

Southend-on-Sea Borough Council

Report of Executive Director (Neighbourhoods & Environment)

To

Cabinet

On

28 July 2020

Report prepared by: Simon Ford, Head of Community Safety

Agenda
Item No.

The Council's response to Cycling on Footway (Notice of Motion)

Relevant Scrutiny Committee(s): Policy and Resources
Cabinet Member (Community Safety): Councillor Martin Terry

1. Purpose of Report

To provide a response to the following Notice of Motion as proposed by Cllr Burzotta and Cllr Buck:

During the recent COVID-19 crisis, this town and many others have encouraged and seen increased participation in cycling and walking. This is to be welcomed. The increased participation in cycling and the continued Government encouragement for people to walk means that measures should be taken by this Council to ensure that pedestrians are protected in areas where they come into close contact with cyclists

This Council therefore resolves that it should:

1. Include the prohibition of cycling on footpaths and pedestrian areas within the Town Centre and Seafront Public Spaces Protection Order (PSPO).

2. Enable the Community Safety Team and other designated staff to issue fixed penalty notices for non-compliance.

2. Recommendations

2.1 That Cabinet support / agree a legal process to be introduced at Southend Council which allows Community Safety Officers or other Council Officers designated with CSAS accreditation status (Community Safety Accreditation Scheme) to issue Fixed Penalty Notices to individuals caught cycling on the footpath or in No Cycling zones – ***specifically Southend High Street and Southend seafront from Old Leigh to East Beach***

2.2 That Cabinet support / agree the introduction of a legal process at Southend Council which allows Community Safety Officers or other Council Officers

designated with CSAS accreditation status (Community Safety Accreditation Scheme) to issue Fixed Penalty Notices to individuals caught cycling on the footway or in No Cycling zones **across the whole Borough**.

- 2.3 That Cabinet agree not to include cycling on footpaths as an addition to the current PSPO prohibitions
- 2.4 That Cabinet acknowledge the Notice of Motion and seek further consultation with stakeholders and local community before making decision
- 2.5 That Cabinet monitor the new guidance / laws that are due from Government regarding the legal use of electric scooters and return to use of electric scooters on footpaths at a later date.

3. Background

- 3.1 The Covid 19 pandemic has seen / been the cause of significant increases in the use of bicycles and electric scooters across the Borough. Most users adhere to cycling lanes or dismount when approaching a 'No Cycling zone'. However, there are some that ride on the footpaths ignoring regulations and the safety of pedestrian footpath users. With the increase in both cycle and pedestrian traffic in Southend, particularly along the seafront and High St areas, the risk of accidents and crashes has heightened, and in the last two or three months a number of incidents by which cyclists and pedestrians have been injured as a result of a collision have occurred. Most of these incidents have happened when cyclists have been riding on the footpath.
- 3.2 The number of complaints received by the Community Safety Unit and Police in relation to dangerous cycling and or cycling on the footpath (including the use of hired electric scooters) continues to increase. On high footfall days, when pedestrian traffic is at its highest, such complaints are almost daily to officers on patrol.
- 3.3 In view of the incident and complaint increases, the council are looking to finalise a process which would allow Community Safety Officers (and other officers designated with CSAS accreditation status) to issue Fixed Penalty Notices to people cycling on the footway. This work has been taking place for some time and is near completion,
- 3.4 The process required includes a provision to prosecute an individual under criminal law if the individual failed to pay the fixed penalty fine (£50), including the right of the individual to appeal against a penalty notice issued. The legislation by which the process falls under includes s.54 of the Road Traffic *Offenders* Act 1988 (power to issue an FPN), and s72 of the Highways Act 1835 (offence of cycling on a footpath)
- 3.5 The use of electric scooters across the Borough is equally becoming a concern with similar type incidents / behaviours being reported. The Government has recently announced legalising the use of hired scooters on roads – but not footpaths. It would therefore be sensible to allow CSO's to issue FPN's for those caught riding electric scooters on a footpath and apply the same legal process.

