



Sunderland Covid-19 Health Inequalities Strategy

Annex five

Annex five: COVID-19 Suggestions for mitigating the impact on health inequalities at a local level¹

¹ Ref: <https://www.local.gov.uk/sites/default/files/documents/COVID-19%20Suggestions%20for%20mitigating%20the%20impact%20on%20health%20inequalities%20at%20a%20local%20level%20%282%29.pdf>

Area	Issue	Impact	Potential Action
1. Community Resilience and Social Isolation	1.1 Marginalised and disadvantaged communities are at risk of poorer outcomes associated with COVID-19 and are least likely to access mainstream support	An emergency can stimulate lots of local community action and support. However not everyone is likely to benefit or be able to contribute. Some communities will be disadvantaged already which will impact on capability to maintain community resilience and social networks. Supply shortages (food, pharmaceuticals and other key goods) are likely to have a bigger impact on those in areas of high deprivation, for example due to increased costs, and disruption to factories and logistics. Some communities such as those that are physically isolated or remote may find it more difficult to access food, pharmaceuticals and other key goods.	Implement actions outlined in the national Community Resilience Development Framework. In particular: - Use local data and intelligence to understand community resilience e.g. single person households, volunteers, community groups. - Target activity to support communities in priority areas. - Encourage and enable informal volunteer networks in areas where these are less likely to be established by communities themselves. - Provide a means for key volunteers to identify they are undertaking mutual aid e.g. shopping for other people. - Co-ordinate volunteering efforts with the NHS volunteer programme. - Identify critical volunteering functions outside of NHS to inform prioritisation and support. - Maintain and adapt community development, resilience and cohesion infrastructures (including buildings where relevant) and strengthen links with community facing groups and consider them and their volunteers as key workers where appropriate. - Support the VCS in their role as employers and providers. - Adapt community engagement/ participation methods to maintain two-way communications between services and communities e.g. using online methods. - Raise awareness of everyone's responsibility in safeguarding to keep people safe. - Ensure community groups, including new online support groups are communicating the most up to date information. - Consider adding new community groups to your community mapping or carrying this out if not already in existence. - Consider how to stay in touch with those who are otherwise digitally excluded. - Link with other organisations working with priority communities and identify what action they are taking. - Target response to any emerging shortage to the needs of priority communities, considering the ability of those communities to mobilise; preferred communication methods and styles; and suitable alternatives where routine or general population approaches are assessed as not likely to be effective. - Consider the needs of those vulnerable people who have been advised to "shield" and encourage them to continue to register on gov.uk to support access to food parcels. - Identify ways to address access issues for remote and isolated communities. - Given the potential duration of the outbreak it is important that as far as possible people are supported to maintain a diet in line with the Eatwell Guide.

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2. Life Course	1.2 Small Charities and Voluntary Groups	There are considerable risks that small organisations supporting vulnerable groups may struggle to continue their services due to a lack of income or staff shortages.	a. Review updates from national VCS infrastructure organisations and support dissemination to small community groups. b. Link existing organisations to emerging community led responses. c. Inform/utilise emergency grants distributed via the National Emergencies Trust. d. Make local voluntary organisations aware of the £370m for smaller local charities to be distributed via organisations like the National Lottery Community Fund. e. Work with infrastructure/community anchor organisations to identify voluntary organisations critical to addressing health inequalities gaps and consider how/whether support can be targeted to these groups.
	2.1 People living with dementia	Communication may not be targeted to people living with dementia. Some people with dementia may have difficulty understanding complex instructions, for example about self-isolation or handwashing. People with dementia may lack awareness of and be less able to report symptoms because of communication difficulties. People with dementia in their own homes may already feel isolated and if they need to further self-isolate, additional assistance and support may be needed to mitigate the practical and emotional impact of separation. Relatives and friends not being allowed to see a person in a care home could have a detrimental effect on residents with dementia.	a. Ensure information provided is accessible and repeatable b. Encourage all to be alert to the presence of signs and symptoms of the virus for people living with dementia ("look beyond words"). c. Consider encouraging volunteer community groups, with appropriate expertise, to provide support for carers and people with dementia, particularly those living alone. d. Ensure care plans reflect the impact of self-isolation, including updated Lasting Power of Attorney documentation and advance directives. e. Promote the use of technology to help improve communication between families both at home and in care homes.

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	2.2 Older people	People aged 70+ are strongly advised to social distance for an extended period. This may lead to an increase in social isolation and impact on physical activity levels, it may also affect mental health, physical capacity and, increased risk of falls as well as overall health and wellbeing. Considering how communication is delivered is important, to ensure the most vulnerable older adults are reached, including those who may not have internet access.	- Promote ways of ensuring that physical distances do not mean losing all social contact especially for those who may not have access to the internet. For example, promote telephone contact and alternative ways of providing traditional befriending services. - Signpost advice on how people can help themselves and others to manage feelings of loneliness, and sources of support through the #Let's Talk Loneliness campaign. - Consider the potential to offer access to online services and resources for example postal print/ audio books. - Promote access to free e-books including audiobooks and newspapers/ magazines for example through libraries online and free resources from online retailers. - Encourage people to make use of interactive entertainment such as visiting art galleries and museums online. - Provide clear and practical advice about structuring the day and keeping mentally as well as physically active. This might include making time for hobbies or learning new skills. - Ensure consistent messaging for older people to drink plenty of fluids to stay hydrated. - Promote importance of physical activity including strength and balance exercises, for maintaining physical function and good mental health. - Target resources for physical activity to the needs of the most vulnerable older people, including those who may be at risk of falls to keep muscles, bones and joints strong. - Encourage a healthy balanced diet based on the Eatwell guide. - Target resources for older people at risk of malnutrition with a focus on not restricting calorie intake. - Highlight risks of increased alcohol intake: memory problems, dizziness and injuries such as falling over. Drinking whilst on some medications can also be dangerous and stop certain medications from working and cause side-effects. - Maintain support for older people who cannot access essential supplies (groceries, prescriptions). - Remind people that health services can still be accessed when needed. - Provide appropriate bereavement and grief support as the impact at this time is likely to be worse. - Encourage contingency planning in case of an emergency.

