

Attendance Management Procedural Changes

Equality Impact Assessment
Employee Policy Centre of Expertise
May 2011

Equality impact assessment for insert name of policy process or service

Introduction and Background

The Department for Work and Pensions (DWP), like all employers, has a policy for managing sickness absence. The current Attendance Management Policy has been in place since November 2006 but has been subject to periodic review and amendment since then following consultation with the Department's Trade Unions.

A key element of the procedures is the Consideration Point - sometimes referred to as the "trigger point" externally. This is the point at which an employee's sickness absence has reached a level where their manager is required formally to interview them. It is mandatory that a decision is taken at the end of this interview but the nature of that decision is not pre-determined. Interviews can result in one or more of the following outcomes:

- the provision of help to the employee – e.g. a reasonable adjustment, referral to physiotherapy, referral to the employee assistance provider;
- the procurement of advice – e.g. from the Occupational Health Service or Telereal Trillium who provide advice/solutions on office accommodation and furniture;
- the issuing of a formal improvement warning;
- a decision not to issue a formal improvement warning;
- a decision to increase the Consideration Point to defer future formal action but only where people have a disability or serious underlying health condition.

The standard Consideration Point is 8 days of sick leave, cumulatively, in a rolling 12 months. However, there is provision for managers to increase this for absences related to a disability or "underlying health condition". The effect of this flexibility, when applied, is to defer the formal interview until the adjusted, higher Consideration Point is reached.

Policy Change

A 2010 study of absences amongst the 2,600 workers employed in one of DWP's Shared Services businesses showed that 23% of people who recorded more than 8 days of sick leave in the preceding 12 months had been awarded a higher

Consideration Point. (This is consistent with informal feedback from across DWP's businesses). This compared to a figure for disabled workers who had taken more than 8 days sick leave of only 4%. This suggests that a significant number of non-disabled people were allocated increased Consideration Points. The extent of the increases varied considerably – e.g. for Irritable Bowel Syndrome between 1 and 40 additional days.

In the light of this, the Department has changed its policy so that, from 11 April 2011, managers will have discretion to increase Consideration Points **only for disabled employees**. From this date, increased consideration points for any employees who are not disabled will be withdrawn. Employees will be expected to meet the same 8 day attendance standard as other employees. We have put transitional arrangements in place to ensure that employees are not disadvantaged by this change, and these are outlined below.

Purpose and Aim(s) of the Change

Supporting Staff

The deferral of formal interviews (under the current policy) for people with ill-health which could affect, or be affected by, work is inconsistent with the Department's duty of care. In particular, it contradicts the external evidence produced by Carol Black¹ and Waddell/Burton² on which the national Fit Note policy was based, which demonstrated that:

- the early provision of help can positively affect an employee's health and future attendance;
- employees are frequently able to manage conditions at work, with occupational health advice and other support, rather than go sick;
- that being at work can be a key part of someone's health management programme.

DWP has invested heavily in employee support services over the past year with the aim of enabling managers and employees to resolve health problems or manage them better at work. As part of this overall strategy, the Department is now taking steps to encourage their early use. This first-class support network includes:

- open access to free Physiotherapy, including access to hands on treatment for suitable cases;
- open access to free stress counselling and legal/financial advice via the Employee Assistance Provider;

¹ Working For a Healthier Tomorrow, Dame Carol Black, 2008

² Is Work Good for Your Health & Wellbeing, Gordon Waddell & A. Kim Burton, 2006

- rapid response in cases of serious psychological distress via the Mental Health Support Service;
- access to health education and awareness for all under the Live Well Work Well programme;
- increased support (e.g. case conferences and training) from occupational health doctors;
- a more responsive display screen equipment risk assessment process;
- the roll-out of the new Reasonable Adjustment Service (RAST) to provide advice, organise and manage the delivery of reasonable adjustments as quickly as possible;
- support for managers from a new Complex Case Advisory Service.