- 3.6** Officers are confronted with footpath riders on daily basis. Currently they use their discretion as to how and when then engage with a cyclist or scooter rider. It is often the case that a loud verbal warning is enough for the offender to dismount. However, in some case the offenders simply ignore the warning and continue their journey. Granting CSO's with such powers, would send a strong signal to those offenders who continue to ignore the warnings and the regulations. Certainly, the active targeting by CSO's (with police support) of hotpsot zones such as the Cinder Path, Chalkwell Esplanade and Southend High Street, alongside strong media messaging, would likely impact on the current activity we have seen escalating over these past few months
- 3.7** The Notice of Motion focused on the geographical area of Southend seafront and Southend High Street. Within the above recommendations we would ask Cabinet to consider extending that area to the whole Borough in order that CSO's (or other designated CSAS officers) could tackle cycling on footpaths **in any area** of Southend.

4.0. Reasons for Recommendations

To ensure Cabinet has an opportunity to support the proposal (whether it be for specific zones only or the whole Borough) or seek further consultation with stakeholders. The Notice asks that the prohibition of cycling on footpaths be included in the current PSPO (public space protection order). This has not been included as a recommendation, as the consultation required to effect such, (compulsory under the PSPO legislation which would include both public and stakeholder), takes a considerable time (even if a locality is adding another prohibition to a current Order). Furthermore, the PSPO can only be area specific. For example, Chalkwell Esplanade, where a lot of footpath cycling takes place, is not covered within the PSPO footprint, nor is the Cinder Path. Therefore the quicker route to achieve this would be via CSAS accredited officers (which the CSO's are) and establishing an internal legal process, rather than adding to the current PSPO prohibitions.

5.0 Corporate Implications

- 5.1** Contribution to the Southend 2050 Road Map: encourage non-vehicular use across the Borough such as cycling – safely.

6.0 Financial Implications - Nil

- 7.0 Legal Implications** – as noted above. A legal process is required

8.0 People Implications - Nil

9.0 Property Implications - Nil

10.0 Equalities and Diversity Implications - Nil

11.0 Risk Assessment – Not required

12.0 Value for Money – Non specific

13.0 Community Safety Implications
Addressed in the report

14.0 Environmental Impact – none specific

15.0. Background Papers – none other than the Notice of Motion

Race

	Impact	Suggested mitigating action:
BAME	<ul style="list-style-type: none"> • People from BAME communities are being disproportionately affected by the virus. This includes healthcare workers, with the overwhelming majority of those who have died being from BAME communities. • BAME groups are overrepresented among critically ill Covid-19 patients, 35% of all critical patients (The Intensive Care National Audit and Research Centre) • Rapid data and evidence reviews have indicated that BME groups are at increased risk of developing and dying from COVID-29. The risk for Black African groups was 3.24 times higher than the general population; Pakistani groups by 3.29; Bangladeshi groups 2.21; Black Caribbean groups 2.21 higher, and Indian groups 1.7 times higher. • Causes appear to include overrepresentation in lower socio-economic groups, multi-family and multi-generational households, disproportionate employment in lower-band key worker roles, and co-morbidities (especially cardiovascular and diabetes). (Razaq, Harrison, Karunanithi, Barr, Asaria, Khunti, 2020) • 	<ul style="list-style-type: none"> • A Public Health England review into the disproportionate impact of COVID-19 on black, Asian and minority ethnic has been announced. It will explore thousands of health records to review COVID-19 impacts by ethnicity alongside measures such as deprivation, age, gender, and obesity. • Recommendations from BME groups to back review using local real-time data • Recommendation to record protected characteristics of all patients in hospital • value <p>Of 173,658 Southend residents in the 2011 census, non-white ethnicities form 8.1% of the population;</p> <ul style="list-style-type: none"> • 2.1% Mixed / Multiple ethnic group (3651) • 2.1% Black / African / Caribbean / Black British (3,647) • 1.04% Asian / Asian British: Indian (1,810) • 0.89% Asian / Asian British: Other Asian (1,554) • 0.62% Asian / Asian British: Chinese (1,084) • 0.61% Asian / Asian British: Pakistani (1,059) • 0.54% Asian / Asian British: Bangladeshi (933) • 0.51% Other Ethnic Group (897) • 0.09% Gypsy / Traveller / Irish Traveller (162).
BAME (particularly Chinese or perceived Chinese).	<ul style="list-style-type: none"> • Increase in hate crime 	<ul style="list-style-type: none"> • Support Police with messages around hate crime. • Messages that promote positive contribution of BAME people during the crisis. • DCC information on reporting is available at: https://www.devon.gov.uk/equality/reportincidents/hatecrime
BAME – asylum seekers	<ul style="list-style-type: none"> • Victims with ‘No Recourse to Public Funds’ face additional barriers and insecurity as they cannot access life-saving refuges and are barred from other forms of public support. 	<ul style="list-style-type: none"> • COVID 19 exempt from NHS charging – but need to ensure this is communicated to healthcare workers and people who may be concerned about receiving healthcare.
BAME with families	<ul style="list-style-type: none"> • Feeling trapped and isolated as unable to 	<ul style="list-style-type: none"> • Ensure BAME groups are included in district hub

