

Covid-19 Equality, Inclusion & Human Rights

Guide for Health Care and Social Care Providers

31 May 2020

Please note this is a live document and will be updated as information and guidance emerges. (Please contact Balvinder.everitt@nhs.net for the most recent version and or if you have any questions or queries)



Introduction

This guide has been drawn together based on a range of information and sources including NHS Employers and NHSEI to enable health and social care providers and organisations to continue to meet the equality and human rights needs of patients and service users during Covid 19. This guidance has been informed by a national call hosted by NHS Employers and offers links to relevant additional material that is available. This guidance is not legal advice and is based on The Equality Act 2010, Public Sector Equality Duty and Human Rights Act 1998. If you have specific concerns we recommend you take appropriate advice. All links are provided for information only. A link does not imply endorsement of that site.

The guide provides information and resources on the following areas:

- 1) Disability & Learning Disability
- 2) Race & Ethnicity
- 3) Faith & Culture
- 4) Human Rights
- 5) Staff
- 6) Reducing Health Inequalities

1) Disability & Learning Disability

The impact of Covid 19 on disabled people (both patients and staff) is a key consideration in ensuring continued access to health care for disabled people and reasonable adjustments for staff. The following links provide **useful information for staff**:

- [COVID-19 and your disabled staff](#) - The Business Disability forum has produced a host of resources as a part of a COVID-19 toolkit on how the virus may affect disabled staff with compromised immune systems.
- [Reasonable adjustments and home working](#) - Guidance around making reasonable adjustments to support disabled staff who may find themselves working from home.

Where patients have reduced / limited understanding or communication issues this may impact on access to health care services. Easy read key information is very useful to help frontline staff communicate essential information to their patients/clients. Guidance on the management of patients with a learning disability, autism or both is available from Mencap:

<https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19>

Easy Read and BSL Information about COVID-19:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> Hand washing guidance in Easy Read, Larger Print and BSL

<https://www.easy-read-online.co.uk/erdocs/easy-read-online/> Easy Read version, including the recent Stay at Home rules

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

BSL Self Isolation advice from Public Health England:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5094>

Free to access Easy Read and BSL interpreted information and video Bradford Talking Media have produced easy to read and British Sign Language interpreted material, audio files and video resources about social distancing, Covid-19 symptoms, social isolation and looking after your mental health during isolation. They are free to access and can be used to support service users and their families who have hearing impairments, learning disabilities or anyone who needs information in an easy to read format. <https://www.btm.org.uk/resource-category/accessible-information-about-coronavirus/>

NHS England/Improvement's guide to caring for people with Learning Disability, Autism or both during the COVID-19 outbreak https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0031_Specialty-guide_LD-and-coronavirus-v1_-24-March.pdf

2) Race & Ethnicity

Interpreting and Translation

A significant proportion of patients have limited or no spoken / written English. In an emergency when people are scared it is important where possible to have such services.

Recommendations:

- Confirm business continuity position of suppliers of such services e.g. Language Line, BILCS,
- Ensure that phone options are available
- Have a sheet of key languages so that a patient's language can be identified.

Doctors for the world (an organisation who produce information in a range of languages) have produced the following resources: <https://www.doctorsoftheworld.org.uk/coronavirus-information/>

www.nhs.uk/coronavirus is the definitive source of up-to-date guidance, in plain English

Public Health England (a smaller range of languages and Easy Read)

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Roma Support Network has this video on their website <https://youtu.be/IL1bJJelTk> - but also refer to DOTW .

Migrant Information Hub – COVID-19 Information for Migrants in Yorkshire and Humber: migrantinfohub.co.uk/multilingual-resources includes brief key stay at home messages in different languages

Spoken information:

Ask Doc BAME Health organisation in Greater Manchester has developed spoken covid-19 advice based on NHS England advice. New languages shared via Twitter @askdoc1. You are more than welcome to share these resources:

Bengali

<https://youtu.be/xYw-MaWes08>

French

https://youtu.be/0AY_BzKh2RQ

Turkish

<https://youtu.be/3JcVuSWGq34>

Spanish

<https://youtu.be/olsQcl-NU6Q>

Mirpuri

<https://youtu.be/xWUySSQDHSw>

Mandarin

https://youtu.be/A9yHzkv_Xeo

German

<https://youtu.be/C2tEt7d8lk>

Farsi

<https://youtu.be/ttUeLYFwxfY>

Urdu

https://youtu.be/_4Z38vtMVDc

Punjabi

https://youtu.be/DU_Ztmp93Ho

Peterborough City Council have produced these spoken versions of the current stay at home advice in different languages (and they have been shared by Bradford Council too)

