

EQUALITY SCHEMES FRAMEWORK
Disability Equality Scheme
Gender Equality Scheme

Health and Safety Commission
&
Health and Safety Executive

Contents:

	<i>Page</i>
Introduction	2
Section 1: Equality Scheme Framework	3
The role of the HSC/E	3
Our diversity commitment	3
Assessment of functions and policies	6
Consultation and involvement	6
Monitoring progress and evaluation	7
Impact assessment	8
Procurement standard	8
Publishing	8
Equality schemes review	9
Section 2: Disability Equality Scheme	10
Priorities for action	10
Involvement	11
Employment data	11
Reviewing and developing future disability schemes	12
Annex 2.1: Disability Equality Duty	13
Annex 2.2: Assessment of functions and policy	14
Annex 2.3: Disability equality action plan 2006 - 2008	19
Section 3: Gender Equality Scheme	22
Priorities for action	22
Employment data	23
Consultation	24
Pay statement	24
Reviewing and developing future gender equality schemes	24
Annex 3.1: Gender Equality Duty	25
Annex 3.2: Assessment of functions and policy	26
Annex 3.3: Gender equality action plan	31
Appendices	
Appendix 1: Diversity progress against the 8 key priorities in 2006	34
Appendix 2: Five year staffing trends in HSE	38

Introduction

The Health and Safety Executive hopes that publication of this consultation document will stimulate consideration and discussion of the issues raised. We would like to hear your views about our disability and gender equality schemes.

You are welcome to comment on any aspect of its contents, though we would particularly value feedback concerning the disability action plan priorities at Annex 2.1 and the gender action plan priorities at Annex 3.1.

This document sets out how we will meet the general duties to promote Disability Equality and Gender Equality. All public authorities are required to publish a **disability equality scheme** by 4 December 2006 and a **gender equality scheme** by 6 April 2007. To reflect the Health and Safety Executive's approach to diversity, we have developed an overarching framework to structure and integrate the two schemes, which we will launch together in December. We will incorporate our Race Equality Scheme into this framework in 2007.

Section 1 outlines the mission and purpose of the Health and Safety Commission (HSC) and Health and Safety Executive (HSE), collectively referred to as HSC/E, our approach to diversity and how that has influenced how we developed the schemes. It also explains how we consulted and involved people, and our approach to impact assessment and monitoring progress.

Sections 2 and 3 set out our Disability Equality Scheme and Gender Equality Scheme and Action Plans. **NOTE_LINKS_REQUIRED_TO_SCHEMES**. The plans take into account the lessons learned from the review of our Race Equality Scheme, by focusing on key diversity priorities and fewer and higher impact actions.

SECTION 1: EQUALITY SCHEME FRAMEWORK

The role of the HSC/E

The HSC is responsible for health and safety regulation in Great Britain. The HSE and local government are the enforcing authorities who work in support of the Commission.

Our mission is to protect people's health and safety by ensuring risks in the changing workplace are properly controlled.

We look after health and safety in factories, farms, hospitals and schools, nuclear installations and mines, offshore gas and oil installations, the safety of the gas grid and the movement of dangerous goods and substances, and many other aspects of the protection both of workers and the public.

We are committed to delivering key targets to improve health and safety outcomes in Britain through progressive improvement in the control of workplace risk. There is now a much stronger **focus on health** programmes, as well as more traditional risks.

More details of HSC/E's current activities can be found on our website at <http://www.hse.gov.uk>

Our diversity commitment

The vision for diversity

Our vision is "to gain recognition of health and safety as a cornerstone of a civilised society". That society is a diverse one. To achieve our vision, we must **protect everyone's health and safety** in the workplace whatever their race, gender, disability, age, religion or sexual orientation – indeed whatever their background and outlook on life. Our ability to improve health and safety outcomes depends on this – it's a business imperative.

To be successful HSE needs to understand the diverse society in which it operates; be clear about the impact of our policies and operations on that diverse society; and conduct our business with sensitivity and respect for people's different needs, vulnerabilities and perspectives on life.

We will do this best if we ourselves reflect that diverse society. Encouraging and valuing diversity among our own staff is key to our success and effectiveness. We want to be a fair and inclusive organisation, respecting what each person brings to our business and recognising the value they add.

Where we are:

In 2005 we reviewed how we operate in an increasingly diverse society, to see where we could improve.

As a result, the HSE Board agreed the following 8 key priorities for making the vision a reality.

Making the vision a reality: 8 key priorities

1. **raise awareness** among staff about diversity and the need for further progress
2. **build** - and make better use of - **evidence** in our policies and operations
3. **design interventions** to take account of different needs among particular groups of workers
4. **reach out** to people with particular understanding of diversity to help us to improve our policies and delivery
5. improve the **diversity of our workforce**
6. continue to take positive action to improve **career progression** for under represented groups
7. encourage and support disability, women and race **staff networks**
8. reward good **behaviour** and tackle unacceptable behaviour.

The full text of the priorities are at Appendix 1 - [LINK](#).

Work on the 8 key priorities over the last 12 months has informed the development of our Equality Schemes. The main achievements include:

- Working jointly with the Disability Rights Commission (DRC) to develop **principles and guidance on disability and risk management**.
- Piloting then completing an **impact assessment tool** designed to help foresee the potential impact of policies on diverse groups of people
- Developing a new **communications toolkit and translation standard** as part of the findings of the Central Office of Information (COI) Report on HSE's communications with diverse groups
- **Supporting our staff networks** for disability, gender and race
- **Improving support for disabled staff** via our occupational health provider.

Appendix 1 (provide LINK) gives further details of progress on all 8 key priorities.

Where we want to be:

In three years time we want to have:

- **improved our communications** so that everyone has equal access to both information about, and protection from, workplace health and safety risk and its control
- enhanced our understanding of our **audience's needs** to **improve service** targeting and delivery
- evolved into an organisation **free from barriers** to the recruitment, progression and success of a diverse workforce, playing to the different strengths of all **our staff** to ensure that we provide a service that **reflects our society**.

