

Equality Impact Assessment

on

Flexible Working Policies

by



*Northern Ireland Council for
Postgraduate Medical and
Dental Education*



*Northern Ireland
Blood Transfusion Service*



**Health
Promotion
Agency**



*Northern Ireland
Guardian Ad Litem Agency*



MEDICAL PHYSICS

*Northern Ireland
Regional Medical Physics Agency*

**Final Report
June 2003**

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EXECUTIVE SUMMARY

This document reports the outcome of an Equality Impact Assessment (EQIA) by Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE), Health Promotion Agency (HPA), Northern Ireland Guardian Ad Litem Agency (NIGALA), Northern Ireland Regional Medical Physics Agency (NIRMPA), Northern Ireland Blood Transfusion Service (BTS), and the Central Services Agency (CSA) on flexible working policies.

The EQIA was carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment' (2001).

This document will be made available on request in formats such as Braille, audiocassette, large print, and disc and in minority languages to meet the needs of those not fluent in English.

The Organisations

The **Central Services Agency (CSA)** provides a range of services primarily to other service providers within the Northern Ireland Health and Social Services.

The **Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE)** is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery.

The **Northern Ireland Guardian Ad Litem Agency (NIGALA)** provides Guardians (experienced social workers) to the Courts in specified family proceedings and adoption proceedings. Their role is to undertake independent enquiries in order to represent the child's wishes and feelings and safeguard their interests in Court proceedings.

The **Health Promotion Agency (HPA)** is responsible for delivering information campaigns in Northern Ireland.

The Northern Ireland **Blood Transfusion Service (BTS)** is responsible for the collection and allocation of blood and related products to the health service.

The **Northern Ireland Regional Medical Physics Agency (RMP)** provides a range of physics and engineering services to the Health and Social Service (HSS) Trusts and other HSS bodies.

The Policies

A wide range of policies are subsumed under the term 'flexible working policies' including part-time work, job-sharing, flexitime, annualised hours, personalised hours, compressed hours, term-time working, career breaks, carers leave.

Data Collection and Consultation

Both quantitative and qualitative data were collected for the purpose of the EQIA. This included the collection of monitoring data on gender, age, religion, marital status, dependants, ethnicity, and disability as well as data on uptake of individual schemes. Furthermore, a series of focus groups (nine in total) were conducted with staff from the six organisations. Finally, a separate questionnaire was sent to all senior managers across the organisations, based on a number of open-ended questions.

The draft EQIA report was published for consultation on 29 November 2002. A range of *dissemination methods* were used, including ads placed in Northern Ireland-wide newspapers, reports placed on the websites of the organisations, and summary reports sent via email and post to nearly 300 consultees.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. During this period, three main *consultation methods* were employed: a roundtable consultation meeting with voluntary sector organisations, focus groups with staff, and a pro forma for written comments.

All comments received in writing and/ or made in the course of the consultation meeting are listed in Appendix 4 together with the response by the organisations.

Key Findings

Key findings emanating from a review of data/information collected in the course of the EQIA showed various impacts both across the organisations and specific to individual organisations.

Impacts Across All Organisations

The assessment suggests the following conclusions regarding differential impact to flexible working policies across the six organisations:

- The quantitative analysis shows that **men are clearly underrepresented amongst part-time workers**. Additional qualitative data suggests that this is not due to adverse impacts of the policies themselves but rather due to self-discrimination by men, resulting from financial considerations (men still receive higher incomes than females) and wider cultural issues such as traditional gender roles. It was argued that these findings would most probably **also apply to other schemes of reduced working hours**, such as term-time.
- In a similar manner, **men are underrepresented amongst those who take carers leave**. Here, most probably wider cultural factors (traditional gender roles) also lead to misconceptions regarding men's eligibility to apply for carers leave.
- It also emerged that **single people and people without dependants do not partake in part-time working to an equal extent**. The interview data suggests that this is also more likely the outcome of self-discrimination rather than of any adverse impact of the policies themselves.
- There are some indications that **people with dependants other than children may be more reluctant to avail of carers leave**. While this cannot be ascribed to adverse impacts of the policy itself (as they are eligible to take carers leave in the same way as others), a lack of information on eligibility criteria may play an important role. Also, there are indications that some line managers are not fully aware of the eligibility of these persons and the policy might therefore not be applied consistently.

The assessment did not produce evidence of adverse impacts of flexible working policies with regards to the category of age. Moreover, evidence is inconclusive regarding adverse impacts of the policies for different religious affiliations. While the quantitative data provides some indication with regard to a skewed take up in the smaller organisations (in some cases a higher take up of part-time working by Protestants, in others by Catholics; a tendency for higher uptake by Catholics in relation to carers leave) it must be remembered that only very few individuals are involved and percentage figures are thus easily distorted. Taking into account the strong correlation between religion and political affiliation, the same can reasonably be assumed for the latter category.

With regard to ethnicity and disability all of the six organisations lack diversity in their workforce; staff members are almost exclusively white and able-bodied. No adverse impacts could be recorded, however, in relation to the access to flexible working policies by those staff who belong to a black and minority ethnic group or who have a disability. It should also be borne in mind that the data is based on staff members identifying themselves as having a disability. The data may under-record the actual incidence of disability.

Although not pointing to inequality as such, there were several other points to note from focus group views. Focus groups raised concerns in the following areas:

- the view that inconsistencies are seen to arise from the varying application of the policies by line managers;
- discrepancies were also reported across different departments of organisations; most typically, it was thought that staff in smaller departments had less access to flexible working policies due to greater business constraints; perceived under-staffing in some departments was considered to play an important role as well;
- certain jobs were seen as less amenable to the promotion of flexible working;

- unfairness was also perceived to apply regarding the exclusion of staff beyond grade 5 from accessing flexitime.

Impacts for Specific Organisations

In specific organisations it was apparent that scope existed to reasonably address perceptions of disadvantage:

- NICPMDE – the introduction of flexi-time and career break policies and the harmonisation of flexible working opportunities for all staff
- NIGALA – review all staff’s awareness of the range of flexible working policies available and the associated eligibility criteria; consider the option of working from home, on occasion, ensuring that there is consistent application with appropriate criteria and accountability arrangements in place
- CSA – a review of existing flexi-time arrangements, in terms of the start and finish of core hours and flexi hours, and examining the scope for accommodating scrutiny of applications for flexible working policies as part of the organisation’s general grievance procedure.

Action Points (for all organisations)

There are a number of action points emanating from the EQIA, relating to proposals for collective action and suggestions for specific organisations.

Although there is little evidence to suggest adverse impact in relation to flexible working policies, there are several areas that all organisations commit themselves to reflect on – in relation to the promotion of equality of opportunity.

Evidently many staff felt that information about flexible working policies was inadequate, and this may be a factor in the differential uptake by men. It is clear that many organisations do not effectively measure uptake of flexible working policies in the first place, which is needed to provide a basis for identifying under-

representation (e.g. by single people, dependants). A recurrent theme was the notion of excess hours being worked by staff. Finally, there was an underlying sense that although organisations might have flexible working policies, the practical application of these was inconsistent.

The potential for several straightforward, relatively low-cost initiatives to address some of the perceived inadequacies identified by staff is evident. There are five specific actions that will be undertaken by organisations:

(1) Initiatives to raise awareness of flexible working policies across organisations, such as an awareness week or leaflets, updates in handbooks, staff magazines etc. Awareness initiatives will also include training for line managers.

(2) Collaborative work between the organisations to identify and share Good Practice as well as pitfalls regarding individual policies.

(3) Development of a flagship project to showcase the benefits of flexible working either jointly or within a specific agency.

(4) Introduction of a formal monitoring system for measuring applications for and uptake of flexible working policies by different Section 75 categories across agencies. Reporting on this initiative is to be included in public authorities 'Annual Review of Progress'.

(5) Review of working arrangements and hours for all grades of staff to identify inconsistencies and bring forward proposals for addressing these (including those of senior managers).