- [Arabic - Coronavirus \(COVID-19\) public health message](#)
- [Chinese - Coronavirus \(COVID-19\) public health message](#)
- [Farsi - Coronavirus \(COVID-19\) public health message](#)
- [French - Coronavirus \(COVID-19\) public health message](#)
- [Gujarati - Coronavirus \(COVID-19\) public health message](#)
- [Latvian - Coronavirus \(COVID-19\) public health message](#)
- [Lithuanian - Coronavirus \(COVID-19\) public health message](#)
- [Polish - Coronavirus \(COVID-19\) public health message](#)
- [Portuguese - Coronavirus \(COVID-19\) public health message](#)
- [Punjabi - Coronavirus \(COVID-19\) public health message](#)
- [Romanian - Coronavirus \(COVID-19\) public health message](#)
- [Russian - Coronavirus \(COVID-19\) public health message](#)
- [Shona - Coronavirus \(COVID-19\) public health message](#)
- [Slovakian - Coronavirus \(COVID-19\) public health message](#)
- [Spanish - Coronavirus \(COVID-19\) public health message](#)
- [Swahili - Coronavirus \(COVID-19\) public health message](#)
- [Tefug - Coronavirus \(COVID-19\) public health message](#)
- [Urdu - Coronavirus \(COVID-19\) public health message](#)

Race Equality Foundation Blog about BAME people and COVID-19

<https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/>

In addition, **“Stay at home” guidance** is available in a range of languages.
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Where organisations provide announcements, they should be mindful of the communication needs of those receiving it.

- Deaf patients are petitioning for signed / BSL versions of national announcements

Recognise that patients who are deaf / hard of hearing may be affected by masks and other precautions since lip reading will be impossible (clear masks are being recommended but are supply dependant)

- Portable hearing loops can be an infection control issue so plan accordingly

Telephone / Skype interpreters may be an option

3) Faith and Culture

It is useful for staff to have access to is the list of relevant chaplains and other support available to patients and their relatives in advance.

Recommendations:

- Establish links with local faith groups (if not already in place) to develop an additional support framework.
- Review the following [The Interfaith Network COVID-19 guidance](#) - A number of bodies representing diverse faith communities have issued guidance on COVID-19 to support organisations.

Some faith and cultural concerns have been identified especially around treatment of deceased patients. Organisations will need to look at requests made and identify whether they are “reasonable” in these unprecedented circumstances. Some [government guidance](#) has been published with regard to this.

It should be noted that [Ramadan falls on 23 April – 23 May this year](#). These restrictions may have a negative impact on staff wellbeing during an already difficult period. Line managers should encourage staff to talk to their local chaplaincy team for support. Some national guidance has also now been produced. You may also find [NHS Employers chaplaincy](#) and the NHS staff experience page helpful.

Accommodating religious belief and practices during Ramadan is about being responsive to employees needs. It does not necessarily mean extra time off; it is about offering flexibility around existing holiday entitlement, working patterns or break periods. Unlike previous years, this may prove more challenging if resources are reduced due to staff absence from self-isolation and illness.

Muslim burials of COVID-19 deceased:

An infographic has been produced with guidance around Muslim burials for those who passed away due to COVID-19. This includes guidance on who should attend and social distancing.

Please share.

https://static.wixstatic.com/media/c0bb66_ff668e1de96244dc8c45b6f85d302b86~mv2.jpg

4) Human Rights

In principle as with any medical emergency the principles of the Human Rights Act continue to apply as do principles of capacity and Deprivation of Liberty Standards. However, we also should be mindful that variation of such may be entirely appropriate in the circumstances but ideally the justification should be recorded.

We should also be mindful of some groups who have been historically the most vulnerable and may not have been accessing services.

- Gypsies, Roma and Travellers
- The Homeless or those in temporary accommodation
- Those who live in tied accommodation (provided by their place of work) and may have to leave

As many services require patients to be registered with a GP practice, we need to remember that not all patients are. Practices can continue to following existing registration protocols and use the practice postcode in order to register patients on a temporary or permanent basis should they not have a post code.

