

Resources Overview & Scrutiny Committee

19 August 2020

COVID-19 Response Update

For Decision

Portfolio Holder: Cllr S Flower, Leader of the Council

Local Councillor(s): All Dorset Councillors

Executive Director: Matt Prosser, Chief Executive

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Report Status: Public

Recommendation: The Resources Overview and Scrutiny Committee are asked to consider the effectiveness of Dorset Council's response to the COVID-19 crisis and not to scrutinise the effectiveness of other agencies and any decisions which are rightly the responsibility of the Council's partners.

Reason for Recommendation: That the Resources Overview and Scrutiny Committee are assured of the effectiveness of the Dorset Council response to COVID-19 and the impact on Dorset's vulnerable communities and responds accordingly.

1. Executive Summary

A summary of the council's continued response to COVID-19 was submitted to Cabinet on 30 June 2020. This report is shared at appendix 1 and sets out activity further to an initial report submitted to Cabinet on 5 May and considered by the Resources Overview and Scrutiny Committee on 2 June 2020.

On 30 June, Cabinet took the following decisions in relation to Dorset Council's response to COVID-19:

- a) The continued COVID-19 emergency response in relation to the organisational reset and planned incident recovery was noted

- b) A review of the Dorset Council Plan was agreed in light of the organisational reset and recovery
- c) The report was referred to the Resources Scrutiny Committee for consideration.

A second report was considered by Cabinet on 30 June 2020 detailing the impact of the pandemic on Dorset's most vulnerable communities including an equality impact assessment (EqIA). This report is shared at appendix 2.

On 30 June, Cabinet took the following decisions in relation to the impact of COVID-19 on Dorset's vulnerable communities:

- a) The initial impact of the 'lockdown' phase of COVID-19 on vulnerable groups in Dorset was noted
- b) The findings of a series of round-table discussions with Councillors was noted
- c) The ongoing assessment of the impact on vulnerable groups through subsequent phases of the pandemic was agreed
- d) The action plan outlined was agreed
- e) The initial assessment undertaken largely by staff 'released' from core roles to assist with the COVID-19 response was noted and the actions given appropriate resourcing and oversight
- f) The report was referred to People Scrutiny Committee for consideration.

2. Financial Implications

The latest modelling indicates that the Councils response to COVID-19 will create a budget gap of more than £63m. Government has already provided additional non-ringfenced funding of £23.8m, meaning that Dorset Council's forecast overspend is approximately £40m (13%).

Tranche 3 of the financial support provided by Government was £2.7m for Dorset Council. As well as this un-ringfenced grant, the funding was accompanied by relaxation of the current rules for recovering collection fund deficits, meaning they can be repaid over three years rather than just one (though ultimately, they must still come from councils' own resources).

There is also an income protection scheme where councils can recover 75% of their "lost" sales, fees and charges income above the first 5%. However, this protection does not extend to income from commercial activities - currently defined by Government as being investment income, interest receivable and rents/lettings from properties. We are still waiting for detailed guidance on the scheme but our early anticipating is that only £6m of our projected £14m losses might be recoverable.

Current estimations are that the majority of the overspend has been incurred in the first 4 months of the financial year, meaning that the budget gap is currently increasing at the rate of £15m per month.

Dorset Council has general reserves of £28m and these are being used to underpin the council's financial position along with other reserves which have been rationalised as a result of LGR. Cllr Ferrari answered a specific question about this at 28 July Cabinet meeting and quoted some examples of reserves that have been rationalised, to support the current position, in his answer. The Government will undertake a spending review in the Autumn which will be critical to providing financial certainty to all councils.

The council will continue to meet its obligations but, like all councils in the country, is reliant on continued government financial support to ensure its viability in the medium term.

3. Climate implications

The implications of COVID-19 have been positive for our climate and ecology, with a significant reduction in travel due to the lockdown. This is changing as restrictions ease, but consideration has been given to the impact of the temporary lockdown in the climate change and ecological emergency strategy.

4. Other Implications

Public Health implications are ongoing due to the active pandemic, including the impact of the Local Outbreak Management Plan should it be enacted if a local outbreak were to occur – this whilst funded by central government will have an on-going impact on public health colleagues as well as others in front-line services such as Environmental Health Officers and other officers specific to the setting in which an outbreak might occur. Additionally, there are implications for all aspects of business as usual service delivery as the significant impact of the virus on our residents and our economy is ongoing. This includes and is not limited to sustainability, property and assets, voluntary organisations, community safety, corporate parenting, physical activity, safeguarding children and adults, the workforce and HR implications.

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: HIGH

Residual Risk: HIGH

The risk profile for COVID-19 indicates that the majority of risk has been mitigated where possible through the delivery of the response. Overall,

however the Council continues to face a high-risk situation during a major incident with many factors still unpredictable. The risk management strategy remain focussed on the oversight of known risk and management of capacity to respond to priority situations as they evolve.

6. Equalities Impact Assessment

An equality impact assessment has been developed to consider how COVID-19 is affecting different groups of people in Dorset, the potential issues they may be facing including any disproportionate impact. The assessment also considers the mitigating actions being taken by either Dorset Council, our partners or the Government.

7. Appendices

Appendix 1: Report to Cabinet on COVID-19 Response
 Appendix 2: COVID-19: How well has Dorset Council responded to meeting the needs of vulnerable groups during 'lockdown'?

8. Background Papers

[Our plan to rebuild: The UK Government's COVID-19 recovery strategy](#)

9. Update on COVID-19 response

9.1 A detailed summary of the council's continued response to COVID-19 was submitted to Cabinet on 30 June 2020. This report is shared at appendix 1 and sets out activity further to an initial report submitted to Cabinet on 5 May.

9.2 As at Wednesday 29 July, only four positive COVID-19 cases were confirmed in the Dorset Council area within the previous five days.

9.3 As at 28 July, there have been the following deaths recorded in the Dorset Council Area:

Setting	Recorded COVID-19 deaths	Source
Dorset County Hospital	No COVID-19 deaths recorded since 25 May	NHS England
Dorset Healthcare NHS Foundation Trust	No COVID-19 deaths recorded since 5 June	NHS England
Dorset Care Homes	No COVID-19 deaths recorded since 17 June	ONS

9.4 There have been no outbreaks in care homes in the Dorset Council area demonstrating that infection control measures are being implemented successfully.

9.5 A COVID-19 Health Protection Board has been set up by the Dorset Council Health and Wellbeing Board to manage any local outbreaks should they occur, this includes public messaging and providing assurance that the council and partner organisations are ready to react and respond quickly to contain any local outbreaks. The board is working closely with businesses and organisations in various sectors such as care, tourism, hospitality and manufacturing to make sure preventative measures are in place to keep the public safe.

9.6 The report includes an update in the following key areas:

- Public Health including outbreak planning and test and trace
- Care homes
- Adult mental health and safeguarding
- Housing and community safety
- Shielding and adult response
- Community shield
- Schools
- Children’s safeguarding
- Open spaces
- Financial support and implications
- Delegated decisions.

9.7 The report also provides an update on key areas of reset and recovery from COVID-19:

- Managing an organisational reset including how the council safely reopens services that were suspended as a result of COVID-19 in line with national guidance.
- Implementing Dorset’s recovery strategy as established with partner organisations across the county. This includes rebuilding, restoring and rehabilitating following the emergency and the return to ‘normal’ community functioning with the aim that “after COVID-19 Dorset communities will be more cohesive, resilient and sustainable, and Dorset will remain a safe, vibrant and beautiful place to live, work and visit”.
- The council's transformation plans have shifted to focus on evolving from the pandemic including learning from and building on changes implemented during 2020.

10. Meeting the needs of vulnerable groups

10.1 On 5 May 2020, Cabinet received a report on the Council’s response to COVID-19, which referred to an equality impact assessment (EqIA) of the pandemic on Dorset’s most vulnerable communities.

- 10.2 An assessment of the 'lockdown phase' in Dorset has been undertaken, which has included local and national research, discussions with partners and round-table meetings with Councillors. This is a 'live' document which will be regularly reviewed as new information emerges about the pandemic.
- 10.3 Recent national research shows that the pandemic is having particularly adverse impacts on people with certain characteristics. Older people are at greater risk than younger people for example, and men are at greater risk than women. The risk of dying from COVID-19 is higher amongst those living in deprived areas than those living in more affluent areas, and higher in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.
- 10.4 The Cabinet report and the Equality impact Assessment was considered by the People Scrutiny Committee on 20 July.
- 10.5 The EqlA in respect of how well Dorset Council has responded to meeting the needs of vulnerable groups during 'lockdown' has been updated and formally signed off by the Equality and Diversity Action Group, who are responsible for reviewing and signing off EqlAs in Dorset Council.

11. Political oversight

- 11.1 During the period between the report to Cabinet on 30 June and this report, all Dorset councillors have continued their active role in the response to the pandemic via the existing democratic process. This has included specific COVID-19 webinars in respect of:
- 2 July: Reopening highstreets and sitting out
 - 16 July: Homelessness
 - 23 July: Recovery and reset
 - 30 July Local outbreak management plan

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1: Report to Cabinet on COVID-19 Response

Cabinet 30 June 2020 Update on Dorset Council's Response to COVID-19

For Decision

Portfolio Holder: Cllr S Flower, Leader of the Council

Local Councillor(s): All Councillors

Executive Director: Matt Prosser, Chief Executive

Report Author: Nina Coakley
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Report Status: Public

Recommendation: That the continued COVID-19 emergency response is noted in relation to the organisational reset and planned incident recovery and that a review of the Dorset Council Plan is considered in light of the organisational reset and recovery.

Reason for Recommendation: To ensure that Cabinet are able to lead and remain assured of the way that the reset and recovery from COVID-19 is planned for implementation at the appropriate time.

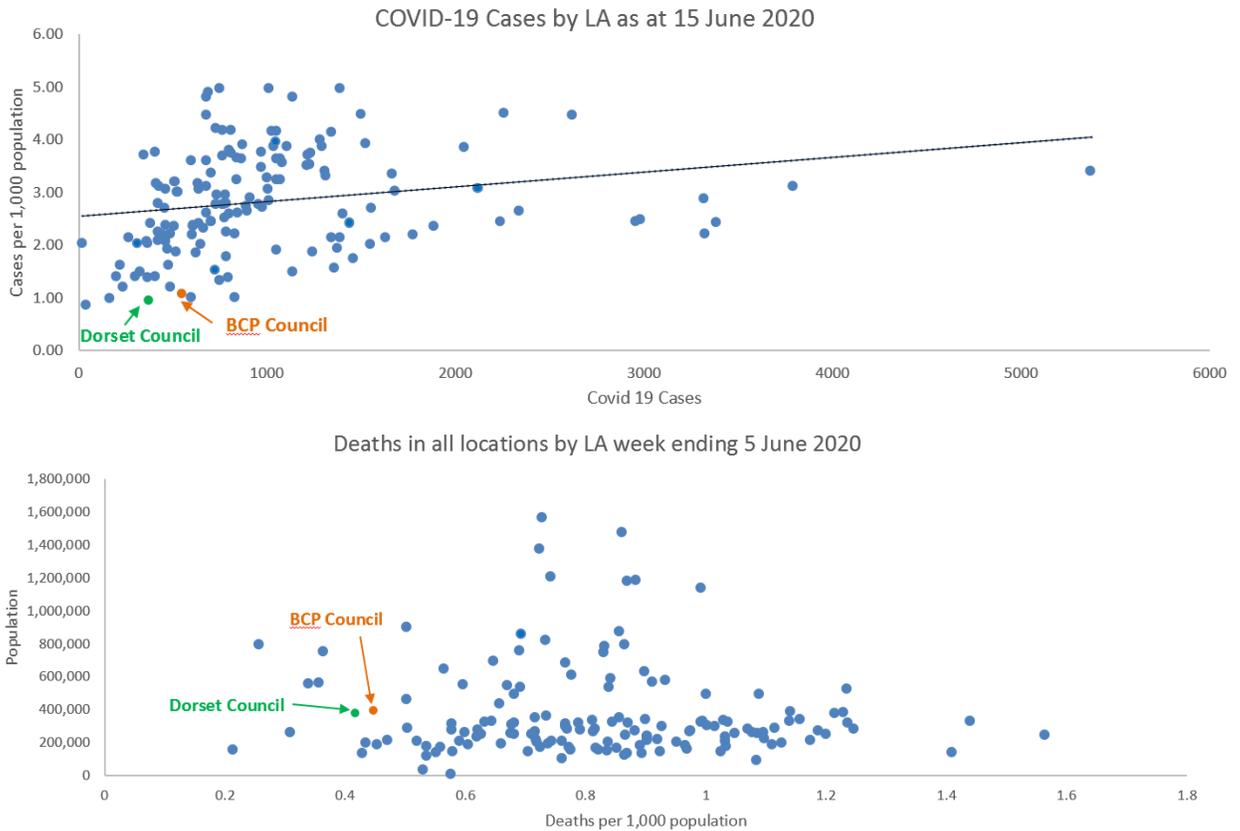
1. Executive Summary

Since the emergence of the pandemic in March, cases in England have been reached a rate of 274.8 of the population (281,661 cases), compared with the south west rate of 138.7 of the population (7,766 cases). Nationally, sadly 39,904 people have died across the UK. All data as at 4 June¹.

¹ All data as at 4 June 2020.

<https://coronavirus.data.gov.uk/#category=regions&map=rate&area=e12000009>

Regionally, the South West has the lowest prevalence of cases and deaths when compared nationally



However, the Council is deeply saddened that 279 people across Dorset and Bournemouth, Christchurch and Poole Councils have died in care homes or in a hospital setting up until 4 June 2020. This is a truly tragic loss and our thoughts are with the family and friends of those who have died.

Dorset Council continues to respond to the ongoing pandemic at a time of transition from lockdown to seeing some services reopening amongst social distancing and other new guidance.

The initial Dorset Council response to COVID-19 was detailed in a report to Cabinet on 5 May and set out the services provided to support residents and businesses during the period of lockdown from 23 March up until 20 April 2020. This report provides an update on key areas since 20 April along with the emerging arrangements for recovery planning and the future reset of the organisation.

