IMPACT Equality Analysis (IEA)

(Formerly Equality Impact Assessment)

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

6 Steps for Implementation

**I-**tem

**M-**apping

**P**-review

**A**-ssess

**C-**alculate

**T-**he Final Stage

**IMPACT Equality Analysis Template**

An **IMPACT** Equality Analysis contains six steps for implementation. The purpose of this exercise is to review a research/policy / function / procedure or provision to establish whether there is a negative effect or positive impact on particular equality groups. This enables the University to demonstrate it does not discriminate and, where possible, it promotes equality, diversity and inclusion.

It also helps to think carefully about the likely impact of your work on protected groups and take action to improve services and projects for local people where it has a positive or negative impact.

Table of Contents:

**IMPACT** Equality Analysis (EA) 1

Table of Contents: 2

STEP 1. **I**-tem 3

STEP 2. **M-**apping Your Outcomes 3

STEP 3. **P**-review of Your Document 4

STEP 4. **A-**ssess Your Evidence 9

STEP 5. **C-**alculate Overall Impact 10

STEP 6. **T-**he Final Stage 11

**IMPACT** Equality Analysis (EA) 12

Frequently Asked Questions (FAQ) 12

Key Equalities Legislation and National Policy 43

Background and further information: 47

**IMPACT** Equality Analysis (EA) Flowchart 48

STEP 1. I-tem

|  |  |
| --- | --- |
| **Title of the research/policy/procedure/provision** |  |
| **Is this new** **/** **existing** **/** **revised. Please state:** |  |
| **Describe its aims and objectives:** |  |
| **Lead/Author:**  | **Date Started:** Click here to enter a date. |

If you are conducting an **IMPACT** Equality Anaylsis on a procedural document please identify evidence sources and references, who has been involved in the development and identify positive or negative impacts. It is the **discussion** and **evidence** regarding the equality impact of the document that is important.

STEP 2. M-apping Your Outcomes

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

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

STEP 3. P-review 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, Measureable, Achievable, Realistic, and Timely (SMART)

| **Protected Characteristic Group** | **What evidence has been used for this assessment?*** 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. |
| --- | --- | --- |
| [**Age**](#Age)Applicable across all age ranges.  | Useful Guidance Can Be Found [Here](#AgeBG) |  |
| **[Disability](#Disability)**Remember, not all disability is visible.  | Useful Guidance Can Be Found [Here](#DisabilityBG) |  |
| **[Gender Reassignment](#GenderRassign)**Think about creating an environment that is user friendly and non-judgemental, which includes privacy of data and freedom from harassment. | Useful Guidance Can Be Found [Here](#GenderRassign) |  |
| **[Marriage and Civil Partnership](#MarriageCP)**Think about access and confidentiality, the partner may not be aware of involvement or access to the service. | Useful Guidance Can Be Found [Here](#MarriageCP) |  |
| **[Pregnancy and Maternity](#PregMat)**Think about work arrangements, part- time working, infant care responsibilities and breastfeeding availability in a private area etc. | Useful Guidance Can Be Found [Here](#PregMatBG) |  |
| **[Race](#Race)**Consider local demographics of the population, cultural issues, languages, identity etc. | Useful Guidance Can Be Found [Here](#RaceBG) |  |
| [**Religion or Belief**](#Religion)Consider people with religion, beliefs and non-beliefs | Useful Guidance Can Be Found [Here](#ReligionBG) |  |
| **[Gender](#Gender)**For men and women e.g. same sex accommodation, are there areas for privacy? | Useful Guidance Can Be Found [Here](#GenderBG) |  |
| **[Sexual Orientation](#SexOrient)** Consider gay, lesbian, bisexual and transgender people. Do not make assumptions as orientation may not be visibly obvious. | Useful Guidance Can Be Found [Here](#ReligionBG) |  |
| **[Other Identified Groups](#IdentifiedGPs)**Consider those with different socio-economic groups, homeless, carers, residential status (i.e. migrant workers) etc. | Useful Guidance Can Be Found [Here](#IdentifiedGPs) |  |

STEP 4. A-ssess Your Evidence

|  |
| --- |
| Overview of your evidence in support of your research/policy/procedure/service or provision: |
| **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) |
| **Next steps:** Detail how you will progress, in terms of review and how you will include equality groups in services or expand participation. |
| Further comments (if applicable):  |

|  |
| --- |
| STEP 5. C-alculate Overall Impact |

Please write a brief summary here detailing the results.

Further suggestion: Use the **IMPACT Equality Analysis Register** to capture your details for the next steps.

**STEP 6. T-he Final Stage**

|  |
| --- |
| **Name and position of the person conducting the IMPACT Equality Analysis:** |
| **Date completed:** Click here to enter a date. |
| **Name of responsible research/policy/procedure or provision lead:** |
| **Signed:** | **Date Signed:** Click here to enter a date. |
| **Date of next review:** Click here to enter a date. |

IMPACT Equality Analysis (IEA)

(Formerly Equality Impact Assessment)

Baseline data and Frequently Asked Questions (FAQs)

The following contains some examples of local and national baseline data to provide support for academic staff, managers and leaders when conducting an IEA. The information is drawn from various equality sources including the University of Greenwich Equality Annual Report 2013/14 and will support the analysis process by considering the nine protected groups with key equality legislation when completing the IEA template.

