

Equality Analysis

Full analysis template

This form:

- can be used to prompt discussion when carrying out your analysis
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Scheme: COVID-19 Vaccination Programme

EIA lead: Liz Patroe **Role:** Head of Engagement

Date carried out: From: 08/12/2020 to: 29/12/2020

Is this a:

- Change to an existing strategy or policy
- Change to a service or function
- A new strategy or policy
- A new service
- Other Please detail:

1. Summary of strategy, policy, service(s) or function(s) being assessed:

The roll out of the COVID-19 vaccinations to patient and staff groups, aiming to maximise access within each ranked priority group identified by the Joint Committee on Vaccinations and Immunisations (JCVI); the latest [guidance](#) was issued on 2nd December 2020. It advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. The order of priority is as follows:

1	Residents in a care home for older adults and their carers
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals*
5	All those 65 years of age and over
6	All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
*	<i>Clinically extremely vulnerable individuals are described here. This advice on vaccination does not include pregnant women and those under the age of 16 years (see above)</i>

Further details

This programme is part of the national roll out of COVID-19 vaccinations. It is a stand-alone programme that will draw upon the expertise of existing staff and will bring in new staff to specifically deliver the vaccinations according to national guidance. Public Health Surrey provided data sets in November 2020 to inform a series of four discussions with a range of stakeholders detailed above that took place from 08/12/2020 to 29/12/2020.

To begin with, vaccinations will be delivered by hospital hubs. They will then be followed by sites in each Primary Care Network that meet NHS England requirements. 'Roving' vaccinations will be delivered by community health service providers. The national Direct Enhanced Service mandates that locations providing the vaccinations must be open Monday to Sunday from 8am to 8pm.

It is recognised that the Covid-19 pandemic and the resulting containment measures, such as lockdown and tiered arrangements, has had a detrimental impact on many people. Loneliness, mental ill-health and physical deterioration have increased due to the inability to socialise in person and the deterrent to go out of the house. Receiving a vaccination to reduce the risk of Covid-19 infection or to reduce its effects, will enable those receiving it to feel more confident about returning to pre-pandemic norms.

NHS England/Improvement has produced a detailed Equality and Health Impact Assessment. This EIA builds on its recommendations, taking into account local populations and equality groups, to ensure specific challenges are addressed as the roll out commences.

We therefore ask the same questions of our stakeholders to develop this more granular view:

- i. Will the operating plan for the vaccine roll out worsen current health inequalities and equalities?
- ii. Will the operating plan for the vaccine roll out improve current health inequalities and equalities?
- iii. What measures are in place to ensure broad access for those affected by health inequalities?
- iv. What measures are in place to ensure that those with protected characteristics do not face discrimination, harassment or victimisation when accessing vaccine roll out?
- v. Will there be any cumulative impact from this operating plan and other plans in place?
- vi. What additional considerations may be needed as the programme continues across the different ranks?

The main elements of vaccination that present a risk of widening health inequalities relate to:

- The ability of patients (this includes staff who are being vaccinated) to access the vaccination (accessibility)
- The ability of patients to receive and understand information about the vaccinations (communication)
- The need for those delivering the vaccination programme to understand the emotional aspects of vaccination.

Initial discussions with the Assessment Team elucidated further risks that need to be addressed:

a) Transport

- People in supported living.
 - o Need to release staff to take them to the sites, if needed.
- Volunteer car drivers tend to be of an elderly age and therefore in the vulnerable groups category so may not be available
- Community transport
 - o Need to have fewer people on board to maintain social distancing
 - o The fact that people need to have two jabs – rolling programme – will draw a lot on the transport available
- Patient Transport contract – could this be flexed to accommodate these appointments as currently this is specific to acute trust appointments.

b) Communications

- Will there be one central hub number to contact if anyone has concerns?
- How will people who are deaf make a phone call to book an appointment when they receive a letter inviting them for vaccination?
 - o [Esendex system](#) would enable booking coordinators to communicate with people who are not able to use the phone but can communicate via text (rich messaging).
- Specifying that the vaccination is free is really important
 - o There is a belief that because some people had to pay for their flu jab because they are not in the at risk groups for flu that they will also need to pay for their Covid vaccinations
- Clear communication needed to ensure understanding that two doses are required, especially important for people with learning disabilities.
- Need to overcome the stigma attached to vaccinations.
- Trust needs to be built up regarding safety.
- Concerns around possible side-effects especially for those in the first cohorts.
- Some would prefer to have a vaccine that is manufactured in the UK. 'Oxford' is respected. Vaccine differentiality is therefore a risk as people may turn down one vaccination appointment in the hope of receiving a different vaccine,
- Must not assume that BAME communities are similar. A nuanced approach is needed.

c) Carers

- Where do people with complex needs go home to from hospital if their carers cannot be vaccinated? Considered opening Shooting Star hospice to provide protected live-in support.
- Many do not understand why they are not a priority group.
- They are exhausted and more vulnerable to infection.

d) People with dementia

- Trauma associated with travelling to vaccinations sites
- They need to be prioritised for roving vaccinations

e) VCF organisations

- Our partner VCF organisations are well placed to influence a wide range of our communities, especially the more vulnerable and seldom-heard. The CCG needs to support them to share key messages:
 - o A short script should be issued to partner VCF organisations to encourage the people they interact with to attend appointments.
 - o MS Teams meetings that cover aspects of vaccination to further ensure partner VCF organisations are confident about having these conversations especially for those who are particularly resistant due to varying factors.

- Create Vaccination Champions to help to dispel myths. Influencers trained to talk to people about the vaccine and the vaccination process to overcome barriers to uptake.
- Ensure NHSE information that is available in Easy Read is circulated to partners and trusted organisations.

2. Wider involvement – have you involved groups of people who are most likely to be affected or interested in the policy or proposal?

