



<u>Policy Title</u>	Attendance Management (V1:2014)
<u>CCMT Sponsor</u>	Director of People
<u>Department/Area</u>	People Directorate
<u>Section/Sector</u>	Corporate Health and Support Services

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1.0 Rationale

1.1 Thames Valley Police (TVP) aims to provide the best possible service to the public, through the effective deployment of staff.

1.2 Absence has a major impact on resources which puts pressure upon our remaining staff to deliver an efficient and effective police service.

1.3 TVP has a high expectation of its workforce. The force values of integrity, fairness, professionalism, providing a quality service and equality are expected at all levels throughout the force. People are TVP's most valuable asset.

1.4 In order to achieve these expectations and to support staff, the managing attendance procedures are aimed at ensuring all are able to attend work on a regular and reliable basis. Staff must be properly supported and valued by caring managers so that TVP has minimal levels of sickness absence and has a workforce that is performing to optimum level.

2.0 Intention

2.1 The accurate recording of sickness absence is an important responsibility of individual staff members, supervisors and managers.

2.2 This policy sets out the responsibilities of each individual in respect of absence management guidance. It informs line managers/supervisors how to record a member of staff absent from work due to sickness, the necessary action to be taken and documentation to be completed.

2.3 This policy should be read in conjunction with the Managing [Support Staff Poor Performance and Attendance Policy](#) for Police Staff, the [Police \(Performance\) Regulations 2008](#) and [Regulation 13 – Managing the Performance of Student Officers](#) for Police Officers for the process to be followed where an individual's attendance record falls below an acceptable level.

3.0 General Principles

3.1 This policy applies to police officers and police staff currently employed by the PCC, the Chief Constable and in parts to the Special Constabulary. The policy is not applicable to volunteers, temporary agency workers or contractors.

3.2 TVP has a duty of care to ensure it provides and maintains a safe and healthy working environment for its staff.

3.3 Attendance must be maximised in order to maintain and improve the performance of TVP.

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3.4 Accurate monitoring of sickness is important to the organisation and the individual. It enables informed intervention to manage attendance and meeting of reporting requirements (e.g. Home Office).

3.5 An individual needs to know that the Force has not only noted their absence but will actively attend to their welfare needs and facilitate their return to full duties, whenever this is possible.

3.6 There are slightly different systems for the management of Police Officer and Police Staff sickness. These arise from different terms and conditions of service.

3.7 Central to the process of managing sickness related absence is recognising the appropriate response at an early stage for all staff.

3.8 Sick leave should not be used to resolve acute welfare problems where compassionate or other leave may be considered. For other types of leave that may be applicable see the Additional Leave policy.

3.9 This policy does not remove the general welfare role of line managers to take an active interest in all members of staff who are sick, thereby encouraging their early return to work.

4.0 Guidance, Procedures & Tactics

4.1 Individuals have a responsibility to ensure that their actions support the intent and follow the requirements set out in this policy. All staff covered by the scope of this policy should be aware of the policy and how to access it. See [Appendix A](#) for the standard operating procedure that supports this policy.

4.2 People Directorate Business Partners, Advisors and the Employment Relations Team are available to advise individuals on the application and use of the policy.

5.0 Challenges & Representations

5.1 To ensure transparency and accountability any decision made as a result of following this policy should be clearly documented.

5.2 Challenges and representations in respect of this policy should be addressed to:

Head of Corporate Health & Support Services
Eden House
16 Lyne Road
Kidlington
Oxfordshire
OX5 1AD

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6.0 Communication

6.1 Links to Police National Legal Database/Other

6.1.1 This policy should be linked to the:-

[Maternity – Guidance for Police and Police Staff](#)
[Stress Management Guidelines](#)
[Police \(Performance\) Regulations 2008](#)
[Equality Act 2010](#)
[Unsatisfactory Performance and Attendance \(Police staff\)](#)
[Police Officer Unsatisfactory Performance & Attendance](#)
[Regulation 13 – Managing the Performance of Student Officers](#)
[Staff Monitoring Protocols](#)
[Guidance for Ill Health Retirement for Police Officers and Police Staff](#)
[Guidelines and advice relating to Transsexual members of staff](#)
[Alcohol and Substance Misuse Policy](#)
[Flexible Working Policy](#)
[Additional Leave and Time Off Work Policy](#)

6.2 Implementation Strategy (Policy Impact Assessment)

6.2.1 Individuals will be informed of the new policy through the intranet at the time of publication. The policy will be made available electronically via the Policy and Procedures intranet site and staff and managers portals.

6.2.2 This policy can be made available to the general public via the TVP internet site, except for the appendices which contain details of police methods.

7.0 Compliance and Certification

7.1 Human Rights Audit

(i) Legal Basis

There is no definitive legal basis for this policy but sickness management will always be managed with direct reference to appropriate guidance and relevant legislation e.g.

- Police (Performance) Regulations 2008
- Regulation 13 – Managing the Performance of Student Officers
- Equality Act 2010

(ii) **Human Rights Articles Engaged**

This policy has been audited for compliance with the Human Rights Act and has the potential to engage Article 8 Right to Respect for Private and Family Life. A public authority may interfere with the exercise of this right in accordance with the law and as is necessary in a democratic society in the interests of:-

- national security
- public safety or the economic well-being of the country
- the prevention of disorder or crime

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- the protection of health or morals
- the protection of rights and freedom of others

(iii) Prohibition of Discrimination

There is potential interference of the convention articles and there is potential for the policy to be applied in a discriminatory manner under Article 14. Individuals involved in the application of this policy could apply their own prejudices based on sex, race, colour, language, religion, political, or other opinion, nation, or social origin, association with a national minority, property, birth, or other status.

7.2 Equality Impact Assessment

An Equality Impact assessment has been carried out and is attached at Appendix C.

7.3 Diversity (Human Resources)

In the application of this policy, the Force will not discriminate against any persons regardless of their gender, sexual orientation, race or ethnic origin, religion, age or disability.

7.4 Management of Police Information (MoPI)

7.4.1 This policy does not affect any of the key business areas as identified by Management of Police Information (MoPI).

7.4.2 However, any information deemed 'for a policing purpose', or any data about an individual that is circulated or received by e-mail; or published / downloaded via the intranet or internet or circulated in any other format must comply with MoPI guidelines.

7.5 Community Engagement Standards

7.5.1 This policy has no community engagement implications.

7.6 Data Protection

7.6.1 It is recognised that sensitive personal data will be processed in compliance with this Policy. This, and personal data, will be managed in accordance with the specifications of the Data Protection Act 1998.

7.6.2 Information regarding an individual's health will be classified as RESTRICTED under the Government Protective Marking Scheme and will be managed in accordance with those requirements. Information regarding normal sickness (i.e. sickness record) is retained for the duration of an individual's employment plus three years.

7.6.3 Information relating to an individual's medical history is retained by Occupational Health for the duration of an individual's employment plus 40 years.

7.6.4 Information regarding an individual who has been subjected to this policy will be retained for the duration of their employment. Information processed by the Sickness Health & Monitoring Advisory Group (SHMAG) is retained for twelve months.

