fully transferred to Social Security Scotland. The transfer therefore represents a unique opportunity to reform and modernise

[1] Scottish Government (2024) *Next steps on delivery of Employment Injury Assistance,* available at: https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2024/04/next-steps-delivery-employment-injury-assistance/documents/next-steps-delivery-employment-injury-assistance/next-steps-delivery-employment-injury-assistance/govscot%3Adocument/next-steps-delivery-employment-injury-assistance.pdf

[2] New claims calculated from the Department of Work and Pensions Stat-Xplore website, for new claims made in the 12 months up to December 2022.

[3] Scottish Government (2022) *Scotland's Labour Market: People, Places and Regions – Protected Characteristics. Statistics from the Annual Population Survey 2021*, available at: https://www.gov.scot/publications/scotlands-labour-market-people-places-regions-protected-characteristics-statistics-annual-population-survey-2021/documents/

employment injuries assistance (EIA), so that women's experiences are fully integrated and occupational injuries and illnesses faced by the modern workforce are recognised.

Close the Gap welcomes the opportunity to respond to the Scottish Government's consultation on the next steps of EIA. It is recognised in the consultation document that "*there is a significant gender disparity within the [IIDB] scheme*" and that this should be addressed. To do this, Scottish Government must substantively engage with the gendered dimensions of EIA if the reformed system is to provide more equality for women.

2. Answers to consultation questions

Q1. Do you agree or disagree that the Industrial Injuries Scheme is not fit for purpose and should be reformed. Please give reasons for your answer.

Agree.

Close the Gap agrees that the Industrial Injuries Scheme (IIS) in its current form is not fit for purpose and should be reformed. It does not deliver for women, and the transfer of EIA represents a critical opportunity to create a system that recognises women's occupational injuries and illnesses and addresses the gendered inequalities that permeate the system. The IIS fails to recognise the workplace hazards women face, the occupational causation of their illnesses and injuries, and provides no route for financial recourse for women who have sustained injury or illness through their employment. These issues drive women's underrepresentation amongst those claiming IIDB, and the systemic gendered barriers women encounter in trying to access this benefit work to reinforce gender inequality more broadly – including increasing the risk of women's experiencing poverty.

Failure to recognise the workplace hazards women experience is a systemic problem, driven by the traditional emphasis within health and safety on risks associated with male-dominated sectors, and a gender-blind approach to occupational health and safety. As the TUC highlights, this has resulted in *"less attention…been given to the health and safety needs of women".*[4] This means the majority of new research, guidance and developments in health and safety hazards, and risk management strategies are being based on male-dominated sectors and the specific risks male workers face. The focus on risks associated with male-dominated occupations, paired

[4] Trade Union Congress (2017) *Gender in occupational safety and health: A TUC guide for trade union activists (with gender checklist)*, available at: https://www.tuc.org.uk/sites/default/files/GenderHS2017.pdf

with the lack of recognition, research and compensation related to female-dominated occupations[5] has resulted in systemic inequalities within the current system. Close the Gap strongly believes the full transfer of EIA to Scotland is an opportunity to address these systemic issues and has the potential to advance women's labour market equality more broadly.

An outdated list of prescribed occupational illness and injury

The prescribed disease list which determines eligibility for receiving IIB is outdated, and no longer fit for purpose. First created in 1948, the list has a distinct bias for industrial injuries and illnesses found in 'traditional' and heavy industry, such as mining, shipbuilding and construction. As these are historically male-dominated industries, the list is biased in favour of men and the injuries or illnesses they are more likely to experience. It is likely that there being fewer than 1,000 new applicants per year under the current scheme in Scotland is directly correlated with the outdated nature of the prescribed disease list.[6] For example, the prescribed disease list[7] contains a number of eligible conditions related to coal mining, however, since there are no operating coal mines in Scotland,[8] the number of people claiming IIDB because of injuries or illnesses from this industry is in decline. Under the current list, the male worker is taken as standard, which has created a system that has neglected women's requirements and concerns.[9] Whilst some new conditions have been added over time, this has been limited and continues to be focussed on male-dominated occupations. This means the relevance of the prescribed list for modern work-related injuries and illnesses is significantly limited, particularly in relation to illnesses and injuries experienced by women.

