Poverty, Inequality and COVID-19

A brief summary of some issues and potential impact on those living in socio-economic disadvantage

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1. Introduction

The COVID-19 pandemic is affecting the world, but there are certain groups of people for whom the virus and the measures to stop the spread of the virus will have a greater negative impact. Research on influenza has found that in an epidemic, poverty and inequality can exacerbate rates of transmission and mortality for everyone.

It is important to ensure that the commonly used mantra 'We're all in this together' doesn't mean that our response fails to understand that the impact will be more severe on those who are living in poverty or close to it. This briefing seeks to highlight some of the ways in which the response to the COVID-19 pandemic and infection by the virus can potentially have a greater negative impact on those already living in poverty and experiencing inequality.

Those living in socio-economic disadvantage and who are already experiencing the greatest inequality of outcomes are more likely to experience poor health, lack of income, poor and cramped housing, fuel poverty, poor educational attainment and lack of access to greenspace. They are unlikely to have any savings to help cover additional unplanned costs or gaps in income. All this means that if they contract the virus, they are potentially more likely to have poorer outcomes as well as being more likely to spread the virus around their immediate family. Additionally, the restrictions in place are likely to exacerbate the inequalities experienced by those on low incomes, low wealth, living in deprived areas and in material deprivation.

People living in socio-economic disadvantage are more likely to be working in the low paying jobs which are keeping the country going in supermarkets, as cleaners, delivery drivers and home care workers, and a significant proportion of these low paid workers will be women. The four 'c's of cleaning, care, cashiering and catering, commonly seen as 'women's work' are now massively important, and those working in these areas are being exposed daily to the risk of contracting COVID-19.

90% of lone parents are women, and are more likely to be living in poverty, so there is a gendered aspect to the impact of the pandemic and the measures to combat it. Women, in addition to being more likely to live in poverty, may be forced to choose between childcare/care for elderly relatives, health and safety and going to work. https://wbg.org.uk/blog/briefing-covid-19-and-gender-issues/

We need to take into account and understand the ability of people to respond to the risks and measures asked of them. People will cope with the measures put in place in different ways. For those with less financial resilience, the choices they make now will potentially have a negative impact for longer than the control measures will affect them. For example, taking on high cost debt or borrowing money from loan sharks to buy extra food items, selling assets to raise cash, or gambling in an effort to raise cash.

In responding to COVID 19, more affluent communities will be better placed to mobilise community support and resilience than poorer communities who need to focus on personal survival or need additional support to respond as a collective. Poorer communities face the additional threat that those who traditionally support

them, are themselves in a position of crisis and unable to continue to work in the ways they have done traditionally. In turn, the community response to recovery will happen faster in more affluent areas as people begin to rebuild the social capital and reinvest in their communities once social distancing is scaled back.

There are a number of issues experienced by those living in poverty and disadvantage which will be exacerbated by the measures to combat the spread of the virus as well as placing people in greater risk. These are broken down in this briefing into cross cutting thematic issues and particular issues for certain groups of people. The protected characteristics of sex and race are woven through most of the elements set out below.

This briefing does not seek to detail every single issue but is intended to provide a list of issues for consideration, drawn from a range of sources. Links are provided throughout the document and a list of additional useful websites is at the end.

Understanding the differential impact of the pandemic

There is a provision in the Coronavirus (Scotland) Act which means that the Scottish Government must have regard to opportunities to advance equality and non-discrimination when exercising powers in the Act. Equality Impact assessment and Fairer Scotland Duty assessment are both legal duties for a range of public sector organisations and are more important now than ever. As the emergency response rolls out the time and resource to carry out in depth impact assessments may not be available but considering the differing impacts on vulnerable groups should be at the heart of decision making.

2.   Cross Cutting Issues

2.1   Income and Employment

The pandemic risks driving more people into poverty as those who are sick or self-isolating will lose pay. Many of those who work part time will not qualify for sick pay. Even where people qualify for sick pay the rate is among the lowest in Europe at £94.25 a week and the UK is one of only four EU countries where self-employed people are not eligible for sick pay.

Many people have lost their jobs in the industries which have shut down as some businesses have not furloughed their employees. Many in-work households were already struggling and in poverty, and this will be further exacerbated should jobs be lost, or people have to take time off sick or to self-isolate.

