

CSAG Briefing Paper



Groups who are vulnerable to the wider health, social and economic impacts of COVID-19 in Bradford. Version 5.

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Summary

The aim of this paper is to define and quantify groups who are vulnerable to the wider health, social and economic impacts of COVID-19 and the control measures. It also presents an overview of needs identified and approaches to reducing the impacts on people with vulnerabilities.

Whilst everyone is affected by measures to control COVID-19, some groups in Bradford are experiencing disproportionate health, social and economic impacts. COVID-19 has both amplified the existing inequalities in society, and created new risks and impacts for people who may not previously have considered themselves to be vulnerable.

The following groups have been identified as particularly vulnerable to wider health, social and economic impacts. These categories overlap (some people face multiple vulnerabilities) and are likely to change throughout the COVID-19 response.

<p>a) POVERTY AND EMPLOYMENT</p> <ul style="list-style-type: none"> • Low income households • Children living in poverty • Households with food poverty/insecurity • Households with insecure or poor quality housing or in HMOs • Homeless people • Self-employed people and their households • People with precarious employment and their households • Unemployed or furloughed people 	<p>b) HEALTH AND DISABILITY</p> <ul style="list-style-type: none"> • People with long term health conditions • People with physical disabilities or communication difficulties • People with autism or learning disabilities • People with mental illness • People with alcohol or drug use problems • People with an unpaid caring responsibility
<p>c) PROTECTED CHARACTERISTICS</p> <ul style="list-style-type: none"> • People from Black, Asian and Minority Ethnic backgrounds • Recent migrants/ asylum seekers and refugees • Central and Eastern European people • Roma and traveller people • Pregnant women and new parents • LGBT people 	<p>d) OTHER VULNERABILITIES</p> <ul style="list-style-type: none"> • Single person households (especially aged over 70) • Lone parent families • Digitally excluded people • People at risk of domestic violence or abuse • Children at risk of safeguarding concerns • People who have recently left prison • People experiencing gambling harms • People who are engaged in/at risk of sex working

Six categories of needs have been identified to guide service provision and support: a) Basic needs (including food, housing), b) Security, c) Physical and mental health, d) Psychological, e) Social, and f) Education and Development.

We present an approach to understanding a) the needs and impacts for each vulnerable group identified, b) current support in place and gaps, and c) options for further support.

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1) Purpose of paper

The aim of this paper is to define and quantify groups who are vulnerable to the wider health, social and economic impacts of COVID-19 and the control measures. It also presents an overview of needs identified and approaches to reducing the impacts on people with vulnerabilities.

The focus is groups who are vulnerable to wider health, social and economic impacts of COVID-19, although many of the groups identified are also more vulnerable to contracting COVID-19.

There are a wide range of services and initiatives in place in Bradford which are providing a range of support for people who are suffering the wider impacts of COVID-19. By identifying key vulnerable groups, we can systematically review support available to ensure that it is reaching and meeting the needs of people who need it the most.

2) Vulnerability due to COVID-19

Vulnerable groups of people are disproportionately exposed to risk. In the context of the COVID-19 crisis, this includes vulnerability:

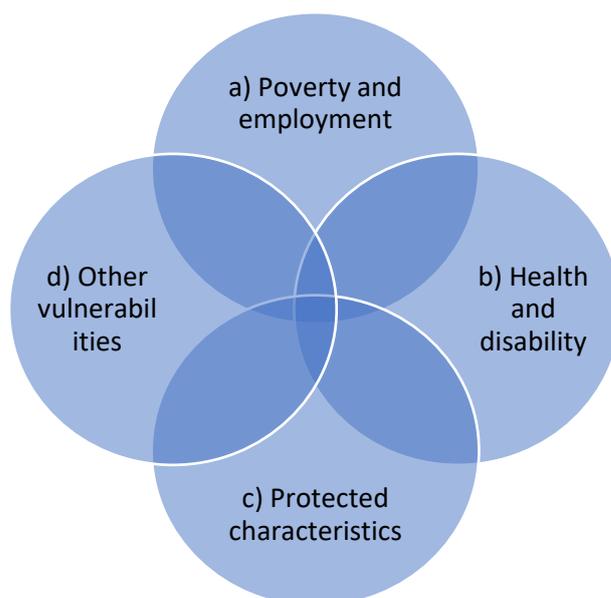
- a) To contracting COVID-19 or to developing severe symptoms and mortality
- b) To wider health, social and economic risks as a result of COVID-19 and the control measures, including mental and physical health, relationships, educational, economic and employment impacts. This is the focus of this paper.

The government has identified groups who are particularly vulnerable to developing severe COVID-19 and provided advice. **Extremely vulnerable (shielded)** people have received a letter from the government. The shielded group includes people who have had organ transplants, people with specific cancers, people with severe respiratory conditions, people with some other rare diseases or on immunosuppression therapies, and people who are pregnant with significant congenital heart disease. The government has also defined **clinically vulnerable** groups, including people who are aged over 70, people with a range of long term health conditions, people who are seriously overweight and pregnant women.

Wider groups with vulnerabilities to health, social and economic impacts constitute a third category. Measures adopted to limit transmission of COVID include social distancing for the whole population (and strict social distancing for some), school, nursery and university closures, and suspension of non-essential work, leisure, retail and travel. Whilst everyone is affected by these measures, some groups in Bradford are experiencing disproportionate health, social and economic impacts. This includes, for example, people living in poverty, with precarious or lost employment, people with caring responsibilities and children with learning disabilities. COVID-19 and the control measures have both amplified the existing inequalities in society, and have created new risks and impacts for people who may not previously have considered themselves to be vulnerable.

This wider group overlaps with the shielded and clinically vulnerable categories, as they are also likely to suffer disproportionate impacts due to strict social distancing and isolation requirements.

Figure 1: Overlapping categories of wider health, social and economic vulnerability to COVID-19



Vulnerable groups in Bradford

The following groups have been identified as particularly vulnerable to the wider impacts of COVID-19. This list has been developed through theory and evidence, including from groups included in PHE work on a COVID-19 health inequalities impact assessment and discussion with members of the C-SAG workstream on vulnerable groups.

Table 1: Groups vulnerable to wider health, social and economic impacts of COVID-19 in Bradford

Group/characteristic	Number of people	Data source & notes
a) POVERTY AND EMPLOYMENT		
Low income households	157,900 live in 10% most income deprived areas	BMDC intelligence bulletin – further detail available in the bulletin.
Children living in poverty	17,656 claim free school meals 54,450 lived in low income families 2018/19	DFE (NB. many eligible children are not claiming FSM). BMDC intelligence bulletin
Households with food poverty/insecurity	Current number unknown	Data can be compiled from community hubs, food banks, BiB research
Households with insecure or poor quality housing or in HMOs	Tenants of 556 HMOs with shared entrance and hallways and 662 HMOs with shared kitchens/bathrooms.	BMDC public health Insecure housing – awaiting estimate
Homeless people	52 street homeless people rehoused. Housing needs: 2,684 people with prevention, relief/main duty in 2019/20. 3,420 people with statutory or urgent need.	BMCD housing. Note – housing needs are annual figures
Self-employed people and their households	29,000 self employed 1,500 not covered by existing scheme	ONS data (1,500 estimate is based on a national estimate that 5% are not covered).
People with precarious employment	5,500 with flexible temporary contracts. 25,000 in informal/gig economy	ONS, Estimate based on a European Study
People who have become unemployed /been furloughed	14/05/20: 29,970 universal credit claimants (9.1% of adults). This is an increase of over 12,000 since March (12/03/20: 17,190 claimants, 5.2% adults).	BMDC intelligence bulletin – further detail available in the bulletin. ONS

b) HEALTH AND DISABILITY		
People with long term health conditions (including shielding and clinically vulnerable groups)	29,000 people on the shielded list >200,000 are eligible for the flu jab	CCG. Note: flu jab data includes eligibility for other characteristics, including age and pregnancy
People with physical disabilities or communication difficulties	2,947 people with physical disabilities	CCG
People with autism or learning disabilities	4,724 people with autism; 1,128 children with autism known to schools 4,282 people with LD; 5,644 children with LD known to schools; 1,510 adults receiving long-term social care support	CCG, Fingertips
People with mental illness, including severe mental illness	6,582 people with severe mental illness	CCG – SMI QOF register
People with alcohol or drug use problems	Alcohol: Estimated 6,275 dependent drinkers and 765 people in treatment Drugs: 2,940 people in treatment for drug use	Fingertips (LAPE) – estimated from APMS. Treatment numbers from NDTMS. Number at risk of problem alcohol consumption unknown.
People with an unpaid caring responsibility	15,110 carers 251 registered young carers	CCG. However, many carers are not registered
c) PROTECTED CHARACTERISTICS		
People from Black, Asian and Minority Ethnic backgrounds	190,000	Council website
Recent migrants/ asylum seekers and refugees	Unknown	
Central and Eastern European people	12,000 CEE	Estimate (2014 Health Needs Assessment)
Roma and traveller people	Unknown. Estimates range from 6,000 up to 15-25,000 Slovak Roma people	Estimates from 2014 HNA and insights from services
Pregnant women and new parents	7,300 pregnant women	CCG
LGBT people	unknown	
d) OTHER VULNERABILITIES		
Single person households (especially single over 70)	59,000	Council website
Lone parent families	17,800	Annual population survey for Bradford
Digitally excluded people	33,230 no basic digital skills; 64,461 internet non-users. Over 75s: 62% women, 49% men internet non-users. Young people: 36% of 16-24 year olds in mobile-only households	All figures are estimates. Application of Lloyds Bank Consumer Index figures to Bradford. ONS
People at risk of domestic violence or abuse	Victims of domestic violence - 21,300 (male=7,100, female= 14,310)	Estimate – application of British Crime and Victim Survey to population data.
Children at risk of safeguarding concerns	1,047 Children In Need 958 Child Protection Plans	Social services. Current number of children at risk unknown.
People who have recently been released from prison	unknown	
People experiencing gambling harms	14,0083 at risk gamblers; 2,816 problem gamblers	Bradford JSNA
People who are engaged in or at risk of sex working	80-100 people actively engaged	Service insight

Note: Figures in the table were provided by staff at BMDC and the CCG, including: Phil Witcherley, Laura Copley, Helen Johnstone, Catriona Colborn, Paul Swallow, Jonathan Stansbie, Kerry Weir and Darren Rushton.

