

## Equality and Human Rights Impact Assessment (EqHRIA)

### Summary of Results

<b>Policy / Practice</b>	<b>Attendance Management v6.00</b>
<b>Owning Department</b>	<b>People and Development</b>
<b>Date EqHRIA Completed</b>	21/09/2018
<b>Purpose of Policy / Practice</b>	The Attendance Management procedure was reviewed and rewritten as part of the policy simplification project. As well as changes to wording and layout to increase readability and accessibility, there have been significant changes made to the process. The Attendance Management process is designed as a supportive measure to assist individuals who experience ill health to return to work and/or maintain consistently good levels of attendance.

#### A. Summary of Analysis / Decisions - What the assessment found and actions already taken.

1. Customer testing has shown that individuals find the new writing style and layout to be clearer and easier to understand. This procedure means that all individuals follow a clear and fair process in order for the organisation to manage attendance.
2. We have a relatively high percentage of older workers within the organisation. As ill health can often increase as individuals age (as documented in the Attendance Review Summary Report 2014-2015), and prevalence of disability rises with age, more sickness absences may be anticipated within this age group. This procedure is therefore likely to have more of an impact on our older officers and staff.
3. 45-64 is the peak age for caring responsibilities. 30% of officers, 56% of police staff, and 40% of SPA staff fall into this age category. Research by Carers UK shows that caring responsibilities can often have a negative impact on both physical and mental health, as well as cause some carers to put off medical treatment themselves. It is therefore likely that we may have a high number of carers in the organisation, for whom there may well be associated health concerns.
4. Officers with a disability may have a higher number of absences, as well as absences that last longer. It is therefore possible that individuals with this protected characteristic may be impacted more by the attendance management process. In particular, the inability of individuals to carry over enhanced annual leave if returning from long-term sick leave which has spanned two (or more) annual leave years could be perceived as being detrimental to individuals whose absence was disability-related. Similarly, only allowing Working Time Directive annual leave to be paid for (in lieu of it being taken) during sickness absence, and not allowing contractual leave to be used during this time may be viewed as disadvantaging those whose absence is disability related.
5. The ability to merge Return to Work interviews and Attendance Support Meetings if both are due at the same time mean that individuals with higher levels of absence (such as those with a disability) will benefit from having fewer attendance-related meetings to attend than they otherwise might have.

6. Concerns have been expressed about no longer sending half/nil pay letters to individuals as a matter of course, if the individual has a disability that may affect their ability to process and remember this information when given verbally.
7. Rewording in simpler language will make text more accessible to staff and officers with dyslexia, as well as those with lower levels of literacy.
8. Individuals undergoing gender reassignment may need a number of medical procedures which would require absence from work. These may include medical assessment/monitoring – including psychiatrist/psychologist appointments, speech therapy, and/or facial hair removal. They may also include surgical procedures such as double mastectomy, rhinoplasty, and/or genital reconstruction surgery. For those individuals at this stage in their gender reassignment, the attendance management process is likely to have more impact than an individual not undergoing gender reassignment would. This has been discussed with Stonewall. It was suggested that we include them in our formal consultation, however, despite our best efforts, they were unresponsive to our attempts to engage with them at this stage.
9. Pregnant officers/staff members are likely to have higher levels of absence than those who are not pregnant, so are likely to be impacted more by the Attendance Management process than others.
10. In all age groups except the 55-65 year olds, there is a higher percentage of absence from female officers and staff than males, within this organisation. It is therefore likely that female officers/staff will be more heavily impacted by the attendance management process.
11. It is possible that for women between 45 and 55, some absences may be caused by menopause symptoms, such as difficulty sleeping and low mood/anxiety. Menopause can still be a taboo topic, and as such, many women feel uncomfortable speaking to their manager about it, especially if they are male.
12. Societally, it is believed that a higher percentage of females take on the role of primary carer. Additionally, over half of carers are also employed full time. The burden of caring responsibilities, perhaps especially when coupled with full-time work, may lead to poor mental health and related absences from work. Evidence also shows that a significant percentage of carers have put off seeking medical treatment as a result of their caring responsibilities – which may also impact on their sickness absence records. It is therefore likely that women may be disproportionately affected by the Attendance Management procedure for this reason too.

**B. Summary of Mitigation Actions - What else we plan to do and how we are going to check that it has been done.**

1. n/a
2. As the attendance management process aims to be as supportive as possible, this is not necessarily a negative, as managers' involvement with their officers/staff's sickness absences may help provide them with the reasonable adjustments or health-related adjustments they require to keep working. Similarly, if discussions at Return to Work interviews and/or Attendance Support Meetings flag up a possible underlying condition, and this encourages the individual to visit the GP to discuss their ailments, this process may be beneficial to this group.
3. Again, although this means that a higher number of our older workers may be managed through the Attendance Management process, this should be seen as a positive, as the process aims to be supportive. It should also be noted that other facilities and provisions exist that may help carers establish a better work-life balance and increase their health and attendance, such as flexi-time, flexible working, and career breaks, as well as the Employee Assistance Programme.
4. It may, on occasion, be possible to make a reasonable adjustment and allow the full balance of annual leave to be paid/carried over if the absence was disability-related.
5. n/a
6. The procedure allows for this by noting that managers can request a letter be sent out in such circumstances by logging a call with People Direct. It is also possible for the manager to provide more reminders of these dates than would occur with the two standard letters. We have worked with Corporate Communications to work on a communication strategy for the launch of this procedure, and part of that will be to ensure that individuals, and not only managers, are aware of this change to process – so they should be aware that they can ask their manager for this information.
7. n/a
8. The Transitioning at Work SOP gives managers further guidance on how to support transgender team members.
9. The procedure clearly states how pregnancy-related absence will be treated differently to other types of sickness absence, in order to minimise possibility of detrimental treatment on the basis of this protected characteristic.
10. As some of this absence is due to pregnancy-related sickness, mitigation measures have been taken to ensure no discrimination, as described under 'Pregnancy and Maternity'.
11. To help support such individuals and hopefully facilitate better attendance, the Attendance Management process allows for staff members/officers to request an alternative liaison manager for periods of absence, which in such cases could be an older, female manager. Encouraging managers to remind individuals of the Employee Assistance Programme (EAP) may also help with menopause-related absences, as it will

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be able to offer practical advice on how to manage the symptoms, or advise if a GP would be able to help.

12. The supportive nature of the procedure will ensure that this has a positive impact rather than negative, wherever possible.

**Management Log – Policy Support Dept. Use Only**

<b>Review Date</b>		<b>Review Date</b>	
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