

Fairness Impact Assessment (June 2020)

Introduction

Following the outbreak of the Covid-19 and the introduction of lockdown and social distancing measures one of the Council's first responses, working the partners was to establish, a Humanitarian Hub to ensure that residents' basic needs (food provision), medication and wellbeing including financial wellbeing) are being met during the current emergency situation.

An integrated Equality Impact and Socio Economic Impact assessment (referenced hereafter as a Fairness Impact Assessment) of the Council's Covid-19 Humanitarian Response has been carried out to ensure the development of the Humanitarian Hub has taken into consideration the impact on equality groups and those on low incomes in the development and delivery of services and support. The assessment focuses on the areas identified by the Humanitarian Group established to oversee the Council's response to the Covid-19 outbreak and includes the Council's collaboration with Voluntary Action East Renfrewshire (Voluntary Action East Renfrewshire) to set up a Community Hub and Helpline and partnership with HSCP.

Under existing impact assessment practice, there is an initial screening exercise to determine whether or not the proposed policy or service /process change requires a more detailed impact assessment to be carried out. This initial screening questions cover:

- What is the nature and aim of the policy, its desired outcomes?
- Who will it affect?
- What might prevent outcomes being achieved?
- Initial assessment – is an EQIA required?

All impacts assessments should be proportionate. Nevertheless given the expanse of the Covid-19 response, its impact on a wide range of people, groups and the wider community as well as the urgency and necessity of the need for services and support to be in place to support people during this crisis, it is proposed that a full impact assessment is required.

Pace of change

This is a global scale crisis challenging governments at the national and local level like no other. New services and changes to existing services and priorities have had to be introduced and changed at speed to secure and maximise people's safety and well-being. The timing of the Fairer Impact Assessment has been undertaken as quickly as possible under these circumstances with services already in operation. As a result of this the assessment aims to be:

- proportionate;
- a sense check of the impact of services that have been established; and
- to identify any further actions to mitigate any potential adverse impact on equality/low income groups.

The assessment has shown that there are some data gaps with regard to equality monitoring across all the characteristics (e.g. sexual orientation, gender reassignment and pregnancy and maternity,) however these gaps are not viewed to be significant and have not hindered the development and delivery of an inclusive approach. Part of the evidence collated during the assessment was the use of an innovative three stage data process to keep people safe. This involved matching ERC and HSCP data to ensure:

the right services led contact with clients, proactively engaging with those clients (including people in shielding category), calling to assess and triage need and then putting the services in place. Other data matching of families on low incomes enabled the Council to identify and provide further services. There has also not been the opportunity for extensive feedback from residents about their views across all aspects of the support and services provided. The assessment has drawn on qualitative, anecdotal evidence or information drawn from national research and analysis¹.

Fairness Assessment Approach

Under the umbrella heading of the Humanitarian Response to Covid-19 the Fairness impact assessment data was gathered from managers and staff covering the key areas of the project: -

- Promoting awareness of services;
- Engaging with those needing support (call handing inbound and outbound from the Council and Community Hub);
- Our support to ensure access to food, essential services and medication, and
- Volunteering (recruitment and support).

For each of these areas views were sought when designing and implementing the parts of the service, respondents were asked to consider -

- How are we removing the risk of discrimination and what other action do we need to take?
- How are we ensuring equality of opportunity/equal access?
- How are we fostering good relations within communities?

An evidence log, see Annex A has been collated which pulls together the responses along with additional data on impacts on equality groups (age, disability or long term health condition, ethnicity, gender, marriage/civil partnership, pregnancy /maternity, religion /belief and under Fairer Scotland Duty - socio-economic disadvantaged groups. In addition digital exclusion and carers were also included as part of the assessment).

Community Hub

A key part of the Humanitarian response to Covid-19 has been the establishment of a Community Hub helpline to communicate with isolated people who may have no family and friends for support such as shopping, prescriptions, shopping, general information and welfare calls to check in on people's well-being. Voluntary Action East Renfrewshire (VAER), together with the Council and the Health & Social Care Partnership established the Community Hub helpline. The helpline has a dual focus both providing a "one-stop shop" for those who want to volunteer to help out and for those who cannot leave their house without friends, family or neighbours and need assistance e.g. with shopping, access to prescriptions.

Fairness Impact Assessment – Overall Question Responses

The following question responses summarise and draw on the detailed information listed in the evidence log at Annex A. Annex A sets out the Council's general approach to Humanitarian Response to Covid-19. It covers how the Council and partnerships raised awareness about the services available, engaged with those needing support and how our approach ensured access to food and essential goods, medication and supporting financial wellbeing through benefit checks and welfare rights debt advice. The evidence log also demonstrates the actions that were sought to address any gaps in provision by taking any mitigating action during the developing of the service.

¹ Poverty, Inequality and Covid-19. A brief summary of some issues and potential impact on those living in socio-economic disadvantage. Improvement Service, April 2020

Q1. What are the expected outcomes from the Council's general approach to Humanitarian Response to Covid-19?