Key areas for update include:

- Public Health including outbreak planning and test and trace
- Care homes
- Adult mental health and safeguarding
- Housing and community safety

- Shielding and adult response
- Community shield
- Schools
- Children's safeguarding
- Open spaces

The reset, recovery and transformation of the council are three distinct workstreams which collectively will enable the organisation to return to full health when the time is right.

2. **Financial Implications**

The financial implications of COVID-19 continue to be significant and currently unsustainable at £15m per month with a total overspend forecast at £60m for 2020/21. This expenditure is incurred due to the temporary suspension of some income generating services during lockdown as well as additional costs incurred in order to provide additional services across the county.

To date, the council has received £21m from government to support the response. If no further financial support is received, the shortfall for the year could be £39m.

The council is continuing to make the case for further support to the government.

3. **Climate implications**

The implications of COVID-19 have been positive for our climate and ecology, with a significant reduction in travel by 80% due to the lockdown. As we have seen the lockdown eased this reduction has reversed to a 20% reduction of travel. The council remains committed to the Climate and Ecological emergency declared in May 2019 and have resumed the Executive Advisory Panel to finalise the development of the strategy. The Executive Advisory Panel report is being considered at the Place Overview and Scrutiny Committee on 23 July and by Cabinet on 28 July.

4. **Other Implications**

Public Health implications are ongoing due to the active pandemic. Additionally, there are implications for all aspects of business as usual service delivery as the virus nears its peak. This includes and is not limited to sustainability, property and assets, voluntary organisations, community safety, corporate parenting, physical activity, safeguarding children and adults, the workforce and HR implications.

5. **Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: HIGH

Residual Risk: HIGH

The Council continues to deliver during a high-risk situation during a major incident with many factors unpredictable including the central government response during the outbreak. The risk management strategy at this time is for

continued, focussed oversight of known risk and management of capacity to respond to priority situations as they evolve.

6. Equalities Impact Assessment

During the COVID-19 response, impact screening tools and assessments have continued to be undertaken where a permanent change in service delivery has been made.

An EQIA has been developed to consider the impact of COVID-19 on vulnerable people and this is the subject of a separate agenda item at today's meeting.

7. Appendices

None

8. Background Papers

[Cabinet report on the Dorset Council response to COVID-19 on 5 May 2020](#)
COVID-19 Equalities Impact Assessment (a separate item on this agenda)

9. Introduction and Update on COVID-19 Response

Public Health and Test and Trace

- 9.1 Since the last Cabinet report the COVID-19 outbreak is entering a different phase in Dorset, with fewer daily cases, and fewer outbreaks affecting care homes. There have been no outbreaks reported to Public Health England in Dorset care homes in the past 7 days at time of writing and a substantial fall in the number of deaths linked with the disease either directly or indirectly. The overall number of care home residents who died due to COVID-19 was 61, with the last death occurring on 22 May.
- 9.2 The public health team is involved in supporting two important new initiatives that will form important parts of the strategy for how we continue to ease the lockdown restrictions safely. First, NHS Test and Trace, the national contact tracing service, went live on 28 May. This is now the main way that all people with COVID-19 symptoms should be ordering a test, so that they can be contacted by the service and interviewed to determine whether there are any significant contacts that also need to be followed up by the service. Prompt identification and isolation of contacts of all positive cases is how the virus will be contained going forwards, breaking further transmission and enabling the continued reduction in the numbers of new cases.
- 9.3 Contact tracing happens at 3 levels. Tier 3 is the main telephone based contact tracing service, based on a national recruitment exercise. Most initial cases and contacts will be handled by this service. Anything that looks more complex because of a higher risk occupation, or links with complex situations will be escalated to Tier 2, staffed by returning NHS clinical staff. The most complex cases, potentially linked with outbreaks, are escalated to Tier 1, which is run by Public Health England regional health protection teams. The public health team has provided 3 people to support the contact tracing at Tier 1 and will continue to work closely with Public Health England at this level.

- 9.4 The second new initiative is the requirement for all Councils responsible for Public Health and Social Care (such as Dorset Council) to develop local outbreak management plans by the end of June. This will set out in detail how each council works to respond to local outbreaks in specific themes, covering care homes and schools, high risk settings (hostels, workplaces with particular risks), testing and tracing, intelligence and surveillance, and ensuring adequate local skills and capacity to respond. There is a national allocation of £300m to support plan development, Dorset Council will receive £1.28m in its Public Health budget to support this work. The plan will be delivered through a local COVID-19 outbreak board, overseen by a public engagement board with local political leadership, Dorset Council will use the Health & Wellbeing Board to undertake this role. The plans will be the main way assurance will be provided to residents and partners in remaining vigilant for any changes in local COVID-19 transmission, and local ability to respond quickly to any outbreaks, working with key partners.
- 9.5 Recovery and health and care system working
An important part of this phase of the pandemic is looking back and learning from how the system has responded over the past five months, and work is underway on this. A particular focus will be the work with care homes across the system. led through a multi-agency task and finish group, in close discussion with the portfolio holder and with oversight via the Health Scrutiny Board. This is particularly important because it can provide valuable lessons to inform recovery, and more importantly, how we work as a system to ensure that we don't recover back to a health and care system that carries the same risks, should a period with a potential second wave of COVID-19 cases occur.
- 9.6 The councils Public Health team are starting to work with colleagues in the health service to think through how future models of care could be transformed at pace, moving away from a reliance on bed-based care models, and centred on an over-arching principle of supporting people in their own homes primarily. Any need for acute medical care should be viewed as a temporary phase, with the system geared towards safe and effective discharge to home, supported by primary, community and voluntary services wherever possible. The past few months has significantly disrupted the local health and care system, and this is a huge opportunity to reset and reshape the model, not go back to what was in place before. This includes considering the learning from supporting shielded residents, and the strengthened relationships with voluntary and community organisations in supporting people differently.

Adult Social Care

- 9.7 Dorset Council, NHS and relevant statutory partners are working in partnership with adult social care providers to ensure that local people who use social care services, and particularly residents in our local care homes, are given the best possible care through the current COVID-19 crisis. Dorset Council has also been aligning, where possible, with Bournemouth Christchurch and Poole (BCP) Council in order to ensure a consistent approach across Dorset.
- 9.8 On 14 May 2020 all local authorities received a request from the Minister of State for Care to provide assurances regarding local interventions to support residential

care homes. The definition of 'care homes' within the letter includes any Care Quality Commission (CQC) registered residential care setting for an individual, or individuals, aged 18 or over and includes homes for older people, people with physical disabilities and those with learning disabilities or mental health problems. Whilst the letter and its response focus on residential care homes, the council is ensuring that all care settings are supported through the crisis.

- 9.9 The Government has also established a £600 million Infection Control Fund. Dorset Council has received an allocation of £5 million. The fund is being managed as a grant whereby 75% of the funding has been allocated to all CQC registered residential care homes based on the number of beds at the home. All conditions have been pre-set and the first tranche of this funding was provided to care homes on 10 June 2020. The remaining 25% of funding can be allocated to other care settings. Dorset Council is working in partnership with care providers in order to establish how this will be utilised.

Controlling Spread of Infection in Care Settings

- 9.10 In March 2020, supply of Personal Protective Equipment (PPE) was an issue for providers so Dorset Council commenced direct procurement of PPE in order to ensure that adequate emergency supplies were available.
- 9.11 An emergency PPE system was implemented for providers to access 7 days a week from 8am – 8pm. To date 155,820 items of PPE has been supplied to 143 provider settings.
- 9.12 PPE supplies provided as part of the national response to support Local Resilience Forums has been incorporated into this approach, however Dorset Council has to date purchased circa £1.9 million of PPE for local care providers. The council does not charge and is not seeking to recharge providers for any PPE supplied to them as part of the emergency initiative as guided by the government.
- 9.13 The public health team, working with the regional Public Health England (PHE) health protection team, developed guidance on use of PPE in different settings, including the care sector. Dorset Clinical Commissioning Group (CCG) has also developed a clear flow chart for all providers on how to access PPE. To date no care provider in the Dorset Council area has run out of PPE.
- 9.14 Residential care homes have also received invitations to undertake additional infection control training. A total of 23 members of staff have been seconded to be trained as infection control trainers and as of 6 June, over 150 training sessions have been delivered either faces to face or virtually.
- 9.15 There is an online booking portal for care homes to arrange for testing of asymptomatic residents and staff. Communication resources and FAQs to support this programme of work have been developed so that all care home leaders are clear on the purpose and consequences of the testing.

- 9.16 A process is in place for testing prior to the discharge of patients from the 3 Acute hospitals and 1 local community and mental health trust prior to admission back to the care home to meet the requirement of the Adult Social care plan.

Supporting the Workforce

- 9.17 In Dorset all direct care, e.g. home care, supported living, residential care, is delivered by external provider organisations or personal assistants.
- 9.18 One of the key areas to try to prevent the transmission of COVID-19 both within and between care homes has been to control the movement of staff. Providers with multiple homes and sites in the area also took the decision to limit staff movement between their homes. In addition, the local care agencies rapidly agreed a position to limit the deployment of agency staff to a single designated home, rather than working across multiple sites.
- 9.19 Workforce support and development has been system wide and has included:
- a) Specific action on staff well-being in mid-May. Information, resources and tools were published and promoted to care homes, including a free counselling service.
 - b) New online training resources to induct new staff, and for IPC.
 - c) Dissemination of guidance and processes. Communication co-ordinated through a central web site hosted by Dorset Council and promoted Partners in Care.
 - d) A dedicated website has also been created to host all the various training offers for the care sector.
- 9.20 The council is currently developing a care recruitment campaign with providers and local partners in order to support the recruitment of new carers. In addition, the council is working with colleagues at the CCG to ensure that volunteers and NHS returners are an available resource to the care sector.

Supporting Local Authorities and Providers of Care

- 9.21 Dorset Council provided a 10% uplift to gross fee rates for care providers of LA commissioned care, including registered care homes from 19th March. The 10% uplift is paid monthly in advance to help with cash flow. To ensure providers had clarity of financial planning to meet pressures, this was agreed until the end July. In addition, providers were offered an exceptions process where they could request further funding to meet exceptional pressures above the 10% additional funding. Because the Local Authority is procuring beds from 96% most of the local market have received financial help through this route.
- 9.22 Dorset Council has also taken the following steps in order to support the viability of care providers:
- a) Immediate payment upon invoice.
 - b) An offer to work with providers to consider additional support where they are facing cost pressures above the 10%.
 - c) Free provision of emergency PPE (in addition to the allocation via our local resilience Forum)

- d) Continued contact with home providers to support infection control, access to PPE, training and other related quality issues coordinated with the CCG.
- 9.23 In May, the government announced that £600m was being made available via local authorities to support care homes with infection control. The council has received a £5m share which is in the process of being distributed to care homes in Dorset. The fund, which is ringfenced for social care, will ensure care homes can continue to halt the spread of coronavirus by helping them cover the costs of implementing measures to reduce transmission.
- 9.24 Adult Social Care is working with representatives from the care provider sector in order to review future funding arrangements.
- 9.25 Adult Social Care is currently running a project to understand the experience people have had during the crisis around the hospital discharge process, coming out of hospital and going into a residential setting or returning home, interim placements.

Housing and Community Safety

- 9.26 Following the government announcement on the 13 May 2020 which re-opened the housing market and with restrictions around moving house starting to be eased, the service is now focusing on moving those in temporary B&B accommodation into alternative accommodation solutions. This includes both the rough sleeping cohort and the homeless households who the council have accepted a duty towards.
- 9.27 When the lock down restrictions were announced, the Council was required to accommodate anyone who presented to them as homeless so they would not be sleeping on the streets. In some cases, people were provided with accommodation who normally would not be helped by the Council. Now the restrictions have been eased a decision has been made to only accept those to whom the Council has a legal duty. All those who were accommodated and to whom the Council would not have a statutory duty have been advised that they should be seeking their own accommodation in the private rented sector and they will no longer be supported by the Council.
- 9.28 As part of the programme to move people out of B&B accommodation, adverts on the Council HomeChoice portal which advertises properties to rent from Registered Providers (RP's) will be restricted to those in the emergency band on the housing register. The only exception will be where the property has a local connection criteria or S106 clause restricting the use. If following the advert, the property is not let it will be re-advertised to everyone on the housing register. This approach will enable those in temporary accommodation (TA) to move into longer term settled accommodation, free up TA properties for those in B&B to move into. At the height of the lockdown the Council had 158 households (including 33 rough sleepers) in B&B accommodation. This number is slowly decreasing at the time of writing there are 146 households accommodated in B&B and the housing and accommodation officers are working to continue to move people into accommodation, whilst ensuring the necessary tenancy agreements, checks and deposits are in place.

- 9.29 Our RP's have advised they have a number of void properties they are preparing to advertise, however due to social distancing their teams will take longer to prepare a property for rent. The same also applies to the TA properties that require preparation before letting.
- 9.30 There are concerns from the local community about the use of some B&B accommodation in the Weymouth Seafront area where a small number of those accommodated are causing anti-social behaviour. Work is taking place with colleagues in Property Services to find alternative accommodation away from the area and outside of Weymouth. This includes trying to determine if the Council has some its own property it could use. In the meantime, work continues to take place with partners such as the Police, Probation Service, homeless support charities, drug and alcohol teams and the town council through weekly partnership meetings to discuss and resolve ongoing community concerns.
- 9.31 In response to the government guidance regarding rough sleepers and the request to ensure those accommodated are able to move into longer term settled accommodation, each rough sleeper accommodated is being supported by their own support worker who will be working with the individual to create a plan to move out of B&B into appropriate supported accommodation.
- 9.32 Due to the restrictions introduced, a decision has been made to extend the consultation regarding the Housing Allocations Policy. So far, the Council has had approximately 600 responses. However, a process has been set up for people to request a paper copy of the consultation due to the closure of the Council offices and libraries. The consultation will now close on the 20 July 2020.
- 9.33 The Council's partners continue to monitor the impact of COVID-19 on domestic abuse services, particularly now that lockdown restrictions are being lifted. At the start of the lockdown restrictions there was no increased demand calls to support services, however the Councils commissioned domestic abuse service are now starting to report increases in people accessing services. There does however remain ample capacity for refuge.

