

School Name	Responsible Decision Maker	Completed by	Date and Version Number	Review
St James' CofE Primary School	Mrs Jacqueline Moore Headteacher	Mrs J Moore - HT Mrs L Abrams - DHT Mrs C Ratcliffe - AHT Mr S Rusling - Chair Governors	10 th June 2020 Version 1.0	Based on a wider re-opening of school on 22 nd June 2020, the effectiveness of this plan will be reviewed on 26 th June 3 rd , 10 th & 17 th July 2020.

Title

Wider re-opening of St James' CofE Primary School. (*whilst coronavirus is circulating when there is no known treatment or vaccine*)

Description and Overview

Phase 1 – School has been open to children of critical workers and those who are classed as vulnerable since Monday, 26th March 2020.

Phase 2 – School to consider re-opening further to children on 22nd June 2020. Plans include robust risk assessments, staff surveys, parent surveys, consultation, Health and Safety site visits and scientific guidance and advice.

Overview

The Trust's response to COVID-19 has been to engage (internally and externally), prepare (readiness and resilience) and respond (to government guidance, scientific advice and local concerns). The Trust has also considered accessibility, community cohesion, delivery of contracts, Human Rights Act, positive action, procurement, reasonable adjustments, Health and Social Care Act 2012 and Carer Act 2014 (*this list is not intended to be exhaustive*). It has been important to evaluate the negative impact school closure as a result of COVID-19 has had on each of the protected characteristics – the disproportionate effect could be in terms of mental health, safeguarding, educational disadvantage ...; therefore those negatives become positives as schools re-open more widely (eg removing educational disadvantage specifically relating to COVID-19 lockdown/school closure).

The Board of Directors has considered the wider re-opening of its schools on 22nd June 2020, at the latest. The Trust has the safety of staff, pupils and wider school community at the forefront of any decision made. It must be satisfied that risks within schools have been mitigated and risk of COVID-19 locally is at a safer level as defined by scientific advice and guidance. This Equality Impact Assessment will be frequently reviewed to ensure it remains fit for purpose.

As of 9th June 2020, the Secretary of State for Education stated that schools would not be expected to welcome all primary children back to school for a full month before the summer holiday. Version 1.0 (10th June 2020) takes into consideration the potential impact of the wider re-opening of schools to Nursery, Pre-School, Reception, Year 1 & Year 6 and on each of the protected characteristics in relation to the general duty to:

1. Eliminate discrimination, harassment and victimisation.
2. Advancing equality of opportunity between people who share protected characteristics and those who don't share it.
3. Foster good relations between people who share a protected characteristic and those who don't.

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IMPACT / CONSULTATION

Does the proposal have a direct impact on people?	Yes – the plans to re-open more widely will have a direct impact on people.											
Has the school conducted a consultation?	<p>The school has undertaken consultation relating to the wider re-opening of school and has taken on board comments and concerns received. Those consulted include staff, parents, governors, directors, unions and local authority. The school has sent letters to parents, surveyed staff and parents, e-mailed the school’s re-opening plans and risk assessments – school, shared risk assessments and reopening plans on the school’s social media sites, undertaken risk assessments with parents of children in receipt of EHCPs.</p> <p>The school has not conducted a consultation on the Equality Impact Assessment itself but has used feedback from earlier consultation to inform the content. This document has been initially completed on 10th June 2020 (V1.0) and will be sent for consultation on Wednesday 17th June 2020. All comments and concerns will be reviewed and where appropriate the document will be amended. Information regarding consultation will be detailed below and, where appropriate, anonymised evidence will be embedded or included as a link in the “Evidence” box below.</p> <p><i>Note: should evidence of consultation contain personal information or the information when pieced together can identify an individual, the information will not form part of this publicly available document.</i></p>											
Equality Impact Assessment Consultation	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Groups consulted</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Local Authority • Unions • Parents • Staff • Directors • Governors </td> </tr> </tbody> </table>	Groups consulted	<ul style="list-style-type: none"> • Local Authority • Unions • Parents • Staff • Directors • Governors 	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Extent of consultation</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Local Authority 16/06/20 • Unions 16/06/20 • Parents 16/06/20 • Staff 16/06/20 • Directors 16/06/20 • Governors 16/06/20 <p>Initial consultation period 16/06/20 – 19/06/20. Reviewed weekly to allow for longer period of consultation.</p> </td> </tr> </tbody> </table>	Extent of consultation	<ul style="list-style-type: none"> • Local Authority 16/06/20 • Unions 16/06/20 • Parents 16/06/20 • Staff 16/06/20 • Directors 16/06/20 • Governors 16/06/20 <p>Initial consultation period 16/06/20 – 19/06/20. Reviewed weekly to allow for longer period of consultation.</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Feedback</th> </tr> </thead> <tbody> <tr> <td style="background-color: yellow;"> Document to be reviewed weekly – Friday SLT session </td> </tr> </tbody> </table>	Feedback	Document to be reviewed weekly – Friday SLT session	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Evidence</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>	Evidence	
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1.AGE

