



# Understanding your equality needs

## Background

The EQUALITY AND INCLUSION PARTNERSHIP (EQuIP) is a Warwickshire-wide charitable organisation with a vision of a place where everyone embraces difference and diversity, ensures opportunity, eradicates inequality of treatment and operates in a fair environment for all.

EQuIP works towards the elimination of discrimination on the grounds of age, disability, gender (sex), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Our expertise

- Advice & support for victims of discrimination & harassment through 1-2-1 casework
- Engaging with communities to identify need & to influence services
- Promoting good relations by raising awareness of different cultures & bringing all communities together
- Providing key equality information

## Introduction

As the situation with coronavirus evolved, EQuIP launched this survey online to ensure that services and support across all sectors, continue to meet equality needs. Many individuals, groups and communities have been impacted as a result of the measures implemented to control the spread of the virus from self-isolating, social distancing, staying at home, caring for a family member or friend, as well as measures concerning work, health and education.

This survey was conducted in May – June 2020 and aimed to capture equality issues in Warwickshire, particularly those that are a result of the current situation concerning coronavirus. It is important to note that the survey was completed before the Black Lives Matter Movement. These equality issues have been gathered, along with concerns that affect both individuals and community groups. EQuIP will work with key service providers to ensure that these issues and concerns are addressed.

## Key Findings

### Method

EQuIP devised a questionnaire (Appendix 1) that was available to complete in four easy ways:

- Online
- By requesting an electronic copy
- Requesting a hard copy by post
- Arrange for an EQuIP Officer to complete the questionnaire over the telephone.

### Participants

The survey was sent out electronically to all members, partners and contacts. Community groups were contacted to complete the survey by telephone.

A total of 51 surveys were completed online and 153 surveys were completed over the telephone.

All efforts were made to reach out to communities from each of the Protected Characteristics. However, the responses received were predominantly from the characteristics of Age, Disability, Gender, Race and Religion.

The survey was circulated to our contacts via the EQuIP Bulletin and disseminated widely through our partners. For those contacts on the database who were not digitally included, telephone calls were made to go through the survey to ensure that they had an opportunity to participate and have their say.

Telephone calls were also made to reach out to the Covid Support groups to ascertain any equality issues that they may have knowledge of.

The inability to conduct the surveys face to face due to Covid meant that discussions within groups were not possible. These discussions are invaluable in that they enable a safe platform in which to share experiences.