Adult Mental Health

- 9.34 Over the past two months, there have been usual levels of safeguarding concerns being referred into the service. There are no significant increases in domestic abuse concerns being evidenced, and where they are raised, they are being progressed to safeguarding enquiries where appropriate.
- 9.35 The service has regular meetings with the community safety partnership, and with other safeguarding leads from health and the police. These forums provide local intelligence to the team about what is happening across Dorset, and to be aware of any changes e.g. rise in calls to domestic abuse services. There were some safeguarding concerns which were COVID-19 specific related to the use of PPE and following care plans by providers; however, this were largely seen at the beginning of the pandemic and has decreased.

- 9.36 The team have a weekly report of the numbers and types of concerns which are shared across the leadership team. The impact of the easing of lockdown and whether the service sees an increase in numbers and types of safeguarding concerns will be monitored.
- 9.37 At week ending 12th April we had 20 contacts to the AMHP service resulting in 16 mental health act assessments. The numbers of contacts rose dramatically over the ensuing weeks and by week ending 3rd May it was 70 contacts, 10th May 76 and by 31 May there were 109 contacts in the week resulting in 13 mental health act assessments. The majority of the contacts were for social care support or information and signposting and during this period there were 9 people needing safeguarding.

Adult Safeguarding

- 9.38 The numbers of safeguarding concerns have steadily risen since May. As at 4 May, there were 66 concerns raised, of which 44 were progressed to a decision point and 6 to a S.41 enquiry. By 8 June, concerns had risen to 94 with 54 progressed to decision point and 17 progressed to a S.41 enquiry. The key themes have been 'Neglect and Acts of Omission (14), Physical Abuse (13) Psychological Abuse (10) and Domestic Abuse (9).
- 9.39 The hospital and locality teams continue to ensure timely discharges with a 'home first' approach adopted for all to avoid inappropriate placements to a residential setting. People requiring discharge to a residential setting are tested and will be accommodated for 14 days in isolation if required in a hospital setting, if there is capacity, otherwise the accommodation has been commissioned by the council.
- 9.40 Day Centre providers, other than Tricuro, support a further 180 people. Regular checks from these providers take place for people who use their services and their families, providing opportunities to raise concerns and share good practice. Carer needs are being reviewed to ensure they have appropriate support.
- 9.41 Since the closure of the day service provision, the 670 people who used Tricuro day services and 186 people who used private providers, are all continuing to receive regular calls and direct support.
- 9.42 The locality and specialist teams continue to review and assess people, remotely where that is appropriate and where a face to face meeting is needed (for example Safeguarding and Mental Capacity assessments) then the appropriate risk assessments are completed, and staff are issued with PPE.

Shielding Cohort and Work with the Voluntary, Community and Social Enterprise Sector

- 9.43 98.3% of the 16,037 Shielded People in Dorset are aged 18 and over, so there is a large role for Adult Services in the ongoing planning and delivery of support to these individuals. Over 91% of these people aren't previously known to the service, so even if only a small proportion of these people require support the additional strain on services would be significant. As with the wider Community Shield approach, focus is placed firmly on how community and volunteers can support a

preventative approach to minimise the number of people who need a more formal support intervention and to avoid creating dependency.

- 9.44 For Adults, much of the focus has been on supporting proactive contact for Shielded people, in particular those that the Government Helpline have been unable to get hold of them. Work has been done to identify those already known to Adult Services and our Locality Teams have taken lead on contacting and supporting the 1,120 people within this group. To support this, officers have worked with colleagues to design and approve a pathway for contacting these people, including how to escalate to wellbeing visit in cases where contact can't be made and there are concerns.
- 9.45 Over the weekend of 30 and 31 May the Government Advice for Shielded People changed slightly, advising them that they could go outside with one other person if they so choose. This has led to some people contacting the council with anxiety about this, particularly since initial advice came in a formal letter whereas this update was announced through the media. To compound this, government have also asked GPs and clinicians to consider individuals who should be removed from the Shielded Person list, if their medical condition has improved and they are no longer extremely vulnerable. Unfortunately, SMS text messages were sent to these individuals before health professionals could contact them, and so this has also led to an increase in contacts from people anxious at the implications of this. Preparations have been undertaken to address this and reminding people that there are people available to talk to and to help, shielded or not. Conversations with Voluntary Sector partners take been taking place about how support could be shifted to help people get back into general society and independence with confidence.
- 9.46 Calls to the COVID-19 helpline and responses to proactive calls made to Shielded People are starting to show a rising trend in people making contact for befriending, social contact, and to report carer strain. As time passes, this is expected to continue to rise, and work is underway to more formally record and analyse these issues. Carers Support Dorset have reported a 277% rise in the number of people self-referring for support. Work is ongoing to anticipate how this will develop and to ensure signposting to self-help and support for mental wellbeing and carer support are well communicated.
- 9.47 Work is ongoing to develop how shielded and other vulnerable people can be seen in terms of the strengths they have and the assets they can contribute back to their community. However, there is a risk that COVID-19 shielded people are seen in terms of their vulnerability and not in terms of support they might be able to offer to other people.
- 9.48 The role that the Voluntary, Community, and Social Enterprise Sector has taken has been crucial in the delivery of support to Shielded people, and their resilience, flexibility, and responsiveness has made the support for shielded people successful. Taking a one-council approach, colleagues are working across the authority and the sector to consider how community can be made more central to the Adult Services offer for vulnerable people. Volunteer capacity has risen significantly, and a recent survey of Volunteer organisations carried out by Help & Kindness, an ambitious project to bring together information about all kinds of help

and support that are available to people living and working in Dorset, has identified that on average these groups expect 60% of this capacity to remain even once lockdown is fully lifted. A task for Dorset Council is to work with the sector to identify continued sense of purpose for these groups and to co-produce how we as a Local Authority will work with them in future. However, we also know from a recent Dorset Community Action survey that there is fragility in the sector, with 2/3rds of community organisations reporting that they will not be able to continue for a further 12 months without emergency funding. Co-production takes time when done properly, so we also need to think about how we create the space and resilience to allow the sector

Community Shield

- 9.49 A multi-agency Community Shield group continues to coordinate the council's response to meeting the needs of extremely clinically vulnerable to COVID-19 who have been asked to shield. There are currently just over 16,000 shielded residents in Dorset, with over 1,643, who have previously been shielded during this time period. A small proportion of these people are known to children's (1.8%) and adult's services (5.5%) indicating that this is a group of people that in normal times live without support needs from the council.
- 9.50 The Ministry of Housing and Local Government (MHCLG) oversees the national programme and determines the requirements of local councils and directs how information can be used. Some elements of the shielding programme are coordinated at a national level and the rest locally. The national support offer includes delivery of weekly food parcels and access to priority delivery slots for online shopping.
- 9.51 The local support offer includes provision of information, advice and guidance; urgent deliveries of food and medicine; support from volunteers to pick up shopping, or medicine; peer support or befriending; and access to social care or mental health services. It is supported by a range of church, community and neighbourhood support groups as well as by Age UK, Volunteer Centre Dorset and Help and Kindness, who have been mapping and publishing local places to get help and support. Our colleague town and parish councils have also been providing local support.
- 9.52 There has been a significant amount of written, email and social media communication to inform residents how they can ask for help if the need it or offer help and support themselves. This has included a letter to the homes of all shielded residents and an email newsletter for ongoing communication. This has resulted in:
- a) 2,057 enquiries to the council's COVID-19 helpline and contact centre
 - b) 6,855 enquiries to Age UK
 - c) 1,801 enquiries to Volunteer Centre Dorset
- 9.53 To date over 9,000 of the shielded group have registered with the national programme and 4,532 have stated they needed support from the council and partners to access essential care or supplies. We have contacted all these people to undertake an assessment of their needs and continue to receive additional data feeds daily. Support to these residents has included:

- a) 17021 successful food parcel deliveries from the national shielded programme
 - b) 965 food parcel deliveries from the council, 528 were urgent
 - c) Signposting to local support organisations and businesses
 - d) Help with registering and deregistering on the government website
 - e) Keeping in touch and befriending calls made by Dorset Council staff and volunteers
 - f) Volunteers matched to shielded and non-shielded residents to help them with food/medicine collection
 - g) Increased care and support offered from council and partners
- 9.54 As well as direct support to vulnerable residents, the community shield group has developed a new online system for coordinating support, with an additional safeguarding pathway, developed a performance reporting dashboard, and developed a library of resources to support residents, volunteers and local providers.
- 9.55 Community has been essential to Dorset's response to shielded people. The flexibility, responsiveness, resilience, and collaboration of our Voluntary, Community, and Social Enterprise (VCSE) Sector has been inspiring and council officers have been able to focus effort and resources on shielded people because of the extent and quality of local neighbourhood responses led by local ward members and town and parish councils for their local communities. Improving integration with local neighbourhood and community responses is a priority for the Community Shield programme going forward as well as understanding the impact of COVID-19 on the VCSE sector. Although volunteer capacity is at an all-time high, there are concerns about sustainability from some organisations.
- 9.56 The next steps for Community Shield are to plan for the medium to long-term support requirements for shielded people and other vulnerable groups, with particular focus on emotional wellbeing and mental health of residents; food security and support to volunteers and carers.

Schools

- 9.57 The majority of Early Years settings have been able to be open since 1 June and the council has been supporting settings with daily advice. A very small number of settings are struggling with their finances these are being reviewed on a case by case basis, exploring the options for individual support packages.
- 9.58 A subset of 30+ school leaders meet with officers on a bi-weekly basis, discussing a single county response to issues as they arise. Thus far, work has focussed on free school meals, support for school leaders, work with vulnerable children and arrangements for expanding the numbers of children in schools. These sessions have included support from Public Health and HR. All Dorset schools have been open through the period. All children will now not return to schools until at least September following the Secretary of State announcement on Tuesday 9 June.
- 9.59 Primary schools are now open for children in Reception, Year 1 and Year 6 following extensive planning and risk assessment. This has been supported at an

individual level and more widely. Those who have capacity will be able to open to more children in the next few weeks and we will support this with school leaders.

- 9.60 Secondary and upper schools are planning for some face to face contact with students in Years 10 and 12 before the end of term.
- 9.61 First, Infant and Middle Schools have been asked to be able to open for Years 2, 4 and 8 to support transition work. This will be facilitated by the DFE announcement of schools with capacity being able to open for more children and the council are working with them on their risk assessment for this.
- 9.62 The council have been able to maintain very good working relationships with unions throughout the period of COVID-19. They have been supportive of staff and leaders in schools and have worked collaboratively.
- 9.63 Statutory work around special needs education, Health and Care Plans has continued. Whilst some assessment activity has been taking longer, timeliness in processing applications and reviews has been good.
- 9.64 School and SEN transport remains a challenge during rapid change of requirements around social distancing. Work continues on planning for wider opening of schools this term and in September which may have cost implications.

Safeguarding Children and Young People

- 9.65 Safeguarding arrangements continue to be a focus during the pandemic with no changes to the statutory requirements for child protection conferences or looked after children. Staffing levels are good and face-to face visits to children continue where it is deemed safe for employees during this difficult time. This has remained unchanged throughout the period of COVID-19.
- 9.66 The number of contacts to Children's Services has increased and the conversion rate has increased, this means that an increased number of children and families are passing through to the locality teams for assessment. The themes are domestic violence, mental health of both adults and children, adolescent self-harm and parental substance misuse.
- 9.67 Arrangements for Child Protection Conferences have continued using conference calls. All statutory agencies are expected to continue their involvement, and the police have provided reports as usual so that the Child Protection Chair is able to make an informed decision. Case conference quoracy has been maintained with partners and extraordinary measures for quorate conferences have been put in place, where a decision is needed to safeguard children.
- 9.68 The number of children subject to a Child Protection Plan has fallen from 293 to 289 as at 10 June 2020.
- 9.69 Our responsibility to review looked after children is being maintained with a combination of virtual and actual visits and reviews. Decisions on direct face to face meetings with the child are being managed on an individualised basis. In addition to Reviews in the week and preparation for up and coming reviews,

Independent Reviewing Officers continue to make additional contact with young people who are placed out of county and young people who are living in semi-independent accommodation.

- 9.70 The number of children who are looked after has increased from 473 to 483 over the same period. This includes those who turn 18 and become adults and those new entrants to the care system. We have continued to admit children into care in this period. The increase in the numbers of Looked after Children are placing the placement system under considerable pressure.
- 9.71 COVID-19 has caused a contraction in the placement provider markets and suitable placements have been harder to source and are also more expensive. Internal foster care placements have been restricted due to shielding, however, placement stability has remained relatively unchanged and has improved in some cases.
- 9.72 A small number of young people are awaiting a match to a suitable placement. A new [Foster for Dorset recruitment campaign](#) has been launched and new assessments are continuing within social distancing frameworks, there has been an increase in applications to foster but also an increase in applications to adopt via Aspire, the regional adoption agency.
- 9.73 All care leavers continue to receive support from their Personal Advisor (PA), through phone calls asking what the PA can do to support them e.g. shopping, medicine, but also to ensure they get medical advice if they need it.
- 9.74 The pan-Dorset Children's Safeguarding Partnership retains its statutory function and new working arrangements are being developed through this period, prioritising key current issues, such as concerns about the increased risk of domestic abuse. Weekly operational and strategic meetings are in place to ensure a robust and co-ordinated response to support vulnerable children and families.
The challenges this crisis has placed on families is recognised and the council is a partner to a local campaign on domestic abuse [#youarenotalone](#) and are supporting children and families for whom this is a reality.
- 9.75 There have not been significant pressures in respect of workforce. Permanent posts within children's social care have continued to be recruited to, and both newly qualified and experienced social workers will be joining the council in September.

Safe Open Spaces

- 9.76 May and June saw several incidents across Dorset following a long spell of warm and dry weather. Each of these incidents required a coordinated response from the council along with partners across the Local Resilience Forum (LRF).
- a) Fire at Wareham forest
During the weekend of 16 May, a heathland fire broke out in Wareham Forest which required a multi-agency response and a significant area of the forest was destroyed. Further fires flared up during the 3 weeks following this and

significant public messaging was shared to discourage residents and visitors from using BBQs within woods and forests. These incidents have been responded to as concurrent major incidents alongside the response to COVID-19.

