

Equality Analysis (EA)

(Formerly Equality Impact Assessment)

Introduction - The equality analysis is a process.

After implementing and completing this template in full you will have gathered evidence to ensure all documentation, delivery and organisational decisions have due regard for the Equality Act 2010. This will provide evidence to support the Public Sector Equality Duty (PSED), which requires public bodies to have *due regard (conscious thinking)* for:

- Elimination of unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advancement of equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and people who do not

Within this document, evidence is needed to demonstrate:

- An understanding that there are differing complexities for each protected characteristic group
 - Wider engagement and involvement
 - Impact of the document or process on each protected characteristic group
 - Data and information from engagement, consultations, routine data collection (highlighting areas where this is not collected)
 - Agreement regarding the impact of the evidence
 - Agreement on the remedial actions required and identification of a lead to take the action forward, with timescales
-
- D/deaf – This term is used throughout higher education and research for people who are Deaf (who are sign language users) and deaf (those who are hard of hearing, but have English as their first language and may lip read or use a hearing aid)
 - * University's minority ethnic include "white other" and constitutes 236 staff members. Results from the My university, My Voice, Wellbeing Staff Survey 2020, confirmed white and white others responded moderately positively on the Warwick-Edinburgh wellbeing index. Future surveys will inform if there will be a need to provide mitigations for white others.

STEP 1. The Provision

| | |
|---|--|
| Title of the procedure | A university equality assessment is being carried out to support the COVID-19 secure planning implementation. |
| Describe its aims and objectives: | COVID-19 has impacted every individual. New evidence is emerging about the nature and extent of this impact. In view of this, the university is maintaining this dynamic equality assessment. This assessment is being used by the university to inform decision-making during the COVID-19 pandemic, in relation to the breadth of impacts that may be triggered for people with protected characteristics and other affected groups. It is being updated to assess business continuity planning. Mitigating actions are being developed wherever necessary and these are summarised in the assessment – section 4. |
| Is this new / existing / revised. Please state: | New |
| Lead/Author: Laleh Williams to support the COVID secure planning steering group. | Date Started: 13 July 2020 |

STEP 2. Project Outcome

What are the intended outcomes? Include an outline of objectives and functional aims

COVID-19 has impacted everyone including those that are shielding or are vulnerable. Impacts on people include:

Existing inequalities may deepen and some people may be disproportionately affected by this. For example, women have taken on more caring responsibilities during the pandemic. Anecdotally they have suggested there has been expectations on them socially, economically or for cultural reasons to sacrifice their needs so dependents or others have theirs met. As a result, they have experienced increased pressure and stress which has impacted their wellbeing, status, productivity and career potential. People with multiple impairments/issues may face the most challenges.

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We cannot assume all staff are engaging with, or have time to process all the [COVID-19 information or guidance](#), especially those who already experience barriers to accessing information, or only have limited resource networks or time e.g. they are the main carers with little time, they may have hearing or sight impairments, have learning disabilities, English may not be their native language etc.

Staff have relied on remote working. When they have experienced technical issues, especially outside of the university's control, this has caused a loss in productivity, and impacted the quality and their experience of collaborating and communicating effectively, especially with students. Students have also relayed a sense of frustration and marginalisation through blended learning.

The impact of COVID-19 is being felt by everyone, younger and older, particularly those on lower incomes, in cramped conditions, with no access to green space are experiencing more severe issues.

Anyone who was already vulnerable to domestic or sexual abuse, or fraudulent activities such as scams can find they are more susceptible now.

Some people with protected characteristics may be furloughed or working virtually and on casual contracts, leaving people to feel more vulnerable not just on the impact of COVID-19, but also by being unable to deal with issues remotely and unable to access their usual support networks.

Everyone is trying to find their 'new normal'. It is important to know your own mental health as well as everyone else's, but that may be a difficult conversation.

For people who are already isolated, the extra demands being put on the university resources and services may mean they are experiencing gaps in support if or when these are required.

University business:

In addition to the potential impacts on people there is the potential for impacts on the university experience. This could mean that for a temporary period of time, the university will need to deliver services in a way that some students and staff may not feel is appropriate e.g. many staff and students enjoy face to face interactions and for them it is a key part of university life. When this is not possible to experience, this has caused dissatisfaction. The university may have little flexibility in this, as it will be required to comply with the COVID safe legislation.

