

# Norfolk response to COVID-19

# **Dynamic equality impact assessment**

# **April 2020**

### **Summary**

COVID-19 has impacted on every individual and family across Norfolk, particularly on people with protected characteristics.

New evidence is emerging daily about the nature and extent of this impact. In view of this, the Council is maintaining this dynamic equality impact assessment.

This assessment is being used by the Council to inform decision-making during the COVID-19 crisis, in relation to the breadth of impacts that may be triggered for people with protected characteristics.

It is being continually updated to inform business continuity planning.

Mitigating actions are being developed wherever necessary and these are summarised in the assessment.

Visit the Council's <u>coronavirus updates page</u> for the latest health advice and information about disruptions to services, including school closures.

If you are aware of any new impact affecting a protected group, please inform equalities@norfolk.gov.uk, to enable the document to be updated accordingly.

## **Summary of findings**

- 1. This dynamic equality impact assessment summarises the potential impacts of COVID-19 on people with protected characteristics.
- 2. The Council is working 24/7 with organisations from the public, voluntary and private sectors to find solutions to the issues summarised in this document.

A broad range of <u>support</u>, <u>advice and resources</u> has been put in place to address these issues and assist Norfolk's resilience and recovery. Please use these resources and signpost others to them.

 There are two types of equality impact for the Council; firstly, relating to the impact of COVID-19 on business continuity; and secondly, relating to the impact of COVID-19 on people with protected characteristics, particularly those who are shielding or vulnerable.

### Impact of COVID-19 on business continuity:

- 4. The potential equality impacts of COVID-19 on business continuity include:
  - It was essential for central Government to pass emergency legislation on COVID-19 at great speed. There is inevitably, however, a lack of agreement between some people and central Government regarding the detail of this legislation. This could mean that for a temporary period of time, the Council is required to deliver services in a way that some people in Norfolk may not feel is appropriate. The Council may have little flexibility in this, as it will be required to comply with the emergency legislation.
  - A potential lack of capacity to provide services to those who need them in accordance with normal operating procedures.
  - A lack of accessible premises for disabled service users and/or colleagues for interactions to take place, in the event that temporary venues must be used
  - A lack of accessible equipment for colleagues, in the event of supply chain issues.
  - The need to allocate colleagues or volunteers to support a service user who has a particular issue, without the colleague or volunteer being fully trained in supporting that issue (it should be noted that all staff supporting service users would be fully qualified to do so, and all volunteers will have undergone the appropriate screening and safeguarding requirements, but there could be a situation for example that a team member was required to support someone with multi-sensory impairments, but had not received the latest training on the best way to communicate).

### Impact of COVID-19 on people with protected characteristics:

5. The potential detrimental impacts of COVID-19 on people with protected characteristics, particularly those who are shielding or vulnerable, is summarised on pages 4 - 28 below.

6. However, it is important to remember that some issues impact on all groups:

# Impacts of COVID-19 that affect everyone with protected characteristics (including shielded and vulnerable people)

- ✓ Existing inequalities may deepen and some people may become even more marginalised. People with multiple impairments may face the most challenges.
- ✓ Don't assume the message is getting out there particularly to people who already experience barriers accessing information, e.g. those who are D/deaf or blind, who have learning disabilities, are Gypsies, Roma or Travellers, people whose first language is not English or who have no resource to public funds.
- ✓ The stress on everyone, younger and older, is enormous (particularly those on low incomes, in cramped urban conditions, with no access to green space, difficult neighbours, who may have lost their income).
- ✓ It will be vital for public agencies to properly discharge duties to pay due regard to equality before making decisions that impact on people's mental health.
- ✓ Anyone who was already vulnerable to domestic or sexual abuse, modern slavery/trafficking, cuckooing or scamming is even more so now. Perpetrators will take advantage of fewer visitors to a potential victim's home.
- ✓ Support groups for people with protected characteristics are suspended, leaving many people vulnerable not just to the impact of COVID-19, but also to being unable to deal with benefits, housing, bills, correspondence or feelings.
- ✓ Many people may be wary of opening doors to strangers due to the risk of infection or scamming - this could impact on volunteer/ food delivery services.
- ✓ For people who are already lonely, the extra support being put in place such as befriending services etc may create a gap for the person if/when it ends.
- ✓ However much 'in need' someone appears to be, it is vital to respect their independence and dignity - we are 'doing with' not 'doing for'.
- ✓ Be kind everyone is trying to find their 'new normal'. Safeguard your own mental health as well as everyone else's with the resources available.

See the **next page** for a summary of the potential detrimental impacts on people with protected characteristics, particularly those who are shielding or vulnerable.

The legal context and evidence used to inform this assessment is summarised on page 29.

