Written evidence submitted by the Diversity Trust (MRS0445)

INTRODUCTION

This paper has been written in response to the Women and Equality Committee - Call for Evidence – on the impact of Covid-19 / Coronavirus on people with protected characteristics. The paper has been co-authored by the South Gloucestershire Equalities Voice which is made up of equality-led organisations working across South Gloucestershire.

EDUCATION

Given the historic and on-going lower attainment levels of Black Caribbean, Dual Heritage, White British and Caribbean, Bangladeshi, Pakistani, Gypsy, Roma and Traveller and Lesbian, Gay, Bisexual and Trans pupils, concerns are being raised in regard to GCSE and A-Level results for students in the 2020 cohort, as well as in regard to arrangements for 2021. The concerns centre on whether the attainment levels of pupils identifying with these ethnicities and identities will suffer due to bias (especially unconscious bias) in 2020 and will suffer even further in 2021, due to having missed education. For children of parents who don't have English as a first language or have issues around literacy and those from communities with a greater likelihood of more complex needs and social disadvantage and / or have larger families in more over-crowded housing – the likelihood of the right support at home for home schooling is far less. We know this is the case for many Gypsy, Roma and Traveller families and more recently arriving Refugee and Asylum Seeker families for example. In addition, young carers are identified as being disadvantaged at this time as well as being more isolated. Will an allowance be made for children who don't have the equipment or parental support to study and progress their learning at home during the 'lock down'? It will be essential that guidance for teachers and Ofqual clearly and directly covers the subject of unconscious bias in delivering fair judgements and its impact in respect of ethnicity and gender in particular. In addition, once work to ascertain results is complete, it will be important to conduct analysis to compare the results of pupils against cohorts of previous years – as disaggregated according to protected characteristic. This is the only way that a level of assessment can be made in respect to whether unconscious bias has played a role in this exercise and can lead to follow-on action where appropriate.

Pupils with SEND* are greatly affected at this time. Many will have underlying health conditions and will therefore be more vulnerable at this time; many will receive specific support in school which cannot be replicated in the home and we already know that Disabled children / young people, especially those with SEN and their families are far more likely than average to be households living in poverty. Where children and young people with SEND have profound and severe learning difficulties and health conditions, families are experiencing difficulties in providing 24/7 care without school support and the health professionals who attend schools on a regular basis. This presents a 'triple whammy' effect (essential education and health provision ceases which cannot be replicated in the home, families struggle economically and families have no respite). Special schools have been the 'forgotten schools' at this time. No national guidance on school closures was produced which gave tailored advice / support for special schools. This was a clear oversight given that special schools educate some of the most vulnerable young people with significant underlying health conditions and so are clearly a completely different establishment to mainstream schools in relation to Covid-19 responses. This has left special schools struggling to make decisions with no national guidance or support. The reality is that special schools are well used to receiving limited support and guidance and so we have no reports of issues arising and this is largely and directly due to strong leadership and governance. This situation

is one of a myriad indicators, which when combined, point to a culture which puts limited value in children and young people with SEND, seeing them as 'burdens', where in truth, with very little support, government could put in place opportunities for employment and independent living and celebrate the skills and contributions of people with SEND whilst gaining in many ways through the great societal and economic contributions.

Whilst schools understand the need to support pupils with **EHCPs, for special schools this can be 100% of the population which is not realistic given the reduction in available staffing and the need to keep numbers at a minimum. A high number of families took the decision to self-isolate but some have requested placements for their child because "this is what the government said about children with EHCPs". This is not therefore needs-led provision. The most vulnerable children are those where there are other existing factors as well as SEND - financial insecurity, domestic abuse, limited parental literacy, families who are refugees or asylum seekers, inadequate housing, and parental mental health.

Children with Social Workers were identified as needing in school provision, however there are families who do not have access to Social Care because typically they manage well, they do not ask for help because they do not want to be seen to be struggling, they do not qualify for Social Care involvement, or they do not want Social Care involvement. This is approximately 60% of the special school population. In the current COVID-19 situation there is an additional risk to these families as they are not in the Social Care system.

