COVID-19: EDI challenges and guidance for equality leads

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Equality, diversity and inclusion (EDI) challenges and responses to COVID-19 are determined by the environmental context. Staff may be anxious by media reports and employers must ensure that all staff are provided with factual, timely information on COVID-19, the steps being taken to identify and manage suspected cases, and what staff can do to protect themselves. We must remember that people from historically under-represented groups do not have pre-existing structures in place that reflect them, their requirements are misunderstood and, they are often less likely to speak up about their needs for fear of bringing attention to themselves and a perception that they will not receive treatment in accordance with that received by others.

Framework for planning your individual EDI areas
What do people need now?
What do they need in three months time?
What do they need in six months time?
What can you realistically deliver?
Have you impact assessed everything you are doing? If not, you could miss out certain cohorts.

Reporting and WDES and WRES
Both the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) teams have decided to suspend the data collection process for 2020. NHS organisations are not required to submit their WDES data this summer. Both the WDES and WRES teams will produce short data reports later this year; these will be based upon pre-existing data for NHS trusts.

Protected characteristics
The protected characteristics of a patient should not influence clinical decision-making without a clear evidence base for doing so. Everyone has 5 protected characteristics (age, race, religion or belief, sex, sexual orientation), some people have more. This means that service delivery planning must take multiple characteristics into account. For example, a BME person who is disabled and in an older age group will have different needs compared with a White person who is disabled and in an older age group. Remember: staff anxiety about

COVID-19 remains a challenge; and in the NHS many managers are still untrained to deal with the different mental health, neurodiverse and resilience-building needs of staff. Therefore, your team is more likely to be called on to guide senior staff who are supporting under-represented staff groups.

Main actions across areas: questions to ask

1. Collaborate with staff networks - LGBTQ+, women, disability, race, religion/belief.
2. Engage faith leaders to make sure they can cover additional needs. Have posters about Ramadan and COVID-19 available e.g. https://mcb.org.uk/mcb-updates/coronavirus-guidance-for-mosques-and-madrassas/
3. Signpost to local services - helplines, community online meetings, social media communication.
4. Telephone support that seeks to clarify and reduce fear. Make sure that your staff and team have up-to-date information from PHE and also local sources of support.
5. Text messaging and emails for out of hours support. This needs to be available 24/7. Staff and patients may feel greater levels of stress or anxiety. Without additional sources of helpful information, they are likely to put strain on the health service itself.
6. Co-produce easy-to-use information to share among leads and the teams (e.g. top 10 tips on reducing anxiety, de-escalating conflict, supporting managers to support their team resilience and mental health). This will prevent replication of your work, help to build a knowledge base, and standardise EDI information/approach.
7. Resource and support for doctors and nurses in safe spaces - not everyone will be aware they need support or acknowledge that they do. Are there physical areas where they can sit in silence, on their own, to collect their thoughts? Do you have staff who can act as buddies for those who don't want to access support elsewhere? Can you set up this system using the knowledge base for skills set of staff across your Trust?
8. Is there any joined up work to enable staff to take breaks that help them to talk to friends and family, make sure they have time to get their own supplies?
9. Setting up virtual forums for staff to discuss their specific needs and provide feedback on plans/support available.
10. Develop infographics and flow charts to help people with information processing. Visual aids tend to reduce anxiety and improve information retention.
11. Decisions must be taken in consultation and discussion with the patient during this pandemic, wherever possible. Health and care workers must be supported including with relevant and adequate guidance and resources, in order to provide the best possible care across the protected characteristics in the context of this emergency. Make sure staff are aware that all decisions must be recorded, including where a patient does not have capacity.