abroad	<p>connect with families during reduced travel.</p> <ul style="list-style-type: none"> Sources of emotional and practical support reduced. 	<p>arrangements for targeted/community support.</p> <ul style="list-style-type: none"> All organisations with high level BAME workforce to promote workplace wellbeing support. A message of acknowledgement to all staff who have families overseas during this difficult time may make people feel that we are thinking of them.
BAME, young, carers	<ul style="list-style-type: none"> The workplace has changed since the 2008 economic crisis. 	<ul style="list-style-type: none"> Measures to mitigate financial hardship will be essential for gig economy workers – who still have very few protections in employment law, and are more likely to be younger, from an ethnic minority, or have caring commitments – if they must self-isolate. [EHRC]
Gypsy and travelling communities	<ul style="list-style-type: none"> Tend not to be registered with GP. Higher levels of poor health. Restricted movement leads to loss of income. Traditional travelling season starts as virus is predicted to peak. If they do move and encamp, community tensions could be higher than usual. In addition, may not be able to evict as quickly. Some campervan/motorhome users (not GRT) have been travelling/setting up encampments in order to distance themselves from others. This has a negative impact by bringing the virus to rural communities which are already disadvantaged by poorer access to services. However, while sites have been closed to prevent this it should be noted that some people live permanently on the road or live between two or more sites (but don't identify as GRT) and may be forced to live in unsuitable locations such as residential roads. issue of access to water on site. those on winter sites will still need to move. site visits could put people at risk. evictions will result in movement of people – could put people at risk. 	<ul style="list-style-type: none"> Targeted dialogue (nationally and locally) with GRT communities to ensure they understand what is happening and identify what support is needed for those who will need to be shielding. Monitor impact of holiday site closures on people permanently resident in campervans/mobile homes. If necessary, open sites in suitable areas to allow access for this cohort. <p>Existing encampments:</p> <ul style="list-style-type: none"> exploring provision of water bowzers. •reduce site visits to 'essential only' and observe social distancing rules. only evict if absolutely necessary. This article in the Irish Times highlights the issues faced by travelling communities. It gives examples, such as Galway City Council established a dedicated unit to monitor the impact of the pandemic on Travellers. It has provided extra portaloos, repaired heating where broken and provided alternative off-site accommodation to families in overcrowded conditions. Twice-weekly teleconferences between HSE Traveller Health Units and Traveller groups had "been really good... [allowing] local groups to raise issues as they emerge".
SBC Provision	<ul style="list-style-type: none"> Southend Coronavirus Action on 01702 212497 –our local hub is providing the local infrastructure to deliver supplies to those people with no other means of support and to ensure that no-one slips through the net. Residents are also able to access financial help, benefits, employment support and housing advice. 	

