

Equality Impact Assessment on revised deadlines for REF 2021

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Background

The REF team contacted all Higher Education Institutions on 24 March 2020, confirming that the REF2021 exercise would be paused until further notice, in recognition of the urgent requirement of institutions to divert staff resources to other critical areas. The letter notified institutions that the submission deadline (27 November 2020) therefore no longer applies, and that a new submission deadline will be announced no less than 8 months prior to the revised deadline.

The funding bodies recognise the significant effort that has been invested so far by institutions in preparations for the current REF cycle. In view of this and following the Minister's advice to universities on supporting their staff, the REF staff census date (31 July 2020) remains unchanged.

At this stage, the full impact of COVID-19 on the Higher Education sector and, in turn, on institutions' REF submissions, is not yet known. The funding bodies recognise that the effect may vary greatly across institutions and institution types, and therefore there will be no 'one-size-fits-all' solution to the length of the delay, or the nature of the mitigations, implemented for the exercise.

Consultation

The REF team have engaged in consultation with the sector, inviting views on revisions to the a) submission deadline; b) impact assessment period.

1. Proposed options for the revised submission deadline:
 - a) A single deadline, by 31 March 2021
 - b) A delay of six months or more for all aspects
 - c) A phased deadline, starting with staff and outputs in March 2021
 - d) Other

2. Proposed options for the assessment period for impact:
 - a) Universal extension to the assessment period to 31 December 2020
 - b) Keep 31 July 2020 as assessment deadline but introduce case-by-case mitigations
 - c) Other

A summary of responses to the survey is available [here](#).

In brief, responses to Question 1, concerning the revised REF submission deadline, indicated a preference for a single deadline by 31 March 2021. This preference was stronger among HEIs, while responses from individuals indicated more mixed preferences.

Responses to Question 2, concerning the impact assessment period, indicated a preference for a universal extension to the assessment period to December 2020. Divergent arguments were made by respondents favouring either the universal extension or keeping the end of July 2020.

Objectives

The Funding Bodies are committed to supporting and promoting equality and diversity in the REF process, and as part of this commitment are undertaking a Equality Impact Assessment (EIA) on the timing of the revised submission deadline for REF2021.

In this EIA, the REF team will:

- consider the potential effects of the proposed revised deadline of March 2021 on protected groups
- identify any adverse impacts that may result from the proposed approach
- identify mitigations to reduce any negative impacts identified with the proposed approach
- make transparent decisions, citing evidence (where this is available) and providing clear reasoning.

Key impacts identified

Equality and diversity (E&D) concerns with both a longer and shorter delay were addressed in just over 15% of responses to the REF consultation on the revised timeline. Most commonly this was concerns raised by HEIs and Individuals around the varying impacts of COVID-19 on different protected groups, and statements around the need to give clear thought to the E&D mitigations put in place to support any negative equality impacts resulting from the revised timeline. Many of the concerns raised in the survey are also reflected in the impacts and data in table 1.

Key E&D concerns raised in the survey were around:

- staff with caring responsibilities, both for parents home-schooling during lock-down and for individuals caring for vulnerable friends and relatives
- the disproportionate effect of caring responsibilities on women¹
- staff with declared disabilities and/or underlying health conditions having to shield for longer periods of time
- disruption due to illness
- career prospects for Early Career Researchers (ECRs)²
- staff on Fixed-term contracts
- the differential effects of COVID-19 on BAME staff.

Very few responses explicitly stated that E&D would be better supported by either a long or short delay. Direct points raised included:

- where staff are on fixed-term contracts working on REF, a long delay would mean either completing preparations after fixed-term staff have left, or extending contracts, which would result in burden and/or cost in both cases. Staff are more likely to have their fixed-term contracts extended with a shorter delay and will therefore be more likely to be able to complete their REF contributions.

¹ For the purposes of this preliminary EIA, people with caring responsibilities are discussed briefly under the protected characteristic 'Gender' but are considered in more detail within Table 1 as an additional protected group.

² For the purposes of this preliminary EIA, Early Career Researchers (ECRs) are considered in more detail under the protected characteristic of 'Age' in Table 1.

- individuals with underlying health conditions could be required to self-isolate well into 2021, and a longer delay would increase the likelihood of their being able to return to workplaces
- a longer delay would see academics under intense pressure with teaching workloads in the Autumn term, however a shorter delay confines the duration of this pressure to a shorter period.
- extended delays would put pressure on academics to deliver additional contributions.
- those without increased caring responsibilities would be able to continue to dedicate more time to producing outputs over a prolonged period. This would disadvantage staff and panel members with caring responsibilities as these may persist for the foreseeable future.
- any negative impacts of a shorter delay would be mitigated through staff circumstances processes, and by HEIs providing additional support as appropriate

The REF team has considered the equality impacts of a single submission deadline by 31 March 2021. The key areas which have been identified as having the most significant impact on equality and diversity issues as a result of the revised timeline are set out in Table 1. The funding bodies and REF team, with advice from EDAP, recognise that there may be other effects on protected groups where relevant impacts are minimal, but still present. These have not been included within this EIA but could be factored into future iterations if evidence continues to emerge on these issues. Individuals are invited to email any additional impacts not considered in Table 1 to info@ref.ac.uk.

