



# Coronavirus Disease Equality Considerations

*May 2020*

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## Summary

This report looks at the potential implications for equality, diversity and inclusion at King's and considers the impacts of immediate changes to work and study caused by the virus and procedures under Coronavirus Act 2020 (CA2020) as introduced in late March.

This document provides a top-level of insight. As we progress, individual areas of King's will need to develop secondary levels of equality analysis that are more specific to their areas, remits and interventions that are being put in place. The findings concentrate on King's sphere of immediate control, where the response to the virus may require a change in internal policy or practice, impacting staff and students and their work and study.

The information and evidence provided span with a broad range of matters but do not aim to be exhaustive. This is from an institutional perspective based on protected characteristics or association with, rather than an individual's specific position, role or responsibility within the College.

The impacts of COVID-19 on the King's community are wide-ranging, with many longer-term impacts currently unknown. It is recognised that this report is unlikely to include or anticipate the full extent to which our community will be impacted, or how, now or in the future.

We aim to provide the best advice as quickly as possible. **This report has been shared with elements outstanding. Further iterations will be provided as this information becomes available.** The nature of the situation and its constantly evolving variables means we need to be pragmatic and recognise the need to iterate our thinking over time

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## Legislative background

### Public Sector Equality Duty

The Public Sector Equality Duty (PSED) was created by the Equality Act 2010 (EqA). The duty protects individuals from harassment, discrimination and victimisation based on age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation.

The PSED requires King's to have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

### Equality Analysis

King's uses Equality Analysis (EA) to systematically analyse the effects of new and changing policies, practices, projects, or services on different groups within the King's community to ensure compliance with the PSED.

### Coronavirus Act 2020 (CA2020) and Government Action Plan

The UK government coronavirus action plan was published on March 3<sup>rd</sup> and sets out information on the government's four-stage strategy. The Coronavirus Act (CA2020) is time-limited legislation (for two years) to enable an effective government and public body response. During this time, there have been no changes to King's responsibilities under the EqA2010 or PSED. The requirement to report on the Gender Pay Gap has been suspended for 19/20.

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## Equality Considerations

The impact of the COVID-19 and the changes at King's will be experienced differently and in a personal way by individuals. There are many potential intersecting identities that our staff and students hold. The breakdown by characteristic should not be read as an assumption that these identities do not interact, nor that the interaction of these identities does not produce its own differential experiences and outcomes.

Inequalities, positive or negative, will have cumulative and compounding effects for those whose identities and lived experiences intersect across multiple identified characteristics. It is important to note that this report cannot and does not aim to capture the individual experience of each staff member and students at King's but rather to understand the trends and where institutional bias and structural inequalities may exist and so should be considered for mitigation.

In using the report to inform decisions, care should be taken to avoid conjecture and generalisation. Not everyone in the groups outlined will experience these impacts or experience them in the same way. Similarly, particularly in the case of gender and race, it is important to recognise that the increased likelihood of impacts is due to socio-cultural factors, rather than biologically determined.

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## Staff and Student Profiles

An interactive [data dashboard](#) is available from King's Analytics for all staff to access. This dashboard uses demographic data from the HESA return and covers gender, age, disability, and race and nationality.

- Data for staff pregnancy and maternity is held by payroll and can be included on request but is not currently collected on the EDI data dashboard as standard due to its transient nature.
- Data on student pregnancy and maternity is not centrally collected.
- King's does not currently collect centralised data on staff and students with caring responsibilities.
- Due to disclosure rates, sexual orientation, religion and belief, marriage and civil partnership status is are not captured well are unlikely to provide useful data to provide insight beyond what is available from secondary research.
- Due to the small size of the population and lower disclosure rates, Trans history is not reported in large enough proportions to be able to report on and protect the identity of individuals

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## Age

- i. Older people who are 50+ and contract the virus is more likely to experience severe symptoms, have comorbid conditions and take longer to recover, needing a longer period of sickness absence and potentially additional support in returning to work. (Roberts, 2020)
- ii. Younger people (ages 20 to 34) are more likely to be house-sharing, living with parents or in rented accommodation and so unable to set up a suitable home working or study space. (ONS, 2016)
- iii. Adult children (staff and students) returning to the family home for the lockdown period may increase the risk of overcrowding and mean more are living in intergenerational groups than before. (BBC, 2020) This increases the likelihood of having unsuitable spaces to work and study.
- iv. Those in their 30s and 40s are more likely to have younger children living at home and find themselves in the 'sandwich generation' needing to care for elderly relatives and dependent children simultaneously. These individuals experience poorer mental health generally. (ONS, 2019)
- v. Older people are more likely to describe themselves as 'less confident' with digital technologies. (Ofcom, 2019) These staff and students may require additional support in using new software and systems and are less likely to own personal devices suitable for intensive work or study. Carers and those with caring responsibilities

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## Carers and Caring Responsibilities

The Equality Act 2010 protects individuals who are looking after someone who is elderly or disabled (Carers) from direct discrimination or harassment by association because of their caring responsibilities. As elderly and disabled communities have been identified as at risk from COVID-19, this analysis specifically highlights the impact on Carers as a target group. As the needs of, and impacts on, elderly people, disabled people and carers of elderly and/ or disabled people are often substantially different, this group has been included separately. This is to enable clarity of analysis and easier application of recommendations to support these groups. The definition of this group includes parents of disabled adults where these adults remain in their care.