Specific Action Points (for individual bodies)

Linked directly to earlier specific impacts the direct actions are as follows:

- NICPMDE – the organisation to consider introducing a flexi-time and career break policy and to ensure the harmonisation of access to flexible working policies for all staff
- NIGALA – the organisation to review all staff's awareness of the range of flexible working policies available and associated eligibility criteria; to

consider the option of working from home, on occasion, ensuring that there is consistent application with appropriate criteria and accountability arrangements in place. Finally the need for NIGALA to act more assertively with Courts in safeguarding a healthy work life balance for staff.

- CSA – the organisation to review its current flexi-time policy and to raise awareness regarding the option to scrutinise applications for flexible working policies as part of the organisation's general grievance procedure.

Monitoring

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and each organisation's Annual Review of Progress will contain a report on the EQIA implementation.

In addition, a delivery plan outlining the practical implementation of EQIA action points will be produced by the end of the first quarter of the financial year 2003/2004, and this will set out approaches to the monitoring of specific impacts for the equality target groups. The organisations will seek to put in place arrangements for monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisations do not have any quantitative monitoring arrangements in place in relation to the categories of political opinion and sexual orientation. Options for qualitative monitoring with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

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BACKGROUND

Organisational Background

The **Central Services Agency (CSA)** provides a range of services primarily to other service providers within the Northern Ireland Health and Social Services.

The **Northern Ireland Council for Postgraduate Medical and Dental Education (NICPMDE)** was established in 1970 and re-constituted in 1994. It is responsible for funding, managing and supporting postgraduate medical and dental education within the Northern Ireland Deanery.

The **Northern Ireland Guardian Ad Litem Agency (NIGALA)** provides Guardians (experienced social workers) to the Courts in specified family proceedings under the Children (NI) Order 1995 and adoption proceedings under the Adoption (NI) Order 1987. Their role is to undertake independent enquiries in order to represent the child 's wishes and feelings and safeguard their interests in Court proceedings.

The **Health Promotion Agency** is responsible for delivering information campaigns in Northern Ireland. Priority areas of work include nutrition, physical activity, drug and alcohol misuse, smoking, mental health and sexual health. The work of the HPA is carried out through five core business areas: Policy development and advice; Research, information and analysis; Public and professional information (campaigns and publications); Training and Professional Development; Corporate Agency Business.

The Northern Ireland **Blood Transfusion Service** is responsible for the collection and allocation of blood and related products to the health service.

The **Northern Ireland Regional Medical Physics Agency** was established in 1984. The primary purpose of the Agency is to provide a range of physics and engineering services to the Health and Social Service (HSS) Trusts and other HSS bodies.

Equality Impact Assessments

Section 75 of the Northern Ireland Act 1998 has placed the following statutory requirements on each public authority.

1. *A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity –*
 - (a) *Between persons of different religious belief, political opinion, racial groups, age, marital status or sexual orientation;*
 - (b) *Between men and women generally;*
 - (c) *Between persons with a disability and persons without;*
and
 - (d) *Between persons with dependants and persons without.*

2. *Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.*

A key practical element of the statutory equality duties is that public bodies should assess the impact of their policies and procedures on the promotion of equality of opportunity and good relations. This is practically carried out by initially assessing the equality implications of a policy or procedure, called screening. Those policies assessed as having equality implications should then be considered for an equality impact assessment.

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy to determine whether or not that

policy has a negative impact on groups or individuals in relation to one or more of the nine equality categories. The stages of an EQIA are listed in Appendix 1.

Flexible Working Policies

In the following, the most important policies are briefly described. It should be borne in mind that the individual policies themselves are elaborate. To verify details, the original policy documents should therefore be consulted.

Part-Time

The scheme involves a reduced number of hours to cover a designated number of duties. The terms and conditions offered will be pro-rata to those covering full time employment.

Job-Share

Duties and responsibilities of a post, which would normally be held by one individual, are shared between two or more people.

Flexitime

Flexitime allows employees to choose their own working hours within certain limits. Core hours are defined at which all employees must be at work. Outside these, employees may choose when they start and finish work. Lunch breaks must be taken within specified times; they should not be shorter than half an hour. All hours are recorded and must be authorised by the manager.

The definition of core times varies across the organisations. In the CSA, HPA, BTS, and NIGALA, they apply from 10:00 – 12:00 & 2:00 – 4:00. In the NIRMPA the hours are defined from 9:30 – 12:30 & 2:00 – 4:30. In all organisations the employee has to take at least 30 min for lunch. Variation applies to the definition of flexi times: in the NIGALA, flexi times apply from 7:30 – 10:00 & 4:00 – 6:30; in the NIRMPA, from 8:00 – 9:30 & 4:30 – 6:00; in the CSA, HPA, and BTS from 8:00 – 10:00 & 4:00 – 6:00.

The regulations regarding flexi time to be carried over from one month to the next likewise vary. In the BTS, an employee may

carry over 10 hours deficit or excess; in the HPA, NIRMPA and NIGALA 8 hours credit and 4 hours debit are allowed; in the CSA 8 hours credit and debit.

Limits are posed regarding the number of days which an employee can take as flexi leave. In the NIRMPA, BTS and HPA they cover 1 day per month; in the NIGALA 1.5 days per month and in the CSA these are 2 days in any calendar month.

Eligibility to apply for the scheme also varies between the organisations. In the NIRMPA, access is granted at the discretion of line managers. In all other organisations, administration and clerical staff up to grade 5 inclusive are eligible. In the CSA, certain exceptions apply to warehouse staff all of whom do not have access.

Annualised Hours

The number of hours which employees work are determined not on the basis of a working week or month, but a full working year.

Personalised Hours

Personalised hours is an arrangement whereby an individual comes to an agreement with their employer regarding their working time based on their individual need.

Compressed Hours

In this arrangement, it may be possible to work the full time hours within less than the standard five-day working week. Typically the same basic hours are worked in a 4-4.5 day week or a 9-day fortnight.

Term-time

This is a variation of 'annualised hours' in which an employee works only during school term time. Pay is generally averaged out into 13 equal four-weekly instalments.

Career Break

A career break is a period of planned, unpaid special leave lasting for a specific period of time. The employee is entitled to return to the same or similar position inside the organisation at the end of the her/his career break.

At present, any employee who has completed one year of service is eligible to apply. The reasons that are eligible across all six agencies relate to domestic responsibilities (carers) and voluntary work. The BTS, HPA and NIGALA also explicitly include full-time education as well as a stay abroad as a reason. All organisations do not allow employees to take a career break in order to take up another job within the UK.

Finally, there are slight differences regarding the defined timeframe for a career break. The NIRMPA and CSA stipulate a period between 1 and 5 years, all other organisations place the upper limit at 3 years.

Carers Leave

The purpose of the policy is to provide for the immediate need of carers. Eligibility is defined across the six agencies as catering for a close relative (immediate family or dependants) in an emergency situation of illness.

The CSA limits the number of days an employee can take for carers leave to a maximum of 12 days per year, composed of up to 4 times 3 days; the HPA allows up to 5 times 3 days; the NIRMPA allows a maximum of 12 days but only up to 3 days at a time.

	<i>part-time</i>	<i>job-share</i>	<i>flexitime</i>	<i>annualised hours</i>	<i>personalised hours</i>	<i>compressed hours</i>	<i>term-time</i>	<i>career break</i>	<i>study leave</i>	<i>carers leave</i>
NICPMDE	X	X							X	X
HPA	X		X					X		X
RMP	X	X	X					X	X	X
NIGALA	X		X			X		X		X
BTS	X	X	X		X	X		X	X	X
CSA	X	X	X	X	X	X	X	X	X	X

Screening

These policies had been screened for equality implications as required by Section 75 and Schedule 9 and of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

A series of screening consultation meetings – with representatives of voluntary organisations - carried out during 2001, identified the potential for differential impact (towards women particularly) arising from the operation of flexible working policies.