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	2.3 Children and Young People: Early Years	Families with children in early years may find it more difficult to access resources, services and support to enable early childhood development, and may be more at risk of loneliness and social isolation.	a. Health professionals should signpost parents to informative resources such as ICON which are particularly helpful at a time of high stress in the home and outside. b. Ensure continuation of national immunisation schedule for children and young people. Refer to the role of the health visitor for support. c. Refer to and highlight the role of health visitors to support children and families' health development and wellbeing during COVID-19.
	2.4 Children and Young People: Impact on educational outcomes	Evidence suggests that for disadvantaged children school closures may have a differential impact on families in deprived communities or on a low income. Action may be needed to ensure that the gap in educational outcomes for children is not exacerbated by any lengthy break from school/educational settings.	a. Prioritise the needs of those at risk of poorer educational outcomes in arrangements for home learning or where accessing school provision for priority groups that remain open. b. Consider the feasibility of schools reaching out to families in challenging circumstances to see how they are coping. c. Promote home learning environment resources to families, including activities that require limited equipment. d. Consider differential and increased home learning support for those most at risk and least likely to have resources. e. Deliver/promote virtual groups for families to join in with. f. Promote resources and support to known vulnerable families through health visiting and school nurse services (via existing targeted caseloads). g. Consider forward planning to mitigate against widening of the education attainment gap h. Consider specific support for SEN children and young people and their parents or carers, including more short breaks/respite care and the need for support with at home education, including connectivity, devices and training. i. Consider complementary work with schools on provision of support to families and carers of those SEND children and young people, particularly when risk assessment judges children's needs are best met if they remain at home.
	2.5 Children and Young People: Impact of greater risk of safeguarding issues	Children in need may have limited and reduced visibility of, and access to health professionals (e.g. health visitors, school nurses, social workers). Increased number of families will be at risk due to financial pressure/stress of being at home.	a. Consider reviewing methods of access to services to maintain safeguarding service levels. b. Consider action which can be taken to increase access to support for children at risk of abuse. c. Explore use of digital technology to be used to keep in touch with children and young people and their families without physical face-to-face contact, in line with NHS guidance. d. Maintain resources to deliver statutory safeguarding duties when re-deploying staff. e. Encourage children to use the internet safely to stay informed, educational purposes and to connect with friends and family. f. Consider the role of the VCSE youth sector and assets.

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	2.6 Children and Young People: Access to learning resources	The gap in access to computers and internet at home between the poorest and richest households may hamper young people's ability to complete schoolwork and maintain peer relationships in the context of remote learning (Education Policy Institute, 2018). This may be compounded in larger families where learning resources are usually shared. For some disabled children access to learning is supported through adaptations in school e.g. differentiated IT and learning resources or adapted material for children with dyslexia, and these may not be available at home.	- Encourage local authorities and schools to take up the offer of free devices and connectivity for certain groups of disadvantaged and vulnerable children. - Encourage schools to set up a cloud-based education platform to deliver education remotely. - Consider the potential to loan school equipment for home learning. - Consider ways to enable priority families to access free internet access. - Consider making available learning packages which include the supply of resources e.g. paper/pens. - Make adapted learning available at home to support disabled children.
	2.7 Children and Young People: Physical activity	Children are likely to undertake less physical activity during social distancing; this may be more marked in families where parents are not active themselves. People from lower socio-economic groups may lack resources (physical and technological) to participate in physical activity. Access to play spaces may be more of an issue for those without private outdoor areas whilst play grounds are closed.	- Ensure care settings that remain open for critical workers incorporate physical activity within their offer. - Promote access to free online resources and equipment. - Provide guidance to priority communities on appropriate and safe physical activity in line with daily physical activity guidance.
	2.8 Children and Young People: Mental health and wellbeing	Removal of the protective role that schools and youth services play is likely to have a disproportionate impact on disadvantaged CYP. For example, they may be more isolated or have less access to home entertainment and technology and may be more likely to access mental health and wellbeing support in schools and drop-in centres and families may not be aware of the online support available.	- Provide advice to schools on how they can support CYP to remotely access existing school based mental health support. - Promote access to free entertainment designed to support people to remain positive - Connect young people to peer support networks and digital activities. - Connect young people to digital youth services (e.g. youth worker support or counselling online). - Coordinate helpline capacity and promote what's available but also consider prioritising resources to increase capacity at the helplines [subject to ability to train up volunteers in time].

