# Equality impacts learning from COVID-19

How we can use the learning from COVID-19 to improve what we do

9 September 2020

Overview

- Provide context - how the pandemic impacts all of us, and the work of HIS.

- Introduce the Public Involvement Team and why we have been supporting colleagues with EQIAs.

- Describe our key learning about inequality during the pandemic.

- Share what we think Healthcare Improvement Scotland can do about inequality

- Ask for your reflections / questions

We're all in the same storm
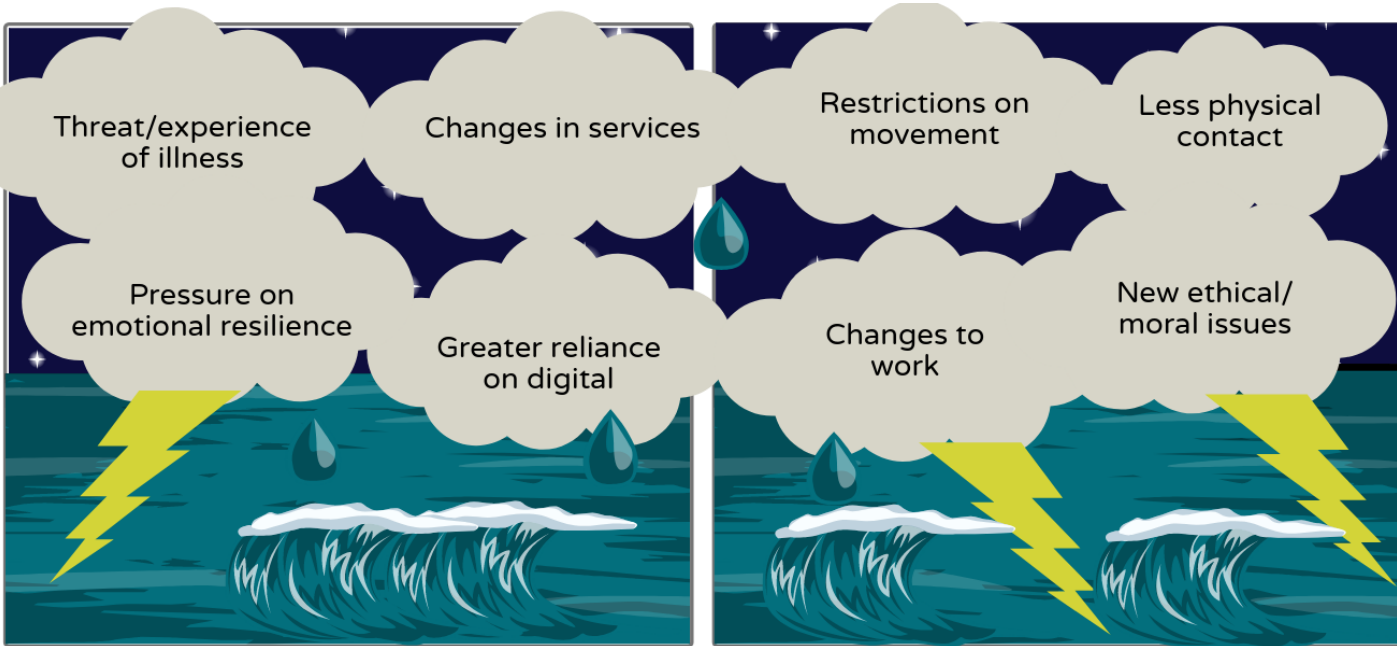
All change in HIS

From March 2020, our work changed in response to the COVID-19 emergency.

Role of the Public Involvement Team

Supporting a variety of new work
with Equality Impact Assessments:

