**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# NICE guidelines

## Equality impact assessment

# Workplace policy and management practices to improve the health and wellbeing of employees (update)

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

Please note section 1.0 and 2.0 were completed under the guideline title 'Workplace policies and approaches to promote and protect the health of older employees'. In August 2015 Guidance Executive agreed *that due to the lack of evidence specifically on workplace interventions for older employees, the resultant low number of recommendations and the need to ensure recommendations for older employees were considered within the wider context of workplace health guidance to mitigate against equality issues* to updated 'Workplace policy and management practices to improve the health and wellbeing of employees' by adding the new recommendations developed for older employees. This new guideline will be issued as an update of this recently published guideline and the new recommendations only will be consulted on. Section 3.0 onwards account's for the updated guideline.

**Small amendments were made to section 2.0 and 3.0 retrospectively in February 2016 to ensure clarity of the text.**

### 1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

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| 1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they? |
| **Age**<br><br>First, as the DH referral limits the guidance to older employees (defined by the |

Department for Work and Pensions [DWP] as people over the age of 50 years), younger workers will be excluded. People of the younger age group may have similar needs to their older counterparts, for example based on a decline in health or capacity. Limiting any interventions to older employees (such as changes to the work environment or flexible working) would result in unequal treatment when there should be equality in access or support; particularly where the intervention may be relevant to all age groups. However, due to the ageing population, removal of the default retirement age and the increase in state pension age there is a need to focus on older workers.

Second, by focusing on older employees it may create an impression that older workers are less productive, less capable or more likely to require support to do their work. The available evidence does not support these conclusions about older workers. When developing the guideline care would be needed to avoid creating a false impression that older workers need extra support.

There are gender differences in working arrangements. Older 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.

**Other**

There may be issues of bias in the evidence base due to older people in ill health having left the work force early. There may also be issues of bias within the evidence base due to risk exposure because of length of time in employment and the normal ageing process.

There is a further potential issue in that some interventions will be more or less applicable to certain industrial sectors, providing inequity in opportunity or access; for example, construction vs service sector, or micro vs large employers. There would be a need to counter discrimination by recommending bespoke or targeted interventions for certain sectors if the evidence allows.

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?

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| The Public Health Advisory Committee (PHAC) will need to be aware of these potential issues when considering the evidence. |

Completed by Developer _Hilary Chatterton

Date 6 March 2014

Approved by NICE quality assurance lead Jane Huntley

Date 6 March 2014

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

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| 2.1 Have any potential equality issues been identified during consultation, and, if so, what are they? |
| No |

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| 2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues? |
| None |

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| 2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?<br><br>If so, is an alternative version of the 'Information for the Public' document recommended?<br><br>If so, which alternative version is recommended?<br><br>The alternative versions available are:<br><br>• large font or audio versions for a population with sight loss;<br><br>• British Sign Language videos for a population who are deaf from birth;<br><br>• 'Easy read' versions for people with learning disabilities or cognitive impairment. |
| No |

Updated by Developer Hilary Chatterton

Date 6 June 2014

Approved by NICE quality assurance lead Jane Huntley

Date 6 June 2014

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

Following development of the recommendations, Guidance Executive agreed it was appropriate to combine the guideline with NG13 (Workplace policy and management practices to improve the health and wellbeing of employees). Consequently this work was amalgamated and will be issued as an update of that guideline. The EIA from this point forward has been written based on this decision.

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

**Age**

The committee considered this issue during discussions at each PHAC meeting. The following points regarding age are included in the committee discussions for the draft guideline:

- Although the guideline relates to the older employee, as specified in the referral from the Department of Health, the recommendations for older employees should be considered as part of a wider whole working life approach to promoting employee health and well-being. Equality legislation only permits positive discrimination on the basis of age provided that it is justifiable or defined by a legitimate aim, and that the means to achieve this are proportionate.

- Older people are more likely to be economically inactive than younger people and tend to find getting back into work more difficult. Therefore it is important to assist people who wish to continue to work to remain employed, and not to discriminate against older applicants for work.

- As people age, the expectations of caring roles change, from parenting to caring for elderly relatives for example. Employers can facilitate work retention and engagement by considering these societal and cultural expectations on their employees outside work.

- The evidence suggests that making stereotypical assumptions about older workers, even when they are desirable qualities such as reliability and loyalty, can harm the recruitment and retention of older employees. It risks stigmatising and marginalising this group, and prevents employers from maximising opportunities to make best use of their potential to contribute to work and workplaces. An unintended consequence of stereotyping is the implication that younger workers are less reliable and loyal. It can also lead to the attribution of less desirable attributes to older workers, such as

