



"I am not saying that I just want black led or just mainstream services, I want both to be delivered in the best, fairest and most accessible way".

A PICTURE OF INEQUALITY:
The Impact of COVID-19 on the
Caribbean & African Community
in Greater Manchester

#BlackHealthMattersGM

Survey Findings

June 2020

A message from the Caribbean & African Health Network Greater Manchester

The Caribbean & African Health Network (CAHN) was set up in 2017 to address the stark health inequalities facing people from Caribbean & African backgrounds. Since its formation, we have been on a mission to eradicate health inequalities, but this journey has been by no means easy. At the heart of our work, we have ensured authentic grassroots engagement at the very core to ensure that we are the ears and voice of our community at the strategic level to impact the change we need to see.

Although we have made in-roads in building relationships with our community and institutions, much more needs to be done to bring about the changes we need that will improve the outcomes for people from this community. Over the last few years, we have been knocking on the doors of the Greater Manchester Combined Authority, Greater Manchester Health & Social Care Partnership, Manchester Health & Care Commissioning, Manchester Foundation Trust, Northern Care Alliance, Local Authorities, Local Clinical Commissioning Groups, Local Care Organisations, Greater Manchester Police and many more so that the voices of the Caribbean & African community could be heard in commissioning, service design and delivery.

We have been advocating for culturally and religiously appropriate services as fundamental to the changes needed to improve access to healthcare as part of addressing the health inequalities in our community. We know that the level of investment into our community is poor and this does not allow development and delivery of the much-needed interventions that provide health and well-being services in a culturally and religiously appropriate manner. Unfortunately during the COVID-19 pandemic, we have witnessed the stark and disproportionately high mortality rates resulting from the injustices of structural discrimination, and de-prioritisation of our overall needs.

As a community, we have a lot of work to do in order to position ourselves in a space that will hold our decision-makers accountable for the inequity and unfairness that keep Caribbean & African people in poor health. We need to see changes that result in improved health and wellbeing of the Caribbean & African community and this will require some priority setting across the public sector and the purse holders.

This report highlights the importance of the Caribbean & African Community working together as a community. To make the change we need to see; it is important that we all take a collective approach to change the narrative of poor outcomes for our community. For CAHN, this involves working together and in collaboration with our stakeholders and commissioners.

As a Black community, we have many challenges, however, Black-led organisations have a lot to offer and are passionate about providing services to enhance the outcomes of the Caribbean & African community.

We would like to take this opportunity to say thank you to everyone that participated in this survey especially at this very difficult and challenging time for our community.

Faye Bruce - Chair of Board of Directors | **Charles Kwaku-Odoi** - Chief Officer



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Executive Summary

There are stark and profound health inequalities facing people from the Caribbean & African community in the United Kingdom (UK). These inequalities have been found along social, economic, environmental and racial lines and result in higher rates of morbidity and mortality than the White population.

The Department of Health and Social Care, Public Health England (PHE) and other health bodies have failed in collecting data around ethnicity and all the other protected characteristics during COVID-19. The Office for National Statistics (2020), has highlighted higher rates of COVID-19 mortality in the Caribbean & African community.

We already know from the existing body of literature that there are disproportionate health inequalities impacting the Caribbean & African community. However, in Greater Manchester, region where decisions are devolved, there are limited tailored health services or adequately funded VCSE sector support to improve health outcomes in the Caribbean & African community.