Race

**The protected characteristic of race means a person’s Colour, Nationality (including citizenship) Ethnic or national origin. A racial group is composed of people who have or share a colour, nationality, or ethic or national origins.**

**The National Context: Staff Workforce in Higher Education.**

There are more UK-national black and minority ethnic (BME) staff working in higher education now than there were eight years ago (6.5% of staff in 2012/13 compared with 4.8% in 2003/04 ). However, with 14% of respondents to the 2011 census reporting their ethnicity as BME or other, at 6.5% the UK higher education BME population is disproportionately below that of the UK population.

There are only 60 Black professors in the UK. This represents 0.4% of all UK-national professors highlighting that significant issues such as career progression and retention continue to be of concern.

ECU research suggests that BME academics are much more likely than their white British peers to consider moving overseas to progress their careers.

Experiences of BME Academics in Higher Education. For more information, please click the link: <http://goo.gl/JQDx74>

**The National Context:**

**Students: Racial inequalities in Universities (Equality Challenge Unit 2015)**

White British students are 16% more likely to be awarded a first class degree or 2:1 degree than BME British students, and that has remained virtually unchanged for over eight years. What is more concerning is that analysis by ethnic group shows that over the same period the attainment gap for Black students has been 26-28%. This is a systemic issue that the higher education sector needs to tackle as a whole.

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**Student Union University of Greenwich (SUUG)**

* Elected part-time Black Students Officer. In 2014 a delegate was sent to the NUS Black Students Conference.
* Developed and promoted a very wide range of events for Black History Month 2014 that took place on the Greenwich, Avery Hill and Medway campuses.

**Student Societies**

* In 2012-13, the range of student societies for different national, cultural and linguistic groups increased significantly, and now includes:
* Afro-Caribbean Society
* Bengali Society
* Ghanaian Students’ Society
* Polish Society
* Russian Speakers’ society
* In GK Unions student societies include:
	+ Afro-Caribbean Society
	+ Nepalese Society
	+ Nigerian Students’ Association

**FAQ’s**

You may find it helpful to look at this section alongside the section on Religion or Belief as the actions are closely related). You might find the following prompts useful:

* How do students and staff from black and minority ethnic backgrounds find out about your research/project/service/procedure?
* Does your printed information take account of different languages and cultures and is it easy to understand?
* Have you publicised your service among black and minority ethnic communities/ student societies/groups by making it available at different appropriate venues, as well as visiting them and talking about your service?
* Have you decided what core information you need available in other languages?
* Do your staff members/team know how to get advice on material in other languages and formats?
* Have you thought about your assessment/lecture materials and methods and made sure that they are relevant to people from different cultures?
* Do you currently record the ethnicity of students/staff so that you know how well your service is being used by students/staff from black and minority ethnic backgrounds?
* What actions would you undertake to ensure that your students/staff members are treating people from a minority ethnic background with respect and dignity?
* Have your staff members received IMPACT Equality Analyses Training as well as Equality and Diversity Mandatory Training and how they are planning to implement this in their work setting?
* Have you considered incorporating race equality objectives in staff appraisal?
* How will you mainstream these actions into the core business of your research/project/service?

Religion or Belief

**The protected characteristic of religion or belief includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief.**

**The University aims to establish an inclusive culture free from discrimination and based upon the values of dignity, courtesy and respect. The University recognises the right of every person to be treated in accordance with these values. Such an environment cannot be created or sustained if staff or students are subject to any type of discrimination because of their faith, religious affiliation, philosophical beliefs or non-belief.**

**The National Context:**

**Religion and belief in higher education**

* A national survey and report on religion and belief in higher education from the Equality and Challenge Unit (ECU) in 2011[[1]](#footnote-1) found that 43.8% of students who took part in the research identified as Christian, 31.4% had no religion, 9.1% identified as Muslim and the remaining 15.7% identified with one of eight other religious faiths or other beliefs.

*Religion and belief in higher education: the experiences of staff and students*, Equality Challenge Unit (2011), <http://www.ecu.ac.uk/publications/religion-and-belief-staff-and-students-in-he/>

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**University chaplaincy**

* The University has a team of chaplains who are appointed by faith communities to care for students and staff of all religions or none. Each campus has at least one chaplain. Currently all of our chaplains represent Christian denominations, although they aim to provide pastoral support to those of all faiths or none.
* There is a prayer room on each University campus. These are provided for staff and students of all faiths or none.

**Student societies**

* At SUUG student societies include:
* Charismatic Society
* Christian Union
* Hindu Society
* Islamic Society
* Jewish Society
* [RockSolid Christian Fellowship](http://www.gkunions.co.uk/organisation/6220/)
* Sikh Society
* At GK Unions student societies include:
* Believers' Loveworld Campus Fellowship
* Fire House
* Islamic Society
* [Medway Hindu Society](http://www.gkunions.co.uk/organisation/6188/)
* [RockSolid Christian Fellowship](http://www.gkunions.co.uk/organisation/6220/)

**FAQ’s**

How will you welcome students and staff from all religious backgrounds? You might find the following prompts useful:

* The University recognises and aims to respond positively to the diversity of religion and belief needs of students. This may include taking account of, for example, of how religious holidays may conflict with timetabling, or attendance at particular prayer times.
* Academic staff should listen to the needs and concerns of students and decide what can be reasonably accommodated given the nature of the request and the potential impact on other students.
* How do people from different religious backgrounds find out about your research/project/services? Is your printed information religiously appropriate/sensitive?
* Have you publicised services among various religious communities and groups by making it available at different appropriate venues as well as visiting them?
* Do you currently record students and staffs’ religion and belief in order to assist you in identifying from various religious and faith backgrounds?
* What actions would you undertake to ensure that your students/staff members are treating people from different religions/beliefs/no beliefs with respect and dignity?
* Is your research/project/service/procedure religiously and culturally sensitive to meet the needs of people from various religious and faith backgrounds? If not, what approaches would you develop to address this?
* Have your staff members received training on religion or belief and how they are planning to implement this in their work setting?
* Have you considered incorporating religion or belief and non-belief equality objectives in staff appraisal?
* How will you mainstream these actions into the core objectives of your service?