- Shielding Programme
- Person-centred Communications
- Engaging Differently
- Virtual Visiting
- Home-working
- Unscheduled care
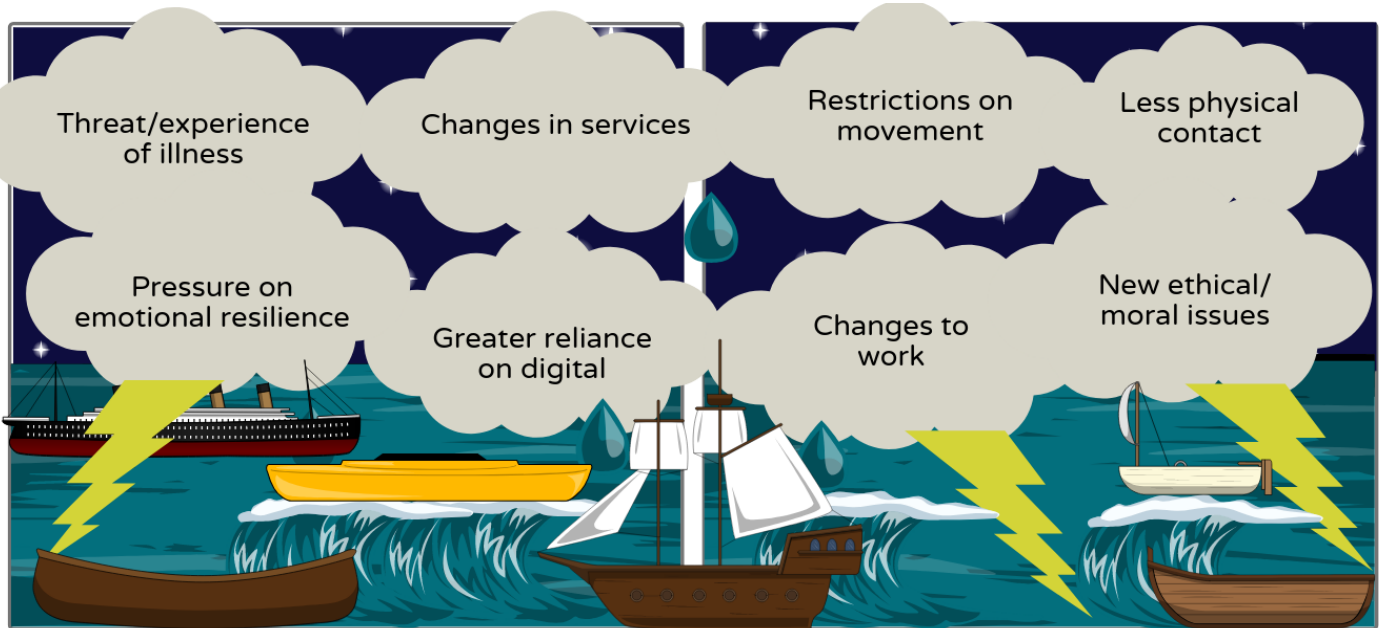
EQIAs? (Not so) popular analysis

Madonna's analysis wasn't as good as her music (from the 80s).

Emily Maitlis put it better.

EQIAs? Our analysis

Inequality for:

- Older people

- Children and young people

- Disabled people and unpaid carers

- Black people, Asian people and people from a minority ethnic group in Scotland (BAME)