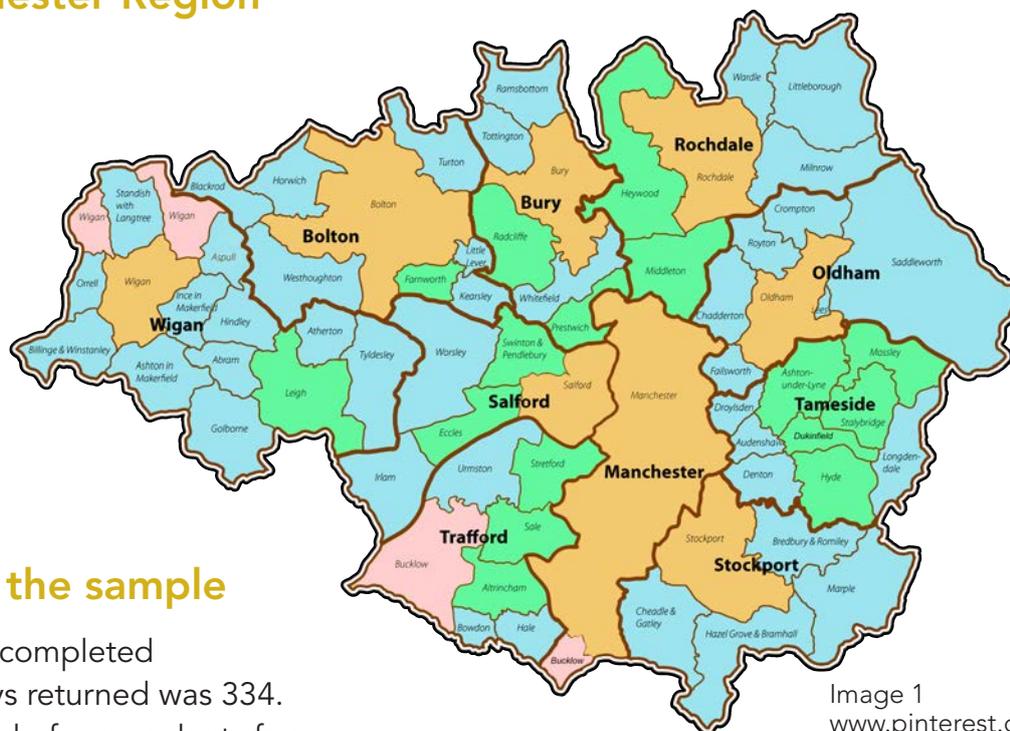
To date in Greater Manchester, there is poor representation of people from Caribbean & African backgrounds in decision-making positions. This only serves to decrease the likelihood of the lived-experience included in decision making that could improve the lives of Caribbean & African people. This disparity needs addressing as part of systemic change.

This first primary research study of the Black voices in Greater Manchester presents some findings undertaken by the Caribbean & African Health Network over a four-week period between 18th April and 13th May 2020.

Aims

1. To identify the individual and organisational impact of COVID-19 on the Caribbean and African community in Greater Manchester and to disseminate findings to decision makers at the regional and national level.
2. To determine through the survey the ways in which Caribbean & African people are responding to the crisis.
3. To evaluate the impact that COVID-19 is having on the Caribbean & African community from an individual and organisational perspective.
4. To make recommendations to decision makers based upon the findings of this report.

Greater Manchester Region



Description of the sample

The final number of completed questionnaire surveys returned was 334.

The sample consisted of respondents from across Greater Manchester (see image 1) with the largest concentration located within the Central Manchester area. We did not collect the gender of the participant however we did collect age and the mean age was 45 with the youngest being 18 and the oldest 83 years old. Respondents identified as Caribbean, African, Caribbean & African, African British, Caribbean British or Black British and Mixed Race. The most identified respondents' self categorised as African.

Image 1
www.pinterest.com

Method

The empirical study adopted a predominantly quantitative structured questionnaire designed to collect data on respondents' demographics, concerns, challenges, opinions, experiences and behaviours in relation to COVID-19. The survey contained open-ended questions allowing respondents to explain and/or enhance responses. Four African group leaders were offered the opportunity to provide responses on behalf of their community given language barriers in accessing the survey.

Designing an appropriate method was extremely important and determined by the aims and of the study. However, online-surveys are not normally the best way in which to gather data from this community, but given the current lockdown, data collection methods were limited to online. In view of the evidence relating to low survey participation, the survey needed to be short with multiple-choice answers. It was also important to provide an additional option for further comments should the respondent wish to do so.

Key Findings

The results clearly demonstrate the wide range of challenges facing this population and includes the concerns raised from across our Voluntary Community and Social Enterprise sector which includes our faith communities.

Overall, there are four key findings to be highlighted from this report.

