Equality Impact Assessment

This Equality Impact Assessment considers whether an activity (including policies, procedures, practices, and reviews) may have a positive impact upon protected groups, or may cause discrimination or disadvantage, exclude unjustifiably, discourage or reduce participation, or reduce equal opportunities.

Section 1: About This EIA Screening	
Activity Title:	Mandatory Coronavirus (COVID-19) Vaccination Policy
Type of Activity:	☒ Strategy / policy / procedure development or review ☐ Service / function review ☐ Project ☐ Organisational change / restructure ☐ Other (please state:)
Directorate:	Care and Support
Team:	Your Choice Care
Person Completing this Form:	Laura Giles, Head of Strategy and Compliance
Other Staff Involved:	Tony Spaul, Head of HR; Julie Riley, Group Director of Care and Support; Leanne Grahame, Head of Care and Support; Graham Ambler, Head of Care and Support
Date of Review:	25/10/2021
For Publication:	Yes

Section 2: Activity Information
Who implements and is responsible for this activity?
This activity is supervised and monitored primarily by the Care and Support service. Registered Managers of CQC-regulated care homes have specific responsibilities for the day-to-day deliver of the policy and for following the latest government guidance in doing so.
Briefly describe the aims, objectives, purpose, and intended outcomes of this activity. *(consider additional impacts such as health and safety, reputational risk, sustainability, value for money, and other risk factors.)*
The policy sets out the company's approach to mandatory staff vaccination against coronavirus (COVID-19) in line with the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021. This policy is not intended to prevent staff from working in Your Choice (Barnet) care homes but rather to comply with the Regulations and provide a non-discriminatory and fair approach to mandatory vaccination to ensure a safe and healthy environment for both employees and residents.
Who will be affected by this activity? *(include a description of the affected individuals and/or groups, and a summary of the relevant socio-demographic profile information)*
This policy applies primarily to any employees of The Barnet Group who work in the care homes, in addition to any professionals and tradespeople who need to enter the care homes. Other staff employed by the Group who do not usually work in the care homes but may have cause to attend for work purposes will also be affected. The staff profile of employees who work in the care homes is as follows:

- Gender: 86.1% female, 13.5% male, 0.4% unknown
- Age: 1.4% aged under 25, 5.7% 26-35, 15.7% 36-45, 27.8% 46-55, 31.3% 56-65, 18.2% 65+
- Disability: 4% declared themselves to have a disability, 91.6% have no disability, 4.3% unknown.
- Ethnic origin: 52.2% from an ethnic minority background (10.3% Asian/Asian British, 31.5% Black/Black British, 7.8% Mixed, 2.7% Other), 45.6% from a White background, 2.3% withheld/unknown
- Religion or belief: 77.4% have a religion, 18.2% no religion / agnostic / atheist, 4.4% withheld/unknown (most common religions are Christianity (58.2%), Hinduism (7.8%), Islam (7%), Judaism (1.1%), and Other (2.1%).
- Sexuality: 86.3% heterosexual, 4.1% lesbian/gay/bisexual, 4.4% other, 9% withheld/unknown

Comparing this to the currently available wider staff profile, there is over-representation of the following groups within the care home staff profile (it should be noted, however, that the care home profile above reflects the latest data, and the whole-staff data does not reflect the most recent position following a project to update staff details):

- Female staff (69% across The Barnet Group)
- Individuals aged over 56 (26.7% aged 56-65, and 5.8% aged 65+ across The Barnet Group)
- Individuals from an ethnic minority background (27.3% across The Barnet Group) – with particular over-representation of the following across The Barnet Group Black/Black British (18.6%), Asian/Asian British (4.9%)
- Individuals who have declared themselves to be disabled (2% across The Barnet Group, although 59.6% unknown)
- Individuals with a religion or belief (38.4% across The Barnet Group)
- Individuals who are LGB (1.4% across The Barnet Group); however, 52.5% unknown/withheld, and heterosexual also over-represented with 46.1%

Section 3: Engagement and supporting evidence *(include who was involved, how and when they were engaged, and the key outcomes)*
How have you engaged stakeholders in gathering evidence or testing the evidence available? *(if there is insufficient consultation or engagement, please explain in the action plan at the end of this template what further consultation will be undertaken, with whom, and how)*
There has been no direct engagement in gathering evidence for the policy, as it has been developed based on changing legislation and the associated guidance provided by the UK government. This guidance was developed following consultation with care home staff and providers nationally.
How have you engaged stakeholders in testing the policy or proposals? *(if there is insufficient consultation or engagement, please explain in the action plan at the end of this template what further consultation will be undertaken, with whom, and how)*
The policy has not been tested; however, consultation has taken place with the Head of HR, Head of Care and Support, Trade Unions, and Group Director of Care and Support. The Group Director of Care and Support has ultimate ownership and is responsible for approval of the policy. The requirements of the new legislation have been implemented over recent months, and staff have been engaged and supported in the process, including engagement with the Trade Unions.