Flexible Working Policies were screened in for consideration for Equality Impact Assessment. Taking account of comments received during consultation it was decided to undertake an Equality Impact Assessment on Flexible Working Policies. The outcome of the screening exercise was reported to the Equality Commission in July 2001.

DATA COLLECTION AND CONSULTATION

Data Collection

It was decided that any assessment of the equality impacts of the policies should be based on two types of data:

- quantitative data (statistics) which would provide an overview of the equality background of those staff members who take up available flexible working schemes and those who do not;
- qualitative data which would provide some insights into perceptions held by employees of the six organisations as the main stakeholders of the policies.

Accordingly, an audit was undertaken to identify available data and means of filling existing data gaps. In sum, data collection was undertaken in the following way:

- collection of quantitative data

At present, the scope of monitoring data for all staff held in-house differs substantially between the six organisations. Both the NICPMDE and the HPA hold complete sets of staff data regarding the categories of gender, age, marital status, dependants, religion, ethnicity, and disability.

In relation to the **NIRMPA** and **NIGALA**, staff data regarding gender, age, and religion is recorded. In order to fill data gaps, a **survey of all staff regarding marital status, ethnicity, disability, and dependants** was undertaken. In total, 56% of NIRMPA staff and 55% of NIGALA staff responded to the survey.

The **CSA** holds monitoring data for staff regarding the categories of gender, age, religion, and marital status. A survey was undertaken in early 2002 to capture the dimensions of ethnicity and disability. About 62% of the staff returned their questionnaire at the time. For the purpose of the EQIA, the CSA undertook a separate **survey on the category of dependants** in order to fill the remaining gap. 49% of all staff responded to this survey.

Quantitative data on political affiliation and sexual orientation is not available in any of the organisations. It was decided that no quantitative data should be collected on these two categories due to the sensitivity of the information. Recent attempts to gather monitoring data on politics in the context of promoting good relations within the organisations had shown a strong reluctance on the side of respondents to reveal their political affiliation.

Comparably little data is available in the six organisations regarding the uptake of individual flexible working policies. Meaningful comparisons can only be drawn in relation to two of the schemes: part-time working and carers leave. For these policies, monitoring data on those who avail of the schemes was collected and analysed.

- collection of qualitative data

In order to explore the views and suggestions of staff members, a set of **focus groups** were conducted. Given the size of the organisation, four focus groups were carried out with CSA staff, effectively covering all of the different directorates and sites (47 people in total). In addition, one focus group each was held for the other organisations.

Additional efforts were undertaken in relation to NIGALA as only very few Guardians were able to partake in the focus group discussion. In response, a brief **questionnaire based on a set of open-ended questions** was distributed to **all Guardians**.

Finally, views regarding access of senior managers to flexible working policies were explored across all six organisations. To this end, a **questionnaire based on a set of open-ended questions** was distributed to **all senior managers** across the six organisations. In total, 27 people returned the questionnaire.

Consultation

The draft EQIA report was published for consultation on 29 November 2002. A range of *dissemination methods* were used:

- an ad was placed in the Belfast Telegraph, The Irish News and The Newsletter on 29 November 2002 to announce the beginning of the consultation period;

- the EQIA report was placed on the website of the organisations, both as a summary and the full report;
- an email was sent to 267 consultees (see Appendix 2) on 29 November 2002 comprised of a consultation announcement, a summary report and contact details for the organisations;
- the same was sent by post to 30 further consultees (see Appendix 2) who do not have access to the internet or email;
- all CSA staff received a notice with their pay slip in December with information on the EQIAs and contact details for the Equality Unit.

It should be noted that the email and post alerted consultees to this EQIA as one of a series of EQIAs undertaken by the six organisations. Accordingly, the summary document sent to consultees included summaries of seven EQIAs in total. This was done in order to co-ordinate the consultation efforts for the benefit of both consultees and the six organisations involved.

The consultation period lasted for 11 weeks from 29 November 2002 to 14 February 2003. During this period, three main *consultation methods* were employed:

- A ***roundtable consultation meeting*** was organised to which representatives of over 40 voluntary sector and professional organisations were invited. Two individuals, representing the Belfast Carers Centre and the Northern Ireland Public Service Alliance eventually attended the meeting.
- Two ***consultation meetings*** were organised ***for staff members of the CSA, NIGALA and the NICPMDE*** to discuss the EQIAs. A total of 11 staff attended.
- ***BTS, NIRMPA and HPA*** consulted with their staff in the context of ***staff meetings***.

- A ***pro forma*** was sent to the remaining organisations on the consultation list, inviting responses to a set of focused questions (see Appendix 3). A total of 13 responses were received. Seven of these stated that they did not wish to make any comments; six provided specific comments.

All comments received in writing and/ or made in the course of the consultation meeting are listed in Appendix 4 together with the response by the organisations.

KEY FINDINGS

The EQIA sought to collect data relating to the impact of the existing flexible working policies across all the nine equality target groups.

Uptake of Flexible Working Policies

The uptake of part-time working shows some variation across the six agencies. In the NIRMPA, CSA and HPA about 14% of staff partake in the scheme. The figures are higher for the NICPMDE (18%), NIGALA (22%), and BTS in particular (32%).

Variation is substantially greater in relation to the uptake of carers leave. Relatively few staff members in the BTS (1.4%), NICPMDE (3%), NIGALA (4%) and NIRMPA (4.5%) avail of the scheme. Under-recording of uptake may contribute to these low figures. However, they are in marked contrast to the HPA where almost half of the staff (46%) have taken carers leave. In the CSA, about 16% have availed of the scheme.

Uptake and Equality of Opportunity

Gender

The gender profile of the workforce varies substantially between the six agencies. While it is fairly even within the CSA and NIRMPA (with 56% and 45% being females respectively) few males are to be found amongst staff of NIGALA in particular (22%) but also within the HPA (27%), the NICPMDE (30%) and BTS (34%). This partly reflects the specific functions of the organisations; for example, males in general are under-represented amongst nurses and social workers, who largely make up the workforce of NIGALA and BTS.

The gender imbalance is even more marked amongst those who take up part-time work or job-share opportunities. Hardly any men partake in these schemes (2% in the CSA, 10% in NIGALA, and 18% in BTS); in the case of the HPA, NICPMDE and NIRMPA no men partake at all.

It is striking that very few men take carers leave. In all three agencies for which take up is more than incidental (HPA, CSA, NIRMPA), at least 75% of those who avail of the scheme are women. The comparison with the overall gender profile of their staff underlines that men are far less likely to take carers leave.

Age

The age profile of the six HPSS agencies is rather similar. The average age of NIGALA, CSA and NIRMPA staff lies around 39 years; the employees of the HPA tend to be younger (37 year average) and those of the NICMPDE and BTS tend to be older (41 years).

Interestingly, part-time workers are more likely to be older than the average employee in the majority of cases (NIGALA 40 years, CSA 41 years, NIRMPA and HPA 42 years). In the NICPMDE, however, it is almost exclusively younger staff (under the age of 40) who take up part-time working. Accordingly, the average age of part-time workers is 38 years.

The data does not reveal any clear pattern in relation to the age of staff who takes carers leave. Their average age varies from 33 (NIRMPA) to 41 years (CSA).

Religious Belief

Monitoring data regarding religious belief is incomplete for four of the agencies. For 9% of BTS staff, 18% of staff within the CSA, 20% in NIGALA and 27% in NIRMPA no data is available. In the following, these cases have thus been excluded from the analysis and percentage figures refer to the total of staff with a specified religious affiliation.

The religious composition of the workforce differs across the six agencies. Within the CSA and BTS, the balance between Catholics and Protestants is evenly distributed (49% and 52% Protestants). The workforce is less balanced within the remaining four agencies. While NIGALA staff is predominately Catholic (73%), the NIRMPA (57%), HPA (60%) and NICPMDE (61%) have a greater share of Protestants within their workforce.

