1	Equality Impact Assessment Title	UET COVID-19 Regulatory Response
2	Applies to UET Staff Staff and Students of Clayton Hall Academy, Newcastle Academy and Sir Thomas Boughey Academy	
3	Staff responsible for this EIA	Wendy Whelan – CEO – UET Sarah Rowell – Head of HR – UET Jamie Henshaw – Principal – Newcastle Academy Jane Hingley – Principal – Sir Thomas Boughey Academy Caty Reid – Principal – Clayton Hall Academy
4	What are our main aims and objectives	Our response to COVID-19 is seeking to address five key areas of work: 1. Engagement – internal and external 2. Organisational readiness 3. Organisational resilience 4. Regulatory response 5. Intelligence and response to guidance and direction This is an uncertain situation, where decisions about the health and well-being of staff and students need to be balanced against providing access to education for our students. In particular vulnerable students, those with EHCPs and those from disadvantaged backgrounds need considering in order to ensure equality of outcome. Staff and students from disabled and BME backgrounds need additional consideration as they form two groups most at risk from COVID-19. This EIA focuses on changes to our regulation. It takes into account general measures to ensure student and staff health and welfare and specific measures for groups of student and staff with particular protected characteristics. There are 3 types of relevant impacts: • Differential impacts of the COVID-19 pandemic on particular groups of people learning or working in our academies, for example where some equality groups have a higher risk if they contract COVID-19 • Impacts on equality and human rights of the way that as providers of education we respond to the COVID-19 pandemic, the impact on students and

		staff involved in providing and receiving education and pastoral services • Potential impacts of the way that UET responds to the COVID-19 pandemic – both in relation to regulatory issues arising from COVID-19 and also our ability to carry out our usual functions, for example through students and staff observing social distancing requirements in our academies or working remotely.
5	Key Considerations	
	a) Impact Are our responses likely to have a differential impact on any of the protected characteristics? If so, is this impact likely to be positive or negative? Consider: How do we meet our public sector duty of:- • Eliminating Unlawful discrimination • Advancing Equality of Opportunity • Promoting good relations between groups	b) Mitigation Can any potential negative impact be justified? If not, how will we mitigate, reduce or remove any negative impacts?
Age	1. A small number of older staff are more likely to develop serious ill health and are more likely to have complex co-morbidities which place them at greater risk of complications if they contract COVID-19, they may need to self-isolate if instructed to do so by their GP or NHS. They may be shielding partners. 2a. A fall in the numbers of children and young people accessing front line health services, including GPs and acute or emergency care, has meant that these services are not seeing children who are at risk or who are already subject of safeguarding arrangements. This will lead to children at risk not being identified and remaining in unsafe situations without intervention. 2b. Reduced visibility of children at risk or subject to safeguarding (including by health services) due to lockdown and increased risk of abuse for children not at school 2c. Decreased referrals to children's healthcare and Children and Adolescent Mental Health Services may cause surge in referrals after lockdown and also create difficulties in transition planning for young people 2d. There may be risks to the wellbeing and care of children if their parents become unwell due COVID-19	An empathetic response to the needs of these staff is required with arrangements for them to work from home being in place if possible. Medical evidence of the need to self-isolate or shield may be required. HR Manager to monitor and report staff attendance during COVID-19 to Principals, CEO, MAT Board. Our safeguarding policies have been amended to ensure that staff are diligent in raising concerns and that our student support teams are working with local agencies to support vulnerable children.