Is there any potential positive impact?	Is there any potential negative impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review the actions taken to mitigate negative impact?
YES	YES			
<p>Pupils</p> <p>Some young children may not see that they are at risk and may not keep themselves or others safe – returning to school will give them greater support and pastoral care.</p> <p>Some children may not have access to accurate news and information and/or may become overwhelmed by false news – school has accurate information it can share in an age-appropriate manner.</p> <p>Online safety risks for children of all ages may increase as those that are isolated seek more interaction online – returning to school with their peers will provide the interaction some children crave.</p> <p>Children of all ages will benefit from a return to school – teachers teaching, routines re-</p>	<p>Pupils</p> <p>Experiencing separation issues after being at home for a significant period.</p> <p>Worrying about not being able to follow or understand social distancing guidance.</p> <p>School not being the same as it was before lockdown and the impact this may have (toys removed, different class teacher etc)</p> <p>Staff</p> <p>Disproportionate effect of coronavirus on people over 50 (health effects and more likely to be asked to shield).</p> <p>Staff concerned about lack of social distancing due to their role in school and the risk of catching the virus – impact on them and family members who may be extremely</p>	<p>Pupils</p> <p>AGE RANGE: 2-11 Number of pupils for re-entry: Nursery – 0 Reception - 12 Year 1 – 18 Year 6 – 0</p> <p>Age ranges of pupils attending school during lockdown: 5-11</p> <p>Total school capacity considering social distancing/control measures: 70</p> <p>Staff</p> <p>AGE RANGE: 22 – 60</p> <p>Staff over 50: 12 Staff over 65: 0 Staff over 75: 0</p> <p>Internal Evidence</p> <p>Parent and staff surveys, staff meetings, consultation, scientific advice and guidance have all been used to inform next steps.</p>	<p>Age appropriate literature and resources to support the mental health of pupils.</p> <p>Age appropriate literature (posters/guidance) positioned throughout school to help children understand what they are required to do (new rules).</p> <p>The school safeguarding and pastoral teams mobilised to regularly monitor and support all pupils identified as vulnerable, both in school and remotely.</p> <p>Policies amended to allow for a range of needs across school (reviewing current practice and adapting where necessary).</p> <p>Risk assessment for staff who are clinically vulnerable.</p> <p>Consider the safest possible roles available in school or, if none are available, alternative work that could be delivered from home.</p> <p>Staff inset/training (re-induct staff who may have been isolating since March 2020).</p>	<p>Keep all documentation, process and procedures under review - SLT / Governors / CEO / Directors / H&S Consultants)</p> <p>Facilitate feedback from staff and parents and use the information to inform good practice (eg pulse surveys)</p> <p>Ongoing review based on scientific, H&S and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

