

Screening/Scoping Pro Forma

Section	Human Resources	Officer responsible for the screening/scoping	
Name of Policy to be assessed	Sickness Absence Management Procedure	Date of Assessment	23/10/2008
		Is this a proposed new or existing policy/procedure/practice?	Existing
1. Briefly describe the aims, objectives and purpose of the policy/procedure/practice?	The principles of this policy are designed to encourage full attendance and the proper management of sickness absence.		
2. Are there any associated or specific objectives of the policy/procedure/practice? Please explain.	<p>Yes.</p> <p>As a step in the broad aim of ensuring the health, safety and welfare of the Council's employees.</p> <p>As a means of gaining awareness of organisational factors that may affect sickness absence.</p> <p>To ensure a fair and consistent approach to absence management across all of the Council's services.</p> <p>The Council sets itself targets in relation to sickness absence (average annual days per head). This procedure is to help the Council achieve and improve the targets.</p>		

3. Who is intended to benefit from this policy and in what way?	<ul style="list-style-type: none"> ➤ The community that the Council serves through the greater availability of staff who are fit for work; ➤ The corporate body that is the Council and the achievement of its aims and objective through the greater availability of staff who are fit for work; ➤ Managers who are accountable and responsible for the delivery of services through the greater availability of staff who are fit for work and a reduced need to give time to managing sickness and arranging cover; ➤ The HR team who will be freed up from much of the day-to-day involvement in staff absence management; ➤ Employees who will be aware of their employer's interest in their welfare and that they will be support when they are prevented from attending for work on health grounds. 		
4. What outcomes are wanted from this policy/procedures/practice?	<ul style="list-style-type: none"> ➤ A fit and healthy workforce; ➤ An early and, where necessary, managed return to work when staff do fall ill; Managers who are capable of managing the situation in the event of staff sickness absence ➤ A low incidence of sickness absence that meets and, ideally, improves the Council's targets ➤ An understanding by staff of what they can expect if they are unfit for work 		
5. What factors/forces could contribute/detract from the outcomes?	<ul style="list-style-type: none"> ➤ Lack of awareness of the procedures ➤ Inconsistent application of the procedures ➤ Inappropriate HR Support ➤ Sickness epidemics ➤ Unreasonable work pressures 		
6. Who are the main stakeholders in relation to the policy?	Employees, the local community, Councillors, senior managers, other managers, the HR function,	7. Who implements the policy, and who is responsible for the policy?	Line managers implement with support from HR. HR is responsible for the policy.

<p>8. Are there concerns that the policy <u>could</u> have a differential impact on racial groups?</p>	<p>¥</p>	<p>N</p>	<p>The procedures should not have either a positive or negative impact on people of different racial groups. Their application may raise issues as follows.</p> <p>There may be cultural issues related to ethnicity that would make it difficult for staff to discuss in any detail, reasons for sickness absence with a manager of the opposite gender. Where this is the case, a supervisor of the same gender should be involved or support obtained from HR</p> <p>In exceptional cases, where home visits are necessary, visitors should be aware of and sensitive to any cultural differences.</p>
<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>There is not direct evidence of the issues raised above. Also, the Council does not currently monitor sickness absence by racial groups to identify whether there are, on average, differential sickness absence rates against the average.</p>		

<p>9. Are there concerns that the policy <u>could</u> have a differential impact due to gender?</p>	<p>Y N</p>	<p>Female health issues tend to have greater profile and could, potentially, attract greater involvement under the policy. The requirement for the discussion on absence reasons to take place with the line manager may be difficult where the manager is not of the same gender. The procedure does allow the employee to request the discussion takes place with someone other than their line manager. However, it would help to give this greater profile as staff may see this as an obstacle to a more detailed and relevant discussion on their health when they do not want to create a barrier between themselves and their line manager. This may be a particular issue when it comes to the more formal side of the procedure and when it gets to the stage of formal sickness hearings.</p> <p>The same also applies to male health matters. Attempts have been made, nationally, to give greater focus to male health issues. The procedure should include taking opportunities to encourage males to may earlier visits to their GP.</p> <p>Pregnancy related illness does not get highlighted in the procedure although there is a reference to the relationship between maternity absence and sick leave absence. Consideration should be given to whether the normal procedures should be varied for pregnant employees before they go on maternity leave where their illness is related to their pregnancy.</p>
<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>There is not direct evidence of the issues raised above. Also, the Council does not currently monitor sickness absence by gender to identify whether there are, on average, differential sickness absence rates against the average. There is a danger that so doing could reinforce stereotypes but the Council needs to be aware if any issues are having a differential impact by gender.</p>	

<p>10. Are there concerns that the policy <u>could</u> have a differential impact due to disability?</p>	<p>Y</p>	<p>N</p>	<p>There are perceptions/stereotypes about absence rates of disabled staff that make this a potentially contentious area that requires a little more sensitivity. The procedure does have a separate section on disability related sickness and the need to make reasonable adjustments to support a disabled person.</p> <p>The procedure also includes dealing with terminal illnesses which may have a positive impact for people who meet the definition of disabled.</p> <p>Whereas it does so by inference, the procedure, could be improved by giving greater focus to the support available for staff who become disabled during the course of their employment.</p> <p>The procedure does not make a distinction between mental and physical illness. Mental illness may be covered by the DDA but it is recommended that the policy be reviewed to see whether differences between mental and physical illnesses should be highlighted in a way that would strengthen the procedure.</p>
<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>There is no direct evidence that disabled employees are disadvantaged as a consequence of the policy. Also, the Council does not currently monitor sickness absence by disability to identify whether there are, on average, differential sickness absence rates against the average. There is a danger that so doing could reinforce stereotypes but the Council needs to be aware if any issues are having a differential impact on disabled employees.</p>		
<p>11. Are there concerns that the policy <u>could</u> have a differential impact due to sexual orientation?</p>	<p>Y</p>	<p>N</p>	<p>It is not perceived that there will be a differential impact on the grounds of the employees sexuality. The procedure highlights and makes positive comments about employees diagnosed as HIV positive but it is unreasonable to suppose that gays, lesbians or bisexuals are more likely to contract HIV/Aids.</p>