Protected characteristic	Issue	Mitigating action
Blind and partially sighted people	Many blind and partially sighted people cannot access web information. Websites are often incompatible with assistive technologies such as screen readers. Remember that PDF documents are not accessible unless you use Adobe Pro.	If you don't have Adobe Pro, you can increase the accessibility in some (but not all) versions of Adobe by doing the following: (click Edit > Accessibility > Set up Assistant to add some accessibility options in the document). Note though that even if you do this, the PDF will still not be fully accessible for people using screen
	<ol> <li>Remember that blind and partially sighted people (and their guide dogs) may be unable to see COVID-19/social distancing signage, posters, lists on walls, ID badges and name-tags etc</li> <li>Temporary signs etc outside/inside local services/shops can present trip hazards.</li> <li>A blind or partially sighted person may have developed a routine to navigate daily tasks in their community. Changes to familiar things e.g. queuing systems, shop layouts and items on shelves, can lead to people feeling disorientated and anxious.</li> </ol>	<ul> <li>readers.</li> <li>2. Some basic tips to check that web information is accessible: <ul> <li>a) Use clear, formatted headings, to help screen reader users navigate your document or webpage</li> <li>b) Do not use images of text to convey information as they cannot be read by screen readers</li> <li>c) Ensure text can be resized and background and text colours can be modified to suit the reading preferences of users</li> <li>d) Make sure links are written to describe the document or resource they send the user to</li> <li>e) Make sure information or explainer videos convey the same information in the audio voiceover as the images on screen</li> <li>f) Use image descriptions to share the information given in an image or photograph</li> <li>g) Ensure downloadable content (Word or PDF) is accessible.</li> </ul> </li> </ul>

Protected characteristic	Issue	Mitigating action
		If changing the layout of buildings (e.g. creating queuing systems to enable social distancing) be mindful of trip hazards
		4. Don't assume that everyone can read signage
		5. Brief employees/volunteers to:
		<ul> <li>a) Introduce yourself on arrival.</li> <li>b) Avoid using abstract phases when communicating (such as "shall I put this food delivery over there?" which may be difficult to comprehend because the concept could be interpreted in a number of ways.</li> <li>c) Feel free to use words that refer to vision, such as 'see' and 'look.' People with sight loss use them. They might 'see' with their other senses, creating mental images of what is being described.</li> <li>d) Be confident to ask if someone needs help and how, particularly if it seems to be needed.</li> <li>e) Ensure written information is available in large print.</li> </ul>
		Norfolk Sensory Support can offer advice and training to professionals, carers and families
		depending on assessed need:
		• Voice: 0344 800 8020
		<ul> <li>Textphone: 0344 800 8011</li> </ul>

Protected characteristic	Issue	Mitigating action
		<ul> <li>Fax: 0344 800 8012</li> <li>Text: 07767 647670</li> <li>Email: information@norfolk.gov.uk</li> </ul>
D/deaf people	D/deaf people have different levels of signing and literacy skills and utilise a variety of mechanisms for communicating. Poor literacy	Use INTRAN for interpreting and translation services
	skills mean that video subtitles are not accessible to all.	Provide key information in a variety of formats, eg British Sign Language (BSL) video, email, SMS text, letter writing and provision of stamps
	2. Remember that beards, accents and face masks affect the ability of people to lip-read – so match team members and volunteers to residents	(taking any precautions necessary to mitigate presence of virus on surfaces)
	carefully.	3. Ensure call centres have access to, and know how to use, telephone language and interpreting
	3. For some D/deaf people, face to face visiting may be the only option, because they have no technology – e.g. no phone or computer and	services.  4. Consider online BSL interpreter for meetings
	poor literacy skills - so find out who these people are.	and information if appropriate.
	Volunteer projects to make phone contact with residents to combat social isolation may not be suitable for D/deaf/hearing impaired people.	5. Identify whether colleagues/volunteers have BSL knowledge, and match them to residents who use BSL to communicate
	5. British Sign Language (BSL) interpreters may not be available for face to face meetings, and some D/deaf people may not be familiar with online interpreting or have the equipment to	<ol> <li>Consider whether team members/ volunteers need access to remote video interpreting if they are likely to come into contact with D/deaf people (for example, if dropping off supplies)</li> </ol>
	make it feasible.	7. Link people to trusted national BSL updates happening through D/deaf organisations

Protected characteristic	Issue	Mitigating action
Specific issues for people who have multiple impairments (e.g. D/deaf /Blind physical/	People with multi-sensory impairments are particularly vulnerable to loneliness and find it much harder than their non-disabled peers to form friendships and networks because there are far less opportunities to communicate	<ol> <li>8. Consider transparent face masks.</li> <li>9. See here for Public Health England resources in BSL</li> <li>10. Deaf Connexions has a BSL Video production service and can advise on communicating. It provides a D/deaf Facebook group that has links to Covid-19 information and is offering a text information service.</li> <li>11. Other Norfolk D/deaf and Hearing organisations such as the West Norfolk Deaf Association are offering similar services to members.</li> <li>12. BSL users can talk to NHS111 using the InterpreterNOW app (registration is required). They can also connect via a PC or laptop.</li> <li>1. Brief team members/ volunteers to understand how to give cues to allow the person to anticipate what is going to happen, who they are with and what is in their environment.</li> <li>2. Norfolk Sensory Support can offer advice and</li> </ol>
neurological disabilities)	2. People who are Deaf/Blind may be heavily reliant on others. BSL may have to be done face to face and very close to the person's face to be understood. Deaf/Blind sign language involves staff and interpreters touching and making	training to professionals, carers and families depending on assessed need:  Voice: 0344 800 8020 Textphone: 0344 800 8011