Occupational segregation, which sees women and men concentrated into different sectors and jobs, and at different levels of organisational hierarchies, is directly relevant to women's underrepresentation within IIDB claimants. Since eligibility

[5] Ibid.

[6] Scottish Government (2024) *Next steps on delivery of Employment Injury Assistance,* available at: https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2024/04/next-steps-delivery-employment-injury-assistance/documents/next-steps-delivery-employment-injury-assistance/next-steps-delivery-employment-injury-assistance/govscot%3Adocument/next-steps-delivery-employment-injury-assistance.pdf

[7] Department of Work and Pensions (2024) *Industrial Injuries Disablement Benefits: technical guidance,* available at: https://www.gov.uk/government/publications/industrial-injuries-disablement-benefits-technical-guidance/industrial-injuries-disablement-benefits-technical-guidance#appendix-1-list-of-diseases-covered-by-industrial-injuries-disablement-benefit

[8] BBC (2022) *Scotland declares formal opposition to coal mining,* available at: https://www.bbc.co.uk/news/uk-scotland-63270313

[9] European Agency for Safety and Health at Work (2014) *Mainstreaming gender into occupational safety and health practice,* available at: https://osha.europa.eu/en/publications/mainstreaming-gender-occupational-safety-and-health-practice

conditions are biased towards male-dominated industries, such as construction (which is 83% male),[10] men's occupational hazards are more widely recognised and contributes to them being the majority of successful IIDB claimants. The prescribed list largely ignores the occupational risks and harms associated with low-paid, and precarious female-dominated occupations such as cleaning and care. This is despite research from European Agency for Safety and Health at Work highlighting the tendency for health and safety risks to be ignored in low-paid jobs, such as cleaning, which increases the risk of workplace injury or illness.[11] Research has also found precarious jobs are associated with higher workplace injury rates and those in precarious work are at greater exposure to hazards, diseases and work-related stress.[12] As women are significantly over-represented in both low-paid and precarious employment, they are at greater risk of being injured or becoming ill due to workplace hazards. However, the outdated nature of the current prescribed disease list means these issues are not considered, which creates further barriers to financial recourse for women.

The current IID scheme fails to recognise disease and injuries commonly experienced by women, such as musculoskeletal injuries, breast cancer caused by shift work or asbestos related ovarian cancer.[13] It also ignores how men and women experience different demands, exposure and effects from the same workplaces and when conducting the same jobs and tasks.[14] For example, research from the TUC found that musculoskeletal disorders (MSDs) are the most common workplace health condition for both men and women, however, they experience these disorders differently. Where men are more likely to suffer from lower back pain, women are more likely to experience pain in the upper limbs, shoulders and neck.[15] Furthermore, where men's MSDs are routinely recognised as being the result of workplace strain and their compensation claims are accepted almost twice as often as women's, the occupational origin of women's MSDs tend to be ignored and frequently dismissed as simply 'wear and tear'.[16]

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[10] NOMIS Official Census and Labour Market Statistics (2023) *Workforce jobs by industry (SIC 2007) and sex – unadjusted, 2023*

[11] European Agency for Safety and Health at Work (2013) *New risks and trends in the safety and health of women at work*, available at: https://osha.europa.eu/sites/default/files/new-risks-safety-health-women-work.pdf

[12] Cox, R., and Lippel, K. (2008). Falling through the legal cracks: the pitfalls of using workers' compensation data as indicators of work-related injuries and illnesses, *Policy and Practice in Health and Safety,* **6**(2), available at: https://doi.org/10.1080/14774003.2008.11667721

[13] Hazards (2015) *Double trouble on relative risk for occupational diseases*, available at: https://www.hazards.org/compensation/meantest.htm

[14] Trade Union Congress (2017) *Gender in occupational safety and health: A TUC guide for trade union activists (with gender checklist)*, available at: https://www.tuc.org.uk/sites/default/files/GenderHS2017.pdf

[15] Ibid.