Disability

	Impact	Suggested mitigating action:
All disabilities	<ul style="list-style-type: none"> Shielded individuals face increased mental health risks in prolonged isolation. This is seen in reporting, as a third of disabled adults reported spending too much time alone during shielding. Non-shielded yet vulnerable individuals may face increased risk to contracting COVID-19 if making additional visits to access health services. COVID-19 related deaths are not routinely being published for this group, in line with other protected groups. 45.1% of disabled adults felt worried about COVID-19 vs a third of non-disabled adults. Two thirds (64.8%) felt COVID-19 concerns affected their wellbeing (Opinions and Lifestyle survey, ONS, 2020). 	<p>PHE is analysing COVID-19 deaths of people with learning disabilities and autism.</p> <ul style="list-style-type: none"> A learning disabilities mortality review will publish COVID-19 data.
Deaf people/Hard of Hearing	<ul style="list-style-type: none"> Limited understanding of English; require information in BSL. Very little information about coronavirus has been made available/promoted in BSL. Encouraging/use of phone contact during social isolation – not suitable for people with profound/severe hearing loss. Facemasks are problematic for people who lip read. 	<ul style="list-style-type: none"> Provide important information in BSL video or Easy Read. BSL should be made available where this could be considered a ‘reasonable adjustment’. Provide BSL interpreter ‘in vision’ signing as part of important spoken word video/TV. Subtitles are NOT accessible to Deaf people. Ensure staff/volunteers have basic BSL skills and know how to access a remote video interpreting service if they are likely to come into contact with Deaf people (for example, if dropping off supplies to home of Deaf resident as part of targeted support for people who are shielding). Provide BSL video versions for key information on websites. Alternatively, allow Deaf people to access the remote video interpreting service (via a link on the webpage) in order to have key information about the pandemic from the website translated where this isn’t already provided in BSL video (it is probably more cost effective to produce BSL video translation for static information if there is demand). Include options for SMS contact to helplines etc. Recognise that for some, face to face visiting is the only

		<p>option. (Find out who these people are).</p> <ul style="list-style-type: none"> • Provide SMS and email contact routes. • Provision of clear face masks needed. • Hearing assistive technology products available to purchase via the Action on Hearing Loss online shop.
SBC Provision	<ul style="list-style-type: none"> • SBC can provide information in different formats such as large print, Braille, British Sign Language and in the many different languages and dialects spoken in Southend. • British Sign Language resources on Home Isolation produced by Public Health England. Public Health England have released new British Sign Language (BSL) guidance. PHE campaign resources in BSL: • https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080 • BSL users can talk to NHS111 using the InterpreterNOW app (registration is required). They can also connect via a PC or laptop. 	
Partially sighted/Blind	<ul style="list-style-type: none"> • Cut off because suitable means of communication not as widely available and familiar things may change and put them at risk, e.g. shop layouts, items on shelves. If alone, will be wary of opening door to strangers. 	<ul style="list-style-type: none"> • Priority/first tranche group for targeted support for people who are shielding? • Ensure written information available in audio and large print where required, or via phone contact. • Ensure web based information is compliant with new web accessibility legislation so that it works with screen-readers •
SBC Provision:	<ul style="list-style-type: none"> • The Southend Coronavirus Action (SCA) Helpline has launched. This is for residents that may need support and help with basic tasks like grocery shopping/picking up medication, or who feel isolated and do not have a local support network in place. • Helpline advertised via a radio campaign 	
Long term health condition, but not in coronavirus high risk group	<ul style="list-style-type: none"> • Difficulties getting prescription medicines 	<ul style="list-style-type: none"> • Local volunteer prescription delivery support
SBC Provision	<ul style="list-style-type: none"> • Redeployed council staff working on the helpline have also arranged for prescriptions and medicines to be delivered. 	
Community support initiatives – dropping off prescriptions Learning disability or limited English language	<ul style="list-style-type: none"> • Lack of translations or information in Easy Read from central government (only one example seen so far – 25th March). • Complex and changing information difficult to understand and follow. • Potential higher risk of falsely reported visitors – There were 8 reports of ‘residential visitors’ made (25/03/20 - 05/04/20). 	<ul style="list-style-type: none"> • Use consistent, plain English in all communications • Provide written/online information in Easy Read format. • Include an ‘alternative format statement’ in all correspondence. • Provide information in foreign language on request or if it is known the person requires it. • Ensure call centres have access to, and know how to use, a foreign language telephone interpreting service. • Promote any government/official guidance that is provided in alternative formats/languages, for example: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080

