

Safe(r) for staff? Equality implications for 'reopening' HE campuses in the Covid era

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About this publication

In July 2020 Advance HE convened a webinar for its members on the topic *Safe(r) for staff? Equality implications for ‘reopening’ university and college campuses in the age of Covid-19*.

We invited a variety of perspectives – academic, professional services, third sector – to join Advance HE in a discussion of the issues and priorities around equality and ‘safety’. While the format did not allow a detailed focus on all UK protected characteristics, or all ‘equality’ issues, we wished to explore any common themes or issues arising from the discussion and, in particular, the questions and comments invited from attendees during the webinar. The recording from this event is still available for our members on Advance HE Connect (see [‘Resources’](#)).

We wished to present and build on some of those reflections in this print publication for the Advance HE community. As such, the contributions from our speakers – Dr Nicole Brown (University College London), Professor Fiona Kumari Campbell (University of Dundee), Dr Sammy Li (University of Birmingham), and Lindsey Millen (Close the Gap) – are included again here as [‘Perspectives’](#).

The [‘Thematic reflections and recommendations’](#) section builds on some of the discussions and comments from the Advance HE community during and around the webinar, as well as Advance HE guidance and expertise.

This publication’s discussions, reflections and recommendations will be of interest to senior leaders, line managers, human resources teams, equality diversity and inclusion (EDI) teams, staff networks and peer supporters.

Introduction

When will it be safe? How safe? Safe for whom? What is the balance of risk in managing safety, in considering the physical, the mental, the social or economic wellbeing of our staff – and who decides?

These questions dominate our daily lives in the time of *Covid-19*, as levels of worry and anxiety remain at [high levels](#) (ONS, 2020). Much of the public discussion around the physical ‘reopening’ of higher education (HE) campuses has predominantly focused on new and continuing students, and how to reassure them that institutions will be safe (or ‘safe enough’) during the continuing threat from the pandemic. Indeed, our *Advance HE Socially Distanced Campus and Education project* has worked to support and inform the sector on this particular challenge, including in relation to student inclusion (Brown and Parkin, 2020; Tester, 2020).

Institutions are, of course, also discussing how to manage potential risks to their staff. While employers worked with trade unions to set [baseline principles](#) (UCEA, 2020), the topic of when and how to ‘reopen’ remains subject to almost daily debate as the pandemic affects different regions, countries and populations in different ways.

To fully understand these risks, an equalities lens is necessary to consider safety in its widest sense: not only in terms of physical health, but also mental health, issues of harassment, belonging, employment and economic precarity.

Problematising ‘open as usual’?

Recent headlines about the ‘reopening’ of institutions have elicited strong reactions, since the vast majority of institutions *have* remained open throughout the pandemic. Staff in the HE sector have undertaken immense personal and professional labour in their response to the crisis and the resulting pivot to an online, distanced and disrupted society.

While the physical spaces and services of HE may have been closed, few institutions will have shut down completely. Some staff have remained ‘on site’ either for essential campus functions or to contribute directly to tackling the pandemic: these are our cleaning staff, estates and security, accommodation teams, IT support, technicians, those involved in clinical care and research, and many more. There may already be useful learning around the feelings of ‘safety’ from the experiences of these staff.

At the same time, it’s acknowledged that some staff – and some institutions – have always relied on significant home or distance working, and ‘reopening’ may mean something very different in those contexts. Such working is now enabled more widely in infrastructure and policy and, in future, where this enables choice and a supportive working environment, it will be a welcome change for many. However, whether by choice or necessity, home working has its own [equality challenges](#), particularly when combined with unequal distributions in caring and domestic responsibilities (Yarrow and Davies, 2020), or even unsuitable working

spaces and technologies (Allman, 2020). The global increase in domestic abuse and harassment, particularly for women and/or members of the LGBTQ communities, also testify in a very serious way that home is not a ‘safe’ place for everyone (UN Women, 2020; Stonewall, 2020)

With this shift, many institutions face difficult decisions around how reasonable it is to expect staff to be on site in the same way as before the pandemic, especially as societal questions around travel mobility, [childcare](#) and [caring infrastructure](#), and localised lockdowns, remain in flux.

Feeling ‘safe’? The equalities challenge

What do we mean by ‘safety’? There are, of course, the immediate health threats of the pandemic, and how these risks disproportionately impact certain groups. For example, in the UK, the clinical vulnerability of certain age groups, people with underlying health conditions and pregnant women, were flagged early as [groups at higher risk](#), and we now know there are serious disproportionate impacts on individuals relating to key characteristics (for example, [ethnicity and/or gender](#)). These discussions have highlighted how risk and safety [are interconnected](#) with wider societal inequalities: in health, housing and representation in certain occupations.

There are also interrelated concerns for many staff about feelings of safety relating to, or exacerbated by, the pandemic. Harassment and hate crime continues (Luthra and Nandi, 2020) with racialised and xenophobic responses [experienced by some staff and students](#) (McIntyre, 2020).

There may be questions about how staff with specific needs relating to disability or health conditions (including mental health) will be supported and empowered ‘post-lockdown’, as noted by the National Association of Disabled Staff Networks (NADSN) in its [recent position paper](#). Staff networks, which provide support and solidarity in difficult times, may struggle to find the space and time to reconnect; faith spaces may have to make difficult practical decisions about use.

There will also be economic and wellbeing fears around career impacts: unequal distribution of labour, precarity and redundancy, and the ability to undertake travel, field trips, work in different spaces – all which may be more likely to have disproportionate impact on different groups. In even a short space of time, inequalities have already been seen on the [impact of \(for example\) women’s research](#) (Viglione, 2020).

As with student equality, all these current concerns risk compounding existing [inequalities in higher education](#). Unequal career trajectories and funding, working environments which advantage some and disadvantage others, harassment and discrimination... these issues have not gone away. However, we can seek to mitigate how much these existing inequalities are exacerbated. To ‘re-open’ with a view to a more inclusive institution involves asking deeper questions not only of the direct Covid risk, but about who the university is made safe *for* in a time of global crisis.

Recognising and responding

A key element of belonging is feeling ‘safe’ and ‘at home’ (Yuval-Davis, 2006). It is feeling that your experiences matter and your identity is recognised and valued. How can institutions ensure that they are recognising and responding to the diverse safety concerns of their staff arising from the pandemic?

The practical, leadership and communication challenges of considering the potential safety risks and concerns of different staff groups (within varied roles, locations and ways of working) is undoubtedly complex and time, for many, is short. While Advance HE has been developing a number of tools to support institutions in considering equalities [during the pandemic](#) and [planning for the future](#), we also stress the importance of listening to affected staff and working in consultation with the whole institutional community.