The proposed steps to mitigate against potential significant negative impacts of the revised timeline are set out in Table 2.

Table 1. Equality impacts

Protected characteristic	Equality impacts identified	Mitigations (see table 2)
Age	<p>Age – 70+</p> <p>The UK Government has identified those over the age of 70 as ‘Clinically vulnerable’, and the recommendation has therefore been made that these individuals should continue to self-isolate, even as lockdown restrictions begin to ease³. Older individuals are also more likely to have underlying health conditions or declared disabilities which may increase the likelihood of them having to work remotely for longer durations⁴.</p> <p>According to data from the Higher Education Statistics Agency (HESA), 12% of Academic staff on REF-eligible contracts in REF-eligible institutions are over the age of 60⁵. Moreover, data collected by HESA show that 69% of Academic staff at REF-eligible institutions who are over the age of 60 identify as male, as do 43% of support staff over the age of 60 at REF eligible</p>	<p>1</p> <p>1</p>

³ “Staying alert and safe (social distancing)”, UK Cabinet office, updated 22 May 2020, accessed 28.05.2020, <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

⁴ “Disability and employment, UK: 2019”, Office for National Statistics, updated 02 December 2019, accessed 08.06.2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandemploymentuk/2019>

⁵ For the purposes of this EIA, data on ‘support staff’ has been taken from the HESA staff record (2018-2019 return) on professional support staff at REF-Eligible institutions. This population is defined as; Not on an academic contract (acempfun=4) and actsoc in: 215, 242, 245, 411, 412, 413, 415, 416, 421, 921; contract active on 31/07.2019. Data available at <https://www.hesa.ac.uk/collection/c18025>

	<p>institutions (See section on Gender/Sex for further detail on the differential impact of COVID-19 on men).</p> <p>Impact on older researchers</p> <p>Researchers over the age of 70 may be more likely to be required to work from home for longer periods than other staff, which may impact on research productivity. The effects of this in terms of availability of outputs are most likely to be seen later in 2021, therefore a shorter delay may reduce the impact of this.</p> <p>Impact on older support staff</p> <p>Older support staff may be more at risk of underlying health conditions, and therefore may be more likely to be required to work from home. This may be associated with some impact on productivity, for example, issues with accessing relevant systems. There may be mixed impacts resulting from a shorter delay here. It may require greater resource from support staff in the immediate period ahead in order to complete REF submissions remotely and to implement any new mitigations as a result of the delay. However, this additional resource will be required for a shorter period overall.</p> <p>Impact on older panel members</p> <p>Analysis of the panel membership shows that 7% of panel members are over the age of 65⁶. It is possible that high numbers of panel members and assessors could be required to work from home for longer periods, and a shorter delay could impair their ability and willingness to be involved in assessment.</p> <p><u>Age – Under 40</u></p> <p>Impact on younger researchers</p> <p>ECRs typically, but not exclusively, fall within a younger demographic⁷ and are therefore more likely to have caring responsibilities for children and/or vulnerable friends or relatives.</p> <p>The HESA data highlights that 29% of Academic staff on REF-eligible contracts in REF-eligible institutions are under the age of 40. Evidence from the European Council of Doctoral Candidates and Junior researchers suggests that young researchers who are parents are likely to experience more severe effects on their research than their child-less peers⁸. (See section on Caring responsibilities for more detail on the impact on staff and panel members with caring responsibilities).</p> <p>Respondents to the consultation on the revised REF timeline also expressed concern that ECRs may see the publication of their REF-eligible outputs delayed in 2020 due to closure of publishers. This is of specific concern where this is their only eligible output, as a shorter delay could reduce the likelihood of them having available a REF-eligible output. There may be positive impacts for ECRs as a result of implementing a shorter delay, where there is a lower likelihood of bringing into scope for REF 2021 outputs that are being planned for a future REF cycle. Moreover, the greater proximity of the</p>	<p>1, 2, 4</p> <p>1,6</p> <p>1, 2</p>
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⁶ “Analysis of REF 2021 panel membership” REF 2019/07, Published November 2019, Accessed 03.06.2020, <https://www.ref.ac.uk/media/1223/analysis-of-ref-2021-panel-membership.pdf>

⁷ Research conducted by ESRC and HEFCE of over 1000 ECRs working in the social sciences found that the average age of people that considered themselves an Early Career Researcher was 36 . “Early career social science researchers: experiences and support needs”, Centre for Global Higher Education, February 2018, Accessed 08.06.2020, <https://www.researchcghe.org/perch/resources/publications/ecrreport.pdf>