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3. Socio-economic, disadvantage and deprivation	3.1 Deprived communities may experience more direct and indirect impacts from COVID-19. Because they already have greater vulnerability and are likely to have a compromised ability to respond to the extra impact of COVID-19.	People in deprived communities may be: more likely to work in occupations where social distancing is more difficult to observe e.g. manual occupations, key workers – less likely to be able to mobilise community support quickly because of a lack of resources – more likely to have existing health problems – more likely to live in overcrowded housing – less likely to have reliable and affordable access to the internet and online services – less likely to be able to navigate remote access to services – less likely to seek early help for existing or emerging health problems – be less able to access affordable food because of increased cost/reduced public transport	a. Identify deprived communities using available data and local insight. b. Consider how to provide more intensive and focussed support for COVID-19 to those areas at sufficient scale for likely level of need. c. Consider how to provide alternative communication methods that are acceptable to communities who might traditionally rely more on face to face access. d. Identify ways of providing additional resources to grow community support. e. Focus communication to encourage people to continue to access essential health and care services on communities with the least health seeking behaviour. f. Consider ways of making available affordable and reliable internet access for deprived communities and increase digital literacy. g. Utilise expert citizens or similar approaches to engage and value the contribution of marginalised communities.
	3.2 Welfare benefits There is likely to be an increase in the number of people claiming, as people become out of work either on a temporary or permanent basis	It is likely that the most vulnerable may be the most exposed to changes in financial circumstances. Some people will have more difficulty than others in navigating the welfare benefits system and may need additional support to adapt to changes in their financial circumstances, or access support. Changing financial situations can impact both as a cause and effect of mental health problems.	a. Target housing/financial information and support to the needs of the most vulnerable groups and those new to the system. b. Target more intensive forms of help towards those least likely to be able to navigate the claims process alone. c. Ensure there are strong links with DWP advice services. d. Plan for additional demand in housing benefit services (where existing claimants may need to amend their circumstances as income levels change (e.g. self-employed) throughout the course/different phases of the pandemic. e. Provide information directly to targeted employers to pass on to their staff, including on the potential impact on mental health of changing financial situations.

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	3.3 Low income micro businesses	Lower resilience to economic shock in low income small/micro businesses and sole traders.	a. Provide information to small businesses and sole traders/self-employed on ways of maintaining an income stream/ supporting local small business (in advance of access to Government help) Target information on managing mental health to small/low income businesses.
	3.4 Good quality work	Good and fulfilling work is important for health and wellbeing.	a. Target opportunities to link people into volunteering opportunities b. Provide support for individuals needing to claim Universal Credit, alongside support packages such as the Job Retention Scheme offered by the Treasury/HMRC. c. Encourage sectors who are currently recruiting to priority roles (eg. health and social care roles, agriculture) to advertise their roles on DWP's Find A Job website. d. Work with Job Centres and other partners to link people quickly with priority employment opportunities that may arise eg. - care sector, food retail and the NHS in support roles. e. Consider the feasibility of rapid online training working with local college staff (who may be working from home). f. Promote the new 'Jobs Help' and 'Employer Help', websites, which directly link to 'Find a Job'. g. Work alongside Mayoral Combined Authorities and Local Enterprise Partnerships to shape regional offers.
	3.6 Social value	Social value matters now more than ever as a means for supporting those who are most vulnerable in society, and most likely to be disproportionately affected.	a. Continue to have a focus on social value and strengthen this where possible, drawing on on-line expertise. b. Review social value secured through existing contracts and explore the potential to divert the social value offer where required for most vulnerable communities.
	3.7 Relationship with community businesses, social enterprises & VCSE at local level	There are potential issues with resilience/capacity of local organisations to continue to provide services. Potential reduced capacity to provide support where appropriate to third sector providers. Community spaces e.g. community centres may not be used during this time resulting in issues around up-keep, cost and future safe running. Seek to ensure community spaces are not lost during the pandemic due to lack of resources to keep them viable whilst not in use.	a. Review and refocus some third sector activity (within their terms of reference/articles), to meet the needs of COVID-19 response. b. Maintain regular contact with providers, and other local business considering the impact of these businesses on priority communities. (for example, using on-line forum). c. Review current usage, rent breaks, repurposing community facilities in the short-term to ensure sustainability. d. Focus efforts in areas most vulnerable to losing facilities e.g. deprived areas and isolated areas. e. Explore alternative ways of delivering services which do not rely on face to face. Consider supporting smaller VCS organisations to access equipment to enable them to maintain client contact such as mobile phone, ipads etc.

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4. Geography and surroundings	3.8 Utilising learning to identify future action to reduce health inequalities	Opportunity to learn from new ways of working e.g. reduced traffic flows, public transport, potential for mutual aid, growing resilient communities etc.	a. Create a repository of information that can be used later to inform learning. b. Consider ways in which new interest in community /mutual aid approaches can be sustained after the outbreak to benefit priority communities and reduce demand on services. c. Explore opportunities to engage academic communities to support process for example by reviewing existing contracts and contacts to support this work. d. Create opportunities for joint learning within and across public institutions at a later date.
	4.1 Housing	There are a number of health inequality risks associated with housing. This includes: – An unhealthy home: cold, damp or otherwise hazardous – An unsuitable home: overcrowded or not meeting residents' needs – An unstable home: precarious living circumstances Some groups such as GRTB communities may have specific housing needs.	a. Follow guidance to be published by MHCLG. b. Local areas can use the community hubs being set up by government to help people in poor housing situations. c. Local areas can promote information on help available more widely, including information on help to heat your home, through: 1. community and mutual aid groups 2. support from energy suppliers 3. information on the role of landlords in supporting tenants 4. care & repair including consideration of extending any care and repair schemes to other vulnerable groups See GRTB section
	4.2 Households who are self-isolating/shielding	Reduction in levels of physical activity, and potential for changes in dietary behaviour impacts on health and wellbeing. This includes immediate impacts such as weight gain, stress, mental health and social isolation; plus medium and longer-term impacts such as the management of a health condition, maintaining physical capacity and risk of frailty and falling. This is a particular risk for people who have limited access to their usual opportunities People experiencing socio economic deprivation/reduced access to usual income source etc who are self-isolating but who fall outside of vulnerable groups for government directed support e.g. food	a. Promote home based physical activity including activity appropriate for different groups e.g. those with more limited mobility, at risk of falls, more active but vulnerable, including promoting safe outdoor time (e.g. in own garden where available). b. Support people to maintain a healthy balanced diet in line with the Eatwell Guide, where possible. c. Highlight that food items with a longer shelf life such as dried, canned, ultra-heat treated (UHT) and frozen options are healthy alternatives to fresh produce. d. Encourage people to follow appropriate dietary advice if they have reduced appetite because they are unwell e.g. eating little and often and staying hydrated. e. See also potential for impact on mental health in mental health section and the domestic abuse section of this document. f. Work with food retailers; community support groups/food banks etc to target support to low income groups who are self-isolating/shielding g. Consider the cultural needs of these groups in providing support. h. Promote information on when it is appropriate to undertake home repairs to maintain health and wellbeing during isolation.