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There will also be:

- A potential lack of capacity to provide services to those who need them (or feel they need them) in accordance with normal operating procedures.
- A potential lack of access to suitable equipment for colleagues/students if they need to work from different locations.

Mitigations are the actions which are being taken to address these issues. These are being presented in section 4 of this document.

Who will be affected? E.g. Students, staff, carers, service users etc.

Students, and staff employed by the University of Greenwich in substantive, casual or agency contracts.

Mitigations will be shared with the Equality and Diversity Committee, Student Experience Task and Finish Group and university contracted providers to ensure guidance for secure COVID-19 planning and equality assessments align with their mitigations to enable safer and equitable management.

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STEP 3. Preview of Your Document

Go through each protected characteristic below and consider whether the research/policy/procedure or provision could have any impact on the following groups. Please ensure any remedial actions are Specific, Measurable, Achievable, Realistic, and Timely (SMART)

| Protected Characteristic Group | <p>What evidence has been used for this assessment?</p> <ul style="list-style-type: none"> This can be census data, research, complaints, surveys, reports etc. Describe how the views of students, staff and the public have been captured. <p>What does the evidence tell you?</p> <p>This should be a representation of the key facts and learning pertinent to the research/project/policy/procedure. It could be demographic data, evidence of inequality of access / outcome and learning or engagement.</p> | <p>Identify positive and negative impacts</p> <p>Where the negative impact on one particular group is likely to be greater than on another.</p> <p>Note: some negative impacts may be intended in order to achieve a differential impact on groups.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><u>Age</u></p> | <table border="1"> <thead> <tr> <th>Age Group</th> <th>Numbers</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16 - 24</td> <td>539</td> <td>15.2</td> </tr> <tr> <td>25 - 34</td> <td>719</td> <td>20.2</td> </tr> <tr> <td>35 - 44</td> <td>797</td> <td>22.4</td> </tr> <tr> <td>45 - 54</td> <td>669</td> <td>18.8</td> </tr> <tr> <td>55+</td> <td>833</td> <td>23.4</td> </tr> <tr> <td>(blank)</td> <td>0</td> <td>0.0</td> </tr> <tr> <td>Grand Total</td> <td>3557</td> <td>100</td> </tr> </tbody> </table> | Age Group | Numbers | % | 16 - 24 | 539 | 15.2 | 25 - 34 | 719 | 20.2 | 35 - 44 | 797 | 22.4 | 45 - 54 | 669 | 18.8 | 55+ | 833 | 23.4 | (blank) | 0 | 0.0 | Grand Total | 3557 | 100 | <p>See section 4</p> |
| Age Group | Numbers | % | | | | | | | | | | | | | | | | | | | | | | | | |
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| Same Gender as at Birth? | Number of Staff | % | | | | | | | | | | | | | | | | | | |
| No | 9 | 0.3 | | | | | | | | | | | | | | | | | | |
| Prefer not to say | 103 | 2.9 | | | | | | | | | | | | | | | | | | |
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| <u>Pregnancy and Maternity</u> | Data not known | See section 4 | | | | | | | | | | | | | | | | | | |
| <u>Race</u> | <table border="1" data-bbox="398 799 969 1078"> <tbody> <tr> <td>BAME*</td> <td>1266</td> <td>35.6</td> </tr> <tr> <td>Not known</td> <td>560</td> <td>15.7</td> </tr> <tr> <td>Prefer not to say</td> <td>215</td> <td>6.0</td> </tr> <tr> <td>White</td> <td>1516</td> <td>42.6</td> </tr> <tr> <td>(blank)</td> <td>0</td> <td>0.0</td> </tr> <tr> <td>Grand Total</td> <td>3557</td> <td>100</td> </tr> </tbody> </table> | BAME* | 1266 | 35.6 | Not known | 560 | 15.7 | Prefer not to say | 215 | 6.0 | White | 1516 | 42.6 | (blank) | 0 | 0.0 | Grand Total | 3557 | 100 | See section 4 |