Protected characteristic	Issue	Mitigating action
	shapes on the Deaf/Blind person's hand – increasing the risk of infection/anxiety.  3. If a person has multiple impairments, this can have a significant impact on their ability to access mainstream information and the local environment. They may be very reliant on existing routines or trusted workers to maintain their independence.	<ul> <li>Fax: 0344 800 8012</li> <li>Text: 07767 647670</li> <li>Email: information@norfolk.gov.uk</li> </ul>
Learning disability	It may be challenging for some people with learning disabilities / dementias to adhere to isolation or social distancing advice, if they want to be friendly or be with friends.	Where possible, provide information in Easy Read format, or convey simple messages in videos
	Complex and changing information may be difficult to understand. Some people may need support to interpret information.	<ul><li>2. Use plain English in all communications.</li><li>3. Include an 'alternative format statement' in all information.</li></ul>
	3. It takes time for providers to translate information into easy read. There is a risk that due to the pace of change, it takes too long to produce	Signpost people to the <u>translated materials</u> available from <u>central Government</u>
	easy read and it quickly becomes out of date.	5. Public Health England has <u>easy read guidance</u> on Covid-19. There is other information available from <u>Mencap</u> and how to <u>manage</u> <u>difficult feelings</u> .
		6. Brief team members and volunteers how to handle a situation in which someone doesn't understand social distancing.

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		7. Opening Doors, a Norfolk user led organisation run by people with learning difficulties for people with learning difficulties has created an <a href="Easy Read resource">Easy Read resource</a> on Coronavirus and a stay safe tool
		8. See the Covid-19: guidance on social distancing and for vulnerable people
Neurodiversity for people with communication barriers	Some people may find changes in routine and services very challenging. Their normal routines may not be compliant with national restrictions. This may create stress and anxiety not only for the individual, but also their family	<ol> <li>The National Autistic Society, the UK's largest provider of specialist autism services has produced <u>autism-friendly guidance</u> on Covid-19</li> <li>Brief your teams and volunteers that:</li> </ol>
<ul> <li>[Neurodiverse relates to neurological differences including, for example, Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Autistic Spectrum and others.]</li> <li>Some people may routine that involve services/ social grand others at risk.</li> <li>Someone who new manage their cond multiple times a day guidance recognis neighbours may nanxious that guidato.</li> <li>Someone who is a longer be able to a</li> </ul>	<ul> <li>Some people may unknowingly stick to a routine that involves them traveling to a local services/ social groups putting themselves and others at risk.</li> <li>Someone who needs to be outside to manage their condition may want to go out multiple times a day. The Government guidance recognises this, however, neighbours may not understand, and be anxious that guidance is not being adhered</li> </ul>	<ul> <li>People on the autism spectrum may have difficulty interacting with others, such as initiating interactions or responding.</li> <li>When communicating, stick to facts, avoid non-verbal cues and be specific - e.g. ask "Do you agree?" rather than "What are your thoughts?"</li> <li>People on the autism spectrum may come across as abrupt. Volunteers may interpret this as rude. Be patient and avoid getting defensive.</li> <li>Don't expect eye contact.</li> <li>Avoid talking too loudly. It may be upsetting to someone on the autistic spectrum.</li> </ul>

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	<ul> <li>Some people may be selective about who they speak to and prefer to have the same care worker via the same medium. They may not welcome new volunteers and appear to be hostile or verbally or physically aggressive.</li> <li>Some people may struggle to engage with the volunteer networks being set up – they may reject offers of help - and may therefore be at risk of isolation resulting in lack of essentials such as food or medication.</li> <li>A lack of clarity in the national guidance can be confusing and stressful to some people (e.g. "avoid all non-essential contact and travel" became "avoid all contact and non-essential travel").</li> </ul>	<ol> <li>Make sure that information is factual and clear about what is expected of people and how they can participate. Avoid nuance.</li> <li>Be consistent and avoid changing messages (or provide reasons for the change.</li> <li>Find out if food delivery services are able to meet needs of selective eaters.</li> <li>Use Norfolk's many resources for people on the autism spectrum.</li> <li>For information and advice on Dyslexia contact Norwich Indigo</li> <li>Tips for making information dyslexia friendly:         <ul> <li>Use Adobe Pro PDF documents with the full accessibility settings turned on.</li> <li>Where possible avoid using black writing on white background, even -off white or grey is better.</li> <li>Consider using alternative ways of providing information either graphically or possibly video where appropriate</li> </ul> </li> <li>The Herbert Protocol encourages carers to compile useful information which could be used in the event of a person going missing.</li> </ol>