- i. Due to NHS and social care restrictions, formal social care packages for dependents may change at short notice requiring additional support from those who are existing carers. (Care Quality Commission, 2020)
- ii. Staff and students who were not previously Carers may find themselves needing to take on caring responsibilities for others with COVID-19. These staff and students will be adjusting to their new responsibilities and are unlikely to know about support or flexibility available to them.
- iii. CA2020 social distance regulations may mean routine tasks take more planning or time or will need to be undertaken during the working day which will create additional pressures on carers who are unlikely to be able to deliver care in the same way as before.
- iv. Carers are at higher risk of transmitting the virus to those who are vulnerable and may want to follow social distancing procedures beyond the review or reduction of measures under CA2020.
- v. If the cared-for person contracts coronavirus they may also take longer to recover. (NHS, 2020)
- vi. Carers may be more likely to experience bereavement if the person they care for is in a vulnerable or high-risk category. (NHS, 2020)
- vii. Parents who are Carers to dependents who are not their children will find themselves needing to care for all their dependents simultaneously. (ONS, 2019)

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## Disability

- i. Depending on underlying health conditions, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected. (NHS, 2020)
- ii. Disabled people with health conditions considered vulnerable and extremely vulnerable will be required to self-isolate or shield and will rely on others to get supplies such as medicines and food. This is likely to result in an increased sense of vulnerability. (NHS, 2020)
- iii. Disabled people with mental health conditions and psychosocial disabilities may feel an increase in symptoms, triggers and elevated levels of anxiety and stress.
- iv. The psychological effects of the pandemic may increase the rates of people experiencing mental health conditions.
- v. Disabled people who rely on NHS and social care services will experience the impacts of reduced health and social care service at a disproportionate rate. (CareQuality Commission, 2020) This may cause an exacerbation of symptoms in long-term conditions, or the requirement of further support.
- vi. For students, NHS restrictions mean that students are likely to face difficulties in getting non-emergency appointments and obtaining evidence for mitigating circumstances forms (MCFs), King's inclusion plans (KIPs) and personal assessment arrangements (PAA).
- vii. Essential service employees will continue to require access to basic accessible hygiene measures. Staff who have been redeployed or have changed location for their role will need to be informed of available suitable disabled facilities, with line managers ensuring there is appropriate time to use them.
- viii. Those who need adjustments are likely to continue to require these when working from home. Adjustments will need to be reviewed to adapt to work from home practices.
  - a. Some disabled students will no longer have access to previously relied on specialist computer software in university libraries and may be unable to support these technologies on their own devices, have shared devices, or devices unsuitable for full-time learning.
  - b. Online portals and new systems may feel complex and difficult to navigate for dyslexic and dyspraxic people.
  - c. Those who frequently use printers and scanners to increase the readability of documents, such as dyslexic people, may not have access to the equipment or resources to do so.
  - d. Deaf/ hearing impaired students may not be able to access lectures online. Microsoft Teams allows for live captioning but is not always accurate.
- ix. Neurodivergent staff and students may experience higher levels of anxiety caused by the changing circumstances and the requirement to use new systems.

