Liverpool Hope University

EQUALITY ANALYSIS

**Equality Analysis Template**

Please ensure you read the accompanying guidance notes before completing this form.

This form is a written record that demonstrates you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

**1 About the Policy**

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| Name of the Policy/procedure/function: | Procedure for new academic year including return to Campus following closure due to COVID-19 |
| New or amendment: | New - Version 10 07/05/2021 |
| Intended aims/outcomes of the policy/procedure/function: | The procedure must ensure the new academic year including the return or partial to campus and continued remote working does not have a negative impact on the health and wellbeing of staff balanced against our core business of providing education for our students. The Equality Analysis must look at whether there are any unintended consequences for some groups and whether the procedure will be fully effective for all target groups. |
| Senior Manager responsible: | Staffing Group chaired by Prof K Newport |

**2 Is the policy/procedure/function equality relevant?**

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| Does the policy/procedure/function involve or have consequences for staff, students or others? If yes, state who will be affected. | Although this procedure will have particular consequences for certain groups of staff, eg older, pregnant, vulnerable, BAME, all staff could potentially be affected, eg.by being required to ‘shield’ due to someone in their household becoming infected or by becoming infected themselves |

**3 What evidence has been used to help inform this analysis?**

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| *Evidence relating to all protected characteristics* |
| * CIPHR * Information provided by individual staff members * Government statistics on COVID-19 infections/deaths; * NHS advice * Regional data; * Advice from UCEA, UUK * Feedback from individuals with protected characteristics * Feedback sought from Unions in weekly meetings |

4 **With reference to the data, what are the equality implications of the policy/procedure/function under the following headings?**