[16] Ibid.

One of the most frequently cited barriers women face in accessing benefits within the current scheme is the difficulty they face in demonstrating the occupational causation of their conditions, such as stress and MSDs, that are so prevalent within female-dominated occupations.[17] Along with 'wear and tear', there is a frequent dismissal of women's experiences as being caused by ageing, rather than being recognised as a direct result of their work. Research suggests that women are more likely to experience gradual or cumulative injuries and illnesses, or diseases that have multiple causal factors, rather than becoming injured or ill from a singular event, which is more common for men.[18] The delayed onset and cumulative factors that result in women's workplace injuries and illnesses are a key driver in their dismissal as simple 'wear and tear'. This makes it more difficult for women to reach evidentiary thresholds for compensation, due to the chronic and cumulative nature of their workplace injuries and illnesses.[19] Furthermore, women still bear the dual burden of carrying out unpaid household work and caring responsibilities, exposing them to the similar hazards at home as they face at work, further increasing the likelihood of injury. However, there are currently no mechanisms within the current IIDB scheme to recognise this. Women's unpaid work burden, their propensity for working multiple jobs and to have interrupted work histories due to caring commitments may also complicate the process of establishing eligibility for EIA. Modernising the prescribed disease list so that reflects the specific workplace hazards women face is an essential step in effectively reforming EIA.

Recognising Covid-19 as both an occupational and gendered illness

Covid-19 has had an unprecedented lasting impact on Scotland's workers and workplaces, especially on those who live with Long Covid. Despite this, Covid-19 is not currently recognised as an occupational illness, even though many workers contracted Covid-19 at work while others have struggled to return to work after

[17] See: Trade Union Congress (2017) *Gender in occupational safety and health: A TUC guide for trade union activists (with gender checklist)*, available at: https://www.tuc.org.uk/sites/default/files/GenderHS2017.pdf; Cox, R., and Lippel, K. (2008). Falling through the legal cracks: the pitfalls of using workers' compensation data as indicators of work-related injuries and illnesses, *Policy and Practice in Health and Safety,* **6**(2), available at: https://doi.org/10.1080/14774003.2008.11667721; Rios, F. C., Chong, W. K., and Grau, D. (2017). The need for detailed gender-specific occupational safety analysis, *Journal of Safety Research,* **62**, pp.53-62, available at: https://doi.org/10.1016/j.jsr.2017.06.002; Harrison, T., LeGarde, B., Kim, S., Walker, J., Blozis, S., and Umberson, D. (2013). Work Related Injury among Aging Women, *Policy, Politics, & Nursing Practice,* **14**(1), available at: https://doi.org/10.1177/1527154413476095

[18] Harrison, T., LeGarde, B., Kim, S., Walker, J., Blozis, S., and Umberson, D. (2013). Work Related Injury among Aging Women, *Policy, Politics, & Nursing Practice,* **14**(1), available at: https://doi.org/10.1177/1527154413476095

[19] Cox, R., and Lippel, K. (2008). Falling through the legal cracks: the pitfalls of using workers' compensation data as indicators of work-related injuries and illnesses, *Policy and Practice in Health and Safety,* **6**(2), available at: https://doi.org/10.1080/14774003.2008.11667721

contracting Long Covid. Recognising Covid-19 and Long Covid as industrial illnesses is of particular importance for women, as they accounted for just over three-quarters (79%) of key workers during the pandemic, which put them at heightened risk of being exposed to virus at work.[20] For example, data from the Health and Safety Executive shows that in 2021/22, instances of Covid-19 infections were highest amongst those working in human health and social care sectors.[21] As these sectors are significantly dominated by female workers, this highlights how women faced a disproportionate risk of contracting Covid-19 whilst they were at work. Indeed, data from early in the pandemic shows that between April and September 2020, women accounted for the majority of worker Covid-19 disease reports made by Scottish employers, with 489 reports being made for female workers compared to 161 for male workers.[22] The data clearly illustrates the disproportionate impact Covid-19 and Long Covid have had on women, due in large part to gendered patterns of work. Moreover, women are significantly more likely than men to develop Long Covid, which has considerable implications for their ability to work and earn.[23] Research from King's College London shows older women are at particular risk, with women aged 50-60 being at the highest risk of developing Long Covid, and were twice as likely as men to suffer from Covid symptoms lasting longer than a month.[24]