| 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how? |
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| unwillingness to change or learn. There is evidence that the attitude of the employer towards older employees can affect the implementation of flexible working, and their recruitment to and retention within the workforce.<br><br>All of the [NEW 2015] recommendations added to the updated guideline relate only to older workers as per the DH referral. The reviews only report evidence that relates to older workers.<br><br>Other points relating to age that were discussed by the committee include:<br><br>PHAC meeting 10:<br>• Worker age is increasing, particularly in over 65s (early in 80-90s there was a 'wave' of early retirement so back to 1970 distribution).<br>• 7.9 million workers aged 50-64years.<br>• 29.6% of all employed people are aged >65 years.<br>• Life expectancy of a 50 year old has increased by a decade in the past 50 years<br>• Workers in older age recover more slowly from any illness/injury than younger workers.<br>• Omission of whole workforce evidence: unless most employees over 50 years – the earlier the intervention the better such as creating a healthy workplace will be best investment in benefit.<br>• Some employers/Human Resource (HR) departments may consider different treatment based on age to be discriminatory.<br><br>PHAC meeting 12:<br>• Risks for older workers: over represented in some sectors, vulnerable to job loss, issues about work intensification, potential movement into marginalised / unsecure employment. Older workers often find themselves downshifting into lower pay and lower skill, as this might be the only option available.. The PHAC attempted to address this with recommendations around flexible working ensuring older workers are aware of their eligibility and support for considering impact of changes on pensions, including early support from HR in doing this as part of flexible working policies.<br><br>PHAC meeting 13:<br><br>Evidence in review 6 suggests that:<br><br>• older workers with lower education may need more support to engage in learning and development, and such staff may be reluctant to participate in training and development (ES3). The wording of the training recommendation |

| 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how? |
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| (recommendation 1.9.7) reflects this.<br><br>• Having a mental health issue is one of the most common reasons for ill health retirement. One UK study found that men aged 50-64 years with a generalised anxiety disorder or depressive disorder are more likely to retire than those who do not and that women with depression, anxiety and other psychiatric conditions are less likely to be employed (ES8b). The guideline cross references to PH22 Promoting mental wellbeing at work.<br><br>**Gender**<br><br>The committee noted that while some evidence was presented regarding gender differences or only evidence for one gender group (ES4.1 [shift patterns], ES4.2 [physical activity], ES6.1a [attitudes to work], ES6.1b [Shift work impact on older workers' health],ES5.2b [Barriers to employer intentions to employ older workers], ES6.3c [older workers and training], ES6.5 [Role of line managers in retirement process] and ES6.8b [Health and retirement decision-making]), they did not think it was necessary or appropriate, due to insufficient quality / quantity of evidence, to make any recommendations for different gender groups.<br><br>In addition, the committee considered that while there are specific health issues for older working women with menopausal symptoms, the evidence on interventions in review 4 (ES2) regarding this topic was insufficient to generate a recommendation.<br><br>PHAC meeting 12:<br><br>• Expert testimony: Features of the work environment in German care homes for older people include a high proportion of women (more than 80%), part time workers (50% of women are part time workers).<br>• Expert testimony suggested that caring roles are greatest in 50 to 64 age group and for women more than men.<br><br>**Ethnicity**<br>PHAC meeting 13:<br><br>Evidence in review 6 (ES8d): a qualitative study of older members of six ethnic minority groups in the UK found a need to improve understanding of financial products and planning, unmet need in relation to information about pensions and other financial issues and suggested that information, advice and guidance would help generate informed retirement decision-making. |

| 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how? |
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| **Disability**<br><br>PHAC meeting 13:<br><br>Evidence in review 6 (ES8e): One study of workers with disabilities (aged 50-74) and their support providers found that most older disabled workers wanted to continue working beyond retirement age but needed particular flexibility and understanding to enable them to make an active choice about retirement. |

| 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? |
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| No |

| 3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where? |
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| See previous comments in section 3.1 of this form regarding the committee considerations section within the guideline. |

| 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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| No |

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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? |
| A guideline specifically for people with long term conditions is in progress and employees with disabilities will be covered here. Further information can be found here. |

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| 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? |
| No |

Completed by Developer: Hilary Chatterton/Hugo Crombie (Inc. update)

Date: 20 July 2015 updated 10/09/2015

Approved by NICE quality assurance lead Simon Ellis

Date: 15/10.2015

**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? |
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| Concern was expressed over the needs of people with sensory loss (hearing and sight) and that older employee's communication needs should be specifically addressed as a key element of any health promotion programme and health assessment. Similarly, that NICE should take steps to make reasonable adjustments for individual disabled people where existing arrangements place them at a disadvantage.<br><br>While the Committee noted that communication and sensory issues can have a significant impact on people both at work and in other areas of their lives no evidence was found relating specifically to sight or hearing issues. Consequently the committee felt unable to address this issue. |

| 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? |
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| No |

| 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? |
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| No. |

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| 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? |
| No |

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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? | |
| Yes, in the committee discussion section of the guideline. | |

Updated by Developer: Hugo Crombie

Date: 17/12/15

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 17/02/2016

**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: |
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| Add text to highlight that recommendations support compliance with equality legislation under the Equality Act (2010). |

Updated by Developer: Hugo Crombie

Date: 23/2/2016

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 22/03/2016