For more information, please click this link: <http://www.equalityhumanrights.com/uploaded_files/research/rr84_final_opt.pdf>

**Disability**

**A person is a disabled person (someone who has the protected characteristic of disability) if they have a physical and/or mental impairment which has ‘a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’.**

**There is no need for a person to have a medically diagnosed cause for their impairment; what matters is the effect of the impairment not the cause.**

**The National Context:**

* In higher education across the UK in 2012-13, 9.5% of students disclosed as disabled, an increase from 8.6% in 2011-12.

General Mental Health information

* [1 in 4 people](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/UK-worldwide/) will experience some kind of mental health problem in the course of a year
* Mixed anxiety and depression is the [most common mental disorder](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/common-mental-health-problems/) in Britain
* [Women are more likely to have been treated for a mental health problem](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/men-women/) than men
* [Depression affects 1 in 5 older people](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/older-people/)
* [Suicides rates](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/suicide/) show that British men are three times as likely to die by suicide than British women
* [Self-harm statistics](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/self-harm/) for the UK show one of the highest rates in Europe: 400 per 100,000 population
* Only [1 in 10 prisoners has no mental disorder](http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/)

For more information, please click the link:

<http://www.youngminds.org.uk/training_services/policy/mental_health_statistics?gclid=COOA1dfp574CFSKg2wodtpkADA>

Autism

* 1.1% of the adult population has autism. Prevalence rate is much higher for men (2%) compared to women (0.3%).
* Autism is a serious, lifelong and disabling condition. Without the right support, it can have a profound - sometimes devastating - effect on individuals and families
* Autism is much more common than many people think. There are around 700,000 people in the UK with autism - that's more than 1 in 100
* Autism doesn't just affect children. Children with autism grow up to be adults with autism
* Autism is a hidden disability - you can't always tell if someone has it
* While autism is incurable, the right support at the right time can make an enormous difference to people's lives

For more information, please click the link: <http://www.autism.org.uk/about-autism/myths-facts-and-statistics/some-facts-and-statistics.aspx>

**Diabetic retinopathy (DR):** DR is a complication of diabetes mellitus, usually affecting both eyes, It has no early symptoms and can lead to permanent sight loss. Early diagnosis and treatment can prevent up to 98 per cent of severe vision loss and the earlier treatment is received the more likely it is to be effective. Some health conditions are closely associated with sight loss, which compounds the impact on the individual and on the health and social care services.

**Learning disabilities:** An estimated 96,500 adults with learning disabilities in the UK, including 42,000 known to the statutory services, are blind or partially sighted. This means that nearly one in ten adults with learning disabilities is blind or partially sighted. Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

**Obesity:** Obesity has been linked to several eye conditions including cataracts and AMD. Obesity also has a strong link to diabetes and an exacerbation of sight deterioration in diabetic retinopathy.

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**Information and support for staff with disabilities**

* The Human Resources Directorate provides detailed [disability information for staff](http://www.gre.ac.uk/offices/hr/e-and-d/disability) on the University website.
* The [Occupational Health and Wellbeing Services](http://www.gre.ac.uk/offices/hr/wellbeing) provide a comprehensive service to promote the wellbeing of employees, and prevent illness and injury arising from work activity. They also support staff returning to work after absence due to illness.
* Occupational Health and Wellbeing Services provide [guidance for managers on how to make reasonable adjustments](http://www.gre.ac.uk/__data/assets/pdf_file/0012/958692/Reasonable-Adjustments.pdf) when a provision, criterion or practice, or a physical feature of the workplace, puts a disabled employee at a substantial disadvantage in comparison with non-disabled persons.

**Two Ticks**

The University has accreditation to use the Two Ticks symbol on job adverts to show that we encourage applications from disabled people. To be able to use the symbol we have to show we are committed to interviewing all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.

**Staff Disability Forum**

* Since 2011 the University has had a [Staff Disability Forum](http://www.gre.ac.uk/offices/hr/e-and-d/staff-disability-forum) to discuss and address disability issues. Members of the group are representatives of Faculties and Directorates. The group is coordinated by the University’s equality and diversity champion. The Forum meets once a term, with video conferencing facilities provided, to provide employees with an opportunity to raise concerns and be consulted on disability issues.

### Disability and Dyslexia Centre

* The University's [Disability and Dyslexia Centres](http://www2.gre.ac.uk/current-students/support/disability) provide assistance to students at any stage in the application process and at any point in their studies.
* There is a Disability and Dyslexia Centre on each main campus to provide information and support, and advise on information technology for students. Advice and guidance is based on individual requirements, and includes support for students with mental health needs and long-term medical conditions.

**Disability named contacts**

* The University has an established network of staff in each Faculty and Department acting as local contacts. They provide support for students who are disabled or dyslexic.