Yes No

If no, please state why not and indicate what evidence you are relying on to inform this analysis:

Not applicable

3. Who may be affected by this activity?

Protected characteristics (Equality Act 2010)

- Age
- Disability
- Ethnic group/race
- Gender reassignment
- Marriage & civil partnership
- Pregnancy & maternity
- Religion & beliefs (including no belief)
- Sex (male or female)
- Sexual orientation

Stakeholders

- Patients
- Carers

In addition, consider the following vulnerable groups:

- Carers
- Looked after children
- Armed forces
- Asylum seekers
- Deprivation
- Rural/urban areas
- Socioeconomic disadvantage
- Other (describe below)
- See discussion table – homeless; substance misuse;

Partners

Trade unions

Employees

Suppliers

Other (describe below)

[Click or tap here to enter text.](#)

4. Assessment Team

Organisation	Role on assessment team e.g. service user, manager of service, specialist
Surrey Heartlands CCG	Black, Asian and Minority Ethnic (BAME) groups
Surrey Heartlands CCG	Carers
Surrey Minority Ethnic Forum	Specialist – Race and Health
Surrey Coalition of Disabled People	Specialist – Disabilities
Public Health Surrey	Specialist – Data
Surrey Heartlands CCG	Specialist – Learning disabilities
Public Health Surrey	Specialist – Homeless and substance misuse
Sight for Surrey	Specialist – Sensory disabilities
Surrey Heartlands CCG	Mental health and community engagement
Surrey Heartlands CCG	Equality, Diversity and Inclusion lead
Outline Surrey	Specialist – sexual orientation and gender reassignment
Surrey Coalition of Disabled People	Specialist - Disabilities
Surrey Heartlands CCG	Mental health
Surrey Heartlands CCG	Medicines optimisation

5. Assessment Team Discussions – between 08/12/2020 and 18/12/2020

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
Age	<p>Care Homes</p> <ul style="list-style-type: none"> - Greater numbers of people in living in care homes in Reigate & Banstead and in Waverley which will present more of a need for community health service provision in these areas. <p>Priority groups</p> <ul style="list-style-type: none"> - Elmbridge followed by Reigate & Banstead and Waverley have significantly greater numbers of people in the older age groups that are prioritised first. - The clinically extremely vulnerable cohort includes children and young people, who will require tailored approaches from staff in vaccination centres. There may be greater needle phobia. <p>The age profile of those reliant on Community Transport is older (needs verifying).</p> <ul style="list-style-type: none"> - Need to have fewer people on board to maintain social distancing. - The fact that people need to have two jobs – rolling programme – will draw a lot on the transport available. 	<p>Care Homes</p> <ul style="list-style-type: none"> - Allocation of workforce to match care home occupancy. - Communications materials and channels should represent different settings e.g. care homes; own homes; working environments. <p>Priority groups</p> <ol style="list-style-type: none"> a. To ensure equity in rollout, it will be necessary to dedicate greater resource to the areas with greater numbers of people in the priority groups. The current SOP is all sites open from 8am to 8pm Monday to Sunday so it is not possible to alter this. It will instead be very important to take all actions to reduce DNAs in those areas with the greater number of older people in order to prevent late vaccinations. b. Patient Information Leaflets – would be helpful to have one tailored to children. c. Those vaccinating will have experience of vaccinating children through the routine childhood immunisation programme so it is assumed that they will be skilled in vaccinating children. Need to consider this for recruitment of volunteers. d. Share information via schools, colleges and universities. e. Could the Child Measurement Programme be helpful? (Make Every Contact Count) f. Special Schools – would reach children and young people who are Clinically Extremely Vulnerable – share information when it's their turn in the priority groups.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	Older adults who are being cared for at home by members of their family. These people may be reliant on family members for information, transport and perhaps even 'permission' to receive the vaccination.	Community transport <ul style="list-style-type: none"> - Will need to manage booking as a block to bring a group of people to the same vaccination site at the same time to avoid erratic use of a scarce resource. - Discuss with borough and district colleagues how to best manage this aspect.
Disability	All disabilities <ul style="list-style-type: none"> - Appointments need to be at convenient times for people with disabilities in receipt of a care package to accommodate the working hours for carers. Even if not receipt of a care package, it will be important not to schedule appointments too early or too late in the day as it can take longer to be ready to leave the house and access available transport. - Community transport options need to be available from 8am to 8pm Monday to Sunday unless the booking system is able to distinguish people who rely on Community Transport or Patient Transport to get to medical appointments. Autism <ul style="list-style-type: none"> - Needle phobia - Not having understood the ask/not being able to express not understanding - Fear of the environment e.g. noisy, bright, busy 	All disabilities <ul style="list-style-type: none"> - Check what information is available at the point of booking patients into appointments – is it possible to identify patients in receipt of a care package, for example, and therefore allocate them to a convenient time slot? - Patient Transport contract – will normal eligibility criteria apply or is it going to be widened. Autism <ul style="list-style-type: none"> - Allow longer time slot to explain and create calm environment - Easy read and videos - Quiet time/hour - a protected time when it's quieter. - A video tour of the environment so they can practice mitigation and/or photos on a page (better for people who are digitally excluded). - Make sure that communications make sense with no double entendres or jokes - A procedure of exactly what will happen, what clothes will they be asked to take off, will anyone touch them (will they say before they touch them). - Make academic information available – studies etc. about how the vaccine works etc.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<ul style="list-style-type: none"> - The actual environment - e.g. is there a tannoy. - Fear of an unknown and new environment - what will it look like and how will it work: not knowing leads to very, very, very high levels of anxiety and/or meltdowns - Travel is particularly difficult for people with Autism - can they travel there on public transport; is it a simple journey; can they travel at quiet times; is there is a shuttle: is there a protected quiet time? - Booking - how do people who are non-verbal/with speech or language difficulty book? - Often want to have detailed understanding of how things works – would appreciate more academic information to guide decision-making. <p>Learning disability</p> <ul style="list-style-type: none"> - West of county – more in supported living compared to care homes being more populous in the east of the county. - People with LD die at a younger age than the overall population – can they be prioritised; six times the national average. - Information needs to be in Easy Read; Makaton and sometimes interpreters may be needed. - Needle phobia 	<p>Learning disability</p> <ul style="list-style-type: none"> - SABP is making videos that feature people with LD and willing to do a video on vaccinations. - Mobilise the Community LD Teams to support – some may be able to deliver the vaccine and are already and primed. - SABP. - Autism and LD social care team in SCC may be of help. - Six Primary Care Liaison Nurses and six acute liaison nurses could also support and will assess needle sensitisation. - Provider network – mobilise to get messages out. <p>Hard of Hearing</p> <ul style="list-style-type: none"> - Hearing loops need to be available at each site. If not fully installed, mobile hearing loops need to be purchased. - There needs to an SMS number for people to contact is unable to use the phone. It could be held in the Booking Coordination Hub. Purchase the Essendex system to handle the text call and maintain a record to enable this to happen. Don't use 0800 or 0300 numbers as they're one-way. - PPE needs to include face masks with clear cut-out so that patients with hearing impairment who rely on lip-reading can understand what is happening at vaccination site. - Deaf Community Team alerted to expect calls regarding appointment letters to help people understand what is in them. <p>Deaf</p> <ul style="list-style-type: none"> - BSL interpretation needs to be available at all vaccination sites and publicised that it is available. - BSL video – NHSE is providing one and this will be published on the CCG's website. Sight for Surrey will put the BSL video on our Deaf