7.7 Freedom of Information Act

7.7.1 This policy is suitable to be made available to the public and can be published on the Thames Valley Police Freedom of Information Publication Scheme.

7.7.2 It is likely that all information processed in compliance with this policy will be exempt from publication under the Freedom of Information Act by virtue of section 40 (personal data). Specific advice should be sought from the Force Freedom of Information Officer in the event of a request for information.

7.8 Protective Markings

This policy has been assessed for its correct level of protective marking and has been assessed as **NOT PROTECTIVELY MARKED**.

7.9 Health & Safety at Work

The Health and Safety at Work Act imposes a duty of care upon the Chief Constable to ensure, as far as is reasonably practicable, the health, safety and welfare of all staff. There is a legal requirement to conduct a risk assessment based on the individual's role and capabilities, which should include consideration of assessments under specific legislation e.g. Display Screen Equipment and Manual Handling Regulations.

8.0 Monitoring and Review

8.1 This policy contributes to the following strategic objective:

- To improve the use of our resources

8.2 Policy Review

8.2.1 This policy document will be reviewed every two years. The review will take into account the following criteria:-

- Examples of good practice from other Forces or other organisations
- Representations made by individuals and relevant organisations
- Relevant diversity data

8.2.2 This policy will next be reviewed in February 2016.

For use by the Policy Management Unit Only

<u>Chief Officer Policy Authorisation</u>	
Policy signed off by: _____	
Director of Resources	Date

Version	Date Reviewed	Author	Reason
V1	25 th February 2014	Andy Taylor	Removal of tier 'A' meeting. Greater emphasis on the return to work interview. Removal of Bradford Score as a 'trigger' for action.
V2	1 st September 2016	Chris Sharp	Amendments to Appendix page 9, 2.12, page 13, 5.10, page 13, 6.3

Standard Operating Procedure for Attendance Management

A1 Individual responsibilities

1.1 TVP has a high expectation of its workforce. The force values of integrity, fairness, professionalism, providing a quality service and equality are expected at all levels throughout the force. Its staff is recognised by TVP as being its most valuable asset.

1.2 In order to achieve these expectations and to support staff¹, the managing attendance procedures are aimed at ensuring all are able to attend work on a regular and reliable basis. Staff must be properly supported by managers so that TVP has minimal levels of sickness absence and has a workforce that is performing to optimum level.

1.3 Each individual is required to report their sickness absence as soon as possible to their line manager or in accordance with local arrangements.

1.4 Notification of absence needs to be made as soon as possible so that alternative staffing arrangements can be made. Wherever possible, this should be done before the normal start time to assist in the management / covering of workloads etc.

1.5 The notification of absence should be entered onto PeopleSoft by the person to whom the individual has reported sick.

1.6 During any absence the member of staff must maintain regular contact so that their line manager is informed of the member of staff's state of health and likely return to work date, unless the circumstances of the absence would make the contact inappropriate (e.g. medical advice).

1.7 The member of staff may be asked to attend meetings with the line manager on work premises for the purposes of providing information and to facilitate an effective return to work.

1.8 If the individual is too unwell or physically unable to attend the workplace, unless deemed inappropriate in the circumstances the organisation will arrange to visit them at home (with their consent) or at an alternative suitable location.

1.9 Staff are expected to communicate effectively with their manager, OHU and the People Services Directorate during periods of absence and/or where management support is needed to help achieve improvements in health, performance and attendance. If a member of staff refuses to engage in the process the line manager may consider initiating the informal and / or formal procedures of the policy.

1.10 If the member of staff has not returned to work by the fourth day of absence they must telephone in person and speak to their line manager to explain the circumstances. If as a result of their condition this is not possible, they should arrange for a representative to make the call. The manager should return the call if not available to receive it.

¹ For the purposes of this policy all references to 'staff' include both police staff and police officers.

1.11 Where the absence is for a period of longer than seven calendar days the individual must submit a doctor's fit note on the 8th day of absence.

This must be forwarded to the Resourcing Team, Fountain Court, HQ North.

1.12 This also applies to staff on annual leave who want a period of their absence to be regarded as sick leave. Where a member of staff is abroad when injured or taken ill, they should report their sickness retrospectively as soon as practicable upon their return to the UK. This should be accompanied by a valid medical certificate / confirmation of incident.

1.13 For any periods of absence lasting longer than the period covered by the first statement, further doctor's statements must be submitted in a timely manner.

1.14 Where an individual absence is covered by a Medical Statement with an end date, there is no requirement for a final Medical Statement 'signing back' someone as fully fit to work. TVP has to consent to the individual coming back to work before the end date specified on the certificate.

1.15 A member of staff may not always need to be 'fully fit' to return to work. For example, they may be able to use Access to Work to obtain assistance in travelling to work. On returning to work a member of staff may be able to perform some of their role or carry out alternative activity until they are fully fit. This is the case for staff returning to work at the end of a period covered by a Medical Statement or at a point earlier than the date on the Statement.

1.16 Staff should avoid taking part any activity which is likely to be prejudicial to their health, and / or may unnecessarily delay their return to work.

1.17 Upon their return to work, individuals are required to report the end of sickness by completing the self service form on PeopleSoft

A2 Line Manager Responsibilities

2.1 Local management of attendance, early engagement and intervention by managers is crucial to the delivery of higher levels of attendance and ensuring that individual cases of absence are managed effectively.

2.2 The line manager is responsible for the local welfare response to staff that are sick and ensuring that this policy is implemented effectively. They should ensure that they do all they can to maintain, and where possible, reduce sickness levels and ensure the welfare needs of their staff are met.

A Guide to Line Managers is available on the Managers Portal in the [Sickness absence](#) section.

2.3 Line managers have a knowledge and understanding of individual attendance levels and of the reasons behind any changes in the frequency or amount of absence. Each case must be viewed individually, within the corporate guidelines and standards set.

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2.4 An individual's absence must be effectively managed by the Line Manager. Consideration should be given to initiating attendance management policies where a member of staff's attendance falls below an acceptable level.

2.5 Managers are expected to use the relevant policy (police staff, police officer or student officer – see policies listed below) to help support staff back to work and or to improve attendance or performance in all cases where the levels of absence/performance has become unacceptable to the organisation. (Unacceptable attendance is defined in 2.16 below).

2.6 Managers must ensure consistent of use policy to achieve fairness. These policies are to help support staff and to manage sickness absence.

- [Police Staff Unsatisfactory Performance and Attendance Policy](#)
- [Police Officer Unsatisfactory Performance and Attendance Policy](#)
- [Regulation 13 – Managing the Performance of Student Officers for Police Officers.](#)

In cases of disability related sickness absence, managers must consider the Equality Act 2010 (see Appendix B for Definition of Disability under the Act)

2.7 There will be a tiered intervention approach based on a number of triggers. Trigger points are designed to provide managers with early notice of potential issues. They support the Force in discharging a duty of care to all staff. These triggers and the interventions required by line managers are outlined in section A8 below.