Jess Moody, Senior Adviser, Advance HE

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1. Perspectives

In July 2020 Advance HE convened a webinar for membership institutions on the topic of EDI, ‘safety’ and the ‘reopening’ of campuses. Our speakers – and our audience participants who questioned them – brought a variety of views, including academics, policymakers and practitioners. They also brought a range of approaches: from lived experience, representations on behalf of specific networks, or looking at what we can learn by looking across boundaries: of countries, of staff/student divide, and of universities and the wider world of work. The speaker perspectives, lightly edited for clarity and print, are provided here for consideration and reflection.

We acknowledge that these contributions may not address in detail all identity characteristics or their intersections. However, their discussions, and our resources, provide further reflection on how institutions can consider a range of needs, experiences and identities in their analyses and support.

Notes:

- + the following ‘Perspectives’ contain the views of the speakers and do not necessarily represent the position of Advance HE
- + text is based on contributions as delivered in the Advance HE webinar, lightly edited for clarity, referencing and house style.

1.1 Disability (focus on NADSN report)

1.1.1 Contributor biography: Professor Fiona Kumari Campbell

Prof Fiona Kumari Campbell is Professor of Disability and Ableism Studies, School of Education and Social Work (ESW), University of Dundee. Campbell is co-lead of the Peripheries Academic Research group at ESW. She was Deputy Head of School (Learning and Teaching Scholarship) at the Griffith Law School until July 2014. Previous to this she was convenor of the largest Disability Studies in the Southern hemisphere, School of Human Services and Social Work, Griffith University (2001 – 2010). Fiona is an Adjunct Professor in Disability Studies at the Faculty of Medicine, University of Kelaniya, Sri Lanka.

As a disabled biracial lesbian person she is familiar, both personally and through research, with the experiences of living peripherally. Fiona is recognised as a world leader in scholarship around studies in ableism (the idea of human difference and devaluation) and has written extensively on issues related to Global South theory; disability and jurisprudence, disability in Sri Lanka and dis/technology. Following the successful publication of *Contours of Ableism: The Production of Disability and Abledness* (Palgrave) she is working on two book manuscripts. She is an executive editor with the journal *Disability and Society*.

1.1.2 Contributor biography: Dr Nicole Brown

Dr Nicole Brown is Lecturer in Education and Academic Head of Learning and Teaching at UCL Institute of Education and Director of Social Research and Practice and Education Ltd. Nicole gained her PhD at the University of Kent, she holds the Magistra Philosophiae, Master of Teaching, Diploma in Translation, and the Postgraduate Certificate in Higher Education. She is Senior Fellow of the Higher Education Academy, a UKCGE-recognised research supervisor and a qualified teacher in Austria and the UK.

Her research interests relate to physical and material representations and metaphors, the generation of knowledge, and more generally, research methods and approaches to explore identity and body work, as well as to advance learning and teaching within higher education. She tweets as @ncjbrown @FibroIdentity @AbleismAcademia

1.1.3 Perspectives: Professor Campbell

I am going to outline the theoretical and conceptual framework of [the NADSN position paper](#). Noting that the sector is already 'open for business', this post Covid 'reopening' really does bring disability into sharp relief. There are lots of issues that have been there already, but this is an opportunity to refocus on them.

1.1.1.1 *Theory and policy: approaches to disability*

In terms of the theoretical approach, our report and our consultation was based on talking to disabled people: it is based on the lived experiences of disabled people before Covid and during the Covid situation. Theoretically, we adopt what is called the social model of disability, which sees the idea of disability being produced in relation to social organisations. So it's the social organisation of society that produces the understanding of disability.

We have also brought in, and I think significantly, the [Convention on the Rights of Disabled People](#). It understands disability as an evolving, fluid concept that results from the interaction between the person and their environment plus the attitudinal barriers and it's that interaction that produces this idea of disability. It's this interaction which often hinders participation. So it's a very different approach to the traditional medical model.

I think the important thing about the Covid experience and disabled staff is it really brings into focus a bigger context around how universities engage theoretically with the idea of difference and the idea of disability.

The theoretical context actually shapes which groups are recognised, which groups aren't, policies and procedures. One of the things we argue in our paper is that ableism itself is an institutional driver for university practices, including EDI. For example, do EDI practices take place around the idea of substantive equality or formal equality? In fact, formal equality tends to be the dominant approach.

Why do we say that ableism is the institutional driver? It's because universities are based on the conceptualisation of the normative employee. Who is the optimum employee? They are

often white, male, able bodied and unencumbered. A body for hire, available 24/7. This institutional approach of ableism takes place within a medicalised or functional approach, and the idea, for example, that disabled staff somehow bear a deficit. There is an idea of 'malfunction', 'maladaptation'.

Then we have the classical systems that rank and homogenise disabled people. Disability is such a varied experience and it's often seen in a reductionist manner, often related to diagnosis. If you are blind or have a spinal cord injury your needs are seen in a very similar way. This theoretical orientation then informs staff assessment and staff training and even who is involved in the case management. This is important in terms of reasonable adjustments. Who are the people making decisions about our needs and the various employment adaptations that take place?

The fact is this dominant medical model is wrong. EDI is a rights discourse. We need to keep that in mind. The protected characteristics listed in the [England, Wales and Scotland] Equality Act 2010 are part of that overall right to discourse.

All of us have all been influenced and shaped by internalist, ableist norms, the idea that disability is 'negative', the idea it's a 'burden' and there is a challenge around self-perception: do people identify as disabled or have a health condition or chronic illness? There are all sorts of issues about whether staff will disclose disability and whether or not they recognise that about themselves.

There are fears about the perceptions of others and there is lots of 'horse trading' around the issue of capability and capacity, and the idea of being a productive worker. The fact is disabled people often see how other disabled employees are treated at university.

1.1.1.2 The consequences of Covid

Covid: what are the unanticipated consequences? There have been interesting ideas emerging that could take us in a really positive direction for how we understand equalities in the university. One is shielding issues. What that means is that many employees at universities have had to 'come out' to their line managers. They may not have been formally identified as disabled person, they have self-identified and this is an opportunity then to bring people with underlying health conditions into the fold of Disabled Staff Networks. That is really important, because I have always believed that disabled employees are underrepresented in our institutions.

The other thing is that as disabled people, as disabled employees, we have lots of experiences with instability and flexibility of employment conditions, adaption, working in isolation – that has been our normal and we have lots of contributions to make to that debate. I think this is an opportunity for new ways of working, playing to employee capabilities and more flexible workplaces.

There is a great opportunity for intersectionality here, we know that BAME (Black, Asian and Minority Ethnic) employees have higher vulnerabilities towards *Covid* and underlying health

conditions. This is an opportunity for BAME networks and Disabled Staff Networks to work together about common points around vulnerabilities and discrimination.

