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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE guidelines

Workplace health: support for employees with disabilities and long-term conditions

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

1.0 Scope: before consultation

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

Age

Employees of age 16 years and above are included in the scope. People younger than 16 are excluded.

Older employees (50 years and above) are more likely to have long-term conditions; disease is part of normal ageing process. There may be a bias in the evidence to interventions for older employees. Conversely, there may be issues of bias in evidence due to older people in ill health having left work early and so the evidence may consider relatively healthy older people. There may also be effects of habituation to health risk exposure over time. These issues of the applicability of the evidence base to this guideline topic will be considered in developing the evidence reviews. For example, discussion of people considered in identified evidence base and consideration of applicability to the population considered in the guideline.

[Action, evidence developer, NICE (developer and IS), Committee]

Disability

By focusing on employees with long-term conditions and disabilities it may create an impression that these workers are less productive, less capable or more likely to require support to do their work. The guidance risks feeding into existing negative

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attitudes and stigma for this group. Careful wording in the guideline will be required to avoid this, where the evidence supports intervention. [Action – NICE; Committee]

Sex

There are gender differences in working arrangements; women are more likely than men to work part time, and men are twice as likely to be self-employed than women (DWP 2012). This may affect the uptake of interventions in the evidence and consequently the outcomes. Due to the guideline being workplace focused opportunities to benefit from interventions recommended in the guideline might be limited for women working part time and for men who are self-employed,(and not employed or contracted to work by an organisation of any size) as these people are excluded in the scope. Noting these limitations of opportunity to 'access' these benefits, the guideline could make specific consideration of part time workers. Although out of scope some recommendations may be applicable to self-employed workers and as noted in section 1.3, the guideline may offer indirect support to people.

The guideline will need to consider the impact of gender and disability, in particular, as research already indicates significant correlations and interactions between these protected characteristics.

Other

Unemployed people who are seeking work: unemployed people with long-term conditions and disabilities are out of scope. Given the higher than average unemployment rate for people with long-term conditions and disabilities, this is a significant exclusion in the scope. However, it is anticipated that a future guideline will cover this group. Further, as stated in the draft scope, the activities described in section 1.3 may offer indirect support to people who are unemployed and seeking work.

NB Addendum: There are currently no plans in NICE's future schedule of quality standards and guidelines to cover the topic of support for unemployed people with disabilities and long-term conditions (Clarification added: 2 June 2015).

Advantage/disadvantage by Size of employer

a): A one-size-fits-all approach may not work for all organisations (for example, in relation to job design or flexible working). Example 1: economies of scale are available to large employers; in contrast, employers from smaller organisations may not have resources or size of workforce to implement effective interventions. Example 2: some workforces are restricted to work during set hours; full-time teaching staff will not be able to work flexibly during term-time.

b): For some small organisations it may not be practical or economical to implement

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interventions. Smaller organisations may need outside support eg from Government schemes or the Federation of Small Business and Chambers of Commerce.

The nature of work: There may be a need to recommend bespoke or targeted interventions for certain sectors or disabilities depending on the nature of the work (for example business sector or job roles within an organisation such as ‘administration’, ‘customer services’ or ‘machine operator’)..

Disadvantage for Employees with precarious employment (fixed-term working contracts): employees on temporary or fixed-term contracts are less likely to benefit from some interventions. Where employees require support or condition-related intervention, they may not be afforded the same protections as employees on permanent contracts. Further, employers may decide to not renew contracts, and ‘move staff on’. This may further exacerbate employment and income inequalities.

Disadvantage for Employees with common skills that are not in high demand by employers: Where employees don’t have specialist or sought after skills and where there is greater competition for jobs (ie a large pool of available staff who do not require additional support), there is a risk that employers will not offer additional support - or make the effort to become disability confident. This (so called push-) factor may affect people already in employment, despite the legal and regulatory framework. This may further exacerbate employment and income inequalities.

Furthermore, workers of a lower socio-economic status are more likely to leave the workforce early because of illness and disability. The guidance may contribute to maintaining and sustaining employment for people from all groups, but only where there are equitable levels of employer support across the labour market.