The monitoring data reveals no clear pattern regarding the uptake of part-time working by religion across the six agencies. In the CSA, the share of Catholics who work part-time corresponds to their overall share of employees in the agency.

In one of the smaller agencies (HPA) part-time working is taken up almost exclusively by Protestants (in all 5 cases). Notwithstanding known staffing differentials – on the grounds of religion, it emerges that Protestants are more likely to take up the scheme than Catholics in HPA. This also applies to NIRMPA, even if to a lesser extent (67% of part-time workers are Protestant vis-à-vis 56% of the entire NIRMPA staff).

In contrast, Catholics are strongly over-represented amongst staff members of NIGALA who work on a part-time basis (73% vs. a 59% share amongst staff members as a whole) and slightly over-represented in BTS (52.5% vs. 47.5%).

In all three organisations (HPA, CSA, and NIRMPA), Catholics are over-represented amongst those who take carers leave.

Ethnicity

All NICPMDE and HPA staff indicated that their ethnicity is 'white'; none belong to any black and minority ethnic group. All NIGALA and NIRMPA staff members who returned the monitoring questionnaire likewise described their ethnicity as 'white'. In the CSA, two staff members (0.2%) belong to a black and minority ethnic group. None, however, partake in any of the flexible working schemes. In the BTS, 1% of staff members come from a black and minority ethnic group background.

Data from the Multi Cultural Resource Centre (MCRC 2001) on the other hand suggests that at the very least some 1.5% of the Northern Irish population belongs to a black and minority ethnic group. Overall therefore, it seems that ethnic minorities are under-represented across all of the six agencies – based on the MCRC estimate of the black and minority ethnic group population in Northern Ireland.

Disability

Estimates based on the Labour Force Survey (Equality Commission 2001) show that 20% of people of working age have a disability. Even if the comparator data is narrowed down to highly qualified people of working age (those with a degree) the share of persons with a disability is still significant (5%). In comparison, all of the six agencies have a very low share of disabled staff members. One staff member of the NICPMDE (3%) has a disability. The individual does not partake in any of the flexible working schemes, however. 1% of CSA staff indicated that they have a disability; their share of part-time workers as well as of those who take carers leave is similar. In the BTS 1.5% of employees have a disability; their share of part-time workers is similar. None of the HPA, NIGALA, and NIRMPA employees indicated that they have a disability. It should be noted, however, that the data is based on the self-identification of persons with a disability and may therefore under-record the actual incidence of disability.

Marital Status

With the exception of HPA the share of single people amongst employees is fairly similar amongst the smaller HPSS agencies, ranging between 27% and 34%. In the HPA, single people make up 40% of the workforce. Their share is similar in the BTS (39%). In the CSA, their share is even higher (42%).

In all of the six agencies, however, single people are greatly under-represented amongst part-time workers. In the case of HPA and NIGALA, no single people partake in the scheme at all. In the CSA and NIRMPA about 8% of part-time workers are single, 20% and 29% in the NICPMDE and BTS respectively.

While single people are greatly under-represented amongst those who take carers leave in the CSA (only 17% vs. 42% of all staff) and to a lesser extent in the HPA (37% vs. 40%), in the NIRMPA they are slightly more likely to avail of the scheme in comparison to other groups.

Dependants

The monitoring data shows that the six agencies fall into two groups regarding the share of staff with dependants. In NIGALA, NICPMDE and the CSA they make up over 60% of the workforce (68%, 64% and 61% respectively). The same applies to the BTS (66%), according to a survey undertaken by the organisation in 2000. This is in sharp contrast to the HPA and NIRMPA, where their share is far smaller (35% and 45%).

People with dependants clearly dominate the uptake of part-time work (and job-share) within the agencies. In the NICPMDE and NIGALA the schemes are taken up exclusively by people with dependants. In the CSA, BTS and NIRMPA they still form the clear majority (88%, 85% and 71% respectively).

The HPA is strikingly different in this respect in that the part-time scheme is taken up by a relatively high proportion of people without dependants (60%).

The Views of Staff

A necessary and important element of the Equality Impact Assessment was the engagement with staff through a series of focus group meetings across the agencies and bodies. Whilst the findings of any focus group meeting need to be subject to considered review it is important that the perceptions of staff – who after all are affected by the policies – are recorded and considered as part of this EQIA. What follows is (1) the perceptions of staff generally on flexible working policies and (2) the views of managers about the same subject area.

General Views about Flexible Working Policies

A number of key themes were evident in focus group discussions:

- All those who participated in focus groups expressed their **support for flexible working** in their organisations. Staff across the organisations felt that there were many positive outcomes emanating from the availability of flexible working. In the HPA there was praise for carers leave opportunities, whilst in NIRMPA staff felt that

flexible working was an integral part of the working conditions of staff, whether formally implemented or not. In NIGALA there was satisfaction by administrative staff with the range of flexible working policies available.

- A recurring comment by staff was **the lack of knowledge about the range of flexible working policies available** and a perception that there was insufficient information on how to access the schemes.
- There were **perceived constraints in the operation of flexible working policies**. It was accepted that the availability of flexible working was principally constrained by the following:

the nature of the organisation in relation to its key functions – this was particularly the case where there was a direct service-provision remit across the organisations (donor session staff in the NIBTS, technical staff working in hospitals for NIRMPA, Guardians working for NIGALA and warehouse staff working for the CSA);

the size of the organisation/ part of the organisation – there were several comments about the influence of organisational size as a real constraint either across the organisation (as alluded to by HPA staff) or in specific parts of the organisation (according to NIGALA and CSA staff);

the lack of particular flexible working policies – this for instance was identified as a constraint by some NICPMDE staff in relation to flexi-time and career break policies.

- Staff in all organisations emphasised that a greater uptake of flexible working policies was only possible if staff were willing to cooperate. It was thought that gaining greater flexibility for oneself also meant giving greater flexibility to others.

- Related to these constraints was the view by several staff across some of the agencies/bodies (particularly NICPMDE, NIBTS and CSA) that **the application of flexible working policies was inconsistent**. This perception was based on a concern that managers in different parts of the organisations had varying approaches to access to flexible working policies by staff.
- Importantly, there was **no objective perception that access to flexible working opportunities across the agencies/bodies was based on discrimination**.
- It was clear that participants were aware of **under-representation by certain groups in accessing flexible working policies**. The perceptions of staff suggested that men and single people were less likely to access flexible working policies. On probing it was accepted that this under-representation might be explained by a combination of financial/cultural factors. Financially the view was that in a male-female relationship, the male tended to earn more and this was translated into a situation where the lower earner (the female) was more likely to access carers leave to look after dependants. Culturally it was felt that there was still a stigma associated with men accessing carers policies for instance, which meant that they were reluctant to access these opportunities.
- It was apparent that many staff were **unsure about the rationale of and access to specific flexible working policies**. Key examples were in relation to **carers leave** and the **career break scheme**. There were differing views over eligibility for carers leave. Staff in both NIGALA and the CSA queried the situations in which this leave could be awarded. CSA staff questioned the basis for perceived barriers to carers leave and were concerned that access to this policy would be more difficult for those with elderly dependants or

those who were homosexual. Several staff (particularly in HPA and CSA) also raised concerns over the practical application of the career break scheme, and the perceived negative implications for other staff (left to fill in for colleagues availing the scheme) of this.

- There was also come commentary by some staff (principally in HPA and CSA) about the flexi-time policy. There was some debate as to rationale for only enabling access to this scheme for those at administrative and clerical Grade 5 or below. It was perceived that this was an arbitrary differentiation, given that Grade 6s, for instance were not senior managers. Within the CSA focus groups there was some debate over the scope of the flexi-time period and whether or not consideration should be given towards altering the conditions to ensure extended flexibility (allowing an earlier start and later finish of flexi hours).
- Staff in the NICPMDE focus groups raised concerns over the differing terms and conditions of service applied to staff, based on Queens University and HPSS contracts, and how this affected special leave considerations, such as maternity leave.