		<ul style="list-style-type: none"> • Hand washing guidance in Easy Read, Larger Print and BSL https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people • https://www.doctorsoftheworld.org.uk/coronavirus-information/# Information in more community languages, matches NHS guidelines and they are currently translating the Stay at Home guidance too •
SBC provision:	<ul style="list-style-type: none"> • SBC can provide information in different formats such as large print, Braille, British Sign Language and in the many different languages and dialects spoken in Southend. • Southend Coronavirus Action on 01702 212497 – this is our local hub and is providing the local infrastructure to deliver supplies to those people with no other means of support and to ensure that no-one slips through the net. 	
SEN – disability/young people	<ul style="list-style-type: none"> • The reduced number of children still able to attend school will only constitute a small proportion of all children with special educational needs, and the dispensation for councils to reduce support to these pupils will have a profound impact on families. 	<ul style="list-style-type: none"> • Such decisions should be taken only when ‘strictly necessary’ and for the shortest time possible, as set out in the legislation. [EHRC • Relaxed regulations enabling this group to exercise more frequently than others throughout lockdown has been effective.
Neurodiversity and all groups with communication difficulties	<ul style="list-style-type: none"> • Lack of direct instruction and use of metaphor unhelpful. • Inconsistencies in messages can be confusing. • There have been numerous cases of information being changed slightly – for example “avoid all non-essential contact and travel” became “avoid all contact and non-essential travel” on BBC Spotlight. These subtle changes in the message can cause confusion. • Changes between 7 day and 14 day isolation has confused people as has “essential work”, “travel to work when it can be done at home” and “critical work”. 	<ul style="list-style-type: none"> • Use plain English. Be direct – don’t shy away from giving people firm instruction. • Stick to the script. • Be consistent and avoid changing messages without being clear of the reasons for the change. • Ask that news/media follow these principles too • Resource:https://www.dimensionsforautism.life/devon-autism-guide • PHE is analysing COVID-19 deaths of people with learning disabilities and autism.
Neurodiverse people/autistic people	<ul style="list-style-type: none"> • Disabled people find change in routine particularly difficult. • For autistic people, change can be traumatic. For example, autistic people are selective eaters and panic buying has resulted in certain food items becoming unavailable. This will create stress not 	<ul style="list-style-type: none"> • Carefully consider who will be a point of contact for neurodiverse people and provide training where necessary in targeted support for people who are shielding. • Find out if able to meet needs of selective eaters if distributing food parcels. • Wellbeing support for parents/carers under strain.

	<p>only for an autistic person but also their parent/carer or people living with them.</p> <ul style="list-style-type: none"> • They may also be selective about who they speak to and prefer to have the same care worker/point of contact. • (is there someone around use of PPE and masks being a particular issue for those with autism?) 	
<p>Neurodiverse people/autistic people/dementia</p>	<ul style="list-style-type: none"> • People arrested (and released) for complex behaviour associated with the current situation (25th March - 3 in Devon to date). • Staying indoors might not be possible and thus they are putting themselves and others at risk. But to take a punitive approach would not be helpful here either. • Those with ADHD may need a lot of exercise and may need to go out more than once a day for exercise. • Anxiety caused from the disruption to routine is already causing people difficulty sometimes with the result of 'meltdown' which can result in verbal or physical aggression. • Those who are not known to social care may struggle to engage with the various social networks that are being set up to support communities so are more at risk of isolation resulting in lack of essentials such as food and medication if they are ill. • It will be difficult for some care homes with specific resident groups such as learning disabilities / dementias to adhering to isolation advice and policies, some residents will not understand / comply with the advice. 	<ul style="list-style-type: none"> • Advise the police that autistic people and especially those with ADHD may find it difficult to comply with instructions that they cannot comprehend, and because they perceive the world differently and may have very fixed thinking patterns, it is not always easy or even possible to sway their thinking. • Advise the police to receive autism training for example, not to touch. • Work with autistic/ADHD people to try and help them understand that what they consider important might not be so important in the current circumstances.
<p>Dementia</p>	<ul style="list-style-type: none"> • Difficulties coping with change – 	<ul style="list-style-type: none"> • Priority/first tranche for targeted support for people who

	<p>particularly where items in shops are no longer available.</p> <ul style="list-style-type: none"> • Family members unable to visit and check in on relatives • Day centres closed creating additional pressure of carers 	<p>are shielding?</p>
<p>Mental Health</p>	<ul style="list-style-type: none"> • Adjustments to delivery of psychological services • Effects of confinement and social distancing – specific challenges for those with existing MH concerns, children, those with ASD. • Impact of job insecurity • Management of psychological difficulties incl. PTSD, confusion. <p>SBC Internal workforce Impact on our colleagues due to:-</p> <ul style="list-style-type: none"> • Social distancing • Homeworking • Lockdown 	<ul style="list-style-type: none"> • Appropriate and effective use of online services • Mitigation of social isolation through promotion of online/telephone services • Promotion of physical activity/exercise • Mental health and domestic abuse support contacts. • SBC staff - considerations include promoting organisational well-being for remote workforce. Promotion of individual and team self-care practices and MH first aider peer support.

