****

**Equality Impact Assessment (EIA)**

**Please refer to the guidance available from the** [**Equality Policy Unit webpages**](https://equality.leeds.ac.uk/equality-inclusion-framework/equality-impact-assessments/) **for advice on how to complete this assessment template.**

**Contents**

[Section 1: Information about the person completing this assessment 1](#_Toc44416772)

[Section 2: About the policy, procedure or practice 2](#_Toc44416773)

[Section 3: Involvement and Consultation 2](#_Toc44416774)

[Section 4: Gathering data and evidence 3](#_Toc44416775)

[Section 5: Assessing the impact 4](#_Toc44416776)

[Section 6: Addressing any impact: action planning 8](#_Toc44416777)

[Section 7: Approval & Publishing 10](#_Toc44416778)

## Section 1: Information about the person completing this assessment

**Name:** Sarah Ward (Equality and Inclusion Adviser, EPU)

 Steve Scott (Chair of University E&I Delivery Group)

**Faculty/Service Area:** EPU

## Section 2: About the policy, procedure or practice

**Title of the policy, procedure or practice:**

COVID-19: working from home

**Please describe the aims and purpose of the policy, procedure or practice in roughly 100 words or less:**

The majority of staff continue to be required to work from home during a period of ‘lockdown’.

This EIA will ensure that University complies with equality legislation, identifying potential differential impact so the University Executive Group can develop appropriate mitigating actions.

This EIA has been completed through the analysis of quantitative staff data, through qualitative evidence collected through consultation with staff equality network leads and trades union representatives, from a ‘pulse’ survey of staff run on-line and from recent published reports.

**Other partners/decision-makers involved in the development of the policy, procedure or practice (if any):**

**Partners:** Well-being, safety and health service, HR service

**Decision maker:** Francesca Fowler, Director of HR

**Who will this policy, procedure or practice apply to? For example, staff, students, visitors, the general public:**

All staff

## Section 3: Involvement and Consultation

**What involvement and consultation activity has been undertaken or is planned in relation to this policy, procedure or practice? For example, you may have used focus groups, surveys or one to one interviews, to collate feedback from relevant groups about the policy, procedure or practice.**

1. EPU gathered equality data relating to staff. Well-being, Safety & Health ran a ‘pulse’ survey of staff.
2. EPU consulted with the staff networks and trades unions to gather information on the challenges that colleagues with one or more of the protected characteristics may be experiencing.
3. We have worked closely with members of the HR and WS&H teams to understand the developing approaches to staff deployment and health and safety policies.
* Input and evidence has been taken from the following sources amongst others: ‘Disparities in the risk and outcomes of COVID-19’ published by Public Health England
* ‘COVID-19 Post-lockdown position paper’ – National Association of Disabled Staff Networks (NADSN)
* ‘Supporting Black, Asian Minority Ethnic (BAME) staff during the COVID-19 crisis’. HERAG
* ‘BAME Women, mental health and COVID-19’. Business in the Community Factsheet.
* ‘Hidden Figures: The Impact of the COVID-19 Pandemic on LGBT’; ‘The Essential Briefing on the Impact of COVID-19 on LGBT Communities in the UK’; ‘Hidden Figures: LGBT Health Inequalities in the UK’; LGBT Foundation reports.
* ‘Briefing Note: Mothers and fathers balancing work and life under lockdown’, Institute for Fiscal Studies
* [Race Equality Foundation: Coronavirus information and resources](https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/)
* [COVID-19: supporting BAME Communities](https://www.ubele.org/covid19-supporting-bame-communities). Ubele Initiative
* [BAME women account for over half of pregnant women in UK hospitals with covid-19](https://www.bmj.com/company/newsroom/bame-women-account-for-over-half-of-pregnant-women-in-uk-hospitals-with-covid-19/) (BMJ, June 2020).

## Section 4: Gathering data and evidence

**Have you identified relevant evidence (qualitative and quantitative) to establish whether this policy, procedure or practice could potentially affect some equality groups more than others? This might include analysing equality data for each of the groups identified in Section 5 and/or identifying/researching anecdotal or alternative evidence. Please include any relevant evidence when submitting this assessment.**

Equality data has been analysed for each of the groups identified in Section 2.

We have identified/researched anecdotal or alternative evidence; relevant links are included in the assessment and more will be added as evidence is gathered on an ongoing basis.