Recognising the gendered nature of occupational health and safety

The lack of appropriate, well-fitting Personal Protective Equipment (PPE) contributes to the workplace hazards women encounter. PPE, which employers are legally required to supply to workers to keep them safe, has traditionally been designed to fit the standard shape and size of US and European male workers, often rendering it unsuitable and unsafe for use by most women. For example, research from the TUC found that more than half (57%) of women felt their PPE sometimes or significantly hampered their work, and just less than one third (29%) of women said the PPE they

[20] Close the Gap (2020) *Disproportionate Disruption: the impact of Covid-19 on women's labour market equality*, available at: https://www.closethegap.org.uk/content/resources/Disproportionate -Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf

[21] Health and Safety Executive (c.2024) *Coronavirus pandemic and work-related ill-health in Great Britain, 2021/22*, available at: https://www.hse.gov.uk/statistics/coronavirus/index.htm

[22] Health and Safety Executive (c.2023) *RIDDOR Coronavirus (Covid-19) disease reports made by employers to HSE and Local Authorities*, available at: https://www.hse.gov.uk/statistics/coronavirus/april-to-july-2020-technical-summary-of-data.htm

[23] Close the Gap (2021*) Women are more likely to experience long Covid but, once again, the system of support doesn't meet their needs*, available at: https://www.closethegap.org.uk/news/blog/women-are-more-likely-to-experience-long-covid-but-once-again-the-system-of-support-doesnt

[24] Sudre, C. H., et al. (2021) Attributes and predictors of long Covid, *Nature Medicine*, **27**, available at: https://doi.org/10.1038/s41591-021-01292-y

had to use was not specifically designed for women.[25] These issues are particularly acute for pregnant women, who are routinely unable to access suitable PPE, putting themselves and their unborn babies at risk.[26]

The majority of workplace equipment such as desks, chairs and operational machinery has also been designed to suit the average-sized male worker, and fails to take into account women's bodies. This again puts women at greater risk of obtaining workplace injuries arising from poor posture and increases their risk of developing MSDs.

The lack of access to appropriate and well-fitting PPE was further illustrated during the Covid-19 pandemic, where concerns were raised around access to PPE for healthcare workers – the vast majority of whom are women. The Royal College of Nursing raised specific concerns around access to PPE outside of hospitals for care home staff and district nurses.[27] There was also a significant lack of focus on ensuring social care workers had access to PPE, with a significant majority (80%) of social care providers facing shortages that meant they did not have enough PPE to support older and vulnerable service users.[28] As women make up the vast majority of social care workers, this lack of access and provision of PPE put them at significant risk of being exposed to, and contracting, Covid-19.

This approach to PPE puts women at unnecessary risk of becoming injured or ill when performing their work, and represents a significant health and safety issue. The gender-blind design of PPE means women are at greater risk of workplace injury or illness, and the current EIA system means they are less likely to be able to access financial compensation. This 'double whammy' exacerbates gender inequalities in the current system and in the wider labour market, and increases the risk of women experiencing poverty and financial insecurity.