| BAME* | 1266 | 35.6 | | | | | | | | | | | | | | | | | | |
| Not known | 560 | 15.7 | | | | | | | | | | | | | | | | | | |
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| Spiritual | 8 | 0.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (blank) | 1291 | 36.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 3557 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Protected Characteristic Group | What evidence has been used for this assessment? <ul style="list-style-type: none"> This can be census data, research, complaints, surveys, reports etc. Describe how the views of students, staff and the public have been captured. What does the evidence tell you? This should be a representation of the key facts and learning pertinent to the research/project/policy/procedure. It could be demographic data, evidence of inequality of access / outcome and learning or engagement. | Identify positive and negative impacts Where the negative impact on one particular group is likely to be greater than on another. Note: some negative impacts may be intended in order to achieve a differential impact on groups. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|---|-----------------|---|----------|------|------|---------|------|------|-------------------|----|-----|--------------|------|------|---------------|----|-----|-------------------|-----|-----|---------|------|------|-------------|------|-----|---------------|
| Gender | <table border="1"> <thead> <tr> <th>Gender</th> <th>Number of Staff</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>2002</td> <td>56.3</td> </tr> <tr> <td>Male</td> <td>1555</td> <td>43.7</td> </tr> <tr> <td>(blank)</td> <td>0</td> <td>0.0</td> </tr> <tr> <td>Grand Total</td> <td>3557</td> <td>100</td> </tr> </tbody> </table> | Gender | Number of Staff | % | Female | 2002 | 56.3 | Male | 1555 | 43.7 | (blank) | 0 | 0.0 | Grand Total | 3557 | 100 | See section 4 | | | | | | | | | | | | |
| Gender | Number of Staff | % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 2002 | 56.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 1555 | 43.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (blank) | 0 | 0.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sexual Orientation | <table border="1"> <thead> <tr> <th>Sexual Orientation</th> <th>Number of Staff</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>65</td> <td>1.8</td> </tr> <tr> <td>Gay man</td> <td>60</td> <td>1.7</td> </tr> <tr> <td>Gay woman/lesbian</td> <td>24</td> <td>0.7</td> </tr> <tr> <td>Heterosexual</td> <td>1819</td> <td>51.1</td> </tr> <tr> <td>Other</td> <td>16</td> <td>0.4</td> </tr> <tr> <td>Prefer not to say</td> <td>291</td> <td>8.2</td> </tr> <tr> <td>(blank)</td> <td>1282</td> <td>36.0</td> </tr> <tr> <td>Grand Total</td> <td>3557</td> <td>100</td> </tr> </tbody> </table> | Sexual Orientation | Number of Staff | % | Bisexual | 65 | 1.8 | Gay man | 60 | 1.7 | Gay woman/lesbian | 24 | 0.7 | Heterosexual | 1819 | 51.1 | Other | 16 | 0.4 | Prefer not to say | 291 | 8.2 | (blank) | 1282 | 36.0 | Grand Total | 3557 | 100 | See section 4 |
| Sexual Orientation | Number of Staff | % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bisexual | 65 | 1.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Heterosexual | 1819 | 51.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | 16 | 0.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (blank) | 1282 | 36.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--------------------------------|--|---|
| <u>Other Identified Groups</u> | <ul style="list-style-type: none"> - Carers (for children, vulnerable or elderly people) - Young People - People with Mental Health concerns - People that are not substantively employed by the University or are currently furloughed | See section 4 |

