

## **Overview**

Diverse Cymru have been engaging with individuals and organisations across the protected characteristics throughout the pandemic through online engagement events and through a survey.

Throughout our engagement, Diverse Cymru has found that the pandemic has had a disproportionate impact on all equality groups. This paper is based on people's lived experiences and provides a summary of key issues raised along with recommendations. Over 30 people have participated in our online engagement events. An additional 55 people completed our survey. All issues raised in this paper relate to inequalities and experiences of individuals with one or more protected characteristics and carers.

If you would like any more detail, or would like to receive our full evidence report, please contact [REDACTED] Researcher, at [REDACTED]

We are happy for this paper to be published.

## **Evidence of inequalities**

Inequality is clearly an issue. 52.37% of our survey respondents answered yes or maybe when asked whether equality and diversity has impacted on their experience during the pandemic. We have also found that the pandemic has brought to light existing inequalities with 68.52% answering yes or maybe to this statement. All focus group participants have stated that inequalities have been highlighted or exacerbated by the pandemic.

One example of this is that the impact of austerity and cuts, which have fallen disproportionately on women, disabled people, carers, BAME people, and older people, has been exacerbated by COVID-19, as services which have already been cut and specialist services removed have been even more difficult to access.

Other specific issues are summarised in this paper.

## **Recommendation**

- Equality must be at the heart of Welsh Government's, Local Authorities', health bodies', and all public sector recovery plans to ensure all inequalities are recognised and addressed.

## **Involvement of diverse people by Welsh Government and Local Authorities**

Many people have felt invisible in the decision making process, despite being directly impacted by these decisions. They felt that halting consultation and co-production was not appropriate, even in a crisis. As a result, people felt that the response to the pandemic does not cater to all groups and overlooks some significant inequalities.

Whilst some felt that they were able to talk with their local councillor and to their member of Welsh Parliament during the pandemic, others commented that they had received no response when they had tried to engage.

## **Recommendations**

- Every decision made in the recovery, and in applying any further restrictions, should be subject to comprehensive and robust Equality Impact Assessments.
- Greater engagement and co-production with communities is crucial.

## **Language used**

The language used in the pandemic has led to isolation and anxiety. In particular, the term social distancing is negative. Many people have experienced others not looking at anyone and not smiling, due to the inclusion of the term 'social'. Instead, it should be termed 'safe physical distancing.' This says what it is, rather than implying that people can't smile or look at each other.

Additionally, the term lockdown was criticised by many people as it makes people feel 'locked in.' This should be termed 'stay at home.'

Another phrase that has been causing difficulty is 'shielding.' This makes people feel that they are helpless and disenfranchises people. They feel that everything is being done to and for them and not involving them. This has led to people feeling devalued.

## **Recommendation**

- When introducing new language the Welsh Government should thoroughly consider the impacts on individuals and on mental health and

wellbeing. Terms that increase isolation or anxiety should be avoided wherever possible.

### **Mental health impacts – isolation, anxiety, and lack of services**

Many people who are shielding or living alone have felt that they are 'in prison' as people are no longer popping in. Not being able to see people and talk to people is creating a feeling of being very alone and isolated. This in turn is leading to people experiencing depression, especially as restrictions have now been in place for months. Even as restrictions are relaxed many people who are shielding are fearful of going out and socialising, due to the high risk of death they face if they contract Coronavirus. This isolation and mental health impacts are exacerbated for people who are digitally excluded.

Many older, disabled, and BAME people and carers feel that Governments and public bodies do not care about them and that they do not matter. This is due to the lack of information, services, and support for people who are shielding or at higher risk of death if they contract COVID-19. This has clear mental health and wellbeing impacts.

Those who cannot afford a property with a garden nor live in areas with safe green spaces have experienced poorer mental wellbeing. This particularly impacts young people and people from lower socio-economic backgrounds.

The emphasis on needing to obey the rules without explanations of the benefits of doing so has made people fearful. They felt that only the extreme negatives of not obeying the rules and death have been emphasised. Many people are afraid of even going to the shops or supermarket.