Summary of NADSN recommendations:

1. Necessity of Covid-19 HEI response to be equality impact assessed
2. No-detriment policy – widening application to staff and doctoral students
3. Course, programme and module evaluations
4. Access to teaching and learning
5. Access to meetings
6. Returning to campus
7. Revision of workload and tasks
8. Consideration of the impact of furlough scheme
9. Careers progressions and promotions criteria
10. Research outputs and REF
11. Disability disclosure and accessibility requirements
12. Recommendations in relation to disabled staff in high-risk positions

Full details in the NADSN position paper: Covid-19 Post-Lockdown: Perspectives, Implications and Strategies for Disabled Staff (see also, Resources).

1.1.4 Perspectives: Dr Brown

I have researched the lived experience of disabled, chronically ill and/or neurodiverse members of staff in academia for five years now. Within the scope of that research, I have heard impactful, important, sometimes harrowing stories of what it feels like to be ‘different’ in HE. Through my research and my affiliation with NADSN, I have been able to make connections and have become known as the person who people will turn to if they have a story that needs to be shared. And that was also the case when the pandemic hit. The more I became aware of the individual struggles, concerns, worries and fears, the more I became determined to create something that would support individuals and, hopefully, alleviate some of the fears. This is why I initiated the NADSN position paper. Through a collaborative writing process and with direct input from NADSN members and the wider disabled communities in HE, we have been able to produce a report of which I am immensely proud, in particular for its practical suggestions and recommendations.

We have made 12 recommendations in our report (above). The guiding principle for all of the recommendations is that the approach of opening the campus and of deciding who comes back, and who has to do face-to-face work, has to be an individualised consultative approach.

1.1.1.3 NADSNI’s recommendations

There will be some members of staff who are disabled and who would like to come back to campus, so to assume that a person who is disabled is vulnerable and must stay at home is also wrong. That goes back to the theoretical models (above). In addition to this overarching principle that the approach needs to be individualised and consultative with each person, we have laid out these 12 recommendations and I would like to pick up on a few. For example, we would want to look at the equality impact and ensure it is assessed properly so that there is a proper evaluation and not just a cursory understanding by some people of what the university looks like.

Most universities have used no detriment policies for students but not extended them to staff or postgraduate research students. Going a step further, consider course and programme evaluations: we know from research in pedagogical evaluations [that bias exists in student written evaluations]. If students come to a course thinking they are going to get an in-person face-to-face experience and we are moving them to an online one, automatically the expectations will not be met and evaluations will be worse.

Our argument here is that if anyone is shielding or not able to do face-to-face work, the evaluation of that module of that course should not be to their detriment in career progression, for example.

Similarly, with access to teaching and learning and access to meeting, we should not assume that individuals will want a particular way of working. We should, again, talk about what kind of work people wish to do. When we are talking about returning to campus, we need to make sure that people can access the campus safely with social distancing measures, etc.

It may well be that, if someone is not able to come to campus and do face-to-face work, their workload needs to be reconsidered. While, again, wherever possible people should be doing their usual jobs, we also need the flexibility to offer people the opportunity to find the work that is most suitable for their particular situation. So that obviously goes through to career progression and research: we know all of these things are being impacted.

In summary, our 12 recommendations highlight how substantial the impact is of – or possibly not – being able to go back on campus.

In the meantime, since the publication of the report, many institutions have already developed contextualised, local initiatives and strategies for reopening. At this stage, none of us can foresee what will happen over the course of the next months and years. However, it is evident that the report has been helpful in raising awareness of the difficulties disabled, chronically ill and/or neurodiverse members of the HE community face, but also in providing

a stimulus for all-important conversations. The next steps will be to publish the report in an academic journal (Brown et al, forthcoming), and then to follow up and evaluate its impact upon policy- and decision-making processes in higher education.

1.1.5 References

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1.2 Ethnicity, 'Race' and intersectionality

1.2.1 Contributor biography: Dr Sammy Li

Sammy is the institutional lead for student EDI at the University of Birmingham. He has a strategic role in advancing inclusive policy and practice in education and campus life across the University's UK and Dubai campuses. His work on student race equality was commended by the panel in the University's recent successful application for the Race Equality Charter Bronze Award. Sammy is also the convener of the LGBT+ Network of Networks in Higher Education. Born and raised in Hong Kong, Sammy has experienced a SARS outbreak on a university campus. He is a seasoned international traveller with a doctorate in tourism management, has a research interest in human perceptions and enjoys exploring the diversity of different cultures and societies.

1.2.2 Perspectives: Dr Sammy Li

One of the things I'll be reflecting on is the handling of the SARS crisis 17 years ago and connecting it to now, in 2020, as it may offer some examples of how we might prepare and manage the reopening of campus.

1.1.1.4 Ethnicity, nationality, intersectionality and Covid

The focus of my conversation will mostly be about ethnicity and nationality. We need to go very deep to understand the context of Covid's impact on BAME communities. I will cite some of the data and look at some of the American examples. The **Centre for Disease**

Control Prevention mentions historically that severe illness and death rates tend to be higher for racial and ethnic minority populations during a public health emergency than for other populations in America. Up until 12 June of this year in America, Indian and Alaskan natives are five times more likely to be hospitalised for *Covid*. Black individuals from American neighbourhoods are also five times more likely than white individuals to be hospitalised in America (CDC, 2020). When we look at Hispanic or Latino individuals, they are four times more likely to be hospitalised (CDC, 2020). What this example shows you is that this is about risk profile; there’s no evidence or links to genetic reasons, this is **really about the structure of society and the risk that individuals and communities have been exposed to** through that.

That links to what we are doing in the UK and inquiries into the impact of *Covid* on ethnic minorities. In particular, it’s a very important reminder, already mentioned by the Equalities and Human Rights Commission (EHRC), of making decisions based not ‘just’ on the protected characteristics – and of those ‘race’ is important – but also on understanding the impact that *Covid* has on individuals based on their individual circumstances. To put that into perspective, I think we need to think about **intersectionality**, and the intersectionality that we talk about here needs to go beyond the Equality Act 2010.

What do we mean by that? When we think about some of the data, often for those BAME individuals who face risks and considerations about the [disproportionate] impact of *Covid*, those risks aren’t just about themselves: it’s also the extension of that risk to family members and friends with whom they may cohabit. Risk may also link to the nature of their jobs. There is also the risk profile about disability and other aspects: and we need to go beyond, and consider other aspects of an individual circumstances.