2.8 When a member of staff reports sick, the recipient of that report should record the sickness / injury on the Self Service Form on PeopleSoft

2.9 The line manager should contact the member of staff within 48 hours. This is to provide welfare support and to ascertain any work commitments that require attention. Where the line manager considers it appropriate, they should inform the Corporate Health (Welfare) unit or Staff Associations.

2.10 Where a person reports sick with stress or other psychological condition, reference should be made to the Stress Management Guidelines and an early intervention initiated.

2.11 The line manager will maintain appropriate and regular contact with sick members of staff through personal visits or by telephone, unless in exceptional cases this is deemed inappropriate in the circumstances. The wishes of the individual in respect of having someone else present will be taken into account. All contact must be recorded on PeopleSoft including when attempts have been made to contact the member of staff without success.

2.12 On the member of staff's return to work, the individual is responsible for updating PeopleSoft on their return. The line manager² will ensure that the absence has been closed accurately and without delay by the individual. A failure to close down the absence may result in a loss of benefits or allowances. The line manager must ensure that a return to work interview is completed with the individual as soon as possible. (See paragraph A5).

² In the absence of the individuals Line Manager, another Manager may take responsibility for this.

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2.13 Management referrals to the Occupational Health Unit (OHU) must contain sufficient information to enable OHU staff to make a proper assessment of the individual's fitness for work. The referrals must include specific questions that require answers which will help line managers to better understand the nature of an individual's health condition, the impact this has on their ability to perform their role and when they can return to the work place. Guidance for the completion of referrals is on the Manager's Portal

2.14 A member of staff must be given the opportunity to review all information contained in the referral **before** it is sent to OHU, **except** in the case of stress related illnesses where it is necessary to expedite a referral for early intervention. S/he should be given the opportunity to comment, as appropriate, and to see any responses.

2.15 The Occupational Health Unit will decide whether to see the member of staff or take alternative action.

2.16 In respect of all staff who breach the following Attendance Standard because they:

- Have had 14 calendar days sickness absence in a 12 month period....³ and / or
- Have had 3 periods of sickness in a 12 month period from the start of the current absence and / or
- Give cause for concern because of their sickness record

Line managers (with advice from the People Services Advisor), will investigate the background to the absence and assess whether action needs to be taken.

2.17 Where absence levels are becoming unacceptable the line manager will initiate the informal procedures of the:

- [Police Staff Unsatisfactory Performance and Attendance Policy](#)
- [Police Officer Unsatisfactory Performance and Attendance Policy](#)
- [Regulation 13 – Managing the Performance of Student Officers for Police Officers.](#)

2.18 In deciding whether to escalate to the first 'formal' stage of the process or in considering whether to escalate to the subsequent stages, managers must treat each case on its merits, consider all of the pertinent facts available to them and provide a documented rationale for escalating or not escalating to the formal process.

2.19 Line managers must consider the Equality Act 2010. Any formal action must be recorded on the PDR system as part of an 'Attendance Management' interim review by the individual's line manager but should not be taken into account after an improvement notice has been met or has ceased to be valid. Equally, where a member of staff appeals any management action and that appeal is successful, the record of that procedure should not be taken into consideration in any future proceedings or for any other purpose.

A3 People Directorate responsibilities

³ For example, if a member of staff went sick between 5th – 12th June 2014, the 12 month period considered would be 6th June 2013 to 5th June 2014.

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3.1 The Business Partner's [People] (BP) must ensure that those involved in the process are reminded of the critical 'action' dates contained within this policy and that information is available to them to enable them to monitor sickness.

3.2 Within the constraints of medical confidentiality it is the Business Partner's responsibility to keep the ACC/LPA/OCU Commander/ Head of Department briefed on the overall sickness levels and individual cases of long term sickness.

3.3 In individual cases the LPA/OCU Commander/Head of Department or SMT nominee should make contact with any member of staff who is on long term sickness absence (i.e. more than 28 days) unless deemed inappropriate in the circumstances. They will consider when it is appropriate for them to conduct a home visit. The wishes of the individual in respect of such visits should be noted and taken into account, including whether they wish to have another person present.

3.4 Any member of staff absent from work due to a psychological or depressive illness will be referred to the Welfare Department within 48 hours.

3.5 Where a psychological or depressive illness is recorded as the reason for absence on PeopleSoft, the Corporate Health Welfare department will be notified automatically by a workflow. In these circumstances the line manager must also ensure that a management referral is submitted to the Occupational Health Unit within 7 days to ensure early intervention.

3.6 BP's will be required to oversee all cases and provide up to date information and where appropriate supporting documentation on individual cases to the Local Health Review Group and the Head of Corporate Health & Support Services (CHSS) who will report monthly to the Chief Constable.

3.7 BPs may commission this activity to be completed on their behalf by the People Services Advisors.

3.8 Local Health Review Group reports will be submitted to the Head of CHSS.

3.9 Reports will:

a) Describe the support, assistance and interventions provided by line management and when management referrals have been made to the Occupational Health Unit and/or Welfare.

b) Report on the prognosis for the individual in terms of return to work, recuperative or adjusted duties, and any other information they consider relevant.

c) Report on the instigation and progress of:

- Police Staff Unsatisfactory Performance and Attendance Policy
- Police Officer Unsatisfactory Performance and Attendance Policy
- Regulation 13 – Managing the Performance of Student Officers for Police Officers
- Or provide the rationale for not instigating the relevant policy/ regulations.

d) Describe the representations made by the individual.

It is important that every effort is made to encourage members of staff to return to work at the earliest opportunity.

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3.10 The report will be forwarded under confidential cover to the Head of CHSS and must be marked "Restricted - STAFF" under the Government Protected Marking Scheme.

3.11 An individual on long term sickness absence who has been granted the authority to carry out a Business Interest will have it reviewed by the Head of People Services, and it may be suspended or withdrawn by the Head of PSD.

3.12 The Business Partner will review the care and welfare of individuals who are subject to the formal:

- Police Staff Unsatisfactory Performance and Attendance Policy
- Police Officer Unsatisfactory Performance and Attendance Policy
- Regulation 13 – Managing the Performance of Student Officers for Police Officers

This includes long periods of sickness absence, persistent short term absence and poor performance in the work place as a result of ill-health.

3.13 The Business Partner will monitor all recommendations for prolonged periods of adjusted duties after consulting the LPA/OCU Commander/Head of Department and the OHU. The review date will take account of performance, sickness levels and any changing demands of the role. For more details see the Recuperative/Adjusted Duties Guidelines.

A4 Part day sickness

4.1 Part day sickness by a staff member may also contribute towards unacceptable attendance levels in relation to that individual and must be recorded by the line manager to ensure welfare support for those who need it and appropriate action if it is a performance / attendance issue.

4.2 Where any member of staff reports sick during a working day this should be recorded on DMS under code SSICK, or for CR & ED personnel, under Event—Sickness Part Day on Pipkins.

4.3 In these circumstances a member of staff's absence will be recorded as 'part day' sickness regardless of how long they have been at work.

4.4 Any line manager, who identifies an individual member of staff who repeatedly reports part day sickness, or who is being dealt with for poor attendance, should ensure that the sickness is brought to the attention of the relevant Business Partner or People Services Advisor.