The numbers of people in the groups identified, and the groups with greatest vulnerability are likely to **change over time** due to the large and rapid health, social and economic changes. It is difficult to predict who will suddenly lose income and require support for basic needs. Further groups will be added based on BiB research, insights from services etc.

Many of the groups identified are very large (e.g. over 200,000 are in the government defined 'vulnerable' category, advised to conduct strict social distancing). However, the groups overlap and many people are coping with **multiple, overlapping vulnerabilities**. For example, there is an overlap between people with long term conditions and people from Black, Asian and Minority Ethnic backgrounds. Of the people who are shielded in Bradford (for whom ethnicity is known), 63% are from a White British background, 26% from a South Asian background, 3% are Black, and 8% have mixed or other ethnicity (source: CCG shielded data).

People with multiple vulnerabilities are likely to be most at risk of wider health, social and economic impacts. As data used in this report are from different sources, we could not quantify the overlap for most groups; however the BiB research offers opportunity to explore this. Examples of important overlaps include:

- People who are aged >70, live alone and are digitally excluded
- People who have a pre-existing mental health condition and lose their job/have financial insecurity

It is also important to note that there are **inequalities within each of the groups**, e.g. by gender, income, ethnicity. Also, although we have identified vulnerable groups with cut-offs, in reality vulnerability is continuous and on a spectrum, with some people in groups having relatively low levels of need and some facing multiple and serious needs.

For all the groups identified, **other members of the household** may also face additional needs and impacts. For example, children in a household with parents who have lost employment or who are living with a long term health condition are likely to also experience the impact. In households with a child with a severe learning disability, there will be impacts of social distancing both on the child and other members of the household.

Finally, it is worth noting that there are some debates about the **language of vulnerability**. In particular, people have raised concerns that the term 'vulnerable' can lead to a focus on individuals and deficits, and that structural issues which shape people's risks (such as public services and legal frameworks) and assets can be ignored. In this paper, we have tried to show the importance of context throughout for the vulnerable groups we have identified.

Mapping vulnerability

Groups with the vulnerabilities listed above are located in different parts of the District. For example, Bradford city has a high proportion of low income households, whereas rural areas in the north of the district have highest proportions of single person households. Where possible, maps have been produced to show the spatial distribution of dimensions of vulnerability. These are shown in Appendix A.

3) 'Needs' and impacts following COVID-19

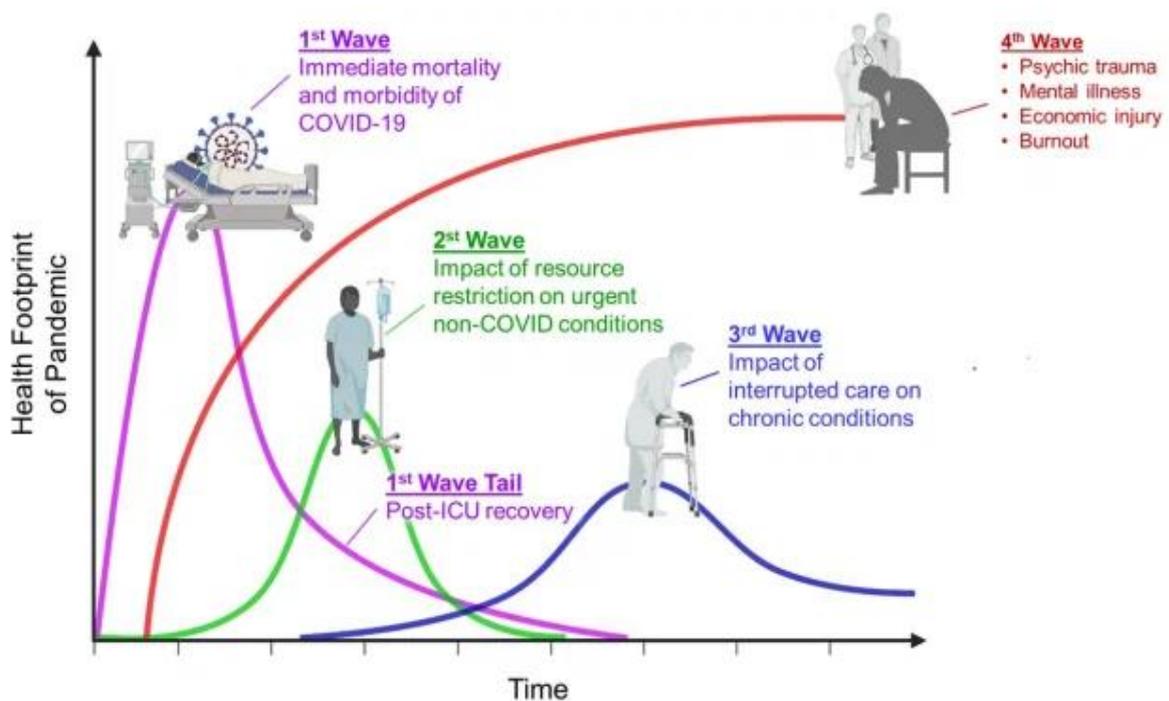
Large numbers of people are facing acute, fundamental needs in relation to food, access to money and shelter. There is increasing recognition and support of wider needs, including mental health, education and social contact. The figure below outlines 6 key categories of need to guide services and support (adapted from Maslow's hierarchy of needs as a starting point).

Figure 2: 6 categories of needs during the COVID-19 crisis

1) Basic	2) Safety	3) Health	4) Psychological and wellbeing	5) Social	6) Education and development
<ul style="list-style-type: none"> • Food • Household essentials • Housing • Money 	<ul style="list-style-type: none"> • Safety from violence, abuse or neglect in the home • Secure living environment 	<ul style="list-style-type: none"> • Health care - for physical and mental ill health • Preventive care • Opportunity and support for healthy behaviours 	<ul style="list-style-type: none"> • Wellbeing support • Opportunity and support for healthy behaviours 	<ul style="list-style-type: none"> • Friendship • Social contact • Peer support 	<ul style="list-style-type: none"> • Play • Education • Materials and resources

There are clear acute needs as a result of COVID-19 (and possible future peaks of infection), social distancing and lockdown. However, as we enter recovery new needs are likely to develop, e.g. additional health needs as a result of changes in health behaviours or health care foregone during lockdown. For some people the impacts are expected to be long-lasting, with ongoing requirements for additional support. The figure below summarises 'waves' of impact over time.

Figure 3: Waves of impact of COVID-19



Source: Victor Tseng <https://twitter.com/vectorsting/status/1244671755781898241>

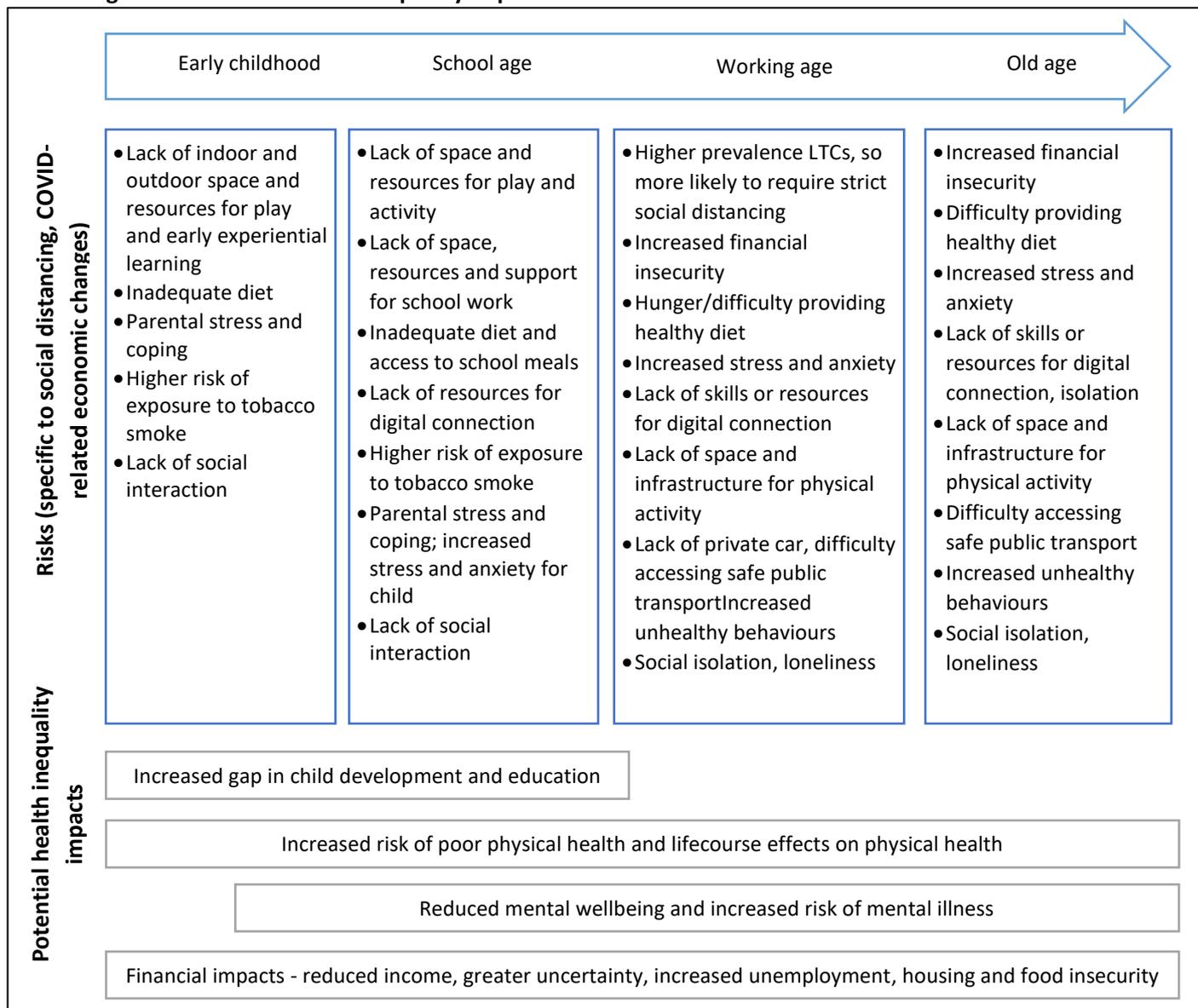
Low income and COVID-19 across the lifecourse

Social distancing and the COVID control measures have a disproportionate health, social and economic impact on people living with low income for 2 reasons:

- 1) COVID-19 and the control measures have **created new risks and impacts**, e.g. loss of employment, closing of schools and impact on the attainment gap. People living with a low income are more likely to be in work that exposes them to infection, e.g. working in retail, and are less likely to be able to work from home.
- 2) COVID-19 and the control measures have also **amplified the everyday experience of living in poverty** – e.g. the impact of living in overcrowded housing is greater during lockdown due to increased family stress, lack of space for children to play or do school work when it is not possible to go to the playground or to school

The figure below starts to map out how COVID-19 may affect inequalities for people in low income households. It focuses on wider health, social and economic impacts rather than impact on COVID-19 illness. However, people in low income households may also be at greater risk of contracting COVID-19 or developing severe illness due to higher prevalence of known risk factors e.g. long term conditions and smoking, and greater reliance on public transport.