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## Race

- i. Black and minority ethnic (BME) people face additional barriers to health care access. (Cabinet Office, 2018) BME people may, therefore, find it more difficult to access medical evidence or fit notes if required.
- ii. Emerging evidence suggests that COVID-19 is having a disproportionate effect on people from BME backgrounds. Some BME groups are at higher risk of certain diseases and conditions – this may suggest an increased likelihood of developing COVID-19. (NHS Confederation BME Leadership Network, 2020)
- iii. BME people are at comparatively higher risk of mental ill-health and disproportionately impacted by social detriments associated with mental ill-health. (Bignall Tracey, 2019) The risk of impact on mental health and wellbeing is, therefore, higher for this group.
- iv. Anti-Asian hate crimes have risen by 21% in UK during coronavirus crisis. (Grierson, 2020)
- v. BME people are more vulnerable to social isolation. Pakistani and Gypsy Roma and Irish Travelers seem to be particularly vulnerable to experiencing loneliness. (Race Equality Foundation, 2020). Staff and students from these groups may, therefore, experience isolation and loneliness at higher rates and will require additional support.
- vi. The requirement for home working will be more difficult for staff living in busy or overcrowded homes. BME people are more likely to live in housing that is considered overcrowded, with multiple generations. This is highest for Bangladeshi households at 30%, black African households at 15%. (Ministry of Housing, Communities and Local Government, 10) This will particularly be the case where children are unable to attend school and elderly relatives may require more care or be shielding. Bangladeshi, Indian and Chinese households are particularly likely to have older people over 65 living with children under the age of 16. (Khan, 2012)
- vii. Gypsy and Traveller households are seven and a half times more likely to experience housing deprivation than White British households. (Race Equality Foundation, 2020)
- viii. Emerging reports have shown increased rates of domestic violence across groups nationally. Hostile or unsafe living environments create difficult to study and work environments. Reports and use of women's domestic violence services suggest an increase in domestic abuse following COVID-19. BME women face additional barriers to receiving support or unwilling to seek help from statutory agencies. (Women's Aid)
- ix. People who speak English as a second language may have less access to information about COVID-19 and King's response and therefore be at higher risk and/ or less able to access support from the College.
- x. The requirement to use online platforms for work and study can increase the risk of staff and students being subject to racist or xenophobic abuse as racist groups are using technology to further facilitate hate by coordinating racist attacks, i.e. through 'Zoom bombs.' (Wakefield, 2020)

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## Faith and Belief

- i. All physical places of worship are closed under CA2020. Staff and students who usually use KCL Chaplaincy services will only have access to online spaces as physical spaces are closed.
- ii. Funerals are being restricted under CA2020. Religious staff and students will be unlikely to perform traditional ceremonies, rights and rituals in the same way as before if they experience bereavement.
- iii. Non-essential staff, and students who can work from home may have increased flexibility around their working pattern and hours as standard. This provides the opportunity for religious observance during the usual working day and/or a change of hours to accommodate observance where permitted.
- iv. International students in different time zones who have returned home and are observing Ramadan or Shavuot may have alternative assessments scheduled during this time, where the College's regular mitigation plans are scheduled in GMT.
- v. There has been a reported increase in anti-Semitism related to COVID-19. This includes the circulation of conspiracy theories and the notion that Jews are more likely to have and transmit the virus. (CTS, 2020)
- vi. In April counter-terrorism police in the UK had to investigate far-right groups accused of trying to use the coronavirus crisis to stoke anti-Muslim sentiment. This included the spreading of fake news online and physical attacks. (Parveen, 2020)

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## Sexual Orientation

- i. The requirement for isolation and social distancing under CA2020 may mean LGBT people having to return home to, or be isolated with others who are homophobic, transphobic, abusive or hostile towards them. Some staff and students will not be out to their families or housemates and will be confined to space where they are unable to express themselves freely.
- ii. Trans people in the process of transitioning and some intersex people may experience delays or suspension of medical treatment. This can have a significant impact on their health and wellbeing and can increase the risk of being identified in their local community. Gender Identity Services have very long waiting lists, and further delays are likely to impact significantly on mental health. (Gender Identity Clinic, 2020)
- iii. Young LGBT people have a higher risk of homelessness (The Albert Kennedy Trust, 2015), usually because their families reject them. LGBT students may rely on student accommodation for a safe place to live.



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## Parenting and guardianship

Recognising closures in childcare provision, such as schools and nurseries, the requirement for people to remain only with those in their immediate household, and the fact that more women in the United Kingdom have caring responsibilities for children, (Working Families, 2020) parents and guardians of children (<18s) have been identified as a specific target group.

Whilst the inclusion of this group is rooted in aiming to eliminate potential indirect sex discrimination towards women, the findings and will have impacts beyond women (to all parents and guardians). As such this group has been included separately to allow clarity of analysis and easier application of recommendations to support this group.

- i. School and childcare provision closures will be felt most acutely by lone parents or guardians and those responsible for children with Special Educational Needs (SEN) such as Autism, Attention Deficit Hyperactivity Disorder and other disabilities and long-term health conditions.
- ii. Parents, guardians, and carers of children with special education needs (SEN) are protected by association under Disability in EqA.
- iii. Those who are working around childcare needs may work outside of core working hours to meet the demands of their role, and the additional demands of the COVID-19 response.
- iv. Those who are **critical workers** and have access to childcare may have limited choice in childcare arrangements as providers redeploy and redistribute resources. Staff may, therefore, require additional time or flexibility for pickups/ drop-offs where possible.
- v. Some of these staff or students will not be able to fulfil the requirements of their role or course. Staff/students may decide to take additional leave or to amend their plans for leave.
- vi. Researchers who continue with their work/study (research) but are unable to fulfil their role to its full extent due to childcare may take longer to complete research and may be less likely to submit research for publication. (Kitchener, Women academics seem to be submitting fewer papers during coronavirus., 2020)

