Fragmented government data analysis and siloed guidance not protecting vulnerable people and communities

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POhWER, the Independent National Advocacy Charity, has raised questions related to the siloed approach to data analysis and guidance issued by the government this week which has left vulnerable people without suitable and pragmatic recourse on how to protect themselves and ease out of lockdown.

Founded in Stevenage, Hertfordshire and now also operating in East of England, London, the South coast, East and West Midlands and parts of the South West, POhWER provides specialist free advice, empowerment support and advocacy to people with a very broad range of needs. Its users include people with dementia and mental capacity issues, mental ill health, people living in care homes, people with disabilities, and people needing support while pursuing complaints about their NHS care or treatment.

POhWER's comments come off the back of data released this week supporting the theory that COVID-19 has further marginalised people who were vulnerable in society before lockdown.

A government-ordered inquiry has found Covid-19 death rates in England have been higher among people of black and Asian origin than any other ethnic group.

The Care Quality Commission released evidence this week on COVID 19 related deaths, that showed a 134% increase in the number of death notifications this year for people with learning disabilities and autism.

Last weekend, the government announced that people who were vulnerable who had been shielding previously no longer were required to and encouraged society to return to work. Without suitable guidance this sent an avalanche of nervous callers to GP surgeries, community support lines and to human rights advocates like POhWER. The questions service users were asking POhWER teams included:

• Who made the decision I am no longer vulnerable to COVID 19 and on what basis?

• What should I be doing to protect myself against possible virus transmission?

• What precautions should I be taking to protect my loved ones who are vulnerable?

• How might I protect my employees returning to work? Where do I buy PPE? What PPE do I need?

• What role is Public Health taking to provide information, education to help me to understand my options?

• Should I be tested? How often? Which test?

• How will track and trace impact me and my ability to keep working?

People living with mental health, impairment or disability have been disproportionately disadvantaged due to COVID-19 because of barriers not fully considered or resolved in the UK's COVID-19 response. POhWER last year managed advocacy cases for 55k people. Over the last 3 months, POhWER has observed that COVID 19 has impacted vulnerable people in a number of ways:

• Barriers to public information due to poor public health information accessibility.

• Difficulty with social distancing because of support needs requiring them to be within close proximity of others, physical necessity or because they are institutionalised.

Related Sectors:

Charities & non-profits :: Coronavirus (COVID-19) :: Health ::

Related Keywords:

Vulnerable :: COVID 19 :: BAME :: Disability ::

Scan Me:

• Lack of access to peers with shared ‘lived experience’ who can support during times of distress.

• Poor future planning to address pent-up demand for mental health and care services post-lockdown.

• Lack of understanding by local and central government on how to address gaps in information and services to ensure mainstreaming of requirements.

• Serious disruptions to the services they rely on.

• Additional factors placing them in position of further inter-sectional discrimination including race, sexual orientation, gender identity, digital exclusion, low income, education, religion, literacy.

Helen Moulinos, Chief Executive of POhWER, said:

“We need government inquiries to not be delivered in silo or isolation, to consider prevailing inequality of people’s starting points pre-pandemic and to publish guidance which is people- or patient-centred.“

“The siloed approach of assessing data in separate government departments for human rights, social care and the economy means vulnerable people are falling between the cracks in the system.”

“You can’t assess someone’s health and build a plan to protect them without understanding their wider needs. As an advocacy organisation we don’t know who is leading the response and how we could support reform and address gaps for our beneficiaries – do we report to the Care Quality Commission? The EHRC? The NHS CCG and Health Boards? The Local Authorities?”

Lyz Hawkes, Deputy Chief Executive for POhWER, said:

“The government directive and guidance to date has been fragmented, relying solely on the medical model of health with no apparent consideration of the wider social health and care needs of the most vulnerable in the community.”

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