Through the Council's Humanitarian Aid response, including the establishment of a Community Hub helpline with Voluntary Action East Renfrewshire and HSCP the outcomes are:

- Vulnerable residents isolating, are able to access the essentials for life (e.g. food, toiletries and medication) and support for wellbeing without leaving their homes and putting themselves at greater risk.
- Residents on low incomes have access to essential goods and money and welfare advice throughout the Covid-19 crisis to ensure wellbeing.
- Communities, organisations and volunteers are working in partnership to support the vulnerable during the crisis.
- Volunteers are supported and deployed appropriately for the benefit of communities and community cohesion
- Engaged volunteers have access to training and support to ensure their safety and well-being

Other service specific outcomes

- Residents in need of humanitarian support during the Covid-19 crisis know what is available and how to access it via the Community Hub or via ERC Call Centre.
- Residents support needs are fully assessed and met within appropriate timescales.
- All Shielding residents are contacted to fully assess support need.
- All Shielding residents support needs are met within appropriate timescales.

Q2. Are there known inequalities within the subject matter(s) of the service? E.g. access to the service, digital exclusion, not meeting cultural, faith needs etc.

At the very heart of the Council's general approach to the Humanitarian Response to Covid-19 is to support residents in need, including the growing number of our most vulnerable residents deemed to be in the 'Shielding' category (2,467 of which the Council is providing some type of support (over 80%)). Many but not all of this group of people may also fall within other groups which may be adversely impacted by the outbreak of Covid-19, such as people with a disability, people on low incomes, carers etc. The evidence log lists the potential impacts that some groups may have encountered and the steps taken to date to design and implement the approach and services in an inclusive manner based on an assessment of need. The evidence log also describes a small number of further mitigating actions that may have been taken to promote equality of access to the services and monitor take up.

Given the extenuating circumstances and the need for an urgent response some mitigating actions identified during this assessment process have already been acted upon. For example the assessment of residents who are in the shielding category and may be adversely affected as a result of a lack of digital skills support are being provided with support to register them for the Government text service if they haven't been able, and if required onward referrals can now be made to the Adult Education team who are providing digital support (e.g. for shopping online). The number of people accessing this service is included in data dashboard being monitored on a weekly basis by Corporate Management Team. Considerable action has also been taken to promote the services and support available to the range of equality groups as outlined in the evidence log.

Q3a. Who will be/has been engaged with to develop this service, in particular has there been any consultation with services users?

The Council, together with HSCP carried out an extensive assessment process to proactively engage with those people needing support in particular those in the shielding category using a detailed question to identify need, priorities urgency of response and initiate access to the range of support services provided. The Council's Customer First and Money Advice and Rights Team (MART) are contact points in the Council taking inbound enquires/requests for assistance and coordinating the outbound shielding calls. An access route to services is available out of hours via the Community Wardens and also supplemented by the Community Hub helpline, established by Voluntary Action East Renfrewshire (VAER) in partnership with ERC and HSCP. The Hub as well as providing a local helpline also links those looking for support to local volunteers. The Council

and HSCP have also proactively engaged with their services users to identify need and support to access essential services for the provision of access to food, medication and financial advice. Engagement was carried with local pharmacies to encourage them to deliver medication to their vulnerable customers. The Food Hub, previously located at Barrhead High School has been relocated to a new location in Dunterlie, council staff engaged with local communities to gather their views on the suitability of this venue for the Food Hub prior to the relocation. Other examples of user consultation include:

- A small number of households (approx. 10) have been referred to the Food Hub by Family First. After receiving 3-4 weeks of deliveries, the Family First team check in on their families to confirm they are receiving what they need and the parcel is suitable. In all cases so far, the family is happy with the parcel and does not require any changes.
- Approx. 40 households have been referred to the Food Hub by Social Work. Social Work hold a list of all referrals and are asked to review this list on a regular basis to consider ongoing need of those households.

In addition the vast majority (approx. 200) of the households on the Food Hub list, are engaged with MART. In June, MART will actively re-engage with each of these households by phone to discuss their current situation, undertake an income maximisation assessment if appropriate and ascertain their ongoing need for food support. This will include considering the suitability of the current food provision. Once the MART calls are complete, the data will be reviewed to identify if there are any households we have not made contact with. If there are, we will look at how best to make contact with them. The data collected will help ensure the food parcels provided are fit for purpose, and ensure how best to direct future resources to those who are most in need.

Q3b. Has any data been gathered looking at the take up of the service.

The evidence log summarises the data available by equality groups. The general approach to the Humanitarian response focuses the service delivery on those most vulnerable and to minimise the impact on those most at risk during this period, essentially to keep them safe. Although data is not available across all the equality characteristics in terms of service take up, a proactive and collaborative approach to the use of data to access and prioritise need has been core, to evidence and drive the Council's approach. A three step data process as highlighted above was used to match, engage and deliver the support needed to those in need. Profiling data on the shielding group is available on age and location. The take up of Money Advice and Rights team is also monitored by age and gender.

The Council is currently developing a new CRM system to enable a single view of the customer and the services they access and need. There may be scope to consider how equality monitoring could be built into this process, however this is wider issue, outwith the scope of the assessment but will form part of future equalities work to be carried out by the Strategic Services Team.

4a. In what way, if any, would this service help/hinder the elimination of unlawful discrimination?

Consider aspects that tackle less favourable treatment for particular groups.

An assessment of the data shows the Humanitarian response to Covid-19 as highlighted in the response to question Two above demonstrates that the approach has been very much data and needs driven, particularly focusing on the most vulnerable groups. Considerable effort has been made to be inclusive in the development and implementation of the various aspects of the support/services provided and as a result the approach has ensured the elimination of any potential unlawful discrimination.