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		parcels may have limited access to affordable food.	i. Consider the potential for those on low incomes to have insufficient income to afford to make urgent repairs. j. Support voluntary/community activities that help local residents during the outbreak. k. Encourage people to use the internet safely to stay informed and connect with family and friends
	4.3 People living in overcrowded conditions or HMOs	People living in overcrowded housing conditions or in HMOs more generally may be at greater risk of exposure to the virus because they may be less able to control their home environment.	a. Provide information and myth busting to landlords and tenants on the steps they could take to minimise the risks associated with living in shared spaces e.g. cleaning and disinfection, laundry and hygiene practices.
	4.4 Indoor air quality	People who are self-isolating/shielding and/or spending prolonged periods indoors may be more at risk of impact on health of poor indoor air quality.	a. Stop smoking services should target support and advice to smokers who are self-isolating/shielding and are not able to go outside to smoke, including offering information on alternatives such as Nicotine Replacement Therapy (NRT) or e-cigarettes to protect the people around them from harm. b. Smokers who do not want to quit should take steps to protect others from second-hand smoke exposure as this could also exacerbate the symptoms of COVID-19. This includes using other sources of nicotine and taking their smoke completely outside where this is possible. c. Raise awareness about maintaining good ventilation by opening one or more windows (even just a little, and only where it's safe to do so) or opening vents during the daytime. This is particularly important if there are several people/animals in the household, and when showering/having a bath, cooking, drying clothes or hair, using cleaning products, doing DIY or smoking.
	4.5 Fuel poverty	People on low or reduced incomes may be less likely to heat their home/water sufficiently during extended periods in the home because of cost.	a. Provide targeted information on help available to heat homes during COVID-19. b. Consider the needs of people in particular circumstances for example, not on mains gas. c. Encourage people to make use of financial assistance for home energy replacements as appropriate.

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	4.6 Overheating	If the period of social distancing runs for a prolonged period into the spring and summer, there is a challenge of some homes overheating. Some groups of people are especially vulnerable to overheating in homes.	a. Refer and reinforce key messages in the Heatwave Plan for England as and when there are heatwaves.
	4.7 Public realm	An emergency can exacerbate the already challenging conditions under which some of our most vulnerable population live. For example, areas with high air pollution can impact on those contracting respiratory diseases. It can make it even harder for those living with no gardens of their own, or easy access to green spaces to get outdoor exercise in accordance with government guidelines – and make it more difficult to remain socially distanced. Some areas already suffer from a lack of services and shops, for example food deserts where it is difficult to easily access healthier food.	a. Local authorities will know those areas experiencing multiple deprivation and can take action to identify and support the most vulnerable (as identified elsewhere in this table). b. Local Authorities can consider action to support those with more limited access to green spaces, parks and recreation grounds to follow government guidance on daily exercise e.g. consider closing off streets temporarily to allow safe corridors to people to get outside and take physical activity as recommended. c. Local Authority Environmental Health teams could advise on areas which suffer from lack of services or 'food deserts' and target support and community activities appropriately so that vulnerable areas are not further disadvantaged further by the rules on social distancing and restrictions on travel. d. Local authorities could identify where critical workers are travelling to and from areas with limited connectivity and identify ways of supporting such workers travelling to work safely.

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5. Inclusion health and vulnerable groups	5.1 Unpaid Carers	Carers might be worried about how care can be provided if they or the person they care for develops symptoms of COVID-19. Some carers might also find that their caring duties increase as a result of the current circumstances.	a. Encourage and support carers to develop contingency plans, if they become unable to provide care. b. Provide clear messages to carers about how they can access additional support if it is required c. Promote to carers the importance of looking after mental and physical health and wellbeing. d. Promote information on financial support available for carers.
	5.2 People experiencing domestic abuse	Hidden Harms and potential physical and mental impacts on individuals and families. There may be an increase in new cases of domestic abuse (DA). Families living together are under additional stress and may be drinking more at home to manage this. This could also exacerbate existing abuse within relationships. Reduced ability to call helplines for support if at home with perpetrator during lockdown. People experiencing DA may think that the police won't respond during COVID-19 to DA calls so don't call for help. There may be reduced capacity in services to deal with DA due to demands of COVID-19. People experiencing domestic abuse may feel that they are not able to seek support /may have less opportunities to seek support. There may be a decrease in opportunities to identify possible victims/survivors. Potential perpetrators of domestic abuse may feel they are not able to seek support.	a. Increase awareness of the issue and that support is available— including still calling 999 in emergency, local helplines, national helplines etc. b. Increase awareness that while women are twice as likely to experience domestic abuse as men, men can also be victims of domestic abuse. Intersectionalities to further consider are: parents and elders, LGB and trans people. c. Raise awareness of #YouAreNotAlone government awareness campaign and safe spaces in pharmacies etc. d. Consider ways to address the impact on children of DA e.g. signposting to support such as Childline. e. Maintain awareness of local support offer and capacity in services (including availability of refuge spaces) and of normal police service for DA incidents. f. Communicate to those currently receiving support how to access that support/alternative arrangements. Provide clear messaging that support is available, and people can leave their homes if living with abuse to go to places of safety. g. Seek ways to maintain contact with those already known to be at risk in a safe and appropriate way. h. Maintain statutory safeguarding and MARACs in safe way (e.g. remote working where possible). i. Continue multi-agency working e.g. with the police to collaborate on DVPOs and COVID-19 bill powers to ensure safety of family from domestic abuse and COVID-19. j. Continue to provide messaging on where people who fear they may perpetrate can access support (e.g. respect helpline). k. Raise awareness of what support is available in line with national guidance, including the availability of Sexual Assault Referral Centres (SARC) and safe accommodation. l. Consider how the public/neighbours/volunteers/ can help to identify and reporting people at risk of domestic abuse. m. Consider how perpetrators can be supported to change their behaviour in the context of COVID-19 restrictions.

