

COUNTY COUNCIL FULL EQUALITY IMPACT ASSESSMENT TEMPLATE

Stage of EIA	Description of Step	Checklist	Checklist
	Is this a new or an existing policy?	This is an amendment to an existing policy	
Stage 1	Defining policy objectives and how they will be achieved	<p>Please summarise the planned outcomes for the policy:</p> <p>The County Council's sick pay entitlements are currently in line with National Joint Council for Local Government Services – National Agreement on Pay and Conditions of Service. As a BOLD people initiative, it is proposed that the County Council's contractual sick pay entitlements are changed to deliver savings.</p> <p>The proposed amendments would bring an estimated annual saving of up to £1.2million (subject to adjustment for anticipated fall in sickness rates).</p>	<p>How will the outcomes be achieved?</p> <p>How will the outcomes be achieved?</p> <ul style="list-style-type: none"> • Subject to possible exceptions no contractual sick pay for first 3 days of an absence • Subsequent entitlement limited to 90% of normal pay for up to 6 months and 50% of pay for the following six months, inclusive of statutory sick pay. • Facility to take annual leave at short notice instead of losing pay • No contractual sick pay for 6 months for new starters

<p>Stage 2</p>	<p>Information gathering/consultation Detail existing data/research/consultation sources you will use.</p>	<p>Existing Sources</p> <p>National sickness trends by Sex, Age and Disability</p> <p>County Council sickness statistics by Sex, Age and Disability</p> <p>"Consultation" has already taken place directly with employees (via SID and road shows) on this proposal. Consultation is also being undertaken with recognised trades unions.</p>	<p>What do these sources show you?</p> <p><u>National Trends</u></p> <ul style="list-style-type: none"> • According to the Office for National Statistics (2004), younger employees were more likely to take sickness absence than older employees. • According to the Office for National Statistics (2004), disabled employees were more than twice as likely to take sickness absence in the reference week as employees who were not disabled. However, a number of disability organisations such (eg. Employers Forum on Disability, Disabled Workers Cooperative, the Lary Project) claim that recent studies have indicated that disabled employees have lower sickness absence than able-bodied colleagues. I have been unable to substantiate these claims with empirical evidence. • According to the Office for National Statistics, when sickness absence rates were averaged across 2010, women had higher sickness absence rates than men in the public sector (3.1 per cent compared with 2.1 per cent for men). See news release at http://www.statistics.gov.uk/pdfdir/sick
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			<p>0211.pdf</p> <p><u>Worcestershire County Council Sickness Statistics</u></p> <ul style="list-style-type: none">• No major differences between the percentage of sickness for each category (Sex, Age and Disability) against the percentage of employees within the organisation as a whole. The only notable differences are between the proportion of sickness attributed to disabled employees (6.66%) versus the percentage of disabled employees as a whole (3.66%). There is also a higher proportion of female sickness (77.52%) against the percentage of women in the workforce as a whole (74.63%).• When we look purely at absences lasting between one and three days, there are again no major differences between the percentage of sickness for each category (Sex, Age and Disability) against the percentage of employees within the organisation as a whole. A higher proportion of female sickness (79.14%) against the percentage of women in the workforce
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			<p>as a whole (74.63%). The proportion of 1-3 days sickness attributed to disabled employees (3.41%) is slightly lower than the percentage of disabled employees as a whole (3.66%), suggesting that episodes tend to be of a longer duration.</p> <ul style="list-style-type: none"> • For absences lasting 90 days or more, there is a higher proportion of female sickness (79.64%) against the percentage of women in the workforce as a whole (74.63%). The proportion of long term sickness attributed to disabled employees (7.07%) is higher than the percentage of disabled employees as a whole (3.66%). The difference when comparing age categories is that younger employees have lower long term sickness , particularly in the 26-35 age group, where the proportion of long term sickness (7.97%) is much lower than the percentage of workforce (17.89%). The proportion of sickness is higher once employees reach the 46-55 age group and particularly in the 56-65 age group, where the proportion of sickness (30.32%) is higher than the percentage of workforce (20.77%). There is no 90days + sickness in the
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			<p>66+ age group.</p> <ul style="list-style-type: none"> Sickness statistics by occupational groups are inconclusive (again analysed by Sex, Age and Disability). The occupational groups occupied mostly by females do have high sickness levels but there are also some occupational groups occupied by males that also have high sickness rates (Drivers as an example).
	<p>Do you consider these sources to be sufficient? Y</p>	<p>If data is insufficient, what will you do to gather the data you need?</p>	
	<p>What further user engagement (if any) do you need to undertake?</p> <p>The County Council's Consultation Strategy will assist you in identifying the appropriate methods to use for your consultation.</p> <p>*Person, group or organisation that has a direct or indirect stake in the policy because it can affect or be</p>	<p>Further consultation Who will you consult?</p> <ul style="list-style-type: none"> ➤ Consultation will continue with our recognised trades unions on this proposal <p>How will you consult? (method)</p> <ul style="list-style-type: none"> ➤ Through the formal consultation mechanisms that exist within the County Council. 	<p>How will you communicate the consultation results;</p> <ul style="list-style-type: none"> Within the organisation once consultation with our recognised trades unions is concluded.