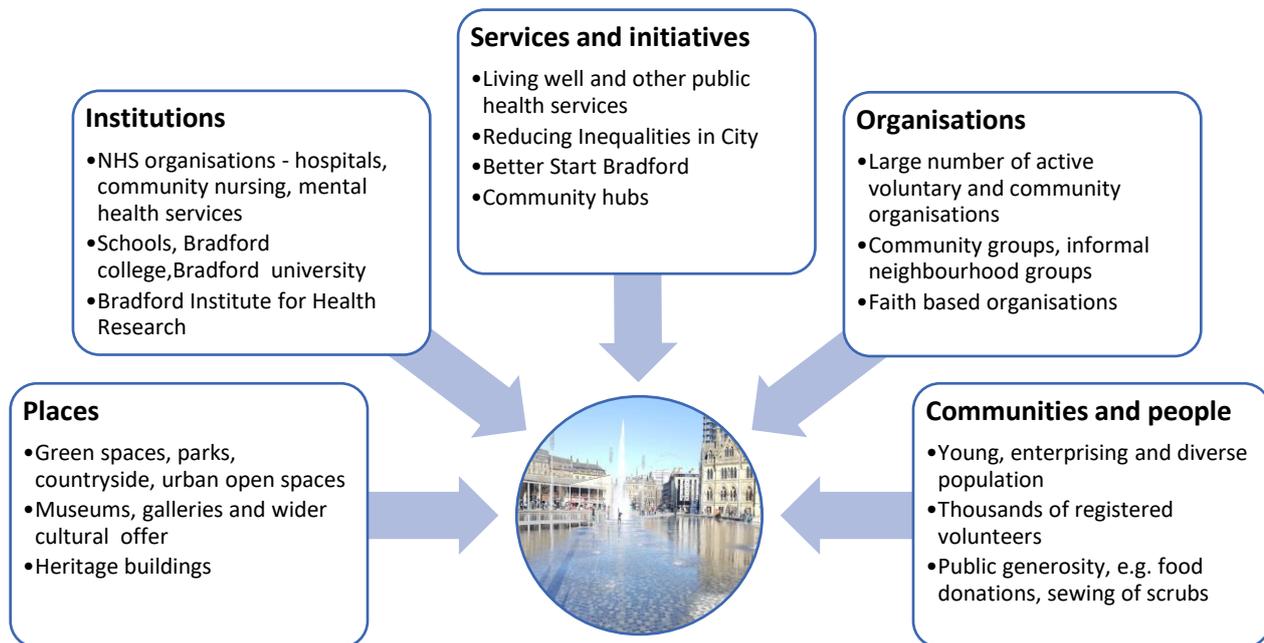
Figure 4: Risks and health inequality impacts over the lifecourse for low income households



4) Assets and Opportunities in Bradford

Bradford has rich and varied assets – from green and open spaces to active community groups and individuals. Many of these are already playing a key role in support for vulnerable groups, which can be built on for ongoing activities to reduce health, social and economic impacts. This includes work to better understand needs and impacts, collaboratively design activities and reach the people who need support the most to benefit from the range of assets available. The figure below lists some examples – but is a small selection of thousands of groups, organisations and initiatives in the district.

Figure 5: Examples of assets providing support and opportunities to reduce health, social and economic impacts



5) Reducing the impact on vulnerable groups

Tools to understand need and identify further support

Appendix C presents an approach to understanding a) the needs and impacts for each vulnerable group identified, b) current support in place and gaps, and c) options for further support.

A very wide range of services, activities and ongoing support are already in place in the District (see Appendix B). This approach can be used to look systematically at provision in relation to need – to ensure that support is meeting people who need it the most and that the range of different needs are being met. The approach links with approaches in the health and wellbeing strategy and ongoing work by the public health team on health inequalities.

Due to the fast pace of change in the COVID-19 outbreak, policy response, there needs to be ongoing review of vulnerability and needs. Throughout this process, engaging with communities and incorporating the voices of people in the groups identified ensures the key needs and impacts are understood, and that further support is appropriate to the needs and context.

Principles to reduce the impact on vulnerable groups

The [Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-23](#) identifies 8 principles that can guide actions to reduce the impact on the most vulnerable groups. It includes a number of guiding principles, which can be adapted to inform planning of activities and services to support vulnerable groups (page 13).

Table 2: Health and Wellbeing Strategy – adapted principles to reduce impacts on vulnerable groups

Health and Wellbeing Strategy	Adapted guiding principles to reduce impacts on vulnerable groups
1 We put prevention first and address the wider causes of poor health and wellbeing.	<ul style="list-style-type: none"> • Understand wider issues (e.g. housing insecurity) driving needs • Work with partners to reduce the number of people facing these wider issues
2 People and communities are the District’s biggest assets, at the heart of health and wellbeing improvement.	<ul style="list-style-type: none"> • Understand the needs of vulnerable groups, and barriers to health and wellbeing • Build on the assets of local people • Engage with people and take their views into account in actions and services
3 We value mental wellbeing and physical wellbeing equally.	<ul style="list-style-type: none"> • Ensure the offer considers both physical and mental wellbeing at every step
4 We work to reduce health inequalities between different people and different parts of the District.	<ul style="list-style-type: none"> • Understand who is most affected (vulnerable groups) • Target resources at groups and areas with the highest level of need • Ensure that the services are appropriate and accessible for people with highest need
5 People can seek and receive help earlier, plan their care and experience quality joined-up services that work around them.	<ul style="list-style-type: none"> • Support people to have more control, independence and resilience • Provide accurate and accessible information • Ensure services work together
6 We are collaborative: we work together, we listen, support and challenge each other to improve health and wellbeing.	<ul style="list-style-type: none"> • Consider how, when and where we can support people’s wellbeing
7 We work systematically to improve outcomes on a large-scale; we evaluate what difference our actions are making.	<ul style="list-style-type: none"> • Identify and measure impacts on vulnerable groups • Identify and measure intended outcomes and processes of support and services
8 We want to get maximum value from the Bradford pound (£) and to ensure that the health and wellbeing sector is sustainable.	<ul style="list-style-type: none"> • Ensure value through equitable allocation of resources • Ensure value through quality, evidence based approaches and alignment with values of communities

6) Implications and Recommendations

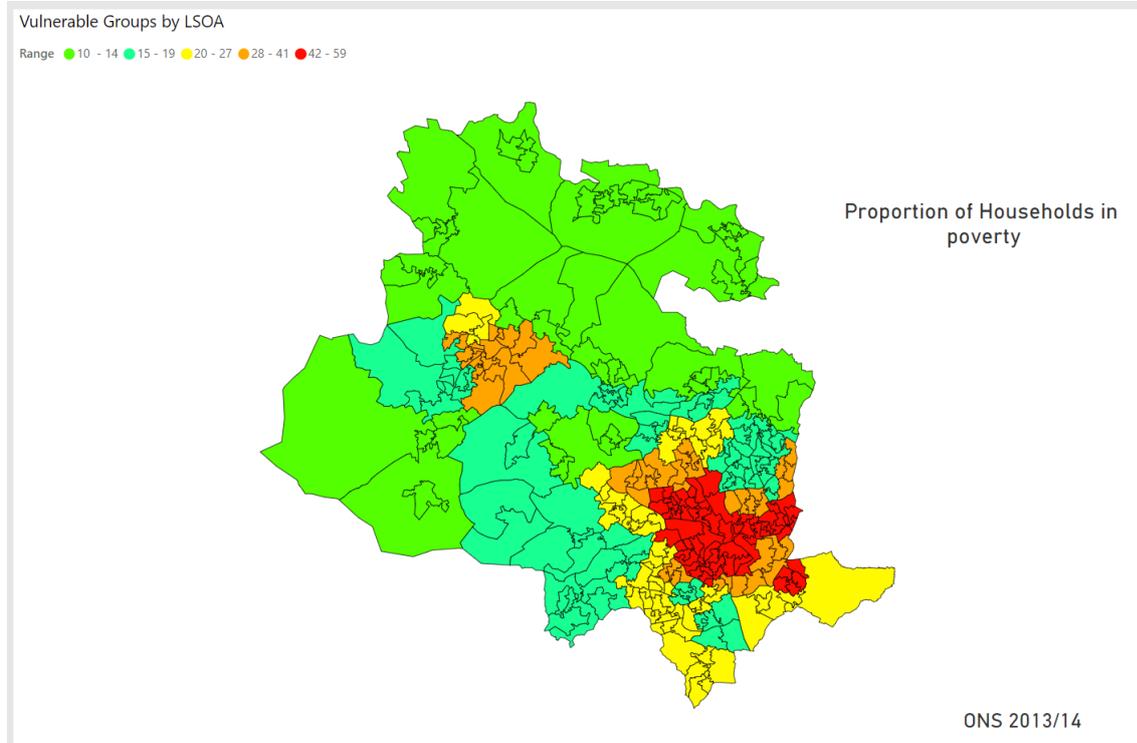
- 1) The groups who are most vulnerable to disproportionate wider health, social and economic impacts are recognised throughout the system
- 2) Organisations and services from different sectors continue work to understand the range of needs and impacts for people in vulnerable groups, and identify opportunities to minimise impacts
- 3) Impacts on vulnerable groups are monitored throughout the recovery period

