




This document is designed to help you to identify how your thinking, planning and decision-making work (in relation to Covid-19) has a potential **negative impact upon certain groups of people**.  
(e.g. disabled, ethnic minorities in terms of reach or response)

This is NOT an exhaustive list, but a helpful prompt to consider wider impact.





<p><b>Age</b></p> 	<p><b>RISK:</b> failing to appreciate the inequality of impact CV-19 has on <u>age ranges</u></p> <ul style="list-style-type: none"> <li>&gt; Older people (70+) more likely to <b>be at clinical risk</b> &amp; at risk of fatality</li> <li>&gt; <b>Younger people</b> disproportionately affected by <b>economic fallout</b> (e.g. job security)</li> <li>&gt; Younger people's <b>mental health</b> appears greater effected</li> <li>&gt; <b>Elderly more likely to be affected by</b> loneliness in isolation (<b>half over 75 living alone</b>)</li> <li>&gt; Unknown scale of impact upon elderly Individuals living in <b>care homes</b></li> <li>&gt; Economic downturn resulting in decreased <b>retirement affordability</b></li> <li>&gt; <b>Multi-generational households</b> (ethnicity/religion) are more likely to be at risk</li> <li>&gt; Elderly people more likely to have a disability as well as being clinically at risk</li> </ul>
<p><b>Disability</b></p> 	<p><b>RISK:</b> failing to appreciate the inequality of impact CV-19 has on <u>disabled people</u>.</p> <ul style="list-style-type: none"> <li>&gt; Disabled people more likely to <b>be at clinical risk</b> (particularly these groups)</li> <li>&gt; Likely to be isolated for longer, with impact upon <b>mental health</b></li> <li>&gt; Difficulty social distancing / existing treatment appointments (<b>increased risk exposure</b>)</li> <li>&gt; Fast paced/inaccessible communications creating a <b>disparity of understanding</b></li> <li>&gt; Lack of adequate <b>technology to seek support</b> &amp; connection during isolation</li> <li>&gt; Inadequate home-office set-up &amp; <b>reduced participation</b> in work/conferencing</li> <li>&gt; Reducing numbers of support-workers to disabled people</li> <li>&gt; <b>Cancelled medical appointments</b> disproportionate impact on disability</li> <li>&gt; <b>Complex new systems</b> (food delivery) impacting ability to isolate/shield</li> <li>&gt; <b>Deaf</b> individuals unable to communicate with facemask</li> <li>&gt; Implications for <b>blind</b> people in social distancing</li> </ul>
<p><b>Gender Reassignment</b></p>	<ul style="list-style-type: none"> <li>&gt; Risk that gender affirming healthcare deemed '<b>non-essential</b>' &amp; Possible postponement of gender recognition acts in Scotland (<b>potential mental health impact</b>)</li> </ul>
<p><b>Marriage or Civil Partnership</b></p>	<ul style="list-style-type: none"> <li>&gt; Impact upon planned celebrations, weddings &amp; other events impacting <b>wellbeing</b></li> <li>&gt; Recognising households with <b>one adult</b> may be more <b>isolated</b></li> <li>&gt; Individuals living in shared accommodation <b>may not have</b> space to work remotely</li> </ul>
<p><b>Pregnancy or Maternity</b></p>	<ul style="list-style-type: none"> <li>&gt; Pregnant people advised to isolate, which may impact upon <b>mental health</b></li> <li>&gt; Risk of failing to <b>communicate</b> with/include people on maternity/other leave</li> <li>&gt; Impact of CV-19 on people with <b>childcare responsibilities</b> during WFH (custodial visits, co-parenting at distance)</li> <li>&gt; Impact upon adoption/fostering processes (delay) and mental health implications</li> </ul>
<p><b>Race &amp; Ethnicity</b></p> 	<p><b>RISK:</b> failing to appreciate the inequality of impact CV-19 has on <u>ethnic minorities</u>.</p> <ul style="list-style-type: none"> <li>&gt; Ethnic minorities comprise a <b>disproportionate number of CV-19 cases &amp; fatalities</b></li> <li>&gt; BAME people possibly increased clinical vulnerability (higher rates of hypertension and diabetes)</li> <li>&gt; Ethnic minorities more likely to be <b>essential-workers</b> (high-representation in healthcare)</li> <li>&gt; BAME millennials more likely to be strongly adversely <b>economically impacted</b></li> <li>&gt; <b>Lack of specific action</b>, plans, communication, to address this inequality</li> <li>&gt; Risk of <b>fuelling</b> existing disparities of health and economic status</li> <li>&gt; Risk of <b>stigmatisation</b> of certain races (e.g. comments about 'Chinese virus')</li> <li>&gt; <b>Refugees &amp; Asylum Seekers</b> having less-support during CV-19 response</li> <li>&gt; Ethnic minorities more likely to have extended <b>caring responsibilities</b></li> <li>&gt; Unknown overall cause for disparity (socio-economic inequalities)</li> <li>&gt; Ethnic minorities tend to live in <b>largest cities</b> – BRC can be targeted in response</li> <li>&gt; <b>Sensitivity to disproportionate loss</b> of friends, family and community (BAME)</li> <li>&gt; BAME people more likely to live in multi-generational homes</li> <li>&gt; BAME people more likely to live in <b>crowded conditions</b> with little outside space</li> <li>&gt; CV-19 <b>amplifies existing inequalities</b> (most are not new, but are now greater)</li> </ul>