Recognising men's violence against women as a workplace hazard

A further failing in the current EIA system is that it does not recognise men's violence against women (VAW), such as sexual harassment, as a workplace hazard. VAW is endemic, affecting all aspects of women's lives, and the workplace is no exception. In

[25] Trade Union Congress (2017) *Gender in occupational safety and health: A TUC guide for trade union activists (with gender checklist)*, available at: https://www.tuc.org.uk/sites/default/files/GenderHS2017.pdf
[26] Ibid.
[27] Royal College of Nursing (2020) *Nurse leader calls on First Minister to intervene on protective equipment supply*, available at: https://www.rcn.org.uk/news-and-events/news/rcn-writes-to-fm-re-ppe-23-mar-2020
[28] Holt, A. (2020) Coronavirus: Nearly 400 care groups "face protection shortages", *BBC News*, available at: https://www.bbc.co.uk/news/health-52174520

a report on gender equality in occupational health, the World Health Organisation highlighted the need for VAW to be recognised as being related to work.[29] In addition, analysis on fatal and non-fatal occupational risks in the United States[30] found that workplace violence is one of the major causes of female employees' injuries but not men's. In the same study, it was found that women facing discrimination and harassment, including sexual harassment, are at greater risk of psychological distress and workplace stress.[31]

Women encounter significant risks to their health and safety if they are being sexually harassed or stalked, if their perpetrator knows where they work, and/or the perpetrator is a colleague. The current EIA system does not acknowledge the mental and physical harm that can result from workplace sexual harassment or other forms of VAW. This is despite that fact that women are significantly more likely to be sexually harassed and experience sexist bullying at work, which can have long-term impacts on their mental health, their safety, and their future career progression.[32] Research from the TUC found that harassment and bullying is the second most common concern in workplace health and safety, and over half of the women they surveyed had experienced some form of sexual harassment at work.[33] The failure of the current IIDB system to recognise the harms and hazards caused by men's violence, abuse and harassment prevents women from seeking compensation and proliferates its existence at work.

Addressing the lack of research on women's specific occupational hazards, and injuries and illnesses common to female-dominated occupations

There is a significant lack of research around women's specific experiences of occupational health and safety. A global issue, the World Health Organisation has previously called attention to this lack of research, stating that health researchers have *"failed to include women in their studies, have adjusted for sex rather than examining its role in their data sets, and have often not considered gender- and sex-specific factors when designing studies and analysing data".*[34] There is a particular

[29] European Agency for Safety and Health at Work (2013) *New risks and trends in the safety and health of women at work*, available at: https://osha.europa.eu/sites/default/files/new-risks-safety-health-women-work.pdf

[30] Rios, F. C., Chong, W. K., and Grau, D. (2017). The need for detailed gender-specific occupational safety analysis, *Journal of Safety Research,* **62**, pp.53-62, available at: https://doi.org/10.1016/j.jsr.2017.06.002

[31] Ibid.

[32] Trade Union Congress (2018) *Violence against women in the workplace – time for employers to wake up*, available at: https://www.tuc.org.uk/blogs/violence-against-women-workplace-time-employers-wake

[33] Ibid.

[34] World Health Organisation (2006) *Gender Equality, Work and Health: A Review of the Evidence*, available at: https://apps.who.int/iris/bitstream/handle/10665/43311/9241593539_eng.pdf?sequence=1&isAllowed=y

lack of intersectional research, which would provide evidence on the experiences of occupational health and safety between different groups of women, such as older women, disabled women, and racially minoritised women. This lack of research around women's occupational risks, coupled with the gender-blind approach within the current IIDB, means women's needs are not being fully considered, putting them at risk of avoidable injuries and illness and without a path to financial recourse. In addition, the lack of gender-specific research means that any decisions made to add new illnesses or injuries to the prescribed list will continue to ignore women's occupational risks.

Within the current IIDB system, it is the UK Independent Injuries Advisory Council (IIAC), that scrutinises proposed industrial injuries legislation, makes recommendations on updating the prescribed diseases list, and drafts papers on proposed legislative changes.[35] The IIAC is not able to commission or conduct new research into occupational health and safety, as they can only review current evidence. This means that any updates to the prescribed list draw from an evidence base that obscures and underestimates women and their specific occupational risks, thereby exacerbating and entrenching the gender inequalities within the current system. As discussed in greater detail in question 2, once EIA is fully transferred to Scotland, the IIAC will no longer provide any of its functions to Scotland. The transfer therefore represents an important opportunity to address the lack of research around women's workplace health and safety risks, by establishing a replacement body with a dedicated research function. A specific body to conduct and commission research from a gendered perspective would benefit women directly, and is necessary to tackle the systemic inequalities within the current system. It would create a better understanding of the marked gendered differences in the IIDB approval rate claims, as well as building a stronger evidence base on women's specific occupational injuries and illnesses.