Appendices

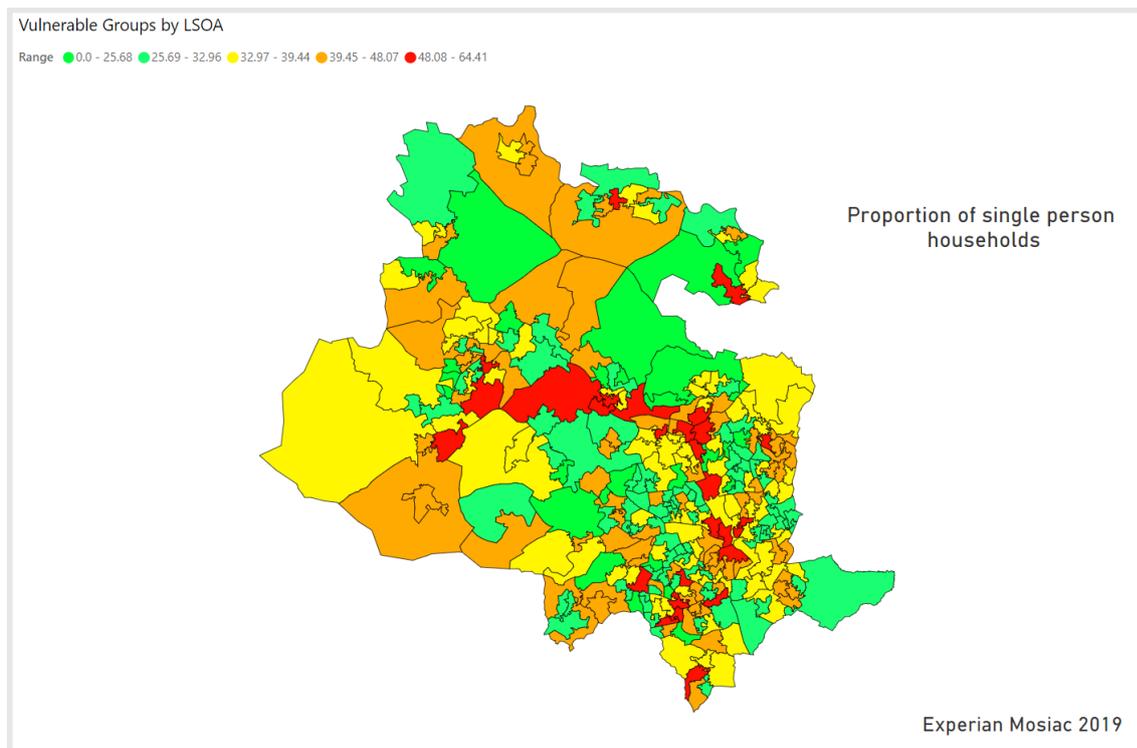
A. Mapping of vulnerable groups in Bradford

Maps were produced by Laura Copley and the Policy and Performance team, BMDC.

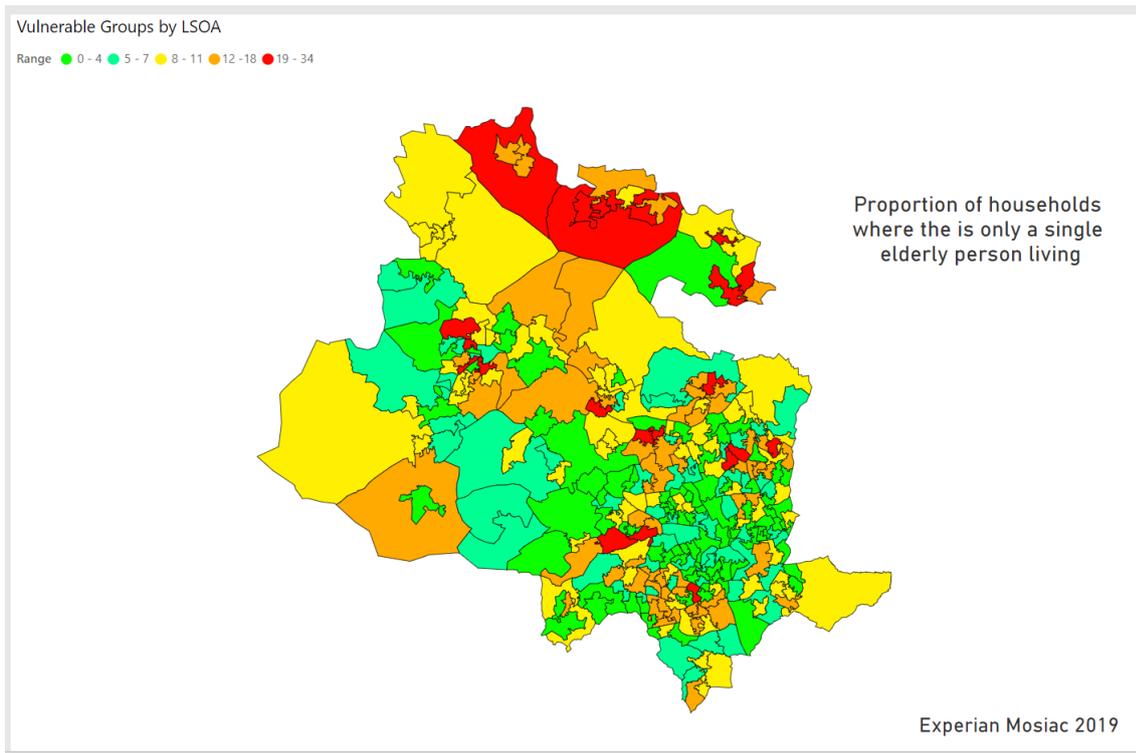
Poverty (low income households)



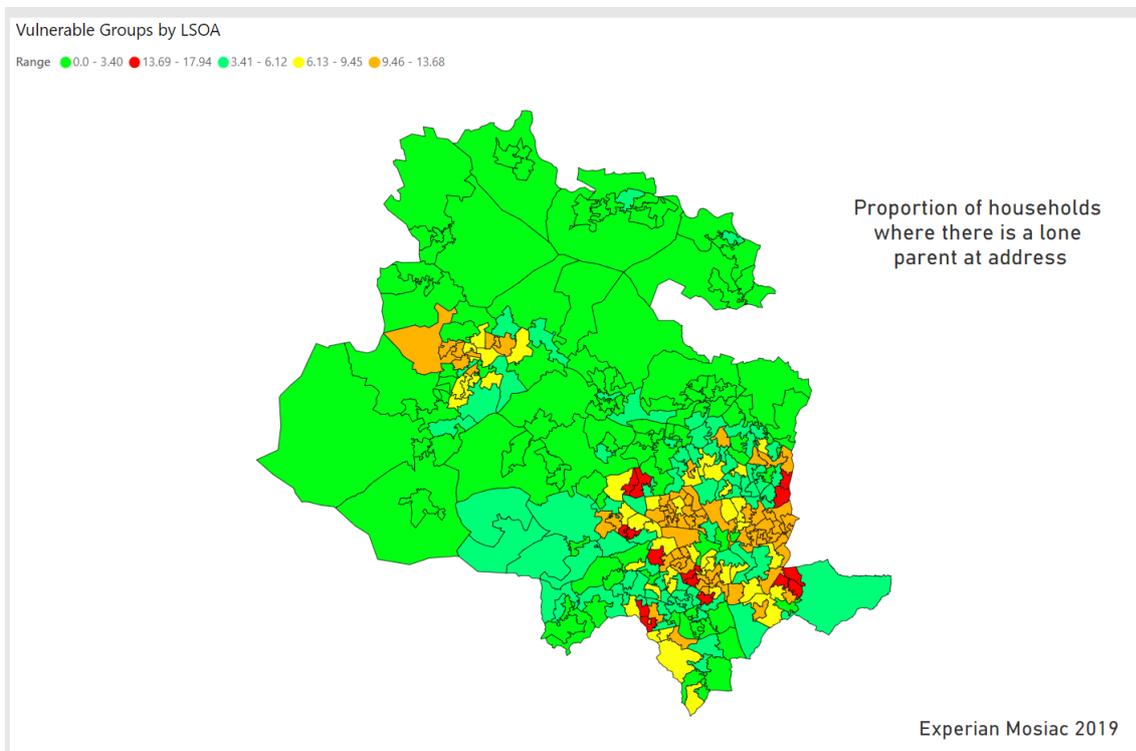
Single person households



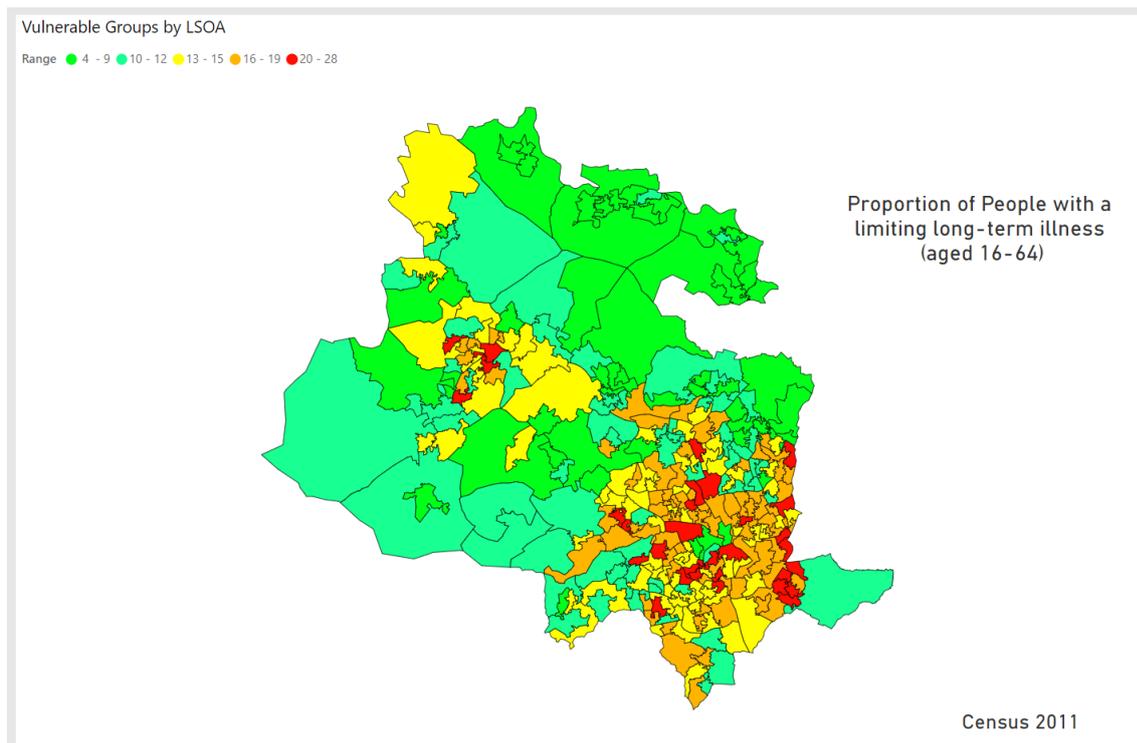
Single person, elderly (overlapping vulnerabilities)