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<ul style="list-style-type: none"> - Mental capacity to provide consent – does the carer have the right to sign for people without mental capacity under the Mental Capacity Act. - Challenge – 17,000 people with LD are missing from GP LD registers. Many will struggle with transport; carers; support bubbles. Most people over 80yrs with a LD are known generally to primary care. <p>Hard of Hearing</p> <ul style="list-style-type: none"> - People who rely on lip-reading will be excluded from understanding what HCPs are explaining to them at their appointment if non-clear masks are being worn. - Dual impairment – hearing and visual impairment - . <p>Deaf</p> <ul style="list-style-type: none"> - People who communicate using British Sign Language and Makaton tend not to trust information from non-deaf sources - Difficulties understanding information about the vaccination before, during and after appointments. <p>Deafblind</p> <ul style="list-style-type: none"> - Much of the above relates to people with dual sensory loss. 	<p>Facebook page with an intro video by a Community Officer for the Deaf</p> <ul style="list-style-type: none"> - People who are Deaf should be encouraged to call the Deaf duty desk - Appointment letters need to include a link/address to this video. - BSL Interpreters will need to be recruited and available at every site in advance. <ul style="list-style-type: none"> o Unless when booking, practices/PCNs have access to information that means they know when to book an interpreter or not. - There needs to an SMS number for people to contact is unable to use the phone. It could be held in the Booking Coordination Hub. Purchase the Essendex system to handle the text call and maintain a record to enable this to happen. Don't use 0800 or 0300 numbers as they're one-way. <p>Deafblind</p> <ul style="list-style-type: none"> - Sight for Surrey will encourage people who are deafblind to contact them. They can identify a significant number who are deafblind. - Communicator Guides could be engaged by the NHS. <p>Mental health</p> <ul style="list-style-type: none"> - Is it possible to coordinate the Serious Mental Illness/Physical Health Check with vaccination - Consider if sites familiar to people with SMI should be used at some point to reach this cohort e.g. Farnham Road and the Abraham Cowley Unit - Space to prepare and debrief that affords privacy should be available

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<p>Mental health</p> <ul style="list-style-type: none"> - Motivation and remembering to attend second appointment. - Fear of clinical settings (e.g. previous sectioning) - Wanting to stay off the NHS radar (as above) - particularly common for people with Serious Mental Illness - People with experience of forced injections - Lack of knowledge about the vaccine - Misinformation online and (for some people) perhaps less trust in the authorities that are trying to counter this - People won't want to leave their own home - On complex drug regime – concern there may be an interaction - Can be hard to contact - May be more susceptible to anti-VAX misinformation - Take up of existing healthcare offers is low for people with Serious Mental Illness - Cost of travel - Access to travel - People thinking they have to pay for vaccine - Fear everyone will be wearing a mask and no loops or ramps (so accessibility for 	<ul style="list-style-type: none"> - Consider a targeted approach for patients with a SMI, working with trusted ICS partners (SABP and VCF sector). - Separate comms that address the fears and concerns of people with SMI; distribute via ICS trusted partners. - Mental health charities that have befriending systems could help support people who are very anxious to attend their appointments. Catalyst etc. <p>Physical disability</p> <ul style="list-style-type: none"> - Only use sites that are DDA-compliant. Check wheelchair access for all sites including toilets. - Make Blue Badge parking visible as well as disabled parking. - A private, curtained off facility should be available for those who request or need it. <p>Visual impairment</p> <ul style="list-style-type: none"> - Braille - Large print - Talking Newspapers – Jonathan Fisher – but they don't come out very regularly; may do a special issue. - Sight for Surrey can provide information to people as they hold the statutory register for people with visual impairment and know what their preferred method of communication is. - Transport for people without a support bubble is a risk. - Sighted guides – arrange through Sight for Surrey's one-to-one service – to enable people to read the invitation letter. <p>Housebound</p> <ul style="list-style-type: none"> - Community services - Same information but need to consider live-in carers who do not fit in with the schedule