How we are going to get there:

We have identified a number of **priorities for action** in relation to disability and gender. The key priorities are summarised below.

More detailed information, including timescales, can be found in the action plan for each scheme at Sections 2 and 3 (LINKS)

Forward look

Disability Priorities for Action:

- launch a **Diversity Communications Toolkit**
- develop and publish **risk assessment guidance**
- promote a more **disability-positive health and safety culture**
- promote the use of HSE's stress management standards and managing sickness management guidance in the **prevention of work-related health ill health** and return to work of sufferers
- develop stronger links with **disability groups**
- improve the **diversity of our advisory bodies**
- improve **career development opportunities** for disabled staff at all levels
- improve **information and communications technologies support** for staff with particular needs.

Gender Priorities for Action:

- encourage more **involvement of women in health and safety decision-making**;
- improve the **diversity of our advisory bodies**;
- review and consolidate the international **research on gender sensitivity** in workplace health and safety;
- promote occupational **skin disease reduction amongst hairdressers and beauticians**;
- include **pregnancy-related risk assessment** in a campaign in 2007/8
- review and further develop HSE **website on gender** factors;
- improve **career development opportunities** for women, particularly to increase representation at higher job bands;
- steer through the programme of pay reform in the current (2005 – 2008) three year deal period to help close equal pay gaps.

Assessment of functions and policies

We have assessed our functions and policies for their relevance to the Disability and Gender duties and have prioritised them for future action. We assessed both our public duties and those to our staff. Policy makers, operational staff, facility management managers, staff networks and trade union representatives were involved. Details of the outcomes of the assessments are at Annexes 2.2 (**Disability**) and 3.2 (**Gender**) ([LINK](#)).

Consultation and Involvement

We have consulted and involved our diverse internal and external audiences to help develop the Disability and Gender schemes. We have worked with the Disability Rights Commission, and have contacted the Equal Opportunities Commission. In addition, we have contacted a number of disability groups.

Engaging our external stakeholders

We have well-established links with a wide range of stakeholders in the field of health and safety, but recognise that we have more to do to link with a full range of people championing gender or disability-sensitive occupational health and safety agendas. We are committed to **furthering our networks and relationships** with a broad base of interested stakeholders; this will ensure that our priority actions can be monitored and reviewed.

Engaging our staff

Internally, we have involved our Trade Unions and staff networks about our duties as an employer. During the summer we consulted staff through local office briefing sessions about diversity and asked for their views on priorities for action. This consultative document will be made available for comment before formal acceptance.

We considered carefully the responses of external consultees as well as staff, and their feedback has influenced the priorities for action developed for the disability and gender duties.

Employment Data

HSE's workforce data is analysed by gender, race and disability. Our database also provides information on age, location, length of service, time in current post, salary, hours of work, and employment status temporary/permanent etc. We also collect statistics about promotion and performance appraisal and leavers.

We recognise that there is some reluctance amongst staff to declare that they have a disability; this is a monitoring difficulty for the equality scheme. This is similar to the issues faced in monitoring the race equality scheme. We make enquiries at recruitment and on appointment, and then do periodic follow up surveys, but we have limited success in getting further declarations.

A new self-service e-HR service is being introduced during 2006/07, which will ask staff to supply personal details on-line. Staff will be encouraged to declare whether they have a disability (and their ethnic group). This could lead to an improvement in the number of staff declaring, but we will need to reassure staff about confidentiality issues (ie only designated people in HR will be able to access the information).

Staff are reluctant to disclose personal information when going on training courses, and trends or patterns cannot be identified. Also, there are very few formal grievance or discipline cases from which to identify trends or patterns. However, HR monitors all formal grievance and discipline cases and keeps detailed records. Cases are monitored for equality and discrimination issues.

Monitoring progress and evaluation

In 2005 we set up a Diversity Steering Group, chaired at Board level, to steer and drive diversity in HSC/E. The steering group, which includes representatives of our staff networks and Trades Unions, will monitor progress against our schemes, and initiate action where required to ensure delivery.

We will also involve external stakeholders in the review of our progress. We plan to do this by establishing relationships with key interested groups.

Progress against the Schemes will be reported to both the HSE Board and HSC on an annual basis.

Impact Assessment

We have developed and recently launched a **Diversity Impact Assessment Tool**. This robust tool is intended to help policy-makers and those designing/delivering services ensure the **consistent integration of equality considerations** into our day-to-day business.

Our impact assessment process is two-stage: an initial screening to assess whether the proposed policy, service, project or procedure has potential **equality implications for different groups**; then, a full assessment with detailed evidence analysis, stakeholder engagement and consideration of alternative approaches.

This two stage approach will also be used to **assess human resources policies** to meet the employer duties under the two schemes.

We will actively promote the tool and monitor its use.

Procurement Standard

The terms and conditions of our contracts require contractors to adhere to statutory **equality and anti-discrimination requirements**.

HSE is an active member of the Department for Work and Pensions' Commercial Policy Best Practice Team, which provides an integrated and consistent cross-departmental direction.

Where we have specific diversity requirements, these are built into our contracts. For example, our protective clothing contract requires our contractor to meet the **personal requirements of both male and female staff**.

We have improved our event management guidance to include terms about **ensuring access to buildings and providing suitable catering** for diverse audiences, whenever we are the hosts or co-hosts.

Publishing

We are publishing the draft Equality Schemes for comment by staff and external people and organisations. Comments about any aspects of the disability or gender schemes should be submitted by 18 October, so that the HSC can consider at its 7 November meeting.

We aim to publish the Equality framework and the Schemes, amended in light of comments, by 4 December 2006.

Annual progress reports on equality schemes will be published on our website and summarised in HSC/E's annual reports.