STEP 4. Assess Your Evidence

Overview of evidence in support of the equality needs:

We only hold composite information on disability to protect individuals and to ensure they remain anonymous. However, we know a percentage of those registered with a disability will experience one or more of the concerns below.

Blind and partially sighted people:

- Many blind and partially sighted people cannot access web information.

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- Blind and partially sighted people (and their guide dogs) may be unable to see COVID-19 social distancing signage. Guide dogs are not trained to be socially distant. It may be necessary to remind staff and students to give more space to blind/partially sighted people when passing by.
- Temporary signs outside/inside cafe/shops can present trip hazards.
- Blind or partially sighted people may have developed a routine to navigate daily tasks. Changes to familiar things e.g. queuing systems, and a lack of close contact due to social distancing, can lead to people feeling disorientated and anxious.
- It may be difficult to judge social distancing when commuting or travelling between sites.

*D/deaf people:

- D/deaf people have different levels of signing skills and utilise a variety of mechanisms for communicating. Culturally suitable signing skills mean that video subtitles are not accessible to all.
- Beards, accents and face coverings affect the ability of people to lip read.
- British Sign Language (BSL) interpreters may not be available for face to face meetings, and some D/deaf people may not be familiar with online interpreting or have the equipment to make it feasible.

Neurological issues:

- People with multi-sensory impairments may be particularly vulnerable to loneliness and find it much harder than their non-disabled peers to maintain existing and form new friendships and networks, because there are less opportunities to interact.
- People who are Deaf/Blind may be heavily reliant on others. BSL may have to be done face to face and very close to the person's face to be understood. Deaf/Blind sign language involves staff and interpreters touching and making shapes on the Deaf/Blind person's hand – increasing the risk of infection/anxiety.
- If a person has multiple impairments, this can have a significant impact on their ability to access mainstream information and the local environment. They may be very reliant on existing routines or trusted workers to maintain their independence.

Learning disability:

- It may be challenging for some people with learning disabilities to adhere to social distancing advice, if they want to be friendly or be with friends.
- Complex and changing information may be difficult to understand. Some people may need support to interpret the information.
- It takes time for the university to translate information into accessible or easy read. There is a risk that due to the pace of change, it takes too long to produce easy read information and it becomes out of date quickly.

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Neurodiversity:

- Some people have found changes in routine and services very challenging. This has created stress and anxiety not only for the individual, but perhaps also their family members/carer.
- Someone who needs to be outside to manage their condition may want to go out multiple times a day. Government guidance recognises this, however if we return to a local lockdown they may be challenged by the way they are going out.
- Someone who is on the autistic spectrum may be benefitting from remote working/study.
- Someone who has dyspraxia, dyslexia or other neurodiverse conditions may be benefitting from remote working/study but may also be overwhelmed by the changes in technology.
- Someone who is a selective eater may no longer be able to access their preferred foods.
- Some people may be selective about who they speak to and prefer to have the same colleague/line manager. They may not welcome new people and appear to be hostile or verbally or physically aggressive.
- Some people may struggle to engage with the staff/student networks and societies – they may reject offers of help - and may therefore be at risk of isolation resulting in lack of essential support.
- Nuances in the Government guidance may be confusing and stressful to some people, as there are many frequent updates.

Older people and vulnerable people:

- It is well recognised older people, people who have long term health conditions or who find mobility challenging may be particularly vulnerable right now as they may be in a highly vulnerable group.
- For disabled and older people who have spent years building systems to enable their independence, this can be a frightening, depressing, lonely and disorientating time.
- There are natural fears about the impacts of COVID19 which may affect their health or that of their loved ones. The thought of being in an extended long-term social distancing or working from home situation may be troubling.
- People with a high COVID-age vulnerability may also be anxious about who is prioritised to return to work and the decision making which has supported this.
- Staff may be personal assistants and carers of older people and will need to be careful about social distancing whilst in work, so they reduce the risk of transmitting the virus.
- Some disabled people with adaptations in their home to enable independence are facing challenges because their adaptations have become faulty, and services to get these fixed may be taking longer due to a backlog.

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- For those struggling with existing conditions, such as heart disease, an immune suppressed condition such as cancer, type-2 diabetes, sickle cell anaemia, respiratory issues, are morbidly obese or will require regular hospital treatment, this may be a particularly upsetting and uncertain time.
- Some people may be particularly vulnerable to fraudsters posing as volunteers.

Mental Health:

- The current climate of fear, anxiety, social isolation, and potential job insecurity is a major trigger for mental health issues and may exacerbate existing issues.
- If we return to a local lockdown situation many people will miss their routines and family members e.g. grandchildren and seeing friends, and this may affect their mental health.
- Some people may find it frightening to see people in face coverings.
- Everyone is affected by the potential for reduced medical services and cancelled appointments. For people who are impacted by a high suicide rate (e.g. men, people who identify as transgender etc) this could be particularly detrimental.
- Someone who relies on their medication to maintain good mental health may not be able to access this and may not feel confident to ask for help.
- Mental health of specific groups for example, women has been shown to be more adversely affected during the pandemic compared to men. Research from King's College London shows that, since the lockdown began, 57% of women say they are feeling more anxious and depressed, compared to only 40% of men. More women than men also report that they are getting less sleep, and eating less healthily, than usual.

