

Appendix 1: Equality Impact Assessment Screening:

Work Life Balance Policy

1. Context

This EIA screening is undertaken because the paper requires a decision in relation to a **policy review**

2. Relevance to the Public Sector Equality Duty:

The policy is relevant to the following aspects of the Public Sector Equality Duty:

1) **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010**

- The draft policy has been revised so that its aims reflect the CCG's ambition to employ a workforce which reflects the population of Bristol and to remove those barriers to staff recruitment and retention which may be related to the protected characteristics.
- The draft policy has been revised to include a provision to monitor applications for flexible working options, and their outcomes, so that the CCG can identify any differences between key protected groups. Lack of such monitoring arose as an issue when the former NHS Bristol implemented the NHS Equality Delivery System.
- The draft policy tries to use inclusive definitions of partner, family, dependants and caring responsibilities, which do not exclude or discriminate against unmarried, civil or married partners.

2) **Advance equality of opportunity between people who share a protected characteristic and those who do not**

- The draft policy has the potential to ensure that employees from all protected groups enjoy equal access to a range of flexible leave and working options, and to sustainable employment with the CCG. This will be particularly important to employees who are disabled, have long term conditions or who care for children, disabled people and adults. (Examples in section 2 below).

3) **Foster good relations between people who share a protected characteristic and those who do not**

- The draft policy has the potential to foster good relations by providing fair and transparent procedures and guidance for managers to make decisions on requests for flexible leave and working options, whilst balancing requests with the CCG's need to deliver its services.
- Clear grievance and appeals procedures are included, giving all employees a remedy in case of an unfavourable decision.

2. Impact on Protected Groups:

Age.	Yes	Disability.	Yes	Sexual Orientation.	Yes
Race.	Yes	Sex.	Yes	Religion or Belief.	Yes
Gender Reassignment.	Yes	Pregnancy & Maternity.	Yes	Marriage or Civil Partnership Status	Yes

The draft policy provides a framework for implementing flexible leave and working policies which have the potential to impact positively on all of the protected groups. A provision for monitoring has been added so that any negative impacts associated with implementation can be identified. A positive impact will provide employees, regardless of their protected characteristics, with equal opportunities to sustain fulfilling employment with the CCG and will minimise the risk of non-work factors leading to job dissatisfaction or discontinuation of employment. Partly based on experience of how such policies were applied in the former NHS Bristol, a few examples of how this might work are given below:

- Employees with caring responsibilities for children, disabled and older family members are more likely to be women, so that policies around carers' leave and flexible working are likely to support equal work and career opportunities for **female** employees in particular.
- Emergency and compassionate leave can be requested in response to family emergencies, bereavement or to attend funerals. As employees become **older**, they often find themselves dealing with more of these issues, so this provision could be particularly beneficial for this age group.
- Similarly, term-time working will be particularly relevant to employees with school-aged children and who are likely to have a **younger** age profile.
- Medical leave, short term unpaid leave and flexible working might particularly benefit **disabled** employees, those with long term condition and **pregnant** women, since management of such conditions might involve regular medical or therapeutic appointments. An employee, having recovered from disability-related sickness absence, might not feel ready to return to work and so might request some unpaid leave.
- In adopting inclusive definitions of family, partner, dependents and caring responsibilities, the draft policy minimises the potential for **lesbian, gay and bisexual** employees to be treated unfairly in the application of flexible leave and working policies. Such treatment could be driven by attitudinal discrimination, heterosexist assumptions or a lack of understanding of the legal rights of these protected groups.
- Without a flexible approach to unpaid leave and compassionate leave, certain groups of people would find it more difficult to maintain a satisfactory work-life balance. For example, **black and minority ethnic** employees are more likely to have dependants and close family members

living abroad, resulting in a need to take extended or unplanned leave to fulfil caring and family responsibilities, respond to family emergencies, etc.

- People from some minority **religious/belief** communities are more likely to need to travel abroad to fulfil religious obligations, such as pilgrimages. 9-day fortnights may be requested by employees from any faith community to support more regular religious observances or commitments.
- Issues related to employees **transitioning** from one gender to another require detailed consideration and South West CSU is planning to develop some guidance around this.

3. Health Inequalities:

Does it relate to an area with known Health Inequalities? Yes

Recent ONS statistics show that people with a long term health condition or disability have an unemployment rate of 12.2% and an economic inactivity rate of 40.8% (compared to 7.4% and 15.8% respectively among people who were not long term disabled). (ONS, *Labour Market Statistics, November 2013*: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-283783>)

The Kings Fund has reported that: “Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life”. At the same time, health and social care services in England “are not currently organised in a way which supports an integrated response to the dual mental and physical health care needs of patients”. (Kings Fund, 2012, *Long-term conditions and mental health: The cost of co-morbidities*: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf)

These reports highlight the extent of the barriers to employment faced by disabled people. Given an often-fragmented healthcare environment, they also highlight the need for employers to adopt flexible leave and work-life balance policies which enable disabled people to sustain employment and maintain a healthy work-life balance.

4. Where it is considered that the paper has no relevance to the General Duty or Protected Groups, this should be recorded here with reasons along with any advice received:

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5. Conclusion:

Proceed to full EIA: No
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Date: 5 March 2014