**Voluntary and Community Sector Emergencies Partnership briefing: Vulnerabilities and at-risk individuals and communities**

The [Voluntary and Community Sector Emergencies Partnership](#) (Emergencies Partnership) welcomes the Local Government Association's briefing and Frequently Asked Questions[1] on protecting vulnerable people during the COVID-19 outbreak.

This complementary guidance from the Emergencies Partnership provides further information about how the voluntary and community sector (VCS) can identify vulnerable and at-risk individuals and communities, and collaborate with local authorities and local resilience forums (LRFs) in their response to Covid-19.

The Emergencies Partnership is the key coordinating body for emergency response across the voluntary and community sector (VCS). It brings together local and national expertise to enable the most vulnerable communities to better prepare for, respond to and recover from emergencies. In the context of Covid-19, we are pooling our insight and resource to identify and support the most vulnerable communities and individuals who might otherwise fall through the cracks of planned support systems.

**Why considering 'unknown' vulnerabilities is important in the context of Covid-19**

Covid-19 provides a prime example of how an emergency can impact individuals and groups in very different ways. We know that during an emergency people who are already vulnerable suffer most and this is no truer than in the context of Covid-19.

At times of crisis, there is an important distinction between vulnerable people and groups who are either 'known' or within the remit of existing council services – for example through nurseries and care homes – or 'unknown', such as individuals who do not use statutory services or fall through the gaps.

The VCS has an important role to play in identifying hidden vulnerabilities. For example, across our sector we are already hearing stories of laid-off migrant workers going without food because they don't qualify for state support, people who live alone and who aren't digitally connected going weeks without speaking to a single person, and domestic abuse victims who are unable to call for help because they can't afford to buy credit for their phone.

Understanding where 'unknown' needs lie will be crucial to ensuring that no person goes unsupported during this crisis.

**How we are identifying vulnerability and unmet need**

The Emergencies Partnership is gathering intelligence and evidence on unmet need at a hyper local level by showing the difference between activities currently happening or forecast and the needs of the population. In particular, it aims to capture previously unidentified need, including those not previously known to the state, e.g. where family and friend support structures are temporarily unavailable. This work is designed to supplement insight on unmet needs coming

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[1] https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-faqs

from NHS and local authorities. A key dependency to this is using the data to make decisions on the allocation of resource and designing referral pathways with the wider voluntary and community sector to address unmet need.

Alongside this work the British Red Cross, who are members of the VCS EP, are developing a Covid-19 Vulnerability Index. This identifies vulnerable groups within Local Authorities, wards and neighbourhoods across the UK, including those who fall outside the 1.5m 'shielded' people. The Index combines multiple open data sources to map clinical vulnerability (underlying health conditions), demographic vulnerability (over-70s, people seeking asylum), social vulnerability (barriers to housing and services, poor living environment, living in "left-behind" areas, loneliness), health inequalities, and digital exclusion.

The data will be used to help prioritise and target the response to Covid-19 to ensure the most vulnerable communities are getting the support they need throughout this crisis. The Index is already being used by Scottish Public Health Observatory, Leeds City Council, Bexley Council, Tameside Council and OCSI (creators of the Index of Multiple Deprivation).

**Vulnerable and at-risk individuals and communities in the context of Covid-19**

While we acknowledge the Government's priority to support the 1.5 million people identified by the NHS as clinically vulnerable, this figure excludes a much wider proportion of society who are vulnerable as a result of Covid-19.

Our insights indicate that the impact of Covid-19 is most severe for these vulnerable groups in society; people with health conditions, people who are socially isolated, and those with no recourse to public funds or with insecure immigration status

So far, we have identified the following direct and indirect risk factors:

| Health & Wellbeing | Multiple health conditions, health inequalities, addiction, poor mobility, mental health and wellbeing, loneliness, pregnancy |
|---|---|
| Socio-Economic | income deprivation, economic vulnerability, rough sleepers, homeless, unsuitable accommodation or living environment (overcrowded, temporary, emergency or supported), working age benefits, pension |
| Isolation & Barriers to Access | physical isolation, social isolation, digital isolation, geographical isolation, language barriers, barriers accessing services due to immigration status, |
| Demographics | age (over-70s), insecure immigration status, refugees, asylum seekers, victims of crime (including domestic abuse & trafficking), children and young people |