Gender:

- There is evidence to suggest that COVID-19 may pose a greater risk to [men](#) (in particular aged over 45) than women– the reasons may be social or biological. This does not mean that some women are not also highly vulnerable, depending on their circumstances, and the lack of information about the virus means that information is changing all the time.
- Women and men are grappling with the pressures of trying to work from home, whilst also juggling childcare or caring responsibilities. There is now evidence of the disproportionate impact on women who are managing the childcare and their full-time work responsibilities during lockdown (even when they are the higher earner). This is a very difficult balancing act (especially for lone parents). The university should remember that some members of their staff may feel under considerable pressure to appear to be coping to maintain performance.
- The lock down and self-isolation has significantly increased the risk of domestic and sexual violence.
- Shortage of care services (child, healthcare, elderly care) may have a disproportionate impact on women as providers of unpaid care work.
- It has been reported nationally that some personal protective equipment is designed for male bodies rather than female bodies.
- There is evidence that women's economic contributions outside the home is decreasing. There has been a drop in the number of [solo-authored academic papers submitted by women](#), while submissions by male academics have increased.
- Period poverty may increase.

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BAME:

- The Chief Medical Officer asked Public Health England (PHE) to further explore and understand the impact of COVID-19 in BAME communities. There is evidence that people from BAME backgrounds are more vulnerable to the risk of COVID-19 than others. There is a hypothesis that people from BAME communities are working in lower paid roles such as the “gig” economy which increases their risks in coming into contact with people, and some may have higher rates of underlying health conditions which make them clinically vulnerable such as type 2 diabetes.
- Some BAME students (particularly those newly arrived from abroad) may be put at risk to the exposure of COVID-19 through the take up of a job in the ‘gig economy’. It has been highlighted in the national media that some BAME people may be reluctant to voice concerns about COVID-19 (e.g. will work in a potentially compromising situation). Due to fears that this will count against them and lead to racism later in their careers they may not refuse this work. Those for whom English is not their native language may not be able to defend their employment rights.
- There is an increased risk of hate incidents towards BAME people, particularly people who are perceived to be from countries with a high incidence of COVID-19 (e.g. Chinese students, the Americas).
- For people whom English is a second language, they may lack access to translated materials and advice.

Faith or Religious Belief:

- The limitations of religious services mean that people are unable to worship collectively or seek support from their faith community.
- Important dates on the faith calendar, such as Easter Sunday and Ramadan, when families traditionally join together to fast, pray or eat together, are unable to happen; this is causing great strain for people of faith.
- People of faith may be worried about whether they will be able to honour the funeral customs of their faith if they lose a loved one to COVID19.
- Due to the national restrictions in place to minimise the infection rate of COVID-19, it may not be possible to honour some traditions.

Marriage and Civil Partnership:

- Marriages and other important civic ceremonies have tight restrictions, which may cause upset and anxiety.

Sexual orientation and gender reassignment:

- Some LGBT+ people have suggested three factors may make LGBT+ people more vulnerable to COVID-19: the prevalence of smoking in the LGBT+ community, though there is counter-evidence this is not the case; higher rates of HIV; and perceived barriers to healthcare mean that some LGBT+ people may be reluctant to seek medical treatment.
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- Homophobic bullying, not feeling able to be 'out' with family or employers, rejection from family/friends, harassment at work and poor responses from professionals are common mental health triggers which LGBT+ people can experience more. The current restricted access to social and support networks could exacerbate mental health triggers or potential for domestic abuse. There is a greater risk of isolation, self-harming etc.
- There is a lack of gender neutral toilets and access to these will be more limited due to the need to apply social distancing.
- LGBT+ students but also others who are studying or working without the support and approval of a family network may be particularly affected as a result of being 'estranged'.

Carers:

- There are additional responsibilities for carers, who are not only trying to manage their own personal challenges and possible anxieties, but that of the person for whom they are caring.
- Some carers may be providing palliative care for loved ones, with reduced access to emotional support from others due to social distancing.
- Suspension of community support groups and day services means less respite and increased pressure.
- Carers are in a high-risk group as they are likely to be caring for people that are most vulnerable to COVID-19.
- Carers maybe supporting young vulnerable people who will be managing their own anxieties with reduced access to support services.
- School closures are having a profound economic and social consequence. Some children's education may be damaged and their mental health may suffer. Children with special educational needs may be particularly affected, which is having an effect on their family/carers.