What we talk about in a public health emergency, and extending risks to family or partners within the same household, links a lot also to **‘social ‘class’ or economic status**. The type of jobs, what people might be exposed to, how empowered they are able to mitigate or work from home, and so on: it’s all linked. In terms of the UK context, when we look at the most [income-]deprived 10% of households in England and Wales, actually black heritage British individuals are twice more likely to be in that community: one in five live in the poorest 10% of households in England and Wales (UK Government, 2020). When talking about those of British Pakistani heritage, we are talking about three out of ten, so the number is even higher.

1.1.1.5 Staff in higher education

This links back to what **sort of jobs we provide in our higher education institutions**. When we look at the jobs in HE, of course we have senior management, academic jobs, but we also have a very big team of technical and supporting staff.

When we look at the distribution, it’s **more likely that BAME individuals work predominantly in some of the more entry-level supporting and technical roles** (Advance HE, 2019). Risk-wise, this will also really link in with things like disproportionate BAME representation among our frontline service teams: cleaning staff, support services,

catering and so on. When we reopen campus, and particularly if there are any *Covid* cases confirmed on campus, then those individuals might be particularly exposed - how do we protect them?

We also have a huge number of **international staff in the sector**, from all over the world, from different communities and ethnic origins, and so there are different contexts again to consider. Many international staff may be in the UK on their own when, for example, pursuing their academic careers. When considering immediate family, right now they may not be able to travel because of the quarantine. If they were to fall ill in the UK, they may not have family support or family may not be able to come to visit them, so there are **extra considerations** we need to consider to help mitigate their individual responses and experiences to the pandemic.

1.1.1.6 What we can do to support staff

What can we do? As a first step, it's important to **engage with staff networks** and, in particular, to talk about things like racism, linking that to how we support staff. When we look at the UK data in June, anti-Asian hate crime increased 21% since *Covid* (Guardian, 2020; Home Affairs Committee, 2020). That is a very alarming figure and it shows how we need to work with the staff network and BAME communities on awareness of discrimination or harassment on campus, especially those targeted minority ethnic individuals on campus.

Some of the things I found out from institutions who have had experience with SARS related to how to be responsibly 'open'. One thing that's key is **communication and transparency of information**. For example, when I look at some of the institutions in Asia, there are very extensive web pages to show information about what the strategy is for reopening of campus. And if there is a confirmed case on campus, there will be members of staff there cleaning in PPE (personal protective equipment) and reminding people that they don't need to worry, that this is a normal response: there is no need to create particular stereotypes, or rumours, or post things on social media.

In terms of wearing a mask, while [as of June 2020 in the UK] there is a difference of scientific opinion on whether to wear or not to wear them, it looks like some universities have taken the approach to let the individual **have ownership** to decide whether they want to wear a mask. At the University of Birmingham, we have ordered 50,000 washable masks with the University of Birmingham logo and name on them. We will distribute these to staff in September. The intention is not just around providing the mask as a safety measure, but also normalising it. Those who choose to wear a mask can choose the university branded mask or their own one, but there is an institutional statement that we encourage people to wear, if they choose to.

Frequent communications or a reassuring message on the university channels are very important for us to help individuals feel they can make decisions about their individual circumstances for themselves and their family.

Last but not least, we **need to be flexible** in terms of how we allow staff to mitigate and look into their risk profile and their own actions. But at the same time, how do we make systemic decisions and record the direction so that it's fair to all staff and also fair in terms of individual needs? And of course, we really need to **track the impact of those decisions**. Flexibility is key, but it has to be systemic.

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1.3 Gender

1.3.1 Contributor biography: Lindsey Millen

Lindsey is Policy Manager at 'Close the Gap' (www.closesthegap.org.uk), Scotland's expert policy advocacy organisation working on women's labour market equality. She leads on Close the Gap's work with public sector employers and with trade unions, and on supporting employer compliance with the public sector equality duty. She also leads on Close the Gap's advocacy work on gender equality in education policy.

1.3.2 Perspectives: Lindsey Millen

Most of our work at Close the Gap is in policy advocacy. At the moment we work closely with the Scottish Government on different areas of policy that impact on women in work. We also do direct employer engagement and a big part of my own work is working with employers in the public sector to support compliance with the public sector equality duty. Our aim is to influence and enable action from employers and from policymakers that will help to tackle the causes of the gender pay gap.

1.1.1.7 Covid, women, and work

We have recently produced **a piece of research** which has looked at the [disproportionate impact of the Covid-19 crisis on women's employment](#). There has been a number of very

concerning impacts on women. Women are more likely to work in high-exposure jobs. This has been very clear in the media discussion. There has been a much higher awareness of women's concentration in the roles that have currently been deemed as '**key workers**' and people are realising what exactly is classed as 'essential work': it is a lot of work that has historically been classed as unskilled and is characterised by low pay.

What we are seeing through women's concentration in key worker roles is that in many cases (and in particular in cleaning and in social care) women are **exposed to a high level of risk in terms of their health**, but also their emotional wellbeing, through their contact with the virus and with people who have the virus. This is often for very low rates of pay, often minimum wage, and really poor conditions.

Women are four percentage points more likely to have lost their jobs [as of May 2020], and low paid cleaning and personal care roles are **more likely to have been made redundant**. Women are more likely to **have their hours cut**: and again this is more likely to happen in catering roles and admin and support roles. Women are more like to have been **furloughed** and also more like to work in a shut-down sector. This has specific impacts on BAME women, migrant women and young women, all of whom are more over-represented in precarious work. With 45% of 'zero hour' contract workers working in shut-down sectors, note that women are the majority of zero hours contract workers, and within that, BAME migrant women and young women are the majority of those workers as well.

In terms of furlough there have been a lot of restrictions around access and provision which have impacted women differently, and there will be a lot of women at risk of redundancy when this scheme ends because of the increased cost to employers. Again, female dominated sectors and jobs have been harder hit.

1.1.1.8 Differential labour

Another thing we have seen, as a result of the increase in childcare that has arisen during the crisis with schools and nurseries closing down, is a massive impact on women's ability to **combine paid work with unpaid work in the home**. This has always been an issue for women. It's one of the key barriers that women face in accessing work on an equal footing with men. **Institutions and employment are structurally still modelled on the male worker and on an 'able bodied' worker.**

That has massive implications for women because, in the vast majority of cases, women are responsible for unpaid care in the home, whether that is for children or for infirm or disabled relatives. Women are also often responsible for other domestic labour: and the impact of the increase in this during *Covid* has been massive. We have seen a huge increase in **women reporting issues with their mental health and wellbeing** as a result of the additional pressures.