Key Suggestions

It was apparent that the following suggestions formed a consensus view across most (if not all) of the agencies:

- The need to **promote flexible working policies more vigorously.**
- **Further training/ awareness initiatives for managers** in relation to flexible working policies.
- **Uptake of the range of policies should be monitored and reviewed** by each organisation.

More specifically, there were discrete suggestions germane to particular organisations:

- NICPMDE – staff felt that the organisation should introduce flexi-time and career break policies and the harmonisation of flexible working opportunities for all staff.
- NIGALA – it was felt that this organisation should consider initiatives to support those staff who were more likely to work outside normal working hours. The option of working from home, on occasion for permanent staff, in response to identified need – against specified criteria – should be considered. It was also suggested that NIGALA should be more assertive with the Courts in defining the implications of the European Work Directive and the Agency’s commitment to promoting a healthy work-life balance. This would enable Guardians to effectively negotiate around timescales for submission of reports and scheduling of court hearings.
- CSA – there was a suggestion by staff that consideration should be given to independently reviewing decisions for flexible working and that a review of the procedures for flexi-time should be instituted.

Access of Senior Managers to Flexible Working Policies

The EQIA finally sought to explore the views of senior managers regarding their access to existing policies, perceived barriers and suggestions how these can be overcome.

Barriers

The majority of managers thought that access to flexible working policies was highly problematic with regard to schemes involving reduced hours. A number of barriers were identified in addition to the obvious stipulation in contracts to work hours as required. The terms and conditions within the Senior Managers Contract, as currently interpreted, was deemed to effectively rule out access to flexible working policies.

Importantly, respondents perceived a **culture** to be prevalent within their organisation that discourages senior managers from availing of the opportunities open to other staff. Some described this ethos as an equation of long working hours with enthusiasm for the job and commitment to the organisation. Linked to this was a widespread perception that taking up flexible working opportunities (reduced hours in particular) would be detrimental to a person's career progression. Accordingly, flexible working policies were not seriously promoted by the organisation. While many senior managers pointed to directors as playing the most important role in perpetuating this culture, others thought that the attitudes of fellow senior managers were as influential.

Just as much weight was ascribed to **understaffing and resulting heavy workloads**. Reducing hours simply meant that the same workload had to be tackled on the basis of less pay.

Individual respondents moreover argued that in some cases, the **nature of the job** itself did not lend itself to job-sharing or part-time work. It was thought that it was virtually impossible to find replacement staff to step in for certain times during the week. For senior managers with supervisory functions, it was hardly possible to work compressed hours.

More widely, it was thought that business constraints made access to flexible working particularly difficult in **small organisations**.

While it was thought that for these reasons, access to flexible working policies was virtually impossible for any staff, this caused particular problems for people with dependants. On the other hand, some staff members argued that single people and people without dependants were expected to put in even longer hours. Interestingly, it was also thought that in relation to some of the schemes (such as carers leave) the perception of current policies as policies for working mothers was prevalent.

Suggestions

The questionnaires conveyed a certain sense of resignation in relation to current conditions. A number of senior managers did not see much scope for improvement. Others advanced a range of suggestions as first steps while urging caution against expecting fundamental changes in the short term.

- Determine whether the terms and conditions within the Senior Managers contract effectively rules out access to flexible working policies
- As a first step the organisations could informally monitor the number of working hours put in by senior managers. This would raise awareness amongst senior managers themselves as well as of directors.
- Alongside this, the precise preferences and needs of senior managers should be explored individually.
- The organisations should actively promote a 9 to 5 culture in order to influence attitudes. Senior managers should be encouraged to avail of existing opportunities.
- Job descriptions and work plans should be reviewed and – if found to be necessary – a reasonable work load should be restored. This should also involve a review which tasks could be delegated to other staff.
- The option of working from home should be introduced for a maximum of one or two days a week. This would necessitate the provision of suitable IT (such as lap tops).
- Work hours should be more clearly defined in work contracts to substitute current stipulations.
- Alongside this, senior managers should be allowed to access the flexitime scheme.
- Time off in lieu should be allowed and promoted to a greater extent, including for travel times.

CONCLUSION

Assessing the Impacts

Clearly the data collection has derived a range of information, statistics and views. It is always difficult, for instance, to ascribe appropriate weight to views gathered in focus group discussions. Nevertheless, this study is very clearly about gathering a range of evidence to identify the impact – across nine different equality target groups – of flexible working policies. It is clear that there are differential impacts across all six organisations. From the evidence available there are no grounds for arguing that these impacts are adverse. Additionally there is also evidence available to suggest that there are specific differential impacts germane to individual organisations.

Impacts Across All Organisations

The assessment suggests the following conclusions regarding differential impact to flexible working policies across the six organisations:

- The quantitative analysis shows that ***men are clearly underrepresented amongst part-time workers***. Additional qualitative data suggests that this is not due to adverse impacts of the policies themselves but rather due to self-discrimination by men, resulting from financial considerations (men still receive higher incomes than females) and wider cultural issues such as traditional gender roles. It was argued that these findings would most probably ***also apply to other schemes of reduced working hours***, such as term-time.
- In a similar manner, ***men are underrepresented amongst those who take carers leave***. Here, most probably wider cultural factors (traditional gender roles) also lead to misconceptions regarding men's eligibility to apply for carers leave.

- It also emerged that ***single people and people without dependants do not partake in part-time working to an equal extent***. The interview data suggests that this is also more likely the outcome of self-discrimination rather than of any adverse impact of the policies themselves.
- There are some indications that ***people with dependants other than children may be more reluctant to avail of carers leave***. While this cannot be ascribed to adverse impacts of the policy itself (as they are eligible to take carers leave in the same way as others), a lack of information on eligibility criteria may play an important role. Also, there are indications that some line managers are not fully aware of the eligibility of these persons and the policy might therefore not be applied consistently.

The assessment did not produce evidence of adverse impacts of flexible working policies with regards to the category of age. Moreover, evidence is inconclusive regarding adverse impacts of the policies for different religious affiliations. While the quantitative data provides some indication with regard to a skewed take up in the smaller organisations (in some cases a higher take up of part-time working by Protestants, in others by Catholics; a tendency for higher uptake by Catholics in relation to carers leave) it must be remembered that only very few individuals are involved and percentage figures are thus easily distorted. Taking into account the strong correlation between religion and political affiliation, the same can reasonably be assumed for the latter category.

With regard to ethnicity and disability all of the six organisations lack diversity in their workforce; staff members are almost exclusively white and able-bodied. No adverse impacts could be recorded, however, in relation to the access to flexible working policies by those staff who belong to a black and minority ethnic group or who have a disability. It should also be borne in mind that the data is based on staff members identifying themselves as having a disability. The data may under-record the actual incidence of disability.

Although not pointing to inequality as such, there were several other points to note from focus group views. Focus groups raised concerns in the following areas:

- the view that inconsistencies are seen to arise from the varying application of the policies by line managers;
- discrepancies were also reported across different departments of organisations; most typically, it was thought that staff in smaller departments had less access to flexible working policies due to greater business constraints; perceived under-staffing in some departments was considered to play an important role as well;
- certain jobs were seen as less amenable to the promotion of flexible working;
- unfairness was also perceived to apply regarding the exclusion of staff beyond grade 5 from accessing flexitime.

Impacts for Specific Organisations

In specific organisations it was apparent that scope existed to reasonably address perceptions of disadvantage:

- NICPMDE – the introduction of flexi-time and career break policies and the harmonisation of flexible working opportunities for all staff
- NIGALA – review all staff's awareness of the range of flexible working policies available and the associated eligibility criteria, consider the option of working from home, on occasion, ensuring that there is consistent application with appropriate criteria and accountability arrangements in place
- CSA – a review of existing flexi-time arrangements, in terms of core hours, and examining the scope for accommodating scrutiny of applications for flexible working policies as part of the organisation's general grievance procedure.