Young people:

- Young people may not have access to accurate news and information and/or may become overwhelmed by false news.
- Some young people may have no access to family support to facilitate home learning and may be particularly struggling to deal with the change to online education.
- The long-term impact of prolonged isolation on younger people, especially single children with no social network, may lead to poor mental health and wellbeing.
- Some young people do not see that they are at risk and may not keep themselves or others safe. Though young people are likely to be asymptomatic carriers, there are cases where they have developed the virus.
- Young people may experience a lack of adequate physical workspace, or have access to quality time to develop their work as their social position makes their needs less of a priority. This can have a significant gender aspect: especially for females in some households which culturally/socially perceive that male education is a priority.

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Findings of your analysis: Detail any **positive** or **negative** impacts and steps that will be taken to **mitigate** the negative. (This may be supported by a SMART action plan to identify how you will address these)

All staff:

The University’s Leadership team is communicating regularly and directly with all managers and staff, to convey key messages and ensure that colleagues feel supported and understand how to keep themselves, their loved ones and students safe as possible. Recognition is being given to the impact of lockdown and social distancing rules for those who are juggling parenting and caring responsibilities alongside work commitments, and those who live alone who may find the continued social distancing particularly difficult.

The university has now developed its COVID safe guidance. This overarching document supports the return to campus working. The guidance covers all areas of health and safety management including risk assessments for highly vulnerable and vulnerable staff, face coverings, PPE, travelling between sites, social distancing, and national track, trace and isolate requirements. Consultation and planning are taking place with managers to ensure staff needs are understood across the workforce, through individual and planned risk assessments so rotas can be developed and services delivered.

The university procurement team successfully purchased more than adequate supplies of face shields/visors. In view of this the university can be confident a colleague whose role requires this will have access to them. As in keeping with our current processes, PPE will be purchased by teams on a needs led basis and in consideration for individuals’ personal requirements.

There will be increased inter-campus bus and coach services with lower passenger capacity to allow for increased social distancing while travelling. The university will be encouraging bike usage, and rotas to manage staggered commutes.

The university has accelerated many of its planned technology upgrades; and successfully rolled out Microsoft Teams – getting used to remote meetings; using laptops to make calls. The IT service desk has extended hours and aims to provide help and a range of remote access provisions.

| Protected characteristic group | Mitigations |
|------------------------------------|--|
| Disabled staff | Support disabled team members to find reasonable adjustments which enable them to work safely. Guidance can be found on the Human Resources pages. The university is implementing a range of accessibility standards across its platforms and information so everyone can access our content. |
| Blind and partially sighted people | Some basic tips to check that online information is accessible: |

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| | <p>a) Use clear, formatted headings, to help screen readers to navigate your document or webpage b) Do not use images of text to convey information as they cannot be read by screen readers c) Ensure text can be resized, background and text colours can be modified to suit the reading preferences of users d) Make sure links are written to describe the document or resource they send the user to e) Make sure information or explainer videos convey the same information in the audio voiceover as the images on screen f) Use image descriptions to share the information given in an image or photograph g) Ensure downloadable content (Word or PDF) is accessible</p> <p>If changing the layout of buildings (e.g. creating queuing systems to enable social distancing) be mindful of trip hazards Do not assume that everyone can read signage.</p> <p>Brief employees/volunteers to: a) Introduce yourself on arrival b) Avoid using abstract phrases when communicating (such as “shall I put this food delivery over there?” which may be difficult to comprehend because the concept could be interpreted in a number of ways. c) Feel free to use words that refer to vision, such as ‘see’ and ‘look.’ People with sight loss use them. They might ‘see’ with their other senses, creating mental images of what is being described. d) Be confident to ask if someone needs help and how, particularly if it seems to be needed. e) Ensure written information is available in large print</p> |
| D/deaf people | <p>Provide key information in a variety of formats, e.g. British Sign Language (BSL) video, email, SMS text, and letter writing Consider an online BSL interpreter for meetings and information if appropriate, or the use of mobile apps which can translate speech to text. Consider whether team members/ volunteers need access to remote video interpreting if they are likely to come into contact with D/deaf people. If you believe you need to make a reasonable adjustment to standard PPE, seek advice from the University Safety Unit (Health and Safety Team). See here for Public Health England resources in BSL. BSL users can talk to NHS111 using the Interpreter NOWapp (registration is required). They can also connect via a PC or laptop.</p> |
| Neurological issues D/deaf/Blind | <p>If you believe you need to make a reasonable adjustment to standard PPE seek advice from the University Safety Unit.</p> |

