Equality & Health Impact Assessment for

Family Leave Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	n/a Family Leave Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Wales Policy People & OD Directorate Lead: Karen Fitzgibbon, Head of People & OD Operations karen.fitzgibbon@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The purpose of the Family Leave Policy is to set out the entitlement of all staff to maternity, new parent support (paternity), adoption, surrogacy, and other parental leave, and also the entitlements for those staff planning/in receipt of In Vitro Fertilisation (IVF) treatment. It should be read in conjunction with the Family Leave Procedure which provides further detail on entitlements and responsibilities within each of these areas, and the more detailed advice and guidance available on the Family Leave pages of the staff intranet.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable	**Staff Data** (All data has been taken from the ESR records as at 31 March 2025) **Age Profile**

- needs assessment
- engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.

Age	%
<=20 Years	0.18%
>=71 Years	0.37%
21-25	4.28%
26-30	13.60 %
31-35	13.38 %
36-40	13.75 %
41-45	14.82 %
46-50	11.39 %
51-55	11.98 %
56-60	10.65 %
61-65	4.39%
66-70	1.22%

Disability
8% of our staff have indicated that they have a disability, but this information is not known for 11% of staff.

Gender
The gender breakdown of the organisation is approximately 73% female and 27% male.

The gender breakdown of part time workers is approximately 89% female and 11% male.

Marital Status

Marital Status	%
Civil Partnership	1.44 %
Divorced	5.38 %
Legally Separated	0.41 %
Married	50.50%
Single	33.80%
Unknown	7.56 %
Widowed	0.92 %

Ethnicity
81% are White, 5% are Asian, 3% are Black and 12% fall into another ethnicity category (including mixed).

Religious Belief

Religious Belief	%
Atheism	27%
Buddhism	0%
Christianity	35%
Hinduism	1%
I do not wish to disclose my religion/belief	14%
Islam	2%
Judaism	0%
Other	11%
Sikhism	0%
Unspecified	9%

Sexuality
86% of our staff have disclosed this information; 80.6% indicated they are heterosexual, 3.24% gay or lesbian, 2.17% bisexual, 0.15% other sexual orientation not listed and 0.2% undecided.

We currently do not collect information regarding gender re-assignment or socio-economic status. However, we do know the income profile of our staff, which is as follows:

Pay Band	%
Band 2	0.22 %
Band 3	12.24 %
Band 4	15.37 %

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<tr><td>Band 5</td><td>14.93 %</td></tr>
<tr><td>Band 6</td><td>13.49 %</td></tr>
<tr><td>Band 7</td><td>16.70 %</td></tr>
<tr><td>Band 8 - Range A</td><td>9.47 %</td></tr>
<tr><td>Band 8 - Range B</td><td>4.57 %</td></tr>
<tr><td>Band 8 - Range C</td><td>3.80 %</td></tr>
<tr><td>Band 8 - Range D</td><td>2.06 %</td></tr>
<tr><td>Band 9</td><td>2.03 %</td></tr>
<tr><td>Other</td><td>5.12 %</td></tr>
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Research and Good Practice
A range of other organisational policies and EqHIAs have been reviewed to look at good practice and to review the impact that maternity, adoption, paternity and shared parental leave policies may have on particular groups of people.
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<td>5.</td>
<td>Who will be affected by the strategy/ policy/ plan/ procedure/ service

Consider staff as well as the population that the project/change may affect to different degrees.</td>
<td>All staff of Public Health Wales.</td>
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Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	There is no age limit to maternity, adoption, paternity or shared parental leave. However, it is less likely that older staff will need to/want to make use of maternity leave. There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to their age.		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
	The policy and procedure prevent indirect discrimination by setting out the processes that should be followed.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to disability.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	The policy applies to all staff, regardless of gender. Trans people have an equal opportunity to apply for leave under this policy.	The Policy and Procedures are supported by the Family Leave pack on the staff intranet, which gives	

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NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The policy and procedures do treat men and women differently in that only staff who give birth can access maternity provision. However, all other provisions are available to all staff regardless of gender, provided they meet the qualifying criteria. The policy and procedures have been carefully written to ensure that gender-neutral language is used, with the aim of reducing or removing any discrimination in their application.	more explicit details to managers about the need to apply them in a gender-neutral way as far as that is possible (i.e. with the exception of Maternity Pay and Leave in the case of cis-gendered women).	

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6.4 People who are married or who have a civil partner.	The Policy and Procedures have been carefully written to ensure that no eligibility is based on marital status.	The Family Leave pack on the intranet is explicit in its advice that the provisions of this policy and procedures apply to employees regardless of their marital status (including those who are single).	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy provides a framework to ensure that those who meet the qualification criteria will receive their statutory and contractual entitlements and therefore there is a potential positive impact on women who are expecting a baby, who are		

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	on a break from work after having a baby, or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to race, nationality, culture or ethnic origin.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to belief of lack of belief.		
6.8 People who are attracted to other people of:	The policy is explicit in applying to all parental		

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• the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	partnerships/couples regardless of sexual orientation. The support available to couples who choose to adopt a child through surrogacy arrangements are also explicitly included, along with the support available for people undergoing IVF treatment, which could have a positive impact on those same-sex couples who opt to follow these routes to creating their family.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,	The Policy makes provision for employees to receive Occupational Maternity and Adoption pay that is more generous than the government's Statutory Pay, enabling staff to be	The supporting Family Leave pack provides additional detail for employees and managers about the importance of flexibility and	

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people who are unable to work due to ill-health	able to balance home and work responsibilities better as well as remaining in employment. This is further enhanced by organisational flexibility around organising work both before and after leave.	understanding, to ensure that staff feel able to balance the needs of their work and their new family. It also provides advice and support around matters of pay, to enable employees to better plan for their financial situation when they are on leave.	
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no specific evidence to suggest the policy has a disproportionate impact on people according to where they live.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan,	There is no specific evidence to suggest the policy has a		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
procedure and/or service	disproportionate impact on any other groups.		
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The Policy and Procedure will be translated and available to staff equally in Welsh and English.		
Treating the Welsh language no less favourably than the English language	The Policy and Procedure will be translated and available to staff equally in Welsh and English.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	The Policy lays out a range of benefits to staff to enable them to maintain good health throughout pregnancy and childbirth, and emphasizes the importance for managers to support those who choose to breastfeed.		Women and other people giving birth	
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks	By supporting all parents with leave and pay, the Policy aims to have a positive impact on family relationships and to ensure that children have a good start in life			Further emphasis is put on the need to support family life in the guidance for managers included in the Family Leave pack on the intranet

• Third sector & volunteering				
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	By supporting all parents with leave and pay, the Policy aims to have a positive impact on families' economic stability			Further emphasis is put on the need to support the mental wellbeing of prospective and new parents in the guidance for managers included in the Family Leave pack on the intranet
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	No impacts detected			
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	The Policy makes provision for employees to receive Occupational Maternity and Adoption pay that is more generous than the government's Statutory Pay, enabling staff to be able to balance home and work responsibilities better			

	as well as remaining in employment.			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel	No impacts detected			
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	No impacts detected			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).