A5 Return to work

5.1 On an individual's return to work their manager must hold a return to work discussion with them. This should, wherever possible, be on the day of their return. If the individual has already been absent on 2 occasions or is approaching a total of 14 calendar days absence within a 12 month period, the line manager must discuss with the member of staff that they are approaching a point at which any further absence will require the individual to be issued with a supportive recovery plan⁴.

⁴ To comply with Police Regulations this should be described as an 'informal action plan' but the intention is to support the individual's recovery or recuperation.

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5.2 The return to work discussion is crucial to improving attendance. An effective process will result in early identification of issues requiring specialist or managerial response and will ensure that the individual receives appropriate support from the organisation.

5.3 If a return to work involving reduced hours or a change in duties / responsibilities/ department is being considered in conjunction with the member of staff and/ or OHU, it is essential to adhere to the principles set out under the Recuperative/Adjusted Duties Guidelines.

5.4 The purpose of the interview is to facilitate their effective return to work, to ensure that the reason for the absence no longer remains an issue and, if applicable, that ongoing issues are addressed. To enable the line manager to handle this process effectively they must be aware of the person's attendance record before the meeting.

5.5 The return to work interview should be recorded on the self service Return to Work form. Further guidance on the return to work interview can be found on the manager's portal.

5.6 If the doctor has provided advice in a fit note, the line manager should discuss this advice with the member of staff. If the advice can be accommodated, a risk assessment should be completed and PeopleSoft updated. If the line manager believes that they are unable to make the changes necessary, the member of staff may be considered as being unfit for work. Under these circumstances, prior to making the final decision, the line manager must liaise with the Business Partner to review the rationale for determining why they are unable to make the necessary changes and, if appropriate, seek advice from OHU.

5.7 All members of staff will be assisted to return to some form of work after a period of sickness or injury, where they are unable to come straight back to all aspects of their substantive role. They are expected to return on their full contracted hours unless agreed by their line manager. Advice can be sought from Occupational Health and People Services if required.

5.8 The Chief Constable's intention is to support individuals in their attempts to return to work as soon as they are fit and ready to resume working again. It is recognised that over the years, the number of police roles which provided suitable opportunity for recuperative duties has diminished, especially if longer term adjustments are required. However, it is clearly in the best interest of the Force and the individual to find suitable roles, where possible, and to support individuals in their attempts to return to work whenever practicable.

5.9 Individuals are expected to return to work on full hours unless recommendations within a GP fit note or made by OHU suggest an alternative to full time hours and this can be reasonably accommodated and agreed by the line manager.

5.10 It is expected that with Occupational Health guidance, full hours should be reached within an eight week period. Further advice can be obtained by referring to the Recuperative/Adjusted Duties Guidelines.

A6 Sickness Health & Monitoring Advisory Group (SHMAG)

6.1 The aim of the SHMAG is to ensure the organisation discharges its duty of care towards its staff, to monitor sickness levels with a view to minimising absence and to manage Ill Health Pensions.

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6.2 SHMAG will convene monthly.

6.3 SHMAG is carried out by the Head of CHSS, who has responsibility for decisions emanating from the sickness reviews and the care, welfare, and sickness trends. Those that are long term absent who have a business interest(s) will be referred to the Head of People Services. Should a business interest be considered inappropriate whilst absent, the case will be referred to the Head of Professional Standards who will decide if it will be withdrawn and notification of the decision will be communicated as soon as practicable.

A7 Occupational Health and Welfare - Specialist Support

7.1 OHU, Welfare, and Health & Safety specialists provide central support to departments and police areas on attendance issues. This includes:

- Case conferencing on specific cases involving area Occupational Health Advisors, line managers, and BP/ Lead Advisors (People).
- Local and centrally delivered trauma support for officers and police staff.
- Physiotherapy and counselling services.

A8 Absence management – Triggers for Line Management Action

8.1 For fairness and consistency, TVP has introduced triggers for when action should be considered by line managers for poor attendance. The triggers are:

- 14 calendar days sickness absence and/or
- 3 periods of sickness in any 12 month period and/or
- Cause for concern regarding their sickness record

8.2 When a member of staff's absence record reaches one of the triggers for intervention, the manager must prepare a supportive recovery plan.

8.3 The supportive recovery plan should take account of individual circumstances and consideration should be given to whether a referral to OHU or welfare is required, whether there should be temporary changes in duty, whether the person has a condition which would be covered by the Equality Act 2010, which may require reasonable adjustments to be made etc. The plan should follow 'SMART' principles and support the individual in making an improvement to their attendance record.

8.4 More information is available at LPA/Department level to support managers in managing attendance for police officers and police staff.

8.5 On a team level the manager can access up to date PeopleSoft information on their team via Team View on SSAMI (Manager's Tools>Team View). This data, together with a PeopleSoft generated workflow, will clearly identify all members of staff whose absence has fallen below an acceptable level as defined by the force triggers below.

8.6 A report bench marking police area / Department attendance levels against the force attendance target / other police areas / departments will be included in the monthly report submitted to the Chief Constable's Management Team. Performance Groups will use this information to identify any variations and trends in attendance levels within LPA/ Departments / OCUs.

8.7 For further advice on the actions required of the line manager and others in respect of the above interventions please refer to the line managers' toolkit.

8.8 The 'Bradford Score' is no longer a trigger for action. It is a diagnostic indicator. For example a score of 150+ may be a cause for concern that will require a review of an individual's sickness record and discussion at their return to work interview.

A9 Attendance Levels - New Starters

9.1 There is evidence to suggest that a member of staff who has high levels of absence during the early months of their service may continue this pattern. As part of their local action plans police areas/departments should use this data to address attendance issues arising during an individual's probationary period.

9.2 Managers should refer to:

- Police Staff Unsatisfactory Performance and Attendance Policy
- Regulation 13 – Managing the Performance of Student Officers for Police Officers

A10 Sick Pay and Allowances

10.1 The guidelines for the use of discretion by the Chief Constable in extending sick pay beyond an individual's entitlement can be found within:

- Guidance on the use of discretion to resume/maintain paid sick leave.

10.2 If a member of police staff returns to work in a recuperative capacity and is no longer able to work shifts, weekends, perform on-call or travel, any related payments such as shift and weekend working allowances, will be protected for the first three months and then withdrawn. In exceptional circumstances the relevant Business Partner, in consultation with Head of Business Partnering (People), may extend payment of allowances. If payments are withdrawn, managers must confirm this in writing.

10.3 In the case of part time members of staff, whose pay has been reduced and are in receipt of Statutory Sick Pay, the total of the two payments will not exceed the amount of their normal part time salary.

10.4 Absence levels may affect a police officer's entitlement to Competency Related Threshold Payments (CRTP). For further information reference should be made to the guidance on the staff portal on the CRTP pages.

A11 Ill Health Retirements

11.1 Every effort should be made to retain an individual's skills and knowledge within the organisation. In that context ill health retirement is generally a last resort, in the cases where an employee has a long term illness and/or disability which would make it impossible for them to be employed in any productive capacity, and from which it is unlikely that they will make a recovery.