⁸ “Researchers with young children ‘hit harder’ by Covid-19”, Research Professional, published 26.05.2020, accessed 28.05.2020, <https://www.researchprofessional.com/0/rr/news/europe/universities/2020/5/Researchers-with-young-children--hit-harder--by-Covid-19.html>

	<p>deadline to the census date in the shorter delay option is likely to have a lesser effect on staff (particularly ECRs) joining institutions from September onwards. Updated October 2020: The REF team have considered the potential for any future policies preventing the mixing of households, and the impact of such restrictions on individuals relying on family, friends or neighbours for childcare. These restrictions could see younger researchers juggling the effects of additional caring responsibilities, and for these effects to persist for a longer period of time.</p> <p>Research staff are typically in a position of high job insecurity⁹, and lockdown has caused additional interruptions to the completion of research projects and to securing funding. This is thought to be particularly detrimental to the careers and employability for ECRs¹⁰. While this is not felt to be an issue for this exercise, further problems may be of note for future research assessment exercises.</p> <p>Impact on younger panel members</p> <p>60% of appointed REF2021 panel members under the age of 44 have additional caring responsibilities (See sections on gender and caring responsibilities for further detail, and for information on the differential impacts of caring responsibilities on women). Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and there is still the possibility that exceptional caring responsibilities could persist into 2021 and could impact on panel members' ability to carry out assessments. This could be particularly problematic during the latter part of 2021 when panel meetings are more likely to be held in person, but caring responsibilities may still be increased. The REF team will continue to keep this issue under review and will put in place mitigations as required.</p>	1, 2, 6
Disability	<p>Impact on staff and panel members with underlying health conditions</p> <p>Analysis of the HESA data shows that 4% of Academic staff on REF-eligible contracts at REF-eligible institutions have a declared disability, and a further 3% were 'unknown'. While useful data, this is unlikely to be an accurate picture of the number of REF-eligible academic staff who are a disabled in line with the Equality Act definition¹¹. The Office for Disability Issues recorded there to be roughly 5.7 million disabled people of working age in Great Britain¹².</p> <p>Analysis of the REF panel membership shows that 5% of panel members have a declared disability. It is possible that high numbers of panel members and assessors could be required to work from home for longer periods, and a shorter delay could impair their ability and willingness to be involved in assessment.</p>	

⁹ "COVID-19: Impact on researchers", SMarTeN in collaboration with Vitae, Survey launched 16.04.2020, accessed 13.10.2020, <https://www.smartten.org.uk/covid-19-study.html>

¹⁰ "Covid-19 is exacerbating early-career researchers' greatest concerns", Time Higher Education, Updated 12.09.2020, accessed 13.10.2020, <https://www.timeshighereducation.com/blog/covid-19-exacerbating-early-career-researchers-greatest-concerns>

¹¹ "Disability and employment, UK: 2019", Office for National Statistics, updated 02 December 2019, accessed 08.06.2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandemploymentuk/2019>

¹² "Disability prevalence estimates 2011/12", Office for Disability issues and Department for Work and Pensions, published 16.01.2014, accessed 08.06.2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321594/disability-prevalence.pdf

	<p>Data from the ONS, cited by the BBC, show that COVID-19 has more severe effects in individuals with underlying health conditions, such as heart disease, respiratory illness, and diabetes, and 90% of COVID-19 deaths are in individuals with underlying health conditions¹³. Evidence suggests BAME individuals are not only more likely to have pre-existing chronic health conditions, but these are more likely to manifest at an earlier age of onset¹⁴ (See section on Race and Ethnicity for more detail on the impact on BAME staff and panel members). It should be noted that people who have these conditions may not associate with the term disability as defined under the Equality Act 2010, however it is likely that they will meet the definition.</p> <p>The UK Government has identified that individuals with certain pre-existing conditions are ‘clinically vulnerable’, and the recommendation has been made that these individuals should continue to minimise contact with those outside their household, even as lockdown measures begin to ease. In addition, ‘clinically extremely vulnerable’ people, such as individuals with severe respiratory conditions such as cystic fibrosis and people with specific cancers, are advised to keep themselves safe by staying at home and avoiding all contact with others, except for essential medical treatment or support¹⁵.</p> <p>Staff with underlying conditions may find that they require longer periods off work if they contract the virus. A shorter delay could see an increased likelihood of disabled individuals requiring time off work due to illness than if a longer delay were implemented. This could impact the productivity of researchers, and support staff, and may impair the ability and willingness of panel members to be involved in assessment.</p> <p>In a response to the Women and Equalities committee on the Unequal Impact of COVID-19 on people with protected characteristics, the National Association of Disabled Staff Networks (NADSN) suggest that employers have been slow to recognise that they still have a duty to show due regard to workplace reasonable adjustments for their staff¹⁶. The productivity of disabled researchers, support staff and panel members could therefore be impaired by the lack of appropriate working space and equipment at home. A shorter delay is likely to mean that disabled individuals are still adapting to their new working environment and learning new systems that will facilitate remote working and online teaching.</p> <p>Individuals with underlying health conditions may also have seen elective surgeries postponed or cancelled, which could subsequently be scheduled at key points in the exercise. A shorter delay would mean that individuals awaiting planned procedures could be more likely to see these rescheduled over the coming months which would subsequently require time off work. However, some evidence suggests that it could take a minimum of 11 months</p>	<p>1, 6</p> <p>1</p>
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¹³ “Coronavirus: Nine in 10 dying have existing illness”, BBC, published 16.04.2020, accessed 10.06.2020, <https://www.bbc.co.uk/news/health-52308783>