Gender, Gender reassignment, Sexual orientation, and Pregnancy

	Impact	Suggested mitigating action:
All, with women and LGBT as high risk groups	<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 leading to drug/alcohol abuse and anger/frustration. • Abusers could take advantage of victim’s reduced social interaction with others. Lockdown/shielding will be terrifying for people already in abusive relationships. • Women are also at higher risk of increased sexual exploitation and abuse during pandemics. • Adolescent girls can be at increased risk of forced marriage, FGM and abuse during school closure. In some cases FGM has been used against lesbian/gay women. 	<ul style="list-style-type: none"> • Maintain dialogue with DVA agencies. • May need additional housing for DVA victims needing to isolate. Utilise empty holiday properties? • Communications about DVA (target perpetrator behaviour as well as where to get help for victims). • Look at innovative examples in China and Italy of utilising technology to address DVA. • For SBC staff: Remind staff and managers that they should speak to their manager if homeworking is not for them, alongside signposting to the sources of support for people (http://seattle/Pages/working-from-home-guidance.aspx). For people who need to maintain a degree of social distancing make adjustments such as allowing staff to drive in five days a week (where car parking restrictions apply) and to book a small meeting room from which to work/be given access to a small room such as a manager’s office.
SBC Provision	<ul style="list-style-type: none"> • A “Stay Safe at Home” campaign has been launched countywide by Essex Police. This is being shared by the Council. Part of the campaign focuses on domestic abuse and this part will be communicated locally. • Southend Coronavirus Action on 01702 212497 –our local hub is providing the local infrastructure to deliver supplies to those people with no other means of support and to ensure that no-one slips through the net. 	
LGBT	<ul style="list-style-type: none"> • Cohort already experience higher levels of loneliness and poor mental health. • Intersectionality of LGBT needs to be noted. • School/youth group closures and lockdowns could impact badly on LGBT youth – if not ‘out’ in family. Risk of isolation, self-harming etc. and unsafe online activity to socialise. Also an issue for adults in households where feel isolated from other LGBT people. • Social distancing’ policies of providers might have a greater impact for LGBT older people who rely on their external social networks for advocacy/ social contact in care settings 	<ul style="list-style-type: none"> • Help promote and support LGBT helplines and services linking up LGBT people to provide social contact over the phone/online. • Support LGBT youth organisations to provide safe means for LGBT young people to stay in touch. • Mitigation of potentially negative impact - include issues for equality groups in guidance and communications for inspectors and providers– based on providers assessing how to reduce social isolation for each person through care planning.

<p>Gender reassignment</p>	<ul style="list-style-type: none"> • ‘Social distancing’ policies of providers might have a higher impact for trans older people who rely on their external contacts for advocacy/ social contact in care settings • COVID-19 may have an impact on hospital bed availability which may have an impact on hospital accommodation issues for trans people (eg. availability of suitable bed space). • Social distancing policies of providers might have a higher impact for trans older people who have experienced discrimination and this may reinforce a sense of stigma. 	<ul style="list-style-type: none"> • Help promote and support LGBT helplines and services linking up LGBT people to provide social contact over the phone/online.
<p>Women, young people, neurodiverse/learning disability, homeless, mental ill health etc.</p>	<ul style="list-style-type: none"> • Possible increased risks of modern slavery/trafficking and cuckooing as fewer people out and about things may go unnoticed. • Perpetrators will take advantage of fewer visitors to a vulnerable person’s home. • Evidence of exploitation of domestic workers in other countries – e.g. being forced to work without a break. 	<ul style="list-style-type: none"> • Train postal workers and delivery drivers in spotting signs as these workers remain out and about. The same action could be taken to raise awareness of safeguarding and DVA.
<p>Women</p>	<ul style="list-style-type: none"> • Women make up the majority of the frontline health and social care workforce, so may be disproportionately likely to contract COVID19 • Women are more likely to be informal carers for older or disabled people, who are more likely to have serious illness as a result of COVID 19. • Women still bear the majority of caring responsibilities for both children and older relatives. With schools and nurseries now closing, the need for this unpaid work will only increase in the weeks to come. • Shortage of care services (childcare, healthcare, elderly care) will have a disproportionate impact on women as providers of unpaid care work. Coronavirus will exacerbate a situation where cuts to public spending have already fallen on women. [Amnesty] • There may be lapses in breast/cervical screening, increasing cancer risks. • Reluctance/inability to access sexual health clinics including dealing with unplanned pregnancy • According to the Institute of Fiscal Studies the low-paid, young people and women in the UK are likely to be the hardest hit by the coronavirus shutdown. women were a third more likely to work in a sector now shut down. 17% of female 	<ul style="list-style-type: none"> • Women, including those who are pregnant and on maternity leave, should not be disadvantaged in their careers by following government advice to stay at home. [EHRC] • Clarity over attending screening/written reminders. • Clarity over accessing sexual health and family planning centres.