	<p>affected by the policy's actions or objectives.</p>		
<p>Stage 3</p>	<p>Assessing the equality impact of your policy from evidence gathered.</p> <p>Decision should be based on 4 factors:</p> <ul style="list-style-type: none"> • Aims of the policy • Evidence collected • Results of both formal/informal consultation • Pros and cons of alternative approaches to delivering policy objectives <p>*See 'what should be done if adverse impact is identified?' to</p>	<p>From the information gathered, could the policy unlawfully discriminate or have a less favourable impact?</p> <p>There may be potential for indirect discrimination but this can be justified as it closely reflects the gender/age/ability profile of the workforce</p> <p>Section 19 of the Equality Act defines indirect discrimination as occurring when: '<i>A applies to B a provision, criterion or practice (PCP) which is discriminatory in relation to a relevant protected characteristic of B's</i>'.</p> <p>A PCP is discriminatory in relation to a relevant protected characteristic of B's if -</p> <ul style="list-style-type: none"> • '<i>A applies, or would apply, it</i> 	<p>If there is adverse impact could it be justified?</p> <p>Yes</p> <p>If 'yes', what are your reasons and what evidence did you base this decision on?(for example: positive action to target particular parts of community)</p> <p>I believe we can objectively justify disadvantage as a proportionate means of achieving a legitimate aim (and can demonstrate that we have in the case of a disabled person made reasonable adjustments).</p> <p>The proposed amendments would bring an estimated annual saving of up to £1.2million (subject to adjustment for anticipated fall in sickness rates). This could help preserve large numbers of jobs.</p> <p>If adverse impact cannot be justified, what will you do to rectify the position? (for example - what alternative ways could you</p>

	<p>help with your decision.</p>	<p><i>to persons with whom B does not share the relevant protected characteristic,</i></p> <ul style="list-style-type: none"> • <i>The PCP puts, or would put, persons with whom B shares the characteristic at a particular disadvantage when compared with persons with whom B does not share it,</i> • <i>It puts, or would put, B at that disadvantage, and</i> • <i>A cannot show it to be a proportionate means of achieving a legitimate aim.'</i> <p>I believe we can objectively justify discrimination caused as a proportionate means of achieving a legitimate aim (and can demonstrate that we have in the case of a disabled person made reasonable adjustments).</p> <p>If discrimination is unlawful, what will you do?</p> <p>N/A</p> <p>If adverse impact is found to</p>	<p>achieve the aims of your policy?)</p> <p>The same profile would apply to any alternate proposals for making savings in this area.</p>
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		<p>exist, Please describe what this impact is:</p> <p>Using our sickness absence trends, changes to sick pay entitlement are likely to have a marginally adverse impact on :</p> <p>Younger employees Disabled employees Female employees Pregnant employees</p> <p>What groups could potentially be disadvantaged?</p> <p>Younger employees Disabled Employees Female Employees Pregnant employees</p> <p>Describe the degree of negative impact and the number of people likely to be affected*:</p> <p>It is impossible to predict because we cannot forecast</p>	
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		sickness rates with any certainty but it is not considered that any impact would be significant.	
		<p>Will the policy have any positive impacts for particular groups?</p> <p>The policy could potentially benefit some employees as the savings could help protect jobs.</p>	
Stage 4	<p>Action Planning and Time Frames</p> <p>Please complete your EIA Action Plan template (Annex E)</p>	<p>What equality objectives and targets have you developed?</p> <p>1 Consider how we approach the issue of reasonable adjustments in relation to an employee whose disability results in high short term absence.</p> <p>2 Consider whether we need a specific approach to the issue of pregnant employees whose absence relates to their pregnancy.</p>	<p>Have these objectives/ targets been incorporated into your monitoring and performance management system?</p> <p>Yes</p> <p>How often will they be monitored and by whom?</p> <p>HR Policy Officer will ensure objectives on the action plan are complete</p> <p>Who will sign this off?</p> <p>Head of HR & OD</p>

		<p>3 Raise awareness of special leave policy which includes time off for dependents etc</p> <p>Have you attached a timescale to your targets? If yes, what?</p> <p>Objective 1 & 2 by the end of July 2011.</p> <p>Objective 3 ongoing</p> <p>Have the equality objectives and targets been included in your service plan? Y – through this EIA</p>	
<p>Stage 5</p>	<p>Publication</p> <p>This is a legal requirement so you MUST send your EIA results for publishing.</p> <p>*This is for accessibility purposes for lengthy EIA's.</p>	<p>Have you sent a copy of this assessment to the Corporate Equality and Diversity Team for publication on the website?</p> <p>Y</p> <p>Have you logged your EIA onto the Listening to our communities - consultation and community engagement webpage?</p>	<p>Have you sent a copy of this assessment to your Directorate Equalities Lead?</p> <p>Y</p> <p>Has an executive summary been prepared*?</p> <p>N</p>

		N	
Stage 6	Monitoring and Review	<p>How will you monitor/evaluate the policy?</p> <p>It is possible to break down sickness absence records by age, sex and disability. The policy will ultimately be assessed on the savings delivered.</p> <p>Have you planned policy reviews? If so, how often?</p> <p>Not known at this stage</p>	<p>Who will be responsible for monitoring?</p> <p>Sickness stats are produced by HR Information Team and reviewed/shared with directorates as appropriate.</p> <p>Objectives under action plan complete.</p> <p>How will you use the monitoring results?</p> <p>Whilst monitoring may indicate whether an adverse impact has occurred, the policy will ultimately be assessed on the savings delivered.</p>

Signed (Completing Officer) R P Morris

Date 16 June 2011

Signed (Lead Officer)service manager?.....

Date.....