5a. In what way, if any, would this service help/hinder equality of opportunity/access?

Consider aspects that remove or minimise disadvantage, aspects that meet the needs of different groups and aspects that encourage increased participation of underrepresented groups.

The evidence set out in the log shows that the extensive range of mechanisms that have been used to promote access to the services and support available. For example as well as extensive promotion of the Community Hub via social media (Facebook and Twitter), postcards promoting the Hub have been widely circulated to key Community Planning partners and available in a broad range of public places in the Community including local shops, pharmacies, community groups. The postcards were used to

ensure those who did not access social media were not left out. Promotional material has also been translated into different languages and the Community Hub promoted on local radio. Existing Council services (including Money Advice and Rights Team), Housing, Adult Learning) have proactively contacted their existing customer groups to assess need and promote the service and support available.

6a. In what way, if any, would this service foster/prevent good relations between groups of people?

Consider aspects that may tackle prejudice or promote understanding between different groups.

There has been an incredible response by communities to support others during the Covid-19 outbreak. Within this project the scale of those volunteering demonstrates the extent of the positive response from communities to get involved and help others. Over 250 volunteers were identified locally with a further 1,000 recruited via a national campaign. This has had a positive impact on promoting good relations across the different communities and groups. Volunteers' skills and interests were identified to match to appropriate volunteering. The profile of volunteers is diverse including for example Arabic, Hindi and Punjabi speakers enabling the service to meet cultural and language needs.

7. Socioeconomic impact assessment

7a. In what way would the service alleviate or entrench socioeconomic disadvantage?

The Council's Humanitarian support has been developed and implemented to include the provision of essential services to vulnerable residents, some of whom are also impacted by socio-economic disadvantage. It is therefore core to the purpose of the service to seek to alleviate aspects of socio-economic disadvantage during this period. All residents financially affected by Covid-19, or in financial difficulty are being offered a benefit check by the Money Advice and Rights Team (MART) and appropriate Welfare Rights and debt advice is being delivered. MART are working alongside the ERC Humanitarian food hub and service responsible for Scottish Welfare Fund payments to help meet immediate need.

The Humanitarian Food Hub initially set up at Barrhead High and now located in Dunterlie co-ordinates the deliveries of food to low income households. Children entitled to free school meals receive a bag with 5 days' worth of lunch items. Households identified as low income are provided with a weekly parcel to provide enough food and essential items to meet the weekly household need.

7b. What opportunities are there within this service and the way it will be/is being implemented to reduce or mitigate socioeconomic disadvantage for communities at greater risk?

To further support those at greater risk a data matching exercise was undertaken to enable MART to proactively engage over 60 low income households not currently receiving assistance to assess and meet needs for food and other support. Data also shows there has been large increases from the same time last year on the numbers of financial referrals, Crisis Grants paid (Scottish Welfare Fund) and Council Tax Reduction/Housing Benefits (new requests and changes). Scottish Government has provided additional resources of £221k for the Scottish Welfare Fund and locally more staff have been redeployed to meet the increasing demand.

8a. Are there any significant and relevant information gaps that have not been filled during the development and implementation of this service?

Although there are some gaps in data about some equality groups, no significant data gaps have been identified in terms of the development of the service. The response to question seven has shown how client data is being used to enable more people and those at greater risk to access services and support. An area where there is limited information is feedback from service users gauging their views on the services provided and this is an area that merits further investigation.

8b. Do you think in light of your responses to the questions above are there any areas/ actions that should be further developed or done differently to promote positive impact and to mitigate adverse impact in terms of the impact on equality groups and those experiencing or a risk of socio-economic disadvantage.

Following an assessment of the data evidence, the following mitigation actions have been identified and working is ongoing on some of the actions and the action actions will be considered by the Humanitarian Aid.

1. Explore how to gather feedback from users on the service and support provided.
2. Investigate whether there are Gypsy travellers' communities currently in East Renfrewshire and if so ensure information about the services and support is made available to them.
3. Further promotion of services in the four locality planning areas.
4. MART team to explore gathering parental status/child(ren) age of services users to support /inform further child poverty work.
5. The national Connecting Scotland Initiative aims to enable connectivity for vulnerable residents. The Council and partners should seek to access further funding if available under this initiative or appropriate funding channels. The success of further funding bids could be enhanced if the Council and partners disburse the 140 allocation and quickly puts a structure in place of digital champions (across the teams/organisations) supporting the beneficiaries. The Council should also encourage partner teams/organisations to actively consider the characteristics of their beneficiaries and tailor their ongoing digital support to individual needs.
6. New Digital Inclusion Partnership established.
7. East Renfrewshire Good Causes charity also funding digital devices for referred vulnerable individuals.
8. Monitoring take up by characteristics of digital support services offered by Adult Learning team.
9. To ensure we are enabling equality of access for those with a disability or long term limiting illness we have now contacted local disability groups and contacts to promote the services available. In terms of deaf hearing impaired and those with visual impairment we need to ensure as a minimum, contact information is in an accessible format on the Council's website.

Next Steps

The assessment will be considered by the Humanitarian Aid group and work is already ongoing on some of the mitigation actions. The assessment will also be posted on the Council's website.