Protected characteristics: potential issues for staff and patients

Characteristic	Staff	Patients
Age	Older age groups more susceptible to complications. People being called out of retirement to assist.	More likely to be afraid if in older age groups. More likely to live alone and have limited support to get supplies or help. Less likely to have peer support. More likely to be affected by digital poverty.
Disability	Disabled staff working from home may not have access to the adjustments, technology or other support that they have in the workplace. There may be challenges in undertaking assessments of home working arrangements to identify what adjustments may be required. Isolation, lack of connection with staff network and colleagues. Complications due to co-morbidities – higher risk of serious complications. Higher pressure on staff who are carers for a disabled family member. Rise in mental health issues such as anxiety, depression and burn out. Workers on the neurodiverse spectrum may require additional guidance and support.	Complications and co-morbidities. Reduced access to other healthcare, such as non-urgent cancer care, check ups, screening. Increased support for dementia patients to explain the situation, putting pressure on carers. Social isolation and declining support from regular carers. Rise in mental health issues such as anxiety, stress and depression. Information not available in accessible formats and Easy Read and for those with learning disabilities. Lack of clear guidance from local networks and national bodies in terminology that can be readily understood (for some disabled groups).
Gender reassignment	Isolation, connecting with staff network. Mental health concerns.	Isolation, finding information about healthcare needs and medication when/if transitioning. Those who have to put transitioning on hold or stop meetings with counsellors are more likely to have mental health concerns. Low availability of reliable information on self-care.

Characteristic	Staff	Patients
Marriage & Civil Partnership	Stress: inability to spend time (live in same home) with partner and family due to different areas of work; different status.	Affected by having to live in close quarters with partner - may be domestic violence issues.
Pregnancy and maternity	Concern about when to return to work and keeping in touch days when this might be de-prioritised under current climate. Key workers with children in school will be anxious about how well their children will be cared for and need reassurance. Pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles.	High levels of fear, especially for the children. High levels of domestic issues because of constant presence of children and other members of family. Confusion about when and how to access support. During perinatal period mental health may deteriorate because of lack of specialist advise and service deployment priorities.
Race/nationality/ ethnicity	Low wage workers less likely to get adequate nutrition because of competing demands between work and time it is taking to purchase food/source supplies. More likely to be targeted for hate crime. Less likely to feel secure working from home - is work being issued equitably across groups. More likely to be affected by depression and isolation and less likely to access support because of historical, complex, discrimination issues.	More likely to be misinformed about implications of COVID-19. Less likely to follow precautions especially if low waged or unable to get material translated. More likely to be targeted for hate crime. Roma community is less likely to access support when they need it and less likely to self-isolate due to culture.

Characteristic	Staff	Patients
Religion or Belief	Prayer areas, adequate food that is specific to cultural needs, consideration for those fasting for Ramadan. Some people will be. Make sure there is adequate support for them.	Information may not be translated, adequate prayer areas, access to relevant cultural food. As far as reasonably possible, people's cultural and religious beliefs should be explored and respected. However, as the pandemic increases, this may not always be possible
Sex	Women are more likely to be affected by competing demands - home life, caring responsibilities and work schedules. Experts are already predicting that this crisis period could have a long term impact on gender pay gap and women's chances of progression - many organisations will be missing reporting entirely, which could put progress back by a number of years.	Domestic violence due to sharing space, high stress because of caring responsibilities, lack of adequate monitoring because staff are deployed to other areas and lack of adequate resources for police to help.
Sexual orientation	Isolation is already an issue. More likely to access staff networks for peer support and during down time.	Isolation is a major issue with LGBTQ+ people even without Covid-19. Less likely to be in contact with family or neighbours. More likely to have DV issues that are underreported and not monitored. Less likely to have peer support. More likely to use online resources for information and support and most are not monitored for factual accuracy. However, self-isolating and social distancing can become very lonely very quickly, so using any method of communication to keep in touch and support each other, is really important to maintain health and well being.

Characteristic	Staff	Patients
Other	Those who are recently arrived will be finding everything new, may not be sure about equipment or differences in operating procedures under crisis conditions. They may not know who to go to for help.	Those who are refugees will continue to have issues accessing the system. Rise in homeless people who will be accessing hospital services because of neglect over the period. Lack of adequate targeted information for high risk groups. Increase in numbers of people with palliative and end of life care needs - includes those who have also become palliative during the pandemic with COVID-19 and also unrelated conditions and be impacted by changes to health and care services in this time of unprecedented demand.

Supplementary information

Context: NHS crisis management and impact on protected characteristics

1. Reactive strategies which may neglect assessment of choices made in terms of equity and protected characteristics.
2. Communications and public relations - may miss out those with protected characteristics. At the moment not all government information has had British Sign Language support for example.
3. Redeployment of staff based on skills set - knowledge management as standard means you will have a robust staff skill set available (move to long-term work if you do not). During periods of crisis people are less likely to declare their full skill set or have time to and more mistakes are likely when documenting. It is good management to have this already in place.
4. Encouraging retirees into the workforce to help out - checking standards have been maintained and that they have the relevant up-to-date skills set. This may have a wider impact on how we treat ageing workforce and those we will rely on for future similar scenarios.
5. Increasing volunteers - different issues may arise based on protected characteristics and those deploying the volunteers should have enhanced awareness or be guided by EDI leads and infection control leads.