**Financial support and disabled students' allowances**

* Financial support is available for disabled full-time, part-time and postgraduate home students via Disabled Students' Allowances (DSAs). DSAs can pay for specialist equipment, personal support, travel or other extra costs (directly resulting from a disability or long-term medical condition) that a student may have in order to study.

# Reasonable adjustments

* The Equality Act 2010 requires the University to make reasonable adjustments for disabled students so they are not substantially disadvantaged in comparison with non-disabled students. In practical terms this can mean adjustments to University procedures, campus accessibility and the provision of specialist support and equipment.

**Accessibility planning**

* The Equality Act requires the University to make ‘reasonable adjustments’ for staff and students to help them overcome any disadvantages or barriers they experience resulting from a disability. Accessibility audits consider what might be ‘reasonable’ adjustments. Other factors that are considered include issues such as health and safety, fire regulations and the listed status of buildings.

**The\*AccessAbility Project**

* The [\*AccessAbility Project](http://www.gre.ac.uk/study/support/needs/disabled/aap) is a disability and diversity focused initiative at the University of Greenwich that was developed in 2007 in partnership with Aimhigher. The \*AccessAbility Project provides information and guidance to disabled and diverse students who may not feel that higher education study is for them.

**FAQ’s**

What will you do to make sure that disabled people are disclosing their disability and are using and benefiting from your research/project/procedure/services? This includes people with a learning difficulty, people with long-term conditions and mental health problems, and people with physical and sensory impairments. You might find the following prompts useful:

**Experiences of disabled students in higher education**

* Students with disabilities may face a number of barriers in higher education. Providing support and adjustments can remove these barriers and therefore support the development of an inclusive environment. These barriers may be:
* **Physical:** for example the design of the built environment
* **Procedural:** for example the way a course is delivered
* **Social:** for example negative attitudes towards disabled people – whether consciously or unconsciously held.
* Providing a range of support and adjustments can remove or mitigate the effect of a barrier. Support and adjustments can be provided on an individual level, or can anticipate barriers and remove these in advance for all students.
* How do disabled people find out about your research/project/services?
* Does your printed information take account of communication requirements of people with various impairments and is it easy to understand?
* Have you decided what core information you need available in large print, CD or Braille?
* Is your research/project/services physically accessible to people with mobility problems or who use a wheelchair?
* Do your students/staff members know how to access a sign language interpreter, or an interpreting service for deaf and hearing impaired people), how to use an Induction Loop and where to get advice on material in different formats?
* Have you put in place a procedure to record the uptake for sign language interpreters, appointment letters/leaflets in Braille etc?
* Do you currently monitor whether or not students/staff are disabled, what impairment they have, so that you know how well your research/project/services is being used by disabled people?
* What actions will you undertake to ensure that your students/staff members are treating disabled people with respect and dignity?
* Is your research/project/services religiously and culturally sensitive to meet the needs of disabled people from minority ethnic groups? If not what approaches would you develop to approach this?
* Have your staff members received Disability Equality / Etiquette or Reasonable Adjustments Training in general and more specifically in meeting the needs of students/staff with a learning difficulties, people with mental health difficulties or people with hearing or sight impairment? How they are planning to implement this in their work setting?
* Have you thought about your teaching, assessment materials and methods and made sure that they are relevant to disabled people?
* Have you considered incorporating disability equality objectives into staff appraisal?
* How will you mainstream these actions into the core objectives of your service?

Age

**The protected characteristic of age refers to a person belonging to a particular age group, which can include people of the same age and people of a particular range of ages.**

**A person could belong to various age groups. A 19-year-old could, for example, belong to groups that include ‘young adults’, ‘teenagers’, ‘under 50s’, ‘under 25s’ or ’19-year-olds’.**

**The National Context:**

Older Age

* 60% of older people in the UK agree that age discrimination exists in the daily lives of older people
* 53% of adults agree that once you reach very old age, people tend to treat you as a child
* 52% of older people agree that those who plan services do not pay enough attention to the needs of older people
* In a study of patients of stroke between 2004 and 2006, only 4% of patients age 75 and above were given an MRI scan, compared to 26 per cent of those under 75

Children

* There are estimated to be 10-20 visually impaired children per 10,000 children.
* There is an increased rate of severe sight problems and blindness in children from ethnic minorities. This may be linked to socio-economic deprivation.
* Over a fifth of 4-5 year olds are overweight or obese in England

For more information, click here: <http://www.noo.org.uk/NOO_about_obesity/child_obesity>

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**Supporting staff**

* Employees of all ages are encouraged to discuss future plans and choices with line managers. There may be periods in their lives when they need particular support, such as when starting an academic career, when they have caring responsibilities for children or elderly family members, or towards the end of an extended working life.
* Our ‘right to request flexible working’ policy acknowledges that staff may choose to vary their patterns of work at different periods in their working lives. The University aims to support employees in balancing work and caring responsibilities.
* We encourage employees of all ages to undertake training and development activities to ensure they have the knowledge and skills needed to be effective in their roles.
* With the removal of the Default Retirement Age, we do not identify a set retirement age for employees. Employees can retire when they wish. Earlier retirement can be taken from the age of 55 and there is no upper age limit.
* The Learning and Talent Development Team offers ‘Third Phase Focus’ sessions to all employees. These interactive courses support staff to review their priorities, and consider a range of issues as part of planning for retirement.

**Younger students in higher education**

* The University recognises that some younger students find it difficult to adapt to particular aspects of student life. Particular issues may include:
* Being away from home for the first time
* Changes in friendship and peer groups
* Challenges to acquire skills needed for learning effectively
* Workload. Many students are anxious about assessment and afraid to talk about failure or getting behind with work.
* Practicalities, including handling finances, finding accommodation, money budgeting independently.

