



# Collaborating to Challenge Structural Inequality Through Funding



**Funded by City Bridge Trust  
Championed by London Funders and The  
Greater London Authority**

A collective of Specialist Infrastructure Bodies

- Inclusion London
- LGBT+ Consortium
- Women's Resource Centre
- Ubele

We know that underrepresented and minority groups in London were already suffering from inequality before the CV-19 pandemic.

Structural inequality goes beyond recognising that certain groups are treated badly or less favourably it is about understanding that our society is built on and depends upon the oppression and discrimination of women, BAME communities, Disabled people, marginalised LGBT+ people and people locked in poverty. Violence, othering, prejudice, marginalisation , unequal health & life outcomes and exclusion are all causes and consequences of society run in this way.

To address this effectively we need whole system change.

# Inclusion London: Community need

- 1.2 million Disabled people in London
- Historic exclusion / discrimination + rising poverty and inequality as a result of austerity = 'a grave violation of Disabled people's rights'
- Twice as likely to live in poverty and be unemployed
- Daily barriers / exclusion / poorer outcomes in all areas of life
- Hate crime against Disabled people up by one third
- Huge cuts to statutory support including social care

# Inclusion London: Impact of CV-19

- Our worth: DNR notices, NICE guidelines, social care ignored, our voice not heard, no guidance, no BSL interpretation
- Lack of access to: food, social care, PPE, benefits , community face to face services
- Erosion of rights : Care Act 'easements'; access to health treatment
- Isolation = lack of support, increase in MH distress
- Shielding: 8 million people ? = long term impact on our rights and inclusion; abuse, discrimination & employment

# Inclusion London: DDPO needs

- Staff and Trustees experiencing same issues as users and members
- Big increase in need for support: social care, health, form filling/benefits, discrimination, employment etc = increased workload & anxiety for staff
- Moving services on-line: re-configuring and delivering services; developing peer online support alternatives; what about people who need face to face support?
- Remote working challenges: mental health of staff, managing and supporting staff especially those who may need to shield long term
- Long term impact on delivery: how will funders respond?

# Inclusion London:

“The thing that caused me more distress is when the government decided they were going to publish the frailty guidance. I looked to see am I going to get a ventilator if I need one? And then the reality...no not necessarily. And then I was thinking, how can I prove my worth to people to get that treatment if I need to? I decided that I had to write a letter about why it's important to save me. I talked about the work I've done, the people I've supported . Even down to the fact that I have two lovely cats and they would be homeless”.

# Consortium: LGBT+ Communities Need

- Decreased mental wellbeing and isolation\*
- Not feeling safe where they are currently staying
- Increased 'at home' hate crime and HBT phobia
- Unable to access medication\* and trans health care concerns

64% of respondents\* said they would rather receive support during this time from an LGBT+ specific organisation rather than from a mainstream service.

\* LGBT Foundation Covid 19 Survey (interim report)

# Consortium: LGBT+ Sector Needs

- **47%** LGBT+ Groups reported an immediate negative financial impact:
  - A significant reduction in donations
  - Loss of earned income
- **20%** LGBT+ Groups predict that will close in the next 1 – 6 months
- **40%** have lost or predict losing volunteers

Half of LGBT+ Groups have seen an increase in demand but have been forced to decrease their services due to lack of, or decreased, capacity

# Consortium:

“We are a small group, we don’t have a fundraiser and the idea of going up against well resourced charities for the same pot of money is pretty daunting... so we don’t bother!” – Trans Health Service

“We do not have enough funding to go on for a long period of time and we do not know if the funding bids we submitted prior to CV-19 will actually be assessed and funded, we know demand will increase once lock down is over, but how will we meet that demand?” – LGBT+ Mental Health Service

“They [the government and funders] have a ‘traditional’ idea of what a charity is, and what ‘emergency’ work is, they won’t fund our work because we aren't putting food on anyone's table, but our work saves lives” – LGBT Peer Support Group



# WRC: The effect of COVID-19 on the women's sector in London

WRC conducted a study together with Rosa and Women's Fund Scotland. Here are some key findings:

- 92% of organisations were concerned for their staff's mental health and wellbeing
- 61% of organisations are worried about surviving the crisis
- 89% stated the ability to run services/organisations effectively and efficiently was the most pressing challenge they face
- 73% stated moving to online workspaces and navigating online working tools as a challenge.
- 79% of respondents said the current crisis is negatively affecting their organisation's income. The reasons varied from having to cancel income generating activities to funding coming to an end. There was also a worry amongst the respondents that funding would be decreased long-term as the economic climate affects what funding is available.