## Who do you represent?



Public Organisations **6**

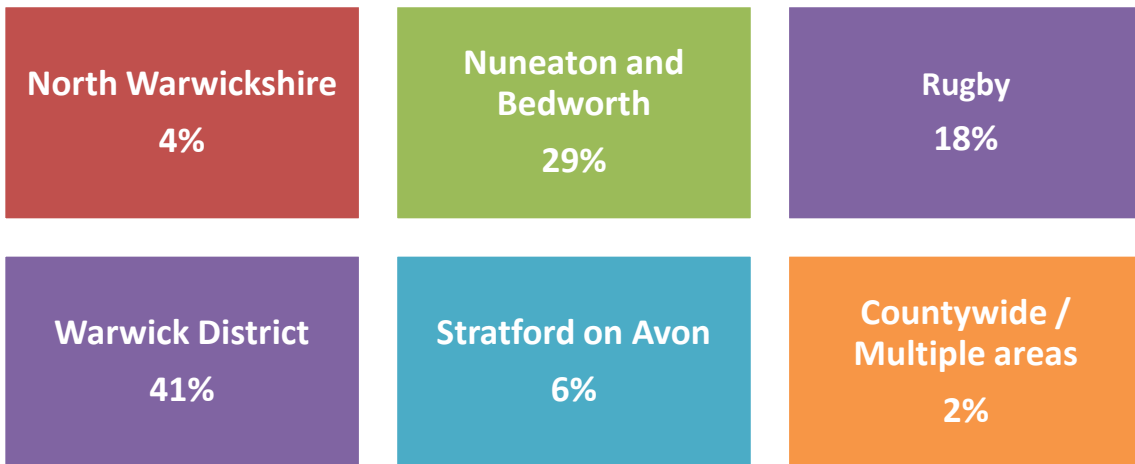


Community and Voluntary Organisations **27**



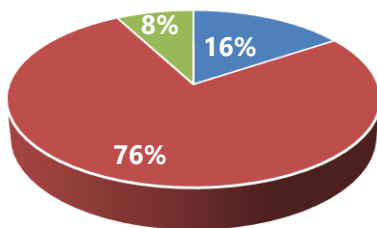
Individuals **171**

## Area you live or work in



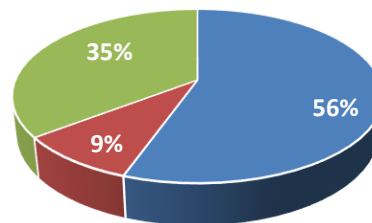
## Equality Monitoring

### Gender



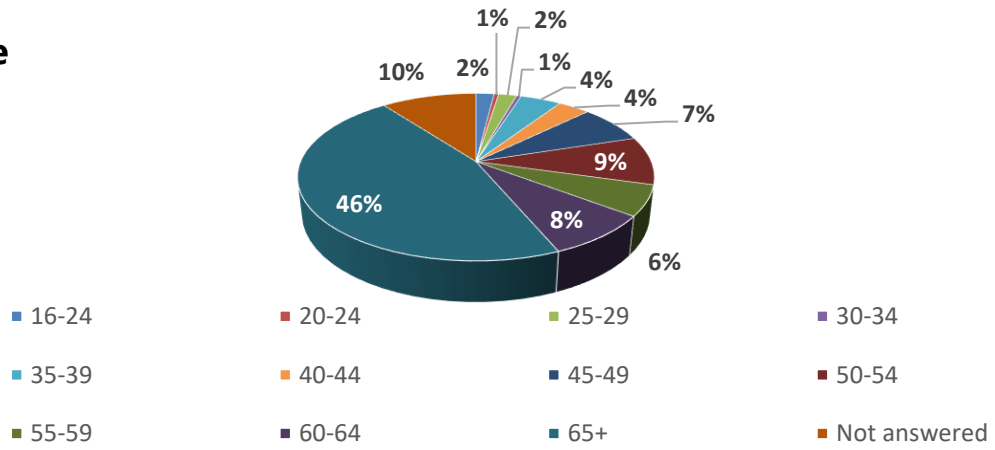
■ Male ■ Female ■ Prefer not to say ■

### Married / Civil Partnership

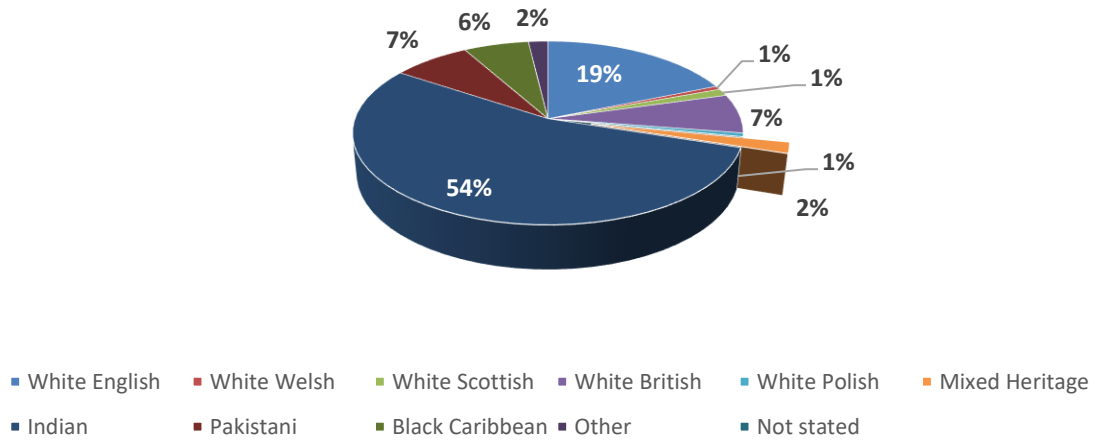


■ yes ■ no ■ Prefer not to say

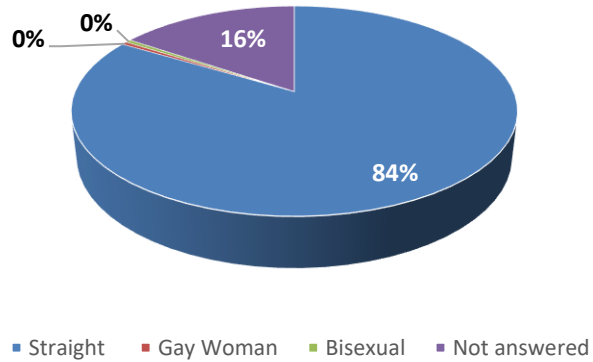
### Age



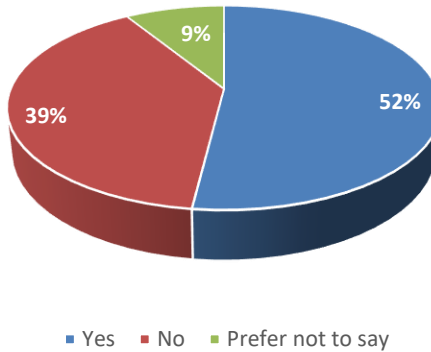
### Ethnicity



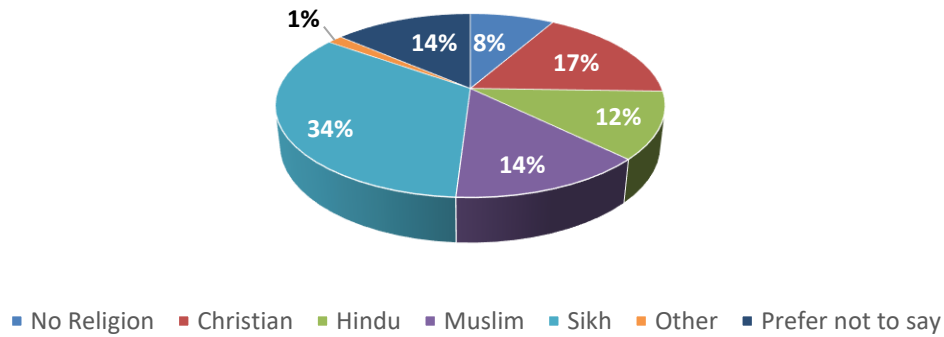
### Sexual Orientation



### Disability



### Religion



## Health and Wellbeing

### Mental Health

There were various responses relating to mental health. Respondents, particularly those that are shielding stated that they felt isolated. Many were able to see their family through windows when they dropped off the shopping, but they stated that this was not enough and did not alleviate the feeling of being lonely. This was particularly harder for victims of hate and discrimination. One respondent stated that they were a victim of discrimination and harassment and the pandemic has made life harder as this person cannot connect with their family and friends who are their support network. Another respondent who was a victim of discrimination at work stated that Covid had prolonged the investigation by their employers and this was adding the distress and anxiety that they were already experiencing. The lack of informal support from family and

friends and the inability to connect is having a detrimental effect on emotional health for victims of discrimination and hate.

There are concerns with regards to the pandemic itself and this particularly affects people with Autism. Some respondents stated that there were raised levels of anxiety with their Autism and they feared going out into public spaces. However, one of the support groups noted that some people with Autism struggled to understand social distancing and continued with their usual routine as normal.

One of the respondents with learning disabilities stated that when they received the letter from the NHS they were very frightened. Not only were they frightened for themselves but frightened of losing their friends. The thought that they might die made them very anxious.

For this person the news really scared them and the only way they chose to receive information was through their family. They did not want to know how many thousands of people were dying. Their mum was able to screen the information and deliver it in a way that did not cause anxiety but kept them informed.