The unemployment rate has already increased significantly and looking to the medium to longer term responses will need to be put in place to combat this. Both the Scottish Local Authorities Economic Development (SLAED) network and the Economic Development Association Scotland (EDAS) are working to support businesses, via the funding agreed by the Scottish and UK Governments.

2.2.   Income from Benefits/ Social Security

COVID 19 has had a significant impact on the delivery of social security across the UK. For those already in receipt of benefits, services remain largely uninterrupted. However, there will be significant delays to the reprocessing of information, including appeals and tribunal work. Telephony support services are running at lower capacity and people are being directed to the website for support. This is happening at the same time as demand has increased significantly. Established sources of support for digital access to services are currently not available e.g. libraries and community centres, leaving people with additional barriers to accessing support.

Applications for Universal Credit have increased significantly as those who have lost their job apply for this benefit. For them, it is unclear what the processing time for these payments will be. Pre COVID 19, a 6 -9 week wait was not unusual. Although advance payments are still available, the pay back periods on these advances remain (although extended) and could potentially cause difficulty in later months.

In the longer term, the delivery of new benefits through Social Security Scotland have been delayed. These include the new Job Start Payment, Scottish Child Payment and Disability payment. Women are more likely to rely on social security than men and more likely to be impacted by the knock-on impact on the social security system.

2.3   Food Insecurity

Poor diet is a factor linked to poverty and the impact of the pandemic could lead to a risk of under nutrition. Children who are eligible for free school meals are no longer at school, however most local authorities seem to have made alternative arrangements to support these families and make sure they are not going hungry. There are different methods in place, from paying money directly into bank accounts, delivering food parcels to homes, providing vouchers which can be spent in local shops, loading cards with credit and providing packed lunches. It may be useful after a period of time to identify which of these are most successful for families.

It should be recognised that for some households, paying money directly into bank accounts for at risk, chaotic families and/or families where a child is looked after at home may not be suitable, as the money will not necessarily be used to buy food for children. Alternative arrangements should be put in place to support these families, who will be known to Social Work and Education Services as requiring additional support.

Foodbanks have been providing food to those referred to them, but these are under pressure with donations down and older volunteers having to shield themselves. The surge in volunteering however seems to be supporting foodbanks and other charities, and funds from such organisations as the National Emergencies Trust are supporting foodbanks across the UK.

There remains a risk that some households will have limited cooking facilities or are living in fuel poverty and will struggle to pay increased electricity or gas bills that will

result from greater use of cookers and ovens. Some households will lack the skills to cook healthy, balanced meals.

There is an additional difficulty for lone parents who will be unable to take their children to supermarkets under current restrictions. This group of people will require food deliveries.

The Scottish Government is making £30m in funding available to local authorities to help families struggling to access food during the coronavirus pandemic. The Scottish Government Food Fund will help support families with children eligible for school meals, older people, those with long-term health conditions and pregnant women, and councils will be given the flexibility to deploy the funds to best suit local needs and circumstances, working with community groups and businesses

2.4   Health

In more deprived communities deaths from heart disease are higher than in more affluent areas and there are higher levels of asthma and diabetes. There is a strong link between lung disease and deprivation. So, we know that people living in socio-economic deprivation have poorer health outcomes and are more likely to have underlying health conditions and therefore they will be worse affected by the pandemic. Many people on low incomes will be working in key worker roles which will expose them to the virus more than those who can work from home.

We know that depression and stress weaken our immune systems, and research tells us that those on low incomes are disproportionately likely to suffer from poor mental health.

In addition, in BME communities Bangladeshis and Pakistanis have much higher rates of heart disease compared to their white British counterparts, and black African and African Caribbean people have higher rates of hypertension compared to other ethnic groups. Further, BME groups overall are six times more likely to develop diabetes compared to white British people. There is substantial evidence to show that BME communities experience high rates of child poverty and ill-health. They are also more likely be employed in precarious work and live in poor housing conditions compared to their white British peers. The impact of the pandemic on BME communities' health could be significant as a result.

Whilst the NHS provides universal health care, there will be some communities in health board areas who are more at risk should they contract COVID-19, who are not able to shield because they have to work or have caring responsibilities. There is a need at a regional and national level to consider what can be done to protect these at risk communities.

https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on
https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/

2.5 Mental Health

The current crisis is expected to add pressure to mental health services, as staff both support people already accessing care and deal with new cases caused by people's sense of loneliness and isolation, as well as the impact it will have on staffing levels. Those who have a current mental illness are worried about whether they will be able to continue to access the treatments, support, and structures they depend on to manage their lives, and where they'll turn if their mental health starts to deteriorate. Face-to-face contact for the vast majority of people has been stopped for obvious reasons and many of the services are now suspended.