## Section 5: Assessing the impact

**Using examples from the evidence you have collected and using the list below for reference, how might different equality groups be affected by this policy, procedure or practice? Where possible please describe the impact as ‘positive’, ‘negative’ or ‘neutral’.**

**Age**

Overall: 41 people under 20 years (0%), 1373 aged 20-29 (15%), 2691 people aged 30-39 (29%), 2389 aged 40-49 (26%), 1972 aged 50-59 (21%), 836 aged 60+ (9%)

COVID-19 diagnosis rates increase with age for both males and females and have a slightly older age distribution particularly for males. Amongst people testing positively for COVID-19, those over 80 are seventy times more likely to die than those under 40.

At the other end of the spectrum, younger staff may feel more concerned about longer-term employment prospects and redundancy.

**Disability**

Overall: 378 members of staff (4%) have a declared disability

Several medical conditions lead to staff being ‘vulnerable’ to COVID-19.

The intersectional impact of diabetes on BAME groups is described in the following ‘Race’ section. Other indicators of higher risk include obesity, hypertensive diseases, chronic kidney disease, obstructive pulmonary disease and dementia.

Disabled staff may not have been able to attend regular medical appointments/clinics or have had limited/interrupted access to medication to manage some conditions during the recent lockdown stage and may also have limited or delayed access during this period of ‘re-opening’ to the NHS.

People with some mental health conditions may have found the initial changes in routine and services brought about by lockdown very challenging. This may create stress and anxiety not only for the individual, but also their colleagues.

Deaf or hard of hearing staff may find working through Teams more difficult if video is not available.

Some disabled staff may not be able to access specialist equipment or furniture or achieve an environment that enables them.

**Pregnancy and maternity**

More than half of pregnant women admitted to UK hospitals with COVID-19 have been from a BAME background.

People who are due to go on, taking or returning from maternity leave may need extra support to ensure that they are fully up to date with the University’s response to COVID-19, and are re-assured that their circumstances will be taken into account.

**Race/ethnicity**

Overall, the University has 12% BAME staff who have declared this ethnicity

The recent report on ‘Disparities in the risk and outcomes of COVID-19’ published by Public Health England confirms a disproportionate impact of covid-19 on BAME people. People from Black ethnic groups were most likely to be diagnosed and death rates from COVID-19 were highest amongst people of Black and Asian ethnic groups. Analysis of survival amongst confirmed cases shows that after accounting for other effects, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity, whilst other ethnicities have between 10 and 50% raised risk of death. Evidence also indicates that when other comorbidities are taken into account, the difference in the risk of death amongst hospitalised patients is greatly reduced.

Factors contributing to the enhance risk are identified as: higher representation of BAME individuals in groups working in situations with greater exposure to infection (job-based risks), and to social deprivation and housing issues.

Diabetes is a significant contributing factor to risk of death from COVID-19: it is mentioned on 21% of death certificates and is a higher co-morbidity for all BAME groups compared to White ethnic groups.

People whose first language is not English may have limited understanding of challenges brought about by COVID-19.

**Gender**

At the institutional level, 54% of staff are female.

Female staff are over-represented in student-facing roles and hence increasingly exposed to activities dealing with student concerns in an increasingly on-line manner.

The majority of caring responsibilities are taken on by women. Single parents are more likely to be women.

There is clear evidence that the impact of caring and home-schooling duties has fallen disproportionately on female parents and that they have been subject to more interruption of working at home. (IFS report). Other evidence indicates that submission rates of papers to academic journals from female authors has dropped dramatically during the lockdown period in contrast to submission rates from male researchers. A similar trend is reported with respect to grant proposal submissions.

Female staff are more likely than male colleagues to be at risk of domestic abuse and hence being locked down in such environments.

Working age males diagnosed with COVID-19 are twice as likely to die as females.

**LGBT+/Gender reassignment**

4% of staff have declared as LGBT+: 27 members of staff (0.3%) record a gender different from that assigned at birth.

Colleagues may not have been able to attend regular medical appointments/clinics or have had limited/interrupted access to medication to manage their transition.

LGBT+ individuals more generally have a higher propensity for requiring medication and again there may have been interrupted access – 16% report being unable to access healthcare for non-COVID related issues, 34% have had a medical appointment cancelled and 23% have been unable to access medication or were worried about such access.

There is evidence that LGBT+ staff have higher incidences of mental health issues, e.g. from being locked down with families that do not accept or are hostile to their status, and are no longer able to access normal support groups to the same extent.

**Caring responsibilities**

Overall: 2203 (24%) of University of Leeds staff have registered as having caring duties

Initially, all schools and childcare facilities were closed nationally. Subsequent relaxing has allowed some return to school for selected groups but actual provision and uptake is variable and not being expanded as originally intended. Childcare facilities may offer more places in due course.