For respondents with learning disabilities, reliance on their families for shopping, support with understanding letters and information relating to Covid was vital and in many cases this was the only support they were able to access.

Bereavement support for people who have lost their loved ones is difficult to access. With the added social isolation for some people, they have limited support networks. This is having an impact on their mental health and their grieving process.

## **Adult Social Care**

Support through social care was an issue for some respondents. One of the Covid Support Groups were concerned that many of the people they were supporting were not receiving the support they needed. They were allocated an hour's worth of support, however the care assistant was rushing and did not spend even half the allocated time with the person needing the support. This is at a time when vulnerable people are more isolated than ever. For some of these vulnerable people, their care assistant is the only social contact they have.

One respondent stated that their care package had been reduced due to staff shortage. This person stated that they did not see anyone. Other respondents who would normally access day care services or have access to other social support groups were now isolated at home. For those that live on their own, this increased the loneliness and isolation. For those that live with a family or informal carer, this increased the reliance on the carer, without an opportunity for them to have a break.

There was also some confusion around Direct Payments. With people not being able to access day care services and respite care, there was a fear that they would lose out and not be able to access the support when they needed it. This was a particular worry for carers who were under a lot of strain due to added care responsibilities. There was a feeling that they would lose respite support when they needed it the most.

## Care Homes

A number of respondents had loved ones in care homes and struggled to communicate with them.

One respondent referred to her father who had tested positive for Covid 19. He also has Alzheimer's and cannot have visitors. Although the care homes are expected to organise weekly phone calls to the main carer or next of kin, this family had not heard anything for over two weeks. This issue was echoed by a number of respondents who struggled to connect with their loved ones in care homes.

There were further concerns regarding people with dementia. Their carers were worried that a person with Dementia cannot understand what is going on and this would lead to them feeling very confused. They would feel more isolated as they would not understand why their families are not visiting them.

One respondent felt that there needs to be an evaluation of Mental Health Act provisions and how they are being used in the county. This should include Do Not Resuscitate (DNR) notices and how they are being applied and to whom. There was a particular reference to the elderly and those with learning disabilities.



## Accessing Medical Care and Support

A number of respondents who are visually impaired, stated that their routine appointments have had to be cancelled. One respondent stated that they only had one annual visit from the nurse to take their blood pressure and general medical examination. They felt that as they are over 80, severely sight impaired and have a number of physical difficulties, medication should be reviewed more than once a year.

Another respondent stated that they received home visits for cortisone injections three times a year and without these injections their pain levels are extremely high. They stated that the GPs are trying to help by prescribing more morphine, but this is palliative only and does not help with the underlying problem. They went on to say that their quality of life was 'extremely bad', and that they 'feel totally abandoned by the NHS'.

Respondents also stated that they were struggling with ongoing conditions due to appointments and operations being cancelled. One respondent stated that they had self-referred for physiotherapy appointments which have been cancelled. Once lockdown measures have been eased, they will have to self-refer again and restart the process, facing a long wait for treatment.

One respondent stated that they had a lump on their leg which they were concerned was cancer. They further stated that they are struggling to be seen by their GP and did want to go to hospital to get checked. An appointment was booked, online, and was later cancelled by the surgery. The worry was greater for them as they were isolated.

This was echoed by another respondent who felt 'unsafe' seeking medical help from A & E.

## Reliance on informal Carers

From conversations with young people with learning disabilities, support groups and BME communities, the reliance on family carers became apparent. These carers helped with a range of duties from shopping to reading post or making phone calls.

A respondent with learning disabilities stated that they did not know that they could get help with food parcels as they were shielding. Parents were helping

with shopping on a weekly basis. It is only when they had a leaflet through the post that they were made aware that they could have help with food parcels.

Another respondent stated that they were a carer to their mother and sister. Their mother was receiving some care through Age UK, however the respondent helped with shopping. They stated that this caused them anxiety in supermarkets as not everyone adhered to social distancing. 'People bump into you or touch you and you have to back up down the aisle to get away from them'.