**Mature students at the University**

* Mature students come to the University from a wide range of backgrounds with qualifications ranging from conventional 'A' levels to Access and Foundation courses.
* Mature students may have been out of formal education for several years and have returned to it later in life. Older students bring with them a wealth of experience and commitment to learning which make them valuable contributors to learning programmes.
* Mature students may have a range of different needs, including:
* Support with learning skills
* Using digital technologies for study
* Have different daily routines from many younger learners, including child care or other commitments
* Struggle with maintaining a work/life balance.

**Support for older and younger students**

* Every undergraduate and taught postgraduate student who studies on a campus at the University of Greenwich has a designated personal tutor. Personal tutors are aware of the different types of support students can access.
* All students can also access support through the Student Centres on each campus as well as Student Wellbeing Services.

**Mature Students’ Network**

* The Mature Students’ Network was set up by SUUG in 2012-13. It provides peer support for mature students and organises regular social gatherings and other events. The group also welcomes students who are parents.

**SUUG**

* SUUG has an elected part-time mature students’ officer who plays an active role in supporting and providing advice to older students.

Gender

**The protected characteristic of sex refers to a person being male or female. In relation to a group of people, it refers to either men or women.**

**The University aims to provide an inclusive learning and social environment in which the rights and dignity of all students are respected, whatever their gender.**

University Priorities is to improve the representation, retention and progression of women, working particularly in STEMM (science, technology, engineering, mathematics and medicine) subjects at the University.

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**SUUG**

* SUUG has elected part-time women’s students’ officer who plays an active role in supporting and providing advice to female students.
* In 2014 a delegate was sent to the NUS Women’s Conference. Delegates were also sent to the NUS Women in Leadership Conference.

**Student Societies**

* At Greenwich, the Feminism Society holds regular meetings, events and socials, collaborates with other societies and feminist groups, and invites feminist speakers to the University.
* The Women’s Hub Society at Greenwich is open to both men and women, and focuses on gender equality and challenging cultural and gender bias. Women's Hub also hosts speakers and organises social events.
* In Medway, the Women in Science and Engineering society aims to provide a network for students in STEM subjects and act as a source of support, information and inspiration.

**FAQ’s**

* Ensure that any activity focus on addressing gender differences and reducing health inequalities.
* Special attention should be paid to the mental health needs of men and young people who are at high risk of suicide.
* For women, nationally breast cancer is the biggest cause of premature mortality.
* For men, nationallyCoronary Heart Disease (CHD) is the biggest cause of premature mortality
* Many men are reluctant users of traditional health services, such as GPs and pharmacies and do not always respond to mainstream health awareness campaigns to the same extent as women
* People who never or rarely brushed their teeth were 70% more likely to develop cardiovascular disease than those who brushed twice a day. People with poor oral hygiene also had higher blood levels of a specific chemical marker of inflammation thought to increase risk.
* From the age of 40, a higher proportion of men than women develop hearing loss.
* 81% of suicide deaths in 2010 were men
* Nationally men are more likely than women to have a mild or severe learning disability.
* Women are more likely than men both to report and to be diagnosed with depression and anxiety with more women are treated.

Gender Reassignment

**The Equality Act 2010 makes it unlawful to discriminate against, harass or victimise a person because they are proposing to undergo, are undergoing or have undergone gender reassignment.**

**The Act defines gender reassignment as ‘where a person has proposed, started or completed a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex’.**

**People who, with medical advice and support, decide to permanently adopt the opposite gender to the one assigned at birth are known as ‘transsexual people’. There are also a significant number of people who adopt an opposite gender role without formal medical involvement. These are known as ‘transgender’ people.**

**The term ‘trans’ is an umbrella term that includes transsexual people, transgender people, people who cross-dress, and a range of other distinct forms of identity and expression.**

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**Guidance and support for trans staff and students**

* The [Human Resources webpages on gender reassignment](http://www.gre.ac.uk/offices/hr/e-and-d/gender-reassignment) provides links to guidance from the Equality Challenge Unit on trans staff and students in higher education, and guidance for staff on supporting an individual who is transitioning gender.
* Student Wellbeing Services and the SUUG Advice Service provide confidential support and advice to students who are undertaking or who have undergone a process of transitioning to another gender.

|  |
| --- |
| **FAQs** |

If your research/project/service/procedure for men and women, what will you do to make sure that both benefit? You might find the following prompts useful:

* Is it easier for either men or women to find out about and use your service, for example because of where you display leaflets or your opening times?
* If your research/project/service for men and women, do you routinely monitor the uptake of your research/project/service with gender breakdown and take appropriate action? For example: If you find that men are not accessing your research/project/service then you may consider improving the way they are provided to men, possibly by targeting men at student/staff events or workplaces. Similarly you may consider adopting sensitive approaches to target women from different backgrounds as the services may not be appropriate for some women from particularly black and minority ethnic communities
* Have you considered the possible needs of transgender staff and service users in the development of your policy or service?
* Have your staff members received Gender Identity Equality Training and how they are planning to implement this in their work setting?
* Have you considered incorporating gender identity equality objectives in staff appraisal?
* How would you mainstream these actions into the core business of your research/project/service?