Annex A: Evidence Log

Fairness Impact Assessment – East Renfrewshire’s Humanitarian Response to Covid-19

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| Groups/Characteristics (1 to 13 below) | For each area of work - How are we removing the risk of discrimination and what other action do we need to take? How are we ensuring equality of opportunity/equal access? How are we fostering good relations within communities? |
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| 1. General approach | | | | | |
|--|--|--|--|--|---|
| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
| We have been using printed postcards circulated via partners (e.g. police; fire; GP; health staff and voluntary sector groups) and also available in a broad range of public places including shops; pharmacies and vol. sector organisations. In addition we have produced and circulated SWAY newsletters to partners and elected members to raise awareness of support and enable and encourage active referrals. VAER have established Keep Calm and Coordinated face book page. Full information also on ERC and VAER websites. | ERC Customer First and Money Advice and Rights Teams are the key contact points in the council taking inbound enquires/requests for assistance and coordinating the outbound Shielding calls (2467 to date). Residents can also contact out of hours and weekends via the CCTV Control room. A thorough assessment process and questionnaire is used to assess need and arrange support. Matching of service datasets to ensure we are identifying and | Food and essential goods are provided through a variety of support services, and based on individual circumstances. We support shielded clients to register for the NES food delivery and also to register for priority supermarket shopping; we provide a shopping service for vulnerable but non-shielded clients; and we provide a weekly food delivery to financially vulnerable residents, including schoolchildren entitled to free school meals. These are all new provisions during this | Following engagement with local pharmacies, pharmacies have been strongly encouraged to provide a delivery service for all vulnerable household in particular those Shielding. Support to pharmacies to enable this approach is being provided by ERC wardens and by a charity partners- Strathclyde 4x Response. For all others in need of support the Community Hub provide a prescription | All residents financially affected by COVID19 are being offered a benefit check by MART and appropriate Welfare Rights and Debt advice is being delivered. MART are working alongside the ERC Humanitarian food hub and the Scottish Welfare Fund to help meet immediate need. | Local residents interested in volunteering are directed to the Community Hub/VAER. Given the great response (250 + a further 1000 from the national recruitment campaign) VAER is no longer actively seeking volunteers. Skills and interests are recorded so that volunteers can be matched to roles within the Hub and across local organisations providing support. Safeguarding training provided to ensure the wellbeing and safety of |

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| <p>Extensive Use of social media to promote services. Additionally, VAER have re-focused their monthly e-bulletin to issue weekly updates on key COVID-19 related topics.</p> | <p>supporting those most vulnerable and in need. This is complimented by the Community Hub. This was established by VAER in partnership with ERC and HSCP. The HUB is available 9-3 Monday to Friday and links those looking for support to local volunteers. As above, a questionnaire is used by call handlers to assess need. VAER are coordinating a Well-being check-in call for those who request one and for those from the shielding list.</p> | <p>time, which support the existing Foodbanks in the area. The Hub are working with public and 3rd sector partners to ensure all essential goods are delivered through volunteers or designated staff.</p> | <p>pickup and delivery service.</p> | | <p>volunteers and those they are supporting. ID provided. Volunteer risk assessments have also been completed to ensure volunteers' safety when participating in volunteering activities</p> |
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Relevant Data

CMT and elected members monitor on a weekly basis as set of indicators related to Covid-19 impact. Latest data on indicators relevant to the Humanitarian response are as follows:

Shielding clients supported (cumulative to end May)

- Total number of shielding clients - 2670
- Requirements for support with food only - 738
- Requirements for support with prescriptions only - 346
- Requirements for support with food and prescriptions - 84
- Requirements for other support (may be in addition to food and prescriptions) - 835
- People reporting no requirements for support - 818

Shielding clients by location:

- Barrhead – 22%
- Busby – 4%
- Clarkston & Williamwood – 8%
- Eaglesham & Waterfoot – 5%

- Giffnock – 12%
- Neilston – 5%
- Newton Mearns – 23%
- Stamperland & Netherlee – 7%
- Thornliebank – 5%
- Uplawmoor – 2%
- Other – 7%

Food support (to end May)

- Food hub deliveries – 2069; weekly average – 230; peak – 308.
- Free school meals - 1350 weekly
- Number of shielding clients registered to receive government food parcels weekly – 414

VAER community hub

- Contacts (from 23 March) – 1215
 - Prescription – 32%
 - Shopping – 29%
 - Information – 20%
 - Signposting – 14%
 - Welfare calls – 5%
- Signposting (from 23 March)
 - Cosgrove Care (self-directed support) – 48%
 - ERC/MART/Food Hub – 20%
 - Neilston Together (community hub) – 9%

VAER calls by location - top 5 (share of population in brackets)

Highest volume of calls in Barrhead which has the largest share of population living in the most deprived areas.

- Barrhead – 42% (19%)
- Newton Mearns – 11% (30%)
- Clarkston – 6% (10%)
- Giffnock – 6% (13%)
- Neilston – 4% (6%)

Source: ERC Weekly Data Brief for Members/VAER returns

Any further mitigating actions required?

- Explore how to gather feedback for users on the service and support provided?
- Investigate whether there is are Gypsy travellers’ communities currently in East Renfrewshire and if so ensure information about the services and support is made available to them.