So all of these issues are because of women's pre-existing inequality. Women have long been concentrated in undervalued, underpaid and under-protected work, and all of these are evident in key worker roles, care workers, cleaners and retail and nursing and teaching. And

women are concentrated in low paid and precarious work which contributes towards women's greater risk of poverty and also higher child poverty. Caring is one of those things that really sits across all of this: if women have unpaid caring responsibilities they are unable to participate in the workplace in the same way as men because the vast majority of working opportunities that enable women to balance care and other unpaid work with paid work are only available in lower paid and part-time working opportunities.

This means that women are often funnelled into jobs for which they are overqualified and overskilled as a result of the **lack of proper flexible working and part-time working opportunities at more senior levels**. The undervaluation of women's work, women's jobs and women themselves is a crucial thing that underpins this. Again, that comes back to the key worker role, which has drawn a lot more visibility into this issue. We are getting to see work that is commonly done in the home: social care, caring jobs, cleaning jobs. These jobs are often invisible; we don't see them happening because they happen in private or less visible settings, or they are simply not seen as valuable. We don't see the skills that are involved in them. These jobs are also undervalued precisely because they are typically done by women. All of these things have contributed to the greater impact of Covid on women.

1.1.1.9 Flexible work, childcare and care support as crucial response

One of the crucial challenges that we see in terms of supporting women to return to work is childcare and care support. In Scotland, the Scottish Government had committed to delivering an extension to the funded entitlement of childcare, but unfortunately this has been paused because of other policy areas taking priority. That has a big impact on provision.

A lot of nurseries have found themselves in an extremely precarious situation as a result of Covid: a lot of these businesses have reduced capacity and are struggling to remain profitable. What we might see is a further reduction in entitlement, which means **women's responsibility for unpaid caring is likely to increase beyond the point at which we started to return to work**.

So flexible working is really critical. I think the home working we have seen as a result of Covid has perhaps opened some eyes to **different ways of working**. However, the home working we have been doing in Covid is not real flexible working. It has been a crisis response and home working permanently is not likely to be conducive to good mental health because of isolation from colleagues.

So we need to see employers not just default to the same old forms of flexible working that are really concentrated in lower level roles and not necessarily considered properly at senior level roles. We need to see a **much greater understanding of how flexible working can work**, of the different ways it can be done, such as job sharing and others, in order to help women to balance their paid work with unpaid work. Informal flexible working is a big part of that: just having that good relationship with your line manager to be able to say, "well, I need to leave early on this day to do such and such", which relies on line managers' understanding of flexible working and how they are able to support their employees.

1.1.1.10 Return to work considerations

In terms of other returning to work considerations:

- + **PPE:** the provision of PPE has specific impacts on women. We know a lot of PPE is not designed for the female body. A lot of workers in lower paid work that is seen as lower status – particularly cleaners and social care workers – find it hard to access PPE because they are just not seen as a priority. This has particular relevance for public bodies. A lot of these roles are contracted out and it means they are less visible and have, perhaps, less status in those organisations. **Public bodies and universities have to really look at their responsibilities** towards these women.
- + **Reasonable adjustments** are obviously extremely important.
- + **Access to transport and flexibility:** women have particular patterns of use of public transport such as trip chaining, in order to drop children off at facilities or go to a relative to deliver unpaid care, so things like that can impact on women's ability to get to work on time, particularly with the restrictions in capacity and public transport. That is likely to increase so there might need to be flexibility around that.
- + **Domestic abuse:** we have seen increased incidences of domestic abuse being reported during Covid. This impacts on women's ability to work. It impacts on their financial security which can restrict their ability to escape an abusive relationship. Employers might be more exposed to that through home working and seeing their home environment. So, in terms of that, what we can do? Close the Gap has some guidance within our [Equally Safe At Work project](#) which focuses on local authorities in Scotland. It offers specific guidance for employers on violence against women and work, for example, for those at senior level, and also for line managers, around how to support employees who you may think are experiencing domestic abuse.

The issue of leadership – from senior leadership to management, to line managers – highlights the crucial points where a difference can be made if proper training is made available on how to support women's return to work.

What we know is that when equality is restricted to a senior leadership statement and then falls largely to an equalities lead in an organisation – rather than being mainstreamed throughout all of their areas that they cover and all of the line managers in particular – then it doesn't filter down properly and so it **doesn't have an impact where it needs to**.

1.4 References

Close the Gap (2020) Close the Gap Briefing 4: *Disproportionate disruption: The Impact of COVID-19 on women's labour market equality*. Available at:

www.closesthegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf

Close the Gap (2020) *Equally Safe at Work*. Available at:

www.closesthegap.org.uk/news/blog/equally-safe-at-work-new-guidance-on-violence-against-women-and-work-during-Covid-19/

2. Thematic reflections and recommendations

Advance HE has identified a number of themes arising in these discussions of ‘safety’, EDI and ‘reopening’ of campuses. These are summarised below with recommendations for institutions to consider to support inclusive approaches to ‘reopening’ – whenever and however that may take place.

2.1 EDI as priority, policy and practice

Discussions with our contributors and the Advance HE community in our webinar strongly emphasised the importance of prioritising EDI considerations in decisions and practice around ‘safe’ reopening.

These included reflections on the **diversity and knowledge of senior leaders, supporting line managers** in local support, and making much stronger use of **existing networks and knowledge** within institutional communities.

A strong message, though, was on how EDI could be better embedded into policymaking and decision-making: not only during crisis, but as a day to day ethos. The pandemic has served to highlight – and sometimes compound – existing inequalities and feelings of being ‘unsafe’ or ‘precarious’. Our discussions raised challenging questions such as:

- + how did leadership understandings of different characteristics (particularly age, disability and health, ethnicity, gender, socio-economic status, care-giving) influence institutional and national decisions around staff safety throughout the pandemic?
- + how can institutional policy and decisions make better use of the sector’s academic and community knowledge and evidence of equitable responses to differential needs?
- + how has the pandemic shifted priorities around EDI and why? For example, many flexible and distance working options enacted during the pandemic within days or weeks had been previously unavailable or unsupported for disabled staff for years
- + what form of EDI governance is in place within institutions to ensure EDI is embedded throughout all strategic and operational decision-making so that differential impact is understood and negative impact mitigated?