Feelings of stress and anxiety have resulted from worrying about the health risks of the pandemic. This was particularly true of people with underlying health conditions, disabled people, older people, carers, and people from BAME communities. Worries have also included being stressed around the health and wellbeing of family members.

Impacts of isolation have led to some carers having to seek medical help and young people feeling a loss of identity. This was said to be particularly true for young people from the LGBTQI+ community who may have to isolate with unaccepting family members. This has made them feel even more lonely and exposed them to unsafe homes.

Some people are fearful of policing actions or vigilantism, especially disabled and BAME people. Others are fearful that they could catch the virus as soon as they step outside, especially disabled and older people.

## **Recommendations**

- When considering which measures are needed the mental health impacts and isolation experienced by people who are shielding or who have underlying health conditions, or risk factors, including race and age, must fully considered
- Clear information on the risks of different activities needs to be provided to individuals with underlying health conditions directly, individually, and in a format that meets their individual access requirements.
- Clear information on why the rules are different in Wales and what the benefits of each measure are should be communicated in public awareness campaigns and to each household in hard copy formats as well as online.
- Investment in mental health services is critical. Mental health services should be funded to the same level as physical health services.
- Access to early intervention and support must be easily available and accessible to anyone who experiences isolation, loneliness, depression, anxiety, stress, or other mental ill health.
- Specialist mental health support and services are needed for BAME communities, some disabled people (especially learning disabled people), and LGBTQI+ people.
- Comprehensive equality and diversity training is essential for all mental health support services. This must include in-depth unconscious bias, cultural competency, autism and learning disability awareness, disability equality, and LGBTQI+ awareness training.
- Welsh Government should consider how decisions impact on those from lower socio-economic backgrounds, alongside those who are shielding and all protected characteristic groups. This should be done through carrying out comprehensive Equality Impact Assessments on all measures and involving diverse people across the protected characteristics in these assessments

## **Health and social care**

People have struggled to receive prescriptions and access healthcare services. Barriers to accessing healthcare for people with protected characteristics, including Autistic people, disabled people, BAME people and older people have been exacerbated during the crisis. Some people have been told they are not able to have prescriptions delivered, despite being in a high-risk group. For some people this has led to increased anxiety and stress in addition to the

impact of not having medication or not having the correct or usual medication. This has been raised older people and disabled people in particular.

People felt it is impossible to get people to understand they have rights or to respect those rights. This was expressed by learning disabled people, Autistic people, and carers in particular. People found that the barriers they experience to accessing services on a daily basis, such as Autistic people and carers having to fight for services, have been exacerbated in the current crisis. They felt there is nowhere to turn to and services are not being provided.

Delays to receiving health and social care, including operations, tests, social care, and direct payments, have left many people with worsening physical and mental health and without support or services they require.

Many carers and disabled people have not been receiving services or support from social care. This is either due to not receiving an assessment during the crisis, or being assessed as low priority and services that they received prior to the pandemic being removed.

Some people had family members who had experienced unsafe discharge from hospital to care homes. This involved some people who had been in hospital with suspected COVID-19 being discharged into care homes without a test and others being discharged to a care home when they had been on wards where other patients had COVID-19.

People that we spoke to from BAME communities felt that there were already existing healthcare inequalities. They felt that they did not receive equal treatment nor culturally appropriate treatment in healthcare settings. Fears of going to the hospital have worsened due to ONS data highlighting that BAME people are more likely to die from COVID-19.

## **Recommendations**

- Health and social care services must be better tailored to meet the needs of people from different groups, with specialist provision where needed to address barriers.
- Welsh Government need to monitor the amount and quality of Carers' Assessments being carried to ensure that their rights are upheld.
- We welcome the announcement by Welsh Government that an additional £50,000 of funding will be given to Social Care Wales to provide more unpaid carers with professional and peer support to help them manage their mental health. However, it is important that this help is widely promoted to reach all carers.