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	5.3 People with distressed relationships in their household	Relate research from 2016 estimated that 18% of couples (and others who live together) were in distressed relationships. Self-isolation, social distancing and other concerns may place relationships under them under added pressure impacting on health and wellbeing.	a. Promote information and advice on managing relationships during COVID-19.
	5.4 Vulnerable Migrants including asylum seekers, refugees and undocumented migrants.	Vulnerable migrants may be unclear about how the healthcare system works, their entitlements to healthcare access and whether they are eligible for government support. Other barriers to healthcare access include the fear of being charged and fear of data sharing with other authorities. Some vulnerable migrants will face additional barriers in accessing public information e.g. because of language barriers and access to technology etc. There is potential for some groups to access information from unreliable sources or from countries that speak their first language where information may not be relevant here.	a. Where possible, make guidance available in multiple languages, and promote awareness of rights of access to healthcare services. b. Where an individual has a visa or leave to remain expiring between 24 January 2020 and 30 May 2020 raise awareness that migrants can receive a letter of extension of their leave from the Home Office, which would allow them to continue to work if their previous leave conditions enabled them to do so. c. Raise awareness of resources for health professionals and community hubs to support migrant patients and clarifying the entitlements to free and chargeable NHS services. d. NHS services provided for the investigation, diagnosis and treatment for COVID-19 are free of charge, irrespective of immigration status. e. As well as translated guidance, videos with spoken guidance can help where there are issues with illiteracy in first languages as some languages are primarily oral e.g. Sylheti. Audio-only guidance can be shared easily among communities. f. Engage faith and community leaders who may be seen as trusted sources of information in their communities.
	5.5 Sex Workers	There are multiple pressures on sex workers during the response including a reduction in income, lack of eligibility for government support and greater risk of exposure and potentially exploitation.	a. The National Police Chiefs Council has sent a message to police forces reinforcing that the approach to sex work should focus on engaging, explaining and encouraging, using enforcement as a last resort. b. Local sex worker organisations have developed local guidance to protect this group – check with your local sex worker organisation and support the key messages for this group. c. The police are still pursuing high risk modern slavery cases where there is a risk of harm to the individual. If you have concerns about victims of sexual exploitation you can refer to the modern slavery section for further information on support.

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	5.6 Modern Slavery Victims	Victims of modern slavery often have medical needs arising from their exploitation. A significant proportion of victims have insecure immigration status and can struggle to access necessary health services as a result. During COVID-19 victims are at increased risk of social isolation as many rely on contact with support workers or community organisations that may not be operating. As modern slavery is a hidden crime, victims may not be identified through the usual channels and come into contact with different frontline services during the crisis.	a. First Responders have been provided with guidance on assessing symptoms prior to referral into support to ensure a safe transition. b. Ensure Local Authority staff are aware of how to identify the signs of modern slavery and refer someone into support through the National Referral Mechanism. c. Frontline staff at other services should receive a copy of the Spotting the Signs flyer (available on the COVID-19 Modern Slavery resources page) in case victims access services through other routes d. Healthcare providers should ensure they are aware that victims of modern slavery can access treatment (see 15.47 - 15.63 of the statutory guidance). e. Sign-up for regular COVID-19 Modern Slavery updates here.
	5.7 People who experience homelessness and rough sleeping	People who experience homelessness and rough sleeping may be at greater risk due to the difficulties around self-isolating and may be affected by closure of homeless services due to an outbreak or lack of staff as support workers become ill.	a. Local authorities are responding to the request by Government to provide emergency accommodation for people who are sleeping rough or in emergency accommodation. b. Pathways has published clinical advice and guidance on delivering a health-led, multi-agency approach to reducing the risk of infection and severe illness among the homeless population. This has been the basis of many areas' health response to delivering care for people experiencing rough sleeping. c. NHSE/1 have a dedicated collaborative workspace for colleagues working across health and care on the homeless health response to COVID-19 hosted on the Future NHS collaborative platform. You can register to join by emailing HomelessHealthCOVID19-manager@future.nhs.uk
	5.8 Gypsy, Roma, Traveller, and Boater Communities	People who live on Traveller sites, in vehicles or living on canal boats may experience additional difficulties with implementing social distancing and social isolation due to a number of factors, including lack of access to basic amenities including water and sanitation, overcrowded living conditions, access to	a. Local authorities should ensure communities have access to water, sanitation and waste collections. b. Some Gypsy and Traveller communities, especially those living on unauthorised sites and lacking basic amenities, may require alternative places to stop where access to facilities such as water pipes and water bowlers and portable toilets is provided, or can be made temporarily available. c. Consider offering support beyond essentials such as medication and food. This could include refilling gas bottles and/or fuel and refilling water butts and advice on refuse collection.