2.1.1 Recommendations

- + consider the impact of **underrepresentation of some groups at senior levels**: how does or did this affect understandings of EDI considerations of staff ‘safety’? What previous biases around (for example) reticence to normalise ‘reasonable’ adjustments or flexibilities – such as distance or home working – have been exposed by Covid?
- + institutional leaders to reflect on **how they model equality values**, and the mechanisms for holding all accountable for this at all levels of the institution
- + ensure new institutional values on EDI are adequately **supported with resource and budget** so that responses can be authentic, sustainable and realistic, particularly as budgets are squeezed
- + review **equality governance mechanisms**:
 - clarify the role of **staff networks** and **working groups** in informing institutional responses, and holding the institution to account
 - consider how new strategies and circumstances can be understood within **existing EDI frameworks and structures**
 - consider ‘**representation fatigue**’ from over-reliance on already underrepresented and marginalised individuals in informing new responses. Ensure staff are provided with sufficient support for additional labour and recognised for their contribution to the civic life on universities. Use external support where appropriate
 - consider mechanisms to ensure staff at all levels feel **empowered to discuss differential risk**, and agency to make fair decisions about their safety and that of their household and dependents.

2.2 ‘Flexibility’ and managing ‘conflicting’ needs

EDI practitioners are experienced in working through the challenges of managing ‘conflicting’ needs in provision or support arrangements (including perceived and actual conflict). For example, part of an Equality Impact Assessment often involves understanding different needs, considering mitigation, proportionate and reasonable adjustments.

However, there are particularly potent and urgent questions arising as part of ‘reopening’ campus, particularly in relation to safety and health, and in understanding the individual complexities of lived experience during Covid when informing policy.

Face mask policies and provision emerged in discussion as a key issue. Wearing face masks is one of the actions likely to reduce risks of Covid infection to others (Chu et al, 2020). Staff who are clinically ‘vulnerable’ (or with dependents or household members who are) are most likely seeking reassurance that an institution has policies and guidance relating to masks (among staff, students or others on campus). At the same time, many

masks can provide barriers or risks to people with certain health conditions, or those who rely on facial gestures or lip-reading. Those who do not wear masks for these reasons may face additional safety risks from harassment and hate crime. **Mitigations and balances** here may include consideration of transparent masks, advice and protocols to enable and support lip-reading and communication, and clear training and communication to acknowledge the needs of those who are unable to wear masks.

Similar challenges will exist with the reopening of the ‘socially distanced campus’: whether that be allergies and conditions relating to cleaning products; to scheduling which supports some needs and dependencies but not others. The pivot to **online teaching and meetings** has particularly highlighted challenges such as competing needs around ‘camera on’ or ‘camera off’, and the considerations here, for example, of: those who may lip-read; those who may have different religious or cultural dress practices in the home than an office working environment; those who through caring, socio-economic, or other reasons, prefer not to share images of their home environment.

In anticipating, discussing and managing such situations, institutions should be mindful of changing legislation and regulations, and of the particular protections within the Equality Act 2020 (where it applies) around certain characteristics, including the provisions allowing more favourable treatment of disabled people where necessary (and duties related to reasonable adjustments).

A related principle to ‘managing conflict’ which is of particular interest in reopening is that of ‘**flexibility**’. This could refer to ensuring an institution is ready to provide **alternative ways of working** or different forms of support (for example, providing choice and agency between home or on-site working, or supporting varied working hours to suit individual situations).

It may also refer to **flexible support**, discretion and compassion in meeting staff needs, acknowledging that many existing policies and practices may not be fit for the ever-changing and unprecedented crisis we face.

True flexibility also includes a sense of **parity and informed decision-making**: that options offered are equally respected, valued and supported, and do not come with undue detriment or disadvantage.

2.2.1 Recommendations

- + **consult with groups and networks** most likely to be affected by new arrangements to understand their impact (for example, parents and carers; disabled staff or those with health conditions; older or pregnant staff)
- + ensure policies and communications acknowledge the **possibilities of ‘conflicting needs’** and are supported with guidance for exploring these. Provisions should reflect these nuances and provide mitigations, learning and sources of further information

- + support **inclusive messaging** on new ‘socially distanced’ campus arrangements (for example, ‘wear a mask if you can’ rather than ‘everyone must wear a mask’)
- + ensure those responsible for monitoring new arrangements are **trained and supported** to consider diverse needs and equality protections: this includes an understanding of privacy considerations, and the sensitive nature and protections of equality data
- + provide training and/or guidance for line managers, middle management, and leaders around understandings of **‘flexible’ working**
- + in providing **flexibility and choice**, provide examples where possible to illustrate the range of options, and clarity where there may be limitations to choice (for example, for reasons of resource). Avoid unnecessary ‘evidential’ requirements to ‘justify’ alternate provision
- + consider the **privacy of staff** and the sensitive nature and protections required of equality data. Many staff who are pregnant, disabled, have underlying health conditions, or live with someone in these categories, may never have previously had to declare or ‘disclose’ this information to their employer in ‘normal’ circumstances.

2.3 Supporting individuals and avoiding a ‘deficit’ model

As awareness of differential risks from Covid increases, so does the risk of ‘deficit model’ discourse. ‘Deficit model’ or discourse refers to a way of discussing disadvantage and marginalisation which has the effect of ‘locating’ the ‘deficit’ or problem within the individual or their group identity rather than wider structural issues. With the reopening of campus and, in particular, discussion of individual risk assessments or community messaging, **there is a risk of ‘deficit’ discourse** relating to, for example, ethnicity, age and/or caring responsibilities.

Discussing personal needs and identities in relation to ‘safety’ may be challenging. Some staff may never have been asked about their living arrangements; their caring needs or physical or mental health of their dependents; their private travel needs and arrangements (and how these might relate eg to religious practice, pilgrimage and mourning periods). Some will still consider declaration itself to be a ‘risk’ due to underlying potential biases in employment relating to (eg) disability, pregnancy, gender, caring responsibilities.

Where information relating to risk and safety includes discussion of protected characteristics, ensure that all staff are aware of data protection rights and responsibilities, particularly during home working situations or new working arrangements and locations. At a higher level, provide all staff with the opportunity to update their equality monitoring information (see ‘Understanding impact’ below).

2.3.1 Recommendations

- + in discourse around safety and risk and specific characteristics, consider how and when to acknowledge links between risk and **underlying social or institutional inequalities**, and avoid a ‘deficit’ discourse
- + support and **empower staff** to raise and discuss their perceptions of safety and risk
- + ensure that any staff holding individual risk assessments or conversations are supported to **consider intersectionality**, less ‘visible’ or known needs and identities; and to be mindful of the related needs of households and dependents
- + provide opportunities and a supportive environment for staff to **update declarations relating to equality needs** and characteristics (which may in some cases go beyond basic equality monitoring)
- + consider **data protection** updates, particularly in relation to third party software.

2.4 Acknowledging and prioritising in communications

Clear and timely communications on all issues of ‘safety’ will be part of ensuring all staff can make informed decisions relating to their own safety along with that of their dependents and household. There are increasingly sector examples of specific engagement or Frequently Asked Questions with, for example, parents, BAME staff, disabled staff, international staff, older staff, and anyone concerned about the impact of their working arrangements on dependents or other members of their household.

