



BAME communities and access to support during Covid-19

November 2020

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Introduction

During times of economic decline and societal challenges the Black, Asian and Ethnic Minorities (BAME) community have always faced the blunt of the negative impacts.¹ The COVID-19 pandemic has brought out the stark reality of inequalities that disproportionately affect people from BAME backgrounds. Pre-existing racial and socioeconomic inequalities, resulting in disparities in co-morbidities between ethnic groups have been amplified by COVID-19. In June 2020 the Public Health England review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19²

Subsequently many studies conducted since have indicated that there is clear evidence that COVID-19 does not affect all population groups equally.³ The minority communities and BAME in particular are disproportionately affected by COVID-19 and are 4 times more likely to die from the virus than people from the white British community⁴.

With over 10% of the Tameside population from BAME backgrounds,⁵ DMNW wanted to find out the impact Covid-19 has had on their ability to access support in order to deal with an unprecedented health pandemic.

The aim of this consultation was to look at:

- How BAME residents in Tameside have been able to access humanitarian provisions put in place alongside pre-existing statutory health care offers.
- Were there gaps in services?
- Were there barriers which prevented access?
- What were the main concerns around accessing support/services?

DMNW wanted to use this consultation to review their marketing strategy and ensure that all residents across the borough were aware of and able to access the services on offer.

The findings from this consultation would be used as a springboard to work collaboratively with services to ensure inclusivity as Tameside moves into to a building back better phase or prepares for additional humanitarian hub should we enter another national/local lockdown.

¹ Runningmede: Overexposed and Under Protected: The devastating impact of Covid-19 on Black and Minority Ethnic communities in Great Britain

² Public Health England: Beyond the data: Understanding the impact of COVID-19 on BAME groups

³ Oak Survey Report 2020: A study into the economic, social and health impact of COVID-19 and related circumstances on the BAME community in Oldham

⁴ <https://www.theguardian.com/world/2020/may/07/black-people-four-times-more-likely-to-die-from-covid-19-ons-finds>

⁵ <https://www.tameside.gov.uk/demographic-information>

Methodology

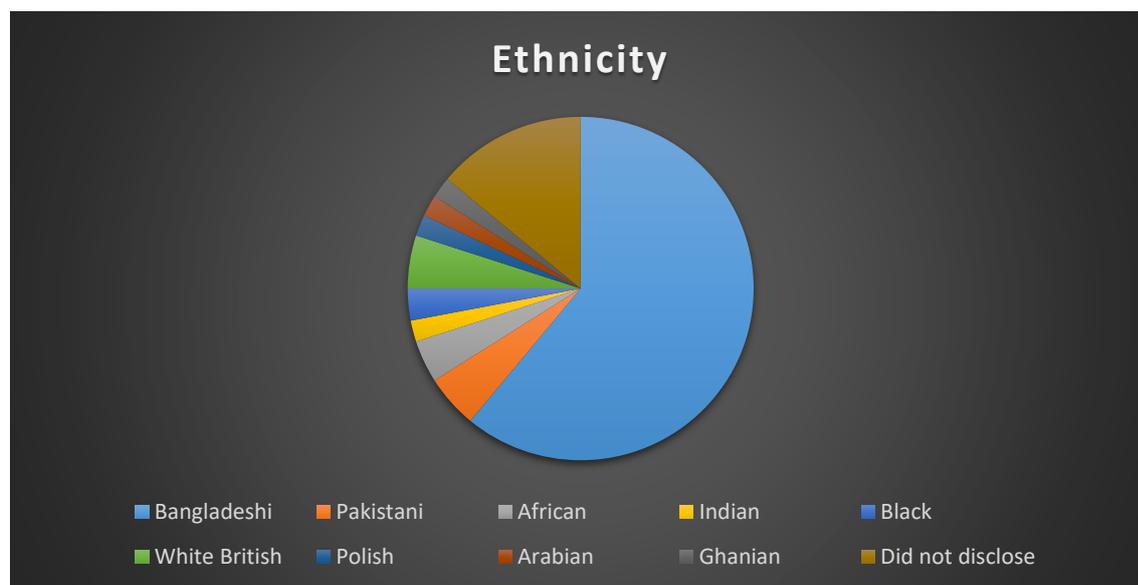
A questionnaire was used as the preferred method. Various strategies were utilized to contact the community including face to; email surveys; on-line “Survey Monkey” and telephone contacts.

The target area for the sample surveyed was in Tameside: Ashton, Hyde, Dukinfield and Stalybridge

Findings

59 residents completed the questionnaire.

Graph 1: Ethnicity of Participants



Support Services

The consultation found that only a small percentage of participants actually did or attempted to access a service.

Only 19% of participants successfully accessed the Tameside hotline for information around, food banks, small business, volunteering and transport.

24% of participants tried to access services such as Tameside hotline, information on benefits, housing associations, dentist, GP surgeries, information around food banks. 100% of these advised that the barriers were due to language or IT skills and access was unachievable.