Carers / People with caring responsibilities	1. Changes to the quality or availability of health and social care services during the COVID-19 outbreak are likely to have an impact on informal carers, these carers may be staff members, but older students in some families may be required to support	Where possible flexible working patterns should be considered where problems with caring arrangements occur Use Intelligence where possible to create better understanding about this issue and help inform our public work
Disability	1. Staff and students with some long-term conditions (which would be classed as a disability under the Equality Act 2010) are more likely to develop serious ill health if they contract COVID-19 – students may therefore also miss longer periods of education 2. Staff and students with long term conditions may have their access to regular and specialist services and support reduced when resources (staff, facilities, specialist equipment and centres) are used to respond to COVID-19). This might impact their ability to attend school further. 3. Social distancing measures will need to consider access and resource arrangements already covered in each academy Disability Access Plans	Leave of absence will be granted for staff under usual ill health policies and statutory duties. Students will also be granted leave of absence and be coded so in attendance registers. Staff with pastoral responsibility for these students will maintain contact with the family and provide work as appropriate Access arrangements for all staff and students with disabilities will be reviewed and applied to temporary arrangements under the wider re-opening of schools. All EHC Plans will be reviewed to ensure remote and on-site learning can be accessed.
Race/Ethnicity	1 Disproportionate numbers of BME people are dying of COVID-19 and also there are also disproportionate numbers of BME people in intensive care with severe effects of COVID-2. Reasons for this are currently unknown. Staff and students from this group need to be protected by stringent social distancing 3. Students and their families who speak English as a second language may have less access to information about COVID-19 and therefore may be at a higher risk 4. Social distancing policies of academies might have a higher impact for BME staff or students who have experienced discrimination and this may reinforce a sense of stigma.	Mechanism for staff or students who have concerns about social distancing not being properly adhered to are in place and this allows BME staff and students to raise concerns without fear of discrimination and have those concerns addressed A small number of students from EAL backgrounds are being provided with guidance at a level suitable to their understanding Applying and demonstrating strict social distancing rules and expectations for all is essential, along with pastoral monitoring of BME staff and students.
Gender	1. Women make up the majority of UET's workforce, so may be disproportionately likely to contract COVID19 2 Women are more likely to be informal carers for older or disabled people, who are more likely to have serious illness as a result of COVID-19 3. Significant increases in domestic violence during lockdown disproportionately impacts women and will increase their need to access health services, domestic and sexual assault referral centres. This may be witnessed by students in their families. This may result in increased safeguarding referrals.	See comment above in relation to leave of absence See comments above in relation to Safeguarding See comment above in relation to leave of absence

	4. Men are more likely to experience severe COVID-19 symptoms and are therefore also likely to experience longer periods of absence from work.	
Gender Reassignment	1. Social distancing, pressure on and cancellations of medical services, and logistics affecting the availability of medicines may limit trans people's access to regular appointments, surgery and medicines they need as part of their transition. This may impact on their mental health and well-being 2. Trans people are disproportionately more likely to have poor mental health and social distancing may have disproportionate impacts on them 7. Where trans people need to "socially distance" with families who may be unsupportive of their trans identity, this could have an impact on their mental health	Applying and demonstrating strict social distancing rules and expectations for all is essential, along with pastoral monitoring of transgender staff or students
Marriage & Civil Partnership No differential impact	Marriage & Civil Partnership No differential impact	
Pregnancy & Maternity	1. Pregnant women are included in the list of 'high risk' groups.	An empathetic response to the needs of these staff is required with arrangements for them to work from home being in place if possible
Religion & Belief	1. Eventual vaccines for COVID-19 might not comply with requirements of some religions and may result in further loss of attendance and/or education if absent. 2. Anxiety may be greater in these groups about the academy environment as a safe place to be.	Pastoral support to students, parents and staff may be needed – possibly along with support to catch up lost learning or work remotely
Sexual Orientation	1. Social distancing policies of academies might have a higher impact for LGB people who have experienced discrimination and this may reinforce a sense of stigma 2. LGB people are disproportionately more likely to have poor mental health and social distancing may have disproportionate impacts on them 3. Because of social distancing, some LGB people, especially young people, may be confined in family situations where they are at risk of homophobia, homophobic abuse and violence which could have an impact on their mental health	Applying and demonstrating strict social distancing rules and expectations for all is essential, along with pastoral monitoring of transgender staff or students
Disadvantaged Students	As the Trust moves into the "restoration phase" there is a need to address learning inequalities that might have arisen as a result of closure and poor engagement with remote learning or limited support in the home.	Build consideration of disadvantaged inequalities into our regulatory approach to services reinstated in the "restoration phase"

| | Support for successful transition from KS2 to KS3 and transition from KS4 will be needed where some students have not engaged well with Trust Transition and CEIAG staff | Engage with other system partners around the opportunities to address transition |