Issues which an institution may wish to communicate:

- + current decisions on planned ways of working, how those decisions are made, and who has contributed
- + sources of support or ways of raising questions relating to ‘safety’ (with updates if these services are operating differently from ‘usual’)
- + institutional stance relating to harassment and hate incidents, supported with clear guidance and robust enforcement
- + information on how EDI is being embedded across the institution in new arrangements
- + information on existing or new staff networks or groups
- + any underlying principles or steers on how ‘safety’ concerns are to be approached

Leaders and line managers may also need to consider how to ensure concerns relating to safety are considered carefully, individually (though to consistent principles) and with empathy. Staff ‘safety’ risks and concerns are likely to be complex, involving both personal and professional challenges. At the same time institutions are likely to be facing increases in pressures on time, workload, and uncertainties relating to wider social impact and infrastructure.

2.4.1 Recommendations

- + **clear statements and recognition** of the wide variety of ‘safety’ risks and challenges relating to on-campus working as well as home-working and travel
- + acknowledgement that these risks may **impact staff in different ways** (and that some of these may be linked to underlying structures of inequality within the institution as well as wider society)
- + normalising discussions of **‘feeling safe’**, wellbeing, and trust
- + transparency as to **how risk is managed** in the institution, including around any future outbreaks
- + clearly dating communications and supporting line managers in **disseminating information** and holding challenging conversations.

2.5 Supporting each other: staff mentoring, allyship and networks

Staff have spoken of how they have valued the support and guidance from peers, mentors, networks and other informal and community relationships in their institution (or beyond).

Institutional leaders may wish to consider how these roles can be best supported, and ensure there is a balance on formal and informal mechanisms of supporting and informing action on diverse staff needs (see also EDI governance in 5.1)

We may also need to consider what allyship and support ‘looks like’ in a distanced or partially distanced institution. A socially distanced space may mean different levels of engagement with activities, meetings, posters, badges, lanyards and other signs of community and solidarity. There may be fewer regular interactions to ‘bear witness’ to inequalities or to champion inclusive culture. There may also be less time or capacity for staff to engage with networks or mentoring, or a greater perception of job ‘risk’ involved in speaking out on risk. The ‘drop in’ nature of support services, or chaplaincy may need to change; conversely regular meetings for community, advice, or worship on campus may be disrupted.

Along with staff ‘safety’, consider how staff ‘belonging’, retention, satisfaction and progression may be impacted by changes to the nature of peer support.

2.5.1 Recommendations

- + **clarify the roles** of staff networks, allies and mentoring in campus reopening and institutional decision-making. While some networks act as a ‘safe space’ for particular groups or identities, others may take a more direct consultative or referring role in relation to concerns or suggestions
- + ensure that those involved in forms of **peer or community support** are adequately resourced and enabled in the new ways of working. For example:
 - value and enable staff in institutional consultative roles (eg workload time allocations and recognition to contribution to university life)
 - with pressure on room timetabling and social distancing, consider if and how digital support for network meetings and activities can be used appropriately. However, note that there may be privacy and safety considerations in relying fully on home-working online engagement for some equality groups (for example, some LGBTQ+ staff).
- + encourage intersectional **collaboration and allyship** among networks where helpful
- + use staff surveys or other mean of consultation to **check staff sense of ‘belonging’** and peer support.

2.6 Understanding impact: are we getting it right?

While legal protections and requirements vary across institutions within the UK and internationally, the concept of a structured process in which to assess, gather evidence and understand impact of policies and decisions around ‘reopening’ and safety is an important one. A nuanced understanding of individual needs may go ‘beyond’ protected characteristics, and/or consider intersectional challenges and experiences.

In addition to formal review, institutions may wish to consider how ongoing concerns and risks can be raised, understood and mitigated during a year of likely constantly shifting external and internal ways of working.

2.6.1 Recommendations

- + consider **EDI monitoring** and/or equality-related questions are embedded in staff surveys or consultations
- + undertake a **strategic equality impact assessment** approach for major decisions on ‘reopening’ www.advance-he.ac.uk/news-and-views/implementing-effective-strategic-equality-impact-assessment-seia

- + consider how immediate impacts relate to ongoing legacies of horizontal and vertical inequalities in job roles: **link actions to ongoing Charter plans or ongoing EDI strategies.**

2.6.2 References

Chu, DK, Akl, EA, Duda, S, Solo, K, Yaacoub, S, Schünemann, HJ, on behalf of the COVID-19 Systematic Urgent Review Group Effort (SURGE) Study authors (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: A systematic review and meta-analysis. *The Lancet*, 395 (10242): 1973–1987. Available at: [doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

Bass, D (2020) *Implementing an effective Strategic Equality Impact Assessment (SEIA)*. Advance HE. Available at: www.advance-he.ac.uk/news-and-views/implementing-effective-strategic-equality-impact-assessment-seia

3. Concluding remarks: what could a ‘new normal’ look like?

Institutions – through the significant labour of their staff – have responded rapidly to changing student needs in a historically challenging year not only for higher education but also within the context of wider society and economies.

The language of ‘opportunity’ in such a crisis can feel ill-fitting. But there is, perhaps, ‘possibility’. We have seen how ways of working and new norms are quickly being explored, suggested, interrogated. The safety and wellbeing of staff has had to be looked at afresh through the lens of different physical and organisational perimeters.

There is a most urgent need to disaggregate and contextualise the generic ‘staff’ in those considerations: into the diverse needs, identifies and concerns of individuals and communities. The immediate health or economic risks are intractable from the underlying structural inequalities which have led to this risk falling disproportionately on different parts of our staff communities.

As such, it is more important than ever that EDI – as an aim, as an awareness, as way of acting – continues to be a priority for institutional policy and practice, and perhaps even to move more ‘centre stage’. Some reflection on how EDI has or has not been previously embedded or prioritised in strategic decision-making may also be required: for to return to ‘the old normal’ may also be to return to the existing systemic and structural inequalities.

At the time of writing, there are no easy answers, and the ‘reopening’ of campuses is subject to daily discussion: if, when, what, how and of course – who?

Advance HE remains committed to supporting the sector and our members with embedding equity in principles of decision-making and, above all, to keep our staff and colleagues as safe as possible.

4. Resources

This publication aims to raise questions, reflections and recommend some approaches to the discussion of ‘safety’, equality and ‘reopening’ of campuses. It is not a complete guide to all considerations, perspectives or tools relating to risk assessments and/or EDI issues in higher education in the time of Covid. We have included some additional helpful resources below; we acknowledge that many of these will be UK focused.