2. Low income /Socio-economic disadvantaged

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|--|---|---|--|--|--|
| <p>General approach to promotion plus have ensured postcards available in more deprived communities and in local supermarkets and pharmacies. In addition ERC Money Advice and Rights Team and food banks promoting specific supports via their customer groups.</p> | <p>Both contact points above assess if those looking for support have any financial wellbeing concerns/issues. If they do then they are referred to the MART team for a financial wellbeing assessment. This can lead to referrals to Scottish Welfare Fund (SWF). Scottish Government has advised additional funding of £221k for SWF Now matching benefit and other service data sets to identify those at risk of poverty who have not been supported to date.</p> | <p>We provide weekly home deliveries of food to low income households. Children entitled to free school meals receive a bag with 5 days’ worth of lunch items. Households identified as low income are provided with a weekly parcel to provide enough food and essential items to meet the weekly household need. Assessment of need is available via MART and referrals are also accepted directly from Social Work and Family First.</p> | <p>As above. No requirement for additional support</p> | <p>Both contact points above assess if those looking for support have any financial wellbeing concerns/issues. If they do then they are referred to the MART team for a financial wellbeing assessment and welfare benefits assistance. This has led to an increase in referrals to Scottish Welfare Fund. More staffing resources have been deployed to this team to meet the increased demand. Following a successful bid by local third sector,</p> | <p>We provide expenses to meet any costs to ensure volunteers on low incomes are able to participate in volunteering activities.</p> |

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| | | | | the Community Hub can now provide fuel vouchers to residents experiencing fuel poverty during the crisis. | |
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Relevant data

Official

People currently experiencing social–economic disadvantage and inequality of outcomes in terms of poor health, low income, poor housing and fuel poverty are more likely to be further negatively impacted by spread of coronavirus and the restrictions that have been put in place to manage and reduce the spread of the virus. ONS research in England and Wales shows that people living in deprived areas are more likely to die with Covid-19 than those in more affluent areas.

Additional analysis by National Records of Scotland (NRS) looking at the relationship between deprivation and coronavirus death rates found that people living in the most deprived areas of Scotland were 2.3 times more likely to die with Covid-19 than those living in the least deprived areas. In terms of Covid-19 deaths per 10,000, East Renfrewshire is ranked 27th of the 32 local authorities in Scotland. This relatively low ranking is likely to be more of a reflection of the older population profile rather than the relative level of deprivation with 9.6% of the population aged over 75 years compared to a national average of 8.5%.

Local data

Three local areas in East Renfrewshire fall within the 20% most deprived areas of Scotland accounting for around 6,200 (7%) of East Renfrewshire’s population:

- Dunterlie, East Arthurlie and Dovecothall (5 datazones)
- Auchenback (2 datazones)
- Neilston (1 datazone)

The postcode coverage for these areas is included in ERC SIMD20 Short Locality Briefing

Around 3,600 children are living in poverty within East Renfrewshire. This amounts to approximately 16% of all children which is below the Scottish average, but broadly comparable with other councils in the same family group for children, housing and social work within the Local Government Benchmarking Framework.

Sources: Office for National Statistics, Deaths involving Covid-19 by local area and social – economic deprivation, 2020, National Record of Scotland Covid-19 Data, 2020, Scottish Index of Multiple Deprivation, 2020, End Child Poverty Data, 2019

Service based

Financial advice and support – (showed marked increase in demand for services)

- Financial referrals – 77% increase from 275 in April/May 2019 to 487 in April/May 2020

- 87% of demand for Welfare Income Maximisation in March/April (usually 67%).
- 20% increase in clients in 20% most deprived areas.
- 97% increase in clients in some form of employment.
- 400% increase in clients previously self-employed.
- Crisis Grants (SWF) – 93% increase from 55 in April/May 2019 to 106 in April/May 2020
 - 29% increase in clients from the 20% most deprived areas.
- Council Tax Reduction/Housing Benefits – 40% increase from 2847 in April/May 2019 to 3994 during April/May 2020
 - % of working age clients increased from 83% to 86% of total.

Business Support Grants (cumulative by end May)

- Processed – 811
- Small business grants paid – 605
- Retail, hospitality and leisure grants paid – 90
- Value - £8.205m

Newly self-employed Hardship Funds (cumulative by end May)

- Processed – 94
- Paid – 58
- Value - £116k

Food deliveries

- Food hub deliveries – 2069 to end-May; weekly average – 230; peak – 308.
- Free school meals - 1350 weekly

A data matching exercise to link free school meal entitlement (1000 households) to other potential household needs not addressed through the food hub matched 61 people into 3 or 4 more of the datasets below. MART agreed to target this group for further support requirements.

- Addictions Data – 17
- Care Grant Data - 18
- Clothing Grants - 1167
- Community Mental Health Teams Data - 111
- Crisis Grant Data - 17
- Housing Data - 376
- Learning Disability Data - 5
- Mental Health Community Care Data – 2

Sources: MART; Revenue Services; Employability Team; ERC Shielding List 22 April 2020; Food Hub and FSM deliveries 2020

Any further mitigating actions required?

- Further promotion of services in the four locality planning areas.
- MART team to explore gathering parental status/child(ren) age of services users to support /inform further child poverty work.