Action Points (for all organisations)

Although there is little evidence to suggest adverse impact in relation to flexible working policies, there are several areas that all organisations commit themselves to reflect on – in relation to the promotion of equality of opportunity.

Evidently many staff felt that information about flexible working policies was inadequate, and this may be a factor in the differential uptake by men. It is clear that many organisations do not effectively measure uptake of flexible working policies in the first place, which is needed to provide a basis for identifying under-representation (e.g. by single people, dependants). A recurrent theme was the notion of excess hours being worked by staff. Finally, there was an underlying sense that although organisations might have flexible working policies, the practical application of these was inconsistent.

The potential for several straightforward, relatively low-cost initiatives to address some of the perceived inadequacies identified by staff is evident. There are five specific actions that will be undertaken by organisations:

- (1) Initiatives to raise awareness of flexible working policies across organisations, such as an awareness week or leaflets, updates in handbooks, staff magazines etc. Awareness initiatives will also include training for line managers.
- (2) Collaborative work between the organisations to identify and share Good Practice as well as pitfalls regarding individual policies.
- (3) Development of a flagship project to showcase the benefits of flexible working either jointly or within a specific agency.
- (4) Introduction of a formal monitoring system for measuring applications for and uptake of flexible working policies by different Section 75 categories across agencies. Reporting on this initiative is to be included in public authorities 'Annual Review of Progress'.
- (5) Review of working arrangements and hours for all grades of staff to identify inconsistencies and bring forward proposals for addressing these (including those of senior managers).

Specific Action Points (for individual bodies)

Linked directly to earlier specific impacts the direct actions are as follows:

- NICPMDE – the organisation to consider introducing a flexi-time and career break policy and to ensure the harmonisation of access to flexible working policies for all staff
- NIGALA – to review all staff's awareness of the range of flexible working policies available and the associated eligibility criteria; to consider the option of working from home, on occasion, ensuring that there is consistent application with appropriate criteria and accountability arrangements in place. Finally the need for NIGALA to act more assertively with Courts in safeguarding a healthy work life balance for staff.
- CSA – the organisation to review its current flexi-time policy and to raise awareness regarding the option to scrutinise applications for flexible working policies as part of the organisation's general grievance procedure.

Monitoring

The delivery of specific action points in this Equality Impact Assessment will be monitored on an ongoing basis and each organisation's Annual Review of Progress will contain a report on the EQIA implementation.

In addition, a delivery plan outlining the practical implementation of EQIA action points will be produced by the end of the first quarter of the financial year 2003/2004, and this will set out approaches to the monitoring of specific impacts for the equality target groups. The organisations will seek to put in place arrangements for monitoring in relation to the categories of age, gender, religion, ethnicity, marital status, dependants, and disability on an annual basis.

The organisations do not have any quantitative monitoring arrangements in place in relation to the categories of political

opinion and sexual orientation. Options for qualitative monitoring with regard to these categories will likewise be explored in the course of the first quarter of the new financial year, pending also the publication of further advice by the Equality Commission.

APPENDICES

Appendix 1: The Steps of an EQIA

- Aims of Policy
- Consideration of Data
- Assessment of Impacts
- Consideration of Measures
- Formal Consultation
- Decision by Public Authority
- Publication of Results of EQIA
- Monitoring of Adverse Impacts

Appendix 2: List of Consultees

Organisation
Action Cancer
Action for Dysphasic Adults
Action Mental Health
Action MS
Afro-Asian Residents' Group
Age Concern
The HIV Support Centre
Alliance Party of Northern Ireland
Altnagelvin HSS Trust
Alzheimers Disease Society
Ark Housing
Armagh and Dungannon HSS Trust
Armagh Travellers Support Group
Arthritis Care
Arts Council NI
ASBAH
ASBAH
Association of Chief Officers of Voluntary Associations (ACOVO)
Association Of Independent Advice Centre NI
Baha'i Community
Banbridge Youth Arts & Information Centre
Baptist Church of Ireland
Barnardos
Belfast Brook Advisory Centre
Belfast Carers Centre
Belfast Chinese Christian Church
Belfast City Hospital Health and Social Services Trust
Belfast Hebrew Congregation
Belfast Institute of Further and Higher Education
Belfast Islamic Centre
Belfast Regeneration Office
Belfast Travellers' Education & Dev. Group
Belfast Travellers Support Group
BIH Housing Association
British Deaf Association (NI)
British Dental Association NI
British Diabetic Association
British Medical Association
British Association of Social Workers (NI Office)
Bryson House
Carafriend
Carer's Northern Ireland
Carrickfergus Borough Council
Castlereagh Borough Council

Catholic Boy Scouts Foundation NI
CAUSE
Causeway HSS Trust
Centre for Voluntary Action Studies
Challenge
Chest, Heart and Stroke Organisation
Child Poverty Action Group
Childcare Northern Ireland
Childline NI
Children's Law Centre NI
Chinese Chamber of Commerce (NI)
Chinese Health Project
Chinese Welfare Association (NI)
Choice Housing Association
Church of Ireland
Coalition on Sexual Orientation
Coleraine Borough Council
Colin Glen Trust
Committee on the Administration of Justice
Community Development and Health Network
Community Practitioners & Health Visitors Association
Community Relations Council
Community Relations Training and Learning Consortium
Community Work Education and Training Network
Confederation of Community Groups
Contact A Family
Cookstown District Council
Council for Ethnic Equality
Council for the Homeless
Craigavon and Banbridge Community HSS Trust
Craigavon Area Hospital Group HSS Trust
Craigavon Asian Women's & Children's Association (AL-NUR)
Craigavon Borough Council
Craigavon Travellers' Support Committee
Craigavon Vietnamese Group
Crossroads
CRUSE
Cystic Fibrosis Trust
Democratic Unionist Party
Department of Culture, Arts and Leisure
Department of Health, Social Services and Public Safety
Derry City Council
Derry Travellers' Support Group
Derry Well Woman
Disability Action
Division of Clinical Psychology
Down & Connor Family Ministry
Down District Council

Down Lisburn HSS Trust
Down's Syndrome Association
Dungannon & South Tyrone Borough Council
Dunlewey Substance Advice Centre
East Belfast Community Development Agency
Eastern Health and Social Services Board
Eastern Health and Social Services Council
Employer's Forum on Disability
Enterprise House
Equality Forum NI
Equality Unit
Extern
Extra Care
Falls Community Council
Family Planning Association NI
Fermanagh District Council
Fermanagh Women's Network
Filor Housing Association
First Key
Fold Housing Association
Forum For Action On Substance Abuse
Foyle Down's Syndrome Trust
Foyle Friend
Foyle HSS Trust
Free Presbyterian Church
Gay & Lesbian Youth Northern Ireland
Gingerbread Northern Ireland
Glen Road Heights Women's Group, BTSP
Glenraig Camphill Community
Green Park Healthcare Trust
Guide Association NI
Health Action Zone
Health Promotion Agency
Help the Aged
Homefirst Community Trust
Homeless Support Unit
Housing Executive
Housing Rights Service
Include Youth
Indian Community Centre
Industrial Therapy Organisation
Inter Church Millennium Celebration Group
Karen Mortlock Trust
La Societa Italiana Irlanda Del Nord
Larne Borough Council
Law Centre NI
Law Society NI
Lesbian Line

