

Coronavirus **COVID-19**



Marginalised Groups: Planning for Resilience in the COVID-19 Crisis



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Marginalised Groups: Planning for Resilience in the COVID-19 Crisis

Marginalised groups become increasingly vulnerable during emergencies. It is critical that their voices are present and heard as responses to the COVID-19 crisis are being planned and implemented. Inclusive and robust processes of consultation and engagement will strengthen the efficacy of responses and ultimately the resilience of these groups and communities in the immediate and long term¹.

This planning framework, based on a modified version of Maslow's Hierarchy of Needs, is designed to assist community development organisations, state agencies, local development organisations, voluntary groups and Local Authority Community

In Ireland, the communities most at risk of further marginalization because of COVID-19 are those that:

- have low levels of access to economic resources and work in the lowest paid sectors;
- have inadequate access to social and economic resources;
- have limited capacities and opportunities to cope and adapt and;
- limited access to technologies.

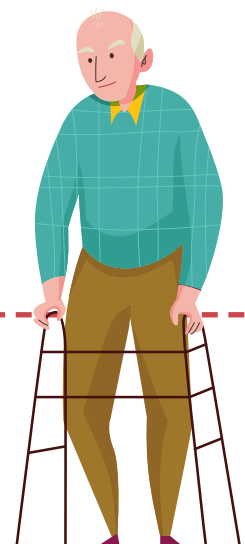
Response Forums in planning to protect the health and wellbeing and ensure the resilience of those who experience the highest degree of socio-economic marginalization and social exclusion during the COVID-19 pandemic.

Groups that are made vulnerable because of marginalization include:

- Older people
- People experiencing homelessness
- Travellers and Roma
- Disadvantaged women, women experiencing domestic violence
- People seeking asylum, particularly those living in direct provision
- Migrant communities including undocumented migrants
- Disabled people
- People living in poverty and those that are experiencing unemployment
- People experiencing poor mental health
- People with addiction
- Lone parents
- Children at risk of educational and other disadvantage
- Carers
- LGBTI people

¹ COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement - UN Women and Translators without Borders on behalf of the Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

COVID-19 Community Support Response Forums have been established in each local authority area to ensure that vulnerable and marginalized communities are supported during the COVID-19 crisis



Planning Framework



² <https://www.learning-theories.com/maslows-hierarchy-of-needs.html>

The diagram on the left illustrates the modified version of Maslow's Hierarchy of Needs² that we have adapted to reflect the needs associated with planning for resilience for marginalised groups in the COVID-19 crisis. The model identifies 5 stages of needs starting with the most basic need i.e. the need for physical survival.

COVID-19 is likely to have a disproportionate impact on women socially, economically and from a safety perspective. Please consider the particular needs of women in planning for COVID-19 responses.



1. BASIC PHYSICAL NEEDS

Basic physical needs are those which are essential for survival such as food, water, shelter, heat and clothing.

In the context of the COVID-19 crisis, assessing and developing responses to the basic physical needs of each group could include asking the following:

- 1.1 Do members of each group have access to clear and accessible information about COVID-19, how to protect their health and what to do if they have symptoms? (Consider language, literacy, accessibility)
- 1.2 Can members of each group self-isolate?
- 1.3 Is it possible for members of each group to practice physical distancing?
- 1.4 Do members of each group have access to clean warm water and soap?
- 1.5 Can members of each group access essentials such as groceries, medical supplies and fuel/heating?
- 1.6 Do carers have access to the safety equipment they require such as Personal Protection Equipment?
- 1.7 Do members of each group have decent, safe accommodation?
- 1.8 Do they have access to laundry facilities?
- 1.9 Do they have enough money for what they need?

2. SAFETY

Feelings of insecurity and a lack of safety become paramount in emergencies and it is essential that the safety and security of marginalised groups is given due attention during this crisis.

In the context of the COVID-19 crisis, assessing and developing responses to the safety needs of each group could include asking the following:



2.1 Are there facilities/supports in place for people in each group if they feel that their security is threatened? (e.g. women in abusive relationships, older people, people who are self-isolating or cocooning, particularly those living alone)

2.2 Do members of the group have access to targeted support if needed?

2.3 Are service providers and volunteers who come into contact with these groups clear about the particular issues/concerns that they may have? Are they adequately trained and qualified to respond?