> **Case Study**
> A family where there are five children, two of whom have SEND, and they have turned down the offer of Social Care involvement previously, due to mistrust. This family live in an outlying village and are reliant on food banks. Parents have to go to the food bank by bus and can only take what they can carry. The school has supported this family by delivering fresh fruit and vegetables, wet wipes, and nappies. Another example is a family where there are three children with SEND and the mother has recently finished treatment for cancer. This family have no Social Care involvement. There are no safeguarding concerns but they have been dependent over the last few weeks on school staff delivering food to them weekly. One of the children was admitted to hospital due to an ongoing health condition becoming worse. The family were not able to visit the child at hospital.

Both of these families could have self-referred or been referred for support but have needed a quick turnaround provided by those they know and trust. Special schools have had to prioritise those children with the greatest need according to their knowledge of individual family contexts. The factors which special schools had to take into consideration included families where there are more than one child with SEND. Parental resilience both physically and emotionally, isolation in the community and a lack of support due to being in another vulnerable group such as EAL, the behavioural needs of pupils especially given the instruction to stay at home, and the ongoing medical needs of children and young people with SEND. An example of this is a child who requires 24-hour care and there being a shortfall of carers in the current situation which means that parents have no alternative but to cover night shifts, as well as source their own ****PPE.

Online learning is a valuable tool for many children and young people across the country at this time, but for those with SEND, remote learning is often less relevant and requires increased parental involvement to facilitate. There has been a surge of excellent online

resources created by school staff and community partners which are available to pupils with SEND. However, there are a number of families who do have access to tablets or devices for all of their children and therefore the pupils with SEND may miss out. Access to ongoing therapy and services at this time is extremely limited, for example, a child who requires physiotherapy will not get direct input from a therapist. There are attempts to support families where there is a child with challenging behaviour through phone consultations with psychological services, however the ability for parents to then put the strategies into practice is dependent on their own physical and emotional reserves as they manage with less or no respite.

*SEND: Special Educational Needs and Disability
**EHCP: Education, Health and Care Plan
***EAL: English as an additional language
****PPE: Personal Protective Equipment

WORKPLACE

Those employed in insecure work (defined as temporary employment or in agency work or in low-paid self-employment, identified by self-employment in caring, leisure and other service occupations, process, plant and machine operative occupations, or elementary occupations, such as cleaners or kitchen and catering assistants) are proportionately more greatly impacted. Some groups are more likely to be in insecure employment than others; these tend to be young people, Disabled people, people in certain ethnic groups and those from Muslim communities. Refugee and Asylum-Seeking communities are also more severely disadvantaged in the workplace – some are already not allowed to work and others much more likely to be in lower paid, poorer conditions. *BAME communities are more likely to be running small businesses or be self-employed or working for the most impacted business areas e.g. Taxi Drivers, working in take-aways or restaurants, hotels etc. We have already seen disproportionate deaths for BAME people and in particular BAME key workers e.g. doctors, nurses, mental health workers, health care assistants and other social care workers. BAME people are more likely to be on the frontline, taking the greatest risks and doing jobs that others would rather not do.

*BAME: Black, Asian and Minority Ethnic

POVERTY AND LIVING STANDARDS

- Disabled people are three times more likely, dependent upon impairment type, to be living in poverty and have extra living costs of £570 per month on average, with one in five facing additional living costs of more than £1,000 per month.
- People from BAME backgrounds who, depending on ethnic group, are twice as likely to be living in poverty (this is not to forget that 20% of adults regardless of ethnicity are living in relative poverty and 30% of children are living in households in poverty in the UK). People from the following ethnic groups are disproportionately more likely to be living in poverty: people from Pakistani, Bangladeshi, Black African, Mixed ethnicity, Other ethnicity and Chinese backgrounds.
- BAME people are more likely to be in poorer standard housing and in over-crowded conditions - https://www.theguardian.com/housing-network/2017/jul/06/britain-housing-crisis-racist-bme-homelessness. New research by the Human City Institute (HCI) stresses the impacts of low quality, overcrowded and fuel poor housing on communities – especially BAME communities. Together with socio-economic deprivation, sub-standard

housing adversely affects the physical and mental health of household members, the educational attainment of children, the development of cohesive communities, social mobility and life chances. HCI's report reveals that more than 6% of the White British population is overcrowded, but this rises to between 15% and 30% for BAME households depending on ethnic group (Black Africans and Bangladeshis most often live in overcrowded conditions). Almost 70% of the BAME population lives in the 25% most overcrowded neighbourhoods in England. Some 15% of BAME households live in homes with at least one Category 1 Housing Health and Safety Rating System hazard (this system focuses on health outcomes of a variety of physiological and psychological hazards). This climbs to 18% in the private rented sector. Clearly we know that Covid-19 / Coronavirus will be more likely to pass to others in overcrowded conditions. Poor housing conditions often means greater likelihood of co-morbidities associated with worse outcomes from Coronavirus e.g. Asthma.