- Discharge processes where there is a risk of infection should be reviewed and unsafe discharges prevented.
- Health and social care services must receive comprehensive equality and diversity training. This must include in-depth unconscious bias, cultural competency, autism and learning disability awareness, disability equality, carers' rights, and LGBTQI+ awareness training.
- Prescription processes should be reviewed to ensure that people who are shielding, isolating, or require medication delivered for other reasons can receive their medication quickly and easily. Changes to medication should only be made as a result of a public health crisis where absolutely unavoidable.
- Clear information should be provided on how and when health and social care services will resume. This should include where to turn to and what to do if health conditions have become worse as a result of delays.
- A rights-based approach should be adopted in all health and social care services.

### **Digital exclusion and digital access**

Many older people, people in rural areas (access and reliability), and people in lower socio-economic groups do not have access to a computer or the internet or knowledge of how to use technological devices. Many disabled people experience barriers to accessing digital events and information, and a lack of assistive technology. It is also vital to recognise that no website or digital platform is accessible to all disabled people, even when it meets the highest standards of digital accessibility.

Prior to the Coronavirus crisis some digitally excluded people have not wanted to engage online. Before the pandemic, offline options were available for these people and need to be maintained. However, as there has been no other option during the public health crisis, these people now need support to be able to interact online when required.

As a result, people have felt isolated and have not been able to engage with family, friends or social groups. They have also been unable to contribute to public engagement on issues surrounding the pandemic and other issues.

Some people have found that digital applications such as Zoom have helped reduce feelings of loneliness and isolation. However, they described online engagement as 'not the same as face to face contact' and not providing the same level of social interaction. In addition these technological solutions exclude people who are not familiar with technology.

As we emerge from the Coronavirus crisis, it is vital to resume face to face contact, social groups, and engagement, as well as continuing to provide online options. Flexible and remote working options have been proven to work for some people. Disabled people have been campaigning for these options for many years. Flexible and remote working should become a standard option in future, alongside office and location-based working.

## **Recommendations**

- Welsh Government's agreement with Openreach is a welcome addition. Funding should be used to ensure all households in Wales, no matter how remote, have a reliable internet connection, sufficient to support video conferencing.
- Programmes which upskill individuals such as Digital Communities Wales should include targeted campaigns to reach people who previously did not want to engage online.
- Individualised, tailored programmes and support should be available to support individuals to do what they want to or need to do online. These must include targeted support for people whose first language is neither Welsh nor English, and disabled people.
- As we recover from the pandemic face-to-face engagement and contact, telephone and textphone, and post must be retained. These are vital for people who are digitally excluded.
- All engagement, services, and information must be promoted offline, in hard copy formats, to reach and involve digitally excluded people
- Flexible and remote working should be retained as a standard option in all jobs where it is possible, alongside office and location-based working.

## **Feeling unsafe in the community**

Some people are not abiding by social distancing rules which has led to added stress amongst BAME, older and disabled people.

Some people expressed concern that the systems in place are inflexible, for example many disabled people cannot access shops early, but feel too vulnerable to access shops outside of protected hours.

Disabled people have also voiced their concerns. There are many barriers which are not currently being taken into account. These include visually impaired people not being able to follow one way systems and new streetscape design which does not meet accessible design standards. Guide dogs being unable to follow new systems. Deaf people not being able to hear hazards on shared pavements and a lack of visual information. Learning disabled people

not being able to navigate new systems and processes and mental health impacts of complex new systems and change. Many disabled people and people with certain health conditions can also not wear face coverings. These circumstances have led to both anxiety and abuse and hate incidents from members of the public who are not aware of barriers and exemptions.

The rising levels of cases of domestic abuse is a cause for concern, with lockdown restrictions exacerbating the dangers that women face, this needs to be addressed.

### **Recommendations**

- Retailers and local authorities need to ensure that social distancing rules are properly enforced in public spaces to ensure all groups feel safe.
- Signage for social distancing needs to be accessible, so it needs to be at eye level and floor level with tactile signage or voice aids.
- Amended processes and streetscapes should meet the highest accessible design standards.
- People with a wide-range of protected characteristics need to be involved in designing systems and information.
- Clear information and a public awareness campaign is vital in terms of barriers and exemptions and challenging politely to prevent and address abuse and hate incidents against disabled people.
- Addressing domestic abuse should be a priority in Welsh Government's recovery response and the duty to prevent domestic abuse and protect victims should be built into every level of the response. This must include LGBTQI+ services and services for men.

