

NATIONAL PROBATION SERVICE HAMPSHIRE AREA

EQUALITY IMPACT ASSESSMENT

Section One: Preliminary Screening

1. Function Name, Policy or Procedure:

2. Aims and Approach of Function/Policy/Procedure

Is it possible that the policy/procedure may be discriminating unlawfully?	Yes/No
Could some groups be excluded from the benefits of this policy/procedure or could it have a negative impact on them?	Yes/No
Is it possible that the policy/procedure may cause negative relations between groups?	Yes/No

If the answer to any of these questions is **Yes**, go on to the full Equality Impact Assessment (EIA)

If the answer to all of the questions is **No**, please provide explanatory evidence and attach the following statement to be signed off by senior management.

“This policy and/or set of procedures have been written with a view to avoiding any adverse impact on an individual by reason of their ethnic origin, disability, gender, sexual orientation, age, religion or belief. The policy has been screened for any illegal discrimination and to ensure that no group is excluded from any benefits or experiences any disadvantage. It is not believed that this policy will have any such adverse impact, but future reviews of policy and procedures will revisit this evaluation, drawing on data to monitor outcomes”

Section Two: Full Impact Assessment

This “Equality Impact Assessment” documents the outcome of a full impact assessment on the specified function, policy or procedure, addressing the equalities strands of: Race, Gender, Disability, Sexuality, Faith and Age. It is to be completed, published as specified, and appended to policy and/or strategy documents.

1. Function Name, Policy or Procedure:

Sickness Absence Management Policy & Guidance Notes - Implementation

2. Aims and Approach of Function/Policy/Procedure

The intention of the Sickness Absence Management Policy & Procedures is to ensure that sickness absence is effectively managed, aiming to achieve maximum attendance levels and enhance performance; deal with sickness absences fairly and with appropriate support; ensure clear reporting and recording procedures are in place and produce comprehensive guidelines on absence management. The guidelines include a set of staged procedures for unsatisfactory attendance, both long term (over 21 days) and short term (under 21days).

The NNC Sickness Absence Management Policy and Guidance notes were Equality Impact Assessed nationally prior to launch. Much of the concerns raised by that EIA related to the way in which the policy and procedures were implemented and monitored and the systems that supported them, particularly in relation to disability. As such, a further local EIA was felt to be crucial in ensuring that the procedures were not disadvantageous to any group.

The main points raised from the national EIA were as follows:

1. There were concerns raised that disability related absence would not be managed separately to general sickness absence, i.e. the need to record disability related absence separately and for it not to count towards trigger points for unacceptable attendance procedures until managers can demonstrate that:

- all reasonable adjustments have been identified and are in place specific to the disability (including training)
- legal requirements are met, including treating the person more favourably where appropriate

The policy guidance makes clear that “the DDA does not require all disability-related absence to be automatically discounted on every occasion; nor does it require an employer to retain an employee indefinitely if they are frequently absent due to a disability”. It is however a requirement that reasonable adjustments are identified & effectively implemented and where appropriate regularly reviewed prior to considering disability related absence.

2. Monitoring needs to be in place to assess whether some minority groups receive less favourable outcomes from the management of sickness absence.
3. Employees can be unaware that they have a disability or do not disclose their disability and as such their absence is managed as sickness absence rather than disability related absence. The need therefore for management training in disability, a culture of disclosure supported by processes for discussion, and review of needs and issues is crucial.

The local HPA EIA has therefore focused on these issues have been addressed in implementation.

3. What data/information is available & does it suggest differential impact for any of the groups identified as part of the impact assessment process?

Monitoring data has been produced for those short term absences that have reached the trigger point of 12 days since the implementation of the policy and procedures.

In all, 78 staff have reached the Stage One trigger point. However, only 39 of these have had a Stage One interview and outcome recorded. Of these 39 staff, 2 have received improvement notices and 3 have been referred to occupational health. The remaining staff have had no further action taken.

Race: Monitoring data has been segmented by ethnicity and has shown that 4 members of staff who have reached the trigger point were from a

minority ethnic background (5%). Only 1 of these has had a Stage One interview, with no further action taken. Those who received an Improvement Notice were both White British. At this early stage of monitoring with still small numbers to consider there are no indications of any particular concerns relevant to race equality.

Gender (including transgender): The segmentation of monitoring data by gender has shown that 63 of the 78 staff who reached the trigger point for Stage One were female (81%). However, in terms of actually having an interview and recorded outcome, this increases to 92% female staff. In terms of action taken through improvement notices one staff member was male and the other one female.

There could be concerns about the high female representation at Stage One, particularly as it would appear that half of triggers are not resulting in a Stage One interview but when it does female staff are more likely to receive an interview than male staff.

Disability: The segmenting of monitoring data by disability showed that 18 out of the 78 staff who had reached the Stage One trigger point had disclosed a disability. This is a higher representation at 23% than the overall staff group who have disclosed a disability (11.5%), but the small sample may account for that difference. Only 5 members of staff who had reached Stage One had actually had any disability related absence included in their trigger points and of those 5, 2 didn't go forward to interview and 3 had no further action taken.