11.2 When consideration is being given to the criteria for early retirement on the grounds of ill health, reference should be made to

- The Guidelines for Ill Health Retirement' for police officers and police staff.

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A12 Maternity

12.1 The implications of, and the reporting structures for, illnesses linked directly to maternity can be found under the maternity policy.

A13 IVF

13.1 Appendix G of the Maternity Policy deals with the management of individuals who are going through IVF treatment.

A14 Special Constabulary

14.1 There is no requirement to record the sickness of members of the special constabulary due to the unique nature of their role with Thames Valley Police. However, all the principles for the care and welfare of the individual will be applied by line managers in the spirit of this policy, as will the provisions of OHU and physiotherapy referrals, if the criteria for such referrals are met.

14.2 A member of the Special Constabulary injured in the course of his/her duty is eligible for consideration of sick pay and an ill health pension under specified circumstances.

A15 Disability Related Leave and Sickness

15.1 Human Resources staff and line managers need to take into account the Equality Act 2010 when recording sick leave absence. There are two types of absence to consider: Disability related leave and Disability related sickness absence. See Appendix B for further information

A16 Elective Surgery

16.1 Members of staff who opt for elective surgery for purely cosmetic purposes are not entitled to paid sickness absence under the police regulations or their contract of employment.

16.2 Under these circumstances, the member of staff should utilise annual leave, rest days and / or time off in lieu to cover their absence. Where there is a dispute as to the purpose of the elective surgery, the Business Partner (People) should refer the individual to an Occupational Health Consultant for an opinion before agreeing any absence from work and each case will be considered on its merits.

16.3 On their return to work following cosmetic surgery, the individual will still need to have a return to work interview and a risk assessment conducted.

16.4 Individual cases requiring additional sick leave due to complications arising from such surgery will be considered by the Head of CHSS after consultation with an Occupational Health Physician (OHP). Cases requiring a return to work on recuperative duties will be considered in accordance with the Recuperative/Adjusted Duties Guidelines.

16.5 If an individual disputes a decision not to grant sick leave, they may request a review of the decision by the Head of People Services.

A17 Gender Reassignment

17.1 Section 16 of the Equality Act 2010 confirms that absence from work because of gender reassignment cannot be treated less favourably than absence because of sickness or injury. The Human Resources Employment Relations consultants can give advice on this.

A18 Flint House

18.1 Flint House is one of three rehabilitation and convalescent homes for serving and retired police officers. Attendance is dependent on the signed agreement of the officer's treating physician as to the appropriateness of any referral. Individuals need to be contributing to the TVP Benevolent Fund to be entitled to use the facilities. Absence from the work place when attending the centre will be reconciled in the following two ways:

- Officers attending the centre whilst at work for the purposes of physiotherapy etc will do so in duty time and will not incur sickness absence. No enhancement for working rest days will be allowed when attending the centre.
- Officers attending the centre whilst sick for the purposes of treatment will incur continued sickness absence. This will be covered by the production of an existing medical certificate or the provision of a new certificate as applicable.

A19 Staff monitoring

19.1 Thames Valley Police reserves the right to monitor, which may take the form of surveillance, the activities of police officers and those persons employed by the Police and Crime Commissioner (PCC), or who have been employed by them wherever it may be relevant to sickness absence or medical pensions. In doing so, it is fully cognisant of the rights and obligations enshrined in article 8 Human Rights Act 1998, the Regulation of Investigatory Powers Act 2000 and the Data Protection Act 1998.

19.2 The PCC has a duty to ensure that the public funds used in staffing and pension's issues, are honestly and appropriately expended.

19.3 Any information obtained which casts doubt on persons involved in this process as practitioners or recipients will be acted upon and may result in criminal, disciplinary or other legal action, taken to protect the public interest.

19.4 Staff monitoring is dealt with in a separate policy (See Protocols – Staff Monitoring).

A20 Data Quality

20.1 It is crucial to ensure that data input on to the PeopleSoft system is accurate and up to date. Typically, delays can occur in recording individual periods of sickness and when staff return to work. This obviously distorts the picture of the attendance and makes analysis more difficult.

Disability under the Equality Act 2010

B1 Definition of disability

1.1 A disabled person is defined under the Equality Act 2010 as someone with ‘a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day to day activities’.

1.2 The definitions are:

- Physical impairments are impairments affecting the senses such as sight and hearing, or a weakening of part of the body through illness, by accident or congenitally.
- Substantial adverse effect means that the effect of the physical or mental impairment on the ability to carry out normal day-to-day activities must be more than minor or trivial. The person may be affected in one of the following aspects (although this is simply given as an illustration only of how a person’s day to day activities may be substantially adversely affected); mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, or to perceive risk or physical danger. For example minor dyslexia may have a substantial adverse effect on someone’s ability to record information accurately and may therefore have a major impact on their ability to perform their role in the workplace.
- Long Term means that the effect has to have lasted, or be likely to last overall for at least 12 months or for the rest of the life of the person affected. Where impairment ceases to have a substantial adverse effect it is to be treated as having that effect if it is likely to recur.
- Individuals suffering from Cancer, HIV infection or Multiple Sclerosis are covered by the Act from diagnosis.

B2 Confidentiality

2.1 Under the provisions of the Equality Act, members of staff are not required to inform TVP that they have a disability. However, TVP has a duty to make an adjustment to the working conditions of an individual if the force knows or could reasonably be expected to know, that a member of staff has a disability and is likely to be placed at a substantial disadvantage. This means that if an agent or employee of the organisation, for example a line manager, Occupational Health Adviser (OHA), or member of the HR team knows of an individual’s disability then the organisation cannot claim that it is unaware of the disability. The Force is therefore obliged to make any adjustments considered reasonable to assist the member of staff with the disability.

2.2 In practical terms, if an individual with a disability expects the organisation to make a reasonable adjustment they need to provide TVP with sufficient information to assess what would be a reasonable adjustment. This need not include details of the symptoms and effects of the disability but only sufficient information to effect a

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reasonable adjustment. If, however, because of the nature of an individual's disability colleagues need to be informed of the effects or impact on day to day activities then the permission of the member of staff with the disability must be sought before disclosing this sensitive personal information.

B3 Attendance Management and Absence

3.1 The majority of disabled people do not require any more time away from work than other employees. Although a disability may impact on a person's day to day activities, it does not necessarily impact on their general health. Nevertheless, under the provisions of the Equality Act it is recognised that members of staff with disabilities may need time away from work, either to receive treatment for their disability or be absent from work as a result of their disability.

3.2 It is important to establish whether absence is disability related or not at an early stage. If there is any doubt as to whether a period of absence is disability related or not, advice should be sought from the Occupational Health Unit. If there is any doubt that the definition of disability is likely to apply to a member of staff, the advice of the HRBP must be sought.