They also stated that visiting their sister was not possible as she was in a care home. Their sister has a diagnosis of Parkinson's and has had no help with movement for six to seven weeks. She was previously receiving specialist physiotherapy but this has now been cancelled.

As detailed earlier in this report, informal / family carers are being expected to care for their loved ones without any support. This for many carers can result in 24 hour care without any respite. A respondent who is caring for their elderly mother stated that they were exhausted and worried about their own health deteriorating.

## **Black and Minority Ethnic (BME) Communities**

### **Access to Information - Covid**

Most of the information regarding Covid in the early stages was available online. BME communities were not able to access this information. It was concerning that these communities were relying on false information through friends and family. EQUiP has ensured that Public Health approved translated materials have been cascaded to the community. As the situation has evolved, various translated materials have been made available.

### **Access to Information – Medical**

BME communities stated that accessing GPs and nurses was confusing. They were not sure whether they could attend appointments as they were unable to contact the surgery. Some respondents stated that they went to visit the GP surgery in person, which defies social distancing.

Elderly BME respondents also stated that as many GP surgeries were offering telephone consultations, they struggled to access this due to language difficulties.

Some BME respondents stated that they avoided getting support for health conditions, either at the GP or in hospital as they believed that they would be at a higher risk of catching Covid there.

From speaking to BME respondents it also became apparent that there is a stigma attached to Covid. Speaking to a BME respondent who had a diagnosis of Covid in the family, it became apparent that they did not want the community to know about the diagnosis because 'people talk'.

## **Support for BME Elders**

Some BME elders are approaching day care coordinators for support. These elders have no one else to turn to and the coordinators are unable to turn people away and support the best they can whilst observing social distancing.

This support can range from understanding letters or telephoning for appointments. The coordinators struggle without IT facilities and many of them would benefit from IT training. This would enable them to support BME elders in a much easier way.

## **Isolation and Impact on Mental Health**

BME elders felt isolated before the Covid crisis and now many are struggling with loneliness. These elders would struggle to access mainstream mental health services and a more creative approach would be needed to encourage access to mental health support going forward.

## **What further improvements are needed by health and wellbeing services to ensure that equality needs can be met?**

Below are some of the comments received from respondents in terms of what improvements can be made.

'A greater understanding of equality and the impact on individuals and families. A breaking down of stereotypes and a valuing of difference rather than ignorance or fear'.

'An awareness of cultural issues'

'Easy information that is not frightening or scary. All of the information that is available is scary and I don't read it'.

'Educating managers about equality and how to recognise discrimination'.

'Mental health services understanding the complex mental health issues that adults with Autism have and how best to treat them'.

'Help the older generation recognise that getting support is not a 'failure' and/or that requiring social services support is not a stigma or negative thing'.

## Safer Communities

### Awareness of Autism and Learning Disabilities

There were concerns raised around a perceived lack of understanding by the Police of Autism and how this can affect a person and their reactions. These reactions could include noise levels, problems with boundary lines (parking on driveway etc. Respondents stated that there needs to be a better understanding that these reactions are due to Autism, not because someone is being petty or childish.

### Hate Crime

Some respondents felt that Disability and Race hate crimes were on the increase. Specific reference was made to nurses from the Philippines and care workers from Romania being accused of being virus spreaders.

There were also comments that there was a feeling that disabled people were a risk and they should stay at home.

One of the respondents gave the following as an example 'I have experienced hate crime from neighbours for a few years now. This was not taken seriously or investigated until recently. There are a lot of problems in my area with people smoking cannabis. A neighbour's son throws stones at cars in the car park. When he passed me in the street the other day, he deliberately coughed on me. I don't see the point in reporting anything as nothing can be done'.

There were a further references to individual issues relating to hate crime. Respondents felt unsafe in their homes but felt that the Police would not do anything if they reported the hate.

Following reports in the media, there was a fear of prisoners being released due to Covid. The issue was of particular concern to victims of domestic abuse who feared that perpetrators would be released.

### **Safer Communities – What further improvements are needed by these service providers to ensure that equality needs can be met?**

Below are some of the comments received from respondents in terms of what improvements can be made.