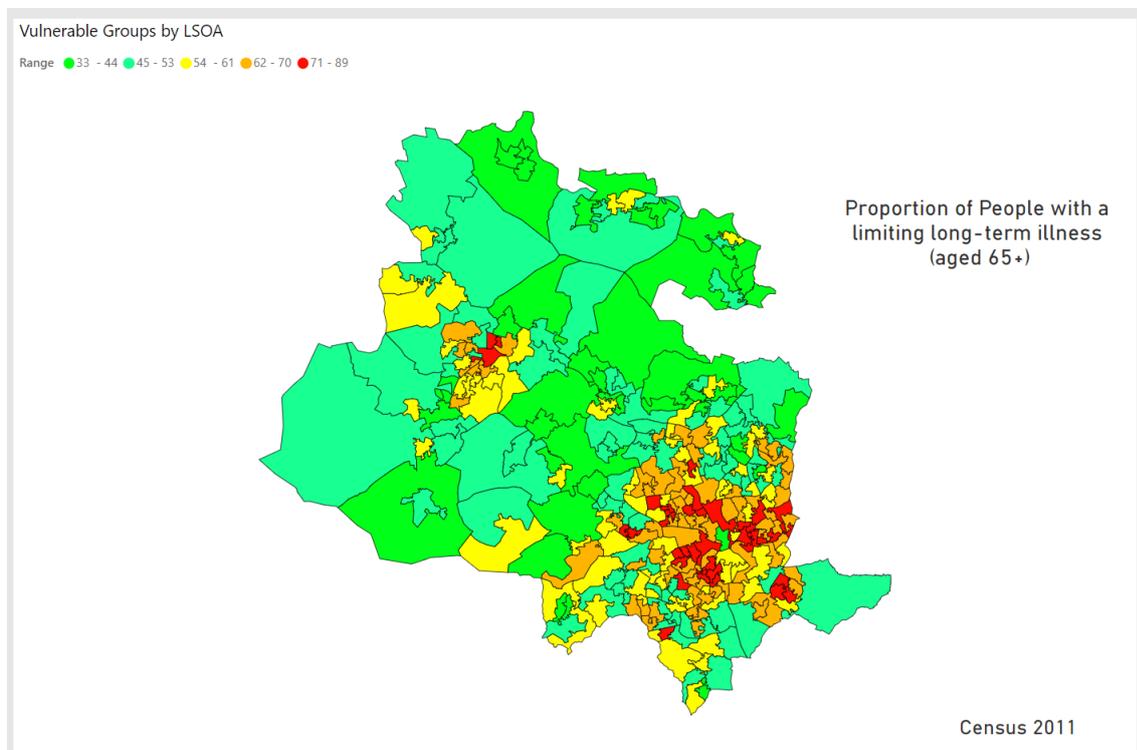
Lone parent households



People with a long term health condition – working age



People with a long-term health condition – aged over 64



B. National and local support in Bradford

There is a large range of support, services and initiatives in place in Bradford for people facing the impacts of the COVID-19 crisis. Key services include:

- 1) Community hubs were set up in constituencies across Bradford shortly after lockdown commenced. Hubs coordinate support for people who cannot access help from friends and family. This includes support with picking up shopping, ringing for a friendly chat, delivering a food parcel, access to information and other services. A central hotline number has been set up to connect people to support locally.
- 2) Food support has been set up from a centralised location at the Broadway shopping centre. Food parcels can be provided for people who need them, with options of traditional, vegetarian, halal and young family parcels. Food banks in the district are also continuing to operate.
- 3) All households in Bradford have received an information letter and a household plan document to make additional plans in case the household needs to self-isolate.
- 4) Additional support has been provided for shielded people, including food provision from central government. In Bradford, telephone contact has been made with the people on the shielded list.
- 5) A range of financial support initiatives are available locally, including fuel meter top-ups for emergency situations via Citizens Advice or local debt advice provider, council tax reduction and recalculation schemes for households with low pay or who cannot afford payments, and discretionary housing payments for households with financial hardship.
- 6) Bradford's [Living well service](#) provides a wide range of resources to help people improve their health and wellbeing and find support.
- 7) Mental health services in Bradford have developed a coordinated system response to COVID-19
- 8) There are initiatives to support social connection. E.g. [RESPONSE](#) Community arts and culture grants are available to fund ideas and activities that enable people to connect

C. Analysis of needs and support

The following table provides an approach to understand the needs and impacts for each vulnerable group identified, current support in place and options for further support. The options for further support build on suggestions proposed in the PHE COVID-19 health inequalities impact assessment, and initiatives in other places.

The table is a draft and reflects only a part of the wider range of support, initiatives and gaps can be added as they are identified.

Table 3: Needs, support in place and further support for vulnerable groups

Group	Needs and Impacts	Support in place	Options for further support
A) POVERTY AND EMPLOYMENT			
Low income households	<p>Short term</p> <ul style="list-style-type: none"> • People in low income households are considerably more likely to experience financial insecurity. They are more likely to have low income and to have precarious or lost employment/reduced working hours. They are also less likely to have financial reserves to cope financially with reduced income. • People with low incomes are more likely to have long term conditions and need ongoing routine care, which may be disrupted. • Low income households have more crowding and less space in the home, and are less likely to have a garden. This may make physical activity difficult and increase stress in the household. • Stress and mental wellbeing related to needs above • It is very difficult to adopt healthy behaviours given the needs above and additional support may be required. • Higher smoking prevalence in most deprived areas leads to higher vulnerability to COVID-19. Isolation is likely to lead to increased risk of passive smoking in households. • Low income households are less likely to have internet access, creating a barrier to accessing support available. <p>Medium-long term</p> <ul style="list-style-type: none"> • Likely increases in financial inequalities • Negative impact on physical health (long term conditions) and mental health • Likely housing needs when 3-month period of protection against eviction comes to an end. 	<ul style="list-style-type: none"> • Support available through local initiatives, including community hubs and living well programme. • Food provision through hubs and foodbanks • National financial support initiatives including increase in universal credit allowance. • Local provision of welfare and debt advice • Reducing inequalities in city programme (RIC) provides additional support in many of the most deprived areas in Bradford. • Local fuel poverty support programme from October (with signposting to ongoing Groundwork scheme via community hubs in interim) 	<ul style="list-style-type: none"> • Including support/resources to promote healthy behaviour and mental wellbeing with other support provided in the district. E.g. include information with food parcels, provide information alongside financial support. • Monitor changes in routine health care provision and unplanned/urgent care to identify inequalities in long term condition management • Adapted telephone/online delivery of public health services, including smoking cessation • Provide free legal advice within GP practices (this can help those with housing, employment, debt, pensions etc. and can be provided by legal firms doing pro bono work and/or university law students (this has been done in a number of London boroughs)) • Provide accessible WIFI, e.g. city-wide free wi-fi or free wi-fi in all BMDC leisure facilities • Reducing gambling harm through self-exclusion, access to treatment services • Development of social supermarket facilities • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand
Children living in low income households	<p>Short term</p> <ul style="list-style-type: none"> • Children do not have access to the support usually 	<ul style="list-style-type: none"> • Support available through local initiatives, including community hubs and living well 	<ul style="list-style-type: none"> • Identification of children in low income households to target support – can use free

Group	Needs and Impacts	Support in place	Options for further support
	<p>provided in the school environment. This is likely to have a disproportionate impact on children from low income households.</p> <ul style="list-style-type: none"> • Reduced access to adequate, healthy food. Concerns around ‘holiday hunger’ if working families have reduced income. • Reduced access to opportunities, space and materials for play – important for wellbeing and child development. Although parks are open, playgrounds remain closed. This limits the outdoor space available to children locally. • Reduced continuation of learning/home schooling due to barriers including equipment, space, support at home. Concern about widening attainment gap. • There may be higher levels of anxiety and stress in the household related to financial insecurity, and among children. • Children from low income households are less likely to have access to a computer and reliable internet connection. This is important for school work, and for social connection with peers. <p>Medium-long term</p> <ul style="list-style-type: none"> • Increased inequalities in child development, educational attainment • Increased mental and physical ill health 	<p>programme.</p> <ul style="list-style-type: none"> • Food provision through hubs and foodbanks • National supermarket voucher scheme for free school meal-eligible children, continued meals in some schools. No information on this on the Bradford council website. • Concerns about lack of local branches /high cost of supermarkets supported through the voucher scheme • Join us: Move Play activities for children and young people during lockdown. • Better Start Bradford adapted programmes to support families during COVID-19, including parenting programmes, language development • Public health early years guidance for families • Schemes to provide digital connectivity (see below) <p>Potential gaps:</p> <ul style="list-style-type: none"> • Difficult to identify all children in households with low or insecure income. • Targeted support for children, including for education, play and wellbeing. 	<p>school meal data, work with schools, 0-19 service to identify children with needs</p> <ul style="list-style-type: none"> • Additional proactive support for play and for home schooling for children from low income families – can be organised by schools, libraries etc. Assets for learning and play could include teaching assistants, library and recreation staff, students, volunteers. • Create learning/play packages for children e.g. with paper, crayons. These could be distributed to children e.g. with the ‘young family’ food parcel. • Open up private green spaces in densely populated areas to improve access to outside activity. • Encourage BMDC, BTHFT, CCG and BDCT employees to join the SMF mentoring scheme which supports children in Bradford living in low income households • Development of social supermarket facilities • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand
<p>Households with food poverty/ insecurity</p>	<p>Short term</p> <ul style="list-style-type: none"> • Households that already suffered from food insecurity and households that have suffered a sudden drop in income need access to adequate, healthy food. • Households with food insecurity are also at risk of wider impacts, including stress and mental health, housing concerns <p>Medium-long term</p> <ul style="list-style-type: none"> • Mental and physical health impacts 	<ul style="list-style-type: none"> • Support available through local initiatives, including community hubs and food banks. These can be accessed through the council hotline. Food boxes available for different diets at hubs. <p>Potential gaps:</p> <ul style="list-style-type: none"> • Some households may not be aware of provision in place, especially households without internet access • Difficult to estimate how many people will 	<ul style="list-style-type: none"> • Signposting to food provision through other services, e.g. GPs, 0-19 service, DWP • Provision of food parcels could be an opportunity to support wider needs e.g. link to mental health support, support with financial negotiation • Work with supermarkets to improve access to food, e.g. food parcels, free delivery to most deprived area