New research needs to consider the intersecting inequalities women encounter in accessing the EIA and in their experiences of occupational injuries and illnesses. Previous research has identified a range of risks associated with female-dominated occupations, such as cleaning, care, clerical work and hairdressing.[36] Since younger women and racially minoritised women have higher rates of employment within these industries, they are at heightened risk of occupational illnesses and injuries associated with them. Evidence also shows a high risk of workplace illness and injury

[35] Industrial Injuries Advisory Council, *About us*, available at: https://www.gov.uk/government/organisations/industrial-injuries-advisory-council/about

[36] European Agency for Safety and Health at Work (2013) *New risks and trends in the safety and health of women at work*, available at: https://osha.europa.eu/sites/default/files/new-risks-safety-health-women-work.pdf

within low-paid and insecure work, where health and safety conditions tend to be much poorer.[37]

Q2. Of the two options, which do you think the Scottish Government should proceed with? Please give reasons for your answer.

Option 2 – Prioritise reform to deliver an updated benefit and a modernised approach to delivery

Close the Gap supports option 2 to fundamentally reform the EIA. As discussed under question 1 of this response, the current EIA system is not fit for purpose due to its gender-blind design and its systemic exclusion of women's occupational risks. Doing a like-for-like transition, as outlined under option 1, would simply recreate the same inequalities within the new system, meaning women's needs would continue to be ignored. Furthermore, the current system is based on the medical model of disability which sits in opposition to social model of disability adopted by Scottish Government and Social Security Scotland. A like-for-like transfer would not align with the principles of equality, respect, dignity and human rights set out in the Scotland's Social Security Charter.[38] Prioritising fundamental reform of EIA is crucial to address the failings within the current system to ensure women's occupational risks are recognised, to enable more equal uptake of the EIA benefit, and to ensure that disabled women are treated with dignity and respect.

Any reform of the system must take a gender mainstreaming approach so that women's different experiences are baked into the design. Mainstreaming gender in EIA would allow the specific risks and barriers women face in accessing EIA to be recognised and therefore addressed. Mainstreaming is a legal requirement of the public sector equality duty, along with equality impact assessment, and should be a necessary step in developing new policy around EIA.

Within the consultation document, it is highlighted that pursuing option 2 would require extensive research and engagement with relevant stakeholders to inform the next stages of reform. It is also proposed that an advisory group would be established to guide future work. If EIA reform is to address the existing gendered inequalities, it is crucial that the advisory group includes specific gender and labour

[37] See: European Agency for Safety and Health at Work (2013) *New risks and trends in the safety and health of women at work,* available at: https://osha.europa.eu/sites/default/files/new-risks-safety-health-women-work.pdf; Cox, R., and Lippel, K. (2008). Falling through the legal cracks: the pitfalls of using workers' compensation data as indicators of work-related injuries and illnesses, *Policy and Practice in Health and Safety,* **6**(2), available at: https://doi.org/10.1080/14774003.2008.11667721

[38] See https://www.socialsecurity.gov.scot/about/our-charter

market expertise so that women's experiences are considered. Women with lived experience of the EIA system should also be integral to the reform process. Taking an intersectional approach to stakeholder engagement is also important to ensure the voices, experiences and expertise of different groups of women are visible and have their voices heard.

It is critical that gender competence[39] is built in those designing the reform of EIA, or external gender competence brought in, to ensure that the gendered dimensions of employment injuries and illnesses are integrated. Where there is no gender competence, there is a significant risk that reform will replicate the inequalities found within the current system.