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<p>established, mental health and pastoral support and social interaction with peers.</p> <p>Staff</p> <p>Returning to work and able to do the job they have been trained to do will have a positive impact on staff of all ages but particularly older staff who may have found working from home a difficult adjustment.</p> <p>Not having the usual structure and familiarity may have been difficult particularly for older staff.</p> <p>Reconnecting with colleagues will have a positive impact on the wellbeing of staff particularly older staff who may live by themselves or providing care for others.</p> <p>Some older staff may have struggled adapting to new technology needed to enable them to work at home and communicate with others – returning to school will provide a more familiar environment albeit with control measures in place.</p>	<p>clinically vulnerable (this may be a bigger issue for older members of staff).</p> <p>Some staff may not be able to return to work and consequently feel even more isolated particularly if they are shielding and living alone (a feeling of isolation may be exacerbated as their colleagues reconnect).</p>	<p>External Evidence</p> <p>Current evidence that those aged over 55 of BAME ethnicity, particularly those with morbidities, may be associated with increased vulnerability.</p> <p>There is evidence that the risks from coronavirus increase as people age:</p> <ul style="list-style-type: none"> • According to the ONS the majority of deaths involving COVID-19 have been among people aged 65 years and over (39,025 out of 43,837), with 47% (18,263) of these occurring in the over-85 age group. • According to the Intensive Care National Audit and Research Centre (ICNARC) 78% of patients admitted to ICU are over 50. 58% are between 50 and 69. • The Labour Force Survey suggests that 87.2% of primary aged pupils live in households where no one is over the age of 50. Meanwhile, 7.3% of primary pupils live with someone aged 50 to 59 years and 1.7% live with someone aged 70 years and over. <p>National data: Age UK, ONS, Equality and Human Rights Commission</p>	<p>Ensure all staff and pupils still at home, do not feel excluded due to their peers/colleagues returning to school; ensure a support structure is in place as being at home when others are back may exacerbate mental health issues and loneliness.</p> <p>Use feedback from consultations to inform the school re-opening plan and risk assessments (opinions of all stakeholders considered).</p> <p>PPE for staff with clear guidelines in relation to how to put it on (staff may feel vulnerable in certain situations where social distancing is difficult, eg first aid).</p> <p>Raise awareness and promote test, track and trace.</p> <p>Behaviour policies adapted to reflect the new guidelines and communicated to pupils in an easy to understand manner (teachers to explain expectations regularly) – encouraging social distancing and good hygiene.</p> <p>Control measures implemented – social distancing, good hygiene, frequent cleaning.</p>	
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2. CARER'S STATUS

A carer is "somebody who provides support or who looks after a family member, partner or friend and who needs help because of their age, physical or mental illness or disability" (Care Act 2014).

Is there any potential positive impact?	Is there any potential negative impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Pupils who are carers will resume education and receive pastoral support from school as well as having a degree of respite from their caring role.</p> <p>Staff who are carers have an opportunity to return to work and continue undertaking the work they enjoy (some staff may have felt isolated)</p>	<p>Pupils and staff who are carers may feel anxious about separating from those they care for and worry about exposing them to the virus.</p> <p>Pupils and staff who are carers may have taken on extra responsibilities during lockdown and the person they were caring for may not have access to their usual support.</p> <p>Pupils and staff who are carers may have increased mental health concerns.</p> <p>Pupils and staff who are carers may be more likely to have suffered bereavement or increased trauma during lockdown.</p> <p>Staff who are carers may have moved further away to take care of family members and therefore may find it more difficult to get to</p>	<p>Pupils Number of pupils in school who are young carers: 0</p> <p>Of the above, how many pupils are in the year groups that are invited back N/A</p> <p>How many have indicated if they will return N/A</p> <p>Staff How many staff who are returning to work are carers - 0</p> <p>Internal Evidence Parent and staff surveys, staff meetings, consultation, scientific advice and guidance have all been used to inform next steps. See COVID-19 file.</p> <p>Staff been asked to identify if they are a carer and considerations/actions have been put into place to support staff.</p> <p>The school has considered that, since lockdown, more pupils could be providing care due to COVID-19 and has this data been captured via well-being calls to parents via</p>	<p>The school safeguarding and pastoral teams mobilised to regularly monitor and support all pupils, both in school and remotely.</p> <p>School will allow a young carer to use a mobile phone to contact home during lunch/break time giving peace of mind for the carer and cared for.</p> <p>Control measures implemented including PPE (including training), social distancing protocols, increased hand washing/sanitising and more regular cleaning.</p> <p>Provide all contact information for local groups that can support carers and their families (many included within this impact assessment).</p> <p>Stagger start and finish times for staff living with people who are shielding/extremely clinically vulnerable.</p> <p>Discuss with staff the opportunity to work from home whilst ensuring they still feel connected with school.</p>	<p>Liaise with organisations and agencies (incl LA) that support carers in the local community to ensure action taken by school is adequate and supportive – Headteacher to review.</p> <p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants.</p> <p>Facilitate feedback from staff and parents and use the information to inform good practice (eg pulse surveys)</p> <p>Ongoing review based on current scientific and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk</p>