*See Appendix 1: full list of vulnerabilities in an emergency*

Alongside these insights, British Red Cross research[2] has previously found:

- Only 30 per cent of local resilience forum plans included a definition of vulnerability, and not all plans included measures for identifying and helping vulnerable people.[3]
- Where specific vulnerabilities were mentioned in local resilience forum plans, most focused on age, disability or mobility. Other potential vulnerabilities were less commonly considered. For example, very few local resilience forum plans mentioned the need to consider factors like poverty, irregular immigration status, pre-existing homelessness and geographical isolation, all of which can have a bearing on how crises affect people and communities.

**Meeting the needs of vulnerable and at-risk groups**

We have identified four key areas of support to meet these needs:

- **Immediate practical needs:** this includes food, shelter and medication.
- **Mental health and emotional support:** psychological needs should be treated as equal to a person's physical health.
- **Information and communication:** this includes the need for accurate, accessible and timely information, and the ability to contact and communicate with family and friends.
- **Advice, support and advocacy:** most people will need some help with navigating systems, such as accessing health services or dealing with insurance claims. It is important that this help is both coordinated and consistent.

We'll be providing an overview of the role of the VCS in working with statutory agencies to meet these needs in our next briefing, '*The role of the VCS in responding to Covid-19.*' For more information on best practice for councils on responding to Covid-19 see COVID-19: good council practice.

**Recommendations for supporting the most vulnerable or at risk during Covid-19**

- Government, local resilience forums and local authorities, should work with the VCS to develop a more holistic understanding of vulnerabilities in relation to Covid-19. This should include making use of the British Red Cross Covid-19 Vulnerability Index
- National and local government should recognise the role that the VCS can play in response to Covid-19 and should collaborate with us to meet the needs of the most vulnerable or at-risk individuals and communities.
- Government to maintain a financial package to enable charities to continue providing assistance to the most vulnerable people both during and after Covid-19.
- Practical solutions should continue to be sought by local resilience forums and local authority Hubs to reach vulnerable or at-risk individuals and communities, such as outreach service or welfare checks.

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[2] British Red Cross (2019) People Power in Emergencies
[3] This might have been because – as mentioned in many local resilience forum documents – the local authorities had dedicated plans for identifying and helping vulnerable people. However, this does not take into account the value of a multi-agency approach to identifying and supporting vulnerable individuals.

- Government should amend policy to ensure all those impacted by Covid-19 get the support and care they need.
- In the longer term, the Government should review the Civil Contingencies Act guidance to ensure that Government and LRFs fully meet the humanitarian needs of their communities and the most vulnerable within them.

**Case Studies**

*Domestic Abuse*

As domestic abuse charities have raised, self-isolation can bring risks of escalating domestic abuse. Victims of domestic abuse will be less able to attend support groups and may be unable to contact their support worker or because the perpetrator is around. Women with No Recourse to Public Funds face additional barriers to accessing support as many specialist refuges require people to have recourse to public funds to fund a bed-space or to access Local Authority homelessness services.

*People seeking asylum*

Government support to people seeking asylum includes basic financial assistance of £37.75 per week for those on Section 95 and £36.95 for those on Section 4. We are concerned people seeking asylum will face even greater barriers to meeting their basic living needs within this budget given the difficulty accessing basic goods in supermarkets and the high minimum spend (often £40) required to book an online food shop. This is likely to make it much harder for this group of people to self-isolate, potentially exposing them and others to the virus.

**Appendix 1: VCS EP list of factors or characteristics of vulnerability in an emergency**

- Demographic vulnerability
- People seeking asylum
- Population over 70
- Clinical vulnerability
- Underlying health conditions
- Health and wellbeing (inc. mental health)
- Loneliness
- Healthy life expectancy at age 65
- Economic vulnerability
- Multiple Deprivation
- Social and geographical vulnerability
- Community Needs
- Digital exclusion
- Demographic vulnerability
- Clinical vulnerability
- Economic vulnerability
- Social and geographical vulnerability