3. Digital exclusion

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
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| <p>Wide circulation of printed postcards including in shops and supermarkets recognising that not all residents have access to the internet/IT and use social media as source of information</p> | <p>Those on the Shielding list and those in group 2 are now being asked if they require assistance to get online. We can register them for the Govt. text service if they haven't been able and refer to Adult Education who are providing digital support (e.g. for shopping online). This service may be extended to others once the Shielding groups' digital support needs have been met. ERC has secured at least 140 internet enabled tablets for residents who are group 1 (shielding) or group 2 under the Connecting Scotland initiative, the national programme to support those on low incomes and digitally excluded. To roll out the initiative ERC</p> | <p>We are providing digital support to residents to help them to shop online. We are hoping to route free devices and connectivity through Connecting Scotland initiative</p> | <p>As above. No requirement for additional support</p> | <p>General approach</p> | <p>General approach</p> |

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| | <p>is actively partnering with the third sector interface, Barrhead Housing Association and other voluntary partners that support and promote the interests of people with disabilities and/or health conditions. Frontline teams/orgs will provide ongoing support to device users. Schools have already provided children in low income families with free devices.</p> | | | | |
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Measures which have been established to enable people to access support and services during this period (for example) Scottish Government's use of SMS service for people on shielding list, accessing online food shopping and home schooling using digital means to complete learning task and access educational support have potentially exacerbated the impact of digital exclusion.

Relevant data

Official

- Residents with internet access – 92%
- accessing by laptop/computer – 86%
- accessing by mobile phone – 88%
- accessing by tablet – 63%

Source: Scottish Household Survey 2018

- Connectivity – 39,795 premises
- Next Generation Access to internet – 98.7%
- Mobile data access 4G signal all operators – 99.7%

Source: Ofcom Open Data 2019

Service

Although high levels of connectivity and access are in evidence local support requirements still exist.

Shielding clients

- Based on a sample of 2204 shielding clients, registered mobile phone number were held for 1755 of them (80%).
- 70-80 clients potentially in need of support with online services like setting up shopping or video calling. All already had a device of some sort with around 3% of people actually saying they needed help.
- Based on a sample of previous calls regarding requirements for a device and/or connectivity around 5% stated an interest. This amounts to around 117 of 2350 clients.

Other service areas

- Targeted locality planning work and youth work (25 devices and connectivity).
- Adult education (47 laptops and sims).
- Employability support (10 devices and connectivity)

Source: *No One Left Behind Programme, ERC Return.*

Any further mitigating actions?

- The national Connecting Scotland Initiative aims to enable connectivity for vulnerable residents. The Council and partners should seek to access further funding if available under this initiative or appropriate funding channels. The success of further funding bids could be enhanced if the Council and partners disburses the 140 allocation and quickly puts a structure in place of digital champions (across the teams/organisations) supporting the beneficiaries. The Council should also encourage partner teams/organisations to actively consider the characteristics of their beneficiaries and tailor their ongoing digital support to individual needs.
- Monitoring take up by characteristics of digital support services offered by Adult Learning team.
- New Digital Inclusion Partnership group established.
- East Renfrewshire Good Causes charity also funding digital devices for referred vulnerable individuals.

4. Disability or long terms health condition

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|--|--|--|--|--|------------------|
| Those on the Shielding list (2467) all have significant health conditions and have received information on support available via Scottish Government correspondence and ERC direct outbound calling. | Certain disabilities or health conditions- e.g. impaired hearing could impact on ability to engage on phones. Those on the Shielding list/group 2 are now | The home delivery nature of the various food provision options supports those with a disability or long term health condition. This includes the Community Hub shopping service, | As above, no requirement for additional support? I think we can comfortably state that the focus of this delivery service is | MART are continuing to offer Social Security advice to households with a disability and assisting with | General approach |

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|---|---|---|---|-------------------------------|--|
| Others with health vulnerabilities (group 2) have also received information and have been directed to ERC for support through our helpline. | being asked if they require assistance to get online and referred to Adult Education team who are providing this service. | the Food Hub weekly parcels and the FSM weekly bags. In addition, the Food Hub parcels are tailored to meet dietary requirements for those who have a health condition which requires a specific diet. MART are referring residents with a disability and access issue to the ERC Humanitarian food hub | those with long terms health conditions | application to state benefits | |
|---|---|---|---|-------------------------------|--|

Relevant Data

Official Disability

Data from Scottish Health Survey in 2017 reports 32% of adults in Scotland have a disability and 10% of children have a disability. Covid-19 is likely to disproportionately affect these individuals, putting them at risk of increased morbidity and mortality. At risk, vulnerable disabled people having to shield because of health conditions may result in a drop in income if they cannot work from home and some people will be struggling to get food and other supplies depending on where they live and how connected they are to family, friends or volunteers in their local area. [Improvement Service briefing, April 2019]. The Glasgow Disability Alliance published research in April 2020 highlighting that disabled people are harder hit by the pandemic not only because we may be at greater risk of severe illness – but equally or more so - because existing inequalities and persistent barriers like isolation and digital exclusion increase their vulnerability.

Limiting long term illness

- Limiting long term illness or disability ER – 16.8%
- Limiting long term illness or disability Scotland – 19.7%

Around 2,500 residents were identified as part of a ‘shielding’ list because of health conditions and required stay at home. A proportion of those on the shielding list also have health needs that are in addition to the condition that requires them to be shielded (e.g. 1% (n.32) of shielding population also being treated for substance misuse, 3% (n.108) in treatment for a severe and enduring mental health condition. Data matching of the shielding list was used as a basis for initial contact and needs assessment.