Limavady Borough Council
Lisburn Borough Council
Magherafelt District Council
Magherafelt Women's Group
Manufacturing Science and Finance Union
Mater Infirmorium Health and Social Services Trust
MENCAP
Mental Health Commission for Northern Ireland
Mental Health Review Tribunal
Methodist Church in Ireland
Mind Yourself
Monagh Road Women's Steering Group
Moyle District Council
Multi-Cultural Resource Centre (NI)
Multiple Sclerosis Society
Muscular Dystrophy Group
N.I Association For Mental Health
Rethink
Newry & Mourne District Council
Newry & Mourne Mental Health Forum
Newry & Mourne Senior Citizens' Forum
Newry & Mourne Women
Newry Interagency Consortium for Travellers
Newry Travellers' Early Years Action Group
Newtonabbey Borough Council
Newtownabbey Senior Citizen's Forum
NI Committee of Irish Congress of Trade Unions
NI Council for the Homeless
NI Women's Aid Federation
NIACAB
NIACRO
NICOD
NIPPA
North and West HSS Trust
North Down Borough Council
North West Community Network
North West Ethnic Communities Assoc
North West Forum of People with Disabilities
Northern Health and Social Services Board
Northern Health and Social Services Council
Northern Ireland African Cultural Centre
Northern Ireland Anti Poverty Network
Northern Ireland Council for Ethnic Minorities
Northern Ireland Council for Voluntary Action
Northern Ireland Environmental Link
Northern Ireland Filipino Association
Northern Ireland Filipino Community in Action
Northern Ireland Gay Rights Association
Northern Ireland Human Rights Commission (NIHRC)

Northern Ireland Events Company
Northern Ireland Office
Northern Ireland Partnership Board
Northern Ireland Public Service Alliance
Northern Ireland Statistics and Research Agency (NISRA)
Northern Ireland Voluntary Trust
Northern Ireland Volunteer Development Agency
Northern Ireland Women's Aid Foundation
Northern Ireland Womens European Platform
Northern Ireland Youth Forum
NSPCC
NUS-USI Northern Ireland Student Centre
Office of the First Minister and Deputy First Minister
Oi-Kwan Chinese Women's Group
Omagh District Council
Omagh Women's Area Network
Organisation of the Unemployed
Parents Advice Centre
Parents and Professionals and Autism
Presbyterian Church in Ireland
PHAB (NI)
Playboard
Police Service of Northern Ireland
Praxis
Princes Trust
Prison Service Agency
Probation Board for NI
Progressive House
Prospects for People with Learning Disabilities
Proteus
Putting Children First
Queer Space
Regional Office
Registered Homes Confederation
Registration & Inspection Unit
RELATE N Ireland
RNIB
RNID
Royal College of GPs
Royal College of Midwives
Royal College of Nursing
Rural Community Network
Rural Development Council
Salvation Army
Save the Children
Scouting Association NI
SDLP
Sense NI
Shadow Trust
Shelter
Sikh Culture Centre
Simon Community

Sinn Fein
South and East HSS Trust
South West Belfast Community Forum
Southern Health and Social Services Board
Southern Health and Social Services Council
Southern Travellers' Early Years Partners
Sperrin Lakeland Health and Social Care Trust
Sperrin Lakeland Senior Citizens' Consortium
Staff Commission for Education and Library Boards
Strabane District Council
Sustainable Northern Ireland Programme
The Archbishop of Armagh
The Beeches
The Cedar Foundation
The Guide Dogs for the Blind Association
The Local Government Staff Commission for NI (LGSC)
The Northern Ireland Ambulance Services HSS Trust
The Orchardville Society
The Rainbow Project
The Royal College of Psychiatrists
The Royal Group of Hospitals Trust
The Samaritans
The Women's Centre
Threshold
Training for Women Network
Traveller Movement Northern Ireland
Travellers Support Group for Playgroup Workers
Triangle Housing Association Ltd
Ulster Community and Hospitals Trust
Ulster Peoples College
Ulster Quaker Service Committee
Ulster Unionist Party
UNISON
United Hospitals HSS Trust
U3AFoyle
Victim Support
Voice of Young People in Care (VOYPIC)
Voluntary Activity Unit
Voluntary Service Belfast
WAVE
West Belfast Economic Forum
Western Health and Social Services Board
Western Health and Social Services Council
Women's Information Group
Women's Resource and Development Agency
Women's Support Network
Workers Educational Association
Young Carers Project

Youth Action NI
Youth Council
Youthnet

Appendix 3: Consultation Pro-Forma

Do you have any comment on individual findings and their assessment by the organisation?

Are there any further equality issues in relation to the policies which the report does not address?

Do you think that the action proposed by the organisation is appropriate for addressing the issues?

Do you have any further suggestions how the organisation may address the issues identified in the findings?

Would you like to make any further comments?

Appendix 4: Comments Received

Responses Received: No Comments

- NI Ombudsman (Assembly Ombudsman for NI; NI Commissioner for Complaints)
- Armagh and Dungannon HSS Trust
- Craigavon and Banbridge Community Trust
- NI Housing Executive
- Action Mental Health (“content”)
- Princes Trust
- NISRA

Responses Received: Specific Comments

- Paul Gick
- Michael Neely
- two anonymous responses
- Disability Action
- Robbie Saulters / DHSSPS

Written Responses

	<i>Comments Received</i>
No Specific Comments	
NI Ombudsman (Assembly Ombudsman for NI; NI Commissioner for Complaints)	
Armagh and Dungannon HSS Trust	
Craigavon and Banbridge Community Trust	
NI Housing Executive	
Action Mental Health	assessments have been carried out thoroughly and in line with accepted good practice
Princes Trust	
NISRA	

Written Responses (cont.)

Specific Comments	<i>Comments Received</i>	<i>Agencies Response</i>
Paul Gick	<p>Tensions arise out of the effect that granting flexible working hours to some staff has on remaining staff.</p> <p>The effect of reducing a small number of hours in a given Dept. can be difficult to accommodate.</p> <p>Consider there is scope for the training of managers in time management to ensure they work within the normal time available to them.</p>	<p>organisations agree with comment, see new paragraph on p.28</p> <p>organisations agree, see p.28</p> <p>organisations note the comment</p>
Michael Neely	<p>Details for the schemes should be updated in staff handbook.</p> <p>Schemes should be covered in depth at induction.</p> <p>Training should be provided to</p>	<p>organisations agree with comment; see p.37</p> <p>organisations wish to clarify that this is part of current induction guidelines</p> <p>organisation notes the comment,</p>

	<p>managers on the scheme.</p> <p>All admin staff in R&D work flexi-time.</p> <p>Scheme should be further promoted in staff magazine.</p> <p>Advice on scheme to be printed on pay slips.</p>	<p>see p.37</p> <p>organisations note the comment</p> <p>organisations agree with comment , see p.37</p> <p>organisations will consider suggestion when developing implementation plan</p>
anonymous	<p>When an employee reduces his/ her hours in order to balance work life and family life and makes childcare arrangements accordingly, any request by the employer to change working patterns may cause severe difficulties to an employee as childcare arrangements cannot easily be changed.</p>	<p>organisations note the comment</p>
anonymous	<p>Men appear to be under-represented in a number of areas</p> <p>Policies not clear, open to interpretation by line managers,</p>	<p>organisations agree with comment, see p.34</p> <p>organisations agree with comment, see p.37 for action point</p>

	<p>inconsistencies arise.</p> <p>Flexi- time for grade 6s, caught between grade 5 conditions of service and SM conditions, grade 6 not a common grade in Agency.</p> <p>Welcome flexible working for all staff but consideration must be given to staff left carrying remaining work load.</p> <p>Temporary staff not easy to obtain.</p>	<p>organisations agree with comment, despite the small number of staff affected the organisations commit themselves to provide access to flexi-time for these grades</p> <p>organisations agree with comment, see new paragraph on p.28</p> <p>organisations note comment</p>
Disability Action	<p>Email is only one method of consultation and care should be taken that it does not become the only way as many s75 groups do not have ICT resources</p> <p>Proposed letters to organisations should include description of policies and narrative on how it could affect all s75 groups.</p>	<p>organisations note comment and wish to refer to p.21 regarding the range of consultation methods used</p> <p>descriptions of policies were included in the documents sent out to consultees but organisations will incorporate suggestion to include descriptions in letters in future consultation processes</p>