¹⁴ “Submission of evidence on the disproportionate impact of COVID-19, and the UK government response, on ethnic minorities in the UK”, University of Edinburgh, 24.04.2020, accessed 08.06.2020 https://ghpu.sps.ed.ac.uk/wp-content/uploads/2020/04/Qureshi-Kasstan-Meer-Hill_working-paper_COVID19-ethnic-minorities_240420.pdf

¹⁵ “Staying alert and safe (social distancing)”, UK Cabinet office, updated 22 May 2020, accessed 28.05.2020, <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

¹⁶ “Unequal impact: Coronavirus and the impact on people with protected characteristics”, National Association of Disabled Staff Networks (NADSN), 30.04.2020, accessed, 28.05.2020, https://nadsnuk.files.wordpress.com/2020/04/nadsn-response-to-wec-30apr2020.pdf?mc_cid=6f8f950c6f&mc_eid=bbdc61df61

	<p>to reschedule all postponed and elective surgeries¹⁷, and in these instances a shorter delay would mean that REF contributions could be completed before these take place.</p> <p>Updated October 2020: The REF team have considered the impact of further lockdowns, and on the requirement of individuals with certain conditions to choose or be required to shield. This could affect the submission of physical outputs, where support staff are unable to leave their homes.</p> <p>Impact on staff and panel members with mental health conditions</p> <p>Evidence suggests that relapse rates of all pre-existing mental health problems are commonly seen to be increased during COVID-19. Moreover, COVID-19 is also more likely to increase the new onset of illness anxiety disorder¹⁸. This increased prevalence of mental illness, the exacerbation of symptoms, may result in individuals with mental health conditions needing, or making the decision, to work from home for longer durations. A shorter delay is therefore likely to mean that higher numbers of people will be making their REF contributions while still working remotely.</p> <p>Increased bereavements as a result of COVID-19 and social distancing measures could lead to increased mental health issues, which may particularly impact on individuals with elderly parents or relatives. Remote working could further exacerbate mental health conditions¹⁹, for example, for individuals living alone or experiencing loneliness. Vitae and Smarten surveyed 4800 researchers during the COVID-19 pandemic, including doctoral researchers and research staff. Approximately 80% of respondents showed some level of mental distress, and mental distress was higher among doctoral researchers (compared to research staff), women and individuals working in Arts and Humanities. Furthermore, reports of loneliness were also higher in the Arts and Humanities²⁰.</p> <p>In this context, mixed impacts have been identified. A shorter delay could see individuals with mental health conditions affected by the additional stress of an increased workload during the autumn term or, for panel members, during the summer of 2021. A shorter delay and associated earlier announcement, may give greater certainty about immediate planning and workloads for individuals with pre-existing mental health conditions. The duration of time for which these pressures may be present for staff and panel members is currently unknown and may extend over a longer period; a March deadline may therefore shorten the window for which staff are balancing these resourcing pressures.</p>	1, 2, 6
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¹⁷ "Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans", BJS Society, published 12.05.2020, accessed 09.06.2020, <https://bjssjournals.onlinelibrary.wiley.com/doi/abs/10.1002/bjs.11746>

¹⁸ "Impact of COVID-19 pandemic on pre-existing mental health problems", NCBI, Elsevier Public Health Emergency Collection, published 18.04.2020, accessed 18.06.2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165115/>

¹⁹ "Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science", The Lancet, published 15.04.2020, accessed 10.06.2020, [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(20\)30168-1.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30168-1.pdf)

²⁰ "Covid-19: Impact on researchers", SMaRteN in partnership with Vitae, accessed 08.06.2020 <https://www.smarten.org.uk/covid-19-study.html>