Equality Schemes Review

We will review progress with our Equality Schemes every 12 months and carry out a full evaluation of each scheme in three years' time to help set a new agenda for action. As part of this process we will make sure that we involve stakeholders and staff.

SECTION 2

Disability Equality Scheme

The general and specific duties on public authorities are listed at Annex 2.1

Forward look: priorities for action

The outcomes of consultation and the review of policies and functions described in Section 1 for disability equality are listed at Annex 2.2. Based upon these the following priorities have been agreed:

For everyone:

- **launch the Diversity Communications Toolkit** which offers practical advice on how best to communicate with our diverse audience
- **develop and publish risk assessment guidance** in partnership with the Disability Rights Commission
- **issue revised information and guidance** to HSE field staff on providing health and safety advice to employers regarding the retention of disabled workers
- **promote** use of the HSE's Management Standards for Work Related Stress
- **develop and issue** advice for managers on how to help people at work suffering from mental health issues connected with work-related stress and how to help those absent from work with such conditions
- promote a more **disability-positive health and safety culture** by promoting the exemplary 'reasonable adjustment' principles contained in the guidance to the **Display Screen Equipment Regulations**;
- **develop** networks with disability groups to secure involvement of disabled stakeholders in policy development and monitoring; and
- work towards improving the diversity of our **advisory bodies**.

For our staff:

- improve performance management to **support and promote the career development opportunities** of disabled staff at all levels;
- **review the vacancy-filling arrangements** to ensure that disabled staff are not disadvantaged;
- **consolidate improvements made to management of the performance appraisal system** to ensure that disabled staff have equal opportunity to high performance rewards;

- review and revise, where necessary, provision of and support for information and communications technologies for staff with particular needs.

Details of the part of HSC/E with responsibility for taking forward the priorities and timescales for action are given in the **disability equality action plan at Annex 2.3.**

Involvement

An internal working group was set up to oversee and advise on development of the disability and gender equality schemes. Members included our Board Champions for disability, women and race.

Representatives from Equal, our staff disability network, were part of the Equality Schemes Working Group and advised on the development of the disability equality scheme. They took part in the assessment of internal functions, policies and services and were provided with statistical information. They were involved in the discussions about priorities. Equal will formally comment on the draft scheme.

Employment data

The key baseline data is:

- At April 2006, 167 (3.8%) of staff had declared they had a disability. This low percentage reduces the value of statistical analysis about internal HR issues (but we seek to collect information via other routes – such as our annual staff attitude survey).
- Disabled staff tend to stay longer in the same job band compared with other staff (particularly at job band 4) which indicates slower career progression compared with other staff.
- Disabled staff tend to be concentrated in three main disciplines: administration, general inspector and scientific. They are under represented in more specialist disciplines, which attract higher rates of pay.
- However, the percentage of disabled staff gaining promotion to more senior job bands (1 to 3) is higher than for other staff; but is significantly lower for promotions to junior bands (4 and 5).

Internally, the key issue for HSE remains representation at all levels of the organisation.

Table 1 shows the representation of disabled staff at 1 April 2006 (note: the figures for disabled staff at Senior Civil Service (SCS) and the senior job band 1 are combined because of the low numbers).

Job Band	Disabled		Total staff
	No	% of staff in Band	
SCS			51
1	4	1.7	127
2	26	4.3	609
3	36	2.8	1298
4	17	3.1	548
5	19	3.3	579
6	55	6.4	856
Total	157	3.9	4068

**Table 1: Disabled staff by job band
(at 1 April 2006)**

The disabled figures are based on self-declarations. We believe there is a significant level of under declaration, which we will take further action on. The figures show that overall representation is low compared with levels of representation in Britain's population (nationally about 7.1% of the economically active population have a limiting long term illness – 2001 Census). Within job bands the representation of disabled staff decreases as band increases, with the exception of band 2.

More detailed figures showing the five-year trends for disabled staff are at Appendix 2.

Reviewing and developing future disability schemes

We will review workforce data about recruitment, promotion and performance appraisal, consider progress made against the action plan and information from our annual staff attitude survey.

We will consult and involve stakeholders in the review and development of future schemes, our individual staff networks and trade unions.

Disability Equality Duty

General duty

The Disability Discrimination Act 1995, as amended by the Disability Discrimination Act 2005, places a general duty on public authorities to promote disability equality. This means that HSC/E, as a public authority, must aim to:

- Promote equality of opportunity between disabled persons and other persons;
- Eliminate unlawful discrimination;
- Eliminate harassment of disabled persons that is related to their disabilities;
- Promote positive attitudes towards disabled persons;
- Encourage participation by disabled persons in public life; and
- To take steps to take account of disabled persons' disabilities, even where that involves treating disabled people more favourably.

Specific duties

To help meet the general duty HSC/E also have specific duties. These fall into two categories:

Those covering policy development and service delivery, to:

- produce and publish a Disability Equality Scheme demonstrating how it intends to fulfil its general and specific duties;
- involve disabled people in the development of the Scheme;
- produce an action plan setting out the key actions we will take to promote equality;
- assess functions and policies, or proposed policies which are relevant to the general duty;
- assess and consult on the likely impact of proposed policies on the promotion of disability equality;
- monitor policies for any adverse impact on the promotion of disability equality;
- publish the results of these assessments, consultation and monitoring;
- report annually on the progress of the action plan;
- review the Disability Equality Scheme every three years.

those covering our role as an employer, to:

- gather information on our disabled staff in relation to;
 - applications for vacancies;
 - development; and retention

Assessment of Functions and Policy: Disability General Duty

We have identified the following functions and policies as relevant to the Disability General Duty and prioritised them for future action.