- Women

- LGBT+ people

What we learned: older people

- Risk

- Isolation
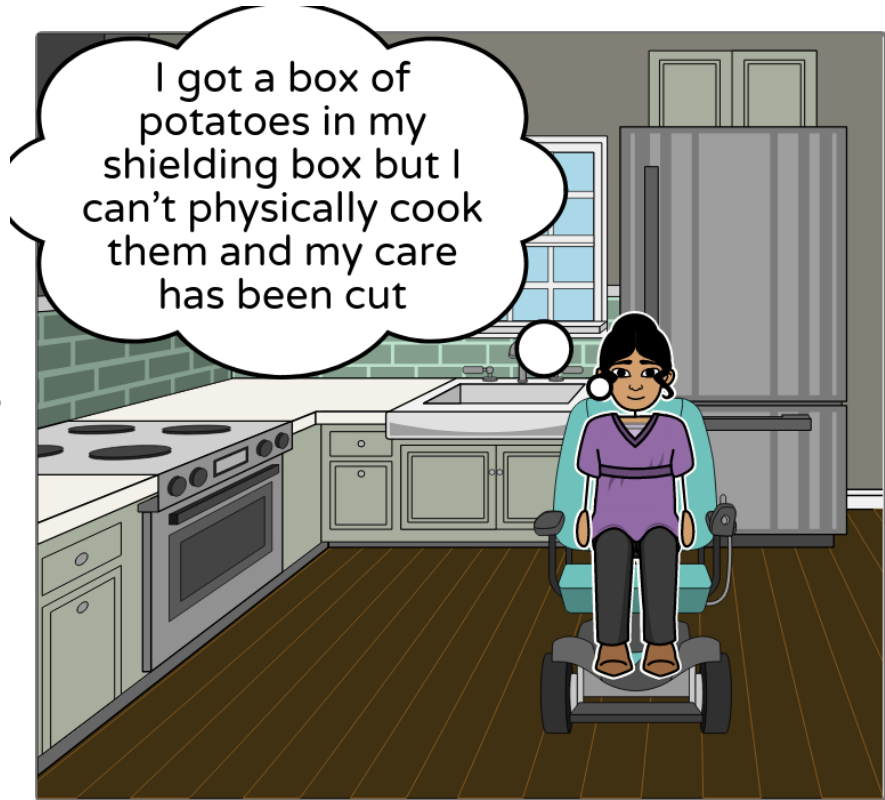
- Communication

- Mental health

What we learned: children and young people

- Small number of cases

- Impact of emergency measures huge

- Mental health

What we learned: disabled people and unpaid carers (1)

- Risk

- Support

- Poverty

- Care responsibilities

- Communication

- Isolation

- Mental health

What we learned: disabled people and unpaid carers (2)

- Barriers exist in the 'new normal'

- Norms around face coverings
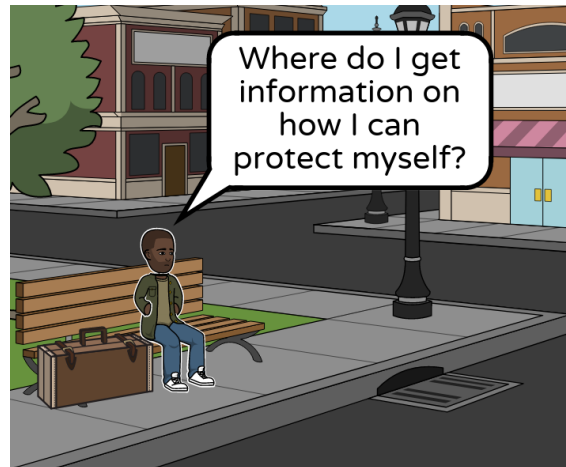
- Norms around physical distancing

What we learned: people who are black, Asian and/or minority ethnic
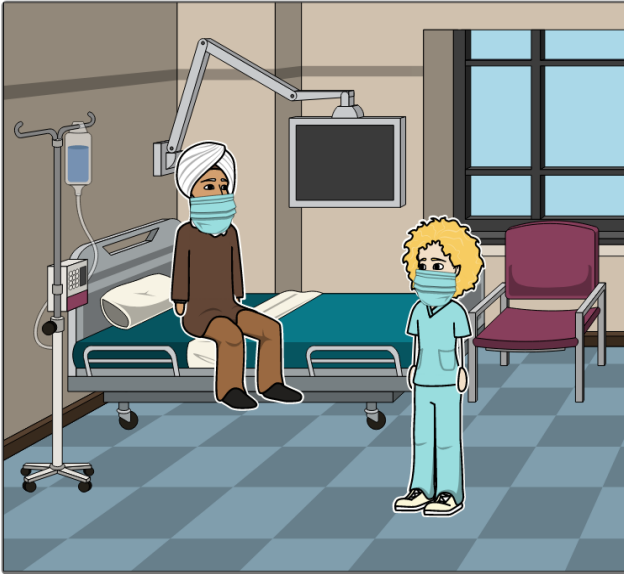
- Risk