Race / Ethnicity	<p>The HESA data shows that 21% of Academic staff on REF-eligible contracts, and 14% of administrative support staff at REF-eligible HEIs were recorded with an ethnicity other than 'White' (which includes those whose ethnicity it not known). Of the REF support staff, between 20-30% of BAME staff were on Fixed-Term contracts; 21% and 23% for people with a recorded ethnicity of mixed or Asian, rising to 28% for black staff and 30% of staff who recorded their ethnicity as Arab. In comparison, only 16% of White staff were on Fixed-Term contracts. Positive impacts of a shorter delay were identified for BAME staff on fixed term contracts who are more likely to be able to complete their REF contributions.</p> <p>Public Health England reported that, after accounting for age, Black males were 4.2 times more likely to die from a COVID-19 related death than white males²¹. Several studies have consistently found increased risk for some ethnic minority groups, particularly for people of black ethnicity and of Indian, Pakistani, Bangladeshi, and mixed origins; evidence which is supported by data from the ONS²². Some BAME groups are also at higher risk of underlying health conditions and may therefore be at higher risk of developing COVID-19²³. Moreover, these conditions are more likely to manifest at an earlier age of onset, which could mean that risks of COVID-19 are more present at younger ages for BAME than white individuals²⁴. The Intensive Care National Audit and Research Centre also showed that 34% of COVID-19-related admissions to intensive care were for ethnic minority people, while they only account for 13% of the population of England and Wales. Although it is unclear whether the risk is with the rate of infection, once infected, the impacts on BAME individuals are more significant²⁵.</p> <p>Negative impact of implementing a shorter delay is that the risks of COVID-19 are more likely to be present, and BAME researchers and support staff who contract COVID-19 may be more likely to require longer periods off work in order to recuperate from the disease. This could impact research productivity, or where support staff fall ill over peak periods during the submission. Due to the increased risk for BAME individuals, it is more likely that this group will choose, or be encouraged by their employers, to work from home for longer periods. A shorter delay could see periods of intense resource requirement falling over periods where staff are still adjusting to online working and teaching. The duration of time for which homeworking and associated resourcing pressures may be present for staff is currently unknown and may extend over a longer period; a March deadline may therefore shorten the window for which staff are balancing these resourcing pressures.</p> <p>Analysis of the REF panels shows that 5% of appointed panel members described their ethnic origin as Asian, and a further 2% described their ethnic</p>	1, 2, 6
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²¹ "Disparities in the risk and outcomes of COVID-19", Public Health England, published 06.2020, accessed 08.06.2020, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890258/disparities_review.pdf

²² "Coronavirus (COVID-19) related deaths by ethnic group, England and Wales, 2 March 2020 to 10 April 2020, Office for National Statistics, updated 07.05.2020, accessed 10.06.2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020#main-points>

²³ "The impact of COVID-19 on BME communities and health and care staff", NHS Confederation BME Leadership Network, 04.2020, accessed 10.06.2020, https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/BRIEFING_Impact-of-COVID-19-BME_communities-and-staff_FNL.pdf

²⁴ "Submission of evidence on the disproportionate impact of COVID-19, and the UK government response, on ethnic minorities in the UK", University of Edinburgh, 24.04.2020, accessed 08.06.2020 https://ghpu.sps.ed.ac.uk/wp-content/uploads/2020/04/Qureshi-Kasstan-Meer-Hill_working-paper_COVID19-ethnic-minorities_240420.pdf

²⁵ "Emerging findings on the impact of COVID-19 on black and minority ethnic people", The Health Foundation, 20.05.2020, accessed 28.05.2020, <https://www.health.org.uk/news-and-comment/charts-and-infographics/emerging-findings-on-the-impact-of-covid-19-on-black-and-min>

	<p>origin as something other than 'White'. It is possible that BAME panel members and assessors could be required to work from home for longer periods, and a shorter delay could impair their ability and willingness to be involved in assessment. Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and there is still the possibility that the requirement or decisions of BAME individuals to self-isolate could persist into 2021 and impact on ability to carry out assessments. The REF team will continue to keep this issue under review and will put in place mitigations as required.</p>	
<p>Gender / Sex</p>	<p>The HESA data shows that, overall, 42% of academic staff on REF-eligible contracts in REF-eligible institutions were female and 58% were male. The proportion of female academic staff declines steadily with each age group such that 47% of academic staff are female in the under 30 group, 45% are female in the 30-39 group and only 31 % are female in the 60 and over group.</p> <p>The HESA data shows an overall starker gender divide among administrative support staff at REF-eligible HEIs with two thirds of such staff identifying as female and only one third as male. This gender split was fairly stable across all age categories except in the 60 and over category where 57 per cent of support staff were female and 43% male.</p> <p>Impact on women</p> <p>Figures analysed by the Observer, cited in the Guardian, suggest that during the lockdown women in the UK are typically providing at least 50% more childcare and spend 10-30% more time than fathers home-schooling their children. This is regardless of where the mother is working, or whether she is working at all²⁶. Women are also more likely to have additional caring responsibilities than men overall (See section on caring responsibilities for further detail). Evidence suggests that research conducted by women has been affected by lockdown, with journals seeing a drop in solo-authored papers written by women. In contrast, one co-editor shared that submissions to his journal were up by 25% in April compared to last year: an increase driven entirely by male researchers²⁷. Female researchers may therefore appear to have less time available to undertake and submit research than male researchers²⁸.</p> <p>A risk of implementing a shorter delay is that women may be more likely to have additional caring responsibilities, which could clash with peak periods of the submission for support staff and could prevent individuals who do not yet have the minimum of one output from reaching this requirement. However, an argument against a longer delay is that there is still a risk that COVID-19 and any associated caring responsibilities could persist into 2021. All schools in England are unlikely to fully re-open before September 2020, and where they do open it may be that full-time, full capacity classes do not resume for some time after. Moreover, modelling suggests that reopening schools to this timeframe could lead to a 'second wave' of COVID-19 within the UK²⁹. By implementing a shorter delay there is a more intense period of resource requirement over a short period of time, but this pressure is not prolonged any</p>	<p>1</p> <p>1, 2, 6</p>