Group	Needs and Impacts	Support in place	Options for further support
		<p>require food support given fast changes in employment etc.</p>	<ul style="list-style-type: none"> • Development of social supermarket facilities • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand • Ensure food provided at food banks meets individual needs and that other essentials e.g. toiletries are available.
<p>Households with insecure or poor quality housing or living in HMOs</p>	<p>Short term:</p> <ul style="list-style-type: none"> • Greater time in the house during lockdown may impact on health and wellbeing. Issues including less space in the home, damp and other hazards are likely to affect physical and mental wellbeing. • Housing needs when 3-month period of protection against eviction comes to an end. • HMOs: Increased risk of exposure to COVID-19 in household, difficult to strictly social distance or isolate • HMOs: More likely to be vulnerable, low income tenants who may suffer financial insecurity due to COVID-19. Increased risks of poor mental wellbeing and addictions 	<ul style="list-style-type: none"> • Support available through local initiatives, including community hubs and living well programme. • COVID Stay safe guidance and Household Plan/Support Leaflet reproduced as posters for people living in HMOs. Additional posters on safe use of shared areas produced. Delivered via landlords with communications on landlord responsibilities for/upkeep and cleanliness of shared areas. 	<ul style="list-style-type: none"> • Increased access to support, welfare and rights advice for households facing eviction • Signposting to support from other frontline services, e.g. GPs, DWP, health visiting • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand
<p>Homeless people</p>	<p>Short term</p> <ul style="list-style-type: none"> • Increased risk of exposure to COVID-19 • Reduced opportunities for people to make money whilst people are self-isolating (e.g. fewer people given money but the public) • Face to face supporting services may be closed, people may be at risk of discontinuing treatment for alcohol or substance use, or of discontinuing other medical treatment • Risk of households being made homeless if rent becomes unaffordable and having urgent housing needs – especially when government protection against evictions ends • ‘Hidden homeless’ e.g. sleeping on a friend’s sofa are at 	<ul style="list-style-type: none"> • The street homeless population have been provided with accommodation, and food is provided • Government suspension of new eviction proceedings • Bevan house provides specialist primary care services and a wide range of wellbeing support • Research conducted by Feeding Bradford lead around use of street food services and people using them –outcomes need to be taken into account 	<ul style="list-style-type: none"> • Personalised, tailored support to homeless people during the outbreak by community nurses, including identification of people at higher risk of COVID not registered with a GP, working with services (housing, drug and alcohol). Inclusion of wider financial and welfare support.

Group	Needs and Impacts	Support in place	Options for further support
	<p>increased of becoming homeless, due to household tensions or financial insecurity</p> <p>Medium-long term</p> <ul style="list-style-type: none"> • Considerable mental and physical health impacts of homelessness • Ongoing housing insecurity and financial insecurity, risk of becoming homeless again after the initial crisis period ends 		
Self-employed people and their households	<p>Short term</p> <ul style="list-style-type: none"> • High risks of financial insecurity. For people who are eligible for government support, there is a need to have adequate financial resources to cover the period until June. Some people are not eligible for government support. • Increased needs for basic support, including food, housing, financial • Financial insecurity is likely to increase levels of stress, and reduce mental health and wellbeing • People may need support to negotiate with e.g. landlord, bank <p>Medium-long term</p> <ul style="list-style-type: none"> • Increased unemployment and financial inequality • Likely housing needs when 3-month period of protection against eviction comes to an end. • Mental and physical health impacts 	<ul style="list-style-type: none"> • Government financial support for self-employed • Food provision and support through community hubs and food banks • Local provision of welfare and debt advice <p>Potential gaps:</p> <ul style="list-style-type: none"> • Some people not eligible for government support • People with inadequate savings to cover the gap until June 	<ul style="list-style-type: none"> • Signposting to support through other services e.g. GPs, DWP, utilities companies. Develop short signposting leaflet and background information to support wider organisations to assist with signposting. • Provision of food parcels could be an opportunity to support wider needs e.g. link to mental health support, support with financial negotiation • Ongoing support for the self-employed beyond current government support for example business rates reductions for the lowest income self employed • Free legal support (as above provided by legal firms pro bono activity) • Free accountancy support (pro bono work – accountants/auditors) • Community Credit Unions • Development of social supermarket facilities • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand
People with precarious	<p>Short term</p> <ul style="list-style-type: none"> • Risk of loss of employment, reduction in hours, leading to 	<ul style="list-style-type: none"> • Food provision and support through community hubs and food banks 	<ul style="list-style-type: none"> • Signposting to support through other services e.g. GPs, DWP, utilities companies. Develop

Group	Needs and Impacts	Support in place	Options for further support
employment and their households	<p>financial insecurity</p> <ul style="list-style-type: none"> • If people need to self-isolate, there is often no or limited sick pay • For people with limited financial savings, even short term lost income has large impact • Support for basic needs (food, housing) • Financial insecurity is likely to increase levels of stress, and reduce mental health and wellbeing • People may need support to negotiate with e.g. landlord, bank • It may not be possible to conduct social distancing in some informal economy settings <p>Medium-long term</p> <ul style="list-style-type: none"> • Increased unemployment and financial inequality • Likely housing needs when 3-month period of protection against eviction comes to an end. • Mental and physical health impacts 	<ul style="list-style-type: none"> • Government financial support package • Local provision of welfare and debt advice • Local fuel poverty support programme from October (with signposting to ongoing Groundwork scheme via community hubs in interim) <p>Potential gaps:</p> <ul style="list-style-type: none"> • Some people not eligible for government support • People with inadequate savings to periods of time with no income (e.g. wait for UC payment) 	<p>short signposting leaflet and background information to support wider organisations to assist with signposting.</p> <ul style="list-style-type: none"> • Local fuel poverty support programme from October • Provision of food parcels or contact with community hubs could be an opportunity to support wider needs e.g. link to mental health support, support with financial negotiation • Linking to employment, volunteering, training opportunities e.g. through Skillshouse • Community Credit Unions • Sponsored training opportunities (e.g. local businesses fund a course/training/apprenticeship) • Local procurement policies for BMDC, BTHFT, CCG, BDCT • Development of social supermarket facilities • Planning by Welfare Advice providers for continued services post COVID and management of expected spike in demand
People who have become unemployed/been furloughed/been subject to closure of their business/self-employed occupation	<ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • As above plus national business loan and grant schemes administered locally, subject to meeting scheme criteria • Discretionary grant scheme to support fixed business accommodation costs launched 04.06.2020 (discretion largely decided at national level – although childminders were included in local scheme) <p>Gaps</p> <ul style="list-style-type: none"> • No scheme available to self-employed people 	<ul style="list-style-type: none"> • As above
B) HEALTH AND DISABILITY			

Group	Needs and Impacts	Support in place	Options for further support
<p>People with long term health conditions (including shielding and clinically vulnerable groups)</p>	<p>Short term</p> <ul style="list-style-type: none"> • Support to obtain food whilst shielding or strictly self-isolating for people without support from friends/family • Routine health care to prevent worsening of health conditions • Increased costs of fuel due to time spent at home • Maintenance/promotion of healthy behaviours e.g. physical activity is difficult when strictly isolating -leading to risk of health conditions worsening • Financial support for people who are unable to work • Decrease in social contact, mental wellbeing and increase in mental ill health <p>Medium-long term</p> <ul style="list-style-type: none"> • Self-isolation may need to continue for a long time for people with clinical vulnerabilities • Worsening of long term health conditions due to health care foregone and reductions in healthy behaviours • Decrease in mental wellbeing, and increase in mental ill health • Financial impacts for people whose employment and income were affected 	<ul style="list-style-type: none"> • Food provision and support through community hubs • Telephone contact has been made with people on shielded list • Food for shielded group provided nationally • Local fuel poverty support programme from October (with signposting to ongoing Groundwork scheme via community hubs in interim) <p>Gaps</p> <ul style="list-style-type: none"> • How to identify people without family support who have not contacted helpline? 	<ul style="list-style-type: none"> • Provision of food parcels or contact with community hubs could be an opportunity to support wider needs e.g. link to mental health support, support with financial negotiation • Support and resources to promote mental wellbeing and to support healthy behaviours • Use national materials e.g. Sport England We are undefeatable • Development of local hard copy resources for people with limited internet use; distribution by local voluntary groups • Vitamin D supplementation • Befriending/peer support activities – online, telephone. Work with local assets, including recreation staff and volunteers. • Monitor changes in routine health care provision and unplanned/urgent care to identify inequalities in long term condition management
<p>People with physical disabilities and communication difficulties</p>	<p>Short term</p> <ul style="list-style-type: none"> • Needs very widely depending on disability • For people with communication barriers, information and guidance are required in accessible formats, e.g. braille • There may be additional support needs for family/household/carers due to higher caring requirements, difficulties if carers are unwell • Lower access to internet among people with disabilities, so need other forms of support <p>Medium-long term</p> <ul style="list-style-type: none"> • Needs very widely depending on disability 	<ul style="list-style-type: none"> • Food provision and support through community hubs • Local fuel poverty support programme from October (with signposting to ongoing Groundwork scheme via community hubs in interim) 	<ul style="list-style-type: none"> • Ensure support and materials are adapted for people with disabilities e.g. braille version of key communications • Identify and support carers (see below) • Identify people who are digitally excluded and link to initiatives to provide connection • Use national materials e.g. Sport England We are undefeatable • Use accessible information, e.g. from BTM