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<p>anyone with a physical or sensory disability in addition to MH)</p> <ul style="list-style-type: none"> - People worried about taking clothes off e.g. it not being clear what they will have to remove. <p>Physical disability</p> <ul style="list-style-type: none"> - Some patients will be housebound by their physical disability and unable to travel to vaccination sites. - Premises need to be wheelchair accessible - Access to toilets that are accessible to wheelchairs - Blue Badge parking needs to be available - Some people will need assistance to remove clothing – need to ensure the facilities are set up to protect dignity <p>Visual impairment</p> <ul style="list-style-type: none"> - Being able to understand written information. - May have limited mobility and ability to travel to vaccination sites. Sight for Surrey’s volunteer service has been cut back because they are in the vulnerable group so this will impact. 	<ul style="list-style-type: none"> - Information that assures patients that the vaccine has been stored correctly - Information regarding the need for HCP to remain with patients for certain amount of time post-vaccination.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
Ethnic Group	<ul style="list-style-type: none"> - Higher mortality and morbidity rates amongst different Black and Asian ethnic groups causing concern - People have lost so many friends and family members to COVID-19 so many will feel it is really important to get vaccinated. - Trust in communities regarding the vaccine is variable e.g. concern about the ingredients; number of doses; the process. - People who are not registered with a GP due to varying factors may not get invited for an appointment. - Estimate that the actual GRT population in Surrey is approx. 5 to 6 times higher than official figures (between 10,000 and 12,000). - People will be concerned about the perceived cost as some have paid for the flu vaccine in pharmacies. 	<ul style="list-style-type: none"> - British Islamic Medical Association issued a position statement on 06 December 2020 recommending the Pfizer/Biontech vaccine for eligible at-risk individuals in the Muslim community. They cite that 'trust in public health messaging from Government sources is low, especially amongst minority communities' that poses a risk to vaccination uptake. They recommend that 'it is imperative individuals are given sufficient information regarding vaccination'. - Vital to provide information about access to interpreters and translations services. - Consider how information is worded. Keep it simple and direct – adjust any national comms that is detailed and complex so there are options. Avoid too many conflicting messages. - Engage community leaders to enhance confidence in the different vaccines. SMEF will be key to this effort – they have already contacted the Hindu Society - SMEF has already sent an e-brief out to their members (200+). - Explain the reasons why there are different priority groups and BAME is not factored in to this order of priority. - Make communications in different languages readily available in various settings and online rather than asking people to request them. Map against common languages in Surrey and ensure areas with higher proportion of people from different ethnic groups are reached – targeted communications, using trusted partners. - Local comms regarding vaccination sites locations, access routes and public transport made available in different languages. - Leaflet and information in beauty salons, hairdresser and barbers, places of worship, identified workplaces e.g. airport industry, Citizen Advice (CAs), information on billboards in housing areas (flats), foodbanks

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
		<ul style="list-style-type: none"> - How to register with a GP if not already registered. - GP practices update patient data so those at high risk can be identified. - Involve the trusted GRT Outreach Team to tailor the distribution of information to areas they already work in, particularly focussed on Waverley, Guildford, parts of North West Surrey and parts of East Surrey. - Liaise with the two Surrey County Council site managers to develop plan to share messaging if possible. - Consider how non-registered patients will be reached to reduce inequity for those in the GRT communities who are not registered with a GP. - Radio stations e.g. Sunrise Radio, Desi Radio, Punjab Radio, BBC Asian Network (national) - TV stations e.g. Star, Zee TV https://www.sky.com/pages/asia/star - Put leaflets and posters in shops frequented by different ethnic groups. - Facebook groups – targeted messaging. E.g. Women in Pharmacy. - Instagram doctors e.g. Dr Zoe Williams, drranj, drjoshuawolrich etc. - Traveller Times - Communicate clearly that the vaccine is free - Offer other things at the same time as the vaccine e.g. health checks, free meal to make it more attractive to attend. - Use of professional networks to identify medical professionals who are bi/trilingual and able to speak at local sites e.g. Black and Minority Ethnic Doctors Forum https://www.gmc-uk.org/about/how-we-work/equality-and-diversity/black-and-minority-ethnic-doctors-forum

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
		<ul style="list-style-type: none"> - Use of community pharmacies to spread the word. Many pharmacists are from a BAME background and may be able to speak more than one language. Trusted professionals to encourage vaccinations and curb misinformation. - Many Sikhs in the Spelthorne area will worship at the Gurdwara Sri Guru Singh Sabha in Southall https://www.sgsss.org/havelock-road-gurdwara/ Southall is not in Surrey but it would be helpful to work with the CCGs from this area to promote joint messaging. Similarly, there is a gurdwara (Sikh temple) in Crawley. - The aim is to encourage people to attend for vaccination and to give accurate information while dispelling misinformation. There is high regard and trust in the medical and pharmacy profession. Many older patients in particular have a paternalistic relationship with these health care professionals so it is important to use them to encourage people to attend. - Comms in ethnic minority newspapers - Messages on the counterfoil of prescriptions. GP practices can write a message on this directly to patients. GP practices text patients also, so this can alert patients to information sites or to vaccination centres. - Explain that vaccination will allow people to go back to a more normal way of life especially with resuming work and travel plans to the subcontinent more safely.
Gender reassignment	<ul style="list-style-type: none"> - Concerns regarding personal safety when attending for vaccinations. 	<ul style="list-style-type: none"> - Staff training. - Representative messaging. - Non-clinical settings
Religion & beliefs	<ul style="list-style-type: none"> - Ingredients of vaccine – certain religions and philosophical beliefs (veganism) – it 	<ul style="list-style-type: none"> - British Islamic Medical Association issued a position statement on 06 December 2020 recommending the Pfizer/Biontech vaccine for