- Safety

- Communication

- Racism

What we learned: Gypsy/Travellers and refugees

- Money

- Housing

- Services

- Communication

What we learned: women

- Risk
- Money
- Caring

- Domestic Abuse
- Mental Health

What we learned: LGBT+ people

- Isolation / mental health

- Homelessness

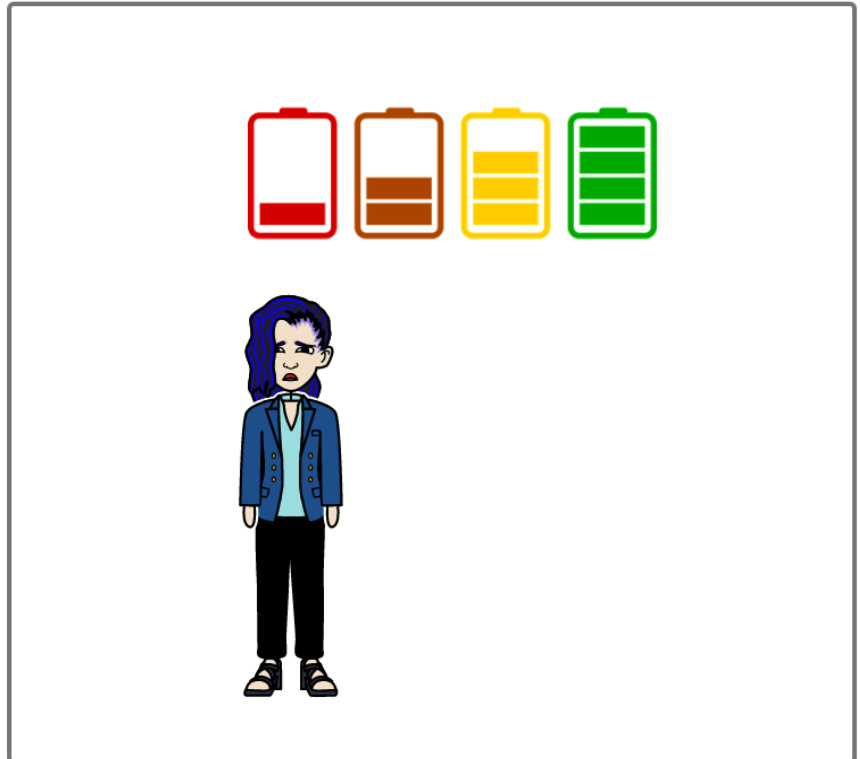- Domestic abuse

- Discrimination

Cross-cutting theme: poverty

- Greater chance of underlying health conditions

- More likely to be disabled, BAME, women, single parents

- Link between deprivation and digital exclusion

Cross-cutting theme: mental health

Disproportionate impacts for:

- ✓ Disabled people
- ✓ BAME people
- ✓ Older people
- ✓ Women
- ✓ LGBT people

Intersectionality?

Some people may feel like they are at the 'eye of the storm'.

For example, how might things be for a disabled black lesbian woman?

What can we do?

- Plan for equality

- Value data

- Create access

- Engage people

- Make diversity a talking point

Plan for equality

- Who will be impacted - along the way and ultimately?

- What, when and how can we influence?

- What do we know or need to know about the beneficiaries and their needs?

- When and how can we review knowledge and actions?
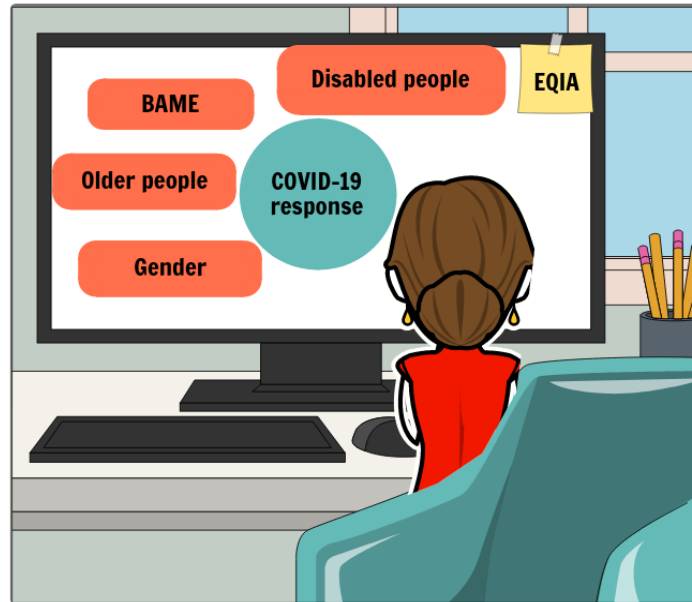
Value data

- When data is lacking it can be harder to know what action to take.

- Example: Need for a Scottish Government expert reference group on COVID-19 and ethnicity.

- What equalities information helps us?

