

## Merseyside Fire and Rescue Service

### Equality Impact Assessment Form

<b>Title of policy/report/project:</b>	IVF SI
<b>Department:</b>	POD
<b>Date:</b>	March 2014
<p><b>1: What is the aim or purpose of the policy/report/project</b></p> <p><i>This should identify “the legitimate aim” of the policy/report/project (there may be more than one)</i></p>	
<ul style="list-style-type: none"> <li>• The policy outlines the support MFRA will offer to employees and partners of employees who are undergoing IVF.</li> <li>• It outlines the legal position relating the women undergoing IVF treatment.</li> <li>• It provide advice for Managers who have a team member undertaking IVF.</li> </ul>	
<p><b>2: Who will be affected by the policy/report/project?</b></p> <p><i>This should identify the persons/organisations who may need to be consulted about the policy /report/project and its outcomes (There may be more than one)</i></p>	
<ol style="list-style-type: none"> <li>1 SMG as the body authorised to make decisions regarding equality and diversity issues.</li> <li>2. The Representative bodies via Joint Secretaries</li> <li>3. Employees who require time off for treatment</li> <li>4. Managers who need to grant time off for treatment</li> <li>5. DAG.</li> </ol>	
<p><b>3. Monitoring</b></p> <p><i>Summarise the findings of any monitoring data you have considered regarding this policy/report/project. This could include data which shows whether it is having the desired outcomes and also its impact on members of different equality groups.</i></p>	
<b>What monitoring data have you considered?</b>	<b>What did it show?</b>

	<p>TRM manage and maintain a database of leave requests in order to ensure that each employee takes the permitted amount of leave. We have requested that IVF is recorded as authorised leave for privacy purposes. H&amp;S are responsible for the completion and dissemination of information relating to risk assessments post fertilisation.</p> <p>We currently have 3 (known employees) who are undergoing treatment via IVF and 1 ex-employee whose personal experience contributed to the detail of the policy. 2 employees are female and White British, the male employee an operational employee and is white British.</p> <p>The ex-employee was a female white British employee who was a Jehovah's Witness.</p>
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<p><b>4: Research</b></p> <p><i>Summarise the findings of any research you have considered regarding this policy/report/project. This could include quantitative data and qualitative information; anything you have obtained from other sources e.g. CFOA/CLG guidance, other FRSs, etc</i></p>	
<p><b>What research have you considered?</b></p>	<p><b>What did it show?</b></p> <p>The information pertaining to this SI was sourced from environmentally scanning Government websites such as DBIS, ACAS, the CIPD and TUC websites. It demonstrated that the response to IVF is mixed with some organisations referencing IVF as a separate policy, others included it within their maternity policy and many do not make reference to it all.</p> <p>The CIPD information demonstrated a divide between those who felt it was an elective treatment and those who feel it is a necessary option.</p> <p>Staffordshire, Cheshire and Bedfordshire FRS supplied their IVF policies for review. These tended to be general statements of intent.</p> <p>Specialised websites were accessed which provided background to the medical, financial and emotional impact of this process and assisted in the development of the EIA.</p> <p>An ex-employee kindly shared her experience and material about the practical aspects of this process.</p>

	<p>Large organisations in the public and private sectors were assessed to ensure that the proposed SI is in line with those of Employers of Choice. ASDA and HSBC notably provide high profile and generous schemes.</p>
<p><b>5. Consultation</b></p> <p><i>Summarise the opinions of any consultation. Who was consulted and how? (This should include reference to people and organisations identified in section 2 above)</i></p> <p><i>Outline any plans to inform consultees of the results of the consultation</i></p>	
<p><b>What Consultation have you undertaken?</b></p>	<p><b>What did it say?</b></p> <p>The SI was submitted to DAG for consultation and discussion in June 2011 and no amendments were requested. TRM have been involved to ensure the process is practicable.</p> <p>The Joint secretaries discussed the proposed policy and where possible their suggestions and amendments have been incorporated.</p> <p>The policy has been shared with the OH nurses team for their medical opinion.</p> <p>Employees undergoing IVF were consulted to ensure that the policy is reflective of their experience and offered practical guidance.</p>

## **6. Conclusions**

*Taking into account the results of the monitoring, research and consultation, set out how the policy/report/project impacts or could impact on people from the following protected groups? (Include positive and/or negative impacts)*

### **(a) Age**

As can be seen below the causes of infertility can be complex. However one common theme is that women are delaying the age at which they try to conceive and this has implications for fertility. IVF can extend the period of time that women can have children.