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		support and low literacy and language barriers. There is potential for some Roma groups to access information from unreliable sources, or from countries where their first language is spoken, but where information may not be relevant.	d. Caravan sites and Campsites should remain open to allow people to remain if they would otherwise be homeless. e. Local authorities to consider identifying a lead on support to Gypsy, Roma and Traveller communities.
	5.9 People who smoke/who are stopping smoking	The CMO has highlighted that smokers are at increased risk if they develop COVID-19. Smoking may increase complications from coronaviruses. The best way to quit is through using an alternative source of nicotine (such as NRT or e-cigarettes), other medications (such as Champix) and behavioural support. There is a risk is that people want to quit smoking but cannot access support.	a. Smokers should be advised to quit or temporarily abstain to reduce the risks of complications from COVID-19 and other health problems. b. Smokers who do not want to quit should take steps to protect others from second-hand smoke exposure as this could also exacerbate the symptoms of COVID-19. This includes using other sources of nicotine and taking their smoke completely outside where this is possible. c. Identify ways of continuing to offer stop smoking support e.g. through online and telephone support d. Consider ways of maintaining access to quitting aids such as NRT and vaping products. e. Provide advice for smokers who are self-isolating and are not able to go outside to smoke e.g. on seeking alternatives such as Nicotine Replacement Therapy (NRT) or e-cigarettes to protect the people around them from harm.
	5.10 Gambling Harms	While overall gambling levels have dropped with the closure of all land-based gambling venues and the cancellation of sport and racing, there is evidence that play is increasing on some online products such as casino games. Some individuals, especially those with existing gambling problems, may be vulnerable to increased harm while spending more time at home during lockdown. Operators have been warned to be particularly responsible on monitoring play and intervening to prevent harm, and on advertising. The National Problem Gambling Clinic is reallocating resource to more acute	a. The National Problem Gambling Helpline is still open to provide information and support, as well as some online treatment and support series. Those requiring support should call the helpline for further information about the best source of support for them. b. Those requiring support with problem gambling are still able to access GAMSTOP, a free service that enables individuals to put controls in place to help restrict online gambling activities. Many banks also continue to offer gambling transaction blocking tools. c. Gam-anon meetings have moved online and there is an online meeting nightly (except Saturday night) from 19:00-21:00. d. Concerns about the behaviour of an operator can be logged with the Gambling Commission by phone or email. e. Some organisations such as The Gordon Moody Association (who offer residential care) has switched to proactively contacting ex residents remotely to offer support.

Area	Issue	Impact	Potential Action
		mental health issues yet continues to maintain a reduced service offer. Gambleaware commissioned treatment providers are having to adjust to online support services only.	
	5.11 People who misuse or are dependent on drugs or alcohol	Drug and alcohol services are under increased pressure due to social distancing requirements necessitating new ways of working, and additional strains on staff and service users during the COVID-19 outbreak. A significant proportion of the estimated alcohol dependent population are not actively engaged in alcohol treatment. These are often people with multiple needs/comorbidities such as poor physical and mental health. There is a risk of physical complications from COVID-19 in a population already experiencing poor physical health. Many alcohol and drug users have underlying health conditions. There may be challenges in providing supervised consumption of methadone and buprenorphine, and there may be supply/interruptions with medicines and injecting equipment. People dependent on drugs and alcohol may be unable to obtain (sufficient) supplies and may go into withdrawal (greater danger with alcohol). People in recovery will not be able to attend mutual aid meetings in person (though meetings are available online) and may be at risk of relapse. Because of reduced supply, drug dealers	- Take steps to maintain access to and availability of drug and alcohol treatment services as a priority. For example, by considering deferring any retendering processes, and reducing contract/performance management demands to focus on key aspects of service delivery, for example opioid substitution therapy; medically assisted withdrawal for alcohol dependence for those assessed as in priority need. - Raise awareness with the public and health and care professionals of the risk of unmanaged alcohol withdrawal and need for medically assisted withdrawal if indicated wherever possible; gradual cutting down with clinical oversight based on clinical assessment, and assessment and management of acute withdrawal. - Pathways/arrangements in place in secondary care to detoxify alcohol dependent patients admitted to hospital with COVID-19. - Pathways to community-based treatment provision and advice to dependent drinkers about how to access this during outbreak to ensure continuity of care. - There is an opportunity for health and care professionals to encourage drug and alcohol dependent people presenting with COVID-19 symptoms, but not in contact with the treatment system to establish links to treatment. - COVID-19 guidance for drug and alcohol services published by PHE should be followed by commissioners and service providers. - Provide links to mutual aid online meetings and other helplines and online resources. - Support drug and alcohol service providers to work with Local Resilience Forums, Local Pharmaceutical Committee's and pharmacies to make alternative arrangements for ongoing prescribing and dispensing. - Encourage drug and alcohol services to provide advice to people who use drugs and alcohol on ways clients can manage reduced access. This includes managing supplies and avoiding significant withdrawal symptoms in line with harm reduction advice published by PHE and NHSE. - Work with local drug information systems to ensure assessment and alert is taking place as appropriate.