- 1) 59% of the respondents were concerned about the mental well-being of their children and 43% of adults were also concerned about their own mental well-being
- 2) 74% of the respondents stated that they wanted Black led services as a result of cultural insensitivity and perceived systemic racism
- 3) 61% of respondents were concerned about the loss of physical connection to people in church and are keen to resume face to face interaction
- 4) 45% of respondents identified the need for bereavement counselling and practical support

Our recommendations include:

- 1) Adequate and proportionate investment so that more services can be upscaled and delivered by Black-led organisations.
- 2) At a Greater Manchester level, there should be a race equality strategy that signifies a commitment to eliminating racial barriers and ensuring Black representation in civic and senior leadership.
- 3) There needs to be specifically reinforced Government COVID-19 messages delivered in a tailored and targeted way to help reduce the risk of transmission.
- 4) To ensure that the Caribbean & African community are prepared for a second wave and equipped with health education and prevention information to reduce their risk of high mortality from COVID-19.
- 5) Black workers across the public sector need to be provided with the tools and adequate support to challenge the system for unfair and discriminatory practices that disadvantage them in their work.

Contextual Background

The structural and institutional barriers that lead to health inequalities in the Black Caribbean and African community have been known long before COVID-19 (Chouhan, 2020). What this COVID-19 pandemic has done is shine the spotlight on the stark health inequalities on a national and international scale.

The extent to which these health inequalities are playing out are informed by media reporting that suggests a disproportionate number of deaths from COVID-19 in the Black and Minority Ethnic population (figure 1).

The Caribbean & African Health Network (CAHN) was developed with an ambition to eradicate health inequalities in this community in a generation. Over the last few years, we have provided robust evidence that highlights the disproportionate pre-existing underlying health conditions that Black people are subject to compared to our white counterparts. These health inequalities result in higher rates of mortality and morbidity from conditions such as diabetes cardiovascular disease certain cancers such as Myeloma, prostate, liver and bowel cancer mental health disorders and the list goes on (Ageymang, 2011; Ben-Shlomo 2008; Edge, 2013; Tillin 2012; Skyers and Kendall, 2015).

Overall, we see a recipe for disaster that consists of the factors that contribute to inevitable poor health of people from the Caribbean & African community; this endangers the lives of Caribbean & African people and lead to increased and greater risk of the poorer outcomes of COVID 19. As a result, those with underlying conditions are more likely to get seriously ill from COVID-19 because these conditions make the immune system weaker and more difficult to fight the virus.

Just prior to the outbreak, CAHN ran a series of focus groups and held a conference with the Caribbean & African to highlight the greatest known disparity of death rates in pregnant women from our community (MBRRACE-UK 2019). Some evidence points to the underlying health conditions and questions how healthy our women are when they become pregnant. Our women were keen to point out that the high rates of mortality were not about genetics or biology but were founded on structural barriers, racism and bias that deny them opportunities to live healthy lives.

What is particularly concerning is the report from the Office for National Statistics (ONS) which highlight that regardless of socio-economic status, educational level, age, underlying health conditions, measures of self-reported illness, Black people are still 1.9% more likely than white people to die from COVID-19 (ONS, 2020) (see image 1). More recent reports identify the over representation of mortality rates among ethnic minority frontline workers where 63% of frontline staff are identified as being from ethnic minority group despite accounting for approximately 44% of nursing, support, and medical staff (Nagpaul, 2020; Cook, 2020; Rimmer, 2020). Ethnic minority pregnant women are 56% more likely to be admitted to hospital with COVID-19. (Knight, 2020) and ethnic minority patients are 34% more likely to be admitted to intensive care units despite making up 17% of the population (Intensive Care National Audit & Research Centre, 2020; Cook, 2020).

Black and Asian people are most at risk of dying from COVID-19 even after adjusting for deprivation and health.