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| | Brief team members/ volunteers to understand how to give cues to people so they know what is going to happen, who they are with and what is in their environment. |
| Learning Disability | <p>Where possible, provide information in Easy Read format, or convey simple messages in videos</p> <ul style="list-style-type: none"> • Use plain English in all communications. • Include an 'alternative format statement' in all information. • Signpost people to the translated materials available from central Government • Public Health England has easy read guidance on Covid-19. There is other information available from Mencap and how to manage difficult feelings. • Brief team members and volunteers how to handle a situation in which someone doesn't understand social distancing • See the government guidance on social distancing for vulnerable people |
| Neurodiversity | <p>The National Autistic society, has produced guidance on Autism and Coronavirus</p> <p>Brief your teams that: People on the autism spectrum may have difficulty interacting with others, such as initiating interactions or responding. When communicating, stick to facts, avoid non-verbal cues and be specific - e.g. ask "Do you agree?" rather than "What are your thoughts?" People on the autism spectrum may come across as abrupt. People may interpret this as rude. Be patient and avoid getting defensive. Try not to talk loudly. It may be upsetting to someone on the autistic spectrum. Make sure that information is factual and clear about what is expected of people and how they can participate. Avoid nuance. Be consistent and avoid changing messages (or provide reasons for the change).</p> <p>Find out if food delivery services are able to meet needs of selective eaters.</p> <p>For information and advice on Dyslexia, Dyspraxia and other neurodiversity conditions speak to the wellbeing service, the disability staff network or contact human resources to advice on reasonable adjustments.</p> <p>Tips for making information dyslexia friendly: a) Use Adobe Pro PDF documents with the full accessibility settings turned on. b) Where possible avoid using black writing on white background, even - off white or grey is better c) Consider using alternative ways of providing information either graphically or possibly video where appropriate. Avoid Acronyms in writing.</p> |

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| Older People and vulnerable people | <p>Complete the COVID age vulnerability questionnaire and individual risk assessment as appropriate, especially where people may fall into the “very highly vulnerable” or “highly vulnerable” category from the assessment.</p> <p>Ask people to register with a doctor or local authority for a needs assessment.</p> <p>Staff can get independent free advice from the university employee assistance programme on a range of COVID related areas to support older or vulnerable people.</p> |
| Mental Health | <p>The university needs to recognise all staff will be exhausted after a challenging period</p> <p>Take breaks and find time to ‘switch off’ email alerts and/or those on your mobiles</p> <p>Time email messages so these are sent to colleagues during usual work hours</p> <p>Look at information on the university’s wellbeing hub or speak to a local University Mental Health or Wellbeing Champion. <i>Information on mental health support for specific groups will be added to the hub in Autumn 2020.</i></p> <p>Mind has a range of expert information and support available online</p> <p>Colleagues can contact Human Resources for advice and guidance on reasonable adjustments.</p> <p>Support for managers and colleagues to identify the signs of declining mental health through attending mental health first aid training.</p> <p>A wide range of measures have been implemented to support managers and colleagues. These include changes to flexible working arrangements, health, safety and wellbeing advice, technology tips, having a wellbeing objective as part of the appraisal cycle and regular 1-2-1 meetings, learning and development on areas to support change and self-care.</p> |
| Gender | <p>People are encouraged to remind themselves, their peers and colleagues that this is a ‘new normal’, and they are not expected to be able to do everything (e.g. responding instantly to emails, whilst also feeding children or supporting an anxious elderly relative). Flexibility and understanding remain key. New guidance and support on temporary flexible working and resilience will provide information on good remote working to support staff to set or maintain realistic expectations, so we all develop self-care, better online working and learning and work-life balance.</p> <p>Senior leaders and managers should continue to share examples with colleagues about how they are navigating the new work/family balance – to give people around them permission to be open about the challenges they are facing and to show solidarity.</p> <p>Reassure team members who may be taking special precautions due to their pregnancy or maternity status, a disability, long term illness or age that they will not be disadvantaged in their career by following advice to stay at home.</p> <p>See new resources available on the wellbeing hub to support domestic abuse, and sign post and report any concerns.</p> |