Protected characteristic	Issue	Mitigating action
		10. Consider <u>support</u> for parents/carers who may be under additional strain
Older people, people with mobility issues or long-term health conditions (note, this could include	<ol> <li>It is well recognised that older people, people who have long term health conditions or who find mobility challenging may be particularly vulnerable right now as they may be in the shielded or vulnerable groups.</li> <li>For disabled and older people who have spent</li> </ol>	1. The Council's Customer Service Centre (CSC) is functioning as the county's helpline, taking calls on behalf of district councils to make sure residents get access to the services and support they need during these difficult times.
people with other disabilities too, e.g. blind of D/eaf)	years building systems to enable their dignity and independence, this can be a frightening, depressing and disorientating time.  3. There are natural fears of the impact that COVID-19 may have on their health or that of their loved ones. The thought of being in an extended lockdown or the prospect of long-term social distancing may also be very troubling.  4. Many older people and their loved ones may also be anxious about the NHS ethical debate	2. The team is prioritising COVID-19 related enquiries and are supporting vulnerable people. This includes calling those registered as vulnerable to make sure they are ok and have all the things they need, making death registration appointments, taking highways calls, dealing with requests for food, medication and supplies and supporting key workers with school provision.
	regarding the use of age as a factor in decision- making about who to prioritise for health care and resuscitation.	The Council is continually updating its <u>advice</u> and <u>support</u> for people at home.
	5. Issues relating to lack of access to essential services or supplies, including electricity cards, due to wide-spread service/shopping reductions and closures	<ol> <li>Remind staff/volunteers that however much 'in need' someone appears to be, it is vital to respect their independence at all times - we are 'doing with' not 'doing for'.</li> </ol>
	<ol> <li>A reduction in standard of living, quality of life, physical wellbeing and independence because people may lack access to their normal support service or carer</li> </ol>	Develop an exit strategy if or when volunteer support ceases, to manage impact on people who were already lonely and who found

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	7. Concern about the financial impact, and the ability to afford food for supplies in the midst of panic buying.		temporary befriending/ support services a welcome relief.
	<ul><li>8. Some people may have less money to pay for day-to-day living.</li><li>9. Confusion/anxiety about whether social</li></ul>	6.	Stay abreast of Norfolk Adults Safeguarding Board's Covid-19 updates.
	distancing applies to personal assistants/carers.  10. Supermarket shopping schemes are at set times mostly in the morning, which may not be compatible with a carer's or personal assistant's hours.	7.	Urge people to continue to report all safeguarding concerns for <u>children</u> or <u>adults</u> including <u>home fire risks</u> through the usual channels.
	<ul> <li>11. They may have no transport options and be stuck at home.</li> <li>12. Some people isolating at home with worsening Covid-19 symptoms may not call for medical help early enough when they enter the second, more severe phase of the virus, possibly reducing their chances of survival.</li> </ul>	8.	Remember, if you're a professional, i.e. working with a child or young person in a formal or voluntary setting and not a family member or member of the public, you can contact the Children's Advice and Duty Service on their direct line: 0344 800 8021.
	<ul> <li>13. Many people will be missing their family members, children and grandchildren.</li> <li>14. For those struggling with existing conditions, such as cancer treatment, this may be a particularly upsetting and uncertain time</li> <li>15. High risk of isolation, and longer term implications of no contact with others, especially if living alone with no access to social media/communication technologies.</li> <li>16. Issues relating to mental health.</li> </ul>	9.	See the information page for help with transport.
	17. Increasing pressure on carers who may have to provide additional support.		

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	<ul> <li>18. Conversely, for people who are already lonely, the extra support being put in place such as befriending services etc, may create a gap for the person if/when it ends.</li> <li>19. Some people may be particularly vulnerable to scammers posing as volunteers –there is a link between scamming and 'mate crime'.</li> <li>20. These impacts may be exacerbated for people living in rural areas, where there may be a higher cost of living, less transport options (or very costly transport options, that may not be affordable) or less access to services and carer support.</li> <li>21. People with mobility problems may need to stop and rest when exercising and may worry that they will be seen as not complying with national requirements.</li> </ul>	
Mental Health	<ol> <li>The stress on everyone, younger and older, is enormous (particularly those on low incomes or who have lost their income, in cramped urban conditions with difficult neighbours, with no access to green space). It will be important for local authorities to properly discharge their duties to pay due regard to equality before making decisions that – directly or indirectly - impact on people's mental health.</li> <li>The current climate of fear, anxiety, social isolation, food/medicine shortages, lack of money and job insecurity is a major trigger for</li> </ol>	1. The Norfolk and Suffolk NHS Foundation Trust (NSFT), providers of the Norfolk well-being service and mental health care services have launched <b>First Response</b> , a new 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties. The helpline is open to social care colleagues as well as other healthcare professionals who may need advice when working with individuals who are undergoing mental health difficulties or who need to refer someone. It is also available to members of the public of any age.

Protected characteristic	Issue	Mitigating action
	mental health issues and may exacerbate existing issues.  3. Everyone is affected by the potential for reduced medical services and cancelled appointments. For people who are impacted by a high suicide rate (eg men, people who identify as transgender etc) this could be particularly detrimental.	2. If you are experiencing something that makes you feel unsafe, distressed or worried about your mental health, call the helpline on <b>0808 196 3494</b> . If you want to remain anonymous and would prefer that the person answering your call doesn't see your telephone number, you can turn off your caller ID in your phone's settings.
	4. Someone who relies on their medication to maintain good mental health may not be able to access this and may not feel confident to ask for help.	3. The Council has launched more than 170 online courses. These are designed to help keep people and their loved ones occupied during lockdown, and help older people maintain their resilience by taking on the challenge of learning something new as well as help reduce social isolation and loneliness.
		4. Keeping active is important for mental as well as physical wellbeing. Active Norfolk has created a new suite of information and resources to support people of all ages and abilities to be active at home during the pandemic. For children, they will be posting new activities and ideas every Monday to set them up for the week ahead.
		Libraries have increased their collection of ebooks to help provide everyone in Norfolk with ways to read while the libraries are shut. Click <a href="https://example.com/here">here</a> to find out more.