Function and Policies	Priority:	Supporting notes or evidence for rating
<p>Communications</p> <ul style="list-style-type: none"> • Policy & practice • Publication and promotion of information regarding workplace risks etc, including website/promotional leaflets/advice [from staff & Infoline] • Promotion of our messages through the media • Advice on OH&S, notably on risk assessment (given its spurious use to discriminate) including via Infoline 	High	<p>Communications is one of four key themes in our strategy for Workplace Health & Safety (H&S). Success is vital to embedding sensible H&S so information accessibility is vital as are other communication media and methods.</p> <p>We commissioned a COI audit of a range of HSE's publication materials including a review of HSE's website. Recommendations have prompted the development of our Diversity Communications Toolkit shaping how HSE communicates with Diverse groups.</p> <p>We have established a DRC-HSC partnership to develop a joint approach to enabling sensible risk management & DDA needs. Supporting guidance for employers, disabled people and H&S Regulators is being developed. The DRC/HSE partnership is key to constructive influence, wider government welfare agenda and HSE's reputational risk.</p>
<p>Investigation/Inspection/Enforcement</p> <ul style="list-style-type: none"> • Operational guidance (publications & instructions) • Risk assessment 	High	<p>We must ensure disabled workers have equal protection from work-related risk.</p> <p>Joint DRC/HSC guidance is being developed (above) which will support the development of improved operational guidance.</p> <p>We regard employer embedding of the Display Screen Equipment Regulations</p>

Function and Policies	Priority:	Supporting notes or evidence for rating
		ACoP as engendering a positive culture of preventing work related upper limb disorders (WRULDs) and of gaining an understanding of the meaning of making reasonable adjustments. We clearly have a role in encouraging this.
Stakeholder Engagement <ul style="list-style-type: none"> • working with others: government departments/agencies, regulators, trade associations, intermediaries etc • consultation with our stakeholders on new policy • promotional initiatives and events 	Moderate	<p>Stakeholder engagement is growing as an HSE tool and we must be minded of the ethos of Government leading by example.</p> <p>We have a role to play in ensuring consideration of accessibility/communication media in our event management (in-house & subcontracted).</p> <p>We need to develop sustained relationships to ensure we involve disabled people in policy/service development and performance monitoring.</p>
Research/Building evidence base <ul style="list-style-type: none"> • HSL Research • Forensic service to HSE 	Moderate /Low	We need to improve our evidence base & have a better understanding of the OHS/disability relationship so we can target resources to meet our disability duties.
Policy <ul style="list-style-type: none"> • Development of guidance, Codes of Practice and legislation; and 	Moderate /Low Moderate	The greater priority is 'stakeholder engagement' (above): those views will then feed through into policy development.

Function and Policies	Priority:	Supporting notes or evidence for rating
<ul style="list-style-type: none"> • Assessment of impact on proposed new policies; • Legal interpretation 	/Low	
Business <ul style="list-style-type: none"> • Procurement • Permissioning and licensing. 	Low	Communication considerations are built into our procurement administration and we ensure we have sufficiently flexible contractual arrangements exist to accommodate diverse needs.
Staff Performance Performance appraisal and performance management	High	Issues tend to be more about line management skills than the performance system. Analysis of High Performance Awards indicates an improvement in the number of awards received by disabled staff. Human Resources Division is putting forward proposals for taking forward performance management for consideration by the HR Subgroup. Effective performance management (with good learning and development) is key to tackling career development issues to help address under representation at higher job bands.
IT Provision and support internally of information and communication technologies and other support	High	Imperative that staff can access material and receive appropriate support. The issues covers a number of services provided by Resources and Planning Directorate. A number of concerns have been raised over IT accessibility.
Staff training including public sector duties on disability equality	Moderate	Senior managers and HR managers need to be briefed about their responsibilities under the disability duty.
External recruitment	Moderate	Less than 1% of staff joining HSE in 2005/2006 declared that they had a disability. We believe there is significant under declaring and we need to

Function and Policies	Priority:	Supporting notes or evidence for rating
		address this to provide better data to assess the effectiveness of our recruitment policies in attracting disabled staff. HR will work with the disability staff network "Equal" and others to encourage staff to declare disabilities, including using the electronic HR system when it is introduced later this year.
Internal vacancy filling and promotion	Moderate	This is also linked with performance management. The pilot vacancy filling arrangements will take on board issues and revised guidance will be issued. Need to monitor internal vacancy filling. There is evidence that disabled staff remain in junior job bands (6 – 4) longer than other staff.
Absence and ill health management	Moderate	Revised absence management procedures promote early intervention, input from occupational health advisers and rehabilitation. However there is a perception held by some disabled staff that there is too much emphasis on unacceptable attendance rather than facilitating attendance.
Pay and conditions (excluding performance-related pay – which is covered under "Performance Appraisal");	Low	Links with "conditions" such as accommodation issues.
Grievance procedures	Low	Human Resources Division monitors formal grievances and no evidence has been found of structural disability related issues
Disciplinary procedures	Low	As above.
Pensions and retirement	Low	The civil service pension scheme is run centrally. Occasionally HSE operates early retirement schemes. Staff are invited to apply and are selected against published criteria. There is no evidence of a disability related impact.
Exit monitoring	Low	General turnover of staff is low. Leaving questionnaires are monitored and no disability issues have been identified.
Expenses (T&S)	Low	System adaptable to take on board individual needs.
Trade Union representation of HSE staff (staff unions: Prospect, PCS, and FDA); and	Low	HSE encourages staff to join one of the three Trade Unions that have rights of representation in HSE. They have a website and presence in the HR Guidance. No record of any issues being raised about a trade union not representing a member effectively because of disability related issues.
Internal health and safety	Low	Human Resources Division supports individual line managers to make

Function and Policies	Priority:	Supporting notes or evidence for rating
		reasonable adjustments to meet the needs of staff with disabilities.

Disability equality action plan 2006 - 2008

By whom?

Annex 2.3

When?