3.3 There are two types of absence to consider, disability related leave and disability related sickness absence.

B4 Disability Related Leave

4.1 Disability Related Leave is an example of a reasonable adjustment under the Equality Act and is used for the purposes of rehabilitation, treatment and assessment. It is for a fixed period, or periods of time that the member of staff and the Force know about in advance. In other words, there is a fixed start and end date for the leave. Disability Leave is also suitable for absences of a short period of time that are needed on a regular basis and should normally be for no longer than 2 days; however, each case will be assessed on an individual basis.

4.2 Line Managers receiving requests for Disability Related Leave should take advice from HR Employment Relations Team. In recurring cases it is not necessary to refer to HR every time.

B5 Disability Related Sickness Absence

5.1 Sickness absences that are for a reason relating to a disability should be recorded separately from non-disability related sickness absences.

5.2 Sickness records are referred to at various times during an individual's employment, for example promotion. Recording disability related sickness absences separately from other types of absence allows the Force to identify disability related sickness periods and to consider an appropriate reasonable adjustment of disregarding some or all disability related absences when assessing suitability for promotion opportunities for example. It is not necessary in every case to disregard such absences but managers should consider whether it would be reasonable to do so having taken advice from the relevant HRBP. If a decision is made, for example, not to promote a member of staff because of his / her sickness record and those absences are because of a disability, the force may be regarded as having treated the individual less favourably for a reason related to their disability. Such treatment can be justified but it will be more difficult to do this if it cannot be shown that the reasonable adjustment of discounting the absences was considered.

5.3 Disability related sickness absence can be long term and of known or unknown length, or periodic unpredictable absence.

For further information and explanation on Disability Leave and Disability Related Sickness please contact your Business Partner (People).

Equality Impact Assessment

Appendix C

1. Name, rank and job title of Equality Impact Assessor:

Mrs Katrina Hancox, HR BP Strategy, Human Resources, HQ North, Thames Valley Police.

2. Clearly state the rationale of the function under consideration.

TVP aims to provide the best possible service to the public, through the effective deployment of staff. Absence has a major impact on resources which puts pressure upon the remaining staff to deliver policing services. The force values of integrity, fairness, professionalism, providing a quality service and equality are expected at all levels. In order to achieve these expectations and support staff, the Managing Attendance Policy and Procedures are aimed at ensuring all are able to attend work on a regular and reliable basis. Staff must be properly supported and valued by caring managers so that TVP has minimal levels of sickness absence and a workforce that is performing to the optimum level.

3. State the intention of the function.

The accurate recording of sickness absence is an important responsibility of individual staff members, supervisors and managers. This policy sets out the responsibilities of each individual in respect of absence management guidance. It informs line managers/supervisors how to record a member of staff absent from work due to sickness, the necessary actions to be taken and the documentation to be completed. The policy should be read in conjunction with the Managing Support Staff Poor Performance and Attendance Policy for police staff and the Police (Performance) Regulations 2008 and Regulation 13 – Managing the Performance of Student Officers for police officers, for the process to be followed where an individual's attendance record falls below an acceptable level.

The policy applies to police officers and police staff employed by the Police Authority and in parts to the Special Constabulary.

The general principles that apply to the policy include: a duty of care to provide a safe and healthy working environment, to maximise attendance and improve performance, to accurately manage and record sickness / attendance and welfare needs.

4. Assess the likely impact of the function on the basis of quantitative and (or) qualitative evidence on the following protected characteristics in accord with s.149 Equality Act 2010.

Age

Assistance may be found here: [Police Research Series Papers](#) [Jane's](#)

[Police Review](#)

There is a degree of risk on this protected characteristic: some research suggests that there is a link between age and the mean number of days sickness absence (example source Health and Safety – Survey of Workplace Absence Sickness and (Ill) Health (SWASH) – 2005. This report found that the mean number of days sickness absence taken in a 12 month period increased in line with the workers age.

Disability

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

There is a degree of risk on this protected characteristic: some research suggests that employees who classify themselves as disabled take more frequent periods of absence than employees who do not classify themselves as disabled (example source Office for National Statistics (ONS) – Economic & Labour Market Review Vol 2, No 11 November 2008).

Gender Reassignment

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no research found to support a negative impact.

There may be occasions where sickness episodes are related to gender reassignment, cases will be managed on a case by case basis, accordingly so that the individual is not placed at a disadvantage.

Marriage and Civil Partnership

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no research found to support a negative impact.

Pregnancy and Maternity

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no research found to support a negative impact. The presumption is that the force will continue to apply and not breach employment law on pregnancy and maternity. There may be occasions where sickness episodes are related to pregnancy and maternity, cases will be managed on a case by case basis, and pregnancy/maternity related sickness flagged accordingly so that the individual is not placed at a disadvantage.

Race

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no conclusive research found to support a negative impact.

The ONS Economic & Labour Market Review (Vol 2, No11, and November 2008) research findings showed that Black/Black British ethnic group had the

highest sickness absence rates, at 3.8%. The Asian/Asian British ethnic group had the lowest rates at 2.3%, while 2.5 % of those in the White ethnic group were absent from work in the reference week. This research was based on a one week reference period, representing a snapshot of 53,000 households (approx 0.2% population) across the UK. It should be noted that this was the only research found to break down sickness absence by ethnicity – therefore these results should be seen in the context of the findings of one study only and not indicative of a valid and reliable correlation established by a wider body of research.

In the absence of external and internal data on this protected group, TVP should monitor the interventions and outcomes going forward to identify the actual and potential impact.

In respect of age and length of service (see above) and the link to race, the tables below show the proportion (%) of BME and white individuals in each length of service category by staff group as at September 2010 (source Force Diversity Monitoring 2010).

Police Officers

Years	<2 yrs	2-5	6-10	11-15	16-20	21-25	26-30	30+
BME	24.1	18.4	18.9	6.6	13.7	13.7	4.2	0.5
White	12.6	19.8	26.1	8.9	11.9	12.2	7.9	0.6

Police Staff

Years	<2 yrs	2-5	6-10	11-15	16-20	21-25	26-30	30+
BME	25.6	29.3	32.3	4.3	4.9	3.0	0.6	0.0
White	19.6	31.8	27.1	9.7	6.2	3.5	1.3	0.7

PCSOs

Years	<2 yrs	2-5	6-10	11-15	16-20	21-25	26-30	30+
BME	30.0	66.7	0.0	3.3	0.0	0.0	0.0	0.0
White	25.3	70.8	2.9	0.4	0.6	0.0	0.0	0.0

Religion or Belief

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no conclusive research found to support a negative impact. However, data from National Census 2001 presented by the ONS provides self reported views on 'health and disability' linked to religion.

Reported ill-health and Religion: Muslim males and females had the highest rates of reported ill-health in the April 2001 Census. Age- standardised rates of 'not good' health were 13% for Muslim males and 16% for Muslim females. Rates were also high for Sikhs: 10% of males and 14% of females rated their health as 'not good'. These rates which take account of the difference in age structures between the religious groups, were higher than those of Jews and Christians, who were the least likely to rate their health as 'not good'.

