

## **Summary of consultation on HSC/HSE Disability and Gender Equality Schemes**

The draft Equality Schemes were posted on the HSE website and intranet for consultation and were sent to targeted key external and internal stakeholders (including the HSE Board, HSE's staff networks, Disability Rights Commission, Equal Opportunities Commission, TUC and Plain English Campaign) to respond by 18 October.

Number of internal responses: 14  
Number of external responses: 12  
Total number of responses: 26

### **Overview**

Feedback received was constructive with respondents welcoming the opportunity actively to contribute to discussions.

MAGNET, HSE's black & ethnic minority staff network, confirmed it has no comments on the Schemes. There has been no single response from Equal, HSE's staff disability network, as members agreed to respond individually. HSE's Trade Unions and Women's Network have provided significant feedback, prompting HR to provide a formal response and arrange further liaison (see below).

The DRC have stated it is not their policy to comment on draft Equality Schemes because of their enforcement role. We are, in any event, working closely with the DRC on disability-sensitive health and safety issues.

The EOC have responded positively (see below).

The main themes that have emerged have are:

#### **Disability:**

- making stronger connections with the Health, Work and Wellbeing agenda;

#### **Gender:**

- a pregnancy-related risk assessment campaign;
- a review and development of an HSE website on gender factors.

#### **Both:**

- strengthening consultation and involvement by ensuring diversity in advisory group and network arrangements (emphasised in both internal and external responses).

A number of responses (both internal and external) have questioned the evidence base for the priority action targeting hairdressers/beauticians in the Gender Equality Scheme. We are considering further whether this should remain a priority.

From the comments received, there appear to be no major gaps or omissions regarding strategic priorities affecting staff. The table below shows how HR will progress matters raised.

### **General Presentation**

There were a number of comments relating to layout and level of detail, the call for plainer English and the inclusion of further supporting information. Several people (internally and externally) requested the paper in an alternative format and commented on the limited options for accessing the publication. These comments will be taken into account in finalising the draft and discussed with the relevant Directorates prior to publication of the Schemes in December.

### **HSE Trade Unions**

The HSE Trade Unions response to the consultation indicates broad support for the schemes. However, they require points of clarification and raise concerns that warrant further consideration. The need to incorporate amendments is acknowledged and HR will arrange a meeting with the TUs as a matter of priority.

### **Women's Network**

The Women's Network raised a wide range of points, a number of which, although relevant to gender equality, are not relevant to the formal scheme. It appears there may be some differences of understanding about management information that need to be resolved. HR is arranging to meet with the network to discuss the Gender Equality Scheme and priority actions.

### **Equal Opportunities Commission (EOC)**

The EOC has been positive about the Scheme, in particular the focus on few priority areas, bringing together employment data and identifying consultation mechanisms. There was a reminder that the Code of Practice on the Gender Equality Duty is still in draft form. However, the indications are that there will be no significant impact to the way the Gender Equality Scheme has been developed and we will assess the Scheme against the final Code of Practice when it is published (due to be published end of October).

### **External Trade Union Stakeholders**

The consultation exercise has prompted positive responses from the TUC, T&G and Unison.

In redrafting, we have added in response to comments, gender recommendations relating to (a) pregnancy and the enforcement of associated health and safety legislation and (b) the development of an HSE website on gender factors.

Responses also underlined the need for progress in areas already highlighted [gender impact assessments and closer partnership work with key stakeholders]. We are considering further how best to meet concerns regarding reproductive health for men and women, which have been raised by the TUC and other external respondees.

With regard to the disability scheme, responses underlined the value of the HSC/DRC partnership work. The need for specific web pages for disability-sensitive issues was commented on. We envisage this as being one of the products of our joint work with the DRC.

### **Expert Opinion**

Jane Paul is a recognised expert on gender-sensitivity in occupational health and safety and was invited as a keynote speaker to HSE's Gender Workshop in April 2006. Her response provides strong support for the greater involvement of women in health and safety decision-making and our commitment to building the evidence base.

Jane Paul also pushes for a more robust mainstreaming of gender-sensitivity in the development of our policies, published guidance and operational training, a point also made in Trade Union responses.

We are considering whether we need to strengthen the Gender Equality Scheme in this respect; it is already implicit in the new guidance on diversity impact assessments.

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The following pages set out an early HR response to consultation comments that have been received.