Priorities

For everyone

- | | | |
|--|-----------------------------------|--------------------------|
| <ul style="list-style-type: none"> To secure effective communication with disabled people by launching the new-model Communications Toolkit to key communications staff for their application. | <p>Communications Directorate</p> | <p>Nov 2006</p> |
| <ul style="list-style-type: none"> To develop risk assessment guidance in partnership with the Disability Rights Commission | <p>Policy Group</p> | <p>Jan/Mar 2007</p> |
| <ul style="list-style-type: none"> To issue revised information and guidance to HSE field staff on providing health and safety advice to employers regarding the retention of disabled workers. | <p>Policy Group</p> | <p>Dec 2006-Mar 2007</p> |
| <ul style="list-style-type: none"> To promote use of the HSE's Management Standards for Work Related Stress | <p>Policy Group</p> | <p>Ongoing</p> |
| <ul style="list-style-type: none"> To develop and issue advice for managers on how to help people at work suffering from mental health issues connected with work-related stress and how to help those absent from work with such conditions | <p>Policy Group</p> | <p>Ongoing</p> |

- | | | |
|--|--------------|---------------------------|
| <ul style="list-style-type: none"> • To promote a more disability-positive health and safety culture by promoting the exemplary 'reasonable adjustment' principles contained in the guidance to the Display Screen Equipment Regulations. | Policy Group | Jan/Feb 2008 |
| <ul style="list-style-type: none"> • To develop networks with disability groups and secure involvement of disabled stakeholders in policy development and monitoring. | Policy Group | Build & establish in 2007 |
| <ul style="list-style-type: none"> • To work towards improving the diversity of our advisory bodies | Policy Group | 2007/8 |

For our staff

- | | | |
|--|----------------------------|----------------------|
| <ul style="list-style-type: none">• To improve performance management to support the career development of disabled staff at all levels. | Human Resources Division | March 2008 |
| <ul style="list-style-type: none">• To review the vacancy filling arrangements to ensure that disabled staff are not disadvantaged | Human Resources Division | June 2007 |
| <ul style="list-style-type: none">• To consolidate improvements made to management of the performance appraisal system to ensure that disabled staff have equal opportunity to high performance awards. | Human Resources Division | March 2007 |
| <ul style="list-style-type: none">• To review and revise, where necessary, provision of and support for information and communications technologies, within a new accessibility policy. | Business Services Division | Dec 2006 and Ongoing |

SECTION 3

Gender Equality Scheme

The general and specific duties on public authorities are listed at Annex 3.1

Forward look: Priorities for Action:

The outcomes of consultation and the review of policies and functions described in Section 1 for gender equality are listed at Annex 3.2. Based upon these the following priorities have been agreed:

For everyone:

- encourage more **involvement of women in health and safety decision-making** by working with others, such as the TUC, to persuade more women to volunteer to become safety representatives or representatives of employee safety
- work towards improving the **diversity of our advisory bodies**
- review and consolidate the international **research on gender sensitivity** in workplace health and safety
- include **pregnancy-related risk assessment** in a campaign in 2007/8
- review and further develop HSE **website on gender** factors
- promote occupational **skin disease reduction amongst hairdressers and beauticians** through a targeted HSE communications campaign in partnership with local authorities and industry bodies.

For our staff:

- improve performance management to **support and promote the career development opportunities** of women, particularly to increase representation at higher job bands
- steer through the programme of **pay reform** in the current (2005 – 2008) three year deal period to help close equal pay gaps.

Details of the part of HSC/E with responsibility for taking forward the priorities and timescales for action are given in the gender **equality action plan at Annex 3.3.**

Employment data

The key baseline data is:

- Women have been in the lower job bands (bands 4 to 6) for longer than men, and in the more senior job bands (bands 1 to 3) for less time,
- Women tend to be in three disciplines: administration (52%), general inspector (20%) and scientific (9%). There are very few women in the specialist pay disciplines, some of which attract higher rates of pay.
- Further, women are older than men in job bands 5 and 6 but younger in all the other job bands,
- relatively more women at job bands 0 to 4 joined HSE and more men at bands 5 and 6.
- At job bands 1 to 4 there was virtually no difference in the relative percentage of women promoted compared with men, but at bands 4 and 5 relatively more men were promoted.
- Pay gaps in HSE are reducing but there are still differences in the average pay of men and women.

Internally, the key issue remains representation of women at senior levels of the organisation. Table 2 shows the representation of women, at 1 April 2006.

Job Band	Women		Total staff
	No	% of staff in Band	
SCS	12	23.5	51
1	29	22.8	127
2	126	20.7	609
3	476	36.7	1298
4	278	50.7	548
5	405	69.9	579
6	621	72.5	856
Total	1947	47.9	4068

**Table 2: Female staff by job band
(at 1 April 2006)**

Table 2 shows that there are virtually equal numbers of women and men in HSE, but women are concentrated in the lower job bands, and representation falls away steadily as job band increases to job band 1.

More detailed figures showing the five-year trends for women are at Appendix 2.

Consultation

An internal working group was set up to oversee and advise on development of the disability and gender equality schemes. Members included our Board Champions for disability, women and race. The Women's network will formally comment on the draft scheme.

We consulted those people and organisations who had an interest in Diversity and health and safety.

Pay Statement

HSE is committed to equal pay and eliminating unjustified pay gaps. Since 1999 we have been working to close pay gaps by increasing progression pay to enable staff to move to the top of their pay range more quickly. In 2005 we agreed a three-year pay deal with our trade unions that will eventually reduce the time it takes staff to reach the top of their pay ranges from 10 years to 8 years.

Reviewing and developing future gender equality schemes

We will review workforce data about recruitment, promotion and performance appraisal, consider progress made against the action plan and information from our annual staff attitude survey.

We will consult and involve stakeholders in the review and development of future schemes, our individual staff networks and trade unions.

Gender Equality Duty

General duties

The Sex Discrimination Act 1975, as amended by the Equality Act 2006, places a general duty on public authorities to promote gender equality. This means that HSC/E, as a public authority, must aim to:

- eliminate unlawful discrimination and harassment; and
- promote equality of opportunity between women and men.