²⁶ "I feel like a 1950's housewife": how lockdown exposed the gender divide", The Guardian, published 03.05.2020, accessed 10.06.2020, <https://www.theguardian.com/world/2020/may/03/i-feel-like-a-1950s-housewife-how-lockdown-has-exposed-the-gender-divide>

²⁷ "No Room of One's Own", Inside Higher Ed, 21.04.2020, accessed 10.06.2020, <https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity>

²⁸ "Women's research plummets during lockdown, but articles from men increase", the Guardian, published 12.05.2020, accessed 10.06.2020, <https://www.theguardian.com/education/2020/may/12/womens-research-plummets-during-lockdown-but-articles-from-men-increase>

²⁹ "Coronavirus: Fully reopening schools 'could cause second wave'", BBC, published 06.06.2020, accessed 08.06.2020, <https://www.bbc.co.uk/news/health-52933323>

	<p>longer than is necessary. This is particularly important at a time when the longer-term picture remains unclear.</p> <p>Analysis of the appointed REF panel membership to date highlights that 5% of panel members are women between the ages of 35-44 (See section on caring responsibilities for further detail on the impact on panel members). Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and there is still the possibility that caring responsibilities could persist into 2021 and impact on ability to carry out assessments. The REF team will continue to keep this issue under review and will put in place mitigations as required.</p> <p>Updated October 2020: The REF team have considered the potential for any future policies preventing the mixing of households, and the impact of such restrictions on individuals relying on family, friends or neighbours for childcare. These restrictions could see younger researchers juggling the effects of additional caring responsibilities, and for these effects to persist for a longer period of time.</p> <p>Impact on men</p> <p>The Office for National Statistics (ONS) have revealed that men are twice as likely to die from COVID-19 than women³⁰. Men are more likely to experience more severe symptoms once contracting COVID-19. It is therefore possible that male researchers may require longer periods away from work in order to recuperate from the disease. The HESA data highlights that more male academics are likely to fall into the 'clinically vulnerable' group due to their age, with males accounting for 69% of Academic staff on REF-eligible contracts at REF-Eligible institutions over the age of 60. Moreover, any differential impacts of COVID-19 on men may be particularly visible in STEM subjects, where men account for 74% of Academic staff at REF-eligible institutions. A potential impact of implementing a shorter delay is that the risks of COVID-19 will still be present, and men could therefore be more likely to require longer periods off work in order to recuperate from the disease.</p> <p>Analysis of the panel membership highlights that 55% of appointed panel members are men. Moreover, 80% of panel members over the age of 65 are male, constituting 5% of the full panel membership. A shorter delay may therefore mean that male panel members find participation in assessment process more difficult. Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and there is still the possibility that significant impacts of COVID-19 could persist into 2021 and impact on ability to carry out assessments. The REF team will continue to keep this issue under review and will put in place mitigations as required.</p>	<p>1, 6</p> <p>5, 6</p>
Gender reassignment	<p>Transition-related medical care may be classed as non-urgent and subsequently postponed or cancelled as a result of COVID-19. Delays of these procedures can have physical consequences (such as increased risk of infection or re-injury resulting in chronic pain and hormone imbalance, among other things) as well as psychological consequences such as depression, anxiety, suicide ideation and suicide attempts³¹. It is possible that these physical and psychological impacts may have negative impacts on the ability of researchers and support staff to work. Moreover, it is possible that these</p>	<p>1, 6</p>

³⁰ "Coronavirus (COVID-19) roundup", Office for National Statistics, updated 09.06.2020, accessed 10.06.2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#coviddeaths>

³¹ "COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact", ILGA Europe, accessed 10.06.2020, https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