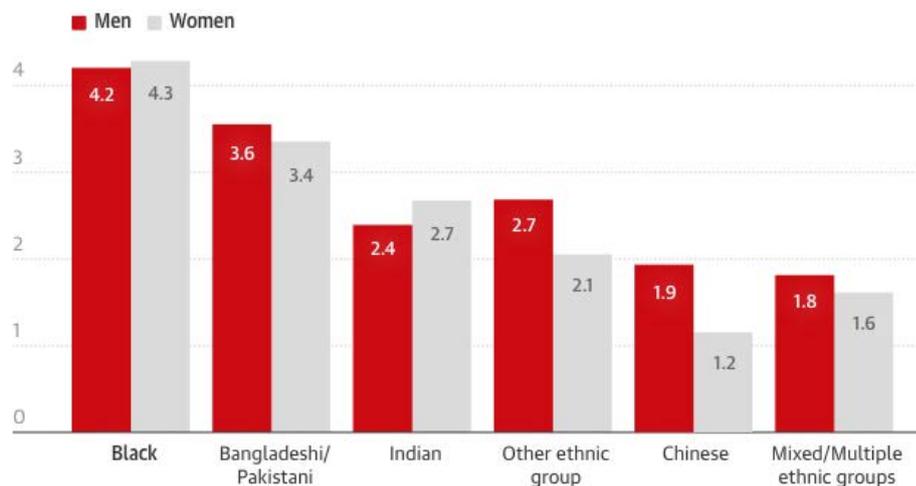


Image 1

Guardian graphic. ONS. Note: Age-adjusted-odds ratios for the risk of death involving Covid-19 by ethnicity, 2 March to 10 April 2020

Unfortunately, PHE failed in its duty to publish comprehensive data on ethnicity because to date, we still do not know the true statistics of COVID 19 related mortality and or infection rates. This failure to publish the data in the first few weeks of the pandemic created a hidden impression that there were no additional requirements needed to safeguard certain sections of the population. This could have contributed to the health inequalities we are currently witnessing through the COVID-19

The education, health, criminal justice, housing and employment structures create vulnerabilities by limiting the ability of people from marginalised communities to fully participate in society. These barriers impact upon how this community can fully engage in activities that will provide benefits to their overall health and wellbeing (Chouhan, 2020).

In the UK, there has been a failure to address the poverty gap for Caribbean & African people and its impact on health. The Marmot review (2019) recognises that employment, (which is often seen as crucial measure to addressing health inequalities), clearly identifies that minority ethnic women continue to have the lowest employment rates which is lowest paid and of the lowest quality. Although not all Caribbean and African people are tied to deprivation, by and large, there are unequitable opportunities in the recruitment process to progress staff into senior levels of employment (Kline, 2014, Lammy, 2017). The community continue to experience racism, discrimination, and bias across institutions resulting in limited access to stable and well-paid employment. The community largely reside in poor environmental conditions, where there is an overall lack of investment in the quality of the environment in which people live. There are continuing ethnic inequalities in housing where individuals from the Caribbean and especially African households are more likely to experience housing deprivation, and live in overcrowded social housing lets, (Finney, 2015; De Noronha, 2016).

The Marmot review (2019) highlights that socio-economic barriers accompanied by the persistence of discrimination contribute, "on the whole", to worse outcomes for minority ethnic groups and people with disabilities. There is an over-representation of poor outcomes when children are going through the education system. They are subject to discriminatory educational practices that lead to worse academic qualifications and a disproportionate number of school exclusions largely of Caribbean boys (Finney, 2016, Timpson, 2019). The racial bias extends to disproportionate number of arrests, stop and search and unfair treatment by the criminal justice system (Lammy, 2017).

In addition to this, we note that black businesses owners do not get the level of financial investment needed to help their businesses to grow. There is also less likelihood of successful funding and contracts awarded to Black led voluntary and community services to enable them to meet the needs of Caribbean & African people in a sustainable way. (Ubele initiative, 2020, Charity So White, 2020; Black South West Sisters, 2020).

Given all the known toxic factors that can cause chronic stress such as racism and discrimination and having to work twice as hard as our white counterparts to get twice as far will no doubt lead to the vulnerabilities we see within the Caribbean & African community. This allostatic load (McEwen, 1993) which is wear and tear on the body will clearly result in a physiological response that inevitably result in a higher mortality rate from COVID-19. This allostatic load is what many Black people carry every day and results in the health inequalities and intergenerational patterns of health across a number of health conditions. How we experience the socio-economic and racial barriers will undoubtedly increase the risk and with this we need to recognise that people's experiences are based upon overlapping and intersecting identity markers. Many people from the Caribbean & African community work in precarious low paid, temporary roles which often require regular contact with the public (Shankley, 2020). This includes caring roles where many of our community care for people with coronavirus.

Themes and Survey Responses

From the survey findings, some common themes were found from the data collected including those from the free text section. These quotes were stated verbatim and embedded in response to the relevant question.