- b) Fires caused by out of control bonfires and barbeques
Throughout May there was an increase in the number of fires caused by barbeques and bonfires during a spell of dry weather. On 15 May, the fire Service were called to 18 fires caused by disposable barbeques and unattended bonfires. This has been compounded by the surge of visitors to Dorset and the concurrent heathland fire in Wareham Forest. Multi-agency public messaging continues to be shared to discourage people from having bonfires and using disposable barbeques, and Dorset Council have added signs to prohibit barbeques and fires in wooded areas. A separate report is included on this Cabinet agenda.
- c) Significant influx of local people and visitors from out of county to Dorset
A major incident was declared at Durdle Door, Lulworth over the weekend of 30 May, following incidents of people jumping from the top of Durdle Door and sustaining significant injuries. On that day, there was an estimated 9000 people on the beach and on the cliff, however due to the change in the national lockdown rules, Police no longer had powers to prevent people from travelling to Dorset.
A joined up communications campaign was run asking people to “Think Twice, is it safe? Is it fair?” to reduce the number of visitors. Cllr. Spencer Flower, Leader of the Council wrote to the Prime Minister, Boris Johnson, and all Dorset MPs on 1 June requesting a review of the unrestricted travel guidelines. A response has not yet been received.
On 5 June, representatives from the council, Police, Lulworth Estate and the South West Ambulance Trust agreed a joined up approach to manage future visitor numbers through a pre-booked car parking scheme and for marshals to be on site to warn people of the dangers of tombstoning and to encourage visitors to take their litter home.
- d) Hazardous parking on roads and overwhelming of car parks
During May there were several incidents of irresponsible parking on roads and of car parks being overwhelmed. This was a particular problem in Lulworth and in West Bexington where the decision was taken on more than one occasion to close the car parks and roads in response to major incidents. Traffic management measures were introduced from 6 June including an increase in marshalling and civil enforcement officers to issue fines to people who park illegally and dangerously.

Financial Support to Local Businesses

- 9.77 Dorset Council continues to distribute grants to qualifying businesses and as at 12 June the council has made 8,450 grant payments to businesses in the Dorset Council area. These payments total £100.7m.
- 9.78 Further to the business grants distributed by Dorset Council on behalf of the government, a secondary scheme was announced in the form of a £6m

discretionary grant fund for Dorset. The funding is designed to help small businesses which did not meet the criteria for the first round of funding which targeted Small Businesses in the Retail, Hospitality and Leisure sector. Applications were invited from qualifying businesses from 1 - 14 June. In total, 2,126 applications were received and payment will be made to successful applications in late June and early July.

Financial Implications for the Council

- 9.79 The latest modelling indicates that the Council's response to COVID-19 will create a budget gap of £60m. Government has already provided additional non-ringfenced funding of £21.1m, which means that Dorset Council's forecast overspend is approximately £38.9m (13%).

	£'m	Notes
Estimated lost Income	28	Council Tax, Business Rates, car parking and other commercial income
Additional Expenditure	26	Adults & Children's social care buying more care placements at a higher price, PPE, chilled storage for excess deaths and staffing costs
Transformation and other Efficiencies not achieved	6	Management and change capacity has been refocused on responding with the COVID-19 crisis
Total	60	

- 9.80 It is anticipated that the majority of the £60m will be incurred in the first 4 months of the financial year, meaning that the budget gap is currently increasing at the rate of £15m per month.
- 9.81 The long term cost pressures faced by the Council are of real concern. The Council has made a time limited increase to the price it pays for Adult Care of 10% as instructed by MHCLG. The cost of this increase is initially being funded from the £21.1m allocated by Government. However, if this price increase were to be sustained beyond the immediacy of the COVID-19 crisis, the budget pressure would equate to a 4% increase on residents' annual council tax bills alone.
- 9.82 Dorset Council's 2020-21 budget included reserves of £28m and this is being used to underpin the council's financial position. The council will continue to meet its obligations but, like all councils in the country, is reliant on continued government financial support to ensure its viability in the medium term.
- 9.83 In addition to the non-ringfenced funding, the council has received ring-fenced funding of:
- £1.3m 'test and trace' funding to contribute to the costs incurred in relation to the mitigation and management of local outbreaks of COVID-19
 - £0.3m to support the recovery of the high street

- 9.84 The council is also administering the distribution of grant funding on behalf of government. The costs of administration are being met by the council. The two grants are:
- £133.8m of grants to local businesses in the retail, hospitality and leisure sectors
 - £5.1m of funding to the local care sector to contribute to the increased costs of infection control

10 Recovery Strategy and Plan

- 10.1 As referenced in the previous report to Cabinet on 5 May, the Dorset LRF Recovery Coordinating Group (RCG) is now established and is chaired by John Sellgren, Executive Director for Place. It has, according to the national LRF framework and guidance, produced its strategy setting out the aims and objectives for recovery in Dorset, and is now developing the multi-agency groups and action plans that will deliver these aims.
- 10.2 The RCG has taken the deliberate approach to be agile and dynamic, taking on board lessons learnt, experience and emerging policy as it develops. This is necessary because so much is unknown about how long the response phase will last and how recovery will develop at a national and local level.
- 10.3 The accepted definition of Recovery in LRF terms is the process of rebuilding, restoring and rehabilitating following an emergency and the plan to get back to 'normal' community functioning. However, it is also an opportunity to improve, and reset for communities and organisations, making the most of the opportunities presented by the disruption and subsequent ways of working to create a new normal that aligns with and informs existing longer term strategic goals.
- 10.4 The published overarching aim of the RCG is that "after COVID-19 Dorset communities will be more cohesive, resilient and sustainable, and Dorset will remain a safe, vibrant and beautiful place to live, work and visit.
- 10.5 Having addressed the unprecedented impacts of the Coronavirus (COVID-19) through highly successful partnership and community cooperation, the aim of the recovery work is to define and achieve a new state of normality while living with COVID-19.
- 10.6 This new state of normality will have captured the lessons from the response phase and embedded them into our culture of empowered community focus, supported by effective partnership working across all sectors; public, private and voluntary."
- 10.7 The RCG has created a set of sub groups which will develop detailed actions plans and deliver the work required, with the RCG overseeing overall progress, and in turn reporting into central government and regional recovery structures.
- 10.8 The sub groups established are; Welfare, Community, Economy, Environment, Communications & Engagement, and Information & Learning. Dorset Council officers are involved in all of these groups as a key member of the RCG.

- 10.9 The RCG does not replace individual agency recovery plans for their own organisations, instead there should be alignment of strategic objectives, which in turn should fit with the existing long term priorities for Dorset.
- 10.10 The Senior Leadership Team has therefore initiated work to develop the recovery plan for Dorset Council. On the one hand it will align with the RCG work focused on supporting Dorset’s communities in recovering from the effects of COVID-19, and on the other hand, it is the first of three stages for Dorset Council, as set out in the diagram below.

Recovery

A process which allows the organisation to attain its proper level of functioning



Reset

A process for adjusting to the current circumstances



Transformation

A shift in the business culture of an organisation resulting from a change in the underlying strategy and processes



- 10.11 An Executive Advisory Panel has been established to guide the officers’ work on recovery. This panel will consider plans, monitor implementation and ensure the work is completed to achieve normal operations. Like the RCG, the EAP will focus on the following workstreams, Community, Economy, Workforce, Partnerships, Learning. Progress of the work on recovery will be reported back to Cabinet in future reports.

11 Organisational reset

- 11.1 Dorset Council is using the term organisational reset to describe the activities it is undertaking or has undertaken to comply with COVID-19 guidelines and regulations with regard to workspaces for staff and when reopening public facing services in line with easing of lockdown restrictions.
- 11.2 Work is well underway to prepare COVID-19 secure workspaces for the very small number of people who cannot work from home. Complying with these guidelines means implementing many changes, one example is that desks have to be allocated to an individual and cannot be shared or used as hot desks.
- 11.3 The vast majority of “pre-COVID office-based staff” approximately 2,500 are working out of their homes now daily. A process for distributing ICT and other equipment to support good home working practices has been put in place and requests for a monitor, mouse etc are being fulfilled.

- 11.4 Organisational reset is about processes and procedures to support staff and the public while we live with COVID-19. Having redeployed many staff into new roles to support additional or extended service provision, the council is now examining ways to maintain new digital service offerings implemented during lockdown alongside traditional service offers, whilst at the same time recognising that more resources are needed to operate services in COVID-19 compliant ways.
- 11.5 Updates from the transformation board about organisational reset will be reported back to Cabinet at future meetings.

12 Transformation

- 12.1 Before the pandemic, several transformation fund bids had successfully proceeded through gateway 1 and 2 and therefore had allocated funding to support their progress and deliver revenue savings. Progress with these projects such as the planning system convergence and others have continued and broadly remain on track.
- 12.2 During COVID-19, no new bids to the transformation fund have been progressed rather, the change team have been supporting the many transformations the council has undertaken to respond to the pandemic and support the communities of Dorset by providing alternative service offerings. Some examples of these are the creation of Skype video rooms to support the family courts process and the digitisation of many paper-based services.
- 12.3 The transformation board has been overseeing work within organisational reset and are beginning to examine how the council evolves from the COVID-19 response, rather than merely just return to a pre-COVID state. There is a huge opportunity to learn and build on the changes that have been made and over the coming weeks the original transformation plan agreed at Cabinet in November 2019 will be reviewed to check it is ambitious enough given the huge changes the organisation has undergone in the past 3 months. The output of this work will be brought back to Cabinet at a future meeting.

13 Update on delegated decisions

- 13.1 Between 16 March 2020 and 20 April 2020 as part of the Council's response to the COVID-19 pandemic officers took 32 urgent or emergency key decisions. These key decisions, along with other decisions not amounting to key decisions, were recorded in decision logs.
- 13.2 These 32 key decisions were published on the [Dorset Council website](#) and were reviewed at the [Resources Overview and Scrutiny Committee](#) on 2 June.
- 13.3 Between 21 April 2020 and 10 June 2020, a further 10 delegated decisions were taken and have been published on the [Dorset Council website](#) in accordance with the Constitution. These were in relation to:
- a) Closure of all public toilets
 - b) Implementation of DfE guidance
 - c) Reopening of household recycling centres
 - d) Coordination of schools and educational settings

- e) Enforcement of the public space protection order on beaches
- f) Reopening of some beach car parks
- g) Reopening of public toilets
- h) Closure of the two care hotels
- i) Road closures at Durdle Door
- j) Road closures at West Bexington.

14 Equality Impact Assessment

- 14.1 Equality implications of decisions taken as part of the emergency response have been considered for each decision and an equality impact assessment has been undertaken where a planned change was implemented to how a service is delivered. Completed EQIAs are published on the [Dorset Council website](#). Further detail on this is available in the separate equalities report on today's agenda.
- 14.2 In the case of urgent decisions taken in an emergency situation, such as the challenges at Durdle Door requiring immediate road closures, a full equality impact assessment was appropriately not completed. Instead, consideration of the implications were recorded as a part of the delegated decision taken during the emergency. Further detail on this is available in the separate equalities report on today's agenda.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 2: COVID-19: How well has Dorset Council responded to meeting the needs of vulnerable groups during 'lockdown'?

Cabinet

30 June 2020

COVID-19: How well has Dorset Council responded to meeting the needs of vulnerable groups during 'lockdown'?

For Decision

Portfolio Holder: Cllr P Wharf, Corporate Development and Change

Local Councillor(s): All

Executive Director: Aidan Dunn, Executive Director, Corporate Development

Report Authors: Paul Iggulden (Consultant, Public Health Dorset), Rupert Lloyd (Programme Coordinator, Public Health Dorset), Susan Ward-Rice (Corporate Policy & Performance Officer, Equalities)

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Report Status: Public

Recommendation: That Cabinet:

- Note the initial impact of the 'lockdown' phase of COVID-19 on vulnerable groups in Dorset (attached at appendix 1);
- Note the findings of a series of round-table discussions with Councillors (summarised at Appendix 2);
- Agree that the council needs an ongoing assessment of the impact on vulnerable groups through subsequent phases of the pandemic;
- Agree the action plan outlined at section 5 appendix 1; and
- Note that this initial assessment has been undertaken largely by staff 'released' from core roles to assist with the COVID-19 response; the actions set out in section 5 will require appropriate resourcing and oversight.

Reason for Recommendation: To ensure that Cabinet is aware of the impact of COVID-19 on Dorset's vulnerable communities and responds accordingly.

1. Executive Summary

On 5 May 2020, Cabinet received a report on the Council's response to COVID-19, which referred to an equality impact assessment (EqIA) of the pandemic on Dorset's most vulnerable communities. Since that meeting, officers have undertaken an initial assessment of the 'lockdown phase' in Dorset, which has included local and national research, discussions with partners and round-table meetings with Councillors. The assessment is attached at appendix 1.

This initial review is very much a qualitative exercise, based on a constantly evolving situation. New evidence is emerging on a regular basis about the nature and extent of the pandemic, and feedback from Councillors on the situation in their wards as they develop have been hugely helpful. As such, this EqIA should be viewed as very much a 'live' document that is designed to inform decision-making during the coming phases of COVID-19.

Recent national research shows that the pandemic is having particularly adverse impacts on people with certain characteristics. Older people are at greater risk than younger people for example, and men are at greater risk than women. The risk of dying from COVID-19 is higher amongst those living in deprived areas than those living in more affluent areas, and higher in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups¹.

Given this evidence, it is more important than ever that we look to understand the impacts of the pandemic on potentially vulnerable communities, and seek to mitigate those impacts where possible. An action plan is being developed and is summarised in the assessment at appendix 1, section 5.

2. Financial Implications

There are no financial implications as a result of this report. As reported at the Cabinet meeting in May, the full financial impact of the pandemic on Dorset Council is still being assessed. There will be a significant impact from the suspension of income generating services, additional expenditure and incurred, and planned transformation savings not achieved. These will require mitigation during 2020/21 (and beyond) once the full compensation package from central government is known.