6. Allowing flexible working and accommodating changes to work patterns - this, hopefully, will now become an embedded part of NHS working and not have an impact on gender pay disparity. HR should continue to monitor gender pay gap and report to ensure we do not slide back in terms of progress made.
7. Ability for infected, isolated and quarantined healthcare workers to get better, and for frontline workers to be eventually tested once kits are available. Employers have a duty of care to all employees. Employers need to make robust arrangements to identify who may be harmed - some of this is related to those in high risk groups - but not all. The general principle applies to all employees.
8. Optional deployment of final year students e.g. AHPs. Must be recognised that when this happens they will need additional mental health support due to age, new environment and adjustment to current conditions. Yet, we know there will be less opportunity for guidance and direction from senior staff because of extreme pressure on resources.
9. Choice of treatment and restrictions on services e.g. some cancer patients will not be able to get the treatment they would ordinarily have. Many HIV+ patients will not have their regular face to face appointments, similarly with other patients who have long term care (e.g. trans patients who are undergoing transition and relevant therapies and diabetes patients - higher proportion are BME - who may not have their regular face-to-face appointments, especially with dieticians. This will have a longer term impact on the health of these population groups because of the period of lower service provision. Furthermore it may cause the unintended effect of increasing the likelihood of the development of mental health concerns due to stress and anxiety. Again, the NHS does not have the numbers of personnel to manage a rise in mental health support needs.
10. As a result of COVID 19, life expectancy may be shorter than previously expected and people and their families should, as far as possible, be prepared for this. This may mean additional support needed for faith leaders and an increase in staff with experience in this area being deployed. The role of EDI staff in helping in this area is vital.
11. Those being cared for by mental health teams in the community may take longer in their recovery and support needs because many may have co-morbidities and therefore not be suitable for face-to-face visits. This can leave them even more isolated. The government has said that it expects an increase in mental health concerns as quarantine time progresses. People are already finding it very difficult to adhere to the strict measures which are needed to contain the rise in COVID-19 cases which need hospitalisation.
12. All the above have a direct impact on how decision-making will progresses. Staff will be expected to make service decisions that exclude some in preference of those that can survive and also choices will be restricted by the availability of equipment such as respirators. This, potentially, could have a negative impact on under represented groups. It is essential for this to be monitored by those in the equality field for after event learning and review of service development for future crisis situations.

For the planning and actions for the under-represented groups the following must be built in to cover short term, medium term and long-term actions:

1. Signal detection - noticing the curve/trends and so forth before up swing.
2. Preparation and prevention.
3. Controlling negative impact and containment.
4. Business recovery.
5. Reflection and learning.

Clarity of information: under-represented groups and COVID-19 - keep it brief

About 80% of people with COVID-19 get a relatively mild illness. The people most at risk of serious illness and death are the elderly and those with long-term medical conditions such as lung disease, kidney disease, heart disease and diabetes.

It is estimated that perhaps as many as 1 in 3 people with COVID-19 have no symptoms – but can still pass the virus on to others. This is why it is essential that we isolate ourselves from others to prevent the spread of infection, protect the NHS and reduce the number of people who will get ill or die.

Below are examples of areas to be mindful of when developing strategy, supporting staff and joint action planning.

Disability

The pandemic has changed the way many people work. A high proportion of staff are working from home including those who are disabled. Those who do not normally work from home may not have access to the adjustments they have in their workplace. Employers will need to ask what they can do to support home workstation assessments and home working arrangements or how they can support the mental health and wellbeing of disabled staff who may be feeling isolated.