Common themes that were of concern included:

- **Strain on the Mental Health and Wellbeing of Adults and Children**
- **Children's Educational needs**
- **Discrimination and unfair treatment of frontline workers**
- **High rates of Black people dying in the community**
- **Lack of resource support for Black voluntary, community sector organisations**
- **Limited access to traditional food**
- **Channels for disseminating messages**
- **Inability to be with other congregants in church spaces**
- **Loss of income and impact upon people with no recourse to public funds**
- **Reluctance to use mainstream services due to lack of trust and cultural sensitivity**

Question 1

What are you doing during the current COVID-19 pandemic?

The questionnaire asked respondents to provide some insight into the activities they are doing during in the current COVID-19 pandemic (figure 1). The responses to this question was mixed with some making the most of the lock down and seeing it as an opportunity to, spend time with their children including more time communicating virtually with family and friends. A good proportion of the respondents were volunteering, doing exercise, and many were working.

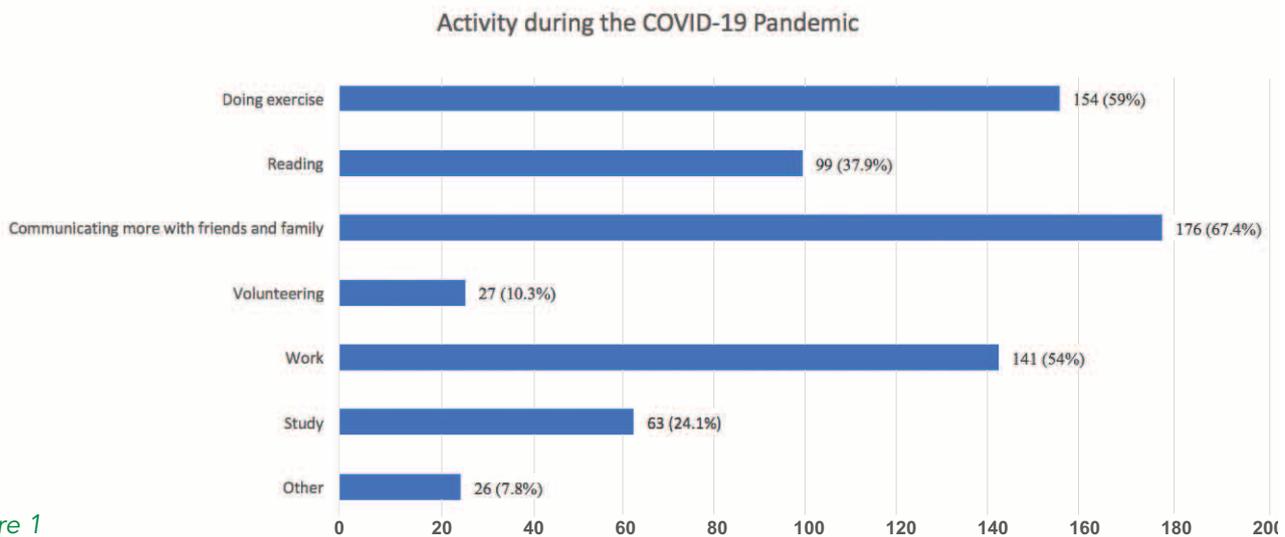


Figure 1

Participants that selected 'other' identified several activities which included DIY in and outside of the home, baking, learning new skills especially in Information technology, research, caring for elderly relatives that had moved into their home before the lockdown. Mental wellbeing activities such as mindfulness was identified however spending more time with God praying was frequently cited. Other participants stated that they were spending a lot of time zooming and improving their knowledge around health.