	<p>employees were in such sectors, compared to 13% of male employees.</p> <ul style="list-style-type: none"> • Southend has 93,100 females, 56,200 are of working age, and 50,100 are economically active. 	
Men	<ul style="list-style-type: none"> • Studies have shown that more men are being affected by COVID-19 than women. The WHO has reported that 63% of deaths have been among men. • 66.35% of COVID-19 deaths in Southend were male between 1st March and April 11th. • Between 1st March and 11th April, mortality rates for males and females are recorded as being higher than the WHO 63%. Of 80 confirmed COVID-19 deaths in Southend during this period, 53 were male, and 27 female. • There have been 329 total deaths by all causes in Southend during the same period. This includes COVID-19 confirmed cases, any potentially unconfirmed cases, and all other causes. Of these 329 deaths, 174 were males and 155 females. • Southend has 89,400 males, 55,500 are of working age (16-64), and 50,100 are economically active. 	<ul style="list-style-type: none"> • A Public Health England review has been announced. It will explore thousands of health records to review COVID-19 impacts, this will include gender, alongside measures such ethnicity, deprivation, age, and obesity.

	Impact	Suggested mitigating action:
Marriage and civil partnership	<ul style="list-style-type: none"> • No differential impact 	<ul style="list-style-type: none"> • N/A

Marriage and civil partnership

Religion or Belief

	Impact	Suggested mitigating action:
Faith/religion and belief	<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. • Mosaic data for Southend identifies the groups more likely to be part of a religious group. These three groups are all aged 56-80, and include: <ul style="list-style-type: none"> - Elderly people with assets who are enjoying a comfortable retirement (11.4% of Southend’s households). - Families in large detached homes (6.98% of Southend’s households). - Residents of settled urban communities (4.98% of Southend’s households). 	<ul style="list-style-type: none"> • Consult with faith/belief groups on plans/policy. • Check guidance such as https://religionmediacentre.org.uk/factsheets/death-funeral-rituals-in-world-religions/ but note that cremation is not acceptable under Islam. • Additional information from Muslim Council of Britain: https://mcb.org.uk/community/burialfaqs/ - in particular note the potential need to identify land for burial.
SBC Provision	<ul style="list-style-type: none"> • Two groups have been set up, one for the community at which council representation is not requested and, another for the local authority leads. • Excess death support is to work closely with faith groups and community leads. 	

