NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Workplace health: long-term sickness absence and capability to work (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Age, sex and disability

No data on the variation in effectiveness or cost effectiveness of interventions according the protected characteristics of the Equalities Act of 2010, were identified. However, the committee were mindful of the potential issues relating to age, sex and disability that were identified during scoping and took these into consideration when developing recommendations.

It was identified during the NICE review of the scope that employees aged between 50-64 years, women employees and employees with a disability as defined by the Equalities Act, experience disproportionately high rates of long-term sickness absence. The committee has recommended that health and wellbeing should be a core priority for the top level of management in organisations, in order to ensure there is a caring and supportive culture and a proactive approach to supporting all employee's health.

Socio-economic status

It was noted during the NICE review of the scope, that among public sector employees, there is variation in absence rates according to factors such as staff grade and location. The committee heard expert testimony that organisations which are considered to be examples of good practice, from a range of sectors, collect

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detailed data on sickness absence trends. They have therefore made a recommendation which focuses on collecting sickness absence data that can identify trends in absence according to factors such as job role, salary band, department and location. They felt this was important to help to target specific interventions and resources where they are most needed and that this may also help to highlight any inequalities that need to be addressed.

Size of and type of employer

During the NICE review of the scope, it was identified that employees in smaller organisations may be less likely to have access to occupational health services. The committee were aware that much of the evidence they reviewed was carried out in large and/or public sector organisations. They noted that around 43% of employees in the UK are employed by micro-, small- or medium-sized enterprises Improving lives: the future of work, health and disability (2017). They were conscious that their recommendations may be more difficult to implement and have more potential resource implications for smaller organisations. This is because they may not have access to an occupational health provider or some of the other services such as employee assistance programmes which larger organisations may provide. Although they heard expert testimony that there are examples of good practice among smaller organisations, they face different challenges in implementing interventions. They noted that if their recommendations are more likely to be implemented by larger employers, this may increase any inequalities in this area

The committee therefore made a research recommendation to determine effective and cost-effective ways to support people who work in micro-, small- and medium sized organisations in the UK, to return to work following long-term sickness absence. They also made a recommendation for research among UK employers and employees in micro-, small-, and medium sized organisations, to find out about their views on the challenges and possible solutions to supporting people to return to work when access to services such as occupational health and employee assistance programmes may not be available.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Location of employees

The committee also noted that many research studies tend to take place in large public sector organisations in which employees are centrally located rather than 'out in the field'. They noted from expert testimony that although there are some examples of good practice, ensuring interventions reach the employees who are not centrally located may be more challenging. The committee therefore made a research recommendation to determine how UK employees who are not centrally located can be supported to return to work following long-term sickness absence.

The committee also noted that those in lower-paid sectors and those working in the gig economy, may be less likely to have access to early interventions provided by their employer. These include occupational health services and employee assistance programmes, which may provide access to early interventions such as physiotherapy and counselling.

The committee were conscious that not all employees have access to an occupational health provider or services such as employee assistance programmes and made a recommendation which focuses on GP referral to support services such as physiotherapy or counselling.

Disability

The committee made recommendations about keeping in touch with employees while they are on long-term sick leave . However, they noted that some employers may be reluctant to contact employees with a disability or long-term chronic condition that is covered by the Equalities Act of 2010. This may be for a range of reasons including concerns about intruding, or concerns that contacting the employee may be misconstrued as placing them under pressure to return to work before they are ready. In addition, they may, through a lack of understanding of the Equalities Act, have concerns of inadvertently contravening it. The committee noted that reluctance to contact employees with a disability or condition covered by the Act, may lead to them being disadvantaged compared to others in terms of benefitting from keeping in touch with the workplace during their absence. The committee were clear that it is good practice to maintain contact with all employees on long-term sickness absence, regardless of whether their condition is or is not covered by the Act.

Sex and sexual orientation

The committee heard from one expert who noted that the menopause is a secondary

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factor which is associated with frequent short-term sickness absence.

The committee also noted that there should be greater awareness of and by transgender communities within the workplace and that sickness absence may be misreported by this group.

The committee made recommendations which focus on ensuring that staff responsible for keeping in touch with employees on sickness absence are aware of the need for sensitivity and discretion at all times and that they provide the employee with reassurance about the confidentiality of the information they share. In addition, they have made recommendations to ensure staff with these responsibilities are aware of the importance of their communication style and are competent and confident communicators.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The rationale for collecting data on trends in sickness absence and the fact this may help to highlight inequalities is discussed under the 'Why the committee made the recommendations' section of the guideline.

The resource implications of the recommendations for micro-, small- and medium sized enterprises and in particular the potential lack of access to occupational health services and services such as employee assistance programmes, is discussed under the 'Why the committee made the recommendations' and 'How the recommendations might affect practice' sections of the guideline. The importance of keeping in touch with all employees including those with a disability or long-condition covered by the Equalities Act is discussed in the 'Why the committee made the recommendations section of the guideline.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

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Employees in micro-, small- and medium-sized enterprises may not have access to occupational health services and services such as employee assistance programmes because smaller employers may be less likely to 'buy in' these services. The same may apply to employees in organisations where staff are not centrally located but are 'out in the field', or those in rural rather than urban locations.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, but the committee noted the need for awareness of the obligations of the Equality Act (2010) to be increased, especially for those with disability. They also noted that it is important to ensure external services are meeting the specific needs of all groups.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The committee have made research recommendations to determine effective and cost-effective ways to support people who work in micro-, small- and medium sized organisations in the UK, to return to work following long-term sickness absence. They also made a recommendation for research among UK employers and employees in micro-, small-, and medium sized organisations, to find out about their views on the challenges and possible solutions to supporting people to return to work when access to services such as occupational health and employee assistance programmes may not be available.

In addition, they have made a research recommendation to determine how UK employees who are not centrally located can be supported to return to work following

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
long-term sickness absence.

Completed by Developer: Sarah Willett, Associate Director

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