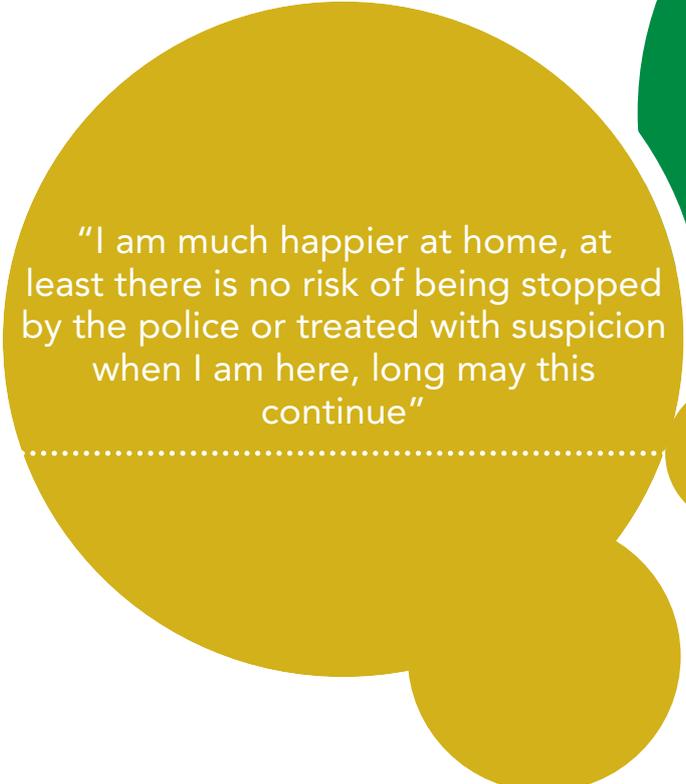
"The CAHN physical activities, nutrition and health education is truly helping, I watch these over and over again".

"Trying to boost morale and give a sense of community".

"It is a struggle because we don't get funds but we cooked own African food and distribute to those affected by covid that could not go out living alone with children".

"I am learning a new language, something I have wanted to do for a long time".

A number of comments from people saw some further benefits of the lock-down. Views from two young people emphasised from different perspectives how they felt when out in Public.



"I am much happier at home, at least there is no risk of being stopped by the police or treated with suspicion when I am here, long may this continue"



"The lockdown is a good thing for me because I cannot get distracted by my friends who want to be outdoors hanging around the shops all the time doing nothing, at least now I have an excuse to stay home and work"

Question 2

Please tell us about the main concerns you have in relation to COVID-19

Overall, the findings from the survey (see figure 2) identified that there are significant challenges impacting upon the ability of people to function well during this current crisis. Respondents (42.8%) highlighted the loss of the physical connection to family and friends was challenging. In the free text comments, respondents spoke about the news reports that deem them to be more 'at risk' and family and friends working as key workers was a significant concern to people at 52.7%.