	<p>procedures could be rescheduled to occur during key periods during the exercise.</p> <p>A risk of a shorter delay is that there will be a more intense period of resource required over a shorter period, which could be difficult where this coincides with periods of mental illness. However, a positive impact of implementing a shorter delay is that there can be greater certainty about immediate planning and workloads, which could be beneficial for the mental health of transgender researchers and support staff.</p>	2, 5
Pregnancy / Maternity leave	<p>Pregnant women have been classed by the UK government as 'clinically vulnerable', and the recommendation has therefore been made that they should stay at home as much as possible and reduce contact with others outside the immediate household, even as lockdown measures begin to ease³². A risk of a shorter delay to the revised timetable is that pregnant staff will be more likely to be self-isolating as COVID-19 will still be very much present. There is therefore a greater likelihood that staff will be required to work from home which could impact on their ability to work productively.</p> <p>The Royal College of Midwives have also identified a potential negative impact of COVID-19 on the mental health of pregnant women, which may impact on their ability to continue to work productively³³. A shorter delay could see peak activity for the REF coinciding with the additional stress associated with being pregnant during lockdown. However, a shorter delay would see this additional stress confined to a shorter period which could have longer term benefits.</p> <p>Analysis of the panel membership highlights that 1% of appointed panel members are currently pregnant and will therefore be more likely to be working remotely. Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and that individuals will be continued to require to self-isolate into 2021. The REF team will continue to keep this issue under review and will put in place mitigations as required.</p>	1, 6 2 1, 6
Religion & Belief	No equality impacts were identified for this protected group ³⁴ .	
Sexual Orientation	<p>Analysis of the appointed panel membership highlights that 7% of appointed panel members identified as LGBT, and 1% as 'other'.</p> <p>Research conducted by the LGBT foundation found that 42% of LGBT individuals surveyed felt that they required support for their mental health during lockdown³⁵. An identified risk of a shorter delay is that high workloads and requirements to adapt to online working in the immediate term may be problematic for those with existing mental health conditions. Moreover, rates of LGBT individuals requiring mental health support was higher in BAME (66%) and disabled (48%) LGBT individuals. These groups are likely to be required to work from home for longer periods and may see this further exacerbate mental health conditions and affect productivity. However, a</p>	1, 2, 6

³² "Staying alert and safe (social distancing)", UK Cabinet office, updated 22 May 2020, accessed 28.05.2020, <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

³³ "RCM Clinical Guidance Briefing Perinatal Mental Health Care During Covid-19", Royal College of Midwives, accessed 08.06.2020, <https://www.rcm.org.uk/media/3859/rcm-clinical-guidance-briefing-no-10-perinatal-mental-health-care.pdf>

³⁴ Suggestions for impacts of a shorter delay to REF2021 on this protected group are welcomed at info@ref.ac.uk

³⁵ "Hidden Figures: The impact of the COVID-19 pandemic on LGBT communities in the UK, May 2020 – 3rd Edition", accessed 03.06.2020, <https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf>

	<p>shorter delay would see these pressures confined to a shorter period, which could have longer term benefits.</p> <p>A positive impact of implementing a shorter delay is that there can be greater certainty about immediate planning and workloads, which could be beneficial for the mental health of LGBT researchers and support staff.</p>	
Caring responsibilities	<p>The analysis in the above sections has identified protected groups that are more likely to have greater caring responsibilities in this period. There is a greater likelihood that caring responsibilities will continue to be increased in the immediate term, with a gradual reintroduction of childcare and vulnerable individuals still requiring support as they continue to self-isolate.</p> <p>Women make up 72% of the people receiving carer's allowance for caring over 35 hours per week, and it is evident that women of all ages are differentially impacted by having additional caring responsibilities. Caring for children and young people is more likely to impact women under the age of 40 (See section on Gender for more detail on the differential impact on female staff and panel members under the age of 40). Regarding caring more broadly, evidence suggests that most carers are below state pension age, with the peak age for caring falling between 50-64. It is also evident that women over 50 are more likely to have additional caring responsibilities, with 25% of women aged 50-64 have caring responsibilities (compared with just under 17% of men in the same age group). Women are also more likely to be 'sandwich carers' (caring for an older/disabled individual in addition to caring for young children), with the peak age for these responsibilities coinciding falling between 40-44³⁶. These additional caring responsibilities are likely to impact on the time available and ability to work productively. A short delay may see caring responsibilities clashing with otherwise busy periods for HEIs and panel members. However, the longer-term picture remains uncertain and it is unclear how long these issues will continue. As discussed in the section on 'Gender', it is unlikely that schools will have returned to full capacity by Autumn 2020, and therefore additional childcare responsibilities could last into 2021. By implementing a shorter delay there is a more intense period of resource requirement over a short period of time, but this pressure is not prolonged any longer than is necessary.</p> <p>Analysis of the REF 2021 panel membership shows that 45% of appointed panel members consider themselves to have caring responsibilities. 28% of panel members said that they were the primary carer for a child under the age of 18. 3% said that they were the primary caregiver for someone over the age of 65, and a further 4% said that they had a combination of caring responsibilities for children and adults. 10% of panel members considered themselves a secondary caregiver. Further analysis suggests that 50% of panel members with caring responsibilities are women, and 50% are men.</p> <p>The most common age for panel members to have additional caring responsibilities is between 35-44, with 60% of panel members in this age bracket considering themselves to be carers. Similarly, 57% of panel members between the ages of 45-54 had additional caring responsibilities³⁷.</p> <p>Although the involvement of panel members during the assessment phase of the exercise will come slightly later, the longer-term picture remains uncertain and there is still the possibility that caring responsibilities could persist into 2021 and impact on ability to carry out assessments. The REF team will</p>	<p>2</p> <p>1, 6</p>