A further 500 calls have come into the council requesting support from group 2 residents.

Source: 2011 Census – health, ERC Shielding data

Visual impairment/signing

- A total of 755 people in ER were registered visually impaired on the Scottish Government website in 2010. Of these 477 were blind and 278 were partially sighted. Government research suggests these figures account for between 25% and 33% of the real figure, therefore final figure will be between 2300 and 3000 for East Renfrewshire.
- A total of 170 residents (0.2%) used British or another sign language.

Sources: Scottish Government, 2011 Census – Languages, ERC shielding data.

Any further mitigating actions required?

- To ensure we are enabling equality of access for those with a disability or long term limiting illness we have now contacted local disability groups and contacts to promote the services available. In terms of deaf hearing impaired and those with visual impairment residents we need to ensure as a minimum, contact information is accessible on the Council’s website.

5. Age

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|---|---|--|---|--|------------------|
| Wardens across all public and private sheltered housing complexes have been asked to assess support needs of all tenants and link to the supports available. Carers’ Network and support groups all aware of supports and referral processes. With increased risk of scams and other potential harm, with older people particularly at risk Trading | Our approach is very much aimed at older or vulnerable members of the community who are in need of support. | General approach | No additional support required. A significant proportion of those receiving delivery support are older residents. | General approach | General approach |

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|--|--|--|--|--|--|
| Standards officers have been proactively contacting vulnerable households to ensure that they are protected from fraud | | | | | |
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Relevant data

Official

NRS deaths by age

Over three quarters of Covid-19 deaths in Scotland were people aged over 75 years. In terms of Covid-19 deaths per 10,000, East Renfrewshire is ranked 27th of the 32 local authorities in Scotland. This relatively low ranking is likely to be more of a reflection of the older population profile rather than the relative level of deprivation with 9.6% of the population aged over 75 years compared to a national average of 8.5%.

Comparison of the age profile of East Renfrewshire’s overall population with that of our shielding clients illustrates the focus on the older age groups with a disproportionately higher share of shielding clients in the 50 years plus age groups.

Population profile

- Under 18 – 23%
- 18-49 years - 36%
- 50-69 years – 27%
- 70-84 years – 12%
- 85 years – 3%

Source - NRS mid-year population estimates 2019

Service Data

Shielding data by age band first month

- Under 18 – 3%
- 18-49 years - 17%
- 50-69 years – 38%
- 70-84 years – 33%
- 85 years – 8%

MART access

- Children/young people – 34%
- Working age – 25%
- 65 years+ - 40%

Source - Shielding data by age group; MART data.

Any further mitigating actions?

None beyond existing approach.

6. Gender

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|---|---|---|---|--|-------------------------|
| <p>No requirement for gender specific approach in terms of promotion of the humanitarian support available.</p> <p>Increased incidents of domestic violence has instigated additional leaflets being produced and circulated in communities to raise awareness of local supports, including promotion of child and adult protection arrangements through leaflets in public places, supermarkets, pharmacies.</p> | <p>We recognise the increased risk of domestic violence and as part of our needs assessment with all shielding clients initial questions were included to determine if there were concerns about abusive behaviour with any ongoing referrals being made if required.</p> | <p>No requirement for additional support. Sanitary provision as part of essential goods included.</p> | <p>No requirement for additional support.</p> <p>Leaflets to promote support for domestic abuse are now included in prescription deliveries where possible.</p> | <p>General approach</p> | <p>General approach</p> |

Relevant data

Official

- Male population – 47.8%
- Female population – 52.2%
- Population aged 70 years plus - 15%

Service

- 64% of residents contacting MART are female
- 27% of residents contacting MART/CF are aged over 70

A relatively low share of those contacting MART are male based on the overall population split. The share of residents aged over 70 contacting MART is high relative to the overall share of population in that age group.

Source: ERC MART

Any further mitigating actions?

None beyond existing approach.

7. Race/Ethnicity

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|--|---|--|---|---|--|
| <p>General approach plus additional engagement undertaken with local networks and forums to ensure awareness across all ethnic groups. Following contact with local networks information about the Community helpline has been translated into Urdu and Arabic at the request of the Woodfarm Education Centre who are sending information to people who use the services of the Centre. Council's Equality Development Officer completed an interview in English and Urdu for Radio Awaaz a community radio hub, to promote the Community helpline.</p> | <p>General approach plus interpreter arranged as required to enable shielding/ group 2 clients need to be assessed. To date we have arranged an interpreter for a resident. We are asking about religious based dietary requirements.</p> | <p>Residents are asked about religious dietary requirements when food delivery is being arranged. We are working alongside the food Bank to ensure that faith based dietary requirements and being met with a varied provision. We are exploring options to work with Community groups to expand different dietary requests.</p> | <p>General approach</p> | <p>General approach</p> | <p>The profile of local volunteers is diverse enabling the service to meet cultural and language needs. We have a mix of people from different ethnic minority backgrounds including for example Arabic, Hindu and Punjabi speakers.</p> |

Relevant data**Official**

East Renfrewshire has a diverse cultural base with over 5% of the population from Pakistani, Indian, Chinese or mixed/multiple ethnic origins based on 2011 Census data. In addition to the main Christian groups there are significant Muslim (3%), Jewish (3%), Sikh (1%) and Hindu (0.4%) communities. According to the Census the five most common languages, other than English, spoken at home by East Renfrewshire residents (0.2% or more) included Urdu, Punjabi, Chinese, Italian and Polish. Other languages spoken by over 0.1% of residents included French, Arabic, Hindi, Spanish and British Sign Language.