<b>Religion or Belief</b>	<ul style="list-style-type: none"> <li>&gt; Beliefs relating to <b>medical treatment &amp; funeral practices</b> impacted</li> <li>&gt; Impact upon people observing <b>religious events</b> (Ramadan)</li> <li>&gt; Closure of religious buildings causing anxiety and loss of <b>support networks</b></li> <li>&gt; Potential reduced availability of certain foods (e.g. Halal, Vegan)</li> <li>&gt; Impact upon facial hair (religion) and facemasks required</li> </ul>
<b>Sex</b>	<p> <b>RISK:</b> failing to appreciate the inequality of impact CV-19 has on <b>men</b></p> <ul style="list-style-type: none"> <li>&gt; Men are at <b>greater clinical risk</b> from CV-19</li> <li>&gt; Isolation and social distancing impact upon increasing rates of <b>domestic abuse</b></li> <li>&gt; <b>Childcare responsibilities</b> (closure of schools) may lead to disparity of working women with caring responsibilities</li> <li>&gt; Caring responsibilities for <b>elderly and disabled or shielded people</b> can result in increased burden on ethnic minorities &amp; women</li> <li>&gt; Women more likely to work in high-exposure roles to CV-19</li> <li>&gt; Women more likely to be in service/retail roles and suffer negative financial impact</li> <li>&gt; Possible impact upon medication collection (contraception)</li> <li>&gt; Some PPE not being designed for women's bodies (safety &amp; comfort)</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>&gt; LGB+ people more likely experience a <b>socio-economic inequality</b> (e.g. job-security, homelessness, subsequent increased risk of COVID-19)</li> <li>&gt; Risks of forced isolation with hostile or <b>unaccepting</b> household</li> </ul>
<b>Socio-Economic</b>	<ul style="list-style-type: none"> <li>&gt; Remote working and <b>access to technology</b> not possible for many</li> <li>&gt; Key worker status linked to specific groups of people (age, sex)</li> <li>&gt; Low paid staff are less likely to <b>afford basics</b> (buy what is left on the shelf)</li> <li>&gt; <b>Homeless individuals</b> are likely to be at greater clinical risk (&amp; social risk if isolated away from support networks)</li> </ul>
Other considerations	<ul style="list-style-type: none"> <li>&gt; <b>(Geography)</b> The <u>Vulnerability Index</u> shows coastal regions of England, North-east England and Southern counties of Northern Ireland at greatest risk from CV-19. The rural areas are less likely to have community support.</li> </ul>

**Once you have identified any negative impact, think about what action you can take to reduce/eliminate this e.g.:**

- > **Targeted approach** to reach specific groups
- > Plan **communications** accessible to disabilities, ethnicities and ages.
- > **Alternative options** for those unable to access offer/service through main route
- > **Integrate** this into wider guidance, process or policy as appropriate
- > Consider integrating this into your **evaluations**
- > **Escalating** instances where negative impact cannot be reasonably mitigated
- > Be prepared to **find out more**, ask for help if you need it

**For a more inclusive approach, you can consult these resources**

- >  **Light touch Equality Impact Self-Assessment** (one-sider) [here](#)
- >  **Equality Impact Assessment** (we can help complete these upon request if needed) [here](#)
- >  **Access our checklist** (quick and inclusive decisions during crisis) [here](#)
- >  **Contact us** [Diversity@redcross.org.uk](mailto:Diversity@redcross.org.uk)