It was difficult to ascertain whether consideration of reasonable adjustments had been fully addressed before the disability related absence was included as there has been no auditing method established for this.

These results are therefore inconclusive and indicate the need for further monitoring, especially including the ability to audit decisions to include disability related absence within the sickness absence that leads to the trigger point.

Sexuality: No data available

Religion or Belief: No data available

Age: No data available

If there are gaps in data provision how are these to be addressed in order to inform a full EIA?

Further monitoring data is required. The sample needs to be increased so that there is more data to draw on and to see significance in findings. We also need to be able to audit decisions about what sickness is included within trigger points in relation to disability and under what circumstances, if at all, trigger points reached do not lead to Stage One interviews. As there is currently a large number of trigger point interviews not being conducted, monitoring of this group would also be useful.

4. What consultation has been undertaken, with whom?

As this EIA is to do with assessing local processes aligned to the implementation of the policy and the impact of that implementation, consultation has focused on HR staff who are involved in process delivery and NAPO and Unison who have raised concerns about implementation of the policy and procedures in relation to DDA sensitivity, along the lines already indicated. As such auditing and monitoring is central to this assessment as the wider consultation was undertaken on the policy and procedures as detailed through the national EIA.

5. What are the main findings of the consultation undertaken (what positive or negative impacts were identified for any of the different groups)?

NAPO and Unison have raised concerns about the implementation of the procedures that are not making the distinction between disability related absence and sickness absence and inappropriately including disability related absence in the count towards a Stage One trigger point.

Additionally the initial consultation undertaken as part of the national EIA identified some further concerns that remain pertinent to local implementation as identified in section 1:

4. Employees can be unaware that they have a disability or do not disclose their disability and as such their absence is managed as sickness absence rather than disability related absence. The need therefore for management training in disability, a culture of disclosure supported by processes for discussion, and review of needs and issues is crucial.

6. Does this policy have the potential to cause unlawful discrimination, exclusion of some groups of people from its benefits or lead to negative relations?

Yes, as indicated.

7. What measures have been identified in order for the policy/procedures to achieve its aims without risking any adverse impact?

The auditing and monitoring exercises to undertake an HPA implementation EIA for the Sickness Absence Management policy and procedures has shown some areas of process that need to be maintained and/or developed to ensure no negative impact:

1. Clear recording of disability related absence in returns to HR
2. Where disability related absence could, when combined with sickness absence, lead to reaching a trigger point, evidence sought from managers before proceeding to Stage One that all reasonable adjustments relevant to the disability are effectively implemented. Where this is not the case, disability related absence to be discounted and further work done to develop reasonable adjustments, including referral to OH as appropriate.
3. There is currently a large number of staff who have reached the trigger point who are not having this actioned by managers. Management discretion at this stage is not supported by clear Hampshire procedural guidance and therefore leaves room for the potential to advantage or disadvantage certain groups. The current gender imbalance raises concerns which are further emphasised by the fact that not all staff who reach the trigger point are being interviewed and that group has a different gender balance than the group that is interviewed.

In order to address this and ensure that management discretion on which sickness should be included towards the trigger point is consistent and transparent, the criteria identified in the practice guidance on what should be taken into consideration when deciding on an improvement notice (pg 16 of guidance, items 79 & 80), should be applied at return to work interview stage.

Through providing managers with this guidance, which takes into account disability and other factors that would remove some sickness from the count towards trigger points, there will be less potential for bias and more capacity for managers to manage sickness absence before it reaches the Stage One interview stage. Decisions on whether to include or discount particular sickness absence should be clearly recorded on the return. Where sickness proceeds to Stage One interview, this should be after all the factors, including disability, have been appropriately considered. The Stage One in these circumstances allows for verification that nothing has been missed before moving to an Improvement Notice.

4. Processes in place to encourage staff to disclose a disability if they have one and to ensure managers encourage disclosure and understand what is covered by the DDA. This to include relevant management training and supervision and appraisal systems which include reference to disability and reasonable adjustments so the issues remain regularly under review.

8. What action is now to be undertaken?

In order to implement the use of management discretion at return to work interview stage as to whether sickness absence should count towards trigger points, the guidance provided in the Policy guidance notes will be transferred onto an amended "return to work" form. The criteria is to be made clear to all managers, with instructions as to how to complete the amended form, including reporting on what decisions have been made relevant to whether a sickness absence is to be counted or discounted. This makes further auditing possible.

Christine Straw to disseminate this new procedure through Area Managers.

9. Monitoring arrangements and review process

Further monitoring will be undertaken. Data will continue to be collated on those who reach the trigger point, where sickness absence is to be discounted and why, those who go through to a Stage One Interview and outcomes of this interview. A full review of amended procedures will be undertaken in April-May 2008

10. How results will be published

.Results of this impact assessment will be published on HPA's Website and on the Intranet on the Diversity Database.

Signature of Policy Lead Christine Straw

Position HR Director

Date 13th November 2007