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	<p>work (particularly if they rely on public transport).</p> <p>Staff may have moved family members into their own homes prior to lockdown to provide care. The "cared for" may no longer be near their usual support network once the carer returns to work.</p>	<p>Learning Mentors, where necessary actions have been taken.</p> <p>Consideration Some local authorities in the North West of England have a high propensity of people who are "carers" and in turn schools must also consider those who are "cared for" when making decisions.</p> <p>Useful links</p> <p>Carers UK NHS Social Care and Support Guide</p> <p>Knowsley Carers Centre Liverpool Carers Centre Sefton Carers Centre St Helens Carers Centre Warrington Carers Centre Wigan Carers Centre</p> <p>Young Carers – Knowsley Young carers - Sefton Young careers – St Helens Young carers – Warrington Young carers – Wigan Young carers - Liverpool</p> <p>Research (Carers Week)</p> <p>4.5 million additional people caring for older, disabled or seriously ill relatives or friends since the COVID-19 pandemic.</p>	<p>Staff have been reminded of the services school provides to support them e.g. SAS & EAP.</p>	<p>and all actions documented for review.</p>
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3. DISABILITY

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Pupils</p> <p>Being in school with qualified staff will be more beneficial for pupils who require additional support or have an EHCP.</p> <p>Many children require structure and a return to school will provide that - the longer they are without it the harder it will be for them to readjust when they eventually return.</p> <p>There will be an increase in appropriate activities that will further develop their understanding.</p> <p>A number of children have already accessed school provision throughout lockdown but it is expected that this number will increase and there positive benefits shared</p> <p>Staff who may have struggled with isolation, exacerbating anxiety and other mental health issues, may benefit from</p>	<p>Staff are likely to be concerned about the disproportionate effect of coronavirus on individuals with certain existing health conditions such as diabetes and COPD. This will be a concern to some pupils too but it is understood that children are less affected.</p> <p>Pupils and staff may worry about those they live with that have a disability/classified as vulnerable and the potential of them spreading the virus to these individuals when they return home.</p> <p>Staff who have been isolating are likely to be apprehensive about coming back to work and concerned about control measures being robust enough. For those that continue to work from home a feeling of isolation may be exacerbated as others reconnect.</p>	<p>Pupils – Disability There are 4 of pupils in school with a disability with 0 having attended school during lockdown.</p> <p>School has had indication that 0 will be returning.</p> <p>Pupils – EHCP There are 9 of pupils in school with an EHCP with 4 having attended school during lockdown.</p> <p>School has had indication that 4 (continue to attend school) will be returning.</p> <p>School has been in regular contact with pupils and parents/carers during lockdown and will continue to do so.</p> <p>Staff School has had 0 staff declare themselves as having a disability.</p> <p>The number of staff with a disability that makes them more vulnerable to the effects of COVID-19 is 0.</p> <p>School has 2 members of staff shielding.</p>	<p>School will provide priority support to those with a disability and will ensure that all reasonable adjustments to enable staff and pupils to return to school has taken place.</p> <p>The measures will need to be sustainable with regular feedback to see whether the interventions are working.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Adapting policies and providing reassurance • Accessing new public health measures including but not limited to PPE (including training), protocols for social distancing and hand washing • Increased cleaning of frequently touched surfaces • Assessing suitability of important information and making sure they are appropriately worded (<i>eg for those who may have difficulty understanding</i>) • Ensuring documentation and information is accessible to all (eg Braille) • Staggered school start and finish times (including for those living with people who are shielding/extremely clinically vulnerable 	<p>Monitor for new medical conditions - eg anxiety, mental health issues, that have developed during lockdown. School to frequently survey staff and parents/pupils.</p> <p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Facilitate feedback from staff and parents and use the information to inform good practice (eg pulse surveys)</p> <p>Ongoing review based on scientific, H&S and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk and all</p>