Please list or link to any relevant research, census, or other information that is available and relevant to this EIA.
There is over-representation of individuals from an ethnic minority background and of women in the care home workforce; this is reflective of the wider representation across the health and social care sector. Monthly NHS data (https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations) as at 12 October 2021 indicated that two-dose take-up of the COVID-19 vaccination in London was higher for those aged over 50 (ranging from 80% for those aged over 80 to 88.4% of those aged 60-64 and 75-79) than for younger people (57.4% of those aged 18-24, 68.6% of those aged 25-29, and 69% of those aged 30-34). All age groups in London above 45 have a greater than 81% take-up of both doses. High representation of older individuals within the care home workforce would suggest a high take-up of vaccination. However, by ethnicity within London, the ethnic group with the lowest two-dose take-up is those of a Black/Black British background, and vaccination hesitancy has been reported within this group. Within London, 64.9% of those from a Black/Black British – Caribbean background had had two doses compared to 92.6% for those from a White British background. Take-up was also comparatively high for those from an Asian or Asian British background. It is reasonable to assume that the London-wide trends are likely to translate to the specific care home workforce. The government's Equality Impact Assessment for "Making vaccination a condition of deployment in care homes for working age adults" completed in June 2021 reflects on the impact of introducing the new legislation and is pertinent to The Barnet Group's policy. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001051/vaccination-as-a-condition-of-deployment_public-sector-equality-duty2.pdf
What are the arrangements for monitoring and reviewing the actual impact of the activity? *(you may need to include details of this in the action plan at the end of this template – be clear about timescales and responsibilities)*
Take-up and refusal of vaccination within the workforce will be monitored and reported on a regular basis, in addition to reporting of any successful redeployment of staff refusing to be vaccinated.

Section 4: Equality Impact		
Does the policy / procedure / strategy / service / project / change / practice / plan relate to The Barnet Group's equality objectives?	☒	Eliminate unlawful discrimination, harassment and victimisation
	☐	Advance equality of opportunity
	☒	Foster good relations
In what areas could the policy / procedure / strategy / service / project / change / practice / plan have a significant differential impact?	☒	Age
	☒	Disability
	☒	Gender (including gender identity)
	☐	Marriage and Civil Partnership
	☒	Pregnancy and Maternity
	☒	Race
	☒	Religion or Belief
	☐	Sexual Orientation
If you have not selected any of the boxes for the previous question there is no need to complete the rest of this	The policy ensures compliance with a legal requirement for all CQC-registered care home workers to have been fully vaccinated against	

document. However, you must write the reasons why you believe there will be no differential impact, in respect of any of the protected characteristics listed, in the space opposite. NOTE - You will need to complete a full EIA if: • the proposals are likely to have equality impacts and you will need to provide details about how the impacts will be mitigated or justified; • there are likely to be equality impacts plus negative public opinion or media coverage about the proposed changes; and/or • you have missed an opportunity to promote equality of opportunity and need to provide further details of action that can be taken to remedy this.	COVID-19 (the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021). It is therefore a statutory policy and the approach being taken forward is mandatory under this legislation. The policy will be applied consistently across all groups and protected characteristics; however, we acknowledge that the impacts are likely to be disproportionately experienced due to the prevalence of some groups within the care home workforce, and the experience of particular groups in relation to vaccination against COVID-19. The impact of a vaccine as a condition of deploying staff to work in a care home could lead to some groups being disproportionately at risk of facing enforcement action at work. The effects of the policy could be significant, as it could lead to dismissal of, or penalisation of, staff who work in care homes who refuse to or cannot be vaccinated or could lead to such workers feeling pressured to consent to vaccination. Efforts will be made to mitigate this risk by attempting to redeploy care home workers who refuse to be vaccinated to alternative roles within The Barnet Group. There would be a positive impact on some groups of staff more at risk of the negative impacts of COVID-19 due to the increased rate of colleagues being fully vaccinated. There would also be a positive impact on residents living in the CQC-registered care homes, as more staff would be vaccinated, providing them greater levels of protection against COVID-19.
Explain the potential impact (whether intended or unintended, positive or negative) of the proposal on individuals or groups on account of the following protected characteristics: *What relevant evidence is available to support this? Please use data / statistics where possible.* *Key Questions:* • *Are there any barriers which could impact on how different groups might benefit from this activity?* • *Does this activity promote the same choices for different groups as everybody else?* • *Could any of the following group's experience of this activity be different?* • *Does this activity address the needs and potential barriers of these groups?* • *Are any groups likely to disproportionately access this activity?*	
Age	
Age is the dominant risk factor for serious illness and death as a result of COVID-19. This policy is therefore expected to have a positive impact on residents in care homes as well as on older staff through the increased protection from COVID-19 due to increased staff vaccination. Levels of vaccine hesitancy are reported to be higher among younger people. Given the aims of the policy, it does not seem to have an unreasonable impact on this group. The	