## DISABILITY EQUALITY SCHEME – INTERNAL

<b>Consultation Feedback</b>	<b>HR Response</b>
<p>Priorities for action for HSE staff are too vague - suggest an intention to meet a more positive and externally recognised standard eg 2 tick scheme. (2 comments)</p>	<p>Will draw staff attention to the currently draft internal diversity action plan that has more specific actions - eg career progression review and the internal vacancy- filling pilot.</p> <p>We are reviewing whether to sign up to the 2-tick scheme (a decision was taken before 2000 that it would not be helpful in HSE). We will consult the trade unions and Equal</p>
<p>Lack of support for staff with disabilities particularly from line managers. Need clearer procedures on diversity site and handbook re line managers' responsibilities to staff with disabilities. (3 comments)</p>	<p>Assessment of functions and policies identified that staff performance should be given a high priority.</p> <p>One proposed action is to add specific information about line managers responsibilities to the diversity website.</p>
<p>Need to strengthen career opportunities for disabled staff at lower and higher levels. A view that career expectations are not taken seriously for disabled staff. There is no equal opportunity data gathering for internal vacancies. (4 comments relating to both disability and gender)</p>	<p>Issue given a moderate priority in assessment of functions of polices. More details of the work to be undertaken – eg, study on career development, pilot review of internal vacancy filling. – are included in the diversity action plan. Under e-HR, there will be data gathering on equal opportunities in vacancy filling process.</p>
<p>Need to recognise that people with disabilities are a diverse group - concern re a generic approach to disability action plan. Mental health issues may need to be specifically addressed internally eg how to overcome stigma. Also need to give more consideration to conditions such as dyslexia and dyspraxia. Prevention should be weaved more into the framework, particularly in regard to mental health. (3 comments appropriate internally and externally).</p>	<p>Internal policies and guidance are designed to respond to individual need. Specialist help is sought when appropriate.</p> <p>ill health management policies recognise the need for early intervention, particularly for stress/depressive illness.</p>
<p>Access issues - fixtures/fittings not designed for staff with mobility issues.</p>	<p>The assessment of functions and policies refers to non-IT support, but ITC is the more immediate priority.</p>

Consultation Feedback	HR Response
<p>HSE procurement standards refer to ensuring access...It is essential that criterion is widened to include "access to and within buildings". (2 comments)</p>	
<p>suggest expanding the supporting information on "provision and support.... of info tech..." need to speed up the system for provision. (4 comments);</p>	<p>Amend the consultation document To include reference to accessibility policy and the target date, as shown in the draft Annex A</p> <p>We have received comments from BSD about the development of an accessibility policy – which was offered by one of the consultees</p>
<p>Concern re low number of staff within HSE, who have declared they have a disability. A perception that there is a stigma attached to declaring a disability. The small percentage of people with a declared disability (and downward trend) may indicate an organisation, which does not appeal or attract people with disabilities into the work place. (3 comments)</p>	<p>The assessment of functions section refers to the actions we intend to take to increase the number of declarations.</p> <p>Diversity action plans sets out actions to establish HSE's brand as an employer that promotes and supports diversity.</p>
<p>HSE Trade Unions submitted a wide-ranging note covering external and internal duties.</p>	<p>Amend the document as follows: Include more information on Trade Union active engagement in diversity issues. Amend supporting notes in Functions and policies on Trade Union representation.</p> <p>HR will arrange to meet TU to discuss their comments in more detail.</p>

## GENDER EQUALITY SCHEME - INTERNAL

<b>Consultation Feedback</b>	<b>HR Response</b>
<p>Concern that too much focus on women in senior bands at the expense of representation at lower bands, and need to look particularly at promotions for older women. Need more development opportunities at lower levels. (3 comments)</p>	<p>The assessment of functions and policies highlights the issue and mentions the review of internal vacancy arrangements for gender related issues.</p> <p>Performance management is identified as a priority for all bands</p>
<p>No mention of transsexual people - the need to promote equality -review recruitment practices to ensure no discrimination. (2 comments)</p>	<p>Amend the document</p> <p>Include reference to transsexual people under the gender equality duty at Annex 3.1</p>
<p>Not clear where age or sexuality are addressed in document (internal and external)  (1 comment)</p>	<p>Sexual orientation is not covered by the duty, but it is covered by the diversity vision statement. Under the internal diversity action plan we propose to set up a web page on the diversity website and explore whether staff want support in setting up a GLBT group.</p> <p>Actions on age equality should be covered by another scheme, within the overall diversity framework covers sexual orientation.</p>
<p>HSE should consider inclusion of stats on sexual orientation (and religion and belief) to ensure fairness to current and potential employees. (1 comment)</p>	<p>Need to ensure that all staff are treated equitably but it is unlikely that we will ever get usable statistics because relatively few staff will volunteer information.</p> <p>Information is collected by the staff attitude survey</p>
<p>The careers of staff who go part time can suffer. There is also the problem of lack of time for part timer staff in recruitment process. part time (3 comments)</p>	<p>References to performance appraisal issues in the assessment of functions and policies, including reference to the review of the vacancy filling arrangements.</p>
<p>Absence and ill health mgt – internal but also implications for everyone. Women’s absences are often treated as a resource mgt issues with investigation focused on effects and attendance records rather than causes and prevention. (1 comment)</p>	<p>Potential gender issues relating to sickness absence covered in the assessment of functions and policies.</p> <p>On-site occupational health service across HSE now enables line managers to gain a better understanding of the causes of</p>

Consultation Feedback	HR Response
	<p>individuals' absence. Full investigations undertaken on staff whose ill health is caused or exacerbated by work.</p>
<p>HSE women's network submitted a wide-ranging note covering external and internal duties.</p>	<p>Amend the document as follows:</p> <ul style="list-style-type: none"> <li>• women in administration should be 51.6%, not 15%, round to 52%</li> <li>• "factories" to be changed to "general inspector". Including agriculture and quarries with the group will increase the percentage from 19% to 19.6%, round to 20%</li> <li>• change "science" to "scientific" and for disability</li> </ul> <p>For any other points</p> <p>There is a need to meet the Network about what we are trying to do.</p>