2.4 How can we maximise safety and security for each group?

2.5 What type of relationship does each group have with state agencies that may affect how they engage with them? (Consider issues of trust or poor relationships.)



3. CONNECTIONS AND SOCIAL SUPPORTS

At a time when the practices of social and physical distancing and isolation are crucial, the COVID-19 crisis has highlighted the need that each of us has for connectedness, contact, a sense of belonging and inclusion. **For those who experience social exclusion, isolation and marginalisation throughout their lives, it is likely that this crisis will serve to exacerbate this reality.**



In the context of the COVID-19 crisis, assessing and developing responses to the connection and social support needs of each group could include asking the following:

3.1 Do members of each group have access to technologies including internet access which will help them to stay connected with others? (Consider inclusive technologies for disabled people.)

3.2 Do members of each group have access to targeted support/helplines if needed?

3.3 Do members of each group have access to mobile phones and phone credit?

3.4 Are there services in place to ensure social connection is maintained such as social supports and check-in over the phone?



4. PARTICIPATION, REPRESENTATION AND RECOGNITION

Engaging and including members of marginalised communities in planning and implementing responses to the COVID-19 alert will ensure participation, empowerment, efficacy and a sense of collective responsibility within and between communities.

At a time when volunteering is being given significant focus, it is vitally important that members of marginalized communities are called on, supported, trained and encouraged to play their part as individuals and communities with a huge amount to offer.

Consider the wealth of experience and coping strategies disabled people have developed as many spend a lot of time at home as a consequence of a lack of supports. Other marginalised groups have found ways pre-COVID-19 to cope with daily challenges of providing food, hygiene and caring for children and others in their families in very adverse situations.

In the context of the COVID-19 crisis, developing mechanisms for the participation, representation and recognition of each group could include asking the following:



4.1 Does each group have a representative organisation with which we can engage?

4.2 Are there clear mechanisms for communicating the experiences of each group? Do they have a say in how their issues are addressed?

4.3 What is the best way to maximise the participation of each group in our planning processes?

4.4 What roles could members of this group play in supporting the implementation of plans developed?

4.5 What supports could members of each group give to others in their community or to other groups?

5. RESILIENCE

Building the resilience of communities to come through and recover from the COVID-19 crisis is critical and urgent. Failure to plan for the mitigation of long-term negative impacts of the COVID-19 crisis on marginalized communities will have far-reaching consequences.



In the context of the COVID-19 crisis, assessing and developing responses to the resilience of each group could include asking the following:

- 5.1 What strategies are required to ensure that children and young people at risk of educational and other disadvantage are protected? (Consider posting resources to families who have no access to internet, online school work or home work clubs, or telephone support).
- 5.2 Do members of each group have access to mental health and wellbeing supports? Do they have access to physical exercise opportunities?
- 5.3 Do people, particularly, young people, or older people that are cocooning, in each group have access to the technology required to maintain their education and social networks?
- 5.4 What strategies are required to ensure that each group can emerge from this crisis stronger, more resilient and capable of reaching their full potential?

ADDRESSING STIGMA AND MISINFORMATION

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.



Stigma can undermine social cohesion and prompt further exclusion of groups, potentially undermining efforts to mitigate the spreading of the virus and leading to a situation where the virus is more likely to spread. Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours³.

The rise of harmful stereotypes and the resulting stigma and pervasive misinformation related to COVID-19 can potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling the disease outbreak. Stigma and misinformation increase the likelihood of preventing potential infected people from seeking care immediately and motivate them to hide and/or evade treatment themselves to avoid discrimination.

Things to keep in mind:

- Public health information pertains to all of the public. Support the broader dissemination of public health messages to reach marginalized and/or vulnerable communities
- Avoid terms: geographic/ethnicity labels (e.g. Wuhan Virus)
- Only repeat information based on reliable scientific data and the latest official health advice (use simple language and avoid clinical terms and abbreviations) - use this to address myths and stereotypes if necessary and promote importance of proper prevention etc.
- Use a variety of communication channels (if possible off - and online) to amplify positive, sympathetic and diverse voices and provide reliable and accurate information at a community level⁴.