**Sexual Orientation**

**The protected characteristic of sexual orientation means the attraction a person feels towards one sex or another (or both), which determines who they form intimate relationships with or are attracted to.**

* **Some people are only attracted to those of the same sex (lesbian women and gay men).**
* **Some people are attracted to people of both sexes (bisexual people).**
* **Some people are only attracted to the opposite sex (heterosexual people).**

Under the Equality Act 2010, everyone is protected from being treated unfairly or discriminated against because of sexual orientation, whether they are bisexual, gay, lesbian or heterosexual.

The University of Greenwich is committed to actively promoting equality for lesbian, gay, bisexual and trans students and staff.

**The National Context:**

**Experiences of lesbian, gay and bisexual students in higher education**

* A report by the Equality Challenge Unit (ECU) in 2009[[2]](#footnote-2) suggested that around 7% of students in higher education identify as lesbian, gay or bisexual (LGB).
* The ECU report found that higher education is a very important and positive space in the lives of the majority of LGB undergraduates, as a new environment where people can explore and define their sexual identities. The research also found that the majority of LGB students are out to university friends, but almost two-thirds are not out to tutors as they fear possible discrimination.

Nationally, it is estimated that between 5%-7% of the population are lesbian, gay or bisexual

* 93.9% of adults identified themselves as heterosexual/straight
* 1.1% identified themselves as Gay or Lesbian
* 0.4%identified themselves as Bisexual
* 0.3% identified themselves are ‘Other’
* 3.6% stated ‘Don’t know’ or refused to answer the question
* 0.6% stated ‘No response’ to the question

LGBT people all demonstrate significantly higher levels of mental distress. Research has demonstrated that gay men, lesbians and bisexuals all demonstrate significantly higher levels of mental distress (less research for transgender, but remember that in order to undergo gender reassignment it is necessary to undergo psychiatric counselling) with bisexual men showing the highest levels (10.09 mean for men, 14.92 for bisexual men).

* National estimates suggest around 3% of the population experience sleep problems, but studies suggest between 27-66% of LGB people do.
* Self-harm and suicide rates of self-harm in LGB samples – 25% vs 2.4% of the general population.

(The Integrated Household Survey (IHS) between April 2011 and March 2012)

 *Experience of lesbian, gay, bisexual and trans staff and students in higher education*, Equality Challenge Unit (2009) <http://www.ecu.ac.uk/publications/lgbt-staff-and-students-in-he/>

**Lesbian**

* Rates of breast self-examination and mammography no different, but appears that prevalence of breast cancer is higher - 8% vs 2.5% for general population
* Much lower rates for cervical screening
* No evidence that lesbian women are less prone to cervical cancer – between 80-90% report ever having had sex with a man
* Higher rates of polycystic ovary syndrome leading to infertility

**Gay and Bisexual Men (Stonewall 2013)**

* In the last year, 3% of gay men and 5% of bisexual men have attempted to take their own life. Just 0.45 of men in general attempted to take their own life in the same period.
* 1 in 16 (6%) gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than 1% of men in general aged 16 to 24 have attempted to take their own life in the same period.
* Almost half of gay and bisexual men worry about the way they look and wish they could think about it less.
* 1 in 5 gay and bisexual men have had problems with their weight or eating at some time.
* Half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17 per cent of men in general.
* More than a third of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man.
* 1 in 4 gay and bisexual men have never been tested for any sexually transmitted infection.
* 1 in 10 gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority.
* A third of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation.
* More than a quarter of gay and bisexual men said their healthcare professional acknowledged they were gay or bisexual after they had come out and just 1 in 8 were told that their partner was welcome to be present during a consultation.
* Only a quarter of gay and bisexual men said that healthcare workers had given them information relevant to their sexual orientation.

**Sexual Health**

* 80% of HIV infection acquired in this country is from sex between men (Health Protection Agency 2006)
* Rates of all STIs are much higher amongst men who have sex with men
* Around 50% of gay and bisexual men have never been tested for HIV
* 85% of lesbians have had sex with men at some time
* Prevalence of most STIs in lesbians is around the same as in all women
* Half of lesbian and bisexual women have never had a sexual health screen

**Transgender**

Not all transsexual people are able to or choose to have genital reassignment surgery, yet they can still be legally recognised in their ‘new’ gender role.

* Overall, Count Me in Too demonstrates higher needs among trans people than the LGB community. Directly comparable information is not available in all cases for the whole population so some results are compared with the LGB community. It is recognised that this group (LGB) also faces greater health and wellbeing issues than heterosexuals.
* As well as being more likely to report long‐term health impairments, anecdotal evidence suggests that trans people struggle to find a trans friendly or non‐trans phobic GP.
* Trans people also struggle to find sexual health information that is appropriate to their gender identity or sexuality.
* Interviews for Count Me In Too revealed general dissatisfaction with gender reassignment services. Opinions echoed those found nationally: that there were delays in access to the service and that the ‘one size fits all’ approach was unacceptable.
* Trans people were twice as likely to have thoughts of suicide and five times more likely to have attempted suicide in the past year than LGB people, with only 26% reporting ‘good/very good’ emotional wellbeing. 86% of trans people reported mental health difficulties, including depression (76%) and anxiety (71%).Respondents described the need for mental health support both during and after transition.
* Trans people are more likely to experience hate crime both in the street and at LGBT venues, with 26% reporting experiences of physical violence.47% reported direct or indirect discrimination from providers of goods, services or facilities in the city and 64% had experienced domestic violence, compared with 18% of men and 28% of women nationally. For 2011/12 the police recorded 63 hate incidents or crimes against LGBT people.
* As the trans population ages, they will have additional needs for health and wellbeing. Little is currently known about what these needs will be, as this will be the first generation who have taken hormone therapy for a prolonged period, or undergone gender reassignment surgeries in the 1960s or 1970s.