3. Climate implications

There are no climate implications as a result of this report.

4. Other Implications

The public health implications of COVID-19 are ongoing, and Public Health Dorset has been central to the development of this assessment. The assessment has identified implications for all aspects of the Council's business, and its relationships with partners across the health and social care system, and within the voluntary and community sector.

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: HIGH

Residual Risk: MEDIUM

6. Equalities Impact Assessment

The assessment will be reviewed by the council's Equality and Diversity Action Group on 25 June.

7. Appendices

- i. Initial Equality Impact Assessment and Action Plan
- ii. Feedback from the Councillor Round-Table Meetings

8. Background Papers

- i. COVID-19 Response (Cabinet, 5 May 2020, item 7)

9. Introduction

9.1 As part of Dorset Council's response to COVID-19 several action groups (known as 'cells') have been established to manage the council's response. One of these is the Community Shield Cell, which is a multi-agency group responsible for ensuring vulnerable people in Dorset are cared for and supported during the pandemic.

9.2 The group is made up of several sub-groups, one of which is the Mental Health & Safeguarding Sub-Group. This Sub-Group initiated developing an Equality Impact Assessment. The assessment has two aims:

- To highlight groups of people in the Dorset Council area who are, or could be, vulnerable during the 'lockdown' period; and
- To record how these people are being supported, identify any gaps in that support and identify possible actions for mitigation.

9.3 The Member Champion for Equalities and Diversity convened a meeting of Councillors on 28 April to discuss an initial draft of the assessment, and this conversation proved so useful it was proposed a series of round-table meetings be organised so that all Councillors could provide insights into the impact of COVID in their wards.

9.4 The meetings were an opportunity to:

- Share work that has been done on the Equality Impact Assessment; and
- For officers to hear from Councillors about their experiences of the impact on their wards. A summary of the discussions is attached at appendix 2.

9.5 The key themes to emerge from the Councillor discussions were:

- i. **The voluntary and community response:** How communities and organisations have responded to support vulnerable people is seen as overwhelmingly positive, and Members would like to explore how they and others can maintain some of the positive features of lockdown.
- ii. **Mental health:** There is widespread concern about the impact of lockdown on mental health and wellbeing of vulnerable people and people who have or will be affected financially.
- iii. **Young people:** Lockdown was viewed as having had a significant negative impact on young people, in particular on their mental health.
- iv. **Hard to reach:** Many vulnerable people have been supported, but there is concern that some people who could benefit from help are reluctant to ask for help or 'admit' that they are in need.
- v. **Economic vulnerability:** There has been significant emergent impact on individuals and families who are economically vulnerable and have been affected by loss or reduction in their income e.g. furlough, redundancy. It is anticipated that this impact will grow. One councillor said *'I tour my patch regularly on foot ...and some young people I've spoken to are in a real mess. I'm seeing real evidence [of hardship]'*
- vi. **Digital exclusion:** Many services and organisations have been effective in engaging and supporting people online, but there is concern that a significant number of people are excluded from accessing digital services.
- vii. **'Hidden abuse':** There is concern about 'hidden' domestic abuse where victim have been at risk during long periods when they have been unable to leave their homes.

9.6 The meetings were also an opportunity to highlight some of the incredible support being delivered by a wide range of system partners. Numerous mentions were made of parish and town councils, local food banks, community pubs and shops, town-based organisations, and voluntary and community organisations operating at both local and county levels. Some of the comments made at the meetings were:

'Everybody has gone above and beyond ...there's been a real resurgence in community spirit. We need to look for a way to continue that. I hope that as Councillors we can encourage our residents to keep that spirit. People seem to have started liking each other again!'

'Big thanks to the community!'

'[Our response has] put a human face on the council'

'We need to get a bit more canny about how we encourage volunteers, particularly those that might not have been volunteers before'

'The lived experience is that there's been a real upsurge in community spirit and kindness. Long may that continue'

'As a community, we've really come together well'

'Could you call it a wartime spirit?! Whatever it is, it's been amazing'

10. Next steps

- 10.1 The impact assessment attached covers the lockdown phase of the pandemic. It will need updating as the phases change, and the findings influence how the council and its partners plan their recovery and respond to any further outbreaks. It will be discussed by the People Overview Committee at its meeting in July, and an update will come back to Cabinet later this year.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Equality Impact Assessment (EqIA)

Before completing this EqIA please ensure you have read the guidance on the intranet.

Initial Information

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Date assessment started:	16 April 2020
Date of completion:	
Version Number:	1

Part 1: Background Information

Is this (please tick or expand the box to explain)

Existing	
Changing, updating or revision	
New or proposed	X
Other	

Is this (please tick or expand the box to explain)

Internal (employees only)	
External (residents, communities, partners)	X
Both of the above	

What is the name of your policy, strategy, project or service being assessed?

Covid 19 - How well has Dorset Council responded to meeting the needs of vulnerable groups?

What is the policy, strategy, project or service designed to do? (include the aims, purpose and intended outcomes of the policy)

The purpose of this EqIA is to assess how well Dorset Council responded to meeting the needs of vulnerable communities in Dorset during the COVID-19 lockdown period.

This impact assessment has been developed using the following methods:

- Desk-top analysis of current guidance, findings and research (both local and national).
- Feedback and evidence from partners involved in the Community Shield Cell.
- Feedback from councillors via virtual roundtable discussions.

This initial impact assessment is very much a qualitative review on a constantly evolving situation with new evidence emerging on a regular basis about the nature and extent of COVID-19. As a result, this EqIA should be viewed as very much a 'live' document and be used by the council and partners to inform decision-making during the different phases of COVID-19. Mitigating actions are being developed where necessary and are summarised in the action plan of this assessment under three themes:

- **Short term improvements responding to lockdown phase**
- **Areas where more information is required to inform actions**
- **More work is required to shape action in response to medium/long term impacts of lockdown**

The results of these actions should be considered in future planning of services in relation to COVID-19.

As part of Dorset Council's response to COVID-19 several action groups (known as cells within the council) have been established, this includes the Community Shield Cell, who are responsible for ensuring vulnerable people in Dorset are cared for and supported during the COVID-19 pandemic. The Community Shield cell has worked both across the council and with community, voluntary and faith sector in responding to need.

The Community Shield Cell is made up of several sub-groups, one of which is the Mental Health & Safeguarding Sub-Group, this group initiated developing an Equality Impact Assessment. The assessment has two aims:

- To highlight groups of people in the Dorset Council area who are, or could be, vulnerable during the 'lockdown' period.
- To record how these people are being supported, to identify any gaps in that support and identify possible actions for mitigation.

This EqIA does not use the normal template for Dorset Council EqIAs, as the response to the pandemic is evolving, there is not enough information or data to comment on whether the impact is positive/negative/unclear or neutral, as such the following table has been devised and headings used to assess impact. In addition, the protected characteristic groups have also been broken down into sub-groups e.g. age includes children and young people, working age, older people etc.

Table heading	Definition
Protected Characteristic	Protected characteristics as listed in the Equality Act 2010 and additional characteristics that Dorset Council has identified as important when making decisions.
Vulnerable population sub-group	This is a more detailed description of some of the groups of people in Dorset who fall under the broader protected characteristic definitions
Why might they be vulnerable?	This is a description of how, and why, people could be vulnerable during the period of lock down and social distancing.
Description of current (DC/system partners) activity	This is a record of how vulnerable people in each category are being supported by Dorset Council and others.

Informing	This column records how we are doing at informing each group about our/others response and the support available to them.
Responding (to requests)	This column records how we are doing at responding to each group and dealing with requests for support to meet their particular needs.
Asking	This column records how we are doing at asking or engaging with each group on what support they might need in future
Mitigating action	This column is for suggesting any action that might be needed to enhance our response to the needs of a group.

Also, a RAG (Red, Amber & Green) status has been used to assess the Informing, Responding and Asking boxes and the RAG status has been defined as:

- Red – a major concern
- Amber – potential issue and may need to be considered in the future
- Green – no concerns.

It should also be noted that coronavirus will affect people differently and existing inequalities may deepen. Some people may become even more marginalised especially those with multiple protected characteristics e.g. race and disability which is also known as intersectionality. At this present time, this EqlA has not considered the cumulative impacts on different groups, but this should be considered in future EqlAs.

This EqlA covers just the 'lockdown' period and that further EqlAs may need to be undertaken as the next phases of COVID-19 develop.

What is the background or context to the proposal?

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in 2019 in Wuhan, China and has since spread globally, the first confirmed cases in the UK were recorded at the end of January 2020 and on the 12 March 2020, the World Health Organisation (WHO) declared the risk and spread of the disease as a pandemic.

On the 23 March, the UK government imposed a 'lockdown', banning all 'non-essential' travel and contact with people outside one's home and closing non-essential businesses, venues, amenities and places of worship.

COVID-19 can make anyone seriously ill, but for some people the risk is higher. The NHS have defined two levels of risk:

- very high risk (clinically extremely vulnerable)
- high risk (clinically vulnerable)

A full list of who is potentially included in each of these levels of risk can be found on [NHS.UK - people at higher risk from coronavirus](#). Those who were considered vulnerable were asked to 'shield' by the NHS or Government, these people could register on the Gov.uk website and would be able to:

- get a weekly box of basic supplies
- get priority for supermarket supplies
- ask for support around basic care needs.

They were advised to shield and stay shielded for at least 12 weeks.

As the COVID-19 pandemic has evolved emerging data is starting to show that COVID-19 is having adverse impacts on people with certain characteristics. Public Health England in their recent [research](#) have found that:

- COVID-19 diagnosis rates increased with age for both males and females
- Working age males diagnosed with COVID-19 were twice as likely to die as females
- Among people with a positive test, when compared with those under 40, those who were 80 or older were seventy times more likely to die.
- People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British
- People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.
- There were 54 men and 13 women diagnosed with COVID-19 with no fixed abode, likely to be rough sleepers, the report estimates that this represents 2% and 1.5% of the known population of women and men who experienced rough sleeping in 2019. However, data is poor quality, and the report suggest a much higher diagnoses rate when compared to the general population.

The results of this very recent research need to be considered and future work should reflect that some population groups are more adversely affected by this virus.

On the 10 May 2020, the Government began a partial lifting of 'lockdown' with people who could not work from home being allowed to go to work and people being able to travel to destinations for exercise.

Following the global escalation of COVID-19, Dorset Council established a weekly Corporate Incident Management Team (IMT) on 26 February, the purpose of this group was to coordinate activity for the lifecycle of the incident.

The Community Shield Cell was established in mid-March and was responsible for the provision of food, medicine and emotional support to individuals and families on the Government shielded list.

The Community Shield Cell set up seven subgroups:

- COVID-19 support helpline and email hub
- Delivery network
- Medicine supply chain
- Food supply chain
- Mental Health Support and Safeguarding
- Volunteer Network
- Production and Management of Data

Further information about the work of each of these groups and Dorset Council's response to COVID-19 can be found in the following committee reports:

- [Dorset Council Cabinet - Covid 19](#) (Dorset Council Cabinet meeting held on the 5 May 2020)
- [Resources Scrutiny Committee - Covid-19 response](#) (Dorset Council Resources Scrutiny Committee held on the 2 June 2020).

Part 2: Gathering information

What sources of data, information, evidence and research was used to inform you about the people your proposal will have an impact on?

The following sources of data have been used:

- Census and Office for National Statistics (2011-2018) taken from [Dorset Insight](#) State of Dorset 2019
- Information collated by the sub-groups within the Community Shield Cell at Dorset Council
- Local Government Information Unit (LGIU) Briefing Note: Local government and COVID-19 - issues for disadvantaged groups (April 2020)
- Devon County Council: Equality, diversity & inclusion considerations for Pandemic Incident Management (April 2020)
- Dorset Race Equality Council: Covid-19 Dorset Ethnic Minority Communities Need Assessment (April 2020)
- Equality & Human Rights Commission - [response to Covid-19](#)
- The Women and Equalities Committee has launched an inquiry to [monitor the impact of the emergency legislation on people with protected characteristics](#)
- Public Health England; [Disparities in the risk and outcomes of Covid-19](#) (June 2020)
- The Equality Act 2010 and Public Sector Equality Duty - guidance notes
- Information gathered from roundtable discussions with councillors

What did this data, information, evidence and research tell you?

This data has helped to inform who are Dorset residents and who are some of more vulnerable groups within Dorset, this led to the development of information that is include in Part 4 of this assessment.

This information also helped to aid discussion both with the Community Shield group and the Councillors virtual roundtable discussions.

Is further information needed to help inform this proposal?

Yes, both Part 4 of this impact assessment and Part 5 - Action plan identify that there are population groups that we do not have information on and at present cannot assess the impact council response has had. In addition, the views of our stakeholders have not yet been sort and it would beneficial to get the thoughts of key equality focused organisations from the community, voluntary and faith sector. This is an initial impact assessment of a constant evolving situation with new evidence emerging regularly. As such, this impact assessment should be viewed as a 'live' document and be used during the different phases of COVID-19 to inform decision making and future planning.

Part 3: Engagement and Consultation

What engagement or consultation has taken place as part of this proposal?

The initial desktop analysis was developed during April 2020, this was shared with the following for information and feedback:

Date	Activity
April - ongoing	Mental Health & Safeguarding Sub-Group: Initiated the development of the EqIA, group members have assisted with scoping and populating Part 4 of this impact assessment and have also provided quality assurance.
28 April 2020	Virtual roundtable discussion with Dorset Council Councillors: Deputy Leader, Portfolio Holders for Adults & Social Care and Children, Education & Early Help and elected members from the Equality, Diversity & Inclusion (EDI) Executive Advisory Panel.
Mid-May 2020	Draft EqIA circulated to the different sub-groups of the Community Shield Cell for comments and feedback.
18 May- 3 June 2020	Virtual roundtable discussions with councillors. 6 virtual discussions took place, using NHS Dorset localities (East, North, Mid, Purbeck, West and Weymouth & Portland) to group councillors. All 82 councillors were invited to attend one of these sessions and 48 attended in total. The focus of these discussions was so that councillors could provide insights into the impact of COVID-19 in their wards and feedback on the draft EqIA.
9 June 2020	Discussion of final draft at Mental health & Safeguarding Sub-Group of the Community Shield Cell
10 June 2020	Discussion and feedback at Community Shield Cell meeting

How will the outcome of consultation be fed back to those who you consulted with?