<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>The Council currently does not monitor the sexuality of its staff and it has, therefore, no basis on which to consider the need to make adjustments</p>		
<p>12. Are there concerns that the policy <u>could</u> have a differential impact due to their age?</p>	<p>¥</p>	<p>N</p>	<p>With life expectancy having risen and with medical advances it is less likely that normal degenerative conditions that might increase sickness absence will occur in staff before they retire.</p>
<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>The Council currently does not monitor sickness absence by the age of staff and it has, therefore, no basis on which to consider the need to make adjustments</p>		
<p>13. Are there concerns that the policy <u>could</u> have a differential impact due to their religious belief?</p>	<p>Y</p>	<p>N</p>	<p>The procedures should not have either a positive or negative impact on people with different religious beliefs. Their application may raise issues as follows.</p> <p>There may be issues related to religious beliefs that would make it difficult for staff to discuss in any detail, reasons for sickness absence with a manager of the opposite gender. Where this is the case, a supervisor of the same gender should be involved or support obtained from HR</p> <p>In exceptional cases, where home visits are necessary, visitors should be aware of and sensitive to any religious differences.</p> <p>Where an issue is know, for example the attitude of Jehovah's Witnesses to blood transfusions, that would need to be understood and dealt with compassionately.</p>
<p>What existing evidence (either presumed or otherwise) do you have for this?</p>	<p>The Council currently does not monitor the religion or belief of its staff and it has, therefore, no basis on which to consider the need to make adjustments</p>		
<p>14. Are there concerns that the policy <u>could</u> have a differential impact due to them having dependants/caring responsibilities?</p>	<p>¥</p>	<p>N</p>	<p>None that would be directly related to the Sickness Absence procedure</p>

What existing evidence (either presumed or otherwise) do you have for this?	The Council currently does not monitor for staff who have carer responsibilities and it has, therefore, no basis on which to consider the need to make adjustments		
15. Are there concerns that the policy <u>could</u> have a differential impact due to them have an offending past?	¥	N	None that would be directly related to the Sickness Absence procedure
What existing evidence (either presumed or otherwise) do you have for this?	None		
16. Are there concerns that the policy <u>could</u> have a differential impact due to them being Transgender or transsexual?	¥	N	None that would be directly related to the Sickness Absence procedure. An employee being absent as a result of a gender reassignment operation would need to be dealt with sensitively and their return to work would need to be actively managed within the framework of the procedure.
What existing evidence (either presumed or otherwise) do you have for this?	The council is not aware that any of its staff are transgender. It is reasonable to presume that the incidence of cases would be negligible or zero.		
17. Could the differential impact identified in 8-16 amount to there being the potential for adverse impact in this policy/procedure/practice?	¥	N	<p>The main issue that arises through this assessment is the absence of monitoring data to identify, if at all, whether there could be a differential impact.</p> <p>Certainly the need for alternatives in the procedure where gender difference between the individual and their line manager is clear</p> <p>Other issues that have been identified are ones where the incidence is likely to be, at most, low.</p>
18. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?	Y	N	Pregnant women may enjoy a positive impact but it is unlikely that would impact on people from the other equality strands

<p>Business improvement</p> <p>19. Is there any concern that there are unmet needs in relation to any of the above groups?</p>	<p>Y</p>	<p>N</p>	<p>The need to reinforce the removal of the gender obstacle in dealing with the detail of sickness absences is clear and will be addressed.</p>
<p>20. Does differential impact or unmet need cut across the equality strands (e.g. elder BME groups)?</p>	<p>Y</p>	<p>N</p>	<p>The gender issues apply regardless of ethnicity, disability, religion, age, sexuality</p>
<p>21. If yes, should the full EIA be conducted jointly with another service area/contractor/partner/agency?</p>	<p>¥</p>	<p>N</p>	<p>The service applies internally and requires minor adjustments to address potential differential impacts. There is no need for a full EIA.</p>
<p>22. Is there a missed opportunity to improve your business in relation to any of the policies, procedures or practices to promote racial, gender, disability, age, sexual orientation, religion or belief equality?</p>		<p>N</p>	<p>The steps proposed are considered all that is necessary.</p>

23. Should the policy proceed to a full equality impact assessment?	Y	N		Yes	No
24. If No, are there any changes required to the policy to improve it around the equality agenda?			<p>Yes.</p> <p>Consider ways to improve monitoring to enable the better identification of differential impacts.</p> <p>Ensure that gender/cultural/religious differences are not barriers to dealing effectively with absences.</p> <p>Review the policy to see where direct references to equality issues would usefully be included.</p>		

Signed
 (completing officer) Date October 2008

Signed
 (Head of Section) Date

Countersigned
 (Corporate Diversity/Diversity/Policy Team) Date October 2008