'Education around autism so that people are not criminalised because of their responses caused by their disability'.

'Greater consideration of early prisoner's release in case of domestic abuse victims'.

### **Financial Inclusion**

Respondents stated that their benefit applications were taking longer to be assessed. These particularly related to Personal Independence Payments (PIP) and Attendance Allowance.

Respondents stated that families are juggling with various expenditure and as the family is at home there is more food being bought. Whereas before they shopped at low cost supermarkets, they are now having to shop elsewhere and are now paying higher prices for food. Food costs are having a knock effect on finances.

There were a number of respondents who were struggling with mental health that felt that their disability benefit assessments were not taking into account their mental health. The assessments had a focus on physical capabilities but disregarded the effect of mental health on day to day activities. Benefits that were mentioned are the Employment Support Allowance (ESA) and Personal Independence Payment (PIP).

A respondent gave an example where 'I was denied Personal Independence Payment on the basis that I could prepare a simple meal for myself and drive myself to university. I feel that, because I have not sat around and given in to what is an increasing disability for me. I am penalised for actually making an effort. The money would have been useful to pay for aids I increasingly need'.

## **Financial Inclusion – What further improvements are needed by these service providers to ensure that equality needs can be met?**

Below are some of the comments received from respondents in terms of what improvements can be made.

'Assessment by people who know about conditions'

'Better education for BME elders to understand shopping online and how to register for support'.

'Ensure that all members of the community are aware of their rights and entitlement in all formats'.

'More advice on what help is available financially. There is a lot out there but there are no easy guides available'.

'More assistance and tolerance with application process for vulnerable people'.

'No local briefings from benefit services or workshops. Supporting those that are vulnerable and scared of what's going to happen. It's not just about supplying food'.

## **Education and Training**

### **Special Educational Needs**

Despite the government stating that children with special educational needs would be able to continue going to school, this was not always the case. Some children with an Education & Health Care Plan who are classed as vulnerable, were unable to attend school during the Covid crisis because of respiratory health or other serious health conditions and there is a lack of provision for them to continue with their education.

There was a further mention by one respondent that a young person with additional needs who attends a special school has more support and opportunities. They go on to state this support is not readily available or known to young people in mainstream settings who have additional needs.

In terms of support at university, a respondent gave an example where their mother had to argue for reasonable adjustments. They went on to state that they were made to feel bad by someone who did not understand their condition at all.

## Higher Education

There is concern that the closure of universities will have a detrimental impact on learning and the grades attained during this year. An example was given where there have been no online lectures offered or online support tutorials with members of staff.

### **Education and Training - What further improvements are needed by Education and Training services to ensure that equality needs can be met.**

Below are some of the comments received from respondents in terms of what improvements can be made.

'There needs to be an awareness of racism in schools'

'It is probably too late now, for University students, as most of their courses finish by May. The Universities should have continued with online lectures, tutorials and pastoral support. This situation has left a lot of students distressed and in tears with no support.

My daughter supports a blind student whilst at University and no extra help and support has been offered to this student during lock down. The Universities should, at the very least, be offering a refund for the months they have closed'.

## Employment

### Opportunities

There are concerns around employment opportunities post Covid. These concerns are greater for those who have disabilities.

During lockdown people who are unemployed struggle to access the internet. This makes it difficult for them to seek and apply for jobs and puts them at a disadvantage.

## Equality

Many of the responses referred to the lack of equality within the work environment.

An example was given that in logistics centres, management positions tend to be held by UK workers.

There were concerns relating to working conditions. Some of the Polish community working in warehouses felt that employers are not mindful of social distancing or PPE. They feel that their safety is compromised but do not have the confidence to raise this.

The lack of an effective Black Workers Group was raised. References were made to groups in existence but there was a feeling that these were tokenistic and did not deal with real issues in the workplace.

### **Employment - What further improvements are needed by Employers to ensure that equality needs can be met.**

Below are some of the comments received from respondents in terms of what improvements can be made.