Unfortunately, there is a lack of information in relation to the effect Covid-19 is having on mental health services in Scotland so we look to the information from our colleagues in England to ascertain what the situation is likely to be elsewhere.

A paper by NHS England warned that 'COVID-19, and the national measures being announced to delay the spread of the epidemic, will inevitably have a significant impact on both demand for and capacity to deliver support for people with mental health needs, learning disability, or autism. The impact on people's mental health will endure beyond the epidemic.'

The UK Government and NHS England released a statement recognising that the mental health impacts of the coronavirus outbreak are significant. They are working closely with mental health trusts to ensure those who need them have access to NHS mental health services. People struggling with their mental health during Covid-19 will be offered additional online support and practical guidance to help them cope by Public Health England.

Additionally, as part of the Coronavirus Act 2020, there have been changes to the Mental Health Act.

At present there is no change to the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003. The temporary modifications in relation to Scottish mental health legislation which are laid out in the Coronavirus Act 2020 are not yet in force and will not come into force until Scottish Ministers decide – on the basis of data and advice - to commence the provisions. Until the mental health provisions as detailed within the Coronavirus Act 2020 are commenced by Scottish Ministers through the Scottish Parliament, all practice should continue to comply with existing legislation.

Citizens Advice Scotland recommend that if anyone is experiencing a mental health crisis and they already get help from their GP, to phone their GP or care team first. If they can't talk to them, they recommend calling 111 to speak to NHS 24.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID19_Mental-Health-Learning-Disabilities-and-Autism-cell-update-number-2_25-March.pdf
https://www.gov.uk/government/news/new-advice-to-support-mental-health-during-coronavirus-outbreak
https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do/what-the-coronavirus-bill-will-do

2.6   Transport

People on low incomes are less likely to own a car and are therefore reliant on public transport. Women are more likely to use public transport generally. Those working in the key sectors who have limited income will have to travel by public transport to work, but may also have to drop children off at childcare facilities and may have to travel further to get to larger shops where the goods they need are likely to be cheaper or because of panic bulk buying stripping their local shops. Those on low incomes can also not afford to bulk buy so will need to make multiple trips to shops. This is particularly true for lone parents 90% of whom are women.

Those who are not working may have to use public transport to get to foodbanks if these are still running in their area and do not have the facility to deliver to households.

Using public transport will expose people to a greater risk of contracting the virus due to being in close proximity to other people in an enclosed space.

There are a range of transport options being offered to workers (generally those working for the NHS) from taxi companies and organisations like Next Bike, but consideration needs to be given as to how to support those on low incomes to access their place of work, medical appointments, places to buy food and other supplies and to get to wherever childcare is being provided for them.

2.7   Education

With schools closed there is an expectation that parents will support their child's learning from home. Parents living in socio-economic disadvantage are less likely to have access to the internet, access to computers or tablets and are more likely to have had poor educational outcomes themselves, so may struggle to assist their children where they can access materials.

Education services should consider whether they can deliver packs of educational materials to those households who have no access to the internet or no computer or tablet, or who have more than one child and access to only one computer or tablet.

There is a risk that the attainment gap will increase between those households who are living in socio economic disadvantage and those who are more affluent. This may be something that cannot be mitigated at present but thought needs to be given to how to reverse any negative impact in the near future.

There are also potential issues with children being cut off from school friends if they don't have access to phones or digital means of communication. This can have a

negative impact on the mental health of children, during an already stressful time, leading to social isolation.

Organisations may wish to ask themselves the following questions:
- What is the level of internet access in your local area?
- Are there ways of getting messages about assistance and what people need to do in regard to education in ways other than social media, emails, websites etc?
- Can we communicate via text messages, through messages in pharmacies and supermarkets?
- What access is there to education and online resources from Education departments?

2.8 Domestic Abuse and other forms of Gender-Based Violence

Social isolation policies increase a women's vulnerability to domestic abuse. One in five women in Scotland experience domestic abuse in their lifetime. With reports from China revealing that incidents of domestic abuse increased following the outbreak of the virus, particularly in lockdown, there is a risk that under self-isolation, perpetrators will intensify their controlling behaviour, further restrict their partners' freedoms and threaten their safety. Financial dependence and poverty are both primary risk factors that diminish women's and children's resilience when experiencing domestic abuse and can prevent women from leaving an abusive partner.