- Across Britain, women are more likely to live in poverty than men and are also more likely than men to experience severe material deprivation.
- Across Britain, people aged 16–24 are proportionately more likely to be living in poverty.

We can clearly see that the same protected characteristic groups appear as within the 'Workplace' heading above.

This is critical information because those living in poverty and with poorer living standards (housing etc.) are proportionately more impacted by the Coronavirus Act.

HEALTH INEQUALTIES

Disabled people in receipt of Personal Care Assistants are experiencing huge distress and risk at this time. Reports include people not wishing to receive care due to fear that their carer may bring Covid-19 / Coronavirus into their home when they are already a vulnerable person and where there is a lack of or no PPE for either party; also people are reporting PA's simply not turning up.

Many bus and rail routes have been halted at this time and this presents a clear challenge for our more vulnerable members of society who rely on such means for getting to shopping and essential, ongoing healthcare appointments.

The Intensive Care National Audit and Research Centre has found that 35% of almost 2,000 patients critically ill with Covid-19 were BAME, nearly triple the 13% proportion in the UK population as a whole. Following this information, we believe there to be a clear link to persistent health inequalities (in life expectancy and healthy life expectancy) - Public Health England and NHS England have for years been very clear on these health inequalities. Those with poorer health are more greatly impacted by Covid-19; and those with poorer health are evidenced to come from poorer communities which have disproportionately large minority ethnic communities. Despite clarity on a wide range of health inequalities and their impacts for protected characteristic groups, we now see the impact for people from minority ethnic communities 'in full HD'. Woefully little sustained and genuine action on the ground has been taken over recent years to address health inequalities and truly succeed in reducing health inequalities despite the requirements of the Public Sector Equality Duty, which are often incorrectly viewed as having little value or blatantly ignored. With great limitations placed on the resources of the EHRC, there is limited ability to scrutinise practices of individual organisations. The mass failure of society to even accept the issues faced by

minority ethnic communities, let alone act, is now blown wide open for all to see and is evidenced by shameful, stark differential rates of critical illness and mortality.

Stonewall UK and the LGBT Foundation have produced national responses to the Covid-19 pandemic and the impact on LGBT+ communities. These communities are already at an increased risk from experiences of health inequalities including:

- LGBT+ people are more likely to be socially isolated, especially older LGBT+ people, and often lack contact or support with others from the community
- LGBT+ people are more likely to have poor mental health and wellbeing
- LGBT+ people have an increased likelihood of substance misuse (problematic alcohol and drug use)
- LGBT+ people are more likely to experience domestic violence and abuse
- LGBT+ people are disproportionally impacted by HIV and poor sexual health
- LGBT+ people are more likely to smoke than the general population
- LGBT+ people are more likely to be homeless
- LGBT+ people are less likely to access help and support from generic and mainstream health care services for fear and / or experience of direct and indirect discrimination
- LGBT+ people may delay help-seeking, or avoiding getting treatment all together, due to the fear of encountering discrimination including: homophobia, biphobia and transphobia.

  Stonewall found that 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT. This rises to 37% of trans of people and 33% of non-binary people. Stonewall UK

A number of these wider health inequalities may lead to poorer health outcomes and increased inequalities for many LGBT+ people.

> *A 2018 study found that 52% of LGBT people had experienced depression in the year preceding the survey. Additionally, 46% of trans people and 31% of cisgender LGB people thought about taking their life in this time. This compares to 1 in 20 adults in the general population.* Stonewall UK

The increased likelihood of family and relationship tensions during the current stay at home measures will disproportionally impact LGBT+ people at risk of homelessness and domestic violence and abuse. LGBT+ people from Gypsy, Roma and Traveller communities are at increased risk at this time, owing to having to hide their identity from those they live with. LGBT+ people who are either refugees or asylum seekers are also at increased risk as they are often having to hide their identity from those they are living with.