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<p>a return to work with the structure and distractions it affords (<i>subject to stringent control measures</i>)</p>	<p>Pupils that require intimate/personal care may be concerned about lack of social distancing and may be frightened if staff wear PPE.</p>	<p>Internal Evidence Parent and staff surveys, staff meetings, consultation, scientific advice and guidance have all been used to inform next steps. See COVID-19 file.</p> <p>School has asked parents/carers and staff if there are any new medical conditions to be aware of/developed since school closure – e.g. increased anxiety.</p> <p>External Evidence</p> <p>According to the <u>ONS</u> at the end of April 2020, 90% of people who died with Covid-19 had at least one underlying health condition. 10% of people who died with Covid 19 also had Ischaemic heart diseases, diabetes and respiratory conditions such as asthma and COPD which are also listed as high co-morbidity factors.</p> <p><u>Disability Rights UK</u></p>	<p>Raise awareness and promote test, track and trace.</p> <p>Members of staff who are shielding, extremely clinically vulnerable or looking after someone who is extremely clinically vulnerable (eg their child) will not be expected to return to school and will be offered an alternative of working from home.</p>	<p>actions documented for review.</p>
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4. GENDER

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Pupils</p> <p>All pupils will benefit from the positive impact associated with returning to school (structure, teachers teaching, reconnecting with friends).</p> <p>Boys will benefit from a return to school - education outcomes are different for boys and girls; the longer schools are closed the bigger the gap may become.</p> <p>Period poverty may be an issue for some girls. Returning to school will give them access to sanitary wear that may not have been available at home.</p> <p>A return to school may benefit girls who could be at increased risk of forced marriage, FGM and abuse during school closure.</p>	<p>Staff There is a disproportionate effect of coronavirus on adult males.</p> <p>Staff who are pregnant may not be able to return to work due to shielding and may feel separated and isolated as their colleagues return to work (a feeling of isolation may be exacerbated as others reconnect).</p> <p>Pupils – older girls who are pregnant may not be able to return to school due to shielding and may feel separated and isolated as their friends return to school. If they return to school, they may become anxious about social distancing measures.</p>	<p>Pupils The school has of boys 129 and of girls 122 in school.</p> <p>School is expecting 34 of boys and 31 of girls in the year groups invited to return.</p> <p>Staff The school employs 3 of male and 35 of female members of staff.</p> <p>Internal Evidence Parent and staff surveys, staff meetings, consultation, scientific advice and guidance have all been used to inform next steps. See COVID-19 file.</p> <p>External Evidence It is still the case that women are more likely to be in caring roles, therefore if there is a negative impact for carers it will also affect women more.</p> <p>Women are more likely to be working in education settings, more likely to be heading single parent households and those more likely to be working part time and managing care for pupils.</p>	<p>School will ensure that all reasonable adjustments have taken place.</p> <p>The measures will need to be sustainable with regular feedback to see whether the interventions are working.</p> <p>Policies will be adapted where required.</p> <p>Contractual concerns will be discussed with HR Consultants (<i>eg sickness absence, maternity leave</i>).</p> <p>Individual Risk Assessments will be conducted when required.</p> <p>Pregnant staff can return to school but will be offered the safest available on-site roles with a specific risk assessment. If none is available, then they should stay home and work from there.</p> <p>Public health measures including but not limited to PPE (including training), protocols for social distancing and hand washing as well as increased</p>	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Facilitate feedback from staff and parents and use the information to inform good practice (eg pulse surveys)</p> <p>Ongoing review based on scientific, H&S and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

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		<p>Pregnant mothers and those with young babies – who may be more limited in how they can work (staff) and how they access services and support children (parents). No pregnant staff are required to return to work.</p> <p>If there is a reduced in-school timetable, there will be an impact on families, parents and carers; working families, single-parent families and disadvantaged families in this context, recognising that females may feel this impact most. Staff with child care issues are working on a reduced timetable.</p> <p>71% of patients hospitalised with covid-19 at the end of May were male (ICNARC); according to the ONS 56% of all coronavirus deaths are males.</p> <p>The government report "<u>COVID-19: review of disparities in risks and outcomes</u>" states that "risk of dying among those diagnosed with COVID-19 was also higher in males than females.</p>	<p>cleaning of frequently touched surfaces will be implemented.</p> <p>School will implement staggered school start and finish times where appropriate to do so for staff and pupils.</p> <p>Raise awareness and promote test, track and trace.</p>	
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5. GENDER IDENTITY