### **Lack of clear and accessible information**

People have raised issues on the lack of clear information and plain language information about the Coronavirus and responses to the pandemic. Confusion has arisen from a variety of issues, including how the science relates to actions, how rules differ in England and Wales, media overlooking Wales, Westminster briefings being populist and not focused on what the public want to hear, and all information being online.

People are also concerned that there is little information on how services will reopen and what will happen in the future.

People have also expressed concern that they are not receiving information, as it is not available in accessible formats, such as British Sign Language (BSL), audio formats, and community languages.



## **Recommendations**

- All public information must be available in Plain English and Cymraeg Clir as the standard format.
- Language used in public briefings should be everyday language and not medical or complex language.
- Public information campaigns are needed in Wales.
- Information needs to be available and communicated in hard copy format as well as online.
- Information on the Coronavirus needs to be conveyed in a range of formats including community languages, BSL and audio formats.

## **Education**

Concerns have been raised around the predicted grades systems and about biases based on student-teacher relationships. This was expressed by people from BAME communities and those from lower socio-economic backgrounds in particular.

Digital exclusion has been a major impact on children from lower socio-economic backgrounds. Despite Welsh Government provision for digital products, people have commented that some of the money has yet to filter down to the families in need. This has led to concerns about children falling behind on their studies, a worry that is shared by both children and parents.

## **Recommendations**

- Local authorities need to ensure that the most disadvantaged students can benefit from funding by monitoring the receipt of electronic devices and assessing the demand for these devices amongst all families.
- In order to tackle worries around predicted grades, Qualifications Wales should evaluate the arrangements for awarding grades and investigate if the evaluation reveals disparities between certain groups. Qualifications Wales should also produce clear information on how students can challenge grades.
- Welsh Government should invest in funding for schools to provide tailored support to students who are falling behind in their studies.

## **Employment**

The pandemic has highlighted various inequalities in employment. Women and people from BAME communities are more likely to work in key worker and public service sectors so cannot work from home. Other roles do not allow for home working which places those workers at higher risk.

Some workplaces that currently allow or allowed home working early in lockdown are expecting all employees to go back to the workplace. Many disabled, older, and BAME people, who are in high-risk groups, are very concerned about this. They feel they are having to choose between being able to pay their bills and being safe.

Gender inequalities have also been emphasised. Women have borne the main bulk of childcare responsibilities during the pandemic and have been struggling to balance this with work.

### **Recommendations**

- In order to mitigate health risks for key workers and those that cannot work from home, Welsh Government need to ensure that the COVID-19 Workforce Risk Assessment Tool is used consistently by employers and fully integrate equality impacts and risks. Local authorities should ensure regular audits of high risk workplaces.
- Risk assessments also need to include the risks of how employees travel to their workplace. For example, having to use 3 forms of public transport to reach the workplace increases risk significantly. This should be included in individual employee risk assessments.
- No employee who is in a high risk group or who has been shielding should be forced to choose between unemployment or their health and wellbeing.
- Employers need to look at introducing more flexible working practices so that childcare can be shared between both parents in 2 parent families and can adequately support single parents.
- All workplaces should assess what roles can be delivered remotely and / or flexibly. The option of flexible and / or remote working should be retained for all roles where it is possible.

### **Transport**

Many people feel that current transport provisions are insufficient. Bus and train services are infrequent, which is impacting on people's ability to attend doctor's appointments, go shopping, and go to work. This is particularly true for older and disabled people and people from lower socio-economic groups who are less likely to own a car.

Further, whilst promoting active travel and changing routes to promote active travel are welcome, there are serious concerns around how accessible these are.