Females were more likely than males to rate their health as 'not good' among most groups. The gender difference was most notable for Muslims, Sikhs and Hindus. Among females, 16% of Muslims, 14% Sikhs and 11% of Hindus rated their health as 'not good'. These rates were 3 to 4 % points higher than their respective male counterparts. There was little gender difference in the rates for Christians and Jews and no gender difference for those with no religion. Buddhists were the only group where males were more likely than females to say their health was 'not good'.

If the different age structures of the religious groups are not taken into account, Christians and Jewish groups have the highest proportions of people saying their health was 'not good' – this is a direct result of the older age profiles within each group.

Disability and Religion: The 2001 ONS Census data showed marked variations in rates of disability or long term illness which restricts daily activities between people of different religious backgrounds. In 2001 the highest overall rates of disability were found among Christians and Jews. However, once age was taken into account, Jewish people had the lowest disability (13% for both males and females). Christians had the second lowest age-standardisation rates, 16% for males and 15% for females respectively. After taking account of the different age structures of the groups, Muslims had the highest rates of disability. Almost a quarter of Muslim females (24%) had a disability, as did one in five (21%) Muslim males.

In some groups the gender difference in rates of disability was much higher than in others. In Muslim, Hindu and Sikh groups disability rates for females were about 3% points higher than for males. For Buddhists, Christians and those with no religion, disability rates were slightly higher for males than for females.

There is also a potential risk that an individual's religion or belief set could impact on their health or health care treatment in respect of the lifestyle and health choices made. Examples could include lifestyle choices in respect of diet, fitness and medical treatment plans. The impact of these choices could be positive or negative, affecting an individual's overall health and well-being, the frequency and duration of sickness episodes. For example Jehovah Witnesses whose faith forbids them from having blood transfusions, must be allowed the right to die if they do not consent to life-saving treatment.

In the absence of wider external and internal data on this protected group, TVP should monitor the impact and outcomes of policy interventions going forward on this protected characteristic.

Sex (formerly gender)

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

There is a degree of risk on this protected characteristic; research shows that there is a link between gender and the mean number of days sickness absence (example source Health and Safety – Survey of Workplace Absence Sickness and (Ill) Health (SWASH) – 2005. This report found that

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the mean number of days sickness absence taken in a 12 month period was 5.5 for males and 7.3 for females. Similarly the ONS Economic & Labour Market Review Vol 2, No 11 November 2008 reported a sickness absence rate of 2.9% for females compared with 2.2% for men.

Sexual orientation

Assistance may be found here: [Police Research Series Papers](#) [Jane's Police Review](#)

No negative impact discerned and no research found to support a negative impact.

5. If, on the balance of probabilities, the exercise of the function may produce negative discrimination:

1. State which protected characteristic(s) this affects.

- Age
- Disability
- Sex

2. The effect on the protected characteristic(s).

General factors impacting on sickness absence: The incidence of sickness absence fell to a low point during the recent recession but has since returned to pre-recession levels; figures from the Office for National Statistics (ONS) have shown. Before the onset of the downturn, 2.5% of employees in the Labour Force Survey had at least one day off sick in the week before they were interviewed. This figure fell to a record low point of 2.1% in the first quarter of 2009 but was back to 2.5% by the last quarter of 2010.

There has been a general decline in the incidence of sickness absence since the beginning of 2000, when it was 3.4%. While overall sickness absence has fallen over the last decade, it remained higher in the public sector than in the private sector. In the final quarter of 2010, 3.1% of public sector employees were absent from work, compared to 2.3% of private sector employees. The gap between the two sectors was at its widest in the final quarter of 2008. Both private and public sectors have seen an increase in sickness absence since the recession, up from a low point of 1.9% for the private sector and 2.4% for the public sector in January-March 2009.

Over the last decade, sickness absence was on average 27% higher during October to March (covering the winter months) than in April to September (covering the summer months).

Age:

Research suggests the effects associated with age are likely to reflect the general decline in health with age; and/or the consequence of other long term exposure to variables that impact on health and well being (HSE Survey of Workplace Absence Sickness and Ill Health 2005). Data from ONS found employees aged 50-64 had the highest sickness absence rate at 2.6% compared with all other age groups: 2.3% for the 16-24 year olds, 2.4% for

the 25-34 year olds and 2.4% for the 35-49 year olds. Women consistently had higher sickness absence across all age groups.

There is a correlation between age and LOS with individuals in TVP on adjusted duties, who are often over 50 years old.

Trigger points in the policy for intervention and support include the frequency and duration of sickness episodes - therefore there is a risk that the policy will be triggered more frequently for older employees. Actions that may follow as a consequence of the policy being triggered, depending on the individual circumstances of the case, could potentially include: progression onto the informal or formal Poor Performance process, review of personal Business Interest(s), more focused staff monitoring of performance, attendance and personal sickness information, use of third parties to gain assistance/information in connection with case management and referral to review meetings.

The age profile of the force is set out in the narrative and tables (source: Force Diversity Unit Annual Report 2010) below. There is a younger age profile for both female officers and staff than male officers/staff. Almost half of all female police officers are aged between 25 and 34 years of age and a further third are aged between 35 and 44. There remains a disparity between the proportion of female officers aged 45-54 and male officers of the same age group with just over a tenth of female officers falling into this age group compared to over a quarter of male officers.

A third of police staff male employees are aged 55 years or above compared to 12.3 of female police staff.

Age and Gender Profile of Police Officers

Age	16-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs
% Male	6.2	33.7	30.5	27.8	1.7	0.0
% Female	6.6	46.6	31.9	14.3	0.5	0.0

Age and Gender Profile of Police Staff

Age	16-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs
% Male	4.8	18.0	18.6	26.0	30.1	2.4
% Female	7.1	30.2	27.7	22.6	11.7	0.6

Disability:

Some research, including the ONS Economic & Labour Market Review (Vol 2, No 11, November 2008) shows that employees who classify themselves as disabled are almost 2.5 times more likely to be absent than those who are not disabled.

Individuals with caring responsibilities for disabled dependents are likely to encounter additional difficulties in arranging appropriate care arrangements. National research shows that people with disabled children are less likely to use formal childcare than others; this may be because of parental choice or because of a lack of appropriate and affordable formal childcare places. This is likely to place added demands on carers particularly those who work or when the normal care arrangements are disrupted due to illness of the primary carer.

Trigger points in the policy for intervention and support include the frequency and duration of sickness episodes - therefore there is a risk that the policy will be triggered more frequently for individuals with a disability. Actions that may follow as a consequence of the policy being triggered, depending on the individual circumstances of the case, could potentially include: progression onto the informal or formal Poor Performance process, review of personal Business Interest(s), more focused staff monitoring of performance, attendance and personal sickness information, use of third parties to gain assistance/information in connection with case management and referral to review meetings.

Force Data for 2010 currently indicates that 0.6% of the workforce have declared a disability as defined by the 1995 Disability Discrimination Act (as amended) 2005. This equates to 46 staff members recorded as having a disability. Currently the nature of an individual's disability is not recorded on PeopleSoft (the Force HR CIS) and although there is the option to record where reasonable adjustments have been made the data held presents an incomplete picture. Going forward the intention is to link the recording and processing of disability data on COHORT – new CHSS medical information system.