Source: Scotland Census 2011, NRS.

There has been a higher level of cases/deaths across minority groups reported in England and particularly London. National data gap – NRS highlights a figure of 1% for Asian or multiple/mixed ethnic groups across Scotland to 26 April. This coupled with missing data on death registrations (9%) means Scottish figures are not considered reliable or conclusive.

Service based

Welfare calls to East Renfrewshire’s 9 Syrian families through the Refugee Resettlement Officer showed 2 had some support needs that could be addressed through MART covering household products, financial advice and digital support assistance. One other family had also used VAER recently to get a prescription delivered to them.

Connectivity and devices through the ‘No One Left Behind Programme’ will be targeted adult learners including Syrian refugees and people with a language barriers (ESOL/Adult Literacies).

Source: No One Left Behind Programme, ERC Return.

Any further mitigating actions?

None beyond existing approach.

8. Marriage /Civil partnership

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|---------------------------------|---|--|--|--|------------------|
| General approach | General approach | General approach | General approach | General approach | General approach |

Relevant data**Official**

- Marriages in ER – 283; % of Scottish total – 1%
- Civil partnerships in ER – 2; % of Scottish total – 3%

Source: NRS – Vital Statistics, 2018

Any further mitigating actions?

None beyond existing approach

9. Pregnancy/Maternity

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|--|---|--|--|--|------------------|
| General approach meet needs. | General approach. | Nappies provided within food packs for those on low incomes. | General approach | General approach | General approach |
| Relevant data – data gap (not significant for this service /response) | | | | | |
| Any further mitigating actions? None beyond existing approach. | | | | | |

10. Religion/belief

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|--|--|---|--|--|---|
| General approach plus additional engagement with all local faith groups contacts from the ER Faith Forum to maximise awareness about the services/support available and increase and uptake. Hindu, Muslim and Christian groups have set up What's App groups to identify those people who are isolated or need help and | General approach Plus asking residents about religious needs in relation to dietary requirements for food deliveries. The Community Hub helpline will also check in relation to dietary requirements for food provision. | Residents asked about religious dietary requirements when food delivery is being arranged | General approach. | General approach | Volunteers from a range of churches are involving in volunteering activity. |

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| as a means of providing information updates and support. Contact made with the Jewish community who have dedicated support services in place from food to mental health support. Overall, many faith groups have been key providers of local supports from the outset and have been taking a very proactive role in ensuring members/ communities are aware of support available. | | | | | |
|---|--|--|--|--|--|

Relevant data

Official

East Renfrewshire has a diverse cultural base with over 5% of the population from Pakistani, Indian, Chinese or mixed/multiple ethnic origins based on 2011 Census data. In addition to the main Christian groups (60%) there are significant Muslim (3%), Jewish (3%), Sikh (1%) and Hindu (0.4%) communities.

Source: 2011 Census - religion and ethnicity.

Any further mitigating actions?

None beyond existing approach.

11. Sexual orientation

| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
|---|---|--|--|--|------------------|
| General approach There is a local LGBT youth group supported by the Council's young persons' services team for sharing | General approach | General approach | General approach | General approach | General approach |

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| information. Information about the Community Hub has been shared with the groups. Information sent to the LGBF forums in some of the schools. | | | | | |
| Relevant data - data gap (not significant for this service/response) | | | | | |
| Any further mitigating actions? None beyond existing approach. | | | | | |

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|---|--|---|---|---|---------------------|
| 12. Gender Reassignment | | | | | |
| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
| General approach | General approach | General approach | General approach | General approach | General Approach |
| Relevant data - data gap (not significant for this service/response) | | | | | |
| Any further mitigating actions? None beyond existing approach. | | | | | |

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|--|---|---|---|---|---------------------|
| 13. Carers | | | | | |
| Promoting awareness of services | How we engage with those needing support (call handling inbound and outbound) | Our support to ensure access to food and essential goods | Our support to ensure access to medication | Our support to contribute to financial wellbeing | Volunteering |
| General approach plus all communication shared with local carers' network and support groups | General approach. For those shielding, the assessment includes support requirements for carers and carers are | General approach | General approach | General approach | |

| | | | | | |
|---|--|--|--|--|--|
| <p>Additional information relating to PPE and recent local hub for distribution has been shared by VAER. A pathway for carers to access PPE has been established with the Carers' Centre</p> | <p>being referred to the East Renfrewshire Carers' Centre.</p> | | | | |
| <p>Relevant data</p> <p>Official</p> <ul style="list-style-type: none"> • ER residents providing unpaid care – 10.3% • Scottish residents providing unpaid care – 9.3% <p><i>Source: 2011 Census Data – Unpaid Care</i></p> | | | | | |
| <p>Any further mitigating actions?</p> <p>None beyond existing approach.</p> | | | | | |