Interventions: Redeployment is a potential intervention to support employees who experience changes in work ability. There is a risk that redeployment could be used by employers as a strategy to demote or ‘move staff on’, rather than provide suitable support to allow them to continue or advance in their current occupation.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The reviewers and the PHAC will have to be mindful of potential bias in the evidence relating to age and gender of research participants.

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Careful wording will be needed when drafting the guideline to avoid feeding into existing negative attitudes, discrimination and stigma for this group.

The PHAC will need to consider whether interventions are likely to be taken up by all employers (by size and sector). Recommendations may be needed for the range of different audiences (by size and sector), where the evidence allows. There may be a need to counter inequities by recommending bespoke or targeted interventions for certain sectors and disabilities.

Completed by Developer: Dr Peter Shearn

Date: 20/2/2015

Approved by NICE quality assurance lead:
Dr Kay Nolan

Date: 23/2/2015

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

1 - One new equality issue was identified, regarding the difference between private and public/third sectors. The stakeholder stated: "In our experience and those of our NHS clinical associates, there is an over-representation of people with long term health conditions who are at risk of losing their job who work for a public sector body (especially NHS, Local Authority and Teachers). We believe that this is partly due to the combination of restricted budgets and demanding targets that exist in the current climate. One consequence of this is that public sector bodies such as NHS Trusts do not have the same level of resources available to invest in staff/workplace wellbeing, when compared to a private sector company of similar staffing size".

This issue does not require a change to the scope, but it has been recorded here for the PHAC to consider.

2 - A number of stakeholders raised the issue that it is the employer's legal duty to

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make 'reasonable adjustments' (under the Equality Act 2010 and Health & Safety at Work Act 1974) for employees with a disability, although this issue was covered in the draft scope. There was general concern that some employers are not complying with legislation and making reasonable adjustments, either through lack of knowledge and awareness of their duty, or they are choosing to ignore their duty. National campaigns to raise awareness would be out of scope of the guideline. However, the scope and guideline both provide an opportunity for awareness-raising, when read by employers and their representatives. Some changes were therefore made to the language used in the guideline and more prominent references to the duty to make reasonable adjustments were included.

One stakeholder mentioned that: "often the conditions that cause most problems in management are not necessarily clinically well-explained or understood. Conditions that are not completely explained, or are associated with somatising tendency, for example fibromyalgia and CFS/ME, often give rise to the greatest impairment or reduction of functional or work capacity. Given the definition in the Equality Act these are just as much disabilities (and have found to be so by Tribunals) as there is no requirement to have an illness, merely an impairment". The scope was amended to acknowledge that 'medically unexplained symptoms' are relevant to the guideline.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

1 - Greater prominence was given in the final scope to the employer's duty to make reasonable adjustments for disabled workers. For example, a footnote was added with information and a link to the gov.uk web-page on the topic. Further, the language was changed in places to refer to 'adjustments' rather than 'changes' to the workplace.

2 - In section 3.1 the following text (underlined) was added, to acknowledge employees who have medically unexplained conditions:

"Different conditions and symptoms can have different implications for work ability and participation in work. Examples of disability and long-term conditions include: asthma, cancer, Crohn's disease, dementia, depression, diabetes, hearing impairment, multiple sclerosis, obesity, osteoarthritis and sight impairment. Medically unexplained symptoms, such as fatigue, are common and can become long-term."

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2.3 Is the primary focus of the guideline a population with a specific disability-related communication need? Yes

If so, is an alternative version of the 'Information for the Public' document recommended? Yes

If so, which alternative version is recommended? All versions

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Updated by Developer _____ Dr Pete Shearn _____

Date _____ 28/5/2015 _____

Approved by NICE quality assurance lead _____ Dr Kay Nolan _____

Date _____ 2/6/2015 _____

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

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

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?

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

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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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?

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?

Completed by Developer _____

Date _____

Completed by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

4.4 If the recommendations have changed after consultation, 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 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Updated by Developer _____

Date _____

Updated by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

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5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Approved by Developer _____

Date _____

Approved by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

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NICE guidelines

Equality report EIA analysis form

[Title of guideline]

Product Code									
Title / Topic									
If equality issues identified, how many?									
What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?									
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
How many issues had an impact on recommendations?									
If equality issues were identified, summarise what they were									
What was the breakdown of equality issues with an impact on recommendations?									

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Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
<p>If equality issues had impacts on recommendations, summarise these impacts</p>									