As at 28 February 2011 there were 195 permanently medically restricted (from May 2015, referred to as adjusted duties) police officers (4.5%). Adjusted duties are used for officers who are unable, because of ill-health or disablement to carry out full operational duties and who do not fulfil the criteria for recuperative duties may be able to perform roles that do not require full operational fitness. At the same time there were 139 officers on recuperative duties (3.2%), 81 police staff (2.9%) and 24 PCSOs (4.8%). Recuperative duties are used to facilitate an early return to work, using reduced hours or restriction of tasks to reintroduce individuals back into the workplace at an early stage.

Sex:

National research⁵ shows that over the last decade, sickness absence was consistently higher for women than for men. In the final quarter of 2010, 2.1% of male employees (264,000) were absent from work, compared with 2.9% of female employees (349,000). There was also a difference between men and women in the reasons for being off work – other than minor illness such as coughs and colds, the top reason for men to be off work was musculoskeletal problems, whereas the main reason for women was stress, depression and anxiety. Averaged across 2010, women had higher sickness absence rates than men in both the public sector (3.1% compared to 2.1% for men) and in the private sector (2.6% compared with 2.0% for men).

There could also be a link between sickness absence and caring responsibilities for dependents – whilst on an individual basis this will apply to both sexes, research suggests that more females than males have unpaid care responsibilities for both children, and for older people.

⁵ Office for National Statistics – News Release 23 February 2011 Labour Market

Research undertaken by the TUC to look at ways to support women at work through the menopause identified that 80% of respondents expressed noticeable changes in their health and emotional well-being during the menopause and of these 45% found their symptoms difficult to deal with. Women generally experience the menopause from the age of 45 – 55 (the average age is 52 years old).

3. If the effects are justified; state the supporting rationale for the justification.
- Age
 - Disability
 - Sex

Unable to justify a strict and without exception application of the policy: however it is clear that the policy focuses decision makers to manage attendance in accordance with employment and equality law, considering each case on a case by case basis.

In the context of budget cuts and the ongoing need to make efficiency savings, it is imperative that as an emergency service the force has sufficient resources available to deliver performance on an ongoing basis and to be able to respond to operational demands. An essential element of this is maintaining appropriate levels of attendance and performance. The policy seeks to provide early intervention to support individuals whose attendance are below the required level(s), to provide clear corporate guidance on individuals' and managers' responsibilities, principles to be followed in managing attendance with a focus on supportive early interventions within the context of Duty of Care, Health & Safety, Equality and Employment Legislation.

Active management and monitoring will be key, to ensure that attendance is managed effectively and that decisions take account of the needs of individuals as well as organisational needs, and comply with Equality and Employment legislation.

4. If the negative discrimination cannot be justified the function may have to be referred to an Independent Advisory Group (please make an appointment with the Equality Schemes Coordinator by telephoning: 700 6318).

6. Equality Impact Assessor's rationale and decision under the Public Sector Equality Duty s.149 Equality Act 2010 on any protected characteristic discussed within Box '5'.

The protected characteristic(s):

- Age
- Disability

- Sex

(a) Due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.

There is a potential risk that in the application of this policy, an individual(s) could be indirectly discriminated against on the grounds of: Age, Disability and Sex, if action is triggered and/or taken (that can not be justified and is not proportionate) on the basis of a protected characteristic, that puts the individual at a disadvantage compared to persons without their protected characteristic.

Whilst individuals need to be mindful and take account of all of the protected characteristics in dealing with individual cases, this Equality Impact Assessment has identified specific potential areas of impact in relation to:

- I. The link between age and the mean number of days sickness absence – older workers (aged 50 years and above) tend to have more sickness as health declines with age and longer exposure to variables that impact on health.
- II. The link between disability and the mean number of days sickness – disabled workers tend to have more sickness absence.
- III. Protection under Disability Discrimination extends to individuals who have caring responsibilities for disabled dependents. Caring responsibilities could impact on an individual's attendance levels – frequency and duration of sickness absence.
- IV. The link between gender and the mean number of days sickness absence – females tend to have more sickness than males.
- V. The link between gender and caring responsibilities, more females than males tend to be the primary carers for dependents and caring responsibilities could impact on an individual's attendance levels.

In consideration of the above and wider factors, the policy provides and promotes:

- I. an awareness and compliance with Equality and Employment Legislation.
- II. prevention and early intervention to support individuals maintain appropriate levels of attendance.
- III. a case by case management approach to support individuals maintain appropriate levels of attendance.
- IV. HR case worker support to individuals and line managers.
- V. reasonable adjustments in respect of disability related issues.
- VI. provision for disability leave and disability related sickness.
- VII. provision for a return to work on recuperative and/or in adjusted posts (police officers) and subject to risk assessment in line with GP Fit notes.
- VIII. use of third parties to gain assistance and resources to facilitate individuals return to work, for example Access to Work Scheme.
- IX. flexible working initiatives to allow individuals to work flexibly to balance work / life demands.

- X. flexible retirement option that allows individuals to plan a phased approach to retirement from the age of 55 years old.

- XI. Additional Leave Policy provides a range of family friendly leave arrangements to support individuals.
- XII. The policy (Attendance Management Policy), explicitly states at section 6.1.1 that the policy should be read and considered in the light of a range of listed policies that encompasses guidance on protected characteristics. Examples include: Guidance and advice relating to Transsexual members of staff and Maternity – Guidance for Police and Police Staff.

(b) Due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it.

So long as individuals give due regard to the needs of the protected characteristics of: Disability, Age and Sex to remove or minimise disadvantages that are connected to their characteristic, the force will have given due regard to the need to advance equality of opportunity.

(c) Due regard to the need to foster good relations between persons who share a relevant characteristic and persons who do not share it.

Individuals need to demonstrate the force's commitment to Equality by complying with force policies and Equality and Employment Legislation, by demonstrating due regard to the need to promote understanding and tackle prejudice of Disability, Age, and Sex, when exercising discretion and making decisions in supporting individuals to maintain appropriate levels of attendance and in managing performance.

7. Set out the arrangements for reviewing and (or) monitoring of the function.

The monitoring and management of attendance is a line management responsibility: both the individual and line manager(s) have responsibilities in respect of reporting sickness absence and information, maintaining contact, a duty of care to themselves and others, and supporting individuals in the workplace.

Line managers and their Local Management Teams are responsible for performance, including the management of attendance, the decisions taken and outcomes. HR Advisors are responsible for supporting individuals effectively to manage attendance issues. As part of this process, attendance data will be reviewed and reported at LPA/OCU management levels and as part of local and force review/case management meetings

At a force level, performance will be reported and monitored by the Corporate Health Services Manager.

The policy will be reviewed by the Corporate Health Services Manager in accordance with the stated review date and if necessary earlier in response to feedback, organisational need and changes in legislation.

As good practice, it is recommended that at a corporate level the interventions and outcomes of this policy are reported and reviewed to monitor the actual impact on the protected characteristics. However it is recognised that because of the limited data held by the force on some of the protected characteristics (disability, gender reassignment, religion and sexual orientation) a complete picture may not be possible.