³ Social Stigma associated with COVID-19 – IFRC, UNICEF, WHO [https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20\(COVID-19\).pdf](https://www.unicef.org/media/65931/file/Social%20stigma%20associated%20with%20the%20coronavirus%20disease%202019%20(COVID-19).pdf)

⁴ *ibid*

Developing a Plan of Action

Having considered the questions outlined above, the following table may also be useful in assessing the issue, impact, response needed and organisation responsible for implementation. These responses may already be in place or may need to be developed. We have inserted examples in relation to mental health, young members of the Traveller community and women experiencing domestic violence to illustrate how the table might be used.

Examples

Issues	Impacts	Responses	Responsibility
<i>Group - People with Mental Health Challenges</i>			
<i>Increased difficulties in accessing services, treatment and social supports during an intense public crisis</i>	<i>Greater levels of isolation, reduced access to services and social supports increasing the risk of stress, anxiety, depression and suicidology</i>	<i>Dedicated helplines, online supports, funding to ensure access to phones, and training to use online mental health supports. Training for all relevant professionals including community workers and mental health nurses, in the provision of appropriate and meaningful telephone and online supports.</i>	<i>Local Authority COVID-19 Community Response Forum to highlight this need. HSE and Department of Health to provide funding and resources. Mental Health NGOs and service providers Community workers Family Resource Centres Local Development Companies</i>
<i>Group - People in Direct Provision</i>			
<i>Inability to follow public health advice on social distancing and self-isolation because of their living circumstances</i>	<i>Health and wellbeing being put in danger Increased risk of contagion in the DP centre and in the community Significant levels of anxiety</i>	<i>Source alternative accommodation to enable asylum seekers to social distance and self-isolate where necessary</i>	<i>Local Authority COVID-19 Community Response Forum HSE Department of Justice Community workers to work closely with the departments and agencies and with those in DP</i>
<i>Group - Traveller Young People</i>			
<i>Lack of access to educational supports during the crisis</i>	<i>Traveller young people at increased risk of educational disadvantage and early school leaving</i>	<i>Interventions to ensure that Traveller young people have access to online and other supports to maintain their participation in education</i>	<i>Department of Education Department of Children and Youth Affairs ETBs Community Workers Local Development Companies Traveller organisations</i>

Coronavirus COVID-19



If you have fever and/or cough you should stay at home regardless of your travel or contact history.

If you have returned from an area that is subject to travel restrictions due to COVID-19 you should restrict your movement for 14 days. Check the list of affected areas on www.dfa.ie

How to Prevent



Wash
your hands well and often to avoid contamination



Cover
your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue



Avoid
touching eyes, nose, or mouth with unwashed hands



Clean
and disinfect frequently touched objects and surfaces



Stop
shaking hands or hugging when saying hello or greeting other people



Distance
yourself at least 2 metres (6 feet) away from other people, especially those who might be unwell

All people are advised to:

- > **Reduce** social interactions
- > **Keep a distance** of 2m between you and other people
- > **Do not** shake hands or make close contact where possible

If you have symptoms visit hse.ie OR phone HSE Live **1850 24 1850**

Symptoms

> Fever (High Temperature) > A Cough > Shortness of Breath > Breathing Difficulties

For daily updates visit

www.gov.ie/health-covid-19
www.hse.ie

Community Work Ireland is a national organisation that promotes and supports community work as a means of addressing poverty, social exclusion and inequality, promoting, protecting and advancing human rights and ultimately achieving social change that will contribute to the creation of a just, sustainable and equal society.

**Community Workers CLG trading as Community Work Ireland –
CHY 11671; RCN 20032531; CRN 235035**



Rialtas na hÉireann
Government of Ireland

Community Work Ireland is funded by the Scheme to Support National Organisations funded by the Government of Ireland through the Department of Rural and Community Development.