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<p>has been confirmed that there is no animal content in the Pfizer vaccine but there are very strong rumours that there is.</p> <ul style="list-style-type: none"> - Days of religious observance may mean that people don't attend appointments on certain days or during certain weeks. - Muslim community are worried about whether the vaccine and future vaccines are Halal. - Jehovah's Witnesses - Beliefs regarding mRNA based vaccines 	<p>eligible at-risk individuals in the Muslim community. They cite that 'trust in public health messaging from Government sources is low, especially amongst minority communities' that poses a risk to vaccination uptake. They recommend that 'it is imperative individuals are given sufficient information regarding vaccination'.</p> <ul style="list-style-type: none"> - Include content of vaccine in communications i.e. no animal content. - Map out days of religious observance and consider local communities as to whether certain days will be less favoured. - Discuss further with multi-faith group linked to the Guildford Diocese. - Ensure we engage with faith leaders and places of worship to circulate comms effectively. - Clear explanation of how vaccines work may help to prevent people thinking COVID vaccines are particularly unusual; but make clear what those differences are e.g. mRNA vaccine in plain English. - Religious beliefs about vaccination should be addressed nationally by the recognised religious leaders in the UK – this is a national issue.
Marriage & civil partnership		
Pregnancy & maternity	<ul style="list-style-type: none"> - Pregnant women who would be prioritised due to being Clinically Extremely Vulnerable (CEV) will be concerned about the risk to their unborn child from having the vaccine. - Similarly they will be concerned about not having the vaccine because they are pregnant if they are CEV. 	<ul style="list-style-type: none"> - Messaging that vaccination is not suitable for pregnant women - The SOP includes question to ask if person is pregnant or planning a pregnancy in order to stop these women receiving the vaccine. - Ensure clear messaging about maintaining all infection prevention measures currently being promoted (hands, face, space) – with relevant images for pregnant women.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
Sex	<ul style="list-style-type: none"> - Worse mortality rate amongst men and women over 55. - Higher mortality rate in men. - Is there a gender difference in those who access vaccinations? 	<ul style="list-style-type: none"> - Research information on vaccine uptake differences by sex. - Communications need to appeal to both genders.
Sexual orientation	<ul style="list-style-type: none"> - Anxiety/depression/low self-worth - Substance abuse – using as an escape from what they are struggling with - Crossover with domestic abuse - People are becoming deliberately isolated as they are not safe in the environment that they are having to spend a predominant amount of their time e.g. under 25s. Living a double life – people they are living with are not accepting of their sexuality or gender identity - Self-harm - Should not be a barrier to turn up for a vaccination. However, where there is different gender identity self-expression it could be more difficult to get this group into vaccination centres - Asian and Italian communities – may be additional discomfort due to overall suppression of self; can affect engagement with services 	<ul style="list-style-type: none"> - Consider use of non-clinical settings that afford privacy; discreet. - Promotion of community pharmacy settings. - Staff training – sexuality and gender identity as well as ASD and ADHD due to some crossover. - Share social media information with Outline Surrey for them to utilise. - Establish a forum that people can contact to explore concerns about the vaccine as well as ensure Outline Surrey has up to date information for them to discuss with people contacting them. Third party referral pathways.
Carers (see appendix 2 or more detailed)	<ul style="list-style-type: none"> - Anxiety and not understanding why they are not being vaccinated at the same time as the person they are caring for. This 	<ul style="list-style-type: none"> - Encourage carers to register for the Emergency Carers Card with Surrey County Council

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
analysis and mitigations)	<p>differs to the communications regarding carers being eligible for the flu vaccination.</p> <ul style="list-style-type: none"> - If the carer becomes ill having not had the vaccination, there is a risk regarding who will provide care. - Young carers who are CEV may be worried about getting time away from caring responsibilities to attend vaccination appointments. 	<ul style="list-style-type: none"> o Details of one person familiar to the carer and the cared-for who can be contacted in case of emergency. - Encourage carers to register as a Carer with their GP Practice. <ul style="list-style-type: none"> o To enable them to take care of their wider wellbeing to prevent carer burnout. o To enable them to secure a Carer Break that would enable them to attend for a vaccination appointment. - Share information with carer support organisations about the vaccination. - Ability to book appointments at the same time on the same day if both carer and cared-for are in the same priority cohort and receive their letters at roughly the same time. - Surrey Young Carers
Socioeconomic disadvantage	<ul style="list-style-type: none"> - Sites need to be in more deprived areas to overcome this barrier. - Cost of travel to get to the site could be a barrier. 	<ul style="list-style-type: none"> - Ensure deprived areas are covered by the roving vaccination service. - Food Banks may pick up additional problems – ensure two-way comms to inform programme. - Sites have had to be identified swiftly which means that they have not been selected for proximity to communities that are socially disadvantaged. Further mitigations are therefore needed. - Map out access points for each site – public transport; parking arrangements (could free parking be made available by borough and district councils. - Free car parking needs to be available for those on low incomes. - Make sure people understand the vaccine is free (unlike flu for non-priority groups) - Surrey Adult Matters – multiagency steering system including criminal justice – that address hardest-to-reach individuals for

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
		people with severe difficulties – wraparound plans. May have a medium-to-high risk.
Rural/urban geographies	<ul style="list-style-type: none"> - Minimal access to public transport in rural areas, especially at weekends. - Rural areas are more impacted by adverse winter weather e.g. snow, floods so there is a risk that communities could be cut off during the peak vaccination window of January to April. 	<ul style="list-style-type: none"> - Village halls may be more accessible in small villages compared to GP practices e.g. Ewhurst and Capel. - Consider using mobile units to bring the vaccinations to more rural areas. - Work with local authorities to activate the volunteers who came forward during the first lockdown to help transport people in rural areas to central vaccination sites. - Robust EPRR will ensure that physical barriers caused by adverse incidents are addressed by partners.
Homeless	<ul style="list-style-type: none"> - Making sure that both doses are received will be difficult - Homeless figures collated during first lockdown. 	<ul style="list-style-type: none"> - Homeless network for districts and boroughs - York Road project in Woking and one in Leatherhead
Education (health literacy)	<p><i>Regional EHIA:</i></p> <ul style="list-style-type: none"> - Health literacy is linked to literacy and entails people's knowledge, motivation, and competence to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course. 	<ul style="list-style-type: none"> - Develop an Infographic to explain the different elements of the programme. - Use verbal communication channels – social media videos; radio advertising to raise awareness of the programme. - Ensure all patient-facing documents, including appointment information, use Plain English.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	<ul style="list-style-type: none"> - People with low levels of literacy and/or health literacy are likely therefore to be under-vaccinated. - This also raises safeguarding issues for those who have lower literacy levels and may be reliant on others to guide them – which could lead to exploitation and/or reducing their ability to access services they need. <p>May not understand information in appointment letters and follow-up arrangements.</p>	
Undocumented migrants, refugees, asylum seekers	<p>Data needed Fear of authority including the NHS</p>	
Domestic abuse	<ul style="list-style-type: none"> - One partner in a relationship may be prevented from attending for vaccinations due to fear of repercussions. - Women in refuges <ul style="list-style-type: none"> o Will not receive any appointment letter o May not feel safe attending a public space for a vaccination. 	Support may be needed at vaccination centres
Prison population	<ul style="list-style-type: none"> - The prison population was severely impacted by the first wave of the pandemic – 23 hours in cells. This means 	