Economic abuse is one part of a pattern of coercive control, and this control, financial dependence and poverty are all factors that prevent women leaving an abusive partner. Perpetrators will likely use the crisis as a way to exert more economic abuse. Things like insisting the victim is responsible for childcare so she can't work, taking away laptop/phone so she can't work, controlling what the victim spends money on, stopping victims from accessing financial support etc.

Increasing rates of poverty as a result of job losses, low rates of sick pay and unpaid leave, could increase women's economic dependence and vulnerability to domestic abuse. There is an increasing likelihood that women who are already facing economic dependence and coercive control could find this intensifies during the crisis, given that they may lose their job, have low rates of sick pay or no access to sick pay, may have to take unpaid leave or have to leave their job because of caring responsibilities etc, and the perpetrator may use this to tighten control and/or increase economic dependence.

There was a 25% surge in calls to the National Domestic Abuse helpline in a five-day period during the current coronavirus lockdown, according to the charity Refuge. In the week starting 30 March, from Monday to Friday, the helpline saw a significant daily rise in calls and contacts. There was also increase of around 150% in visits to nationaldahelpline.org.uk compared with the last week in February.

There is also a potential risk around the potential early release of prisoners back into the community if some of the male prisoners on early release are perpetrators of Violence Against Women and Girls.

Grants from the Scottish Government's emergency £350 million Communities Fund have been made to Scottish Women's Aid and Rape Crisis Scotland to ensure that access to these key support services is maintained and victims still have access to methods of reporting crimes during the crisis, including using online video platforms, text messaging and phone calls.

https://lgiu.org/briefing/supporting-the-victims-of-domestic-abuse-during-a-pandemic/
https://survivingeconomicabuse.org/wp-content/uploads/2020/04/Economic-abuse-and-the-coronavirus-outbreak-02042020.pdf

2.9   Housing

Those living in socio-economic disadvantage often live in poor housing and experience fuel poverty. Affordability is an issue should someone lose their job and various schemes are in place to try to prevent people from being evicted and to pause rent payments where possible.

Fuel poverty is also an issue, with many low income families struggling to heat their homes and often having to choose between heating and eating. Fuel poverty will also impact on people's ability to self-isolate if they can only afford to heat one room at a time.

Damp housing will exacerbate upper respiratory tract infections which could add to the risk of poor outcomes should anyone living in it contract COVID-19.

Overcrowding can be an issue in poorer households, with some of the most deprived families sharing one bedroom. Houses will be smaller and so the lockdown means that families will be living in very close quarters, potentially without access to the internet and other forms of entertainment. Some guidance regarding self-isolation suggests that people infected with the virus sleep in the 'spare room' and use a different bathroom from the rest of the family. Many families do not have these options, with many more affluent households having only one bathroom and no spare bedroom either.

Ethnic minorities are more likely to live in 'overcrowded' housing as well as multigenerational households; 30% of Bangladeshi households and 15% of black African households are overcrowded (where there are more people than bedrooms), compared to 2% of white British households.

Bangladeshi, Indian and Chinese households are particularly likely to have older people over 65 living with children under the age of 16.

Overall, BME groups are less likely to own their own home (only around a quarter of black African people are owner-occupiers), and more likely to be renting from private landlords than white British groups.

This means that some ethnic minority groups, including elderly BME people, will be more vulnerable to severe illness from COVID-19.

There is a risk of a negative mental health impact if those living in more deprived areas are unable to leave their homes or who have very limited access to greenspace locally. Those living in flats are unlikely to have access to gardens.

Housing can also impact on education for children who may not have quiet space for study, or if they do have their own room, it may be too cold to sit in for any period of time.

Gypsy traveller families face particular barriers to supporting their resilience to COVID 19 as their traditional way of life makes social distancing measures difficult. Caravans are cramped for home schooling children and lack of running water and other essentials prove challenging. Many 'home delivery' services are reluctant to deliver to traveller sites increasing the barriers faced by families in these areas. Literacy issues may result in difficulty accessing information and support and lack of documentation may make accessing benefits more difficult. Traditional sources of income will also have been lost during the lockdown so having access to social security is extremely important.

https://www.gypsy-traveller.org/news/covid-19-guidance-for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/
https://www.travellermovement.org.uk/index.php/covid-19

2.10   Homelessness

Rough sleepers are more likely to have poor nutrition, weaker immune systems and a lack of access to good hygiene leaving them very vulnerable to COVID-19.

