

## **Assessing Equality – The Equality Act 2010**

## **Customer Impact Assessment**

Name and brief	description	of policy	v being	analy	/sec

## Flexible Working

Fenland District Council recognises the need for employees to work flexibly, and is committed to optimising the opportunities to incorporate family friendly and flexible working practices where possible. The Council is committed to widening access to quality services through providing flexible modes of working and service delivery.

## Information used for customer analysis

The policy itself, best practice, ACAS guidelines, XpertHR, appropriate legislation, consultation with MTSP, CMT, colleagues and HR team. Where appropriate Staff Committee.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible  Please note details of any actions to be placed in your Service Plan
Race				This policy has the potential to benefit to celebrate religious festivals etc.	N	
Sex				<b>3</b>	N	
Gender reassignment					N	
Disability					N	
Age					N	
Sexual orientation					N	
Religion or belief					N	
Pregnancy & maternity					N	
Marriage & civil partnership					N	





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Human Rights				1	N		
Socio Economic					N		
Multiple/ Cross Cutting					N		
Outcome(s) of customer analysis							
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative   neutral  positive							
No major change needed ■	Adjust the policy $\ \square$			Adverse impact but continue $\square$	Stop and remove / reconsider policy [		
Arrangements for future monitoring:							
Review with service managers as and when required for advice to ensure no negative impacts.							
Details of any data/ Research used (both FDC & Partners)							
Completed by:							
Name: Ross Potter							
Position: HR, Payroll & Learning Admin Apprentice							
Approved by (manager signatu	pproved by (manager signature):  Date published:						
Details of any Committee approved by (if applicable):			Date endorsed by Members if a	pplicable:			