12% wanted help from services but weren't aware that they existed or where to find out about them, these included welfare rights, citizens advise, transport information, dentist, information around what to do if people were not following restrictions.

Concerns

Although its apparent that few participants proceeded to access services many more had concerns around the inability to access services. 78% of participants advised that they had concerns, sometimes singular but often numerous.

Graph 2: Concerns from participants

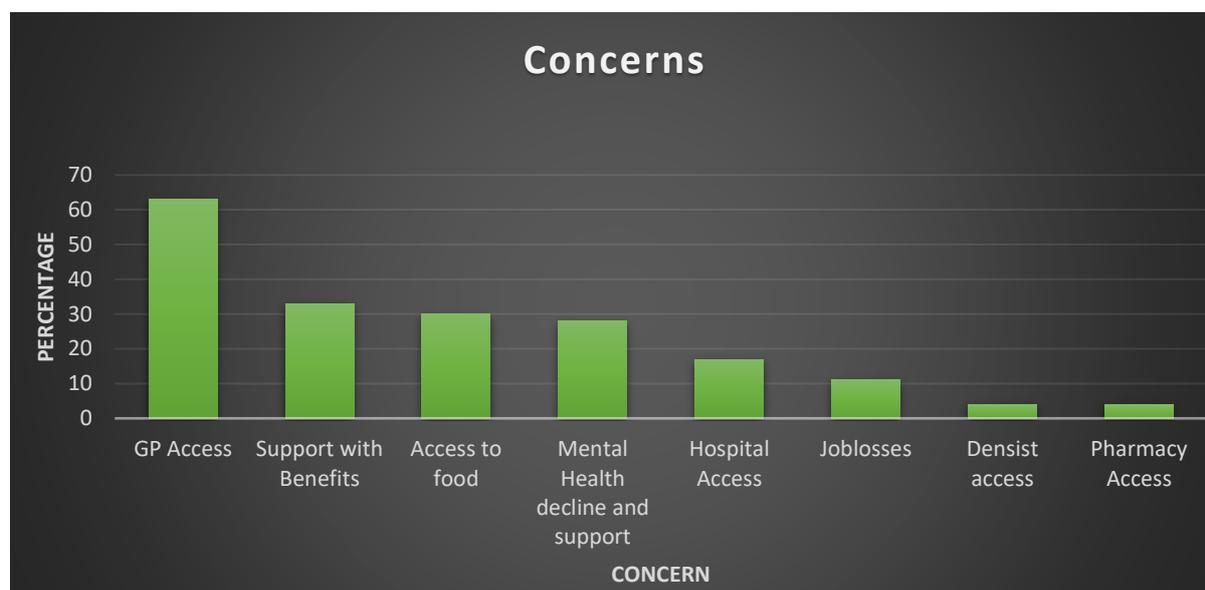


Table 1 Concerns explained

Concern	Percentage	Age Range	Quote
1 GP Access	63	40-75	<i>For me is the fact that I live on my own with 2 children and can't speak English. I had difficulty engaging with the GP.</i>
2 Benefits	33	50+	<i>I worry if I have to isolate myself its full lockdown and if I lose my job. How would I able to apply for benefits?</i>
3 Food	30	30+	<i>I worried about the whole situation with 6 children.</i>
4 Mental Health	28	All ages	<i>Information is always on website. I tried asked people about things. I can't call the number because of language</i>
5 Hospital Access	17	All ages	<i>If our GP doesn't see us illness will get worse and can't get in hospital</i>
6 Job loss	11	20-50	<i>I Fear of being redundant.</i>
7 Dentist Access	4	20-40	<i>Worried about the winter season and another pandemic.</i>
8 Pharmacy Access	4	70+	<i>I'm worried having no English will have a very significant effect.</i>

1, 5, 7, 8 Not being able to access NHS services was a significant worry across all age ranges. There was a fear that GP's were not accessible so health conditions would worsen and then hospital appointments would not be offered due to capacity. Participants were unaware of dental services and worried about needing this attention should we go back into a national lockdown. Elderly participants were concerned about not having any language support whilst

using pharmacies. Most GP surgery receptionists speak English so straight away a barrier was faced. What about people living alone?

2,6, Worries regarding benefits were constantly raised, both how to apply in this current situation and how to find out what was available. There was a real fear around the lack of knowledge around benefit systems should these be required due to job losses. Currently Greater Manchester are unable to mix households, how to residents contact benefits offices when they are unable to use IT or don't speak English and have live alone? What options were available for people should they lose their jobs and how to they find out about help?

3, Participants were worried that they did not have enough food during lockdown and were unsure where to get help.

4, There was a unanimous sense that isolation and the economic climate was effecting people's mental health and there was a real concern around young people's mental health

All BAMER participants expressed concerns in some/all of the above areas, however, there were no concerns from White British participants around anything other than mental health and isolation.