Disability Confident has set up a range of webinars (running throughout April and May 2020) to ensure that during this period disabled people are recruited and retained in work and not left behind. Practical and useful information is available across topics such as working from home, managing communications, accessibility, health and wellbeing. (http://documents.manchester.ac.uk/display.aspx?DocID=48750)

Additional information in the video Tech Support for Disabled People Working from Home https://www.youtube.com/watch?v=j1gr6YZv2Rc

HIV
There is currently no evidence that people living with HIV are more likely to catch COVID-19 than anyone else. Those on HIV treatment with a good CD4 count and an undetectable viral load are not considered to have weakened immune systems. A 'good' CD4 count means anything over 200. If your CD4 count is less than 200, if you're not on treatment or if you have a detectable viral load, then it's particularly important that you follow the Public Health England guidance on self-isolation. The British HIV Association (BHIVA) is advising that those with a CD4 count less than 50 or those diagnosed with an opportunistic infection in the last six months should also follow this advice. See Terence Higgins Trust https://www.tht.org.uk/news/coronavirus-covid-19

Possibility People, Brighton
COVID-19 Guidance https://www.possabilitypeople.org.uk/coronavirus/
Telephone 01273 894040. Email advice@possabilitypeople.org.uk

Using accessible technology

AbilityNet supports people to use technology at home, at work and in education by providing specialist advice services, free information resources and through helping to build a more accessible digital world. https://www.abilitynet.org.uk/webinars/working-home-tech-solutions-disabled-people

Pregnancy and Maternity
There is currently no evidence to suggest that the virus can be passed on through breast milk. Pregnancy in a small proportion of women can alter how your body handles severe viral infections - that's why pregnant women have been put in a protected group by Public Health England. As yet, there is no evidence that pregnant women who get coronavirus are more at risk of serious complications than any other healthy individuals. In the third trimester (more than 28 weeks pregnant) people should be particularly attentive to social distancing and minimising any contact with others and use shielding measures recommended by PHE.
Royal College of Obstetricians & Gynaecologists https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/

Race/ethnicity/nationality

Friends Families and Travellers have issued separate guidance and information for those living in different areas of Brighton. Access here https://www.gypsy-traveller.org/advice-section/guidance-for-gypsy-traveller-and-liveaboard-boater-communities-on-coronavirus/

Migrants
COVID-19 Mutual Aid UK: Guide for Supporting Migrants During Coronavirus
https://docs.google.com/document/d/11cKMCy08ebN-lJQsP1jvsTcSfwC6YeE8FYrmAZCoZ1w/edit

Refugees, Asylum Seekers and Migrants Directory
https://brighton-and-hove.cityofsanctuary.org/wp-content/uploads/sites/13/2020/03/sos-directory-2020-03-01.pdf

Sexual orientation and gender identity (gender reassignment)

LGBTQ Switchboard, Brighton
https://www.switchboard.org.uk/covid-19-helplineupdate/
Helpline services 01273 359042 Weds – Thurs, 7pm to 9.30pm

The Clare Project (trans and non-binary)
Self-care during isolation https://clareproject.org.uk/self-care-during-isolation/
Also has specific guidance and suggestions. During isolation it is a good time for trans patients to give binders a break for example. Also need to make sure that nutrition and exercise is given priority. There also needs to be additional mental health input if there are delays to any transitioning schedules.

Allsorts Youth Project
https://www.allsortsyouth.org.uk
Some services being moved online
Crisis support https://www.allsortsyouth.org.uk/crisis-support
Be mindful that young people may need to be referred to helplines and community support - if they are in a negative home environment and cannot go elsewhere they may be at risk of abuse/violence/bullying from family.

The top 10 messages for supporting healthcare staff during the COVID-19 pandemic by Williams R, Murray E, Neal A & Kemp V. 2020

This resource is to aid NHS leaders and clinical and general managers to create an agenda for discussion with staff in team meetings or at Schwartz rounds, for example, with a view to working out how they might respond to the needs of staff and provide them with support.

Message 1: Be Kind to Yourself and One Another
Encourage staff to be kind to themselves and then be kind to others.
Message 2: Assist staff to Manage their Concerns
Enable staff to acknowledge and discuss their real concerns so that they can be supported in meeting them. Concerns might include anxiety about contamination and the greater levels of risk some staff might face and about what access there will be to psychosocial support from within their teams.
Message 3: Encourage Staff to Sustain Their Social Connections
Encourage staff to sustain their social connections and maintain contact with families, friends and colleagues who they regard as sources of social support whether they are at work or away from work because of illness or exclusion following the self-isolation requirements. Connect often and by any means and share positive news.
Message 4: Moral Distress and Ethical Considerations
Effective leaders should recognise the potential impacts of the pandemic on the standards of care and that staff face moral strain and distress as they are unable, or feel unable, to do everything possible for all patients. Managers should agree a local process for developing an ethical framework for staff to work within.
Message 5: Remember to Eat, Drink, Rest and Sustain Contacts with Friends and Take Breaks Within the Requirements on Social Distancing
Message 6: Continue Supervision and Relevant Training
Message 7: Challenge Incipient Loneliness
Challenge incipient loneliness that comes from being very busy on the frontline and remind staff that they need to keep in contact with families and friends, using whatever means are available and appropriate. Encourage staff to keep up-to- date with academic and research developments relating to the pandemic.
Message 8: Support for Frontline Staff Should be Visible