Funding has been provided by the Scottish Government to offer accommodation to rough sleepers allowing homeless people to self-isolate should they have COVID-19 symptoms and to ensure many people are not sleeping in one large room.

Some people with insecure immigration status, no recourse to public funds or complex background issues may not be able to access accommodation and will have to continue sleeping rough.

With the lockdown in place many homeless people are now getting no income from begging.

The Coronavirus (Scotland) Bill included provisions for the early release of some people from prison to reduce overcrowding and limit the spread of COVID19 amongst the prison population and staff. In usual circumstances, many people leaving prison are homeless at the point of release (over 1,800 during 2018-19), and so this has important implications for statutory homelessness services and the provision of temporary accommodation. The Scottish Government and local authorities are already considering how best the process can be managed to ensure accommodation is available where needed over the next six months.

https://www.gov.scot/publications/coronavirus-covid-19-homelessness/
https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping/covid-19-guidance-for-hostel-or-day-centre-providers-of-services-for-people-experiencing-rough-sleeping
https://scotland.shelter.org.uk/get_advice/scottish_housing_advice_coronavirus_COVID_19
https://homelessnetwork.scot/covid-19/
https://mailchi.mp/fb6b7a8ca339/all-in-for-change-3923041

2.11   Economy

Economic implications of the COVID-19 can be detrimental not only to public health systems but to trade and travel, food and agriculture industries, various market types and retail chains, among others. These sectors are not traditionally linked to disease impact assessments, yet they are confronted with the threat of the virus wherein consumers are too fearful to access their services because of supply chain or their workforce is compromised.

Economic cost of illness-related productivity losses can be significant. These costs can create barriers in access to services, affect health outcomes and contribute to the financial burden of households

The low-paid, young people and women are likely to be the hardest hit by the coronavirus shutdown of businesses including restaurants, hotels, pubs, retailers and transport services.

Low earners are seven times as likely as high earners to work in a business sector that has shut down, according to the Institute for Fiscal Studies. The body's analysis found a third of the bottom 10% of earners worked in the worst-hit sectors, against one in 20 (5%) of those in the top 10%.

Workers aged under 25 are about two and a half times as likely to work in a sector forced to suspend trade. Companies closed under the government's social distancing measures employed nearly a third (30%) of all employees under 25, not including full-time students who also have a job. This compares with just one in eight (13%) of workers aged 25 and over.

Women were about one-third more likely than men to work in a sector that has been shut down, as they make up the bulk of retail and hospitality workers. One in six female employees worked for businesses hit by the lockdown, compared with one in seven of their male counterparts.

https://lgiu.org/supporting-the-local-economy-during-the-covid-19-crisis/
https://www.theguardian.com/business/2020/apr/06/coronavirus-lockdown-to-hit-low-paid-young-and-women-hardest-warns-ifs
https://www.ifs.org.uk/publications/14791
Fraser of Allander Institute – quantifying the impact on the Scottish Economy

3.   Communities of interest

3.1   People with Disabilities

According to analysis of the Scottish Health Survey in 2017 32% of adults in Scotland have a disability and 10% of children have a disability. The coronavirus disease 2019 (COVID-19) pandemic is likely to disproportionately affect these individuals, putting them at risk of increased morbidity and mortality.

At risk, vulnerable disabled people will have to shield because of health conditions which may result in a drop in income if they cannot work from home and some people will be struggling to get food and other supplies depending on where they live and how connected they are to family, friends or volunteers in their local area.

Access to additional financial aid is vital to reduce the risk of people with disabilities and their families falling into greater vulnerability or poverty. Many people with disabilities depend on services that have been suspended and may not have enough money to stockpile food and medicine or afford the extra cost of home deliveries.

People living with disabilities have a range of general concerns alongside specific vulnerability, including access to care and medication, social isolation, potential loss of carer support due to COVID-19 and carers having to isolate, difficulty accessing information in appropriate formats, and the possibility of more expensive costs for food and other supplies because they have to shop locally in more expensive shops, or have to travel by taxi to shops because public transport is reduced and presents a higher risk of infection. There is a fear of de-prioritisation for access to treatment of complications of COVID-19 if NHS intensive care services are overwhelmed.

Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe. There are difficult decisions to be made by those with disabilities and their carers in regard to the provision of personal care, with carers/personal assistants running the risk of bringing the virus into the homes of the people they care for. Where people are using Self Directed Support/direct payments, the carers they employ might be self-employed and so need to go to work to earn, potentially putting those they care for at risk. They might not qualify for statutory sick pay and so are forced to keep working. There is also a lack of personal protective equipment for the social care sector.

On top of these challenges the introduction of new Scottish Disability benefits has been postponed. They will continue to be provided by the UK Government and many of the requirements have been relaxed, but this will be a disappointment to many.

Key recommendations from the International Disability Alliance are set out here http://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30076-1/fulltext

3.2 Black, Asian and Minority Ethnic Communities

Black and ethnic minority (BME) groups in the UK are among the poorest socio-economic groups. There are structural inequalities that place BME groups at much higher risk of severe illness from COVID-19, as well as experiencing harsher economic impacts from government measures to slow the spread the virus.

Health inequalities are more pronounced among black and minority ethnic people already (Marmot, 2020). Recent work on mortality in the UK has highlighted the projected lower life expectancy among Pakistani and Bangladeshi people in particular (Marmot, 2020). Higher rates of poverty, the experience of discrimination, poor employment and access to health services all feed into these inequalities. Poverty is twice as high in black and minority ethnic groups on average, and much higher in specific groups, making them vulnerable to changes in prices or rents (JRF, 2017). Black and minority ethnic families also tend to be larger on average, which places additional stresses on space within the home and on bills and finances as a result.

The UK government's Race Disparity Audit showed that while employment rates have been improving overall, BME groups were, on average, twice as likely to be unemployed than their white British counterparts, and much more likely (particularly Pakistani and Bangladeshi groups) to be in low skilled and low paying occupations. And a TUC report in 2019 showed that black and ethnic minority groups were twice as likely to be in precarious employment, including zero hour contracts and agency contracts.

Black and minority ethnic people are more likely to be key workers and/or work in occupations where they are at a higher risk of exposure. These include cleaners, public transport (including taxis), shops, and NHS staff (Cabinet Office, 2019). Within the NHS, black and minority ethnic people are 40 per cent of doctors and 20 per cent of nurses nationally (and 50 per cent in London). Black and minority ethnic people are also 17 per cent of the social care workforce, rising to 59 per cent in London, with particular groups such as Eastern Europeans and Portuguese workers often being less visible but a significant part of the workforce.

Black and minority ethnic communities are more likely to have language and interpreting needs that may limit their access to information and treatment. Poor communication will limit the ability of health services to treat and respond to the pandemic. Agencies are working to address this in relation to COVID19, for example Doctors of the World are coordinating a multilingual resource pack.

Labour market inequalities between ethnic groups explain the substantial poverty rates among BME households, with, for example, 60% of Bangladeshi children living in poverty after housing costs. This combined with the other inequalities outlined tell us that BME groups in Britain will be less likely to weather the economic fallout from the COVID-19 crisis

https://www.runnymedetrust.org/blog/coronavirus-will-increase-race-inequalities
https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/

3.3   Migrants, Refugees and Asylum seekers

Migrants with no recourse to public funds face additional barriers and insecurity as they are unable to access mainstream benefits including Universal Credit and therefore require local authority assistance under s12 of the Social Work Scotland Act 1968 to access emergency accommodation, such as refuges and financial support.

Those who are without immigration status may be destitute and cannot access health care and other support.

Even migrants who are in the legal system will have problems having enough money as their allowances are not enough to help them to eat healthily or disinfect or clean their surroundings sufficiently. Many will be living in houses of multiple occupation and so can't socially isolate.

While changes to the current rules on access to public funds will increase the likelihood of support if required, there will be longer term issues to consider. These will arise from the delays to the screening and processing of asylum applications.

https://www.scottishrefugeecouncil.org.uk/changes-to-the-asylum-process-and-resettlement-during-covid-19/
www.Scottishrefugeecouncil.org.uk
https://www.nhsinform.scot/care-support-and-rights/health-rights/access/healthcare-for-refugees-and-asylum-seekers
https://www.glasgow.gov.uk/article/17947/Asylum-Seekers-Useful-Links

3.4   Vulnerable Adults

Vulnerable adults such as those with learning disabilities, dementia or who are neuro-diverse may be at risk due to, for example, the inability to fully understand the requirements around social distancing and staying at home. For some a change in routine could cause extreme distress and present challenges for their carers. Carers are often living on lower incomes so any impact on their outcome will cause additional hardship for them and those they care for. Additionally, there will be an impact on carers of vulnerable adults if social care services are stretched thin, and there is no access to day centres etc.