³⁶ "Facts about carers – policy briefing", 08.2019, accessed 08.06.2020, https://www.carersuk.org/images/Facts_about_Carers_2019.pdf

³⁷ Data from Equality monitoring form for panels, 2018. Full document available at "Analysis of REF 2021 panel membership" REF 2019/07, Published November 2019, Accessed 03.06.2020, <https://www.ref.ac.uk/media/1223/analysis-of-ref-2021-panel-membership.pdf>

	<p>continue to keep this issue under review and will put in place mitigations as required.</p> <p>Updated October 2020: The REF team have considered the potential for any future policies preventing the mixing of households, and the impact of such restrictions on individuals relying on family, friends or neighbours for childcare. These restrictions could see younger researchers juggling the effects of additional caring responsibilities, and for these effects to persist for a longer period of time.</p>	
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Table 2. Proposed mitigations

Consequences		Mitigations
1	<p>Risk from COVID-19 more likely to be present:</p> <ul style="list-style-type: none"> • Certain groups more likely to be ill as a direct or indirect result of COVID-19 • Certain groups may experience differential effects of increased caring responsibilities • Certain groups may experience differential effects of more prolonged periods of remote-working. 	<ul style="list-style-type: none"> a) Staff circumstances processes are already in place and can continue to be utilized where COVID-19 impacts on staff wellbeing, including REF6a reduction requests for staff who are unable to meet the requirement for the minimum of one REF-eligible output, and REF6b Unit Circumstances reduction process where units are disproportionately affected. b) Revised processes for the return and assessment of physical outputs is currently being developed, including a review of whether more electronic submissions are possible. c) REF panel meetings will be hosted virtually until at least September 2021. The possibility of hosting in-person meetings will be explored in Spring/Summer 2021 once clearer information is available on the trajectory of the virus/pandemic. d) The funding bodies provided an additional months' notice to HEIs before the exercise resumed, providing additional time to mitigate for staff who were absent, or other effects of COVID-19 on REF submissions. Institutions may now request to have more than two authorised submitters where they feel that this would spread the risk of support staff being absent at key points during the exercise.
2	<p>There may be a greater resource call in summer and autumn periods.</p> <ul style="list-style-type: none"> • REF preparations may conflict with preparations for online teaching • Schools may not be back. 	<ul style="list-style-type: none"> a) The funding bodies provided an additional months' notice to HEIs before the exercise resumed, providing additional time to mitigate for staff who were absent, or other effects of COVID-19 on REF submissions. b) The REF team will engage with the sector on proposed mitigations to recognise effects on submission. c) The funding bodies will schedule a review point midway to the revised deadline, to consider the level of disruption and need for any further contingency arrangements
3	<p>There is a greater risk of subsequent delay, possibly clashing with other HEI activities</p>	<ul style="list-style-type: none"> a) The funding bodies will schedule a review point midway to the revised deadline, to consider the level of disruption and need for any further contingency arrangements b) The REF team has been liaising with colleagues overseeing the TEF and KEF to ensure that there are no clashes in the deadlines of these exercises. c) The REF team will continue to communicate with UKRI and the Office for Students with relation to upcoming deadlines, particularly where this could impact on REF support staff.

		d) The REF team will continue to communicate with relevant representative groups to identify any emerging impacts on protected groups.
4	There may be additional burden in implementing mitigations for various elements of the exercise.	a) The REF team will consult with the HE sector on any mitigations implemented, to ensure that minimal burden is introduced.
5	Timing of the revised assessment schedule may clash with institutional commitments for panel members	a) The REF team will develop the assessment schedule in close consultation with the panel members. b) The REF team will communicate with HEIs around the impact of the revised schedule on panel members
6	Assessment is more likely to be virtual	a) Training on new and existing systems would be provided to all panel members, and dedicated support will be available through the REF systems helpdesk. b) The REF team will continue to consult with panel members on any proposed systems for the assessment of REF submissions. c) The REF team will look into reasonable adjustments for panel members, where needed, to ensure that all individuals are able to undertake their allocated assessments.

At what stage in the process was this Equality Impact Assessment (EIA) undertaken?

This first preliminary iteration of the EIA has taken place at the high-level policy development stage of determining the revised deadlines.

In light of the uncertainty surrounding COVID-19 the Funding Bodies agreed a review date of 6 November 2020 to consider the level of disruption and any need for further contingency arrangements. In order to inform the funding bodies' review this document was revisited, and the equality impacts reviewed, in October 2020.

The REF Equality and Diversity Advisory Panel (EDAP) will continue to provide advice over the coming months with regard to observed impact on those with protected characteristics.

Further information

Further information relating to issues in this assessment can be found in the following locations:

- The full summary of consultation responses is available [here](#).