## **Recommendations**

- Bus and train service providers should look to run more services and / or larger vehicles as we emerge from lockdown and move towards the new normal
- Improving accessibility of bus and train services remains a priority and should not fall down the agenda due to the impacts of Coronavirus.
- Local authorities need to consider how to make the active travel plans as accessible as possible. There must be full consideration of all cyclists and pedestrians. This must include disabled cyclists and pedestrians, including those who use walking aids or equipment, including wheelchair users, visually impaired people, Deaf people and people who use adapted cycles.
- A wide-range of diverse people must be involved in designing active travel and other infrastructure initiatives from the start and throughout the process.

## **Access to basic necessities**

Many people have struggled to get the things that they need. Issues have included the lack of online delivery slots for vulnerable individuals who are not 'shielding', inaccessible online shopping processes, and a lack of cultural foods available in larger shops. There have also been issues with not being able to access foodbanks and other emerge food schemes that meet dietary requirements, whether these are allergy or health-related, religious, or lifestyle (e.g. vegetarian or vegan) requirements.

## **Recommendations**

- There should be expansion of online shopping services to meet the needs of those fearful to go shopping. This would alleviate the burden on family members to assist loved ones who are fearful or shielding.
- Online services should be made more accessible for disabled people, engaging with disabled people to achieve this.
- Shops should look to stock a greater range of food, that meets the requirements of all sections of the community.
- Support schemes must consider and provide for the whole range of dietary requirements.

## **Tackling Poverty**

The pandemic has highlighted economic inequalities in Wales. We have heard that more people are using food banks in order to access food. In addition,

people that have been reliant on state support have said that they feel completely forgotten about, particularly at the beginning of the pandemic.

Coronavirus has led to rising unemployment and increased claims in unemployment benefits. The furlough scheme, although beneficial, does not benefit those who were already let go before the scheme came into place and soon employers will be responsible for this cost which many cannot afford. We have heard concerns from a lot of people about how they will make ends meet due to fears of unemployment in sectors that have shut down over the past few months. This is likely to worsen the already high levels of poverty and socio-economic inequality.

Older people in particular, have commented that Welsh Government needs to ensure that they are left behind in the economic recovery plan. In addition, people who are self-employed voiced their concerns around income and felt that small businesses were going to suffer most as a result of the pandemic.

The Welsh Government's economic recovery plan needs to take full account of and include tailored actions for young people, older people, BAME people, disabled people, those in lower socio-economic groups, carers and people who are self-employed.

## **Recommendations**

- In order to ensure that people at a socio-economic disadvantage are not at risk of poverty, Welsh Government needs to ensure full implementation and monitoring of the socio-economic duty.
- Welsh Government should ensure that there is targeted and tailored support for different communities in implementing their job and skills fund. This should include disabled, BAME, young, and older people, and carers.
- Welsh Government should monitor and review the situation for small businesses, self-employed, and precarious workers in Wales, who are more likely to be younger, female and / or from some ethnic minorities and ensure that they get the support they need.

## **Human Rights**

Concerns around human rights included: access to healthcare services; the ability to see family; impacts on quality of life; the right to work; freedom of movement; and failure to protect the right to life for some groups. People also haven't been able to enjoy human rights protections equally.

A particular concern raised by participants was around the rights of older people and Autistic people and the lack of prioritisation of their rights. We heard

evidence of governments' poor response to care homes, with early discharges leading to infecting care home residents. We also heard concerns that BAME people and disabled people are being overlooked and disregarded during the crisis. This results in a regression of access to rights for already disadvantaged and discriminated against groups.

## **Recommendations**

- Welsh Government must conduct comprehensive human rights assessments alongside Equality Impact Assessments in relation to all strategies, policies, legislation, programmes, and actions.
- Human Rights and equality based approaches should be adopted across the board in Welsh Government, Local Authorities and other public bodies.
- Welsh Government should incorporate international human rights treaties, principles and statements into domestic law and extend these to other groups affected by inequality (e.g. LGBTQI+ people)
- We support the joint statement by the Older Person's Commissioner in Wales and the Equality and Human Rights Commission on the rights of older people and the urgent need to investigate actions which have impacted on older people's rights.