People caring for vulnerable/disabled/elderly relatives or dependants (‘shielding’) may be experiencing limited or changed access to support (e.g. day care centres, health visitors, case workers). External evidence indicates that caring duties fall disproportionately on female staff (see ‘gender section’ above).

## Section 6: Addressing any impact: action planning

**Please describe any actions you will take as a result of undertaking this assessment, including the timescale for each action and who will be responsible for the action.**

**Action 1:**

The University has created a dedicated [coronavirus mini site](https://coronavirus.leeds.ac.uk/), so staff and students can quickly access relevant information and support provision. [Advice for staff](https://coronavirus.leeds.ac.uk/staff-advice/) is provided and example provision includes [teaching and learning online](https://coronavirus.leeds.ac.uk/staff-advice/teaching-and-learning-online/). Staff with specific circumstances or seeking support in understanding the requirements and advice are directed to their Head of School/Service, HR Manager or H&S Manager in the first instance.

**Timescale:** Available since 20th March 2020

**Responsibility:**

**Action 2:** The Universities dedicated [coronavirus mini-site](https://coronavirus.leeds.ac.uk/staff-advice/working-from-home/) provides advice and support for working from home including sections on balancing care responsibilities, ways of working, home expenses, IT security, training and guidance, systems to support working from home, advice on systems, data protection and information security. Links are also provided to ‘useful’ external sites ranging from NHS, Government, Financial Conduct Authority and ‘Getsafeonline’. Links to further training are also provided.

**Timescale:** Available since 20th March. Ca 9000 page views to date

**Responsibility:** Well-being, Safety & Health service

**Action 3:** The ‘[time off for carers and domestic reasons’](https://hr.leeds.ac.uk/info/29/leave_other_leave/23/time_off_for_carers_and_domestic_reasons) scheme has been extended from 5 to 10 days to provide additional days during the current exceptional circumstances and confidential telephone appointments are being provided through Carers Leeds (booked through EPU).

**Timescale:** Ongoing

**Responsibility:** HR

**Action 4:** The Digital Education Service and OD&PL have developed detailed advice and [guidance on taking teaching and learning online](https://digitalpractice.leeds.ac.uk/) with a specific helpdesk facility and a ‘buddying’ support scheme. On-line training schemes about [remote working](https://coronavirus.leeds.ac.uk/staff-advice/remote-working-training-sessions/) have been provided and advice has also been provided about [Deaf Awareness](https://equality.leeds.ac.uk/support-and-resources/disability-2/deaf-awareness/) including how to support staff and students when using online communication tools.

**Timescale:** Current

**Responsibility**: DES

**Action 5:** Furloughing staff: where staff can be furloughed they have had individual conversations with HR team members to explain the scheme, to address any issues of stress and to reassure on salary continuation.

**Timescale:** Current

**Responsibility:** HR

**Action 6:** The Equality Policy Unit also has a dedicated [coronavirus webpage](https://equality.leeds.ac.uk/epu/coronavirus-resources/) with information and links to resources for staff and students related to COVID-19. This includes specific advice for carers, disabled staff, LGBT+, BAME and for staff of various religion and beliefs.

**Timescale:** Current

**Responsibility:** EPU

**Action 7:** The University has dedicated and up to date online information about mental health support on the [staff counselling and psychological support service](https://wsh.leeds.ac.uk/info/134/staff_counselling_and_psychological_support) and [Occupational Health](http://wsh.leeds.ac.uk/OccupationalHealth) websites.

**Timescale:** Current

**Responsibility:** Well-being, safety & health

**Action 8:** The EPU have updated their guidance on protecting and supporting staff and students subject to [domestic violence](https://equality.leeds.ac.uk/wp-content/uploads/sites/64/2020/04/Domestic-Abuse_Protecting-and-Supporting-Staff-and-Students.pdf) (online PDF).

**Timescale:** Current

**Responsibility:** EPU

**Action 9:** University services to support staff with disabilities and medical conditions are still operating as normal. Counselling and OH provision remain at the same levels as we would on campus but without the face to face provision. We can still deal with illness, absence, people recording stress etc and manage it as a normal OH referral.

**Timescale:** On-going

**Responsibility:** Occupational Health

## Section 7: Approval & Publishing

**Signature of person completing this Equality Impact Assessment (an electronic signature will be accepted):**

Sarah Ward (Equality and Inclusion Adviser, EPU)

Steve Scott (Chair of University E&I Delivery Group)

**Date:** June 2020