Changing the Culture

The award of higher Consideration Points could encourage higher levels of sickness absence. This is because the amount of any increased Consideration Point is largely based on the level of sickness absence already recorded for the relevant illness. Once awarded, increased Consideration Points should be subjected to periodic review. A sustained reduction in absence levels should result in a downwards adjustment. In short, DWP's policy could promote a 'use it or lose it' culture.

Reducing Sickness Absence

The Department has an internal Average Working Days Lost (AWDL) target of 7.7 days per staff year, to meet by March 2011. The consequence of sickness absence above the target level is a significant reduction in the staff resource to support colleagues at work in delivering vital public services. Reducing absenteeism by 0.6 days (from 8.3 in December, 2010) to 7.7 days would increase staff resources by the equivalent of around 270 full-time posts every day of the year.

Consultation and Involvement

Full consultation has taken place throughout the development of this policy change during 2010/11 with Departmental stakeholders including business representatives, the HR Community, Departmental Lawyers, Diversity and Equality Centre of Expertise, the Departmental Trade Union Side and with members of the Disability Network Group who have all had an input into this policy change.

Impacts of the Policy Change

The desired impact is the earlier provision of help to employees, including early take up of the Employee Assistance Provider (EAP), Physiotherapy and Occupational Health Service. It is possible that there will also be an increase in the number of formal warnings issued by managers – or that appropriate warnings will be issued earlier than they are currently – but it is impossible to model this in advance of the

change. We can, however, get an indication of the possible effect on diversity groups by looking at the distribution of warnings across the diversity groups now.

Disability

Disabled people are excluded from these changes and, therefore, should not be affected. It is possible that managers may misapply the policy and issue warnings to disabled people but this is highly unlikely. This will be monitored in the source data derived from Resource Management (RM). However, it is likely that managers will take a more lenient approach and continue to increase Consideration Points to non-disabled people, which would benefit the employees concerned. The revised guidance which supports this change will encourage managers to exercise this leniency.

Ethnicity³

The following table shows that 8% of DWP employees self recorded themselves as being from an ethnic minority in 2010. This group accounted for both 9% of people recording sick leave and 9% of people recording sick leave of 8 days or more (i.e. those whom could be eligible to receive a warning). The data goes on to show that only 8% of warnings were issued to employees in the ethnic minority group suggesting that the amount of sick leave taken and the number of warnings issued is not disproportionate for ethnic minority groupings.

Measure	Ethnicity (%)		
	Ethnic Majority	Ethnic Minority	No Response
People recording sick leave	62	9	30
People recording 8 days or more sick leave	61	9	30
People warned	56	8	36
DWP Baseline Population	64	8	28

The following table shows the ethnic makeup of the groups affected by the policy change – assuming that 100% of these people would receive a warning under the new policy which they would not have received under the old one.

³ Source Data: DWP Personnel Computer, Resource Management (RM); for the period 01/01/10 to 31/12/10 – figures may not sum due to rounding.

Measure	Ethnicity (%)		
	Ethnic Majority	Ethnic Minority	No Response
Increased consideration point change	62	9	30
DWP Baseline Population	64	8	28

Although there are differences between the proportions by ethnic majority and minority in comparison to the DWP baseline, the high number of non responses means that it is not possible to establish if these differences are statistically significant enough to suggest that it is anything more than random chance. As a result, it is therefore not so far out of proportion to suggest one group may be disproportionately affected.

Gender⁴

The following table shows the amount of sick leave taken, and warnings issued, to male and female employees in 2010, compared to the proportion of male/female workers in the DWP population. It shows that the amount of sick leave taken and the number of warnings issued is broadly proportionate.

Measure	Gender (%)	
	Male	Female
People recording sick leave	31	69
People recording 8 days or more	29	71
People warned	34	66
DWP Baseline Population	33	67

The following table shows the gender makeup of the groups affected by the policy proposal – assuming that 100% of these people would receive a warning under the new policy which they would not have received previously. Although there are differentials between the proportions by gender in comparison to the DWP baseline, these are within 5% and not at a level to suggest one groups may be disproportionately affected.