Transsexual people are protected from discrimination and harassment on the grounds of gender reassignment in employment and vocational training under existing sex discrimination legislation. Public authorities are legally required to take this into account when addressing that part of the gender duty, which requires the elimination of unlawful discrimination and harassment.

Specific duties

To help meet the general duty HSC/E also have specific duties. These fall into two categories:

those covering policy development and service delivery, to:

- produce and publish a gender equality scheme identifying gender equality goals and the actions it will take to implement them;
- consult employees and stakeholders in drawing up the scheme;
- assess functions and policies, or proposed policies which are relevant to the general duty;
- assess and consult on the likely impact of proposed policies on the promotion of gender equality;
- monitor policies for any adverse impact on the promotion of gender equality;
- publish the results of these assessments, consultation and monitoring;
- develop and publish details of a pay policy;
- report annually on the progress of the action plan;
- review the Gender Equality Scheme every three years.

those covering our role as an employer, to:

- collect information on our staff in including:
 - type of work undertaken,
 - salary,
 - hours of work,
 - seniority,
 - recruitment,
 - employment status temporary/permanent
 - employee development.

Assessment of Functions and Policy: Gender General Duty

We have identified the following functions and policies as relevant to the Gender General Duty and prioritised them for future action.

Function and Policies	Priority:	Supporting notes or evidence for rating
<p>Research/Building evidence base</p> <ul style="list-style-type: none"> • HSL Research • Forensic service to HSE 	High	<p>In preparing for the new gender duty, we have recognised that we need to improve our evidence base. Historically, we have not asked HSL to be gender-sensitive when conducting research on our behalf.</p> <p>We acknowledge that we need to have a better understanding of gender-sensitivity so we can target resources to meet gender equality duties.</p>
<p>Stakeholder Engagement</p> <ul style="list-style-type: none"> • Working with others: government departments/agencies, regulators, trade associations, intermediaries etc • Consultation with our stakeholders on new policy • promotional initiatives and 	Moderate	<p>Stakeholder engagement is growing as an HSE tool and we must be minded of the ethos of Government leading by example.</p> <p>By first building the evidence base we will strengthen our ability to involve stakeholders and work with them to influence others in respect of gender-sensitivity in H&S.</p> <p>Notably, we may have a role in influencing supply chains (eg PPE for women).</p>

Function and Policies	Priority:	Supporting notes or evidence for rating
events		
Investigation/Inspection/Enforcement <ul style="list-style-type: none"> • Operational guidance (publications & instructions) • Risk assessment 	Moderate/ Low	<p>Gender-sensitivity in practical occupational health & safety has long featured in ergonomic design and machine guarding, supported by gender-sensitive anthropometric data. HSE's Manual Handling Assessment Chart (MAC tool) is gender-sensitive in preventing occupational musculo-skeletal disorders. This has facilitated gender-sensitivity in operational interventions.</p> <p>We have produced guidance for new and expectant mothers.</p> <p>However, we are aware of the spurious use of risk assessment to discriminate against pregnant workers and that there are biological and social differences between the genders influencing health & safety outcomes for male and female employees.</p> <p>And historically an 'average male' has been used for determining tolerable toxic exposure levels (relevant to reproductive/genetic health) and personal protective equipment [PPE] design.</p>
Communications <ul style="list-style-type: none"> • Policy & practice • Publication and promotion of information regarding workplace 	Low	<p>Communications is one of four key themes in our strategy for Workplace Health & Safety (H&S).</p> <p>Success is vital to embedding sensible H&S systems.</p> <p>We are working with stakeholders to develop cross-cutting information on</p>

Function and Policies	Priority:	Supporting notes or evidence for rating
<p>risks etc, including website/promotional leaflets/advice [from staff & Infoline]</p> <ul style="list-style-type: none"> • Promotion of our messages through the media • Advice on OH&S, notably on risk assessment (given its spurious use to discriminate against pregnant women) including via Infoline 		<p>rights for pregnant workers.</p> <p>A greater priority for the gender duty is building the evidence base so that we are informed about the targeted influence.</p>
<p>Business</p> <ul style="list-style-type: none"> • Procurement • Permissioning and licensing. 	Low	<p>Gender-sensitive specifications are made and we ensure that sufficiently flexible contractual arrangements exist to accommodate diverse needs.</p>
<p>Policy</p> <ul style="list-style-type: none"> • Development of guidance, Codes of Practice and legislation; and • Assessment of impact on 	Low	<p>Our work on refining our impact assessment tool means that the greater priorities are building our evidence base and stakeholder engagement (see above). This will then benefit policy development.</p>

Function and Policies	Priority:	Supporting notes or evidence for rating
<p>proposed new policies;</p> <ul style="list-style-type: none"> • Legal interpretation 		
Performance appraisal and performance management	High	<p>Overall, there are no significant differences in the distribution of High Performance Awards (HPAs) by gender. However, a smaller percentage of part-time staff (12%) received HPAs compared with full time staff (21%). There is a disparate impact because about 85% of part-time staff are female. HRD is leading discussions with individual directorates about their HPA distributions. HRD is also preparing proposals to take forward performance management for consideration by the HR Subgroup. Effective performance management (with good learning and development) is key to tackling career development issues to help address under representation at higher job bands.</p>
Internal vacancy filling and promotion	Moderate	<p>We are reviewing the outcomes of the internal vacancy panels held over the last 18 months to see if there are any gender related issues. Initial statistics show that relatively more women were promoted from bands 1 to 4 and relatively more men from bands 5 and 6.</p>
Pay and conditions (excluding performance-related pay – which is covered under “Performance Appraisal”);	Moderate	<p>There are two major equal pay cases, of which the leading case is Cadman. The cases are related to the effect of length of service on pay, which in some pay ranges adversely impacts on women at bands 1 to 3 and men at bands 5 and 6. HSE’s pay system has been reformed to shorten the length of time it takes staff to reach the maximum to 8 years from 2008 and the equal pay gaps are closing, but HSE is still open to challenge.</p>
Absence and ill health management	Moderate	<p>Robust arrangements in place, but anecdotal reports that some staff may take sick leave instead of special leave for domestic reasons. This is more likely to affect women than men, as they tend to be the main carers and requires</p>