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	that prisoners may positively welcome the offer of a vaccination.	
People on probation	<ul style="list-style-type: none"> - May not feel safe or welcome in vaccination centres. - May not be registered with a GP if only recently released. - If they have moved to a different address on release and not informed their GP practice, letters from their GP practice will not be received. 	<ul style="list-style-type: none"> - As people on probation are compelled to attend appointments with the Probation Service messaging needs to be share with them as a point of contact to encourage attendance. - Comms routes – include Surrey Police and consider sending posters to police stations. - SABP – courts liaison and diversion team can support people to attend appointments.
People with addiction or substance misuse problems	<ul style="list-style-type: none"> - Presenting to a timescale may be more difficult; could turn up late and want to be seen instantly. - Mental capacity may be an issue - High impact complex drinkers - Stigma and illegality may disincentivise engagement with statutory organisation. - On any given day, approximately 1,600 people are in substance misuse care plan treatment. - Projected 8,106 alcohol misusers in the county. - Projected 2,600 substance misusers in the county. - Projected age range data is available up to 65 years of age. Their GPs would know if any are CEV so they will get flagged; the challenge is in getting these patients to the 	<ul style="list-style-type: none"> - Make links with the i-Access Adult Substance Misuse Treatment Service as a trusted partner alongside the pharmacies and GP. They would be a good avenue for encouraging uptake of vaccination. Engage with this team to explore what kind of support could be put in place for those they interact with who are eligible for the vaccine. - Consider wrap-around service in trusted place e.g. Guildford Action. - Catalyst High Impact team – trusted partner.

Equality Characteristic / Vulnerable Group / Existing Inequity	Considerations and concerns relating to: i) Access ii) Communications iii) Anything else?	Suggested mitigations
	vaccination centres especially if it is not their own GP practice, which is highly likely.	
Other	<ul style="list-style-type: none"> - The need to provide written consent may put people off as it would be a different procedure to flu jabs and patients may be concerned about how their information is being used. 	<ul style="list-style-type: none"> - Update: written consent is not required. - Fair processing information needs to be visible at the sites and available in different languages. They may receive this information when they are given the details for their appointment – check.

Postal drop - to promote/explain the vaccination
Weekly/fortnightly briefings for VCF partners on vaccinations etc.

6. Action plan and monitoring arrangements

Action

Share information that enables people to access community transport

Establish a central hub for enquiries

Clear explanation regarding different types of sites

Publicise access to The Big Word at vaccinations sites to provide interpretation support; include in invitation information and on website

Develop a video that explains the patient journey at a LVS

Pull-up banners that explain support that is available - entrance to each site

Develop Accessibility Guide for each LVS - publish on website and share link when patients book in. To include access by public transport.

Arrange for accessibility assessments to be carried out at each site and publish results

Publicise the parking arrangements for each site (including whether it is free or not/access to disabled parking/how far from LVS)

Work with SMEF to organise radio interviews at different radio stations to reach various ethnic groups via own language clinicians.

Work with SMEF to continue Covid Conversations over coming months with different groups.

Work with Maternity Voices Chairs to ensure clear information is cascaded on vaccination for pregnant women and women who are breastfeeding

FAQ on content of the vaccines with links to relevant statements

Meet with multi-faith group of Guildford Diocese to map out approaches needed

Programme of discussions with different faith leaders to explore what support they require to help increase vaccine acceptance

FAQ on vaccination for patients taking PREP

Communications on vaccination safety procedures to minimise fears regarding HIV/AIDS

Publicity to encourage unpaid carers to register as a carer with their GP

Carer awareness training for GP Feds and LVS teams

Clear messaging on priority group 6 including unpaid carers

Publicity to encourage Young Carers to register at GP - work with Surrey Young Carers

Infographic to explain the vaccination process

Actions required

Install hearing loops in all sites to enable people who are hearing impaired to provide informed consent

Ensure each site has stock of patient information in different languages

Ensure each site has face shields and/or face masks with clear panel to ensure people with hearing impaired are able to offer informed consent

Booking system allows patients to indicate support they require e.g. wheelchairs; Sighted Guides; quiet time; Braille; interpreter etc.

Easy read information available at each site

Make specific arrangements for certain groups e.g. people with LD - working with CCG and provider specialist in LD

Training for volunteers at sites on how to appropriately offer assistance

Engage trusted community leaders to work with each PCN/GP Federation to develop programme of activities that build trust and enhance confidence

Form links with the GRT Outreach Team to develop programme that enables discussion of any fears or concerns that members of this community may have.

Make links with homeless shelters and refuges to design vaccination

Review need for mobile vaccination vehicle to reach remote areas or to target specific areas with low uptake

Make links with i-Access Adult Substance Misuse Treatment Services and Catalyst High Impact team to encourage uptake of vaccinations.

NB

- The above actions will be overseen by an agreed governance structure yet to be fully determined.
- Members of the Assessment Team will be invited to remain involved in the vaccination programme via a proposed stakeholder reference group to continue to advise on risks and mitigations to maximise vaccination uptake across all equality and vulnerable groups.

7. Governance

State here who has approved the actions and outcomes from the equality analysis.

Name: Ruth Hutchinson

Job Title: Director of Public Health, Surrey County Council

Signed: *Ruth Hutchinson*

Date: 13/05/2021

The action plan was implemented from when the EIA was completed. Review of the EIA will be ongoing.