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## Pregnancy and maternity

- i. Pregnant people, regardless of the gestation period, are included in the list of high-risk and vulnerable groups, dependent on other long-term health conditions some staff/students will be required to shield. (Royal College of Obstetricians & Gynaecologists, 2020)
- ii. Extreme pressure on health services or staff shortages may have an impact on maternity services leading to cancelled, delayed or phone appointments. This may delay the provision of evidence such as MATB1 forms for maternity or shared parental leave.
- iii. Social distancing for pregnant people and new parents may increase feelings of isolation and have an impact on their ability to manage their healthcare, including mental health.
- iv. Staff (who are not **critical workers**) who were due to return to work will no longer have access to childcare outside of their immediate household and will have to navigate the care of an infant with their return to work or study.
- v. Staff working around childcare needs may work unsociable hours to meet the demands of their role, and the additional demands of the COVID-19 response.
- vi. Staff who are **critical workers** and have access to childcare may have limited choice in childcare arrangements as providers redeploy and redistribute resources. Staff may, therefore, require additional time or flexibility for pickups/ drop-offs where possible.
- vii. Some of these staff or students will not be able to fulfil the requirements of their role or course. Staff/students may decide to take additional leave or to amend their plans for leave.
- viii. Pregnant people are included in the list of vulnerable groups, regardless of the gestation period.
- ix. Staff who are **critical workers** may choose to end their maternity leave early to return to work.
- x. Staff who are unable to fulfil their role may seek additional leave or to amend their plans for leave and therefore have an unexpected or longer career break. (See impacts on women/ impacts by Sex)
- xi. Staff and students who do work will be returning to a remote work/study environment, with a vastly significant change from what they previously left.
- xii. Researchers who continue with their work/study but are unable to fulfil their role to its full extent due to childcare may take longer to complete research and may be less likely to submit research for publication. (Kitchener, Women academics seem to be submitting fewer papers during coronavirus., 2020)

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## Sex

- i. Data collected from many countries around the world suggest that men and women are equally likely to acquire COVID-19, but men have a higher risk of severe illness and death. (UKRI, 2020) Sex disaggregated data is not being collected in the UK.
- ii. Caring responsibilities disproportionately fall to women. (Working Families, 2020) The potential impacts identified under parenting and guardianship and carers and caring responsibilities are therefore likely to disproportionately impact women.
- iii. Childcare, domestic work and mental labour responsibilities disproportionately fall to women and will have increased with the closure of childcare services and schools. (Working Families, 2020)
- iv. Rates of domestic abuse and those seeking help for abuse have increased since lockdown. Domestic abuse rates are disproportionately high amongst women. (ONS, 2019)
- v. Emerging reports suggest that during COVID19 men are submitting more research for publication, whilst rates of women submitting a dramatically diminishing. (Kitchener, Women academics seem to be submitting fewer papers during coronavirus., 2020)

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## Conclusion and Recommendations

This equality considerations report aims to provide King's with an understanding of some of the ways coronavirus has impacted our staff and students using an equality lens to guide and inform future decision making. The potential impacts on our staff and students are wide-reaching.

Initially, there was a clear need for our senior leadership to focus on the immediate response to the situations the pandemic created. These were outside of our control. Ensuring the safety and protection of our staff and students at the time of an unprecedented national crisis was the highest priority. In recent weeks, our community has made a dramatic shift in the ways we work and study, making this radical change with little to no notice. We have shown King's capacity to come together to support one another where it matters and to continue to serve society. Going forward, we must continue to consider the needs of staff and students with protected characteristics and the potential impacts on them, undertaking increasingly granular analysis to inform our decisions.

Leaders and decision-makers must ensure that governance structures adequately account for EDI and that in all areas King's utilises and promotes the equality analysis tools and

Looking to the months and years ahead, we must consciously acknowledge the potential equality consequences of the choices before us to avoid reversing the gains that have been made in recent years in making King's a more diverse, inclusive and equal place. We must continue to ensure we are aware of the potential impacts of our own decisions and behaviours in the current circumstances.

This report provides a high-level overview of the variety of issues and areas we must keep in view. EDI and senior leadership need to identify the priority areas for a deeper and more specific equality analysis – such as the implementation of the Government Furlough scheme, Academic Strategy 2020/1 the pay freeze and return to campus plan to ensure potential impacts are fully understood. Further detailed analysis, research and discussion will be required at a policy and process level to adequately assess interventions and changes that are put in place by individual areas of the university must be guided to undertake equality analysis of the areas they are working on.

guidance available from the Equality, Diversity & Inclusion teams, and this report, to inform future work.

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