Function and Policies	Priority:	Supporting notes or evidence for rating
		further investigation.
Staff training including public sector duties on gender equality	Low	Senior managers and HR managers need to be briefed about their responsibilities under the gender duty.
External recruitment	Low	Need to review recent exercises, but analysis of recruitment activity over 2005/06 shows increases in the number of women starters at job bands 2 to 4.
Internal health and safety	Low	Overall accident/ill health stats are not analysed by gender. Need to investigate further to identify any issues. Anticipate future steer from External Diversity Team who aim to provide the intelligence.
Grievance procedures	Low	Human Resources Division monitors formal grievances and no evidence has been found of structural gender related issues.
Disciplinary procedures	Low	As above.
Pensions and retirement	Low	The civil service pension scheme is run centrally. Occasionally HSE operates early retirement schemes. Staff are invited to apply and are selected against published criteria.
Exit monitoring	Low	There is low turnover and no evidence has been found of staff leaving for reasons that could have a gender related impact.
Expenses (T&S)	Low	Reviewing childcare expenses policy.
Trade Union representation (staff unions: Prospect, PCS, and FDA); and	Low	HSE encourages staff to join one of the three Trade Unions that have rights of representation in HSE. They have a website and presence in the HR Guidance. No record of any issues being raised about a trade union not representing a member effectively because of gender issues.
Provision and support internally of information and communication technologies and other support	Low	Not generally any gender related issues but we need to review availability of information to staff on career breaks, which will affect more women than men.

Gender equality action plan

Priorities

For everyone

- To encourage more involvement of women in health and safety decision-making by working with others such as the TUC to persuade more women to volunteer to become safety representatives or representatives of employee safety
- work towards improving the diversity of our advisory bodies
- include pregnancy related risk assessment in a campaign in 2007/8
- review and further develop HSE website on gender factors
- To promote the reduction of occupational skin disease amongst hairdressers and beauticians.

By whom?

Annex 3.3

When?

Policy Group

2007/2008
work plan

Policy Group

2008

Operations
Communications
Directorate

2007/2008

Policy Group

2007/2008
work plan

Policy Group

2007

- To review and consolidate the international research on gender sensitivity in workplace health and safety.

Policy Group

2007

For our staff

- To improve performance management to support career development of women at all levels, particularly to increase representation at higher job bands.

Human Resources Division On-going.
Reviewed annually

- To steer through the programme of pay reform in the current three year deal to help close equal pay gaps.

Human Resources Division On-going.
Reviewed annually

Diversity Progress against the 8 Key priorities in 2006

1. Raising Awareness amongst all staff of the business benefits of diversity; the Board's Vision for diversity; and the need for further progress in HSE.

- 4 HSE Board members have **championed the diversity agenda** through chairing the Diversity Steering Group and the Women's, Race and Disability staff networks.
- We held a **major workshop** on disability, gender and age to communicate key research and best practice findings. **Keynote speakers** came from the Disability Rights Commission (DRC), the Trades Union Congress (TUC) Gender & Occupational Health & Safety (GOSH) forum, the Health & Safety Laboratory (HSL) and the European Agency for Health & Safety.
- We have prompted **dialogue and debate** through local office briefing sessions ("Exchange Briefings") on diversity and articles in our internal publications.
- We are celebrating **Black History Month** by holding events jointly promoted by MAGNET, our Black & Ethnic Minority Staff Network, and our External Diversity Team.

2. Build – and make better use of - the evidence base in our policies and operations, for example on stress and ethnicity and on differential patterns of ill health among different ethnic groups.

- We have established a statistical evidence base relevant to workplace health and safety demographics. This is an **important resource** for our policy-makers and service-providers.
- We have commissioned our Health and Safety Laboratory to undertake literature **reviews** of existing evidence which we intend to use to inform policy development and our diversity strategy.

3. Design Interventions to take account of different needs and impact on particular groups (such as older workers) and so help improve health and safety outcomes.

- We are working in partnership with the DRC to develop joint principles on a **disability-sensitive risk management** approach.
- We piloted our **Impact Assessment Tool** and, in response to the feedback, further refined the tool before launching it this year.
- We are working to ensure our **website and intranet continues to** meet high standards of **accessibility**. Our website remains in the top 5 UK Government websites.

4. Reach out to people/organisations with particular understanding of diversity, to improve our policies and delivery (eg how best to influence ethnic minority owned/managed businesses) and to ensure our advice and information is widely accessible (eg for migrant workers).

- We asked the Central Office of Information (COI) to review the effectiveness of HSE's communications in reaching our diverse audience. From this we have built a **diversity communications toolkit** and **translation standard**, which not only provide cultural and disability awareness, but also practical advice for communications teams and authors to help them identify and best engage their audiences.
- We contributed to a cross-government initiative, led by the Department for Trade and Industry (DTI) to consolidate information on rights for **new and expectant mothers**, which will be published in October 2006 as guidance for both employers and employees.
- Our injuries reduction programmers have worked with disabled people to help identify the impact of injury (notably falls). Our noise and vibration programmers have worked with the National Institute for the Deaf and Raynaud's Syndrome organisations. In the former case to convey messages about the impact of hearing and in the latter about vibration-related impairments.
- Our Health and Safety Laboratory (HSL) is piloting a searchable database to find solutions, such as reasonable adjustments for work-related disability and chronic occupational health problems.
- We are ensuring key relevant issues are addressed in our new and revised publications, for example:

“Managing sickness absence and return to work - An employer's and manager's guide” contains information about making workplace adjustments with examples and case studies; and

“ Working safely in a multicultural food and drink industry,” which is available in several languages to reflect the diversity of the workforce in that sector.