Further information can be found below:

- NHS [advice on coping with stress](#) and [ten tips to help if you're worried about coronavirus](#)
- Mental Health Foundation [advice on looking after your mental health during the Coronavirus outbreak](#)
- Age UK [Coronavirus information hub](#) and [practical ways you can help older people](#)
- Campaign to end Loneliness [blog on Coronavirus and Social Isolation](#)
- Mental health charity's [Mind's guide to Coronavirus and your wellbeing](#)
- Alzheimer's Society has produced information about COVID-19 for people affected by dementia <https://www.alzheimers.org.uk/get-support/coronavirus-covid-19>
- The Children's Commissioner has produced some resources for children: <https://www.childrenscommissioner.gov.uk/coronavirus/>
- Public Health England has produced information about COVID-19 and Domestic Abuse <https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse>
- [LGBT Foundation](#) – Survey into the impacts of Covid 19 on LGBT people

5) Staff

Staff roles may change. We know that there are staff who have declared (and in some cases only declared locally) support needs and reasonable adjustments. These needs should be taken into consideration when a member of staff is asked / volunteers to change role to ensure they remain safe. Examples include those with physical disabilities that impact on travel and limit physical exertion.

There are also many staff with mental health conditions who may find the current circumstances create additional stress for them and need support. A summary of the wider NHS support available to staff can be found on the NHS Employers web pages [here](#).

We should also consider those with caring responsibilities for children or relatives. Due to such responsibilities, they may not be able to meet different working hours or additional travel time.

There are also staff who would be identified as vulnerable under the guidance and the organisation must consider its position should such staff wish to keep working in any role. Completion of risk assessments as advised by [NHS Employers guidance](#) will ensure an organisation identifies staff who need additional support or who may need to be redeployed. The recommended approach indicated in this document is that the following risk assessments be carried out:

1. Workplace Assessment
2. Workforce Assessment
3. Individual Assessment

- [Acas advice for employers and employees](#) - Information on managing the health and safety of staff.
- [Risk Reduction Framework](#) – NHS Employers This framework has been produced to support organisations in undertaking risk assessments organisationally and for individual staff.

Key groups identified as being at risk:

1. Age

Those aged over 70 have already been identified by PHE as 'clinically vulnerable' and should take particular care to minimise contact with others outside their own household. Most will already be working remotely.

The Framework also identifies that risks of severe COVID-19 increase with age and that adverse outcomes occur at an earlier age in BAME populations.

2. Sex

Data globally and from UK are emerging that COVID-19 disproportionately affects men with UK data showing approximately 60% of people admitted to hospital being male. In addition this same data also showed that female sex was associated with a 20% lower mortality.

3. Underlying health conditions

'Clinically extremely vulnerable' People with health conditions in this group, identified by PHE, should have already received a letter about this or will have been contacted by their GP. They have been advised that shielding is required but the staff can still continue alternative duties from home. Some may be able to work from their shielded environment if practicable. 'Clinically vulnerable' people are those with underlying health conditions, or comorbidities which place them at increased risk. Emerging evidence suggests that particular conditions: hypertension, cardiovascular disease, diabetes and chronic kidney disease are especially important risk factors, and these risk factors are increased in those of BAME population. [1] Obesity has now also emerged as an independent risk factor for COVID-19 hospitalisation in the UK setting.

4. Ethnicity

BAME populations are associated with increased risks, particularly in those with co-morbidities who are presenting with adverse outcomes at a younger age.

With evidence emerging that Covid 19 is having a disproportionate impact on BAME staff, research is currently being undertaken to identify the causes and make recommendations to respond. In the meantime some Trusts are taking the step of writing to their staff to offer reassurance. The example provided by [NHS Somerset NHS FT](#) is a good example and is worth consideration.

5. Pregnancy

Existing guidance identifies that pregnant women over 28 weeks should be regarded as at increased risk and recommended to stay at home. For pregnant women with underlying health conditions at any stage of pregnancy a more precautionary approach is required and ethnicity should be included in the consideration and discussion between healthcare staff and managers. Where pregnancy is under 28 weeks gestation working in a patient facing environment should be on the basis that the risk assessment supports this.

Maternity Action have produced some useful COVID-19 FAQs about rights and benefits during pregnancy and maternity <https://maternityaction.org.uk/covidmaternityfaqs/>

6) Reducing Health Inequalities

A range of resources have been developed by Public Health and the LGA - '**COVID-19: Place based approach to reducing health inequalities**' resources are now live on the [LGA website](#). These resources have been shared with the CCG Covid 19 Workstream Leads:

[COVID-19 place based approach to reducing health inequalities overview](#)

[COVID-19 Summary of Guidance and support for vulnerable groups](#)

[COVID-19 Suggestions for mitigating the impact on health inequalities at a local level](#)

[COVID-19 Health Equity Assessment Tool \(HEAT\) for local areas](#)

[COVID-19 Data tools to support local areas](#)

[COVID-19 Estimated population at risk by LA](#)