	<p>Consultation processes should be carefully monitored to ensure those with a legitimate interest have input.</p>	<p>the organisations commit themselves to evaluating the consultation process after the completion of the first set of EQIAs</p>
<p>Robbie Saulters / DHSSPS</p>	<p>How will all EQIAs be monitored - the system, timeframe and the timetable for what organisations are going to do in respect of them.</p> <p>When final EQIAs are circulated, will they include feed-back received from consultation on them?</p> <p>Are documents available in other formats?</p> <p>Did organisations consult in other formats?</p>	<p>see new section on monitoring arrangements</p> <p>see this section and cross-references to the text</p> <p>documents are made available on request</p> <p>none of the organisations received requests for other formats</p>

Belfast Carers Centre	carers tend not to discuss their role in the workplace; fear of being discriminated against (neg. implications for career progression)	organisations note comment and will devise awareness raising activities which encourage carers to avail of their right to access carers leave
NIPSA	<p>low take up of schemes by men mainly due to self-selection i.e. cultural factors</p> <p>recommendation endorsed regarding introduction of access to flexi-time by staff grades 5+</p> <p>statement endorsed regarding key responsibility of line managers</p> <p>long working hours of senior managers are not a matter of time management</p>	<p>organisations note the comment</p> <p>organisations note the comment</p> <p>organisations note the comment</p> <p>organisations note the comment</p>

Appendix 5: Key Data on Staff Profiles and Uptake of Flexible Working

N.B.: the figures in brackets refer to percentages of a total composed of all individuals for whom data is available

Staff profile

	<i>total staff</i>	<i>average age</i>	<i>age</i>					
			<i><20</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60+</i>
NICPMDE	33	41.5		21.2	27.3	21.2	21.2	9.1
HPA	37	37.2		18.9 (19.4)	40.5 (41.7)	27.0 (27.8)	10.8 (11.1)	0
NIGALA	51	38.3		15.7	33.3	45.1	5.9	0
BTS	218	41.5	1.8	15.1	30.3	28.4	19.7	4.6
RMP	88	39.5		21.6	26.1	31.9	15.9	4.5
CSA	697	39.0	0.1 (0.1)	20.9 (21.7)	30.0 (31.1)	29.4 (30.5)	11.6 (12.1)	4.3 (4.5)

staff profile (cont.)

	<i>gender</i>	<i>gender</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>	<i>ethnicity</i>	<i>ethnicity</i>	<i>ethnicity</i>
	<i>male</i>	<i>female</i>	<i>Roman Catholic</i>	<i>Protestant</i>	<i>Neither</i>	<i>N/A</i>	<i>whites</i>	<i>non-whites</i>	<i>N/A</i>
NICPMDE	30.3	69.7	30.3	60.6	9.1		100		
HPA	27.0	73.0	35.1	59.5	2.7	2.7	100		
NIGALA	21.6	78.4	58.8 (73.2)	19.6 (24.4)	2.0 (2.4)	19.6	56.9		43.1
BTS	34.4	65.6	43.1 (47.5)	47.7 (52.5)	0	9.2	61.9 (98.5)	1.0 (1.5)	37.2
RMP	54.5	45.5	30.7 (42.2)	40.9 (56.3)	1.6 (1.6)	27.3	55.7		44.3
CSA	40.3	56.2	41.2 (50.0)	40.0 (48.6)	1.1 (1.4)	17.6	56.5 (99.5)	0.2 (0.5)	43.2

staff profile (cont.)

	<i>disability</i>	<i>disability</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>	<i>dependants</i>	<i>dependants</i>
	<i>yes</i>	<i>N/A</i>	<i>single</i>	<i>married</i>	<i>other</i>	<i>N/A</i>	<i>yes</i>	<i>N/A</i>
NICPMDE	3.0		30.3	63.6	6.1		63.6	0
HPA	0	0	40.5	48.6	8.1	2.7	35.1	0
NIGALA	0	45.1	19.6 (34.5)	35.3 (62.1)	2.0 (3.4)	43.1	37.3 (67.9)	45.1
BTS	1.4		39.0	58.3	2.8		(65.6*)	
RMP	0	44.3	14.8 (27.1)	34.1 (62.5)	5.7 (10.4)	45.5	25.0 (44.9)	44.3
CSA	0.9 (1.4)	38.2	38.9 (42.5)	49.6 (54.3)	2.9 (3.1)	8.6	29.8 (61.4)	51.4

FWP uptake

	<i>part-time</i>	<i>carers leave</i>
NICPMDE	15.2	3.0
HPA	13.5	45.9
NIGALA	21.6	3.9
BTS	32.3	1.4
RMP	14.8	4.5
CSA	14.3	16.4

Part-Time

	<i>total</i>	<i>average age</i>	<i>age</i>					
			<20	20-29	30-39	40-49	50-59	>60
NICPMDE	5							
HPA	5	42.4	0	0	40.0	40.0	20.0	0
NIGALA	11	39.55	0	9.1	9.1	36.4	27.3	18.2
BTS	62		1.6	11.3	41.9	22.6	17.7	4.8
RMP	13	42.23	0	7.7	38.5	30.8	15.4	7.7
CSA	100	41.37	0	6.0	40.0	39.0	7.0	8.0

Part-time (cont.)

	<i>gender</i>	<i>gender</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>
	<i>male</i>	<i>female</i>	<i>Roman Catholic</i>	<i>Protestant</i>	<i>Neither</i>	<i>N/A</i>
NICPMDE	0	100	40.0	60.0	0	0
HPA	0	100	0	100	0	0
NIGALA	9.1	90.9	72.7 (80.0)	9.1 (10.0)	9.1 (10.0)	9.1
BTS	17.7	82.3	50.0 (52.5)	45.2 (47.5)	0	4.8
RMP	0	100	15.4 (33.3)	30.8 (66.7)	0	53.8
CSA	2.0	98.0	50.0 (51.0)	45.0 (45.9)	3.0	2.0

Part-time (cont.)

	<i>disability</i>	<i>disability</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>	<i>dependants</i>	<i>dependants</i>
	<i>yes</i>	<i>N/A</i>	<i>single</i>	<i>married</i>	<i>other</i>	<i>N/A</i>	<i>yes</i>	<i>N/A</i>
NICPMDE	0	0	20.0	80.0	0	0	100	0
HPA	0	0	0	100	0	0	40.0	0
NIGALA	0	27.3	0	72.7 (100)		27.3	72.7 (100)	27.3
BTS	1.6	0	29.0	67.7	3.2	0		
RMP	0	46.2	7.7	92.3	0	0	38.5 (71.4)	46.2
CSA	1.0	33.0	8.0 (8.1)	88.0 (88.9)	3.0	1.0	57.0 (87.7)	35.0

Carers Leave

	<i>total</i>	<i>average age</i>	<i>age</i>					
			<20	20-29	30-39	40-49	50-59	>60
NICPMDE	1							
HPA	17	37.47	0	23.5	29.4	35.3	11.8	0
NIGALA	2		0					
BTS	3							
RMP	4	33.0	0	50.0	0	25.0	25.0	0
CSA	114	40.87	0	6.2	35.1	56.1.5	2.6	0

Carers Leave (cont.)

	<i>gender</i>	<i>gender</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>	<i>religion</i>
	<i>male</i>	<i>female</i>	<i>Roman Catholic</i>	<i>Protestant</i>	<i>Neither</i>	<i>N/A</i>
HPA	11.8	88.2	47.1	52.9		
RMP	25.0	75.0	50.0 (66.7)	25.0 (33.3)		25.0
CSA	25.4	74.6	57.9 (58.9)	39.5 (40.2)	0.9 (0.9)	1.8

Carers Leave (cont.)

	<i>disability</i>	<i>disability</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>	<i>marital status</i>
	<i>yes</i>	<i>N/A</i>	<i>single</i>	<i>married</i>	<i>other</i>	<i>N/A</i>
HPA	0	0	35.3 (37.5)	58.8 (62.5)	0	5.9
RMP	0	0	25.0 (33.3)	50.0 (66.7)	0	25.0
CSA	2.6 (3.6)	26.3	16.7 (16.8)	77.2 (77.9)	5.3	0.9