Plan and enact a good public risk communication and advisory strategy involving staff, the public and the media, which provides timely and credible information and advice. Senior general and clinical managers should be visible to staff on the frontline and seen to share the risks, as is appropriate.

Message 9: Follow Assessment and Treatment Protocols

Encourage staff to adhere to assessment and treatment protocols and ensure staff are aware of any necessary changes from protocols that were used pre-COVID-19. Staff need to be well-informed, consulted and involved in the plans. Employers should be aware of, and endeavour to prevent staff from developing distress, plan to assist staff to mitigate the stress that they are likely to experience, and have protocols in place for fast-track referrals for staff who might be developing more serious psychosocial problems and mental disorders.

Message 10: Be Aware of the Document from the World Health Organization on Mental Health and Psychosocial Considerations During COVID-19 Outbreak and Monitor Updated Guidance from the WHO, NICE and Other Authoritative Sources as it Emerges

Be aware of the contents of the current guidance from authoritative sources including the WHO and the UK authorities.

Resources

COVID-19 information for pregnant people and their families https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/

COVID-19 and pregnancy: advice for employers https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-occupational-health-advice-for-employers-and-pregnant-women-during-the-covid-19-pandemic.pdf

Example of flow chart for perinatal care https://www.health.qld.gov.au/__data/assets/pdf_file/0033/947148/g-covid-19.pdf

Mental Health Foundation: https://mentalhealth.org.uk/coronavirus

Mental Health Foundation: Supporting your mental health while working from home https://mhfaengland.org/remote-working-resources/everyone/?_cldee=b2xpdmlha2luZzI0OTJAZ21haWwuY29t&recipientid=contact-7e72cbefc8ebe911a812000d3ab826fd-6054e5251ce-f40e190b0b26df031898f&esid=72773b18-ef77-ea11-a811-000d3ab82d69

MIND - COVID-19 and wellbeing https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/

NHS Employers COVID-19 guidance for NHS Workforce Leaders https://www.nhsemployers.org/covid19

NHS Employers on long term health conditions https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/taking-a-targeted-approach/taking-a-targeted-approach/long-term-health-conditions

NHS employers and reasonable adjustments https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/disability/reasonable-adjustments-in-the-workplace

NHS Employers and Disability Leave https://www.nhsemployers.org/-/media/Employers/Publications/Diversity/An-inclusive-approach-to-disability-leave.pdf?la=en&hash=E42B7084593B4A7318A8C56E91F1F45F283EE671
Obsessive-Compulsive Disorder (OCD)-UK: https://www.ocduk.org/ocd-and-coronavirus-survival-tips/
Beat Eating Disorders: https://www.beateatingdisorders.org.uk/coronavirus
The Sanctuary, a chat room and safe space for people with an eating disorder to share concerns and advice on how they are coping with the pandemic. https://www.beateatingdisorders.org.uk/sanctuary
Papyrus, prevention of young suicide: https://papyrus-uk.org/practising-self-care-during-times-o…/
Bipolar UK: https://www.bipolaruk.org/…/coronavirus-emergency-how-we-ca…
The Stay Alive App: An app for those at risk of suicide https://www.prevent-suicide.org.uk/find-hel…/stay-alive-app/
Anxiety UK: https://www.anxietyuk.org.uk/
The Samaritans https://www.samaritans.org/…/if-youre-worried-about-your-m…/
Headspace - a tool that can help with improving mental health, focusing on mindfulness. NHS staff have free access to Headspace until December 2020. Register using your NHS email address. https://work.headspace.com/nhs-clinical/member-enroll

(All links and resources were last accessed on 05/04/2020)

Information for this document

This document is written for senior staff and therefore assumes knowledge of key NHS and EDI terms. Should you need further explanation please contact Cavita Chapman, Director. If necessary this document will be made available in other formats. This document is a work in progress. This is version one, 05/04/2020. It is due for update on 29 April 2020.