care home workforce also has a disproportionate representation of older people within its workforce

Any barriers to vaccine access or hesitancy are being mitigated through staff communications and ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination.

Disability

A relatively high proportion of care home employees declare themselves to have a disability. In the event that any of this group were prevented from receiving the COVID-19 vaccination as a result of their disability, this policy is expected to have a positive impact on them if a greater number of their colleagues were vaccinated, and therefore provided them with some protection.

We recognise that some disabled staff may have clinical concerns regarding the vaccine that could make them less willing to be vaccinated or prevent them from having the vaccine. Immunocompromised staff may be reluctant to accept the vaccine due to concerns they will not have a significant immune response or concerns around live vaccines in general.

Some disabled staff may also face access issues, meaning they are less likely to have had the vaccine. This could include lack of information in an accessible format or practical barriers; this will be mitigated by providing targeted support and access to NHS vaccinations.

The approach will not advance equality between staff who have a disability and those who do not; there could be negative impacts on good relations between staff if tensions arise between vaccine-exempt staff and those who are not exempt.

The risk that the approach may also force staff to disclose their disabilities to management, which could risk less favourable treatment by employer or colleagues, is mitigated by the approach to disclosing exemptions through the NHS COVID Pass, which does not reveal the reason for the disclosure.

The impacts for those who are disabled are centred on access and medical exemptions to the vaccine. Any barriers to vaccine access or hesitancy are being mitigated through staff communications and ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination. Medical exemptions apply to the approach, which also mitigates risks for this group. Vaccination as a condition of deployment for colleagues is likely to also have a significant benefit for this group through mechanisms such as potentially reducing the transmission of COVID-19 within the workplace.

Gender (including gender identity)

The policy is likely to have a significant impact on women due to the disproportionate representation of women in the care home workforce. This means that more women than men will be impacted. The government's EIA also reported that ONS statistics indicate that women have higher rates of vaccine hesitancy than men and may also face more barriers to accessing the vaccine. Despite hesitancy, NHS England data shows that more women than men have received both doses of the vaccine; it is likely that these trends translate to the care home workforce. Given the aims of the policy, it does not seem to have an unreasonable impact on this group.

We do not hold data on the number of transgender or gender non-confirming people in the care home workforce. It is assumed that as nationally there is some evidence that this group is more likely to have negative interactions with healthcare staff, they may be less likely to seek COVID-19 testing, treatment, or vaccination, and may not be registered with

a GP and therefore not invited to have the vaccine. There is therefore a greater risk of action under the policy and of losing their jobs due to not being vaccinated.

Any access issues regarding both gender and gender identity / transgender are being mitigated by ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination.