Group	Needs and Impacts	Support in place	Options for further support
People with autism and learning disabilities	<p>Short term</p> <ul style="list-style-type: none"> • High prevalence of anxiety and mental health needs – there may be an increased prevalence or worsening of symptoms related to COVID-19 and challenges of lockdown • Some people may have difficulties understanding COVID-19 communications (materials developed quickly, may not be accessible) • High prevalence of some physical health conditions, routine care may be disrupted, health checks may not take place (and telephone/online care may not be feasible). Healthy behaviours are more difficult to maintain. • Disruption to routines may be stressful • Support needs for family/household/carers due to higher caring requirements, difficulties if carers are unwell • Special schools closed, home schooling likely to be more challenging for children with learning disabilities and autism; normal support not in place <p>Medium-long term</p> <ul style="list-style-type: none"> • Increased inequalities in educational attainment • Worsening of physical and mental health 	<ul style="list-style-type: none"> • Activity and resource pack developed for people with autism • Annual health checks due to re-start 	<ul style="list-style-type: none"> • Identify people with learning disabilities and autism to be able to provide support – e.g. GP records, schools, community groups • Signpost/offer support for people with autism. E.g. work with local community groups to provide ‘check-ins’ • Use accessible information standard/develop accessible versions of materials • Use National Autistic Society materials on COVID-19 for people with autism • Use Mencap materials on COVID-19 for people with learning disabilities • Ensure all wider support services e.g. crisis support are autism and learning disability friendly (e.g. training for volunteers) • Identify and support carers (see below) •
People with severe mental illness and other mental health conditions	<p>Short term</p> <ul style="list-style-type: none"> • Social isolation and changes to healthy behaviours are likely to have mental health impact • People with existing conditions may experience worsening of symptoms • Increased risk of developing mental health problems for some people, but concern that reduced primary care use may prevent diagnosis • Financial insecurity likely to be higher among people with SMI, due to lower employment rates • People with SMI are more likely to smoke, which may increase risk of COVID 	<ul style="list-style-type: none"> • Support through community hubs • Coordinated mental health system response in Bradford <p>Gaps:</p> <ul style="list-style-type: none"> • Findings from BiB survey that people face barriers to access mental health support; misinformation as a barrier to access 	<ul style="list-style-type: none"> • Provide a telephone check-in for people living with severe mental illness, and link to further support • Enhanced support for people to access government financial support when they are suffering from mental ill health • Identification of groups experiencing risk factors for poor mental wellbeing and mental ill health (e.g. becoming unemployed) and provision of resources, telephone/peer support etc. • Engagement work to tackle misinformation

Group	Needs and Impacts	Support in place	Options for further support
	<ul style="list-style-type: none"> Risk of increased suicide <p>Medium-long term</p> <ul style="list-style-type: none"> Increase in mental ill health or worsening of symptoms 		about services to enhance access
People with alcohol or drug use problems	<p>Short term</p> <ul style="list-style-type: none"> Substance misuse service users at higher risk of severe COVID-19 People who are currently using services or in recovery are at greater risk of relapse or withdrawal for services Need for continued treatment services, risk of interruption due to shift from face-to-face consultations, less supervised medication, changes in prescription length, changes to needle exchange Anecdotal evidence of increased alcohol consumption in many sectors of the population Change in availability and increased cost of drugs, which may increase risk of crime <p>Medium-long term</p> <ul style="list-style-type: none"> Increase in alcohol and drug misuse Mental and physical health issues related to alcohol and drug misuse 	<ul style="list-style-type: none"> Ongoing service provision includes provision of take-home medications, storage, harm reduction advice, regular communication and support Provision of deliveries from food banks to service users who are isolating Telephone welfare checks for people receiving alcohol treatment Development of an alcohol advice booklet <p>Gaps</p> <ul style="list-style-type: none"> Understanding of groups who are at increased risk of alcohol misuse 	<ul style="list-style-type: none"> Identification and support for other groups at risk of developing problem alcohol consumption Additional provision of naloxone and harm reduction advice, regular communication with service users Ensure adequate provision of safe injecting equipment, explore other supply mechanisms, e.g. post, peer-to-peer
People with an unpaid caring responsibility	<p>Short term</p> <ul style="list-style-type: none"> People with caring responsibilities may need to stay away from the person they are caring for if they are isolating High burden placed on carers, especially young carers High levels of anxiety and concern among carers <p>Medium-long term</p> <ul style="list-style-type: none"> Mental health impacts for carers 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Contact all people with caring responsibilities, provide a check-in for the most vulnerable including young carers Support people to put together a 'Plan B' contingency plan for additional support during COVID-19 Identify people discharged from hospital who will need support from family and friends and ensure plans are in place before discharge Link carer to local support and national resources
C) PROTECTED CHARACTERISTICS			
People from Black, Asian and Minority	<p>Short term</p> <ul style="list-style-type: none"> Many people are likely to be more susceptible to COVID 	<ul style="list-style-type: none"> Translated guidance and materials, videos 	<ul style="list-style-type: none"> Work with trusted members of communities to

Group	Needs and Impacts	Support in place	Options for further support
Ethnic backgrounds	<p>due to pre-existing health and socioeconomic inequalities, likelihood of working in frontline services, crowded housing</p> <ul style="list-style-type: none"> • People from BAME backgrounds are more likely to be self-employed or have temporary or zero hours employment, so may be at greater risk of financial insecurity • More likely to live in crowded or multi-generational households • For people who have English language barriers, information may not be available, people may not be able to access interventions <p>Medium-long term</p> <ul style="list-style-type: none"> • Worsening of health and socio-economic inequalities 	<ul style="list-style-type: none"> • Support through community hubs, welfare advice 	<p>share information</p> <ul style="list-style-type: none"> • Ensure that people have access to the wide range of support available – additional signposting e.g. with translated materials, employment of navigators • Work with VCS organisations, faith organisations to identify needs and ensure access to support
Recent migrants/ asylum seekers and refugees	<p>Short term</p> <ul style="list-style-type: none"> • Highly vulnerable groups with limited financial resources (£37.75 per person per week, plus some additional payments for children and maternity) and varying levels of access to health care • Hygiene may be challenging given lack of money and lack of equipment provided in homes • Language barriers and lack of access to mainstream UK media, so people may not receive government messaging on COVID-19 • Many have no recourse to public funds <p>Medium-long term</p> <ul style="list-style-type: none"> • Worsening of health and socio-economic inequalities 	<ul style="list-style-type: none"> • Food provision and support through community hubs • Bevan house provides specialist primary care services and a wide range of wellbeing support • VCS organisations working with asylum seekers • BIASAN – Bradford Immigration and Asylum Seekers Support and Advice Network – support befriending, signposting for asylum seekers and refugees 	<ul style="list-style-type: none"> • Provision of basic cleaning equipment and guidance in appropriate languages to ensure household hygiene recommendations can be adhered to • Work with VCS organisations, faith organisations to identify needs and ensure access to support • Work with Bevan House to ensure that people have access to up to date information and are signposted to support
Central and Eastern European people	<p>Short term</p> <ul style="list-style-type: none"> • Language barriers and lack of access to mainstream UK media, so people may not receive government messaging on COVID-19. Many people use media from their country of birth, rather than UK media. • Ongoing barriers to access to health services – so people 	<ul style="list-style-type: none"> • Food provision and support through community hubs and food banks • Translation of materials and website to Central and Eastern European languages • Slovak/Czech helpline opened • Leafletting in Slovak about help available in 	<ul style="list-style-type: none"> • Work with trusted members of communities to share information in alternative formats • Ensure that people have access to the wide range of support available – additional signposting e.g. with translated materials, employment of navigators

Group	Needs and Impacts	Support in place	Options for further support
	<p>may be less likely to seek help for COVID-19 or other conditions</p> <ul style="list-style-type: none"> • More likely to have temporary/ employment - high risk of loss of employment or reduced hours, • High levels of renting the private rented sector and concerns that some people are not aware of their rights, causing housing insecurity <p>Medium-long term</p> <ul style="list-style-type: none"> • Worsening of health and socio-economic inequalities • Likely housing needs when 3-month period of protection against eviction comes to an end. 	<p>Great Horton</p> <ul style="list-style-type: none"> • iVan used for 'stay at home' messaging in different community languages • Work with youth workers, weekend wardens, PCSOs with translated letters from local religious leads about staying at home. • Mental health advocacy service funded by public health 	<ul style="list-style-type: none"> • Work with VCS organisations, faith organisations to identify needs and ensure access to support
<p>Roma people and travellers</p>	<p>Short term</p> <ul style="list-style-type: none"> • Some people may not receive government advice on infection control measures, social distancing • Social distancing and hygiene may be difficult for some, e.g. due to crowded living spaces, lack of running water • High levels of self-employment and low paid work, precarious employment, high risk of increased financial insecurity • High levels of renting the private rented sector and concerns that some people are not aware of their rights, causing housing insecurity • Ongoing health inequalities and underlying health conditions, barriers to access to health care • Language and trust barriers, difficulties accessing benefits and other support <p>Medium-long term</p> <ul style="list-style-type: none"> • Worsening of health and socio-economic inequalities • Likely housing needs when 3-month period of protection against eviction comes to an end. 	<ul style="list-style-type: none"> • Food provision and support through community hubs and food banks • Specific interpretation of guidance for gypsy, traveller and boater communities. Being considered for implementation in Bradford • Strong VCS organisations working with Gypsy communities in Bradford • Initiatives to communicate messages to communities, including through videos by community members, translated materials • Slovak/Czech helpline opened • Leafletting in Slovak about help available in Great Horton • iVan used for 'stay at home' messaging in different community languages • Work with youth workers, weekend wardens, PCSOs with translated letters from local religious leads about staying at home. • Environmental Health team visits to traveller sites • Mental health advocacy service funded by 	<ul style="list-style-type: none"> • Develop a plan on how to understand needs, engage and support Roma communities • Proactive engagement with VCS and communities to identify needs, ensure people can access support and are aware of rights (financial, housing etc.) during COVID-19 • Provide information on how and when to seek health care, information on key health issues e.g. immunisation • Ensure that information is disseminated in accessible formats and languages • Provide additional support for people who cannot access digital services, including benefits applications and online education for children • Ensure all communities have adequate water and sanitation for enhanced hygiene