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Because of the lockdown, some pupils and staff who have declared their gender identity (but more particularly the young) 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. There are benefit for pupils returning to school for whom school is their only safe space.</p>	<p>Consideration needs to be given to the potential negative impact of schools re-opening on both pupils and staff who identify as a gender different to the one they were assigned at birth. There is a disproportionate effect of coronavirus on adult males and it is not yet known if there are differences in health outcomes for female to male transition or male to female transitions.</p>	<p>There is no evidence, yet, that people who identify as having a different gender identity are disproportionality affected in terms of experiencing the coronavirus because of their gender identity.</p> <p>External Evidence Research focusing on LGBT+ youth by <u>The Trevor Project</u>, finds that the Coronavirus will have a "significant social impact on this already vulnerable community."</p>	<p>All staff and pupils will access new public health measures including but not limited to PPE, protocols of social distancing and hand washing.</p>	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Should any negative impact be identified that specifically relates to this protected group, the school will update and consider further mitigating steps required</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

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6.OFFENDING PAST

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	NO			
<p>A positive benefit for pupils returning to school could be that school is their only safe space.</p> <p>The school has Safeguarding Policies and meetings with external agencies that can support those at risk.</p> <p>The school does not have any pupils from an offending past</p>		<p>Consideration Some local authorities have an above average number of offenders. Some LDST schools may be located within some of these areas and will need to ensure strategy and policy development does not unfairly/ adversely affect this section of the local demographic.</p>	<p>No action required – no negative impact currently identified.</p>	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

7. SEXUAL ORIENTATION

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	NO			
<p>Because of the lockdown, some LGBT+ pupils and staff (but more particularly the young) 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. There are benefits for pupils returning to school for whom school is their only safe space.</p>		<p>There is no evidence, yet, that people who identify as Lesbian, Gay or Bisexual are disproportionately affected in terms of experiencing the coronavirus because of their sexual orientation.</p> <p>Research focusing on LGBT+ youth by The Trevor Project, finds that the Coronavirus will have a "significant social impact on this already vulnerable community."</p>	<p>No action required.</p>	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Should any negative impact be identified that specifically relates to this protected group, the school will update and consider further mitigating steps required.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

8. RACE (including Gypsies and Travellers)

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Pupils BAME pupils will benefit from a return to school as education outcomes are different.</p> <p>Pupils who have English as an additional language will find it easier to access learning from school as additional resources will be available.</p> <p>Parents/Carers may have English as an additional language and have experienced difficulty supporting their child's education at home.</p>	<p>Pupils/Staff There will be a negative impact including the disproportionate effect of COVID-19 on people from a BAME background.</p> <p>Parents/carers whose first language is not English may find it more difficult to access online learning and help pupils unable to return to school.</p> <p>There will be increased anxiety for people from a BAME background returning to work - the possibility of taking the virus home with them to family members who will also be at an increased risk of the disproportionate effect of COVID-19 but who may also have other vulnerabilities (including the elderly).</p>	<p>Pupils The school has 80 of pupils from a BAME background.</p> <p>School is expecting 13 of pupils from a BAME background in the year groups invited to return.</p> <p>Staff The school employs 0 male and 1 female members of staff from a BAME background.</p> <p>School is satisfied that any survey has adequately captured the information needed to assess return to school/work for those from a BAME background – e.g. male staff over 50.</p> <p>External Research/Surveys: Early figures on the incidence of Covid-19 showed that <u>35% of almost 2,000 patients in intensive care units</u> were black or from another minority ethnic background, despite BAME people making up only 14% of the population, according to the last census.</p> <p>According to <u>(ICNARC)</u>: 33% of patients hospitalised with</p>	<p>Risk assessments that specifically consider the physical and mental health of BAME staff and pupils.</p> <p>School will ensure that all reasonable adjustments have taken place.</p> <p>The measures will need to be sustainable with regular feedback to ensure the interventions are working.</p> <p>Consider the safest possible roles for BAME staff or, if none are available, alternative work that could be delivered from home.</p> <p>Raise awareness and promote test, track and trace.</p> <p>School acknowledges that there are very different outcomes for BAME people with regards to COVID-19 and will work closely with BAME staff, parents/carers and pupils to ensure the correct safeguards are in place. This will include:</p> <ul style="list-style-type: none"> Risk assessments that specifically consider the physical and mental 	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Facilitate feedback from staff and parents and use the information to inform good practice (eg pulse surveys)</p> <p>Ongoing review based on scientific, H&S and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p> <p><i>Note: keep updated with latest developments including but not limited to the link between Vitamin D deficiency</i></p>