## For Black and minoritised women led organisations specifically...

- There is much higher concern about increased levels of unemployment for Black and minoritised women, along with decreased access to education.
- There is a deeper complexity of the issues faced by staff arising from increasing intensity of the issues faced by multiply disadvantaged and vulnerable women; the rising demand for services; and deepening financial constraints.
- Both physical and mental health featured more prominently in the staff concerns of Black and minoritized women led organisations. This centred upon the mental and physical health impacts to staff, service users and the wider community.
- Staff absence and illness is significantly higher in Black and minoritized women led organisations. This may correlate with recent statistics suggesting that a third of people critically ill with coronavirus are from ethnic minorities.

## For disabled women led organisations, concerns for and of their service users included...

**Access to food** – one service user said *“I was unable to shop online for the initial 4 weeks of lockdown (even though I had shopped online for almost a decade) because the government encouraged everyone to shop online without making provision for those of us who are effectively under house arrest and cannot leave home to shop. The demand for online food shopping went from 7%-30%.”*

**Access to health and medical services** – *“All my hospital treatments have been postponed meaning impairments getting worse, limiting me even further trying to do anything. There will be long term impact on me of delayed treatments. I live one day at a time, knowing for me things can get worse rather than better. For some will not survive, not due to virus, but due to neglect and not understanding the complexity of disabled peoples lives” (anonymous service user)*

**Access to Support/Paid and Unpaid Care/Independent living**

# WRC: What do women's organisations need?

Women's organisations in London stated their most pressing current needs are:

- Grants available for...
  - Core costs, e.g. utilities, equipment, premises, rent, salaries, infrastructure costs
  - Frontline delivery costs, e.g. increased counselling and accommodation as well as emergency essentials such as food
  - Acquiring IT equipment (e.g. laptops and phones) both for staff and service users and developing and updating IT activities, knowledge, technology, software
  - For small constituted Black and minoritized women led groups that tend to be better at reaching and engaging the most isolated and vulnerable women
  - Specifically for Black and minoritized women led organisation for ICT software and hardware to provide effective and comprehensive ongoing support for women online and to ensure that they can access other essential services relating to such as health, social-welfare and community safety.

# Ubele: BAME communities

- BAME people have been disproportionately affected by a decade of austerity and cuts to public services and more likely to be trapped in low-paid, high-risk jobs with zero-hour contracts and lack of job security
- Less likely to have access to good healthcare; more likely to have respiratory diseases such as asthma and health conditions such as diabetes, hypertension and coronary heart disease
- ‘Race’ was not on the agenda – ‘diversity’ approaches and ‘unconscious bias’ programmes – pushed any discussion about structural racism under the carpet
- Lip service to the use of Equality Impact Assessment for groups with protected characteristics often a tick box exercise with limited impact
- ‘It’s the postcode not the genetic code’ - need to refuse to ‘blame the victim’ - some arguments trying to emphasise biological reasons for Covid-19 impact on BAME communities

# Ubele: Impact of CV-19 on BAME communities

- More likely to be front line workers i.e. social care and lower graded NHS staff, bus drivers, security, refuse collectors etc.
- Hidden impact on groups such as children with sickle cell with parents as frontline workers; the gypsy and traveller community – lack of government guidance; new sites with few basic facilities such as running water; leisure centres (for showers) and shops closed can't get gas; being moved on from encampments
- Food parcels for shielded groups not culturally appropriate – great demand on community kitchens for hot meals/ delivery service including for those still vulnerable but not shielded
- Deaths and burials having a significant impact – cultural practices cannot be observed
- Results show of 119 health care professionals who died, 2/3rds are from a BAME background; they make up around 20% of the overall workforce

# Ubele: Sector Research

- 9 out of 10 BAME organisations could cease to operate by early July (2020) if the crisis continues, due to having little or no reserves.
- 87% affected are micro and small BAME organisations (less than £10,000 and to £100,000 per annum) (87%).
- More than half of those who responded (63%), knows of a colleague who had been diagnosed COVID-19 and/or had to self-isolate.
- Many of the organisations that responded to Wave 2 (n=86) started to develop new ways of working to continue supporting vulnerable beneficiaries e.g. domestic violence and mental health support provision, especially amongst young people
- Need considerable support to be able to adapt as quickly as others; some may find that they are at a stage where their work cannot continue and for those adapting, they may find that they are in 'crisis management' mode which becomes their new 'normal'.

# Ubele:

*We don't yet know how the gang leaders are going to respond and are working during this crisis. They too are a business, and pretty canny - so let's see next steps...*

*Robust ante-natal preparation is now absent/lacking  
Advocacy on behalf of the local population on health has ceased, sometimes serious cases; they have to stay home and we have to stay home.*

*We have received emails that some people will like refund for counselling sessions - their face to face session - because they are at home in a none private way so can not have telephone or online counselling. This is sad because we know they are vulnerable emotionally and in other ways.  
Unable to see young people who are at risk who we would usually see twice weekly if not more.*