Area	Issue	Impact	Potential Action
		may sell contaminated or adulterated drugs, or other dangerous alternatives. There is an increased risk of acute alcohol withdrawal to the alcohol dependent population during the COVID outbreak, because of potential changes in alcohol availability, unexpected changes in income and people being unable to have appointments with clinicians to monitor their treatment need. Social isolation could exacerbate drinking behaviour and potentially increase the risk of harm to self or others (through DA, child neglect).	
	5.12 People being released early from prison	People will continue to be released from prison and some will be released earlier than expected under special arrangements. These people are often the most socially excluded and many will find themselves homeless after being released. Prison populations have complex multiple health needs including substance misuse, mental health and physical health problems. People are released from multiple prisons to each local authority area.	- Local authorities should agree protocols with the prison and probation services to provide care, support and housing for people leaving prison, including residential placements for social care if required. - All local authorities should be familiar with the rules about determining the ordinary residence of someone on returning to the community from custody. - Collaborate across local authority boundaries where relevant to ensure outcomes are delivered quickly for this group.
	5.13 Critical workers	Critical workers who are required to continue working in the community will be at greater risk. This includes not only health workers but also those who will continue to work in some forms of retail, delivery services and other public response personnel.	- Create ways for all critical workers to travel to work in a safe environment to limit exposure (e.g. relaxing parking restrictions or to support active travel through measures such as emergency bike lanes). - Promote mental well-being in staff who may be overworked or are worried about the impact of the virus. Ensure that all staff are aware of mental health services to support their well-being.

Area	Issue	Impact	Potential Action
	5.14 People with mental health problems or recovering from mental health problems.	Prolonged periods of social isolation and social distancing are likely to impact on the mental health and wellbeing of vulnerable groups in general, as well as those who already have mental health conditions, ranging from anxiety to depression to more severe conditions. Social distancing and self-isolation measures during the coronavirus lockdown are likely to increase feelings of loneliness, which has wider impacts on mental and physical health.	a. Target support for mental wellbeing and resilience to vulnerable communities. b. Consider ways in which vulnerable groups can be supported to act upon COVID-19 mental wellbeing guidance (this includes mental health advice for people who are pregnant, people with learning disabilities, people with autism, people living with dementia and older people). c. Consider how you can boost national communications on wellbeing and mental health locally. d. Support library services to ensure their bibliography books and information are available online. e. Ensure support and resources can be accessed through non-digital formats.
	5.15 People with serious mental illness	Potential risk to wellbeing if community groups and social prescribing activities cease. Potential risk if people are isolating, or if there is a significant change in the structure of their day due to home working, that people may be less likely to undertake activity which supports mental health. Potential risks associated with not being able to access treatment and other stressors such as unemployment, changes to home environment, bereavement, exposure to trauma, lack of physical exercise etc. More likely to have underlying physical health conditions. There is a greater prevalence of behavioural risks such as smoking, unhealthy eating and lack of physical activity which are associated with poorer health outcomes.	a. Utilise national resources e.g. through the national social prescribing academy. b. Promote physical activity to help structure the day and manage stress. c. Support VCS organisations tackling loneliness, including through the funding and volunteering support announced in the Government's action plan for tackling loneliness during the coronavirus lockdown. d. Signpost advice on how people can help themselves and others to manage feelings of loneliness, and sources of support through the #Let's Talk Loneliness campaign. e. Consider ways of promoting resilience during social isolation. Link with local NHS MH providers to establish what measures they are taking to switch treatments such as IAPT to digital, and when their 24/7 MH crisis line will be active for you to promote. f. Link in with your local VCS sector and signpost to the support they can provide – DHSC is giving a £5M grant to MIND to distribute locally to boost VCS sector efforts to support mental health. g. Utilise the LA coronavirus hub to signpost and promote mental health and wellbeing, as well as making use of volunteering schemes to help vulnerable groups deal with anxiety and other mental health issues that might arise about access to food and medication and social contact. h. Consider ways to support access to help with finance, debt, essential services, employment, housing and the welfare system. i. Identify and address ways to support people in collecting medication. j. Consider ways to provide access to lifestyle support if needed, e.g. smoking cessation, alcohol and drug misuse.

Area	Issue	Impact	Potential Action
	5.16 People with autism	People with autism may experience a change to their usual support arrangements, for example due to the need for them or those who support them to self-isolate.	a. Provide communication support e.g. visual aids, plain English, and easy read. b. Local areas could consider the capacity and resilience of support systems. c. Consideration should be given to making contingency plans and maintaining consistency of support and routines as much as possible and supporting people to understand change and transition when it occurs. d. Those supporting people with autism should continue to advocate for their human rights and equal access to health care throughout the outbreak. e. Raise awareness of the letter from NHSE regarding DNACPR.
	5.17 People who have a learning disability	People who have a learning disability may experience changes to their care and support and may lack capacity to understand the Coronavirus outbreak.	a. Local areas should consider the capacity and resilience of support systems. b. People should be supported to make plans involving family or paid carers about what will happen if those who usually support them are not able to. c. Accessible information should be provided to support their understanding of Coronavirus and the changes everyone needs to make as a result of it. Such as easy read guidance on; how to stop the spread, handwashing, keeping your mind and body well, shielding, keeping away from other people and advice about staying at home. d. Those supporting people with learning disabilities should continue to advocate for their human rights and equal access to health care through the outbreak. e. Raise awareness of the letter from NHSE regarding DNACPR.
	5.18 People with a sensory impairment	Communication may not be targeted to the needs of people with hearing, speech or visual impairments. People who need to touch things to be able to get around may be more exposed because they are less likely to be able to avoid touching surfaces which may be more contaminated. This group may also be less likely to be able to identify places to wash their hands/identify available hand gel so easily.	a. Consider developing/making available specific communications such as providing information in easy read, British sign-language or braille format. b. Support organisations supporting such groups to identify advice and information relevant to the specific needs of this group. E.g. carrying and frequently using hand gel where possible.