Councillors have been sent notes from the roundtable discussions and a thematic summary of all the sessions has been circulated and is attached to this EqIA (Appendix 1).

Please refer to the Equality Impact Assessment Guidance before completing this section.

Not every proposal will require an EqIA. If you decide that your proposal does **not** require an EqIA, it is important to show that you have given this adequate consideration. The data and research that you have used to inform you about the people who will be affected by the policy should enable you to make this decision and whether you need to continue with the EqIA.

Please tick the appropriate option:

An EqIA is required (please continue to Part 4 of this document)	<input checked="" type="checkbox"/>
An EqIA is not required (please complete the box below)	<input type="checkbox"/>

Part 4: Analysing the impact

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
Age	Children and Young People	<ul style="list-style-type: none"> Children & young people (CYP) are likely to be experiencing worry, anxiety and fear and this can include types of fear experienced by adults e.g. fear of medical treatment, fear of dying. (WHO; 2020). Children and young people's anxiety may be heightened by parents/other adults anxiety and discussion of COVID 19 With the closure of schools and youth settings, CYP may no longer have a sense of structure and stimulation and less opportunity to be with friends to get social support. Being at home can place some CYP at increased risk from safeguarding incidents including domestic abuse, online abuse, cyberbullying, access and concerns about not having access to food. Some CYP don't see that they are particularly at risk and therefore may not keep themselves and others safe. Homeless young people who don't see themselves at risk of the Coronavirus may not follow self-isolation guidelines, putting themselves, general public and support staff at risk. The long-term impact of prolonged isolation and the potential loss of the school structure for such a significant period of time may lead to poor mental health and wellbeing. The transition of moving from primary to secondary school and finishing secondary school may have an impact on mental health. Insufficient ICT equipment in homes (especially low socio-economic) to access school support and education resources - Legal case taking place against LB of Southwark on local authorities to provide a suitable education for children, whether inside or outside school and provide access to equipment and the internet. Children and young people who were not engaging with school before lockdown/school closure are difficult for teaching staff to reach or check-in with. Young people leaving education may not be able to access opportunities to develop their CVs or support accessing employment opportunities 	<ul style="list-style-type: none"> Schools & Childcare settings only open to the most vulnerable CYP or whose parents are critical workers. Government have defined both critical workers and vulnerable CYP and this is listed on the Dorset Council website. Schools have stayed open for vulnerable CYP and CYP of critical workers. Redeployed Council employees are working in schools to supporting teaching staff with vulnerable CYP. Dorset Council is working with local schools to provide meals to CYP who receive 'free school meals' E-vouchers are now being provided to families. Schools are contacting families directly with information on how to support CYP's learning. Arts, crafts & games resources are available on Dorset Council website. Over 270 laptops and tablets have been reconditioned and given to CYP to support on-line learning. Over 30 mobile phones purchased and given to young people in care to enable them to have video contact with parents and friends. Chat Health (11-19yrs) and Kooth provide online and text message mental Health support. Dorset Council's Educational Psychology Service has launched a helpline for parents and carers supporting young people during lockdown. Targeted face to face support is being offered by youth workers to support children who are finding it difficult to isolate. Communications campaign for parents and carers about staying safe online and reassurance that services are still here to help them both digitally and face to face Successful bid to the DfE for laptops and 4G access for children who would most benefit in partnership with schools 				Working with schools and childcare settings to welcome as many children as they can back to school before the summer holidays, prioritising those who would benefit most and tracking contact that has been made with children and families.

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
	Working age adults	<ul style="list-style-type: none"> COVID-19 is having an unprecedented effect on working life. Large numbers of the workforce are likely to be absent at any one time as the virus spreads. This will include not only those who become ill or must self-isolate but with the closure of childcare settings and schools many workers may not be able to work or will be balancing work from home with caring responsibilities. People having the digital skills to work remotely, digital use is busy in households. People being furloughed for long periods of time and issues this brings in terms of social isolation, loss of structure and support networks and financial insecurity. University students working from home, also a significant number have lost jobs Working age men: National research indicates that this group is a known high risk group for suicide. Whilst less likely to be in the vulnerable category eligible for targeted support, the implications of mental ill health are high, particularly for those that have been negatively impacted by loss of earning. Social connecting activities such as Men in Sheds, Men's mental health support will be unable to meet. Pressure to return to work, when some parents/carers may be reluctant and this can impact more on women who are on low pay employment, potentially putting them at risk of poverty. 	<ul style="list-style-type: none"> Dorset Council set up a helpline (8am-7pm), 7 days a week along with an email address. The helpline is to support people of all ages with access to food shopping and delivery, medication collection, befriending and other volunteer support activities such as dog walking. As of 19/05/20, 1,696 incoming calls received from vulnerable people, 3,838 proactive calls to see if vulnerable people were ok and determine their needs. Dorset Council webpages have had over 266,000 views. Over 40,000 people are receiving regular updates through different social media platforms. Dorset Council sent Council postcards to all residents in Dorset with advice and contact information, including Helpline number and opening times. Dorset HealthCare has set up website with specific information and advice on mental health & wellbeing, this also includes 24hour helpline - Connection for urgent mental health support. 1/05/20 - letter to be sent to all shielded and vulnerable residents with updates on where to get help and advice (Being sent to 15,000 people - 4,000 via post and 11,000 via email). Letter will also be distributed to Town and Parish Councils for them to distribute locally. As of 19/05/20 Dorset Volunteer Centre continue to coordinate 1,779 local volunteers to support vulnerable residents. Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. As of 19/05/20 Age UK have made 6,900 outbound phone calls to vulnerable people offering a befriending service and have received 3,800 incoming calls. Dorset Digital Hotline has been established, a volunteer led helpline providing support to people to get online. Phone support available Mon-Fri 10am-12pm. As of 27/04/20 over 50 calls received. 				
	Older people who live alone	<ul style="list-style-type: none"> increased risk of loneliness and isolation if they choose to stay at home, because of the closure of social and leisure activities. May have been advised to self-isolate by the 	<ul style="list-style-type: none"> Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. 				- Make more use of local volunteer networks to provide

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
		<p>government, immediate family/friends not able to visit.</p> <ul style="list-style-type: none"> · May not have digital skills or afford to access digital provision to stay virtually in touch with friends and families. · Older people may be less able to use cashless payment for parking, but still need to use car parks to access essential services. · Older people may be reluctant to ask for help or tell others, particularly people and organisations they don't know, that they need help. 	<p>Covid-19 Support groups developed across Dorset, information about these groups is shared on Help & Kindness website.</p>				<p>befriending or 'check in' calls to people in their community.</p>
	<p>Older people being scammed - Average age of an adult being scammed is 75. High number of COVID-19 scams taking place. Older women are known to be particularly vulnerable.</p>	<ul style="list-style-type: none"> · Higher levels of anxiety and lack of contact with friends/family leaves people more vulnerable to being scammed. · Many people may be wary of opening doors to strangers due to the risk of infection or scamming - this could impact on volunteer/ food delivery services 	<ul style="list-style-type: none"> · Dorset Council Trading Standards have produced regular communications around scams including Coronavirus related scams. · DC Trading Standards release monthly editorials to local publications and newsletters across Dorset, approx. 60 publications, which includes updates on scams. · All volunteers working on behalf of Dorset Volunteer Centre & Age UK received suitable ID badges and good practice advice on how to deliver food parcels etc. 				
	<p>Both working age adults and retired adults - people who are financially independent.</p>	<ul style="list-style-type: none"> · Loss of social activities and contacts with people, potential feeling of loss of self-purpose, structure. 	<ul style="list-style-type: none"> · Dorset HealthCare has set up website with specific information and advice on mental health & wellbeing, this also includes 24hour helpline - Connection for urgent mental health support. · Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. · Information about signing up to volunteer on DC website. · Dorchester Trust for Counselling & Psychotherapy offering free one-off listening service for 50 minutes, alternative to regular counselling & therapy to help regain a sense of control. Information could be shared. 				<ul style="list-style-type: none"> · Signposting this group to Volunteer Centre Dorset to encourage volunteering or to support local Covid-19 Support Groups. Information being shared through sub-groups of the Community Shield on the work of Dorset Volunteer Centre

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
	Active retirees	<ul style="list-style-type: none"> A group of people who post retirement participated in several social/leisure activities, which has now ceased. Reports of increased numbers of people in this group contacting primary care (GPs) around issues including loneliness, isolation, anxiety etc. 	<ul style="list-style-type: none"> Dorset HealthCare has set up website with specific information and advice on mental health & wellbeing, this also includes 24hour helpline - Connection for urgent mental health support. Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. Information about signing up to volunteer on DC website. Dorchester Trust for Counselling & Psychotherapy offering free one-off listening service for 50 minutes, alternative to regular counselling & therapy to help regain a sense of control. Information could be shared. 				<ul style="list-style-type: none"> Signposting this group to Volunteer Centre Dorset to encourage volunteering or to support local Covid-19 Support Groups. Information being shared through sub-groups of the Community Shield on the work of Dorset Volunteer Centre
	Older people with dementia related illnesses	<ul style="list-style-type: none"> People with dementia may have difficulty coping with self-isolation, pressure on carers, confusion about services being closed or reduced, pressure to stay in. 	<ul style="list-style-type: none"> Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. Dorset Council has provided free food parcels to those that are vulnerable. 				
	General (all ages)	<ul style="list-style-type: none"> There is potentially a generic issue of difficulty in getting prescriptions, accessing shopping slots, as some may not be recognised as a priority group. Routine hospital/screening appointments cancelled or delayed, can lead to stress & anxiety. Covid-19 will be either directly or indirectly responsible for a number of deaths. There is a possibility that there may be a high number of deaths (or excess deaths). Although all age groups are at risk contracting COVID-19, older people face significant risk of developing a severe illness due to potential underlying health conditions. A delay in treatments relating to non-COVID illnesses and long-term conditions could impact on all ages, however those of working age may be impacted on by employers who refuse to put employees on full pay instead of sick pay. People discharged from hospital for non-COVID19 reasons: can they access the support they would normally be able to? 	<ul style="list-style-type: none"> Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies e.g. COVID-19 Support Groups and linking with Adult Social Care when required. An Excess Death Advisory Group has been established which includes Dorset Council and range of partners to manage this scenario and a separate EqIA covers some of this work. 				

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
Disability	Deaf/hearing impairment	<ul style="list-style-type: none"> · Very little information about coronavirus has been made available in BSL - Government daily briefings only recently started to include a signer. · D/deaf people have different levels of signing and literacy skills and utilise a variety of mechanisms for communicating. Poor literacy skills mean that video subtitles are not accessible to all. · SMS texting / what's app are popular ways of communicating. · The encouragement of phone contact during social isolation is not suitable for people with profound or severe hearing loss. · For some D/deaf people, face to face visiting may be the only option, because they have no technology – e.g. no phone or computer and poor literacy skills · Volunteer projects to make phone contact with residents to combat social isolation may not be suitable for D/deaf/hearing impaired people · Facemasks are problematic for people who lip read. 	<ul style="list-style-type: none"> · Links on the DC website to the deaf health charity - Sign Health - who are producing signed videos of the daily government briefings. · Community information sent to Bridport Deaf Society on ad hoc basis. · Children's Services - working specifically with children diagnosed with hearing loss have continued to support CYP and families by: <ul style="list-style-type: none"> · providing equipment to enable CYP to better access the audio component of some online learning from schools. · creating and emailing out book themed resources for families of pre-schoolers ('virtual book bags') · Liaising with families and Audiology Departments about their availability and how parents can access them e.g. to obtain batteries or repairs · Continuing to accept new referrals and reports from Audiology and contacting families to discuss and plan future home visits · Milbrook Sensory Team sending out information to service users and maintaining regular contact. · Internal Skills Agency established within Dorset Council for staff to register to be re-deployed to COVID type activity. Skills list includes BSL knowledge 				<ul style="list-style-type: none"> · Further work could be with Comms to share link to Sign Health via DC social media platforms. · Survey with Citizens Advice to explore access issues amongst this community, specifically adults who are not accessing council services. · Ensure council services have access to, and know how to use, telephone language and interpreting services - information to be made available on the intranet.
	Blind/visual impairment	<ul style="list-style-type: none"> · Changes to the shopping environment. layout, queuing system both inside and outside, floor markings for social distancing, requests for contactless payments. · Unease of using volunteers who are strangers 	<ul style="list-style-type: none"> · Community information sent to Dorset Blind Association on ad hoc basis. · Information on the Dorset Council website, council website fully accessible and we have avoided using PDFs instead using HMTLs · Volunteer good practice guidance includes information on communicating with residents. 				<ul style="list-style-type: none"> · Survey with Citizens Advice to explore access issues amongst this community, specifically adults who are not accessing council services.
	Dual sensory loss	<ul style="list-style-type: none"> · Those with dual sensory loss (loss of hearing and sight) use touch as their communication method. · Reduced ability to maintain social distancing 	<ul style="list-style-type: none"> · No information available as 9/06/20 				<ul style="list-style-type: none"> · Further work required to understand this group and their needs.