Appendix 1 – Carers

Equality Characteristic	Considerations and concerns relating to: iv) Access v) Communications vi) Anything else?	Suggested mitigations
Carers	<ul style="list-style-type: none"> • Carer identification <ul style="list-style-type: none"> ○ Many people may not identify as a ‘carer’ but will have caring responsibilities and should be made aware that they can/encouraged to take up the vaccine as part of priority group 6. This may make identifying and reaching people in this cohort more challenging (this may be particularly true in certain communities or cultures where caring is not seen as being a ‘carer’, but rather part of familial role). ○ The guidance states ‘main carer’ – it is not always possible to determine who is the main carer, and if someone has multiple carers who are in close contact with them/on whom they rely for support, the impact of vaccination will be impeded if all carers are not vaccinated. ○ Receipt of Carer’s Allowance as listed criteria in JCVI guidance, priority groups footnote 3 – this accounts for a very small number of carers – just 730,000 nationally (of around a total of 6 million unpaid carers). The criteria should be applied broadly in Surrey in order to maximise reach, and should be open to all unpaid carers under the latter part of footnote three: “carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill”. ○ Current messaging may not be clear that carers are now included in priority group 6 – this criteria is as footnote 3, rather than part of main body of text in JCVI guidance. As such, national comms has not been clear about inclusion of unpaid carers. 	<ul style="list-style-type: none"> • Encourage all carers to register as a carer with their GP – key way of ensuring they are contacted as part priority group 6 rollout, if they are not eligible under groups 1-5. • The Carers Team (DH/AW) can support with providing ‘carer awareness’ training to promote carer friendly practice as the programme develops, eg in the booking function/potential booking hub. • Ensure Surrey comms is clear and inclusive of unpaid carers as part of cohort 6 rollout – this will include using more than the term ‘unpaid carer’ to aid in supporting those who have not previously identified with this term but who do have caring responsibilities to come forward. The Carers Team can support with ensuring messaging is clear and appropriate, and that it can be disseminated through key services and partners. • Local comms may need to be adapted – current message of ‘don’t contact us, we will contact you’ about the vaccine may need to be preceded by a message encouraging carers to register as a carer with their GP, to help ensure we can identify and contact them as part of priority group 6 (this may also help avoid duplication if carers already fall into priority groups 1-5 and have had the vaccine accordingly).

	<ul style="list-style-type: none"> • Anxiety and not understanding why they are not being vaccinated at the same time as those for whom they are caring. <ul style="list-style-type: none"> ○ Carers included in priority group six, as confirmed in footnote 3 of JCVI guidance updated 30 December 2020, but this has not been clear in national messaging (which focuses on group 6 as being for people with underlying health conditions). ○ Cared for often vulnerable – vaccinating carers would add level of protection. ○ Anxiety may be particularly acute for carers who care for multiple people, some of whom may be in different priority groups (or not in one at all), or may be in different households. • Potential impact if the carer catches COVID-19 and becomes ill <ul style="list-style-type: none"> ○ Although the person they care for may be eligible and get vaccinated, there would be significant impact (for both carer and person/s being cared for) if the carer becomes ill and unable to care before the programme reaches them (priority group 6). This includes potential impact on health service (linked to recognition of what carers save the NHS each year). ○ This concern likely to add to anxiety and carer stress/distress. • Carers are already more likely to report stress/distress, and/or having a long term condition, disability or illness (which may not put them in a priority group). <ul style="list-style-type: none"> ○ Ongoing financial, health and wellbeing concerns for carers, especially as many will have taken on a new caring role or additional caring responsibilities – we know that, nationally, there are more carers and 	<ul style="list-style-type: none"> • Share clear messaging regarding priority groups (and rationale) with carers, through core channels and key stakeholders/partners (such as carer service providers). Carers over the age of 65 or who fall into other categories identified in priority groups 1-5 (eg extremely clinically vulnerable) will be offered the vaccine sooner than priority group 6. • Encourage all carers to register as a carer with their GP – key way of ensuring they are contacted as part priority group 6 rollout, if they are not eligible under groups 1-5. • The Carers Team (DH/AW) can support with providing ‘carer awareness’ training to promote carer friendly practice as the programme develops, eg in the booking function/potential booking hub. • Raise awareness of universal offer for carers in Surrey: <ul style="list-style-type: none"> www.surreycc.gov.uk/social-care-and-health/adults/looking-after-someone/your-role-as-a-carer www.surreycc.gov.uk/_data/assets/pdf_file/0017/216206/CS4127-Looking-after-someone -A-guide-to-carers-support-in-Surrey-2019-layout-for-online-use-1mb-1.pdf • Encourage carers to register as a carer with their GP practice. This will help ensure that they can be signposted to relevant carer services and support, including referral through the Surrey Carers Prescription. • Signpost carers to information and support services available: www.surreycc.gov.uk/social-
--	--	--

	<p>carers caring for higher number of hours p/week as a result of COVID. This is making taking a break harder, and has/may result in some carers struggling to juggle work, and/or their own/health and wellbeing (especially if cared for is particularly vulnerable and carer has had to reduce work, breaks etc) – increasing carer burden and risk of carer burnout.</p> <ul style="list-style-type: none"> ○ The strain on carers, and recognised impact on their health and wellbeing, is likely to make them more susceptible. ○ Need to recognise impact in terms of carers feeling invisible or not valued. <ul style="list-style-type: none"> ● Challenges of carer attending vaccination location/appointment <ul style="list-style-type: none"> ○ Can be very difficult for carers to find time to attend appointments for themselves (especially if requires travel/length of time); this is made more complex as existing restrictions have limited usual support networks for carers and cared for. ○ If both carer and cared for eligible for vaccination, the challenge becomes more complex, especially if appointments cannot take place at the same time (as this would mean planning two journeys, and a potentially a break from caring responsibilities to attend own appointment). <ul style="list-style-type: none"> ● Anxieties regarding others attending the carer or cared for person's home (where they are not resident together) to provide care. <ul style="list-style-type: none"> ○ This will not be new, however there may be concern that vaccination rollout may reduce precautions taken by visiting carers and there may 	<p>care-and-health/adults/looking-after-someone/your-role-as-a-carer</p> <ul style="list-style-type: none"> ● Signpost practitioners to carer information and support services; reminder that referrals can be made via the Surrey Carers Prescription, where this is in use (eg GPs, hospitals). (Carer break services are available but may not be able to respond within timeframe required for vaccination appointments.) ● Seek flexibility and develop 'carer awareness' in booking process, which would potentially allow for carers to arrange appointments at times when they already have a break from caring (eg when routine replacement care is in place, or when cared for is attending supported activities). ● Seek flexibility within booking system to enable carers to book appointments at the same time as those for the person they care for, should they both become eligible at the same time. This would allow carers more flexibility to attend, as it would likely not require replacement care or similar measures to be arranged. ● Scope potential for carers to be prioritised within planned roving programme and/or delivery through more local hubs. This would reduce need for travel, time away from cared for, and make attending appointment easier. ● Carers will likely have been living with this anxiety for some time – continuation of messaging about precautions and COVID-safe practices in place and to be maintained. ● Clear messaging about who is having the vaccine and when (health and social care workers).
--	---	---