The consultation document also notes that there will be further consideration given to the replacement of the IIAC. The UK Government has confirmed IIAC will only provide advice relating to the Industrial Injuries Scheme and will not provide advice to Scottish Government on EIA. This leaves a considerable gap in the system, and presents a risk that EIA reform will happen without specialist scrutiny and support, which is likely to entrench existing gendered inequalities.

Close the Gap supported the Scottish Employment Injuries Advisory Council Bill put forward by Mark Griffin MSP[40] which would have created a new advisory body to research, shape and scrutinise social security benefits available to people with workplace injuries and diseases. The Bill fell at stage one, but Close the Gap believes that it would also have created an opportunity to redress the systemic inequalities in the EIA system including the outdates prescribed diseases list and research gaps on women's experiences of workplace injuries and illness.

Close the Gap therefore urges Scottish Government to establish such an advisory body as an integral element of designing and delivering a new EIA system. Establishing a new advisory body would be more effective in the longer-term than convening an advisory group of organisations and individuals. Having a dedicated and adequately resourced body would ensure that relevant expertise, and the necessary gender competence, was engaged at the start of the development process so that the new EIA system is fit for purpose. Women and their gendered experiences have been historically excluded from the EIA system, both in its design and therefore among claimants. As such it is very important for the advisory function for EIA reform

[39] 'Gender competence' refers to the skills, knowledge, and analytical capability to develop policy that is well-gendered; that takes account of the socially constructed differences between men's and women's lives and experiences.

[40] https://www.parliament.scot/bills-and-laws/bills/scottish-employment-injuries-advisory-council-bill/overview

to be gender competent, and for women's lived experience to be engaged in the development process.

A new independent advisory body could have a research function including the ability to commission and conduct research projects into employment injuries in Scotland. Having a dedicated research function could be used to tackle the routine under-diagnosis, recognition and treatment of occupational injuries and illnesses associated with female dominated occupations. It could commission or conduct research into the occupational risks women face, therefore adding to the evidence base and addressing knowledge gaps on women's workplace injuries and illnesses. Research could inform the modernised prescribed disease list to reflect women's occupational illness and injuries.[41]

In order for any reform of the current system to be successful, it is imperative that Social Security Scotland is adequately resourced to administer the new benefit. Within the challenging fiscal context, downward pressure on public spend is causing increasing challenges for public service delivery. Effective design and delivery of a reformed gender-competent EIA system requires sufficient resourcing both in terms of staffing and budget. Without this, it is likely that reform will be a missed opportunity, and one which entrenches the inequalities women encounter at work.

Q3. Please tell us if there is anything relating to the timeline set out above that you wish to provide feedback on. Please specific which timeline you are providing feedback for. Please give reasons for your answer.

Option 2 timeline – preferred.

Close the Gap has a preference for the timeline set out in Option 2, as this sets out the next steps to prioritise long-term reform of the current system. However, we are concerned about the potential for delays within this timescale given the complexity and extent of reform needed. It is important that sufficient time and resource is allocated to reform to ensure that this unique opportunity to address systemic inequalities is not missed. It is also not clear from the proposed timeline how EIA will be managed once the agency agreement with DWP has come to an end in March 2026. This creates uncertainties about what happens practically when the transfer is made and what mitigating actions are being taken to address risks with potential delays.

[41] European Agency for Safety and Health at Work (2013) *New risks and trends in the safety and health of women at work*, available at: https://osha.europa.eu/sites/default/files/new-risks-safety-health-women-work.pdf

In addition, if the stakeholder advisory group is to issue the first reports and advice on the reform and implementation of a new EIA, there needs to be a mechanism in place to hold Scottish Government to account to ensure recommendations made by the expert advisory group are acted on. Strategic advisory groups convened by Scottish Government routinely produce recommendations, but often these remain on paper rather than being implemented. Accountability is particularly important in the wider policy context where a growing implementation gap is becoming more evident in Scottish Government commitments. Although the Industrial Injuries Scheme has fewer claimants than other devolved benefits, it is a lifeline to many workers and could be this to many more women workers if the flawed system was meaningfully rectified.