(Brighton and Hove’s “Count Me in Too)

**Promoting Equality, Diversity and Inclusion at the University of Greenwich**

**Examples:**

**SUUG**

* SUUG has an elected part-time LGBT+ students’ officer who plays an active role in supporting and providing advice to students.

**Student Societies**

The SUUG LGBT+ (Lesbian, Gay, Bi and Trans) Society is open to all students at the University. The aim of the LGBT+ Society is to provide a safe environment for LGBT students. The Society organises regular events including:

In Medway, the LGBT Society is open to students, staff and members of the public. It organises members’ events and socials, as well as raising awareness of LGBT issues and campaigns on and off campus.

* The University can identify ways that it can further support lesbian, gay and bisexual students, by improving its score on the Stonewall good practices checklist.
* The University aims to improve its knowledge and awareness related to the sexual orientation of students. By asking for this information we will be able to better meet diverse needs, monitor equal opportunities, and ensure that we can identify and remove any barriers or disadvantages based on sexual orientation, and promote positive action initiatives where appropriate.

Marriage/Civil Partnerships

Issues to consider include:

* Next of kin
* Sharing of information
* Palliative care
* Respect and Dignity

Pregnancy and Maternity

The National Context

* 1 in every four women will have a miscarriage
* Pre-eclampsia affects four million women worldwide each year and complicates 2–3% of UK births. Characterised by high blood pressure, it often results in premature birth or worse.
* Nearly 50% of UK women of childbearing age are obese or overweight and these women are at greater risk of miscarriage and other pregnancy problems.
* More than 7% of UK births are premature (before 37 weeks of gestation). That’s one of the highest rates in Europe and means that many babies and parents have to cope with lifelong problems.
* Over 4,000 babies are stillborn every year in the UK and many are unexplained. However, research funded by the voluntary organisation Tommy’s, indicates that stillbirths may occur because the foetus suffers restricted growth due to blood flow problems between mother and baby. Obesity also increases the risk of stillbirth.

For more information, please click this link: <http://www.hscic.gov.uk/catalogue/PUB12744>

Inequality

How will you make sure that people from a wide range of socioeconomic backgrounds can access your research/project/service/procedure? There are some groups that experience persistent inequalities, such as black minority ethnic communities or disabled people, so this section may overlap with others. However, you may find the following prompts useful:

* Do you know where the key pockets of deprivation are within your campus/site area? Is it easy for people in these areas to find out about your research/project/service/procedure?
* Is your research/project/service/procedure easily accessible via existing public transport links?
* Does your research/project/service/procedure make assumptions about people simply because of their background or where they live?
* Do any eligibility criteria for your research/project/service/procedure restrict access for people from more deprived communities?
* When you are advertising jobs, have you thought about how you can encourage people from more deprived communities to apply?
* Are students and staff aware of existing health inequalities priorities and targets for their area?
* How will you mainstream action on reducing inequalities into the core business of your research/project/service/procedure?

Other identified Groups

Consider those with different socio-economic groups, homeless, carers, resident status (i.e. migrant workers) etc.

**Key Equalities Legislation and National Policy**

The Equal Pay Act (as amended) 1970

The Equal Pay Act gives an individual a right to the same contractual pay and benefits as a person of the opposite sex in the same employment, where the man and the woman are doing:

Like work; or

* Work rated as equivalent under an analytical job evaluation study; or
* Work that is proved to be of equal value.

**The Sex Discrimination Act (as amended) 1975**

The SDA (which applies to women and men of any age, including children) prohibits sex discrimination against individuals in the areas of employment, education, and the provision of goods, facilities and services and in the disposal or management of premises.

**The Human Rights Act 1998**

The Human Rights Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently:

* means that cases can be dealt with in a UK court or tribunal; and
* says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.
* Employment Equality (Religion or Belief) Regulations 2003

Article 2 Everyone has the right to life

Article 3 No one shall be subjected to … degrading treatment

Article 5 Everyone has the right to … security of person

Article 8 Everyone has the right to respect for their private and family life,

 home and correspondence

Article 9 Everyone has the right to freedom of thought, conscience and

 religion… subject only to such limitations as are prescribed by law

 and are necessary in a democratic society in the interests of public

 safety, public order, health, morals, or the freedoms of others

Article 10 Everyone has the right to freedom of expression (subject to the

 same requirements as Article 9), but the exercise of those

 freedoms carries duties and responsibilities to the rights of others

Article 14 Prohibition on Discrimination. The enjoyment of the rights and

freedoms set forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin.

**Employment Equality (Religion or Belief) Regulations 2003**

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of religion or belief. The regulations apply to discrimination on grounds of religion, religious belief or similar philosophical belief.

**Employment Equality (Sexual Orientation) Regulations 2003**

These regulations outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. The regulations apply to discrimination on grounds of orientation towards persons of the same sex (lesbians and gay men) and the same and opposite sex (bisexuals).

**Race Relations (Amendment) Act 2000**

The Act amended the 1976 Act and introduced a positive duty (the race duty). The Act requires that a public body **‘***shall in carrying out its functions have due* *regard to the need to: a) eliminate unlawful racial discrimination; b) promote* *equality of opportunity between persons of different racial groups; c) promote* *good relations between persons of different racial groups.’ The Act stated that* *the general race equality duty was to be supported by specific race equality* *duties that were to be introduced by future regulations.* The Act also made it unlawful for organisations exercising public functions to discriminate in exercising public functions.