'Employers need to make a bigger effort to implement the "reasonable adjustments" set out in Access to Work guidance'

'Encourage employers to consider older people if they have the skill set'

'Further acceptance and awareness of individual needs'

'Further training, challenge and evidence of compliance'

'Have a county wide BME network paid by county run by Equip with the ability to challenge discrimination not to brush it under the carpet'

'I think that is always good when interviewing for positions you have a diverse team on the panel'



## Recommendations

### Health and Wellbeing

#### Mental Health and Learning Disabilities

- How are Mental Health Support Services meeting the needs of diverse groups during the lock down period, and in general?
- Information relating to Covid needs to be made available in an easy read format, that does not cause stress or alarm for people diagnosed with Autism and other Learning Disabilities.
- People with Autism need to be made aware of organisations that are there to support them and who they can talk to if they need support or feel anxious.
- How are bereavement services able to meet the religious and cultural needs of diverse communities?

#### Adult Social Care

- Adult Social Care / Home Care Providers need to effectively monitor the services they provide to individuals. Service users need to be empowered to speak up when they are not receiving the service that they are entitled to.

#### Care Homes

- Guidance around communication with families or next of kin for people who are in care homes needs to be clear. The guidance should outline the frequency and method of such communication. For example, telephone or video calling.

## Accessing Medical Care and Support

- Awareness raising of safe medical spaces and the importance of seeking medical support for non Covid related issues.

## Support for Carers

- How are Carer's Support agencies reaching out to informal / family carers? Carers not receiving respite due to services being temporarily closed is having a detrimental effect upon their health and wellbeing. Many carers are having to care for long hours and are exhausted.

## Black and Minority Ethnic (BME) Communities

- Continued cascading of information relating to Covid into the community
- Ensure that BME communities are aware of the non Covid related medical support available and how to access that support. This could include but is not exclusive to interpreters being available for telephone consultations.
- Medical professionals to be more culturally aware of how Covid affects the family and the individual. There needs to be sensitivity particularly around the perceived stigma around Covid and BME communities.
- Further support for volunteers in the community supporting BME elders. This should include various training modules including IT and online skills as well as safeguarding and awareness of organisations for signposting.

## Safer Communities

- Awareness to be provided by Warwickshire Police on the training provided to officers around Autism and Learning Disabilities. How are individuals with Autism and Learning Disabilities supported as victims and witnesses as well as those individuals suspected of crimes.
- Further awareness raising within communities on hate as there continues to be a reluctance to report Hate Crime and Hate Incidents. Further confidence building is required.

## Financial Inclusion

- Personal Independent Payments and the assessment process needs to be raised with local MPs. The assessment needs to take mental health into consideration
- Awareness raising within the community of financial support available. This support should be in easy to read format and available in one document.

## Education and Training

- Look into what support is given to children with special needs during lockdown in order that they can study at home and continue learning.
- Universities need to raise awareness with students and parents around reasonable adjustments, in a sensitive and approachable manner.
- Further information to be shared in the community concerning what steps educational establishments have taken to raise awareness of racism internally and training staff accordingly.
- Further information required on support available to students who are victims of racist bullying and the way in which they can report.

## Employment

- Awareness raising of employment rights and in particular the right not to be discriminated against.

Appendix

# Understanding your equality needs



The Equality and Inclusion Partnership (**EQuIP**) provides a range of equality services.

**As the situation with coronavirus evolves, we need your help** to ensure that services and support across all sectors that are available to you, continue to meet your equality needs. We understand that many individuals, groups and communities have been impacted upon as a result of the measures implemented to control the spread of the virus from self-isolating, social distancing, staying at home, caring for a family member or friend, as well as measures concerning work, health and education.

Your feedback will help us capture equality issues in Warwickshire, particularly those that are or have been affected by the current situation concerning coronavirus. We will gather equality issues and concerns that affect both individuals and communities and then work with key service providers to ensure that these concerns are addressed.

The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Equality Act protects individuals from unfair treatment and promotes a fair and more equal society.