Group	Needs and Impacts	Support in place	Options for further support
		public health	
Pregnant women and new parents	<p>Short term</p> <ul style="list-style-type: none"> • Support whilst isolating • Midwife care – face to face contact reduced, may affect quality of care, identification of problems e.g. depression • Antenatal/parenting/peer support, lack of opportunities for face to face contact • Mental health and wellbeing support, anxiety about pregnancy and parenting during crisis <p>Medium-long term</p> <ul style="list-style-type: none"> • Ongoing impacts on breastfeeding and nutrition, attachment, child development 	<ul style="list-style-type: none"> • Continued midwifery and health visitor support for families, with face to face visits where required (using a risk tool) • Better Start Bradford adapted programmes to support families during COVID-19, including parenting programmes, language development • Public health early years guidance for families • Family health resources available online • Birth and beyond Facebook page and development of online antenatal provision from the BRI <p>Gaps</p> <ul style="list-style-type: none"> • May be less support available for < 5s than school age children. • Support for young families outside the BSB area. 	<ul style="list-style-type: none"> • Promote use of apps e.g. Baby Buddy, and Baby Buddy crisis messenger to provide 24/7 support • Use PHE guidance on mental wellbeing during COVID for pregnant women • Identification of women who are digitally excluded via midwives/health visitors, and linking to schemes available to provide equipment or connectivity. • Identification of young families would benefit from additional support and link with community or voluntary sector • Focus on most deprived areas (outside BiBBS area)
LGBT people	<p>Short term</p> <ul style="list-style-type: none"> • Lockdown may be more stressful and isolating, due to higher levels of social isolation, mental health and substance misuse • There may be gaps in medical treatment <p>Medium-long term</p> <ul style="list-style-type: none"> • Mental health impact 	<ul style="list-style-type: none"> • MESMAC support services 	<ul style="list-style-type: none"> • Increase awareness of needs and issues faced among health and support services
f) OTHER			
Single person households (especially single over 70)	<p>Short term</p> <ul style="list-style-type: none"> • Increased risk of social isolation, worsening mental wellbeing and developing mental health needs <p>Medium-long term</p>	<ul style="list-style-type: none"> • Food provision and support through community hubs, including social contact by volunteers • 	<ul style="list-style-type: none"> • Identification of the most vulnerable single person households, e.g. through community nursing teams, voluntary and community sector organisations

Group	Needs and Impacts	Support in place	Options for further support
	<ul style="list-style-type: none"> Older people may need to strictly self-isolate for an extended period. Older people living alone are at risk of ongoing social isolation, reduced mental wellbeing and mental ill health. 		<ul style="list-style-type: none"> Check-ins, peer support and befriending activities, linking with community initiatives
Lone parent families	<p>Short term</p> <ul style="list-style-type: none"> Lone parents need to balance earning and childcare. Leave for childcare is unpaid, leading to financial insecurity Increased household stress and impact on mental wellbeing Possible concerns about housing security where income is reduced <p>Medium-long term</p> <ul style="list-style-type: none"> Increased health and socioeconomic inequality 	<ul style="list-style-type: none"> Food provision and support through community hubs and foodbanks Local welfare advice 	<ul style="list-style-type: none"> Promoting employer support, e.g. flexible working, home working, emergency days
Digitally excluded people	<ul style="list-style-type: none"> Digital exclusion may be due to a lack of device, connectivity or skills <p>Short term</p> <ul style="list-style-type: none"> For adults – there is an increase in digital exclusion with age. Older people who live alone and are digitally excluded are likely to be a highly vulnerable group Much of the signposting and wider support (including mental health, practical) during the crisis has been online. People without digital skills or internet access may not be able to access this support or may not be aware of it. Digital exclusion makes it more difficult to access universal credit (especially whilst libraries are closed) Lack of digital connection is likely to increase social isolation Children eligible for FSM, children in foster care and children in low income households are at higher risk of being digitally excluded. For these children, ongoing school work is not possible and there is a need for alternative educational support. Digital exclusion impairs 	<ul style="list-style-type: none"> Several schemes to provide devices or connectivity to digitally excluded households. National initiatives. Government free laptops to year 10 students. Lifts on data limits – but does not benefit people who are not connected or on pay as you go contracts. Government and provider commitment to installing broadband in care homes. Some mobile providers offering free dongles to shielding populations. Refugee action conducting a needs assessment Range of local projects to supply equipment to groups who are digitally excluded, including tablets for people with learning disabilities, devices for asylum seekers (solidaritech), donation of devices to schools to loan to pupils. Some schemes have preloaded devices with support apps/websites 	<ul style="list-style-type: none"> Identification of digitally excluded households through frontline services – schools, community housing teams, midwives and health visitors. Link people in with schemes that are ongoing. Provision of equipment and training to the most isolated people, e.g. older people who live alone and have no internet access Ensuring that signposting to support is provided through a wide range of channels – not just online. Make full use of national initiatives to provide devices and connectivity. Schemes to support people to set up devices and learn basic skills e.g. pairing of volunteers with older people. Pre-loading donated devices with connections to support apps and websites – link with public health e.g. to link to mental wellbeing support

Group	Needs and Impacts	Support in place	Options for further support
	<p>access to national and local support and can increase social isolation.</p> <p>Long term</p> <ul style="list-style-type: none"> • For children, digital exclusion will increase the attainment gap in education • There may be ongoing impacts on mental health and financial security for people unable to access social contact or support online 	<p>Gaps</p> <p>Limited data on digital exclusion locally</p> <p>Identification of people who are digitally excluded to link them to schemes in place</p>	<ul style="list-style-type: none"> • Once schools return, extension of the school day to 4pm to incorporate 2 hours from 2-4 for completion of homework so that all pupils get the opportunity to do their work in a quiet well-resourced environment with access to support if needed • Provide accessible WIFI, e.g. city-wide free wi-fi or free wi-fi in all BMDC leisure facilities
People at risk of domestic violence or abuse	<p>Short term</p> <ul style="list-style-type: none"> • More households experiencing risk factors for domestic violence and more people experiencing domestic violence • People who have suffered domestic violence are likely to be at increased risk during social distancing/isolation • Social distancing increases the risk of other forms of abuse, including economic abuse 	<ul style="list-style-type: none"> • Continued support from local services, including Staying Put, Family Action, Women Centre – with telephone helplines 	<ul style="list-style-type: none"> • Ensure that all services that have contact with the general public have basic training on identifying signs of abuse and signposting to local services – e.g. welfare advisors, community nurses, COVID swabbing centre staff, midwives and health visitors • Wide advertising of emergency number (i.e. 999 and then press 55)
Children at risk of safeguarding concerns	<p>Short term</p> <ul style="list-style-type: none"> • Higher risk of children witnessing or suffering violence or abuse during social isolation and lockdown. Increased stress in households • Less opportunity for safeguarding concerns to be detected. Reduced contact with schools, other services means that safeguarding concerns are more likely to be undetected • Increased household stress may lead to increases in safeguarding concerns <p>• Medium-long term</p> <p>Long term impacts on children’s mental and physical health, educational and broader outcomes</p>	<ul style="list-style-type: none"> • National scheme to provide laptops and 4G routers to children receiving support from social worker and care leavers. 	<ul style="list-style-type: none"> • Ensure that all services that have contact with the general public have basic training on identifying signs of safeguarding concerns and have systems in place to report them – e.g. welfare advisors, community nurses, COVID swabbing centre staff
People who have recently been released from	<p>Short term</p> <ul style="list-style-type: none"> • People who are released from prison are vulnerable, and this is heightened during the COVID-19 response, when it 	<ul style="list-style-type: none"> • Dedicated Scheme in place via Housing Options service in the Council 	<ul style="list-style-type: none"> • Identify people who are released and put them in contact with local services, e.g. drug and alcohol services, mental health support

Group	Needs and Impacts	Support in place	Options for further support
prison	<p>is more difficult to access services.</p> <ul style="list-style-type: none"> • There are high levels of financial insecurity and a high risk of homelessness • For some, alcohol and substance misuse treatment is required, with an increased risk of relapse • Other health support including mental health, reconnecting with health services <p>Long term</p> <ul style="list-style-type: none"> • Increased risk of mental and physical ill health, financial insecurity, homelessness and repeat offending 		<ul style="list-style-type: none"> • Education and training, housing and benefit support
People who are at risk of gambling harms	<p>Short term</p> <ul style="list-style-type: none"> • Possible increase in number of people with problem gambling during and following lockdown; possible increase in gambling frequency. • Gambling related harms, including financial harms and insecurity • People who are most at risk of gambling related harm include: younger people (especially men), people with addictions, people with mental health difficulties, people who are unemployed, economically inactive or living in deprived areas <p>Medium-long term</p> <ul style="list-style-type: none"> • Impacts on mental health and wellbeing • Increased risk of financial insecurity, problem debt, housing insecurity 	<ul style="list-style-type: none"> • Yorkshire and Humber Framework for Problem Gambling 	<ul style="list-style-type: none"> • Reducing gambling harm through self-exclusion, access to treatment services • Raise awareness of the availability of treatment services which are offering online and telephone support.
People who are engaged in or at risk of sex working	<p>Short term</p> <ul style="list-style-type: none"> • Change to working from home • There are high levels of financial insecurity and a high risk of homelessness • Other health support including mental health, reconnecting with health services 	<ul style="list-style-type: none"> • The Lotus Project (Public health commissioned specialist service) to identify and support individuals, including health and safety • Provision of food parcels, medication, phones 	<ul style="list-style-type: none"> • Improve sexual health service access for the wider population