⁴ Source Data: DWP Personnel Computer, Resource Management (RM); for the period 01/01/10 to 31/12/10.

Measure	Gender (%)	
	Male	Female
Increased consideration point	29	71
DWP Baseline Population	33	67

We know that women take higher levels of sickness absence than any other group. This is to be expected; women make up the bulk of our workforce and are recognised across industry for taking more sickness absence. To help counteract this, the Department has in place a range of family-friendly policies to help prevent women having to take sick leave because they are more likely to be the primary carers of children. This policy change should not have an adverse affect on this group.

Transgender

We have no reason to believe there will be any negative impacts on this group. The Attendance Management Policy was amended in 2010 to make it absolutely clear that the Department expects managers to be as supportive as possible when transgender employees are undergoing gender reassignment; and reasonable absences due to transgender surgery are included in the **list of exemptions** from a warning in the Attendance Management Procedures (i.e. reasonable absences due to transgender surgery would not result in an improvement warning).

Transitional Arrangements

As already stated, disabled people are exempt from this change. Post-go live, outcomes will be monitored to ensure this and to detect unintended, disproportionate impacts on other diversity groups.

Non-disabled employees – including those who formerly had access to increased consideration points – will be informed by a general communication that they will be required to meet the 8-days standard from the point of change. A line will be drawn under illnesses formerly accrued against their previous separate consideration point and that consideration point will no longer apply.

Where an employee takes further sick leave, having already accrued sickness absence against the normal 8-days consideration point in the current rolling year, the manager will be required to contact the Complex Case Advisory Service (CCAS) for Advice before deciding an appropriate course of action. As regards warnings, CCAS will advise managers to be tolerant to a level not exceeding the number of days already accrued against the 8-days consideration point.

Monitoring and evaluation

We will ensure our Occupational Health Provider, Atos Healthcare, understands the context and scope of these policy changes. Atos will advise managers through

occupational health referrals whether an individual's health condition is likely to meet the provisions of The Equality Act. Furthermore, we will instruct colleagues in Employee Shared Services and the Complex Case Advisory Service to advise managers to be lenient where there is doubt and a substantial risk of employee hardship.

We will continue to:

- monitor and evaluate the impact of this policy via the existing stakeholder networks (including feedback from Diversity & Equality Centre of Expertise and the Departmental Trade Unions) to ensure issues of concern are known and can be acted upon quickly and effectively;
- monitor sickness absence levels across the Department to help identify any changes in Diversity & Equality characteristics as a result of the introduction of the policy change;
- assess the diversity makeup of the groups affected by the policy change and assuming that 100% of these people would not have a warning under the current policy but would receive one under the new policy.
- use grievance data to determine whether the policy change has had any impact on the number of grievances raised by employees;
- measure peoples' awareness and understanding of these changes via the Department's 'Have Your Say' Intranet site and the number of enquiries generated by the Employee Services Centres and the Complex Case Advisory Service.
- monitor service data post go-live to determine if there has been an early take up of the Department's support services.
- full evaluation of policy impacts on all diversity groups 12 months after go-live.

It should be noted that there is no reason to believe that different groups of people could be negatively or unduly affected by the proposed change in policy. Indeed, the change will improve access to the Department's support services and promote a work-focused approach to managing sickness absence.

This Equality Impact Assessment has emphasised the importance of employees declaring their diversity data on the Resource Management system so that firm statistical conclusions can be made.

Next steps

The policy change was implemented on 11 April 2011. Implementation will be supported with:

- Clear Intranet communications for all employees;
- Briefings for the Employee Services Centres and the wider HR community to support managers through the change;
- Training for Employee Services and the Policy Knowledge Leaders of the Complex Case Advisory Service;

- New policy guidance published on the Intranet;
- Professional support via the Occupational Health Service

This Equality Impact Assessment will be reviewed in February 2012.

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