Ask about access

- To information
- To communications
- To digital tools
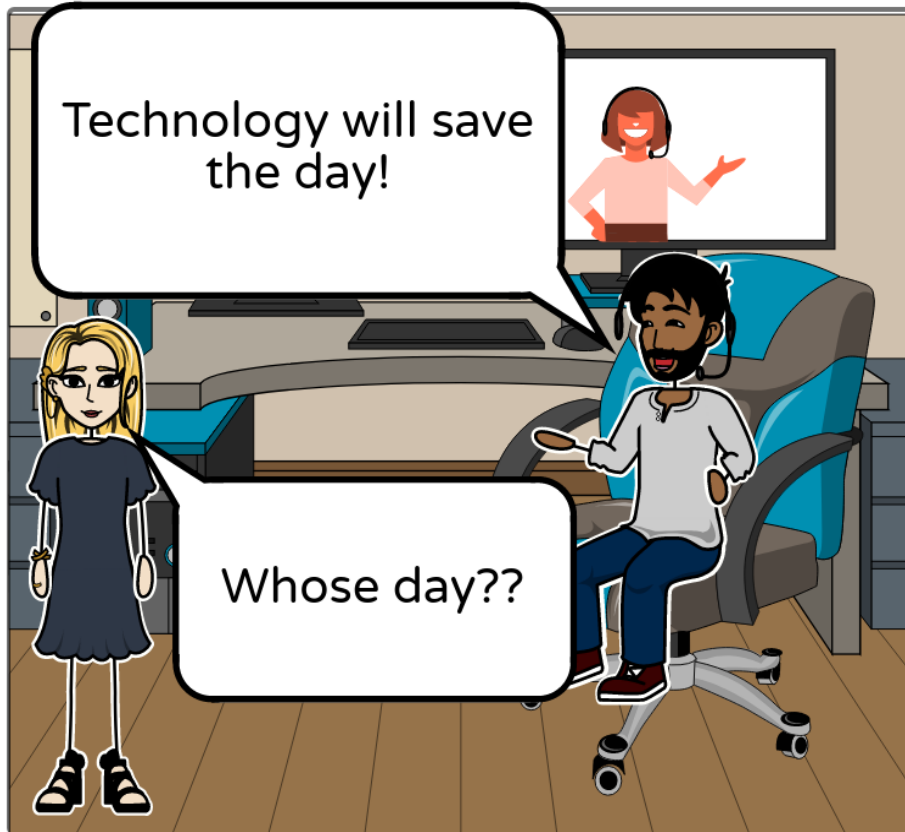- To resources
- To services

What will it take to get people in?

COVID-19 and participation

- A number of groups disproportionately impacted by COVID-19

- How do they have their voices heard while physical distancing measures are in place?

The turn to digital

Who's in and who's out?

- Age is the leading characteristic of low digital engagement.

- Nearly all young people have access to the internet but can they all participate?
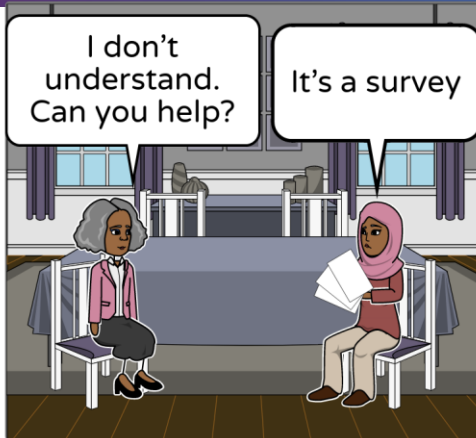
Who's in and who's out?

- Disabled people?

- Remote and rural communities?

- People facing socio-economic disadvantage?

Engaging differently

- How can we continue to provide opportunities for people to have their views/experiences heard?

- Which methods include/exclude which groups?

- What are our options?

Engaging differently

Engaging differently

- We must learn from those feeling the brunt of COVID-19 and the organisations trying to give them a stronger voice about what works for them

- We must reflect on our own practice

- We must share: **#EngagingDifferently**

Make diversity a talking point

- Share expertise
- Share evidence
- Share experience

- Make it matter!

Reflections and questions

Thank you for joining us

contactpublicinvolvement.his@nhs.net

The images in this presentation were made using StoryboardThat.com

HIS projects we mentioned

- [Person-centred care](#)

- [Virtual Visiting](#)

- [Engaging Differently](#)

- [Health and social care learning in Scotland](#)

Read more on the issues:

- Age Scotland on [loneliness](#)
- Digital doesn't replace physical: an example [news story](#)
- [Lockdown Lowdown Report](#)
- [Blog](#) by care experienced student Chris Marshall
- [Together's page](#) of reports on the lockdown views and experiences of children and young people
- [Supercharged: A Human Catastrophe](#) report by Glasgow Disability Alliance
- [COVID-19 evidence survey](#) by Inclusion Scotland
- [Briefing](#) on COVID-19 and mental health
- [Survey findings](#) from the charity Mind
- [Impact report](#) on BAME staff in mental healthcare settings
- Scottish Government [framework](#) to support gypsy/traveler communities
- Engender's [rolling blog](#) on COVID-19 and women
- [Hidden Figures report](#) from the LGBT Foundation