There is also a risk of vulnerable adults being taken advantage of by fraudsters and those pretending to be social care staff. Some vulnerable adults, especially those with learning disabilities or those with substance misuse problems may be taken advantage of by people using their homes as 'party flats' even with the requirement to social distance. There is a duty regarding safeguarding for this community.

Many councils are redeploying staff into social care/home care settings, carrying out enhanced disclosures of staff but in the rush to respond to the emergency situation who is monitoring these? There is also a risk that charities and third sector organisations, who will be working with the most positive of intent, are not robust enough in their vetting of volunteers, leaving vulnerable people at risk.

Vulnerable adults who already had support mechanisms in place may fare better than those who only have family members to look after them, where families may not be well equipped to advocate for their family member or have no access to personal protective equipment (PPE). However, services in both the public sector and third sector have been cut to 'life and limb' as a result of the current crisis, with an impact on personal care and interaction with clients. This may lead to greater social isolation and loneliness for those living on their own. Telephone contact can help with this but some people with profound learning disabilities cannot use telephones.

3.5   Older People

For older people who will be shielding loneliness and social isolation are a major factor. Befriending services are moving to online platforms, but there will be many older people who are not technologically savvy enough to use these methods. Telephone calls, however, will allow for contact to continue to be made. Isolation from family members and other social networks such as local groups will increase the risk of loneliness.

There are more female older people than male in Scotland and more women than men in Scotland live with a long-term health condition. This means that within this risk group, there is a subgroup who are more at risk of the virus.

As with vulnerable people there is a need to safeguard older people from criminals trying to defraud them, posing as social care workers or through phishing emails. Again, as with other vulnerable people there is an impact on carers if social care services are stretched, and if care is provided by a family member, without PPE, then there is a greater risk of infection.

Monitoring of enhanced disclosures of staff being drafted in to help Health and Social Care is important.

ONS information in England and Wales shows that In the three weeks up to 27 March the majority of deaths involving COVID-19 have been among people aged 65 years and over (568 out of 647), with 41% (233) of these occurring in the over-85 age group. It is essential that older people are protected from the spread of the virus.

https://www.ageuk.org.uk/scotland/information-advice/health-and-wellbeing/coronavirus/
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26

3.6   Vulnerable Children

Some social workers working with local authorities throughout the UK are reporting that their contact with at-risk children had been reduced to WhatsApp calls, or seeing them standing on their parents' doorsteps as families self-isolate.

Children and young people are normally seen by lots of different adults every day, like neighbours, grandparents and teachers. But due to coronavirus (COVID-19) the population is self-isolating, social distancing and spending much more time at home. This means some families might need extra support with parenting. And if a child is experiencing abuse, there aren't as many opportunities for adults to spot the signs and help.

We know isolation can put some children at a greater risk of domestic abuse, neglect, physical abuse, emotional abuse and sexual abuse.

Efforts are being made to keep school places open for vulnerable children. But It's everyone's responsibility to keep children safe, spot the signs of abuse and report concerns.

Social distancing, self-isolating and quarantine can cause stress and changes in everyone's behaviour. Families are under new pressures and children can become withdrawn, anxious or depressed.

Safeguarding and promoting the welfare of children remains of paramount importance. For many parents, carers and children, access to support, including the services offered by other safeguarding partners, educational settings or the third sector, can be invaluable in helping to keep children safe and families sufficiently supported. As far as possible, multi-agency support should continue, whilst being mindful of changes in how this is offered, for example, offering telephone or online support rather than face-to-face meetings where it is safe to do so.

Local authorities should be conscious of reduced protective factors available to children and families and the increased stressors as a result of coronavirus (COVID-19) and try to ensure continuity and consistency of support where possible.

https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care#safeguarding

3.7   Looked After and Looked After and Accommodated Children

Looked after and looked after and accommodated children are at high risk of poorer outcomes and experiencing inequality of outcome. The pandemic means that contact visits between children in long-term foster care and their birth families are being negatively impacted upon. The health profile of a lot of birth families will be poor and the underlying health problems of some of the parents will mean that children in foster care will already have not been able to see them from before the schools were closed.