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
	Neurodiversity (Neurodiversity relates to neurological differences including, for example, Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Autistic Spectrum and others).	<ul style="list-style-type: none"> · Lack of direct instruction and use of metaphors can be unhelpful, inconsistencies in messages can be confusing e.g. 7 day/14-day isolation. · Autism: changes to routine can be traumatic, restricted outings from the house can cause an impact on health and wellbeing. Some are selective eaters and panic buying has resulted in certain food items becoming unavailable, causing stress to individuals and parent/carers. Also selective about who they speak to and prefer the same care worker/SPOC. · Some people will need support to get back to old/adjusted routines and services after adapting to lockdown 	<ul style="list-style-type: none"> · Dorset Council uses plain English in its communications. · Weekly SEND newsletter to families on the SEND mailing list produced in partnership with Dorset CCG; newsletter includes latest updates, activities, resources etc. · Services still operating in Children's services via phone and email. 				Further work is required to understand how the impact and services on adults within this group.
	Learning disability	<ul style="list-style-type: none"> · Complex and changing information difficult to understand and follow, could result increased infections or being fined for not following guidance. · Lack of information in Easy Read both locally and from central government · Potentially more vulnerable to 'mate crime'/'cuckooing' as unusual behaviour may go unnoticed because no longer attending services/groups or because of social distancing. 	<ul style="list-style-type: none"> · Information on the Dorset Council website includes links to Easy read information on both Mencap and Gov.UK websites. · Dorset Council uses plain English in its communications · Learning Disability Child & Adolescent Service (LDCAMHS) still providing services by phone or other remote methods. · Community information sent out on an ad hoc basis to People First Dorset 				<ul style="list-style-type: none"> · Consider how comms could meet needs of this group and support other people to understand their needs when lockdown is relaxed, and social distancing measures change
	Children with special education needs (SEN)	<ul style="list-style-type: none"> · Not all SEN children will be attending school provision, could have impact on families/parents & carers. 	<ul style="list-style-type: none"> · Children's Services teams are working with families and educational settings to look at different ways to support families. · Weekly newsletters to SEND families including advice, activities and resources. · Support still available to families via phone/email. · SEND families who are eligible for 'free school dinners' are receiving E-vouchers. 				

Protected characteristic	Vulnerable population sub-group	Why might they be vulnerable?	Description of current Dorset Council and/or partner activity	Assessment			Mitigating action
				Informing	Responding (to requests)	Asking	
	People living with mental health problems	<ul style="list-style-type: none"> Support services may change or be reduced e.g. face to face to appointments may be cancelled. Constant news and social media feed about the COVID-19 could cause further stress and anxiety. Restricted outing from home, could have an impact The use of anti-psychotic medication (clozapine) which can cause white blood cells to drop, higher risk of infections. Temporary changes to the Mental Health Act with Coronavirus Act could impact on people with severe mental health illnesses. 	<ul style="list-style-type: none"> Dorset HealthCare has set up website with specific information and advice on mental health & wellbeing, this also includes 24hour helpline - Connection for urgent mental health support. Age UK (North, West & South Dorset) have set up helpline taking calls from isolated people and signposting to agencies and linking with Adult Social Care when required. 				<ul style="list-style-type: none"> Explore and identify what mental health support is needed as lockdown/social distancing is eased.
Gender reassignment	Generic	<ul style="list-style-type: none"> Hospital appointments to Gender Identity Clinics may be cancelled or delayed, can lead to stress & anxiety. Issues with Hormone Replacement Therapy e.g. injections being administered, blood tests, changes to HRT. May be living in unsafe conditions at home as their preferred gender may not be supported by family members. 	<ul style="list-style-type: none"> Dorset HealthCare has set up website with specific information and advice on mental health & wellbeing, this also includes 24hour helpline - Connection for urgent mental health support. Local support charity - Chrysalis providing virtual online support groups. Community information sent to Chrysalis & Intercom Trust on ad hoc basis. Space Youth Project facilitating online sessions, regular information being sent out. 				<ul style="list-style-type: none"> Intercom Trust undertaken a COVID-19 survey across the southwest, would be useful if this information could be shared with the council.
Marriage & Civil partnership	Generic: Following government guidance all wedding and civil partnership ceremonies are cancelled.	<ul style="list-style-type: none"> Emotional and/or financial impact of delayed or cancelled ceremonies 	<ul style="list-style-type: none"> Information on DC website about closure of registry offices 				

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Pregnancy & Maternity	Unplanned pregnancies Pregnant individuals with underlying health conditions	<ul style="list-style-type: none"> · Nationally incidents of pregnant individuals being discriminated because of self-isolation rules e.g. being told to self-isolate and not being paid, or terminating employment. · Inability to access sexual health clinics including dealing with unplanned pregnancies. · Pregnant individuals who contract respiratory conditions in their third trimester are more likely to become seriously unwell, given this risk the Government have identified this as a vulnerable group. · Women who are pregnant with significant heart disease 	<ul style="list-style-type: none"> · Information on DC website relating to Citizens Advice for support around discrimination cases /employment issues. · DC provided extra funding to Citizens Advice to run additional advice services. · Regular updated information on the NHS Dorset Maternity Matters website; this includes birth planning, home births, birth partners, birth locations. https://maternitymattersdorset.nhs.uk/covid19-updates/ 				
Race & Ethnicity	Generic	<ul style="list-style-type: none"> · There is an increased risk of hate incidents towards BAME people, particularly people who are perceived to be from countries with a high incidence of COVID-19 (e.g. China). · Public Health England are researching the impact of COVID-19 in BAME communities. There is emerging evidence that people from BAME backgrounds may be more vulnerable to the risk of COVID-19 than others. Research also suggests that people from BAME communities may have higher rates of some underlying health conditions which make them clinically vulnerable such as type 2 diabetes. · Some BAME people may be employed in sectors with an increased level of exposure to others (e.g. caring/social work/medical etc), or in the 'gig economy' or zero hours contracts, which means they may be particularly impacted financially by the lockdown. 	<ul style="list-style-type: none"> · Encourage victims of hate crimes/incidents to report incidents via the Police/on-line or through Dorset Race Equality Council 				How accessible is our information about reporting hate crimes/incidents?

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	Gypsy & Traveller community	<ul style="list-style-type: none"> · May not to be registered with GP if living on unauthorised or roadside sites, national research indicates higher levels of poor health including a higher death rate than the mainstream population. · Travelling groups will be more visible and may be more vulnerable to hate crime. · May have cultural needs affected by social distancing e.g. definition of family is broad and can lead to travelling in large groups unable to visit family members in hospital or attend funerals. It is not unusual for members of this community to travel a great distance to attend a funeral to show respect and the more people who attend, it is considered the greater the respect shown, this could be an issue as the number of people attending funerals is restricted. · Restricted movement could lead to a loss of income · Traditional travelling season is due to start (May onwards) · No evictions should be taking place during the lockdown. · Unauthorised sites may not have access to water · Gypsy & Traveller traditionally 	<ul style="list-style-type: none"> · Information circulated to 4 Dorset authorised sites and through the Gypsy & Traveller Liaison Group. · Dorset Council have put any planned evictions planned on hold · D&I Officer & GLO at DC in regular contact with key contacts within the Gypsy & Traveller community including the Chaplain of Gypsies, Travellers and Nomads. No evidence from local contacts of Roma community in Dorset. · Friends, Families & Travellers website has regularly updated information including audio version, this information is detailed on the DC website. · Traveller Movement has a number of factsheets on their website e.g. attending funerals, benefits advice etc. · Local film made in partnership with Dorset CCG using members of the local community to share public health messages. · Temporary site for travelling Gypsies and Travellers has been opened and used. · Public Health advice has been shared on unauthorised encampments and private sites. 				
	People whose first language is not English	<ul style="list-style-type: none"> · May face barriers to accessing information on COVID-19 and accessing support from the community or wider volunteer networks not equipped to meet their needs. · Some communities may have low literacy levels in their first language and struggle to understand translated documents. · Those whose first language is not English, it may be very difficult to understand their employment rights or to effectively challenge employers about any concerns regarding how to return safely to work. · Some people who may be newly arrived and have no or limited access to social media may feel particularly vulnerable and isolated. 	<ul style="list-style-type: none"> · DC website includes link to Google translate · Links on the DC website to alternative formats and other languages e.g. Doctors of the World which is updated regularly and has information in over 40 languages. · Community information shared with key community groups. · Dorset Race Equality Council share information through their contacts/networks 				<ul style="list-style-type: none"> · Dorset Race Equality Council undertook a recent survey of communities, which has several recommendations and to also check whether there are any gaps in information from the council. · Identify if/how MH support online and phone services in Dorset can cater for different language needs.

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	Syrian refugee families	<ul style="list-style-type: none"> · May face barriers to accessing information on COVID-19 and accessing support from the community or wider volunteer networks not equipped to meet their needs. · Some communities may have low literacy levels in their first language and struggle to understand translated documents. 	<ul style="list-style-type: none"> · Provided instructions on how to view the gov.uk website and coronavirus advice in Arabic · Provided a Covid-19 health information sheet in Arabic (from the British Red Cross) · Regular contact from programme staff, including an Arabic speaking caseworker · Continued English lessons via WhatsApp and online programmes · Provided dual language English / Arabic books to all families · Helped access learning materials and online lessons from the schools · Provided laptops to those in need · Volunteers have kept in touch with the families via phone, WhatsApp and video calls wherever possible, however the families know to contact a named caseworker for any issues relating to Covid-19. 				
Religion & belief	Members of religious groups	<ul style="list-style-type: none"> · Excess death – ability to observe religious practice at end of life / funeral. · Social distancing policies might have different impacts e.g. in terms of end of life care for people in different religious groups, for example, where it is more important in some religions that the person sees either their family or a religious or spiritual leader or official when they are nearing death. · People's ability to observe religious festivals in the way they normally do (e.g. Ramadan) will be affected. · Public gatherings have been stopped of more than two people, this includes funerals, which can only be attended by immediate family. It is also not possible to celebrate funerals in places of worship, funeral services have to take place at the graveside or at a crematorium. 	<ul style="list-style-type: none"> · Faith organisations were involved in the development of the temporary Mortality Support Facility, to ensure that religious practice was observed. A separate EqIA has been developed for this work. · Places of worship closed - faith groups have provided support online etc · Specific comms provided for religious communities e.g. PHE advice on observing Ramadan · Faith organisations have been involved in the Community Shield work and information has been circulated through faith networks. · Engagement is taking place with faith groups to find out more about how the restrictions may impact on their community · Services from crematoriums can be live streamed on social media channels to wider family and friends can join virtually. 				

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Sex		<p>General:</p> <ul style="list-style-type: none"> · Routine screening appointments for men and women (breast, cervical, AAA) may be postponed and could increase the risk of cancer in the future. <p>Women:</p> <ul style="list-style-type: none"> · Women still bear the majority of caring responsibilities for both children and older relatives, issues with combining caring with work - either from home or elsewhere if keyworker. With schools and nurseries closed, the need for this unpaid work will only increase in the weeks to come. · Evidence suggests that women are more likely to work in a sector that has been shut down e.g. retail, hospitality. <p>Domestic Abuse:</p> <ul style="list-style-type: none"> · Increase in rates of domestic violence and abuse during shielding/lockdown, could be fuelled by loss of income, increase in anxiety, increase in alcohol use. Evidence suggests both nationally and internationally domestic abuse increased during lockdown, calls to domestic abuse helplines have risen by 25%. · Coercive control - abusers could take advantage of a victim's reduced social interaction with others. · Lockdown/shielding can cause anxiety/fear for those who are experiencing or feel at risk of domestic abuse. · Domestic homicide could go unnoticed in cases of excess death. 	<ul style="list-style-type: none"> · Helpline numbers (local, national, LGBT+ specific, honour based violence etc) are on the DC Covid-19 pages. · Information is being shared from You Trust on the number of women accessing help and advice with DC Community Safety. · Info/links available via https://www.helpandkindness.co.uk · Domestic Abuse: Information on services available is on the COVID-19 pages on the Dorset Council website. Local domestic abuse communications campaign developed to highlight the services available and focused on domestic abuse can affect anyone. Feedback from the police who are leading the campaign has identified that it has received a high level of engagement from the public, particularly those living in rural areas. Dorset Council has worked with partners to monitor the impact of COVID-19 on domestic abuse, at the start of lockdown, the Dorset Council area did not see an increase in domestic abuse issues, but as lockdown has progressed, there has been an increase in reports of family tensions and arguments and a recent increase in both domestic abuse incidents and crimes 				

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Sexual Orientation		<p>LGBT+ community:</p> <ul style="list-style-type: none"> Evidence that some members of this group experience higher levels of loneliness and isolation and poor mental health. Closure of pubs, meeting groups could exacerbate this. School/youth group closures could impact on LGBT+ young people, if not 'out' in the family, risks of isolation, self-harm and unsafe online activity to socialise. Excess death: family tensions can arise at death where family members do not respect LGBT+ identity/partners. Issues around domestic abuse - Increase in rates of domestic violence and abuse during shielding/lockdown. Research suggests that some LGBT+ people may be more vulnerable to COVID-19: the prevalence of smoking in the LGBT+ community; higher rates of HIV and cancer; and barriers to healthcare that mean some LGBT+ people may be reluctant to seek medical treatment). 	<ul style="list-style-type: none"> Information sent to known LGBT+ groups/organisations, D&I Officer in regular contact. Space Youth Project providing online support to young people. Chrysalis online/phone support http://chrysalisgim.org.uk/ Local campaign Domestic Abuse: Information on services available is on the COVID-19 pages on the Dorset Council website. Local domestic abuse communications campaign developed to highlight the services available and focused on domestic abuse can affect anyone. Feedback from the police who are leading the campaign has identified that it has received a high level of engagement from the public, particularly those living in rural areas. Dorset Council has worked with partners to monitor the impact of COVID-19 on domestic abuse, at the start of lockdown, the Dorset Council area did not see an increase in domestic abuse issues, but as lockdown has progressed, there has been an increase in reports of family tensions and arguments and a recent increase in both domestic abuse incidents and crimes. Specific campaigns are being developed by the Police e.g. LGBT+ domestic abuse campaign. 				<ul style="list-style-type: none"> DC website could display links to LGBT+ organisations (local and national including Stonewall which has detailed information on a range of topics) Intercom Trust undertaken a COVID-19 survey across the southwest. How accessible is our information about reporting hate crimes/incidents?
Dorset Council Characteristics							
Carers	<ul style="list-style-type: none"> People who provide care for someone they live with. Young people who provide care for someone they live with. People who provide care for someone they don't live with. 	<ul style="list-style-type: none"> Closure of day services (centres, schools etc) and the release of patients early from hospitals could put strain on carers, along a reduction in respite care. The impact of self-isolating as a carer for 12 weeks could also have an impact on health and wellbeing including mental health, domestic abuse. Being unable to care for a friend/relative who they can't visit could lead to increased anxiety and stress. 	<ul style="list-style-type: none"> Carers are encouraged to put together an emergency plan Respite being provided and day centres supporting people with very high needs Support for young carers available by skype/by phone/chat 				