Marriage and Civil Partnership
There is no evidence that the approach will have a greater or lesser impact depending on marital or civil partnership status.
Pregnancy and Maternity
The approach is likely to have a significant impact on pregnancy and maternity, particularly as the care home workforce is predominantly female. This means that incidence of pregnancy and maternity among this workforce is likely to be higher than among the population at large, although this may be partially offset by the higher prevalence of older workers. Women are also more likely to be responsible for childcare than men, which could impact upon their ability to travel and receive a vaccine. Due to initial guidance on vaccine safety for pregnant and breastfeeding women, there may be greater hesitancy within this group and/or lower uptake of the vaccine. It is also likely that the policy could negatively impact women who are trying to conceive or planning to do so in the future. Although there is no evidence that the vaccine affects fertility, it has been noted as a significant area of concern for some women. The impacts for individuals on the basis of pregnancy and maternity are centred on access and medical exemptions to the vaccine. Any barriers to vaccine access or hesitancy are being mitigated through staff communications and ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination. Vaccination as a condition of deployment for colleagues is likely to also have a significant benefit for this group through mechanisms such as potentially reducing the transmission of COVID-19 within the workplace.
Race
The policy is likely to have a significant impact on individuals from an ethnic minority background due to the high prevalence of individuals from ethnic minority backgrounds within the care home workforce. Vaccine hesitancy is reported to be highest in these groups, and take-up of both doses is also reported to be lower than for White British individuals in London. Any barriers to vaccine access or hesitancy are being mitigated through staff communications and ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination.
Religion or Belief
The approach is likely to have a significant impact based on religion or belief. The proportion of the care home workforce that identify under a religion or belief is high. A number of people may be opposed to vaccination in principle due to their beliefs, either religious or non-religious. Some religious groups or those whose dietary practice or vegan or vegetarian may also refuse vaccination due to the reported presence of animal products or by-products or alcohol in vaccines. There may also be concerns regarding the use of foetal cell cultures to manufacture the vaccines. Any barriers to vaccine access or hesitancy are being mitigated through staff communications and ensuring staff can receive their vaccine during work hours, and through on-site provision of NHS vaccination. Religious institutions such as the Vatican

and the Muslim Council of Britain have also recommended that observers should take the vaccination, and this is likely to have an effect upon willingness.
Sexual Orientation
There is no evidence available on the prevalence of vaccination hesitancy by sexual orientation; it is therefore a challenge to determine the full impact of the approach.
Other relevant groups *(not covered by the Equality Act 2010 – groups that may experience disadvantage or barriers to access, e.g. socio-economic disadvantage, single parents, low income families, etc.)*
People who live in deprived areas have higher rates of COVID-19 diagnosis and death 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. Poor outcomes from COVID-19 infection in deprived areas remain, even after adjusting for age, sex, region, and ethnicity. It is reasonable to assume that at least some of the care home workforce may live in deprived areas given geographic dispersal of the wider social care workforce. This policy could therefore have a positive impact on staff who live in deprived areas, where COVID-19 prevalence and mortality are highest, as it would give them greater protection against the virus. Greater vaccine hesitancy is also reported for those who are on lower annual incomes. Given wage levels within the care homes, workers may be more likely to be vaccine-hesitant; the policy is therefore likely to have an increased impact on them as they would require a vaccination in order to remain in their roles unless medically exempt.
Can any negative / adverse impact(s) be justified on the grounds of promoting equality of opportunity for one group, or any other reason? Please explain.
There would be a particular impact on staff who had already turned down the vaccine or who were hesitant to accept it. If people working in the care homes are not vaccinated and do not have an exemption, they will no longer be able to be deployed there. If The Barnet Group is unable to redeploy the person outside the care home then this might lead to the person being dismissed. People might therefore feel pressured into accepting the vaccine or prefer to leave the workforce instead. The policy does apply to everyone working in a care home, regardless of role or protected characteristic, with the exception of those with medical exemptions. The policy in support of the new legislation is designed to prioritise those most at risk of serious illness and hospitalisation from COVID-19, with residents and staff in care homes serving older adults recognised as the top priority in the national approach. The legislation recognises the high levels of vulnerability of residents combined with the high risk of outbreaks occurring in care home settings. Public Health England has also highlighted in its COVID-19 vaccination guidance that health and social care workers are more likely to encounter people with COVID-19 during their routine work and highlights the need for this workforce to be protected. Making vaccination a condition of deployment in care homes will help ensure that residents at high risk from COVID-19 either due to their age, underlying health conditions, or disability are better protected against the virus and as well as contributing to delivering these wider public health benefits.
What changes / modifications will now be made to the activity in the light of this Impact Assessment?
None

Signed (enter name and role)	
Lead Officer:	Laura Giles, Head of Strategy and Compliance
Reviewing Officer:	

Date:	25/10/21

Reviewing officer will be Head of Strategy and Compliance for strategies, policies, and most projects and other activities. In the Managing Change process, the reviewing officer may be a next-in-line Head of Service or Director.

Final approval	
Role:	Group Director of Care and Support
Date:	09/11/21

Final approval is from the authority regarding the strategy / policy / project / activity, and will usually be a Director, the Executive Management Team, or a Board or Committee. Please consult the Strategy and Compliance Team for guidance.