Socio-Economic

		Suggested mitigating action:
Low income families	<ul style="list-style-type: none"> • ‘Panic buying’ has had an impact on low income families who are unable to stockpile – leaving them with empty shelves when they need to pick up their essentials for the day/week. This mean them having to make more trips than usual to a shop. • They may also be more dependent upon public transport and be in lower income jobs – some of these are essential such as caring and retail (groceries). • 6.15% (4963 households) of Southend’s 80,758 households fall within the grouping of ‘Families with limited resources who budget to make ends meet’. Characteristics of this grouping include; age 31-35, Terraced property, Household income <£15k, with children, Limited resources, Low cost home ownership/renting, Squeezed budgets. • According to the Institute of Fiscal Studies the low-paid, young people and women in the UK are likely to be the hardest hit by the coronavirus shutdown. Low earners are 7x more likely to have worked in a sector that is now shut down. A third of employees in the bottom 10th of the earnings distribution work in shut down sectors versus just 5% of those in the top ten per cent. 	<ul style="list-style-type: none"> • Community support – foodbanks. Wider initiatives being implemented such as supermarket rationing and government support e.g. council tax relief. • Keeping allotments open – many people on low income ‘grow their own’ and this will help maintain food supply/alleviate pressure off of shops during growing season, and contribute to good health and wellbeing. Social distancing can be enforced on allotments by asking people to stay strictly on their own plots and having a safe system of unlocking the gate
SBC Provision	<ul style="list-style-type: none"> • Free school meals • Foodbanks • Southend Coronavirus Action on 01702 212497 –our local hub is providing the local infrastructure to deliver supplies to those people with no other means of support and to ensure that no-one slips through the net. 	
Rural communities	<ul style="list-style-type: none"> • Rural and urban communities are very different. Social distancing is much easier to apply in a rural setting. Policies which are applied to address social distancing issues in an urban setting could have an unnecessary disproportionate economic/wellbeing impact in a rural setting. 	<ul style="list-style-type: none"> • Alert government of any policies where it could be beneficial to adapt a different approach in a rural setting.
Homeless people	This group is more at risk of illness/ill health in general, and	<ul style="list-style-type: none"> • Targeted support via homeless

<p>(not a protected group but still needs consideration – often mental health/neuro-diverse/care leavers/ex-army)</p>	<p>may be unable to self isolate or maintain social distancing. There may be challenge in accessing information and advice.</p> <ul style="list-style-type: none"> • Tensions amongst the homeless community who may have experienced a drop in income from reduced city centre footfall have been reported to Devon and Cornwall Police 	<p>charities/district housing staff.</p> <ul style="list-style-type: none"> • Availability for accommodation via empty hotels/B&Bs •
<p>SBC Provision:</p>	<ul style="list-style-type: none"> • All known rough sleepers were placed into accommodation. A media release was issued and can be read on our website 	

Carers / People with caring responsibilities

	Impact	Suggested mitigating action:
Carers	<ul style="list-style-type: none"> The clearing of hospitals to make way for coronavirus patients by releasing people early will put strain on those who care for others. Changes to the quality or availability of health and social care services during the COVID 19 outbreak are likely to have an impact on informal carers. 	<ul style="list-style-type: none"> Ensure care plans are in place and information is provided on where to get support/adaptive aids. Our response to the preparedness of services to deal with increased numbers of people will have an impact on carers

Further Reading:

- LGiU, Local government and Covid-19: issues for disadvantaged groups:
<https://lgiu.org/briefing/local-government-and-covid-19-issues-for-disadvantaged-groups/>
- [BBC News: Are minorities being hardest hit by coronavirus?](#)
- [BMJ blog: How can we involve communities in managing the Covid-19 pandemic?](#)
- [Coronavirus \(COVID-19\) guidance for the charity sector](#)
- [Guidance on Hardship Fund](#)
- [Mayor of London: Information on Covid-19 for non-UK nationals](#)
- [Race Equality Foundation: Coronavirus information and resources](#)
- [Runnymede Trust: Coronavirus will increase race inequalities, Zubaida Haque](#)
- [Scottish Community Development Centre: What community groups are telling us about their response to Covid-19](#)
- [Scottish government emergency help for those most affected by coronavirus](#)
- <https://www.equalityhumanrights.com/en/our-work/blogs/how-were-responding-coronavirus-pandemic>
- [https://www.newLawjournal.co.uk/content/covid-19-impact-on-protected-groups](https://www.newlawjournal.co.uk/content/covid-19-impact-on-protected-groups)
- <https://www.bps.org.uk/blogs/guest/psychological-impact-social-distancing-gender-sexuality-and-relationship-diverse>
- <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Responding%20to%20the%20coronavirus%20-%20psychological%20impact%20on%20older%20people.pdf>
- <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Coronavirus%20and%20UK%20schools%20closures%20-%20support%20and%20advice.pdf>
- <https://www.cebm.net/wp-content/uploads/2020/05/BAME-COVID-Rapid-Data-Evidence-Review-Final-Hidden-in-Plain-Sight-compressed.pdf>