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| | <p>The Research and Enterprise Training Institute will provide specific support to women who are early and mid-career researchers and will be reviewing additional activities during the COVID pandemic to ensure they are not disadvantaged.</p> <p>Human resources will continue to provide managers with training on how to support staff and their career development, and will focus on interventions to improve inclusivity so gaps do not widen as a result of remote working.</p> |
| BAME | <p>Colleagues should be updated in light of increased understanding about the different groups of people who may be most vulnerable to COVID-19, including BAME people, based on Public Health England advice.</p> <p>It is understandable that known risk factors may cause increased anxiety. Managers are asked to consider the impact of this anxiety and consider the help and support that can be provided, for example, regularly reviewing and ensuring that colleagues are following the most up to date guidance, scheduling work activities to allow for commuting safely or that they do not work in a self-isolating way i.e. there is a buddy.</p> <p>The university should follow emergent government advice for supporting BAME communities, and work with BAME staff networks/student groups, to check whether groups are aware of any gaps in information about how to stay safe, or any other issues that should be addressed to help keep well, and that these will be an integral support.</p> <p>Ensure that key COVID-19 materials are provided in relevant languages are also disseminated through BAME staff/student networks.</p> <p>Encourage victims of hate incidents to report it – and make sure that staff and students know how to report hate incidents on behalf of others.</p> <p>Signpost people to the translated materials available from central Government.</p> <p>The university wellbeing hub is providing resources on COVID-19 for BAME staff and will be for marginalised vulnerable groups.</p> |
| Faith or Religious Belief | <p>Show solidarity with and thanks to faith communities for their sacrifice in cancelling profoundly important times of worship.</p> <p>Reassure people of faith that there is a multi-agency plan managed by local authorities to ensure that there will continue to provide a dignified end of life service that does everything possible to respect the traditions of each faith.</p> |

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| | Engagement is taking place with faith groups to find out more about how the restrictions may impact on their community. |
| Marriage and Civil Partnerships | Show empathy with people that may have needed to restrict their celebrations. |
| Sexual Orientation and Gender Reassignment | The university needs to communicate how we deal with hate crime, and how we will report hate incidents on behalf of others. Encourage victims of hate incidents to report it. Signpost to the LGBT+ network and allies who provide a safe space for LGBT+ staff. Some trans networks are also continuing to provide services. Show empathy with and thanks to LGBT+ communities for their sacrifice in cancelling important events like Greenwich Pride. The university and Charlton Athletic Community Trust will continue to support virtual Pride activities. The university is a member of Stonewall and can access their additional guidance to support staff. |
| Carers | People are encouraged to remind themselves, their peers and colleagues that this is a 'new normal', and they are not expected to be OK (e.g. responding instantly to emails, whilst also supporting an anxious elderly relative). Flexibility and understanding remain key. Information on the wellbeing hub provides support on self-care. New guidance on personal resilience, agile and flexible working will support staff to manage remote working. |
| Young People | The university and Greenwich Students Union will be undertaking a specific equality assessment and will provide mitigations to support young people. These documents will be cross-referenced in due course. Support will come from a range of services including Students and Academic Services, and GSU student advisors and through their communication channels. |

Next steps: Detail how you will progress, in terms of review and how you will include equality groups in services or expand participation.

The Equality and Diversity Committee, Student Experience Task and Finish Group, the Trade Unions, the university staffing and recruitment task and finish group and university COVID-19 secure steering group will be involved in the development of this Equality Assessment.

Staff will be consulted about their personal requirements and circumstances regarding a phased return to campus as part of the planned risk assessment. Risk Assessments are published and will be available on the staff portal. The completion of a COVID-19 age vulnerability questionnaire where people have chosen to do this will help them to consider requirements with their managers, prior to an individual risk assessment if that is required.

Staff will be encouraged to keep regular one to ones to monitor any personal changes/requirements which may or may not fall within the provisions of equality act 2010. This will ensure there is a continued fostering of good relations for all staff and those that have protected

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characteristics or maybe vulnerable and will enable proactive management for ensuring mitigations. The university staff networks, mental health and wellbeing champions, trade unions, and the university employee assistance programme will offer staff further confidential and independent advice to support their needs.

Further comments (if applicable):

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STEP 5. The Final Stage

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| Name and position of the person conducting the Equality Analysis: Laleh Williams – Head of Organisation and People Development | |
| Date completed: 30 August 2020 | |
| Name of responsible research/policy/procedure or provision lead: COVID secure planning steering group | |
| Signed: Gail Brindley | Date Signed: 30 August 2020 |
| Date of next review: 01 December 2020 | |

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