Area	Issue	Impact	Potential Action
6. Protected characteristics	6.1 Pregnant women and early years	Pregnant women (and new mothers) may be more at risk from the potential dis-benefits of social distancing (for example loneliness, reduced access to services and information, reduced physical activity and access to a balanced diet /healthy food, peer support, increased instances of domestic abuse during pregnancy and beyond). Pregnant women have been told to self-isolate and may delay seeking help from maternity services when they should not delay.	- Link with NHS/maternity/antenatal services to enable different models of service provision during COVID-19. - Link with NHS Maternity services to support messaging to pregnant women to continue to attend their antenatal appointments and to contact maternity services if they have any concerns (e.g. reduced foetal movements). - Link with NHS, employers and other services to provide support to priority groups of pregnant women to access any virtual support during pregnancy. - Raise awareness of right for full pay suspension if work places cannot provide a safe environment. - Consider providing guidance on what to do with younger children who are off school to enable access to medical appointments if needed. - Consider providing access to guidance for pregnant women on seeking help from maternity services during COVID-19. - Encourage women to speak with their midwives to tweak birth plans considering COVID-19. - Women should continue to be supported to access specialist stop-smoking support. Consider how any changes to local provision can continue to support pregnant women. - Promote information to pregnant women on the dangers if other people in the household smoke. - Ensure guidance includes advice and signposting around domestic abuse using sensitive and appropriate language. Refer to the role of the health visitor for support. - Ensure women are aware of possibility of telephone counselling appointments. Signpost to the Tommy's wellbeing tool. - Promote importance of physical activity for pregnant and post-partum women and for early years children (following social distancing guidance).
	6.2 Race, ethnicity, BAME groups	Available information on COVID-19 may be seen to be less culturally appropriate for some groups. Information may not be available in community languages; oral and easier read formats; or may not fully account for different domestic arrangements, multi-generational households and acceptable norms such as greetings.	- Provide information in a range of community languages. - Provide access to information which addresses the challenges of COVID-19 for different domestic arrangements and cultural norms. - Focus on key elements: - What to do if someone is unwell, how to get support, social distancing - Develop a wider range of mechanisms for engagement with BAME communities and groups.

Area	Issue	Impact	Potential Action
	6.3 Religion or Belief	Faith and belief groups may be in contact with vulnerable groups. Faith and belief groups may need additional information about how to undertake practices safely at this time (i.e. information on whether to fast during Ramadan with COVID-19 symptoms). Available information on COVID-19 may be seen to be less culturally appropriate for some groups. Information may not be available in community languages; oral and easier read formats; or may not fully account for different domestic arrangements, multi-generational households and acceptable norms such as greetings. Faith and belief groups may take part in rituals around death and conduct funerals.	- Some faith groups e.g. Sikh, Muslim, Christian, have developed messages including about safe volunteering targeted to their communities which are being distributed through social media and by organisations themselves. Some organisations are offering support and outreach for vulnerable people. - Linking with faith and belief organisations can provide insight into the needs of these groups and identify actions already in place to assist them. - Develop a wider range of mechanisms for engagement with faith and belief groups. - Provide information in a range of community languages. - Provide access to information which addresses the challenges of COVID-19 for different domestic arrangements and cultural norms. - Work with funeral directors and faith groups to ensure there is proper understanding of the guidance on funerals and safe care of the deceased by professionals and, as far as possible, consistency of application. - Work with funeral directors to ensure there is access to Personal Protective Equipment (PPE) and trained professionals for funerals, and where there is a requirement to take part in rituals or practices which bring individuals into close contact with the body of the deceased, such as washing, preparing or dressing the body. - Produce specific guidance, where appropriate, to make sure that faith practices can be undertaken safely in the context of COVID-19 (where they can be practiced at home/permitted by the law).
	6.4 Lesbian, gay, bisexual and trans (LGBT) communities	Communication from mainstream services that is targeted at LGBT people may be more limited. These communities may be less visible in health and social care settings. Certain factors may put some members of LGBT communities at greater risk of being affected by COVID-19. LGBT people are more likely to smoke, and certain LGBT groups are more likely to be living with HIV. There is also evidence to suggest that LGBT people may delay accessing healthcare due to fears of encountering discrimination. Trans people may have difficulty in gaining access to cross-sex hormones and gay and bisexual men may have lack of access to PrEP.	- Engage with local LGBT organisations for insight into how best to support LGBT communities. - Health and care providers can signpost people to LGBT organisations and mutual aid services operating in their area. - Share COVID-19 LGBT specific information via public sector communication channels. A range of LGBT organisation such as Stonewall and LGBT Foundation provide advice and support to LGBT communities via social media. - Ensure there is adequate local provision of sexual health services during COVID-19 particularly for key vulnerable groups and good communication of how to access any online/remote provision.

Area	Issue	Impact	Potential Action
		LGBT people may be more likely to be negatively affected by social isolation measures. LGBT people are more likely to have poor mental health, problems with substance misuse, be affected by domestic abuse, some LGBT young people may be isolating with family members who are LGBT-phobic, and evidence suggests that older LGBT people are more likely to live alone and less likely to see biological family on a regular basis. Any disruption of adult Gender Identity Services as a result of COVID-19 response is likely to have a negative impact on trans and non-binary people.	