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		<p>Covid-19 are from a BME background; this is compared to 22% of the population being from a BME background.</p> <p>According to the <u>ONS</u> "When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females."</p> <p>The government report "<u>COVID-19: review of disparities in risks and outcomes</u>" states that "risk of dying among those diagnosed with COVID-19 was higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups".</p> <p>A <u>Department for Education</u> spokesman said schools should be "especially sensitive to the needs and worries of BAME staff, parents and pupils", and consider if measures need to be put in place to address them.</p>	<p>health of BAME staff and pupils</p> <ul style="list-style-type: none"> • Adapting policies and providing reassurance • Accessing new public health measures including but not limited to PPE (incl training), protocols for social distancing and hand washing • Increased cleaning of frequently touched surfaces • Assessing accessibility and suitability of important information and making sure they are appropriate (<i>eg translation</i>) • Staggered school start and finish times (including for those living with people who are shielding/extremely clinically vulnerable) 	<p><i>and COVID-19. Schools may need to urge BAME staff to have a Vitamin D test.</i></p>
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9. RELIGION AND BELIEF

Is there any potential positive impact?	Is there any potential negative Impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	NO			
<p>A positive impact will be schools re-opening to both pupils and staff mixing with those that have different religions, beliefs and culture – continuing to broaden knowledge and awareness of world religions giving support to those that may have suffered loss during the lockdown.</p> <p>In school pupils are taught and encouraged to develop an understanding of various religions and schools do their best to celebrate religious festivals which could be continued in a small way within each POD/Class.</p>		<p>There is no evidence, yet, that people with different religions or beliefs are disproportionality affected in terms of experiencing the coronavirus because of their religion or belief.</p>	<p>Not currently applicable.</p>	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p> <p><i>Note: when vaccines for COVID-19 are available, they may not comply with the requirements of some religions and therefore those pupils and staff may still remain vulnerable although could benefit from herding immunity.</i></p>