### **(b) Disability including mental, physical and sensory conditions)**

For some people an inability to have children and/or the psychological effects of unsuccessful IVF treatment can lead to depression. A National Infertility Awareness Campaign advised that 94% of couples who are unable to conceive have suffered depression and feelings of isolation. Employees who have had treatment for cancer may find that IVF is their only possibility of conceiving.

### **(c) Race (include: nationality, national or ethnic origin and/or colour)**

There are currently no statistics which imply that there is a significant adverse or positive affect on the grounds of race. All the employees who are undergoing IVF are white British.

National states have different process both within Europe and beyond, for example, Israel specifically prohibits discrimination on the grounds of IVF.

### **(d) Religion or Belief**

Different cultures and faiths have varied views on the perceived interference in fertility notably the Roman Catholic Church.

Other faiths such as Jehovah's witnesses have strict rules regarding certain medical interventions such as allogeneic blood transfusion.

The policy however does not make judgements regarding personal choices on the grounds of faith and will support employees undertaking IVF regardless of their personal beliefs and faith background.

### **(e) Sex (include gender reassignment, marriage or civil partnership and pregnancy or maternity)**

Infertility can affect 1 in 7 women. However both sexes can be affected. Over the past 50 years male sperm counts have halved. Sexually transmitted diseases such as Chlamydia and gonorrhoea which destroy the fallopian tubes have increased.

Women are protected from any less favourable treatment under the sex discrimination provisions of the Equality Act from the point that her eggs are removed for IVF, if she can show the treatment is related to the IVF process.

Whilst IVF treatment has a physical impact on women the policy recognises that there is an impact on the woman's partner which can also include physical medical intervention and emotional and psychological distress.

#### **(f) Sexual Orientation**

There is no adverse impact on either gender to use the IVF SI or to access IVF treatment or to request leave to support their partner.

#### **(g) Socio-economic disadvantage**

IVF is an emotive subject for both those who believe that employees should have paid time off to have IVF treatment and for those who believe it is an elective process. This division is reflected in CIPD forum discussions regarding whether time off for IVF treatment should be paid for or taken as unpaid leave.

IVF treatment is expensive. In 2005 the Government issued a policy statement advising that the first round of IVF treatment should be paid by the state. However with NHS budgets being reviewed some NHS trusts have suspended IVF treatments to concentrate on life critical and emergency treatment and in others it is being offered as a private treatment programme only. Within the North West the NHS will fund one or 2 cycles.

Employees may not only require time off to attend appointments but the process of IVF may itself cause absence from work because of the side effects of the treatment both physically and emotionally. Women are put in to an early menopause before being injected with hormones to restart and overload their reproductive cycle with hormones. Fertility treatments is not deemed as incapacity for SSP purposes, thus for organisations that do not have generous sickness provision this can add additional expense.

IVF in this context could therefore only be applicable to those families who have the financial means to afford it.

## 7. Decisions

*If the policy/report/project will have a negative impact on members of one or more of the protected groups, explain how it will change or why it is to continue in the same way.*

*If no changes are proposed, the policy/report/project needs to be objectively justified as being an appropriate and necessary means of achieving the legitimate aim set out in 1 above.*

IVF is a very divisive subject and in times of budget cuts the divisions about what should be funded by the NHS are deepening.

There are those who believe that having a child is a right and others who believe having a child and thus IVF is an elective choice. Other groups place a premium on the ability to provide families with children and others believe that any interference in human reproduction is immoral or ungodly.

This policy cannot legislate for personal beliefs, however it recognises that every person has the right to make a choice and that as an Equal Opportunity employer MFRS will remove barriers where practicably possible to reduce the stresses experienced by employees who are trying to conceive. It recognises that local health trusts already put significant checks in place for those people who want IVF, for example, having a certain BMI, passing alcohol and lifestyle checks. This policy is therefore to support those employees who meet the strict criteria laid down by the NHS and then face the emotional rollercoaster of the treatment and waiting time.

## 8. Equality Improvement Plan

*List any changes to our policies or procedures that need to be included in the Equality Action Plan/Service Plan.*

## 9. Equality & Diversity Sign Off

***The completed EIA form must be signed off by the Diversity Manager before it is submitted to Strategic Management Group or Authority.***

Signed off by:

Date:

Action Planned	Responsibility of	Completed by

For any advice, support or guidance about completing this form please contact the

[DiversityTeam@merseyfire.gov.uk](mailto:DiversityTeam@merseyfire.gov.uk) or on 0151 296 4237

**The completed form along with the related policy/report/project document should be emailed to the Diversity Team at: [DiversityTeam@merseyfire.gov.uk](mailto:DiversityTeam@merseyfire.gov.uk)**