	<p>be a lack of clarity around which care workers will get the vaccination and when.</p> <ul style="list-style-type: none"> ○ Care home visiting – carers still have a significant role to play in the lives and care of people receiving in care or residential homes, but have been severely affected by visiting restrictions. <ul style="list-style-type: none"> ● Concerns regarding safety of vaccine and/or side effects <ul style="list-style-type: none"> ○ Though these concerns may largely mirror those of general population, for carers this may also cause additional that any safety issues/side effects would affect their ability to care for the person/s they look after. ○ Opportunity for education/information as carers may have influence on cared for having vaccine if they are eligible. ● Transport <ul style="list-style-type: none"> ○ These concerns may largely mirror those of general/other population groups. For carers, need to consider the impact of having to travel to locations at distance, or where the cared for person has complex needs (impact in terms of time and also availability of appropriate transport). ○ Linked to anxiety regarding travelling when carer and/or cared for have been shielding, for e.g. if required to travel to hospital. ● Not all cared for people will fall into priority groups <ul style="list-style-type: none"> ○ If carers not vaccinated this may still leave vulnerable people at risk, e.g. mental ill health (1 in 3 people now have mental ill health, up from 1 in 4 pre-pandemic) and hidden disabilities. ● BAME carers and communities (link to specific considerations for people from BAME communities, due to recognised impact of COVID on these communities) 	<ul style="list-style-type: none"> ● General messaging about safety of vaccine to be targeted to carers through key channels, such as carer support providers in Surrey. Important to give clarity about what to expect. ● Some mitigations and messaging likely to mirror that of general population, and to include clear guidance about travel to vaccination locations, public transport, and any support/advice available. ● Consider accessibility of vaccination locations; explore potential for additional flexibility for carers and cared for with complex needs to be prioritised to attend certain locations, so as to minimise travel time, burden etc. ● Scope potential for carers who are eligible to be prioritised within planned roving programme and/or delivery through more local hubs. This would reduce need for travel, time away from cared for, and make attending appointment easier. ● Clear messaging about eligibility. ● Include in messaging signposting to support for emotional wellbeing and mental health support. ● Link to other considerations and mitigations for BAME population.
--	---	---

	<ul style="list-style-type: none"> ○ More likely to be multi-generational households and caring, and caring for multiple people, so higher likelihood of intermingling and potential transmission. Caring for multiple people potentially in different priority groups (or not in one at all). ● End of life care carers <ul style="list-style-type: none"> ○ These concerns and potential impact will likely mirror wider concerns for people who are EoL. ○ May be difficult for people who are EoL and/or those caring for people at EoL to travel to access vaccine, and are likely to have complex needs. ○ When carer is eligible for vaccine, they may experience challenge getting time away from their caring responsibilities – covering this may require specialised care support/care worker due to cared for being EoL. 	<ul style="list-style-type: none"> ● Seek flexibility and develop ‘carer awareness’ in booking process, which would potentially allow for carers to arrange appointments at times when they already have a break from caring (eg when routine replacement care is in place, or when cared for is attending supported activities). ● Seek flexibility within booking system to enable carers to book appointments at the same time as those for the person they care for, should they both become eligible at the same time. This would allow carers more flexibility to attend, as it would likely not require replacement care or similar measures to be arranged. ● Scope potential for carers who are eligible to be prioritised within planned roving programme and/or delivery through more local hubs. This would reduce need for travel, time away from cared for, and make attending appointment easier. ● Link to general considerations and mitigations for people who are EoL. ● Seek flexibility and develop ‘carer awareness’ in booking process, which would potentially allow for carers to arrange appointments at times when they already have a break from caring (eg when routine replacement care is in place, or when cared for is attending supported activities). ● Seek flexibility within booking system to enable carers to book appointments at the same time as those for the person they care for, should they both become eligible at the same time. This would allow carers more flexibility to attend, as it would likely not require replacement care or similar measures to be arranged.
--	--	--

	<ul style="list-style-type: none"> • Young carers and young adult carer – education as transmission rates understood to be high. What if person cared for not in priority group or later stage group? • No vaccine suitable for children under 16 as yet, which increases the importance of those they care for receiving the vaccine when eligible. • Young adult carers – opportunities with universities etc 	<ul style="list-style-type: none"> • Scope potential for carers who are eligible to be prioritised within planned roving programme and/or delivery through more local hubs. This would reduce need for travel, time away from cared for, and make attending appointment easier. • To be linked with other considerations and mitigations for young people, including clear targeted messaging through key channels (eg young carer and young adult carer services). • Encourage young carer GP registration, and contacting young carer and young adult carer services (Surrey Young Carers and AfCS).
--	--	---

List of key carer support service stakeholders to be included in general and targeted communications (recognising that they need to be aware, can share messages with carers, and will likely be trusted points of contact for carers):

Action for Carers Surrey

General contact:

<https://www.actionforcarers.org.uk/>

0303 040 1234

CarerSupport@actionforcarers.org.uk

Comms/engagement contact:

Barbara Cormie (Marketing and Communications Manager)

Barbara.Cormie@Actionforcarers.org.uk

Surrey Young Carers

General contact:

<https://www.actionforcarers.org.uk/who-we-help/young-carers-under-18/>

01483 568 269

syc@actionforcarers.org.uk

Comms/engagement contact:

Barbara Cormie (Marketing and Communications Manager)

Barbara.Cormie@Actionforcarers.org.uk

Crossroads Care Surrey

General contact:

<https://crossroadscaresurrey.org.uk/>

01372 869970

enquiries@crossroadscaresurrey.org.uk

Comms/engagement contact:

Jen Sanderson (Head of Marketing & Fundraising)

jen.sanderson@crossroadscaresurrey.org.uk

Surrey Independent Living Council (SILC)

<https://surreyilc.org.uk/index.html>

01483 458 111

admin@surreyilc.org.uk

Surrey Welfare Rights Unit

<https://www.swru.org/>

01483 776713

Maria.Zealey@swru.org (Chief Officer)

Space 2 B You (online support for mental health carers)

admin@space2byou.co.uk

East Surrey Carers' Support Association (will be ceasing operation at end of March 2021)

<https://www.escsa.org.uk/>

01883 745057

info@escsa.org.uk

HW Surrey