DMNW Services

- 44% of the consultation were unaware of the work of DMNW. 20% of these participants were from Ashton and the ones from Hyde who were unaware of DMNW were those under 40 and those over 70 which correlates with the age of our service users.

Conclusion

Few participants attempted or were successful in accessing any support services during the crisis period of the health pandemic (March -July), regardless of this, there is no question that fears, and concerns are ostensible.

Participants who elaborated on why they had not approached services for help commented that they did not know there was help available or that they did not know where to start as it usually meant a computer search and this was too complicated for them.

100% of participants who faced barriers advised unanimously that these were due to language or lack of IT skills.

Residents whose first language is not English advised that they couldn't access information easily and did not realise in some cases that there was help available. IT skills were recognised as an issue as so many organisations and services communicate online.

"There are lots of services but not everyone has the internet, a computer or the skills to access them"

It was concluded that the community didn't feel that there was a lack of services, but rather a lack of interventions which would allow them to access inclusively.

Although there were some trends in data with regards to ethnicity, age and locality there were 5 major concerns that participants identified:

1. Inability to access appropriate health care

For those whose first language is not English or who do not speak English, the impact of having to attend doctors' appointments and hospital appointments has caused issues for those who would normally bring a family member or friend to translate on their behalf. Those who were required to have over the phone appointments found this impossible with no language interpretation, and often hit an immediate barrier when trying to access an appointment due to inability to communicate with receptionists.

Due to a lack of suitable communication many members of the community were unaware of how hospitals were operating during the lockdown.

2. Anxiety around job loss and how to explore benefit options

Many of the BAME residents in Tameside work in the industries that were hardest hit during the national lockdown. Catering, restaurants, takeaways and taxi's. There was and still is angst around job losses and an unanswered question around what people who don't speak English, have the necessary IT skills or equipment should they need to apply for financial support?

3. Support around accessing food

Being advised not to go out and to stay home for three months created worries about not having enough food particularly for the elderly and vulnerable. Many families within BAME communities support each other but there are always residents who are isolate and fall through the net. It was advised that often access to foodbanks required a referral and some online research, the most vulnerable and elderly were unaware of what this entailed.

4. Mental Health Support

The social isolation and uncertainty around what the future holds has caused many to experience a decline in their mental health. Support services in Tameside are available to residents, however, these virtual/telephone services are usually staffed with English speaking staff.

5. I.T and Language

It appears that the crisis response from services in Tameside provided support and comfort to those who could speak English but failed to make services inclusive to its minority communities. Online services were offered but there was little response to this approach with residents advising that they were unable to use computers or couldn't understand the literature.

100% of all participants advised that these were their concerns around accessing support.

The findings from this report correlate to those from a larger scale study conducted by

RunningmedeTrust

<https://www.runnymedetrust.org/uploads/Runnymede%20Covid19%20Survey%20report%20v2.pdf>

Diversity Matters North West Services

There is definitely work to be done in order to raise awareness of the organisation across the borough and in particular with younger people.

Next Steps

Action / Target Outcomes (Strategic Targets)		By Whom	By when ⁶
1	Work with GP's to try to create a pathway so that residents who don't speak English are able to make appointments that are appropriate to their needs.	DMNW	31/12/2020
2	Work with the local authority to ensure that the equalities impact assessment is comprehensive to minority communities and that as we transition into a phase of building back better, services will more be inclusive.	DMNW	Ongoing
3	Continue to promote the work of the foodbank, translate leaflets and ensure that social media is used as a communication platform. We will explore different communication methods, and more visual/voice messages.	DMNW	Ongoing
4	Explore having our website translated	DMNW	31/12/2020
5	Explore a community translation service	DMNW	Ongoing
6	Explore a connectors network so that all residents in Tameside who have a vested interested in BAME communities are able to get together for peer support and to in fluence in the right forums.	DMNW & Action Together	31/12/2020
7	Work with local mental health providers to see what culturally appropriate services could be developed as a collaborative approach	DMNW	31/12/2020
8	Continue to work collaboratively and bridge gaps in services with both a reactive and proactive approach.	DMNW	31/12/2020
9	Explore new initiatives: As information technology advances and demands that we all go online, internet type centres in communities would be of help. Knowing there is a place to go where you could be helped to understand an online document or even be taught computer skills in your own local area, would enable more people to become part of the larger society. Where there are community centres and libraries still being able to function as usual, this could be something incorporated into their services	DMNW	31/12/2020
10	Fear and panic are spreading through sensationalised news reporting. There is little we can do at our charity level except reassure our service users. The news is always alarming, and it would help if local communities felt confident in contacting their local councils and NHS services. DMNW will continue to promote, advise and navigate the community to these.	DMNW	31/12/2020

⁶ 31.12.2020 is the end date for funding for the BAME Link Worker depending on funding opportunities this maybe extended.

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