Supervised face to face contact has been stopped to meet with social distancing guidelines which increases the risk for children looked after at home which, due to the stresses of COIVD-19 and the lockdown, might be even more dangerous for children than before. In many cases those who have impending dates in family court have not yet been informed whether they are expected to appear in person or whether something else is being arranged.

Adoption processes may be delayed, but the UK government has encouraged creativity in how to continue introductory meetings and communication.

Guidelines for foster families restrict social media for looked after and accommodated children which can have a negative impact on children engaging with their peers. If guidance were to change to outline a new appropriate level of social media access carers need to be made aware of what they can and can't do.

3.8   Women in the sex industry

There is increased risk to women engaged in prostitution and other forms of commercial sexual exploitation (CSE), where danger of contagion, violence and sexual coercion are extremely high and lack of social support and connectivity to services leave women extremely vulnerable to poverty, risk of homelessness and destitution. This group of women will be unable to claim government money for loss of income.

The website CLICK www.click.scot is for women, including trans women, and non-binary people, selling sex etc, giving practical advice re money, food, housing and wellbeing etc.

There is a report from the Women's Support Project on the National Violence Against Women Network KHub site, as well as on the Fairer Scotland Duty KHub.

3.9   Child Poverty

The impact of COVID 19 for children is significant and potentially long lasting. Children within families are reliant on the response of their immediate family to the pandemic to protect them from harm. All of the issues outlined above will have significant impact for families.

In addition, children will miss out on education and social interaction with their peers. For some children, they will benefit from increased time with their families and be protected from the stress of COVID-19. For other children, particularly those already at risk of harm and those living in chaotic households, the impact on their health and well-being could be significant. Key areas of concern include:
- Learning loss both from formal and informal education and interaction with their peers
- Lack of home learning resources including digital exclusion and basic toys/ pens and paper etc
- Increased vulnerability/ exposure to violence within the home or other negative behaviour

- Negative impact on their mental health from lack of communication/ interaction with their friends
- Potential disruption to normal sleep patterns
- Increased stress and anxiety arising from the social distancing and other protective measures put in place

In the longer term, key policy drivers, which were built to reduce levels of child poverty have been significantly impacted by COVID-19. The delivery of 1140 hours of free early learning and childcare is likely to be delayed and the deadline on local authorities to deliver it has been removed. While some settings will be in a position to continue the level of delivery re pandemic, for future cohorts of children, their entitlement is unclear. The delivery of the Scottish Child Payment has been delayed until the end of 2020 at the earliest.

The Government response to the situation has focused on key areas of income protection and increased social security measures. While there is also a focus on food and moves by local authorities to manage the provision of alternatives to free school meals, other 'costs of living' remain and these will have a potentially bigger impact for families with children and larger families in particular e.g. fuel and energy bills.

For children with additional support needs or more complex disabilities, the issues identified above are also exacerbated by the need to manage the particular needs of their families, without the support services normally available to them. For some families stresses will include regression of progress made through established therapies, access to medical supplies and treatments, decisions about accessing care settings that remain open during the pandemic and increased anxiety about family income and security.

https://cpag.org.uk/policy-and-campaigns/briefing/supporting-families-during-covid-19-pandemic

4.   Other useful links

https://www.jrf.org.uk/blog/what-does-covid-19-mean-people-restricted-poverty

https://www.resolutionfoundation.org/comment/new-data-shows-households-were-struggling-even-before-coronavirus/

https://www.equallyours.org.uk/resources/the-equality-and-human-rights-impacts-of-covid-19/

https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic

https://www.channel4.com/news/factcheck/factcheck-are-bme-people-more-likely-to-be-in-intensive-care-with-coronavirus

https://scottishcare.org/ceo-statement-on-coronavirus-age-shall-not-limit-them/

https://www.closethegap.org.uk/news/blog/coronavirus-brings-new-focus-to-womens-continued-inequality-/

https://www.bbc.co.uk/news/uk-52219070

https://lgiu.org/briefing/local-government-and-covid-19-issues-for-disadvantaged-groups/

Equality Evidence Finder https://www2.gov.scot/Topics/People/Equality/Equalities