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Single parents/carers	<ul style="list-style-type: none"> People living in single adult households with children 	<ul style="list-style-type: none"> Face additional childcare challenges in the absence of school/nursery provision. Caring for children will pose barriers to completing other tasks e.g. food shopping, collecting medicines May have to put children at risk by taking them to the supermarket & face criticism for doing so Mental health impact of being unable to do 'one job well' when balancing childcare with other tasks Lack of interaction with & support from other adults e.g. in usual workplace. Pressure to return to work, when some parents/carers may be reluctant and this can impact more on women who are on low pay employment, potentially putting them at risk of poverty. 	<ul style="list-style-type: none"> Information available on Dorset Council website on school opening and childcare availability for key workers. Schools: some schools are calling all families/families of children identified as vulnerable Schools providing direct support and advice to parents Support with home learning resources 				<ul style="list-style-type: none"> Support promotion of resources and support for single parents/carers via schools and other networks Practical support may be needed to complete tasks that are difficult to undertake while caring for children (e.g. food shopping).
Armed Forces & families	<ul style="list-style-type: none"> People who serve in the armed forces and their families Armed forces veterans and their families 	<ul style="list-style-type: none"> May face barriers accessing services and support Foreign and commonwealth personnel may face barriers in communicating with and increased anxiety about family members living abroad Blind veterans, a number will fall into the vulnerable group as over 70 and been advised to self-isolate 	<ul style="list-style-type: none"> Support and liaison through DC Armed Forces Covenant Officer https://www.dorsetcouncil.gov.uk/your-community/supporting-the-armed-forces.aspx 				
Economic & Social Deprivation (poverty)	<ul style="list-style-type: none"> Families with children who receive free school meals 	<ul style="list-style-type: none"> More likely to be experiencing the impacts of financial stress and impacts of food poverty 	<ul style="list-style-type: none"> E-vouchers are sent directly to parents Post Easter holidays schools will be encouraged to join Government voucher scheme Some schools are or will be distributing food parcels via suppliers Business support team in Children's Services are contact point for queries csbusinesssupport@dorsetcc.gov.uk 				
	<ul style="list-style-type: none"> People on low incomes and people who have lost their income 	<ul style="list-style-type: none"> May experience stress and anxiety related to finances Access to Government/DWP helpline is a significant issue at present. Is there a need to gap fill between application and people receiving universal credit e.g. enhanced food parcels? Some food banks struggled to meet high level of need. Concerns that employers are not paying sick pay to people who need medical treatment (non-COVID-19 related). 	<ul style="list-style-type: none"> CAB are providing virtual advice and phone advice; information being shared via the Community Shield volunteers' group. CAB Help to claim Tel. 0800 144 8 444 Cash donations/sharing of resources between food banks and from the public. Dorset Council provided funding to food banks Wyvern Savings and Loans have supported access to financial services (e.g. in Dorchester) Trade Unions offering emotional and financial support to members 				<ul style="list-style-type: none"> Understand what support will be need by people in Dorset in medium to longer term as financial impacts develop.

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	People who are homeless including young people	<ul style="list-style-type: none"> People who are already homeless will face barriers in accessing support, healthcare and self-isolating/social distancing People could become homeless due to eviction The number of households presenting as homeless has increased since the restrictions were introduced. These are a separate group of people to the rough sleeping community. The main reasons for the increase relate to persons who were sofa surfing or renting a room from a friend being asked to leave due to concerns about self-isolation. 	<ul style="list-style-type: none"> 28 people were provided with accommodation by the Council. All are supported by daily visits from support workers and have been provided with a mobile phone from charities so they can call for further support if they need it. 8 rough sleepers have declined the offer of accommodation but continue to be supported. Over 60 households (mainly single persons) have been accommodated since the crisis began. The Housing Team are working to secure longer term temporary accommodation options for households to move to once restrictions are lifted. 				
	People who live in poor quality and/or overcrowded housing	<ul style="list-style-type: none"> May be vulnerable to emotional stress and reduced wellbeing as more time is spent in the home. People who live in flats, or other accommodation types without private outdoor space, may find it more difficult to exercise or spend time outdoors. 	<ul style="list-style-type: none"> Some are known to DC Housing team May be receiving or have received advice from Healthy Homes Dorset LiveWell Dorset promoting wellbeing support through Housing Associations 				<ul style="list-style-type: none"> Identify whether this group requires specific comms or support for wellbeing during lockdown and any measures that can be put in place to tackle issues they face.
	People without access to a car	<ul style="list-style-type: none"> Lack of transport contributes to social isolation and imposes barriers to accessing essential services. Reduced public and community transport services will exacerbate these issues for people who cannot access a car and do not live within a walkable distance of services they rely on. 	<ul style="list-style-type: none"> Dorset Council public transport pages include links to support pages 				<ul style="list-style-type: none"> Identify if and where lack of access to transport is impacting on people. Communities have set up support for those in need.
	Working families with childcare responsibilities	<ul style="list-style-type: none"> Balancing two jobs with childcare Tension over who works/who is doing childcare Food bill increase from having more people at home causing financial stress Fear over job security Increased risk of domestic abuse and child abuse from increased tension in household. 	<ul style="list-style-type: none"> Information available on Dorset Council website on school opening and childcare availability for key workers. Family Partnership Zones available to provide support by phone/email Government advice published on home learning - linked from Dorset Council website 				
Internet access/digital divide	<p>People with no or poor internet access.</p> <p>People who do not want to access digital support/services.</p> <p>People who cannot afford broadband equipment/services.</p> <p>People who do not have the skills to access digital support/services.</p>	<ul style="list-style-type: none"> People who face barriers accessing digital services/support are likely to face challenges accessing information, practical help (e.g. online shopping, access to benefits etc) and communicating with friends, family or other support networks that rely on online chat, voice or video call platforms. 	<ul style="list-style-type: none"> Digital champions are providing support Children's Services have distributed laptops to vulnerable families & young people Government support for laptop/4G routers for vulnerable children 				<ul style="list-style-type: none"> Understand how we can support people who face barriers (financial/skills/availability) to accessing digital services in medium to longer term. Engage with people who don't wish to access digital services to understand how they can be supported to engage with them or access alternatives.

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Gender Identity		<ul style="list-style-type: none"> People who feel that their gender identity is different from that which they were assigned at birth may face barriers accessing support. 	<ul style="list-style-type: none"> Information sent to known LGBT+ groups/organisations, D&I Officer in regular contact. Space Youth Project providing online support to young people. Chrysalis online/phone support http://chrysalisgim.org.uk/ Intercom Trust conducting impact survey of COVID across the LGBT+ community in South West England 				<ul style="list-style-type: none"> Review results of Intercom Trusts impact survey for Dorset.
Other vulnerable groups							
People who have been recently bereaved	People who lived with someone who has died during lockdown. People who know someone who has died during shielding period. People who live with a person/person who die during shielding period.	<ul style="list-style-type: none"> Restrictions on grieving and access to support networks e.g. family who they would have had support from. May have relied on a deceased person for support and social interaction. 	<ul style="list-style-type: none"> Death registration service offered by pre-booking Bereavement support services/charities linked from Dorset Council website 				<ul style="list-style-type: none"> Continue to promote bereavement support services Including National Bereavement COVID19 hub. Identify longer term impact of bereavement on individuals and identify how support/services may need to respond to their needs e.g. befriending support. Digital funeral services can be extremely helpful , more info needed to inform the public.
Farming community & rural isolation		<ul style="list-style-type: none"> Social distancing may be easier to apply in a rural setting; however, this could have additional impact on people already experiencing isolation and loneliness. Impact of COVID-19 on the farming community through emotional and financial stress Concern that people may travel from urban areas/cities to rural locations to self-isolate Potential increase in incidents of domestic abuse Reported impact of increased/perceived increase in rural crime on mental health 	<ul style="list-style-type: none"> NFU is providing COVID communications and advice online. Advice from DAPTC and national association http://www.dorset-aptc.gov.uk/Home_26578.aspx 				<ul style="list-style-type: none"> Identify how NFU and others are engaging with farming community. Identify whether specific support is needed/being provided for farming community.

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Prisoners and their families	<ul style="list-style-type: none"> People in prison People recently released from prison Families of people in prison 	<ul style="list-style-type: none"> People in prison won't have contact with visitors and will have increased levels of anxiety about friends and family People released from prison have less access to support services Family and friends of people in prison will have less contact with them creating/adding to concern about their wellbeing 	<p>HMP Guys Marsh</p> <ul style="list-style-type: none"> Telephone pin credit has been increased each week to ensure phoning friends and family is a priority. issued letter writing packs and postcards to send home. Twitter is being used to deliver messages to families as well as the NICCO website. Barnardo's is still contacting family members and E-mail a prisoner has changed so that the men can also respond via e-mail. Men are given a weekly families update which they can send out to their loved ones if they choose to. There are some other things in the pipeline which will be determined by how long we remain in lockdown. <p>Those due to be released - Men are still being supported by Catch 22 on release although the PACT support system and Footprints are unable to mentor as they were. We supply a Resettlement folder which replaces the Academy and ensures men get the relevant information for release.</p> <p>HMP The Verne</p> <ul style="list-style-type: none"> Not put in any extras at the moment, we are relying on the usual phone and letter contact trying to get some signal access for a small number of mobile phones that may assist us for family contact. have a couple of tablets coming to aid with family contact in the event of family crisis or bereavement. Yet we are not picking up that our residents are struggling too much with our current arrangements. We are operating a limited regime, but this does mean that staff/resident contact, within social distancing guidelines is frequent. <p>Portland Prison & YOI - awaiting update</p>				<ul style="list-style-type: none"> Add link to DC website https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons (NB this is being added to CAB and Volunteer Centre websites).

Part 5: Action Plan

The action plan for EqIA is divided into three parts:

- Short term improvements responding to lockdown phase
- Areas where more information is required to inform actions
- More work is required to shape action in response to medium/long term impacts of lockdown

	Issue	Action to be taken	Person(s) responsible	Date to be completed by
Short term improvements responding to lockdown phase				
1	D/deaf & visual impairments and speakers of other languages	Work with Communications and the 'Warning and Informing Group' of the Local Resilience Forum to ensure key communications are available in alternative formats and reach a wider (national) audience. Develop guidance for translation and interpreting services including sign language.	Rebecca Forrester Susan Ward-Rice Kirsty Hillier Kirsty Snow	30 September 2020
2	Race & Ethnicity	Use both national (Public Health England) research and local (Dorset Race Equality Council - COVID-19 Dorset Ethnic Minority Communities Need Assessment) to inform how we can improve our response to the needs of BAME communities in Dorset. Liaise with Community Safety Team & Dorset Police to understand the extent of COVID-19 related hate crime/incidents.	Susan Ward-Rice Susan Ward-Rice	31 August 2020 31 August 2020
3	Understanding the financial Impacts on Dorset residents	Liaise with Citizens Advice /Wyvern Savings (credit union) to understand the impacts of COVID-19 to inform Community Shield work.	Susan Ward-Rice/ Volunteer Sub-Group of Community Shield	30 September 2020
4	Development of case studies	Scope approach for developing and sharing case studies capturing local initiatives that communities have put in place as a response to COVID-19 shared during virtual roundtable discussions with councillors.	Rupert Lloyd	30 September 2020
Areas where more information is required to inform actions				
5	D/deaf & visual Impairments	Survey to be undertaken in partnership with Citizens Advice to look at people's experience of advice & information delivered to date by DC and CAB and future needs.	Susan Ward-Rice	31 August 2020
6	Dual sensory loss	Identify how to engage with this community to ensure their needs are included in actions 1 and 2	Susan Ward-Rice	31 August 2020
7	Learning disability	Engage with this community to look at people's experience of lockdown and what support may be needed as lockdown is eased.	Susan Ward-Rice	30 September 2020
8	Gender Reassignment/ gender identity/ Sexual orientation	Engage with Intercom Trust to access COVID-19 survey data for Dorset and identify lessons to inform future working.	Susan Ward-Rice	31 August 2020
9	Data profiling & understanding how COVID-19 has affected communities	Use 2020 residents survey to fill gaps in our evidence base and improve of our understanding of COVID-19 on vulnerable communities. Commence collecting equality data of who is accessing COVID-19 helpline to inform future working.	Rebecca Forrester/ Susan Ward-Rice Claire Shiels/Anthony Palumbo	September/ October 2020 July 2020
10	Digital Exclusion	Use the 2020 residents survey to understand how we can engage with people who do not wish/face barriers to accessing services digitally.	Rebecca Forrester	September/ October 2020
More work is required to shape action in response to medium/long term impacts of lockdown				

11	Neurodiversity (Neurodiversity relates to neurological differences including, for example, Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Autistic Spectrum and others).	Identify how we engage with this community to look at their experience of lockdown and how we can improve future communications on COVID-19.	Rebecca Forrester Susan Ward-Rice Kirsty Hillier	September 2020
12	Mental Wellbeing	Identify changing impact on mental wellbeing and support needed as lockdown is eased and resources that may be required.	Paul Iggulden/Mental Wellbeing & Safeguarding sub-group of Community Shield	October 2020
13	Digital Exclusion	Review results of 2020 residents survey and initiative working party with relevant officers to address issues identified.	Paul Iggulden/Rebecca Forester	November 2020
14	Engaging with vulnerable groups / key organisations (including the community, voluntary and faith sector)	Engagement with organisations to get their thoughts and opinions on this EqIA but also to get their experiences on how key groups have coped during lockdown.	Susan Ward-Rice / Rebecca Forrester	October 2020

EqIA Sign Off

Officer completing this EqIA:	Paul Iggulden / Rupert Lloyd	Date:	18 June 2020
Equality Lead:	Susan Ward-Rice	Date:	3 July 2020
Equality & Diversity Action Group Chair:	Rick Perry	Date:	3 July 2020