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| *Characteristic* | *Impact* | *Mitigation/Action* |
| Age | Evidence shows that older staff may be more likely to develop serious ill-health and have more underlying conditions which may cause them to be at a greater risk from COVID-19. They may have also been told to isolate by the NHS or be shielding partners. This group of staff may be reluctant or refuse to return to campus. Whilst less than 2% of LHU staff are in the 70 or over age group, some staff may be living with a partner of family member from that group and be reluctant/unable to return to work.  New government guidance issued early November 2020 confirmed that anyone aged 60 or over could be at higher risk of severe illness from Coronavirus | * Engage with colleagues through discussions with line manager * Continually review government guidance and personal circumstances * Continue working from home option * If working from home processes in place to support not isolate * If returning to work, ensure any required risk assessment is carried out and checklists complete * Provide wellbeing support for those staff who are anxious * IHRA and Return to Campus protocol updated 4.11.20 to include additional precautions for staff in the over 60 age group. All managers instructed to carry out a new IHRA for staff in this age group |
| Disability | 12% of the total core staff at LHU report having long-term conditions or impairments and therefore may be at greater risk of developing symptoms of COVID-19 and may also have been instructed to shield. This group of staff may be reluctant or refuse to return to campus.  Mental health and neurodiversity – those who are neurodiverse or have different mental health conditions may experience heightened anxiety and stress around return to campus conversations, or about changes to routine and working environment when on campus (e.g. building changes, or seeing the visible measures taken). This can cause a negative impact on wellbeing and ability to focus on work.  Some staff with disabilities, particularly mental health issues, may prefer to return to campus due to social isolation  Recent ONS information identifies increased risk of depression <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26>  Routes for navigating campus may have changed to accommodate social distancing requirements Visually impaired staff may not see some of the new signage, and the installation of additional screens may disrupt routes around campus.  Access to some areas of campus may be restricted/less easy due to social distancing measures being put in place e.g. restricted use of lifts or teaching rooms in corridor ‘cul-de-sacs’  Staff with a hearing impairment who lip-read may have their ability to do so reduced due to members of the community wearing masks | * Continue with working from home option ensuring risk assessments are regularly reviewed * If returning to work, ensure risk assessment is carried out involve OH when required * Continually review government guidance and personal circumstances * Line managers to be briefed on managing reasonable adjustments for those on and off campus and other impacts of Covid-19 e.g. shielding and vulnerable groups. * Colleagues to be given the opportunity to raise the need to have access to equipment to fulfil the reasonable adjustments required. * Promote DSE to all to ensure safe working, wherever colleagues are working * Review any existing reasonable adjustments on a case by case basis and amend in line with new access arrangements * Review and update any existing PEEPs * Ensure all new signage follows appropriate guidance to improve accessibility and ensure communication on limited use of lifts is clear * Continue to signpost what is available to support mental health (counselling, etc.) * In conversations with manager, colleagues to be given the opportunity to discuss with their manager about their mental health and whether a return to campus is achievable at this time with reasonable adjustments. Support can be signposted, e.g. EAP and colleague networks. * Ensure Covid-19 measures are physically accessible for staff * Walk round access to be done before full return to assess any barriers relevant managers briefed to perform task with support of students and Estates * Assess the impact of face covering protocol and address any reasonable adjustments required * Ensure screens are suitable for staff use regarding size etc… * Give disabled staff the time to find the most appropriate route(s) around campus for them and support them in doing so * Proactively look out for signs that the mental health of any member of staff is deteriorating and address this as appropriate, within the limitations of your role and expertise, seeking support where needed * Return to Campus Protocol updated 4.11.20 to include information new on Access to Work Mental Health Support Service * Commencement of third lockdown saw new shielding letters being issued – all staff again told to work from home as all teaching moved on-line * “Time to Talk Day” 4th February – HR email to all staff encouraging them to raise any mental health issues with line managers and offering further support plus separate email to line managers offering advice and support on how to address these issues |
| Ethnic Group | Emerging evidence shows there has been a disproportionate number of serious illness or death from COVID-19 amongst BAME people.  When adjusting for age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, men and women of black ethnicities are still almost twice as likely to die of a Covid-19 related death than people of white ethnicity. Men from Bangladeshi and Pakistani ethnic groups were 1.8 times more likely to have a Covid-19 related death than white males and for Bangladeshi and Pakistani women, the figure was 1.6 times more likely. Chinese men and men and women of mixed ethnicity were just as likely to die from a Covid-19 related death as men from white ethnicity, whereas Chinese women are less likely to die than white women.  A substantial part of the difference in COVID-19 deaths between ethnic groups can be linked to factors such as socio-economic deprivation. However, these factors do not explain all of the difference, suggesting that other causes are still to be identified. This is a risk we must consider for those returning to work on campus.  Liverpool Hope has a relatively low number of BAME staff (5.3%) particularly in support areas. Nevertheless those in this group will need protection and may be reluctant or refuse to return to campus | * Seek feedback from BAME staff to the EA ensure that issues are properly covered and respond * Continue with working from home option if viable ensuring risks are regularly reviewed * Any plan to return to campus must recognise the health vulnerabilities of BAME colleagues and risk assessments undertaken where agreed need identified. * Undertake equality monitoring and review of those due to return to campus and any mitigation required on a case by case basis. * Create a form to capture how the matter is addressed * Keep under review any changes to guidance and personal circumstances * Continually review government guidance and personal circumstances |