Protected characteristic	Issue	Mitigating action
	Issue	6. Brief team members and volunteers to identify 'red flags' that people may need help or support – such as:  • Feeling sad or down • Confused thinking or reduced ability to concentrate • Excessive fears or worries, or extreme feelings of guilt • Extreme mood changes of highs and lows • Withdrawal from friends and activities • Significant tiredness, low energy or problems sleeping • Detachment from reality (delusions), paranoia or hallucinations • Inability to cope • Problems with alcohol or drug use
		<ul> <li>Problems with alcohol or drug use</li> <li>Major changes in eating habits</li> <li>Excessive anger, hostility or violence</li> <li>Suicidal thinking.</li> </ul>
		Mind has a range of general information and support available online
		Use the HR resources available to safeguard your own mental health as well as everyone else's

Protected characteristic	Issue	Mitigating action
		Colleagues can contact <u>HRDirect</u> for advice and guidance on reasonable adjustments
Gender	<ol> <li>There is evidence to suggest that COVID-19 may pose a greater risk to men than women—the reasons may be cultural or biological. This does not mean that some women are not also highly vulnerable, depending on their circumstances, and the lack of information about the virus means that information is changing all the time.</li> <li>Many women and men are grappling with the pressures of trying to work from home, whilst also juggling childcare or caring responsibilities. This is a very difficult balancing act (especially for lone parents) Managers should remember that some members of their team may feel under considerable pressure to appear to be coping and maintain performance.</li> <li>The lock down and self-isolation has significantly increased the risk of domestic abuse. This may be exacerbated by loss of income, increase in anxiety leading to drug/alcohol abuse and anger/frustration. Perpetrators will take advantage of fewer visitors to a potential victim's home</li> </ol>	<ol> <li>The Council's Leadership team is communicating regularly and directly with all managers and staff, to convey key messages and ensure that colleagues feel supported and understand how to keep themselves, their loved ones and service users as safe as possible. Recognition is being given to the impact of lockdown and social distancing rules for those who are juggling parenting and caring responsibilities alongside work commitments, and those who live alone who may find the continued social distancing particularly difficult.</li> <li>A wide range of measures have been implemented to support managers and colleagues. These include changes to working arrangements, health, safety and wellbeing advice, technology tips, webinars, regular 121 meetings, reflection time, launch of myNet, Norfolk Support Line (0800 3586758), access to the Critical Incident Response Team and more. These are brought together on the Coronavirus section on myNet (available to internal colleagues only).</li> <li>A Manager Outreach Support Team has also</li> </ol>
		been established. HR and Health and Wellbeing

Protected characteristic	Issue	Mitigating action
	Shortage of care services (childcare, healthcare, elderly care) may have a disproportionate impact on women as providers of unpaid care work.	professionals are contacting frontline managers to provide proactive support to check in with how they are doing and if they need specific help on any HR, well-being or health and safety issues.
	<ul> <li>5. It has been reported nationally that some personal protective equipment is designed for male bodies rather than female bodies.</li> <li>6. Girls may be at increased risk of forced marriage, FGM and abuse during school closure.</li> <li>7. Period Poverty may increase.</li> </ul>	4. The Council has updated Health and Safety Guidance for staff working remotely and with the community during the COVID-19 crisis. This includes information including a video on Personal Protective Equipment (PPE). Extensive consultation has taken place with managers to ensure that PPE needs are understood across the workforce.
		<ol> <li>The Council has accelerated some of its planned technology upgrades; and successfully rolled out Microsoft Teams – getting used to remote meetings; using laptops to make calls; the new intranet - myNet</li> </ol>
		6. People are encouraged to remind themselves, their peers and colleagues that this is a 'new normal', and they are not expected to have superpowers (e.g. responding instantly to emails, whilst also feeding two children or supporting an anxious elderly relative). Flexibility and understanding is key.

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		7. Leaders, decision-makers and managers should regularly share examples with colleagues about how they are navigating the new work/family balance – to give people around them permission to be open about the challenges they are facing and show that 'we are all in this together'.
		Support disabled team members to find reasonable adjustments to enable work from home.
		<ol> <li>Reassure team members who may be taking special precautions due to their pregnancy or maternity status, a disability, long term illness or age that they will not be disadvantaged in their career by following advice to stay at home.</li> </ol>
		10. Take regular breaks and find time to 'switch off'.
		11. See the resources available in Norfolk on domestic abuse, and sign post and report any concerns.
		12. Identify whether donations of sanitary items for women are in sufficient supply.
Black, Asian and minority ethnic people (BAME)	Emerging research into the first patients critically ill with Covid-19 in UK hospitals suggests that Black, Asian and minority ethic (BAME) people	Contact made with Norfolk's BAME groups, to check whether groups are aware of any gaps in information about how to stay safe, or any other