Many trans and non-binary people are seeing their gender therapy appointments being cancelled or delayed and access to hormone therapy is being restricted even though the World Health Organisation (WHO) has stated these are essential medicines and should be made available.

Many LGBT+ young people are at increased risk during stay at home as outlined by the United Nations “With lockdowns and other stay-at-home restrictions in place, many LGBTI youth are now confined in hostile environments with unsupportive family members, putting them at risk of violence or increasing their anxiety or depression.” Source: United Nations

Case Study
A local same-sex couple both living with HIV who are in social housing, on benefits, shielding and because of lack of access to fresh and healthy food have had difficulty taking their antiretroviral treatment meaning that their viral load counts were increasing. While we have been able to deliver a food parcel to them, because of a neighbourhood initiative rather than from any agency, there was a very real risk of them not being able to access the healthy diet they need.

There are major concerns being raised in relation to 'DNR' appearing on people's medical notes and inappropriate pressure from GPS and health professionals on vulnerable people to authorise the use of 'DNR. What is the cost of this to our humanity? (please see 'Community Tension and Cohesion section below). Healthwatch South Gloucestershire has received feedback from patients who are concerned about the application of "Do Not Assist Resuscitation" (DNAR) Orders by GP Practices, mainly that patients are being contacted to discuss DNARs based on their age, rather than on the basis of an existing medical condition or situation.

INFORMATION ON PUBLIC HEALTH AND COVID-19
Where there is information, where language or literacy or lack of internet is an issue, there is concern whether the right information is getting to those communities, if at all. Concerted efforts must be made to reach communities.

In addition, although COVID-19 information has been translated into other languages, this may not be accessible, for example if it is online and there is no access to Wi-Fi or computers.

Refugees and Asylum Seekers may have limited English and understanding of how to access services such as welfare advice, shopping, etc. Particularly in the current situation. We have been supporting people with this in South Gloucestershire, via Kingswood Refugee Link, a drop-in set up with Holy Trinity Church, although it is currently not operating as an open drop-in because of the lockdown.

There is a clear lack of BSL interpreting used to accompany online information at this time. Indeed this provision has been an oversight for many years despite the requirements of the Disability Discrimination Act 1995.

CARERS
There was at first an increase in calls to Carers Line but it is back to normal now. Although we have increased our opening hours for Carers Line to be more available.

Carers Support Officers are continuing to work by phone rather than home visits and these are the issues that carers are asking about:-

- Carers who have to go to work when they feel it puts them / the person they care for at risk
- Universal credit - problems applying - not just because of COVID-19
- Overwhelmed by caring role - person they care for highly anxious or not understanding the situation

- Concerns about how to prove someone is a carer if they are questioned about their journeys from home to the cared for persons home
- Requests for practical daily help
- Lack of Personal Protective Equipment (PPE) and difficulty in obtaining it
- How to ensure supplies of medication and essential food can be accessed
- Support around accessing benefits and finance
- Support / queries around social distancing and shielding and how to support someone remotely
- Support around emergency planning and what to do if the carer becomes unwell
- Unable to get help from government website. A number of people have tried to self-refer for this assistance but as the person they care for does not have one of the four conditions listed, they have been rejected from this service. E.g. no support for dementia or autism
- There is a large amount of confusion on what is and is not OK for carers to provide. Many have asked if there are any additional measures for them
- There has been a large number of carers unable to book a delivery slot for food and unable to register as vulnerable to get a priority slot
- Information about and access to home care
- Breakdown in care packages due to the lack of staffing
- Requests for specific clinical / medical information about the cared for person, or the carer
- Significant emotional support requests

  Case Study
  We are in contact with Disabled people who are, in some cases, relying on carers to provide care. We are hearing from a number of people who are back living with, or relying on care from, a relative on a full-time basis. This, in many cases, is changing the dynamic and we know of some incidents where there are very real safeguarding concerns due to the added stress, and hopefully temporary change of circumstances, that coronavirus has brought about.

This has huge implications going forward, not only in terms of a lack of choice and control for individuals but also with a lack of respite leading to heightened stress and mental health implications for both the cared-for and carers.