10. SOCIAL ECONOMIC STATUS AND CHILD POVERTY

Is there any potential positive impact?	Is there any potential negative impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	YES			
<p>Returning to school will have a substantial positive impact on families and children who are from deprived backgrounds.</p> <p>Many pupils will have limited access to technology at home and unable to participate in online education and resources – returning to school will allow for a greater equality in the education provided.</p> <p>Paper-based packs are limited in content and less likely to be completed than online learning – returning to school provides pupils with professional teaching and learning.</p> <p>A return to structure and routine will increase focus.</p> <p>Pupils will be guaranteed a meal.</p> <p>Period poverty will be alleviated as girls are</p>	<p>There may be a negative impact because of the disproportionate effect of COVID-19 on people who are from deprived backgrounds.</p> <p>Adults (parents and carers) facing socio-economic disadvantage may be less able to access online support for home-learning if their child is unable to return to school.</p> <p>Pupils from a deprived background may have suffered additional trauma during lockdown and although returning to school will be a positive step, initially they may find it overwhelming (this would be exacerbated the longer it takes to re-open schools).</p>	<p>100 pupils qualify for benefit-related free school meals.</p> <p>47% pupils are on the Pupil Premium register.</p> <p>30 pupils have been attending during lockdown (on average).</p> <p>On reopening provision will be available for:</p> <p>Reception – 16 Year 1 – 21 Year 6 – 0</p> <p>The following number of pupils from deprived backgrounds have indicated they want to return to school:</p> <p>Reception – 3 Year 1 – 4 Year 6 – 5 (KW+V)</p> <p>There would be 0 pupils who would require 1:1 support for behaviour needs on return to school.</p> <p>0 pupils with an EHCP need an emergency plan. 3 EHCP children with Risk Assessments.</p>	<p>School will actively encourage pupils to return to school whilst appreciating it is parental choice.</p> <p>Fines for non-attendance are currently removed and other policies will be adapted where appropriate to do so to support attendance.</p> <p>The school safeguarding and pastoral teams mobilised to regularly monitor and support all pupils, both in school and remotely.</p> <p>Videos, letters, texts, social media messages, use of school website have been utilised to explain control measures adopted by school to keep pupils safe.</p> <p>Control measures that have been put in place to protect pupils from deprived backgrounds include:</p> <ul style="list-style-type: none"> Adapting policies and providing reassurance Accessing new public health measures including but not limited to PPE (including training), protocols for social distancing and hand washing 	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants.</p> <p>Staff encouraged to share concerns with SLT.</p> <p>Liaise where required with external agencies and organisations to ensure on-going support for pupils and families both in and out of school.</p> <p>Ongoing review of control measures required based on scientific, H&S and government advice.</p> <p>Ensure all control measures are implemented and followed – frequent SLT learning walks to support staff and pupils.</p> <p>Consider good practice adopted by other trust schools via the Headteacher forum.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>

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<p>given access to sanitary wear.</p> <p>When in school, pupils are less likely to be subject to exploitation.</p> <p>Pupils from a deprived background may have suffered more trauma during lockdown and a return to school will give them access to pastoral care.</p>		<p>If there is a reduced in-school timetable, there will be an impact on families, parents and carers; working families, single-parent families and disadvantaged families in particular in this context, recognising that females may feel this impact most.</p> <p>External Evidence According to the ONS people who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19.</p> <p>According to (ICNARC); 25% of patients in hospital with coronavirus are from the most deprived areas.</p> <p>Useful links: Joseph Rowntree Foundation. Child Poverty Action Group Barnardos</p>	<ul style="list-style-type: none"> • Increased cleaning of frequently touched surfaces • Ensuring guidance, new school rules are age appropriate and understood • Staggered school start and finish times (including for those living with people who are shielding/extremely clinically vulnerable <p>Raise awareness and promote test, track and trace with parents/carers.</p>	
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11. ARMED FORCES PERSONNEL, VETERANS AND THEIR FAMILIES

Is there any potential positive impact?	Is there any potential negative impact?	What evidence do you have?	What action will you take to mitigate negative impact?	How will you monitor and review actions taken to mitigate negative impact?
YES	NO			
<p>There is a positive impact for all pupils and staff who are from Armed Forces Families to return to school as they reconnect with their peers and colleagues particularly if family members have not been at home – being in lockdown in the family home may have brought into greater focus the separation from loved ones.</p> <p>Some staff and pupils may live with ex-service personnel who have recently returned home and struggling to readjust - this could be exacerbated during lockdown. A return to school could have a positive impact on the wellbeing of these individuals.</p>		<p>There is 1 pupil in school from an Armed Forces Family.</p> <p>School has asked if any staff live with someone from an armed forces background or if they are ex-service personnel.</p> <p>There 1 member of staff in school living with someone from the Armed Forces where action has been needed to be taken.</p> <p>External Evidence</p> <p>There is no evidence, as yet, that people with families who are or have been in the armed forces are disproportionality affected in terms of experiencing the coronavirus because of their family status.</p> <p>People meeting this category can be given priority support and their lack of local connection does not disqualify them from available opportunity.</p> <p>Veterans Hub</p>	Not applicable.	<p>Keep all documentation, processes and procedures under review - SLT, Governors, CEO, Directors, H&S Consultants</p> <p>Should any negative impact be identified that specifically relates to this protected group, the school will update and consider mitigating steps required.</p> <p>Outcomes for protected groups are monitored according to risk and all actions documented for review.</p>