Protected	Issue	Mitigating action
characteristic	may be more likely to be affected by coronavirus than white people. The Intensive Care National Audit and Research Centre has suggested that 35% of almost 2,000 patients were non-white, nearly triple the 13% proportion in the UK population as a whole.  2. The first four UK doctors who died from coronavirus were all from a BAME background.  3. This should be considered in the context of the makeup of the NHS workforce. As of March 2019, 20% of the more than 1.2 million staff employed by the health service were BAME, compared with 14% of the general population of England and Wales (based on the last census).  4. The proportion increases to 44% when it comes to medical staff. The latest figures show that 43% of senior NHS doctors and 47% of junior doctors were BAME as of March 2019.  5. Some BAME people (particularly those newly arrived from abroad) may be employed in sectors with an increased level of exposure to others (e.g. caring/social work/medical etc), or in the 'gig economy', which means they may be particularly impacted financially by the lockdown.	issues that should be addressed to help keep people safe (there are 80+ BAME community groups in Norfolk).  2. Ensure that COVID-19 materials in relevant languages are disseminated through local BAME networks. There is numerous translated information COVID-19 videos on the Council's web pages and here on YouTube page.  3. Encourage victims of hate incidents to report it — and make sure that staff and volunteers know how to report hate incidents on behalf of others.

Protected characteristic	Issue	Mitigating action
	6. It has been highlighted in the national media that some BAME people may be reluctant to voice concerns about COVID-19 (eg refuse to work in a potentially compromising situation, such as giving medical care to a COVID-19 patient without full personal protective equipment), due to fears that this will count against them and lead to racism later on in their career.	
	7. There is an increased risk of hate incidents towards BAME people, particularly people who are perceived to be from countries with a high incidence of COVID-19 (eg China)	
Gypsies, Roma and Travellers (GRT)	<ol> <li>Gypsy, Roma and Traveller (GRT) people may be at increased risk of Covid-19 as they are more likely to have a long-term illness, respiratory issue or disability.</li> </ol>	Don't reply on posted letters, social media or emails as a way of communicating important information with the GRT community. Update the relevant Traveller site manager too and ask them to update residents/occupants of
	Self-isolation is likely to be impossible to maintain in small caravans and sites with close interaction between families.	unauthorised encampments.  2. Make sure that unauthorised encampments have access to clean water, handwash,
	3. Regular handwashing likely to be difficult on unauthorised encampments, especially if access	sanitation/portaloos and food.
	to normal services eg leisure centres/retail etc is restricted.	<ul><li>3. Monitor tensions with the local community.</li><li>4. Reduce site visits to 'essential only' and observe</li></ul>
	The majority of GRT people on sites and encampments have poor literacy skills and need assistance to read letters and emails.	social distancing rules but remain aware of the increased risk of welfare issues/domestic abuse in some families at risk.

Protected characteristic	Issue	Mitigating action
	5. There are some very vulnerable families on sites and encampments in Norfolk - either due to their vulnerability to Covid-19 as a result of being in a 'Shielded' cohort or because they may not understand Public Health guidance. Some of these sites are managed by Norfolk County Council, some directly by District Councils or housing providers.	<ul> <li>5. Only seek to evict an encampment if it is on unsafe or sensitive land.</li> <li>6. For advice on engaging or supporting Gypsies, Roma or Travellers in Norfolk, contact Norfolk County Council's Gypsy, Roma and Traveller Service.</li> </ul>
	6. Many young people on sites may not have access to the internet and may be unable to participate in online learning. They may not have the space/support necessary in their family group to enable them to learn online, even if they do have access to the internet.	
	7. Many families are not registered with GPs so may have limited access to health care.	
	8. Many men within the GRT community are self- employed, and report that the lockdown has led to loss of income. Due to strong cultural norms about GRT men as 'providers', coupled with a high suicide rate for GRT men, this could trigger mental health issues.	
	9. There are high levels of domestic abuse in the community – increased stress on families may trigger safeguarding issues.	

Protected characteristic	Issue	Mitigating action
English not as a first language/no recourse to public funds/migrant workers/asylum seekers/refugees	<ol> <li>Don't assume that people who have recently arrived from abroad have no recourse to public funds (NRPF) – this is particularly relevant for EEA migrants because there is a widespread perception amongst professionals to treat a foreign national as having NRPF until proven otherwise, whereas all migrants should be approached from the perspective that they may have recourse, but check their immigration papers/passport to establish if there is an endorsement or restriction saying otherwise. If their passport/ visa/ residence card doesn't say "No Public Funds" then they have recourse.</li> <li>People newly arrived from abroad or with no resource to public funds may lack the social networks for support or the funds to access technology and social media to stay in touch with friends and relatives. They may be particularly</li> </ol>	<ol> <li>Think carefully before you translate information into different languages about who you need to target and how you will ensure people can find it. People who are not confident English language speakers are unlikely to scroll through complex and unintelligible web pages to find PDF documents or videos in a language they can understand. Use local networks to get the message out directly.</li> <li>Signpost people to the translated materials available from central Government</li> <li>Norfolk County Council has created a Coronavirus toolkit with a range of information in different languages.</li> <li>The Refugee council has published information on the temporary changes to policy for asylum</li> </ol>
	<ol> <li>vulnerable, trapped and isolated.</li> <li>Some young people newly arrived from abroad may not have access to the internet and may be unable to participate in online learning. They may not have the language support necessary in their family group to enable them to learn online, even if they do have access to the internet.</li> <li>People whose first language is not English may lack access to translated materials and advice.</li> </ol>	<ol> <li>seekers and refugees, and the support available</li> <li>Share important information with BAME voluntary groups and networks such as the Norwich Integration Partnership, Gyros and Access - Supporting Migrants in East Anglia (but remember they are voluntary groups with limited capacity and resources – do not overburden them with information they do not need or will not find useful to pass on to their users)</li> </ol>

Protected characteristic	Issue	Mitigating action
	5. Consider the public sector equality duty regarding use of interpreters to enable public bodies to fulfil their duties – this does not mean that the local authority pays for or provides	Encourage victims of hate incidents to report it     and make sure that staff and volunteers know how to report hate incidents on behalf of others.
	interpreters for non-council business (e.g. medical appointments) nor does it mean that the person is expected to provide their own interpreter, and a child should never be expected to act as an interpreter for their parent or other	7. A message of acknowledgement to all colleagues/residents who have families overseas during this difficult time may reassure people we are thinking of them.
	family member.	Use <u>INTRAN</u> for interpreting and translation services
	6. The UK refugee resettlement programme and many aspects of the asylum process are paused. This means that the local asylumseeking population may grow, as new asylum seekers enter the system before current applicants have left.	9. Contact Norfolk's People from Abroad Service, which offers a specialist social work service to help support assessments in relation to people who are citizens of other countries; or British citizens who are returning following a period of settled residence abroad: Tel: 01603 222111 or Email: nrpf@norfolk.gov.uk.
Faith/religion or belief	The suspension of religious services means that people are unable to worship collectively or seek support from their faith community.	Show solidarity with and thanks to faith communities for their sacrifice in cancelling profoundly important times of worship.
	2. Important dates on the faith calendar, such as Easter Sunday and Ramadan 2020, when families traditionally join together to fast, pray or eat together, are unable to happen, causing great strain for people of faith.	2. Reassure people of faith that there is a multiagency plan to ensure that there will continue to provide a dignified end of life service that does everything possible to respect the traditions of each faith.

Protected characteristic	Issue	Mitigating action
	3. People of faith may be worried about whether they will be able to honour the funeral customs of their faith if they lose a loved one to COVID-19.	<ul><li>3. Engagement is taking place with faith groups to find out more about how the restrictions may impact on their community.</li><li>4. Contact Norfolk County Council's mortality</li></ul>
	4. Due to the national restrictions in place to minimise the infection rate of COVID-19, it may not be possible to honour some traditions.	pathway inbox <a href="mailto:mpcg@norfolk.gov.uk">mpcg@norfolk.gov.uk</a> if you have any questions or concerns about end of life issues that could be impacted by COVID-19.
	<ol><li>Marriages and other important civic ceremonies have tight restrictions, which may cause upset and anxiety.</li></ol>	
Younger people	<ol> <li>Young people at risk of abuse, harm or neglect may be even more so now, with far less protection in place (e.g. safety and observations of school staff).</li> </ol>	The Council and statutory agencies in Norfolk are mobilised to monitor and support all young people identified as vulnerable.
	2. School closures are likely to have profound economic and social consequences, particularly for the most vulnerable children. Some children's education may be damaged and their mental health may suffer, family finances may be affected, key workers may need to stay home to look after children and vulnerable children may suffer most. Children with special educational needs may be particularly affected.	<ol> <li>The Council has published a selection of fun and educational activities hand-picked by teaching and learning advisors from Early Years right through to post-16 and virtual schools teams from across the Eastern region, for those looking after children. The resources cover activities and learning for pre-school; primary, secondary, special educational needs and disabilities, post-16.</li> <li>Norfolk School Games has gone virtual this year</li> </ol>
	Some younger people may have no access to the internet/family support to facilitate home	to allow children to take part in this exciting and popular event. Active Norfolk and the School Sports Partnerships will be releasing a new

Protected characteristic	Issue	Mitigating action
	learning and may be particularly struggling to access online education.  4. The long-term impact of prolonged isolation on younger people, especially single children with no siblings and teenagers, may lead to poor mental health and wellbeing.	skills challenge each Monday in the lead up to the School Games. Young people can record or photograph themselves taking on the challenges and send videos and photos to the Norfolk School Games, and they will be collated and celebrated on social media during School Games week in June.
	<ol><li>Some young people don't see that they are at risk and may not keep themselves or others safe.</li></ol>	Encourage parents and carers to monitor online safety wherever possible.
	<ol> <li>Young people may not have access to accurate news and information and/or may become overwhelmed by false news.</li> </ol>	
	7. Online safety risks may increase as isolated young people seek more interaction online.	
Lesbian, gay, bisexual, transgender (LGBT)+	Some LGBT+ people have said that three factors may make LGBT+ people more vulnerable to COVID-19: the prevalence of smoking in the LGBT+ community; higher rates of HIV and cancer; and barriers to healthcare	Encourage victims of hate incidents to report it     and make sure that colleagues and volunteers     know how to report hate incidents on behalf of     others.
	that mean some LGBT+ people may be reluctant to seek medical treatment).	Signpost LGBT youth to organisations who provide safe means for LGBT young people to stay in touch.
	2. Being LGBT+ does not cause mental health problems, but homophobic bullying, not feeling able to be 'out' with family or employers, rejection from family, harassment at work and	Blah is still operating digitally to provide a safe place, away from the scene so that young LGBT

Protected characteristic	Issue	Mitigating action
	poor responses from professionals are common mental health triggers. The current lockdown with restricted access to social and support networks could exacerbate mental health triggers or potential for domestic abuse.	people can have the opportunity to talk about issues affecting them  4. Some <u>trans networks</u> are also continuing to provide services
	<ul> <li>3. School/youth group closures and lockdowns could impact badly on LGBT young people – especially if not 'out' in family.</li> <li>4. Risk of isolation, self-harming etc.</li> </ul>	5. Show solidarity with and thanks to LGBT+ communities for their sacrifice in cancelling important events like Pride, as a contribution to the Norfolk effort.
	<ol> <li>The organisers of Norwich Pride took an admirable decision early into the crisis to cancel Norwich Pride in July 2020, in order to not to distract public agencies from their COVID-19 business continuity planning.</li> </ol>	6. Ensure that important events like Norwich Pride are marked, even if the event itself does not take place.
Carers	Additional responsibilities and anxieties for carers, who are not only trying to manage their own anxieties and personal challenges, but that of the person for whom they are caring.	The Council is continually updating its <u>advice</u> and <u>support</u> for people with caring     responsibilities.
	<ol> <li>Some carers may be providing palliative care for loved ones, with reduced access to emotional support from others due to social distancing.</li> <li>Suspension of community support groups and day services means less respite and increased pressure</li> </ol>	<ol> <li>Use the Norfolk support for carers</li> <li>County, city, borough and district councils have created new permits which will allow free parking on-street and in council run car parks for key workers and community volunteers helping people across Norfolk.</li> </ol>

Protected	Issue	Mitigating action
characteristic		
	4. Carers are in a high-risk group as they are likely to be caring for people that are most vulnerable to COVID-19	4. Brief team members and volunteers to identify 'red flags' that people may need help or support
Homeless people (not a protected	No access to sanitation/washing facilities	Norfolk is coordinating a multi-agency response to manage homelessness in the county.
group but potentially very vulnerable)	<ul><li>2. Inability to self-isolate/maintain social distancing.</li><li>3. More at risk of illness/ill health.</li></ul>	Report concerns through normal statutory homelessness and safeguarding channels
,	4. Difficulty in getting information and advice.	Raise issues through the self-isolation for transient and vulnerable groups cell
	5. Increase locally in tensions amongst the homeless community who have experienced a drop in income from reduced city centre footfall.	u amoroni amoroni groupe com
Rural/urban communities	1. People in urban areas have less access to green space to exercise – may be in cramped housing 24/7, suffering difficult neighbours/antisocial behaviour etc. Impact on mental health may be greater (although note there are many issues impacting on people in rural areas too).	Use the <u>support</u> , <u>advice and resources</u> being put in place by Norfolk agencies and community organisations and signpost others to it to raise awareness
	2. Groceries from small rural stores or pharmaceutical items from rural GPs may no longer be available due to panic buying or service closure, placing people with limited mobility or who have no access to transport in difficulty.	
	3. Potential for social isolation (issues may differ in urban/rural areas). In new housing	

Protected characteristic	Issue	Mitigating action
	developments in rural areas, some vulnerable people could be overlooked, if not known by neighbours/have no relatives.	
	4. Some rural communities may be particularly economically affected – eg there is the potential for entire small communities such as those that depend on tourism to lose all income.	
	5. Closure of car mechanics during lockdown could negatively impact rural communities who are dependent upon vehicles to access food and essential services.	

This document was produced by Norfolk County Council. It is being continually updated. If you have any questions or have a suggestion to add to this document, please contact <a href="mailto:equalities@norfolk.gov.uk">equalities@norfolk.gov.uk</a>

## The legal and policy context

- 1. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
  - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Acti;
  - Advance equality of opportunity between people who share a protected characteristic<sup>ii</sup> and people who do not share it<sup>iii</sup>;
  - Foster good relations between people who share a protected characteristic and people who do not share itiv.
- 2. The full Act is available <a href="here.">here.</a>

#### Evidence used to inform this assessment

- The Women and Equalities Committee has launched an <u>inquiry</u> to monitor the impact of the emergency legislation on people with protected characteristics.
- Central Government's equality impact assessments
- Cabinet report for 11 May 2020 on COVID-19 response, proposals and contextual information, as set out elsewhere on the agenda
- Demographic factors set out in Norfolk's Story 2019.
- Business intelligence and management data, as guoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice

#### Prohibited conduct:

<u>Direct discrimination</u> occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

<u>Indirect discrimination</u> occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

<u>Harassment</u> is "unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual".

<u>Victimisation</u> occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

**Age** – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30 year olds).

**Disability** – a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**Gender reassignment** – the process of transitioning from one gender to another.

<sup>&</sup>quot;The protected characteristics are:

### Marriage and civil partnership

### **Pregnancy and maternity**

**Race** – refers to a group of people defined by their race, colour, nationality (including citizenship), and ethnic or national origins.

**Religion and belief** – has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).

**Sex** – a man or a woman.

**Sexual orientation** – whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;
- Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
- Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.



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iv Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.