| Gender | Women make up 58% of LHU’s workforce and whilst national data indicates that more men than women are contracting/dying from the virus (reasons currently unknown) the fact that we have more female staff means disproportionately they may be more likely to become infected.  Women are generally more likely to be informal carers for older people and children and so changes to the quality and availability of schools, social care and support may have a greater negative impact  Impact on research ability  As stated, men appear to be more likely to experience symptoms of COVID-19 and so may need more protection  Evidence suggests that lockdown has witnessed significant increase in domestic violence with a disproportionate impact on women. | * Acknowledge that this could be challenging and promote the understanding of the issues for those with caring responsibilities * Engage with colleagues through line manager discussions and colleague networks to understand the issues for individuals but also the potential solutions * Focus on the impact for research and REF, how do we mitigate and support those with caring responsibilities up front. * Whilst working from home remains an option ensure risk checklists are regularly reviewed and take action were required * Understand potential child caring issues through school year or class closures and impact on staff to attend Campus along with constraints then placed on working from home * Continually review government guidance and personal circumstances * Offer support and advice to staff around issues relating to domestic violence (See also government advice and guidance for those who are experiencing or feel at risk of [domestic abuse during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse).) * Following school closures in third lockdown, all teaching moved on line. Note to line mangers on 5th January from VC reminding then about issues around caring and ensuring they allow flexibility in working arrangements * Letter to all staff from DVC 18th January reinforcing VC’s message to managers of 5th January and allowed for up to an additional 4 days “carers leave” (pro rata for part time staff) for managers to award to staff if other flexible working options are not viable. * Managers also issued with a “key worker” template letter to issue to staff requesting school places * Link to advice from member of Hope academic staff re home schooling: <https://www.hope.ac.uk/news/allnews/hope-academic-makes-headlines-with-homeschooling-tips.html> |
| Gender reassignment | Closure of clinics for advice, injections or surgery could cause increased anxiety for trans and non-binary people along with fear of discrimination and access to other support groups due to lockdown.  LHU’s data shows no members of staff declaring as trans. | * Engage with colleagues through discussions with line manager * Continually review government guidance and personal circumstances |
| Marriage and civil partnership | No perceived impact |  |
| Pregnancy or Maternity | Pregnant women are included in the Government’s high risk group and have been strongly advised to socially isolate and avoid using public transport | * Continue with working from home option if possible * Any return to work must be supported by a Maternity Risk Assessment and in line with health and safety guidelines * Only key workers on site during third lockdown (Jan 2021) and of these, one pregnant Domestic kept on furlough |
| Religion or belief | COVID restrictions will have an impact on prayer and ablution facilities for some religions  If the person is already wearing a face covering as part of their religious belief, then no further face covering is required. | * Consider what can be provided in terms of prayer space in line with social distancing guidelines * Ensure that line managers are briefed to have effective conversations with all colleagues about their current circumstance and how they can be best supported. * Assess any government advice on impact on certain religions as information is made available |
| Trans and non binary | LGBT Foundation has received numerous reports from trans and non-binary people who have been denied access to prescribed and scheduled hormone injections, with some being told that these are ‘non-essential’. Gender Identity Clinics have frozen their waiting lists and other services, such as gender affirming surgeries have been cancelled. This is likely to add to the anxiety and other associated mental health conditions which are already more prevalent. The common practice of chest binding can also increase the risk of being severely affected by Covid-19 symptoms | * Any plan to return to campus must recognise the likelihood of increased anxiety and associated mental health conditions amongst the trans community. However, recognising that the number of colleagues declaring as trans is very small. * Ensure that line managers are briefed to have effective conversations with all colleagues about their current circumstance and how they can be best supported. |
| Sexual orientation | Although there is no evidence to suggest that LGB+ people are inherently more likely to contract Covid-19 than other groups, a number of factors exist which may result in people from LGB+ communities being more at risk of infection than the general population | * Any plan to return to campus must recognise any additional risk factors for the LGB+ community that become apparent. However also recognising that the LGB+ declaration rates for University colleagues are low * Ensure that line managers are briefed to have effective conversations with all colleagues about their current circumstance and how they can be best supported. |

**5 Further Actions Required**

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| Issue | Action |
| Changing information of the impact of Covid 19 continues to emerge  Continued need to engage with staff with protected characteristics  Monitor the success of the proposed mitigations  Recognition of cumulative risks for BAME and other protected staff and intersectionality | Review key stakeholder advice and guidance and information and amend operational plans accordingly including local lockdown/restrictions. Third lockdown at the start of the new term meant all teaching went on line. Only key workers on site (Domestics, Campus Officers, some student support) – all remaining staff working from home. Managers instructed to meet with staff again to review wfh arrangements and address any welfare, caring issues etc..  Staff feedback, Equality and Diversity Committee, Line Management return to work briefings issues to be fed back to relevant senior manager.  Senior managers to discuss with colleagues to identify and change what is not working  Continue to review individual data provided and factor into any required individual risk assessments  Further information on how Covid has affected different groups can be found in the PHE Report August 2020 <https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm> |

## Potential for promoting equality of opportunity, inclusion and fostering good relations

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| Name of person completing this analysis | Andy Catterall  Theresa Lewin |
| Job Title | Director of Personnel  HR Manager |
| Date of completion |  |