**The Gender Recognition Act 2004**

The purpose of this Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. In practical terms, legal recognition will have the effect that, for example, a male-to-female transsexual person will be legally recognised as a woman in English Law. On the issue of a full gender recognition certificate, the person will be entitled to a new birth certificate reflecting the acquired gender and will be able to marry someone of the opposite gender to his or her acquired gender.

**The Civil Partnership Act 2004**

This Act creates a new legal relationship of civil partnership, which two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

**The Disability Discrimination Act 1995**

This Act prohibits discrimination against disabled people in the areas of employment, the provision of goods, facilities, services and premises, and education; and provides for regulations to improve access to public transport to be made.

**Disability Discrimination Act 2005**

This Act makes substantial amendments to the Disability Discrimination Act 1995 (see above). The 2005 Act places a general duty on public authorities to promote disability equality and to have due regard to eliminate unlawful discrimination. Those listed bodies within the public sector will also be subject to specific duties of the 2005 Act. The specific duties provide a clear framework for meeting the general duty and include the requirement to produce a Disability Equality Scheme. The Disability Equality Duty for the Public Sector will come into force in December 2006.

This will mean that DH and all NHS bodies will have to have in place by December 2006 disability equality schemes demonstrating how they intend to fulfil their general and specific duties under the Act. This will include:

* a public authority should involve disabled people in the development of the scheme
* the scheme should include a statement of:
	+ the way in which disabled people have been involved in the
	+ development of the scheme
	+ the authority’s methods for impact assessment
	+ steps which the authority will take towards fulfilling its general duty (the “action plan”)
	+ the authority’s arrangements for gathering information in relation to employment, and, where appropriate, its delivery of education and its functions
	+ the authority’s arrangements for putting the information gathered to use, in particular in reviewing its action plan and in preparing the next Disability Equality Scheme
	+ A public authority must, within 3 years of the scheme being published, take the steps set out in its action plan (unless it is unreasonable or impracticable for it to do so) and put into effect the arrangements for gathering and making use of information.
* A public authority must publish a report containing a summary of the steps taken under the action plan, the results of its information gathering and the use to which it has put the information.
* The first scheme must be published by 4 December 2006 and will have to cover the following three years and this must be a living document, regularly monitored and reviewed.

**Employment Equality (Age) Regulations October 2006**

The Age Regulations will implement the age strand of the EU Employment Directive 2000, which prohibits discrimination on specified grounds in work and vocational training. The Age Regulations will apply to all workers and to people who apply for work. In addition they will cover access to vocational training. The Age Regulations will prohibit direct and indirect age discrimination, harassment and victimisation.

**The Equality Act 2006**

The Equality Act received Royal Assent on 16 February 2006. The Act’s main provisions include:

* the creation of the Commission for Equality and Human Rights (CEHR) which replaces the existing three equality commissions. The new Commission would give individuals suffering from discrimination easier access to support and provide employers and service providers with improved advice and information in a one-stop-shop. The purpose and functions of the CEHR are outlined in the Act and the new Commission will be operational from October 2007 (with the Commission for Racial
* Equality joining in 2009);
* to make unlawful discrimination on the grounds of religion and belief and sexual orientation in the provision of goods, facilities and services, education, the use and disposal of premises, and the exercise of public functions; and
* to create a duty on public authorities to promote equality of opportunity between women and men (‘the gender duty’), and prohibit sex discrimination in the exercise of public functions. The Gender Duty came into force in April 2007.

**The Equality Act 2010**

The Equality Act received Royal Assent on 8 April 2010. This Act aims to harmonise, and where possible, simplify anti-discrimination and equalities legislation. It will place a single equality duty on public authorities to promote equality across a number of protected characteristics. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Background and further information:

**Acts of UK Parliament**

[www.opsi.gov.uk/legislation/uk.htm](http://www.opsi.gov.uk/legislation/uk.htm)

A database of recent acts and statutory instruments, including equalities legislation.

**Commission for Equality and Human Rights**

[www.cehr.org.uk/](http://www.cehr.org.uk/)

The forthcoming single equalities commission for the UK. Contains links to the

separate Commission websites, such as the Disability Rights Commission,

Equal Opportunities Commission and Commission for Racial Equality.

**Department for Communities and Local Government**

[www.communities.gov.uk/](http://www.communities.gov.uk/)

The Government department that leads on cross-cutting policies and

strategies to reduce inequalities and deprivation.

**Department of Health**

<http://www.dh.gov.uk>

**East Sussex Joint Strategic Needs Assessment**

<http://www.eastsussexjsna.org.uk/comprehensive>

IMPACT Equality Analysis (EA) Flowchart

(Formerly Equality Impact Assessment)

Have you engaged and involved stakeholders?

Identify positive or negative impact

What evidence has been used?

1. *Religion and belief in higher education: the experiences of staff and students*, Equality Challenge Unit (2011), <http://www.ecu.ac.uk/publications/religion-and-belief-staff-and-students-in-he/> [↑](#footnote-ref-1)
2. *Experience of lesbian, gay, bisexual and trans staff and students in higher education*, Equality Challenge Unit (2009) <http://www.ecu.ac.uk/publications/lgbt-staff-and-students-in-he/> [↑](#footnote-ref-2)