Protected characteristics are nine groups that are protected by the Act. These protected characteristics are:

- Age
- Race
- Sexual orientation
- Disability
- Religion or belief
- Marriage and civil partnership
- Gender reassignment
- Sex (Gender)
- Pregnancy and Maternity

There are 3 easy ways to complete this survey:

- Complete this questionnaire online.
- Request an electronic copy by emailing [advice@equipequality.org.uk](mailto:advice@equipequality.org.uk).
- Arrange for us to ring you to complete the questionnaire over the phone by contacting 07377 431997.

If you require a member of the EQuIP team to discuss this survey with you, please contact us and we will be happy to assist.

**The deadline for completing and returning this survey is Sunday 31<sup>st</sup> May 2020**

Thank you for your time,

Junaid Hussain  
Chief Executive

## Survey 2020

### Understanding your equality needs

1. Who do you represent?

Public Organisation

Community or Voluntary Organisation

Individual

2. Please specify the area that you live or work in

North Warwickshire

Nuneaton and Bedworth

Rugby Borough

Warwick District

Stratford upon Avon

Warwickshire-wide

When answering the following questions, please consider your responses for each of the themes within the context of existing equality issues or as a result of the current situation concerning Covid-19. These could either be positive or negative experiences.

3. **Health and Wellbeing** – Have you experienced specific equality issues in relation to Health and Wellbeing? This could include adult social care services, mental health services, dementia services, GP or hospital services.



4. **Health and Wellbeing** – What further improvements are needed by health and wellbeing services to ensure that equality needs can be met?

5. **Safer Communities** – Have you experienced specific equality issues in relation to community safety? This could include local Police services, Probation services, Hate Crime support, or Court services

6. **Safer Communities** – What further improvements are needed by these service providers to ensure that equality needs can be met?



7. **Financial Inclusion** – Have you experienced specific equality issues in relation to Financial Inclusion? This could include Food banks, Universal Credit, Personal Independence Payment or Housing Benefit

8. **Financial Inclusion** – What further improvements are needed by these service providers to ensure that equality needs can be met?

9. **Education and Training** - Have you experienced specific equality issues in relation to Education and Training? This could include schools, colleges, universities or adult learning in the community.





10. **Education and Training** - What further improvements are needed by Education and Training services to ensure that equality needs can be met.

11. **Employment** - Have you experienced specific equality issues in relation to Employment? This includes paid employment, voluntary work or apprenticeships.

12. **Employment** - What further improvements are needed by Employers to ensure that equality needs can be met.



Please take the time to complete the monitoring data below.

## EQUALITY MONITORING

Please complete by ticking the appropriate boxes:

15. **Equality Monitoring:** What is your gender?

Male

Female

Non-binary

Prefer not to say

If you prefer to use your own term, please specify here

.....

16. **Equality Monitoring:** Are you married or in a civil partnership?

Yes

No

Prefer not to say

17. **Equality Monitoring:** What is your age?

16-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65+

Prefer not to say

18. **Equality Monitoring:** What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box below:

***White:***

English

Welsh

Scottish

Northern Irish

Irish

British

Gypsy or Irish Traveller

Prefer not to say

***Mixed/multiple ethnic groups:***

White & Black Caribbean

White & Black African

White & Asian

**Asian/Asian British:**

Indian  Pakistani  Bangladeshi  Chinese

**Black/ African/ Caribbean/ Black British:**

African  Caribbean

**Other ethnic group:**

Arab

**Other ethnic group:**

Any other ethnic group not found above, please specify in the box below:

19. **Equality Monitoring** - Do you consider yourself to have a disability or health condition?

Yes  No  Prefer not to say

20. **Equality Monitoring** - What is your sexual orientation?

Straight  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say

If you prefer to use your own term, please state here .....

21. **Equality Monitoring** - What is your religion or belief?

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If another religion or belief, please state here: .....



22. Do you wish to be put on our mailing list to receive information on events & activities supported by EQuIP?

Yes  No

If yes, please leave your name and email below:

**You can unsubscribe at any time.**

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE***