Greater Manchester Equality Alliance

Covid-19 Recovery Planning: A Pan-Equalities Approach

Greater Manchester Equality Alliance (GM=EqAl)
July 2020
hannah.berry@gmcvo.org.uk

Hosted by

Greater Manchester Centre for Voluntary Organisation

St Thomas Centre
Ardwick Green North
Manchester M12 6FZ
www.gmcvo.org.uk/GMEqAl

0161 277 1000
gmcvo@gmcvo.org.uk
@gmcvo

Contents

Contents 2
Introduction 3
Who we are 3
Unequal effects of Covid-19 3
Issues that arose with the emergency response 5
Ongoing concerns – existing or emerging situations requiring remediation: 6
Social 6
Health 7
Economic 7
Our recommendations: 8
Some of the opportunities to be seized: 9
Summary 10

Introduction

Living through a pandemic has changed everything for everyone. However, some communities have been disproportionately affected by Covid-19. Although Covid-19 is new, these inequalities themselves are not. The pandemic has not created these inequalities but it has amplified them and added new inequalities, providing us with unique insight into the devastating impact of health inequality and structural exclusion.

There is a breadth of work currently being undertaken to explore and shed light on the specific experiences of GM's diverse communities of identity during this crisis.

It is our hope that the GM Equality Alliance (GM=EqAl) can bring together the extraordinary range of voices and perspectives in GM to support this work. By taking an intersectional approach, joining up and learning from the wealth of knowledge that community organisations, people with lived experience, and their supporters bring, we want to help ensure that a more inclusive GM emerges through the post-Covid-19 recovery.

This paper aims to offer a pan-equalities view with a focus on those areas where the greatest impact has been felt, so that moving forward we can fully understand the level of inequality that led to the disparities of the pandemic, and how we can respond to it in a way that builds a fairer city-region for all communities.

Who we are

GM=EqAl (formerly the GM Inclusion and Wellbeing Partnership, IWP), is a growing coalition of VCSE groups and organisations, drawn from a wide range of communities of experience across GM. We are the only GM equalities 'panel' with a broad, pan-equality remit. We sit outside the direct governance structures of either the GM Combined Authority (GMCA) or GM Health & Social Care Partnership (GMHSCP), accountable to our members and communities, whilst seeking to support and have strategic influence across the public sector.

Unequal effects of Covid-19

We know that those who are most susceptible medically to coronavirus are older people and those with certain underlying health conditions, many of which are associated with ethnicity and economic deprivation. The pattern of serious cases and deaths replicates a familiar pattern of existing health inequalities that has dogged GM for decades[1], with death rates in the most deprived areas more than double those in the least. More women have contracted the disease, although more men have died – due to underlying health issue men are 50-80% more likely to die following diagnosis.

Many of those in the highest risk categories medically are also the most exposed through working in key worker professions, frontline jobs or living in crowded conditions – this is true of black, Asian and minority ethnic (BAME) people in particular, who have been dying at over twice the rate of White British people. One in five BAME workers are in occupations more likely

[1] Manchester CCGs dominate list of worst for health inequality

to be in frequent contact with people and also frequently exposed to disease, compared with 11% of the working population. Those least able to afford to stay home, and most likely to be deployed to the frontline, are disproportionately from BAME groups.

The level of care and protection afforded to workers is also affected by intersecting structural inequalities of race, class and gender, exemplified by high rates of death among taxi drivers, in construction and forms of manufacturing where social distancing was not enforced.

GM is a highly diverse region with many neighbourhoods where the majority are from BAME backgrounds. It needs to be recognised that the way in which BAME individuals are disproportionately affected links to the historic and systematic discrimination and racism which is being visibly exposed by recent events (as documented in the second Public Health England report from June 2020)[2].

Lastly, the disruption and economic impact of the lockdown has been most detrimental for people with protected characteristics and other forms of disadvantage, and most severe when more than one such factor comes into play and when it intersects with societal prejudice.

Groups our research found to be at high risk of adverse impacts (not an exhaustive list):

- Adults and children at risk of domestic violence
- Carers who are not registered with social services or carers' services
- Children with Special Educational Needs
- Disabled people and people with long term conditions including:
  - Physical and sensory impairments
  - Mental health issues
  - Learning difficulties
  - Illnesses which require individuals to self-isolate / shield
- Disabled people living in care and supported accommodation
- Disadvantaged children and young people
- Elderly care home residents
- LGBT people trapped in homophobic, bi-phobic or transphobic living situations
- Neurodiverse people
- People in treatment for serious medical conditions
- People who do not speak English
- People living on their own without contacts/networks and without internet access
- People on low incomes whose income is affected, especially those with no recourse to public funds (NRPF)
- People who are homeless, vulnerably housed or destitute
- People who are victims of trafficking and exploitation
- Refugees, asylum seekers and other recent migrants, including Eastern European people with NRPF
- Roma/Gypsy communities and traveller communities
- People with addictions
- Prisoners and people in detention

[2] Beyond the data: Understanding the impact of COVID-19 on BAME groups

- Sex workers

Many of these groups relied on VCSE organisations prior to the pandemic, while others will require support in the aftermath – so protecting and strengthening the sector will be critical to how well GM recovers from Covid-19.

Issues that arose with the emergency response

GM=EqAl members and the undersigned organisations appreciate the scale of the emergency operation which had to be mounted in response to coronavirus, with little lead-in time and in a difficult, fast changing national policy context. Due to the breadth and reach of our sector, however, we have detailed knowledge of the ways in which already marginalised groups were in many cases overlooked or further disenfranchised by the response.

Some recurring themes from our networks have been:

- Insufficient data held / consulted on the demographics of local populations in order to efficiently gauge community need
- Insufficient personal data (health conditions, language spoken etc.) held on BAME patients and service users, preventing potentially life-saving information such as shielding letters from being sent, or from reaching them in an intelligible form
- Lack of engagement of BAME, disability and other equality organisations in local planning. Offers of support and use of assets were declined, leading to one-size-fits-all responses which overlooked community needs
- Existing relationships with VCSE organisations dropped in favour of a centralised 'command and control' approach: "A more local response would have worked better than centralising everything for the whole locality"
- Equality Impact Assessments conducted retrospectively, with VCSE organisations not asked for their input in many cases
- GM-wide initiatives set up without consulting or notifying small organisations in charge of relevant referral pathways (e.g. 'no recourse' emergency women's hostel)
- Initial lack of alternative communication formats and languages (e.g. British Sign Language) for people with sensory impairments, learning difficulties, Deaf people and people with other needs, such as non-readers. The community hubs were inaccessible for several weeks to many disabled people due to being phone line only with no script available to help users know what information they needed to provide
- Even though people of White British ethnicity are on average less likely to catch or die from Covid-19, almost all public messaging has been aimed at that demographic. Most of the available support could only be accessed via web or phone in English
- Reliance on online systems excluding people who can't or don't use the internet, and account not taken of digital poverty, e.g. school meal vouchers emailed to parents with no access to a printer or smartphone. Pre-existing digital exclusion of disabled people[3]

[3] 56% of disabled people – ONS 2019

drastically impacted on disabled people's ability to access information, guidance, and services

- Disabled people, older people and those who needed to shield were not given clear information or guidance on how best to protect themselves, or when they should begin shielding prior to the national lockdown
- Lack of attention to the cultural and religious food needs of BAME communities
- Many disabled people who needed to shield but did not meet the initial government criteria set out for shielding were left without access to support and provisions, including food and medicine. This included being unable to access support through community hubs, as well as some being unable to use usual online deliveries due to general high demand
- A general increase in inequitable service provision, such as requiring service users to connect through specific software

There is a wealth of specialist intersectional or single-issue groups and networks within the VCSE sector who, in partnership with public sector colleagues, are working to ensure that the immediate impacts on particular groups are brought to light and tackled at the highest levels within GM.

For this reason, GM=EqAl is focusing on the medium-term, over-arching and intersectional lessons that need to inform the way GM builds back from Covid-19 over the next 12 to 24 months. We want to support policy-making, which has reducing inequality as its aim and rebalancing and sharing power with communities as the road to achieving it.

Ongoing concerns – existing or emerging situations requiring remediation:

Social

- BAME communities and organisations feeling disenfranchised and facing worsening conditions and increased inequalities across the board: in health, housing, education, childhood obesity, school readiness, loneliness, isolation, marginalisation, food poverty
- An increase in homelessness, due to home situations deteriorating under pressure, and end to the stay on evictions, and the end of the Everyone In scheme
- Education of children falling behind, especially where parents do not speak English, don't have access to the internet and/or have low levels of literacy, and where the system discriminates against BAME children
- Danger of postponed rights and services being retracted permanently, including those of children and young people in the care system, and employment rights of disabled people
- Reduced accessibility of transport for disabled people, including those needing to travel to work

- An anticipated spike in problems when autistic children required to go back to school
- Domestic violence – rates of violence against women have doubled during lockdown. Also higher among LGBT communities and disabled people – not just within relationships but also from family, carers and wider health practitioners
- A loss of focus on the inclusion of disabled people – especially in relation to workplace accessibility and public spaces
- A sharp rise in the number of older unpaid carers

Health

- People being forced to return to work prematurely, especially if they are high risk themselves or living in multi-generational households or with people at higher risk
- Access to nutritious, affordable and in some cases ethnic food which is further reduced in low income areas
- Massive and potentially irrecoverable impacts on physical health due to inactivity and not seeking treatment for long term conditions or tests for cancer
- Growth in ageism and institutional ageism, risking older people being refused treatment
- A large increase in mental health issues. 90% of disabled people who responded to the GM Big Disability Survey said their mental health had been affected by Covid-19

Economic

- Increased demands on child and adult social care
- Unemployment increases concentrated in low paid sectors including sectors with a high proportion of BAME workers
- Job market challenges facing young people entering the labour market and those closest to retirement
- Huge increase in poverty, debt and reliance on food support services
- Increased financial and existential insecurity of migrants and refugees
- Widespread disruption of the VCSE sector unless new money is found

Our recommendations:

- Maintain up to date population data at GM and local authority level and in all public systems (health, education, criminal justice, housing and social care) - we must know who our communities are if they are to be fully included, consulted and provided for. This is especially true where data has historically been sketchy at best, e.g. 'failed' asylum seekers who may not be known to any services. Develop more data and understanding of BAME communities as there is considerable variance - not just that some have to deal with larger impacts but that issues play out differently and need different solutions.
- Covid-19 impact data should be collected by age, disability, ethnicity, sex, gender identity, religion or belief, sexual orientation and social class
- Ensure institutions and organisations increase workforce diversity and BAME representation in senior leadership. Commissioners should take responsibility for the organisations they contract with and ensure they don't just have the right policies but that they implement them. Undertake a workforce review; if evidence shows lack of EDI, then support positive action programmes[4], career development and promotion of BAME people and other minorities into leadership positions – there is only so much that can be achieved from halfway down organisations
- 'Equality Diversity and Inclusion' needs to be systemised into all future emergency planning, and local VCSE groups and equalities organisations involved from the outset in producing and monitoring Equality Impact Assessments
- Avoid ageist narratives - highlight the positive role and resilience of older people
- Avoid conflating disability and vulnerability - focus on the active citizenship and agency of disabled people. Ask those who are shielded (formally and informally) 'what can you offer?' as well as 'what do you need?' Actively value their lived experience
- Ensure there are minimum acceptable operational standards for service delivery - must be for the benefit of users, not for convenience of staff (e.g. Microsoft Teams only really works for business to business, cannot expect service users to install a specific piece of software to access a service)
- Strengthen connections between councils, neighbourhood workers, faith and community organisations and the new informal Mutual Aid networks. Formalise relationships, build trust through two-way responsive communication
- Improve support to those who cannot afford or are ill-equipped to take advantage of digital and online services, while ensuring alternative service delivery models remain available.
- Boost provision of accessible employment services and welfare rights advice. Ensure Job Centres have the skills and expertise needed to address the specific barriers faced by older people and are tailored to the needs of the hardest hit communities. Invest too in non-DWP, community-based back-to-work support services. These are often more effective and trusted, especially with sanctions having been reintroduced.

[4] e.g. The Snowy White Peaks - Kline, 2014

- Monitor how the changing labour market affects people within the immigration system and guard against the risk of a rise in exploitative working conditions
- Adopt an emergency regional strategy to ensure the poorest families suffering health and experiencing race inequalities can access the support they need. “Post-Covid, BAME communities need to be included within the mainstream of planning forward rather than an add-on and in the fringes of things”
- Increase mental health support provision, in particular for BAME communities. Mental health has been a widespread concern during this pandemic, but the disproportionate rates of fatalities from BAME communities due to pre-existing health inequalities, combined with the spotlight on institutional racism through the Black Lives Matter movement and the resulting racist backlash has had a significant impact on black people’s health and wellbeing. Racism and the psychological, emotional and physical toll it takes on individuals is a health issue, and needs to be recognised as such
- Mitigate the anticipated rise in health and social inequalities by ensuring those who access health and social care information and services have their information and communication needs met (alternative formats, translation and interpretation)
- Resource the VCSE sector to be able to meet the rising demand for tailored support for people with who are homeless or struggling with addictions.
- Increase the availability of specialist domestic abuse, rape and sexual abuse services, ensuring targeted provision for BAME people (in particular those with no recourse to public funds), LGBT+ and disabled people and those with multiple and complex needs.
- Invest in bespoke advocacy for autistic children and adults – beyond statutory Care Act advocacy
- Ensure GP practices actively engage in registering all patients in their catchments, regardless of immigration status, including those without a fixed address
- Ensure funding opportunities are promoted to and accessible to BAME charities
- Develop disabled people’s organisations in localities which currently do not have any
- Communicate with EU nationals and groups through existing networks
- Decision makers should deploy a wide range of engagement approaches to connect to communities and groups of all kinds, so that none are left behind

Some of the opportunities to be seized:

- Work with GM=EqAl and VCSE partners to understand the data sets used now and what else needs to be collected
- Use community and faith buildings to support schools to open with social distancing
- Sign local agreements with university halls and other student accommodation to solve the issue of the imminent closure of hotels to homeless people
- Use BAME groups’ knowledge and understanding of nutrition and food systems to encourage sustainable local food chains, healthy eating and cooking skills

- Strengthen relationships with faith groups and consider partnerships to support Test & Trace, especially for BAME communities
- Capture the detailed picture of community need and assets that has been revealed and altered by the pandemic and use it to better plan and target services in the future
- Reshape strategies and direction of GM towards a greener, fairer economy e.g. create an army of zero carbon workers and help the new mutual aid networks to grow into new forms of community ownership
- Nurture existing co-operation, build networks and create neighbourhood visions with potential for local employment focused on activities that provide essential goods and services for everyday life. Identify parts of the local market that are most valuable to a place and help them weather the storm of lockdown and its aftermath
- Provide platforms for problem-solving and participation and build a narrative that positions communities as drivers of transformative change

Summary

None of the disproportionate impacts of the pandemic on the communities and groups listed in this paper were a surprise to community organisations. It was predictable, avoidable and caused by pre-existing socio-economic and health inequalities. The pandemic has not been the great leveller, it has been a stark spotlight on the drastic social, economic and equalities divide in this country.

If changes are not urgently made to address these issues, the events of this year will continue to perpetuate and accelerate health and socio-economic inequalities and have serious long-lasting implications. In relation to our BAME communities, acceptance that racism exists and radical changes in attitude will be needed. The looming global recession will it everyone but we know that households with high rents as a proportion of their incomes, or which have existing debts and low levels of savings, are going to be hardest hit as unemployment spirals. We know that disabled people were twice as likely to be unemployed before Covid-19, and that BAME groups are twice as likely to have lost their jobs because of it.

However, we know that lessons are being learned and a great deal of work is going on at GM level to focus in on inequality and to appreciate its intersectional nature. Signatories to this report are offering their expertise, knowledge and guidance on how to make real and substantial changes, we just need to be heard and supported by those in a position to co-produce action plans and co-deliver transformational change.

Put simply, the disproportionate impact of Covid-19 is a direct result of decades of structural exclusion and inequality, and it has not yet gone away. As GM plans and implements measures to keep people safe and prevent a second wave, a bottom-up, connected approach will be essential. And as we edge into the recovery phase, it is vital that we aim higher and further than ‘business as usual’, mindful of the environmental as well as the economic challenges ahead. Without acknowledging and addressing the structural barriers that keep marginalised people excluded from the decisions that affect their lives, we will only further entrench the problems that left us so vulnerable to the pandemic in the first place.

This report draws on interviews with over 30 VCSE organisations across GM and is provided by GM=EqAl.

Current GM=EqAl members:

- 10GM (a joint venture between Action Together, Bolton CVS, Macc, Salford CVS)
- Breakthrough UK
- Bury VCFA
- Caribbean & African Health Network Greater Manchester (CAHN)
- Diversity Matters NW
- Europia
- GM BME Network
- GMCDP
- GMCVO
- GM Autism Consortium
- LGBT Foundation
- Manchester BME Network CIC
- Stockport Nexus Network
- TS4SE Co-operative
- Yaran North West