Resource	Relevance
<u>Webinar (Advance HE) Covid-19 series: Safe(r) for staff? Equality implications for ‘reopening’ university and college campuses in the age of Covid -19</u>	The original webinar which prompted this publication, with slides. Requires log-in.
<u>Report (Advance HE): Inclusion – creating socially distanced campuses and education project</u> (Leadership Intelligence Report)	EDI considerations for senior leaders in approaching a ‘socially distanced’ campus. Focused primarily on students, but many resources and recommendations will have wider applicability for staff.
<u>Position Paper. National Association of Disabled Staff Networks (NADSN)</u> Covid -19 Post-Lockdown: perspectives, implications and strategies for disabled staff	NADSN’s steering committee produced a number of recommendations for institutions to consider when supporting their staff ‘post lockdown’.
<u>Tools: Strategic equality impact analysis (Advance HE)</u>	Tools and resources to support institutions to strategically embed EDI into decision making. Supported by the Scottish Funding Council.
<u>Covid-19 Resources: Advance HE</u> Resources and information hub	All resources from Advance HE by theme (including EDI) relating to the pandemic

<u>Good practice in the sector in response to Covid -19</u> : Advance HE Scotland	Includes a range of real-world examples of sector actions relating staff and EDI
<u>Guidance on Equally safe at work, Close the Gap</u>	Guidance for supporting staff at risk of domestic violence
<u>Creating inclusive environments: Advance HE: web hub</u>	Links to resources on accessibility and various protected characteristics (subject to development – further resources via general Advance HE site search)
<u>Equality Charters: Advance HE</u>	Guidance on the Athena SWAN charter (gender equality) and the Race Equality Charter
<u>Guidance for employers during Covid-19: EHRC</u>	Good practice and reminders of equality considerations in staff employment and working arrangement: focussed on England, Wales and Scotland legal provisions.

5. Glossary of terms

Advance HE acknowledges that terminology around personal and group characteristics, identities and categorisations is ever changing and is historically, culturally and contextually situated. As such, any terminology will have differing interpretations and limitations in work to tackle systemic and historic inequity. For transparency we set out below our understandings and use of specific terms in the context of this publication.

- + **BAME/BME**: Acronym for Black, (Asian) and Minority Ethnic(ity) people, referencing commonly used statistical categorisations of ethnicity in the UK. The acronym is not without critique for (eg) homogenising diverse experiences and identities.
- + **Covid/Covid-19**: the novel SARS-CoV-2 coronavirus, the disease Covid-19 and its resulting pandemic and social impact.
- + **Disability/Disabled**: used as an overarching term to describe a range of long-term health conditions, impairments, or physical or mental illness, which impact on day to day life. Advance HE approaches disability primarily from a social model (that societal structures disables the individuals) but are aware that this approach has its limitations, and different understandings.

- + **EDI:** acronym of equality, diversity and inclusion. These concepts have different meanings and interpretations, often encompassing issues of: representation; equity of access, experience, opportunity and outcome; and active steps to ensure a sense of belonging.
- + **Ethnicity:** see ‘race’
- + **Gender/sex:** although often used interchangeably in equality discourse, ‘gender’ is primarily used here to encompass a spectrum of gendered (and agendered) identities, though noting many legal protections and provisions may be constructed around the concept of ‘sex’.
- + **Intersectionality:** developed by Prof Kimberlé Crenshaw, a metaphor for the specific and compounding effects of oppression relating to multiple identities: originally focused on structural sexism and racism, but increasingly used – not without challenge – to analyse other structures of discrimination.
- + **LGBTQ+:** Acronym used as an umbrella term for Lesbian, Gay, Bisexual, Trans, Queer or Questioning and a spectrum of romantic and sexual orientations, and trans and non-binary identities and histories.
- + **Key worker:** terminology used in the UK during the Covid pandemic to categorise certain roles and professions as ‘key’ to the pandemic response or national infrastructure. Key workers are subject to particular protections, support and exemptions (for example, additional childcare support).
- + **PPE:** Personal Protective Equipment
- + **Protected characteristics:** identity or group characteristics which have specific legal protections against discrimination, harassment and victimisation. There are nine identity characteristics covered under the 2010 Equality Act for England, Wales and Scotland, but legal protections and definitions will vary with jurisdiction and context (for example, in employment or services). Further information : www.advance-he.ac.uk/guidance/equality-diversity-and-inclusion/equality-legislation
- + **‘Race’:** where used this is primarily through its UK legal lens of referring to ethnicity, skin colour, ethnic or national origins, or nationality (including citizenship). Advance HE approaches ‘race’ equality from the position that ‘race’ is a social construct and therefore has associated limitations and complex changing understandings.

6. Author biographies

6.1 Jess Moody

Jess is a Senior Adviser at Advance HE, supporting diversity and inclusion across the staff and student lifecycles in higher education. Her recent publications and research include examining [‘what works’ for equality, diversity and inclusion in the international research and innovation landscape](#) (UKRI, 2020); the [Increasing Diversity end of project report](#) (2020) on targeted action in student recruitment; and new sector guidance [on religious inclusion in higher education](#) (2018). With an interest in how national regulation and policy impacts inclusive practice and process, Jess has also worked with a wide range of sector bodies and was a supporter of the foundation of the UK National Network of LGBT Networks (LGBT NoN).

Formerly a Senior Policy Adviser at Equality Challenge Unit, Jess has worked in higher education for 15 years, with professional services roles at post-1992, small specialist and research-intensive institutions. She has been a member of the SPA National Expert Think Tank on fair admissions, a member of the Action on Access steering group, and secretary to the Russell Group working group on qualifications. She studied Law at the University of Oxford, and holds an MA in Gender, Sexuality and Culture from Birkbeck, University of London.

6.2 Gary Loke

Gary Loke is Director of Knowledge, Innovation and Delivery at Advance HE. Prior to that, Gary was at Equality Challenge Unit which he joined in 2008 initially as a Senior Policy Adviser. In 2010, he became Head of Policy and, in 2016, Deputy Chief Executive.

He also previously worked in the third sector in policy and public affairs for a national older persons' charity and a semi-rural race equality charity, which was one of the independent racist-incidents reporting centres set up after the Macpherson enquiry.

He has written numerous pieces of guidance and reports, including joint guidance with the Equality and Human Rights Commission and Universities UK (UUK) on the intersection of equality legislation and the Prevent duty, and joint ECU-HEA guidance on improving degree attainment differentials. He has strong links with European universities and research and is the chair of the expert advisory board of the European Commission GENDER-NET Plus co-fund which is a consortium of 16 research councils which are funding activity on gender equality and the integration of sex and gender analysis into research design. He is also a member of the gender equality commission of the Swiss National Science Foundation.

7. Acknowledgements

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