5. Diversity of the Workforce: as part of the workforce strategy continue to improve the diversity of our workforce and increase the representation of under represented groups including by ensuring that recruitment reaches out more widely and by promoting HSE's image as an organisation where people from diverse backgrounds can prosper and progress.

We have made some progress, but there is still much to do to make HSE more diverse.

- We continued to seek recruits from under-represented groups for both specialist and standard jobs by careful use of advertising media and selection processes. Some campaigns have been more successful than others.
- We encouraged the use of HSE's flexible working arrangements to accommodate staff with domestic and caring responsibilities or life style choices. There has been an increase from 11% to 17% in the number of staff who work part-time.
- We have improved support to staff with disabilities via our occupational health provider, including facilitating access to therapeutic intervention for staff where appropriate.

6. Career development: continue and develop positive action to enable under-represented groups to develop the skills to progress upward more quickly.

- There are improved rates of promotion for under represented groups from middle to senior job bands, but promotion rates are lower for staff at bands 5 and 6.
- We encouraged directorates to use more systematic arrangements to review the career development needs of individual staff, including using local career review groups to arrange internal job moves.
- We ensured the vacancy filling arrangements did not inadvertently discriminate against any group of staff by challenging vacancy adverts on unnecessary selection criteria and through training for panels.

7. Encourage and support the existing networks for women, disability and ethnic minorities, and the establishment of others.

To help take forward diversity over the last year we have:

- supported the establishment of a Women's Network;
- revitalised Equal, the disability network; and
- encouraged Magnet (minority action group network).

8. Reward good behaviour, and tackle unacceptable behaviour, wherever it occurs.

- Board members have published personal diversity objectives;
- Staff with line management responsibilities include objectives relating to supporting and developing their teams;
- Nominations for high performance awards should demonstrate how the person put forward has demonstrated HSE's values;
- Our HR guidance provides clear guidance on dealing with issues of unacceptable behaviour.

FIVE YEAR STAFFING TRENDS IN HSE: APRIL2002 TO APRIL 2006

Table 1: The number of staff in post (SIP) by Band and Gender (excluding casual appointments)

Band	1/4/02				1/4/03				1/4/04				1/4/05				1/4/06				Change 02 - 06	
	F	% Of SiP	M	% Of SiP	F	% Of SiP	M	% Of SiP	F	% Of SiP	M	% Of SiP	F	% Of SiP	M	% Of SiP	F	% Of SiP	M	% Of SiP	F No	M No
SCS	11	20.0	44	80.0	14	25.0	42	75.0	13	23.6	42	76.4	12	23.5	39	76.5	12	23.5	39	76.5	1	-5
1	18	13.3	117	86.7	22	17.1	107	82.9	25	19.2	105	80.8	26	19.4	108	80.6	29	22.8	98	77.2	11	-19
2	92	14.7	533	85.3	107	16.6	536	83.4	108	16.8	533	83.2	117	18.5	514	81.5	126	20.7	483	79.3	34	-50
3	375	29.9	878	70.1	427	31.8	915	68.2	468	33.5	931	66.5	477	34.2	917	65.8	476	36.7	822	63.3	101	-56
4	315	48.5	335	51.5	312	49.5	318	50.5	254	49.7	257	50.3	227	49.5	232	50.5	278	50.7	270	49.3	-88	-65
5	349	67.4	169	32.6	371	67.6	178	32.4	360	68.7	164	31.3	392	69.1	175	30.9	405	69.9	174	30.1	56	5
6	719	68.3	334	31.7	745	70.2	316	29.8	713	71.4	285	28.6	651	71.7	257	28.3	621	72.5	235	27.5	-98	-99
Total	1879	43.8	2410	56.2	1998	45.3	2412	54.7	1941	45.6	2317	54.4	1902	45.9	2242	54.1	1947	47.9	2121	52.1	68	-289

Table 2: The number of staff in post (SIP) by band who have declared they belong to an Ethnic Minority Group (excluding casual appointments). Note the basis of the survey changed in 2003 because different definitions of ethnic groups were introduced

Band	1/4/02		1/4/03		1/4/04		1/4/05		1/4/06		Change 02 - 06
	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	
SCS		0.0%	1	0.5%	2	1.1%	2	1.1%	3	1.1%	3
1											
2	12	1.9%	11	1.7%	14	2.2%	13	2.1%	13	2.1%	1
3	39	3.1%	45	3.4%	56	4.0%	62	4.4%	53	4.1%	14
4	38	5.8%	42	6.7%	31	6.1%	29	6.3%	32	5.8%	-6
5	34	6.6%	56	10.2%	54	10.3%	58	10.2%	49	8.5%	15
6	93	8.8%	91	8.6%	90	9.0%	72	7.9%	52	6.1%	-41
Total	216	5.0%	246	5.6%	247	5.8%	236	5.7%	202	5.0%	-14

Table 3: The number of staff in post (SiP) who have declared that they have a Disability (excluding casual appointments). The basis of the survey changed in 2002 when self-declaration was introduced

Band	1/4/02		1/4/03		1/4/04		1/4/05		1/4/06		Change 02 - 06
	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	No	% Of SiP By Band	
SCS	4	2.1%	3	1.6%	3	1.1%	3	1.1%	4	1.7%	0
1	22	3.5%	24	3.7%	29	4.5%	28	4.4%	26	4.3%	4
2	48	3.8%	47	3.5%	45	3.2%	44	3.2%	36	2.8%	-12
3	21	3.2%	16	2.5%	17	3.3%	18	3.9%	17	3.1%	-4
4	22	4.2%	26	4.7%	25	4.8%	26	4.6%	19	3.3%	-3
5	80	7.6%	71	6.7%	67	6.7%	58	6.4%	55	6.4%	-25
6	197	4.6%	187	4.2%	186	4.4%	177	4.3%	157	3.9%	-40
Total											