JUSTICE AND PERSONAL SECURITY

Government provides support for charities working to support victims of domestic abuse. It is clear that charities provide a range of valued support for women, men, people from LGBT+ communities, support in a range of languages, as well as support for those worried that they may hurt someone.

Women, especially BAME women, are disproportionately impacted by domestic violence and abuse. 70% of the health care workforce are women, a large part of unpaid care work is done by women and the upcoming economic crisis will hit women much harder. The support offered by Government should be sustained, ongoing and considerably better publicised – including the support available for those worried that they may hurt someone. An analysis of the amount of support funded is also required in terms of its sufficiency at this time.

COMMUNITY TENSION AND COHESION

Hate Crime has also been an issue for some communities due to Covid-19 / Coronavirus e.g. there has been an increase in attacks on Chinese and South East Asian communities with language being used that blames them for Coronavirus. Other BAME communities have faced disproportionate levels of malicious allegations that they are flouting the Coronavirus legislation and guidance or when they do there has been extreme hatred expressed towards some groups e.g. Gypsy, Roma and Traveller communities and Muslim communities during Ramadan. SARI, the local hate crime charity, has seen an increase in the levels of hate crime due to frustration caused by 'lock down.'

There have been reports from the police that LGBT+ people in same-sex relationships are at increased risk of hate crime and hate incidence as they are assumed to be "friends" who are ignoring the social distance measures.

It is clear that older people and Disabled people from all communities are greatly impacted at this time. Prior to the Covid-19 outbreak, we hear on an almost daily basis from residents reporting to us issues faced, such as buses and taxis refusing to take them, shops and other essential services not being physically accessible, websites and other electronic information not being available in accessible formats. This is despite the Disability Discrimination Act of 1995 (DDA) which outlaws this. Twenty-five years ago, the DDA was promoted as being based on the 'social model' of disability as opposed to the 'medical model' of disability which the previous 1944 DDA was based on. The social model of disability is a lesson relevant to all protected characteristics, stating that the cause of disability is society's failure to adapt to the variety and needs of its citizens. Twenty-five years on, we see little progress and much regression towards a genuine implementation of the social model – in respect of the protected characteristics. The last twenty-five years has seen little promotion, support or enforcement of the requirements of the DDA (or the Equality Act 2010) - this has been an opportunity lost as we are now in an emergency where these negative experiences are not something which can be simply ignored or dismissed as being 'unfortunate' as they are now literally the difference between life or death and bring into stark focus the opportunities for positive impacts that have been missed over the last 30 or so years.

There is a huge level of support evident from communities across the country such as individuals delivering food, driving key workers to their places of work, helping vulnerable neighbours etc. There is an opportunity here, not seen in generations, if ever, for the Government to deliver major communications in regard to social and community cohesion i.e. diversity matters and diversity works – people from all backgrounds are working together. This message is essential in moving from a currently divided Britain towards a post-Brexit inclusive Britain.

Strong links and working with to provide information across Community Networks with concerted effort and support to identify support and train local leaders and build networks as they did post-Katrina street by street and by neighbourhood.

One thing we can be sure of with BAME communities is that they are resilient. Having often arrived in a foreign country able to navigate local conditions, new languages, customs, sometimes fleeing trauma or starting from scratch. However these people are not supermen and women and whilst the country and the world has major problems only by targeted solutions together will we build communities and a network that will thrive in the future.

THANK YOU

We welcome the actions that Government is taking at this time and we welcome the opportunity to submit our evidence and appreciate the time and efforts of the Committee. At the same time, we lament the lack of progress, lack of widespread support and lack of enforcement of the last 30 years as it is clear that progress for people with protected characteristics is not occurring at a reasonable pace and for our most vulnerable there is much deterioration being experienced in treatment received and life chances available.

EQUALITIES VOICE

The South Gloucestershire Equalities Voice is made up of a partnership of equalities-led organisations working across South Gloucestershire including:

Age UK South Gloucestershire
CVS South Gloucestershire
Southern Brooks Community Partnership
South Gloucestershire Disability Equality Network
South Gloucestershire Over 50's Forum
South Gloucestershire Race Equality Network
The Diversity Trust CIC: LGBT+ Equality Network
Stand Against Racism & Inequality

Website https://www.cvs-sg.org.uk/census-and-equalities-profiles/

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