Concerns through COVID-19

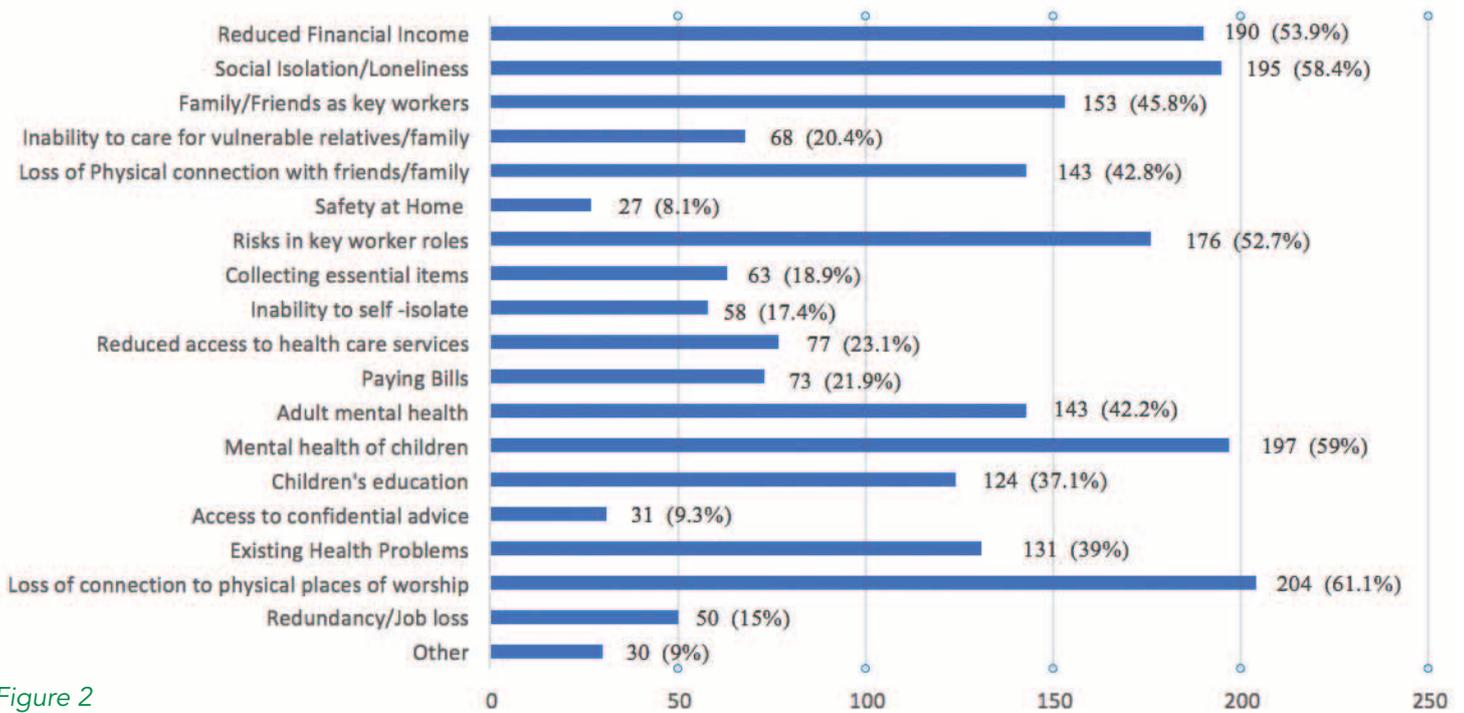


Figure 2

61% of respondents were concerned about the loss of physical connection to people in church and were keen to resume face to face interaction. Overall, respondents found being in lockdown very challenging and were very fearful about its detriment to their mental wellbeing.

"I am a carer for my dad and I worry about reduction in contact. He lives in supported living complex".

"The issue around loneliness for older people, it is hard as I can't see my grandchildren, mental health kicks in".

"I miss going to church and worshipping with other people, it is a very important part of my life. Sometimes I attended church meeting two or three times a week".

"I miss my church people, being with them in our own space is good. Not working and staying home alone is very lonely".

The key concerns that were impacting the community were surrounding the emotional and mental wellbeing needs of children (59%) and their education. These were supported by additional comments about young children highlighting a lack of understanding about what was happening and not being able to see friends, news of relatives dying and the inability to go to school.

"Really concerned that my gran son cannot socialise with other young people at this time. This is having a more negative impact on his mental health".

"I am so worried about the mental health of my children and being left behind in their schooling"

"Young people are not using this time very well, when the lock down first happened they did their 6th form work but now they have lost all interest in education and all this is one big holiday for them"

"Our young adults they are have an uncertain future as they don't know whether they will get into their chosen university".

Children's education is a significant concern (37%) from parents and carers who were already concerned pre-COVID-19 that their children were left behind and disadvantaged by the education system. Parents in their additional comments were concerned about the lack of direction given by their child's school to help support their children at home. Many of the parents were particularly concerned about their children going to school as they were key workers and worried about their ability to socially distance when away from the home environment. Another significant concern was about the predicted grades of year 11 children and year 13 who were unlikely to enter the university of their choice due to the lower grades normally predicted by teachers.

"I am a key worker and go to do agency work, however, my children's school decided to close so my husband who cannot home school is left at home to look after the 4 children".



One of the translators for the French speaking community on behalf of her members stated:

“Need direct help for families on low income struggling to help children with home schooling during this period, but not have all information to know where to go to access help for their-children. Some of them literate in French but not in English so unable to help children at home. So all kind challenges and resources. To help to provide to citizens. Had two cases of death and need to support the families as these are now single parents with young children”.

A few of the respondents came back from university early due to the lock down and had some concerns about their learning away from the classroom

“I was really looking forward to going to university, but it has been a disaster, first it was the strikes and now this, we have had half of the learning but will still get the 9 grand bill for this year”.

“I am worried about the continuation of my studies due to the risk but I cannot let this COVID crisis hold me back”.

The survey identified that the mental wellbeing of respondents was a major concern with people worried about their own mental health and well-being and that of young people and children. One of the respondents stated:

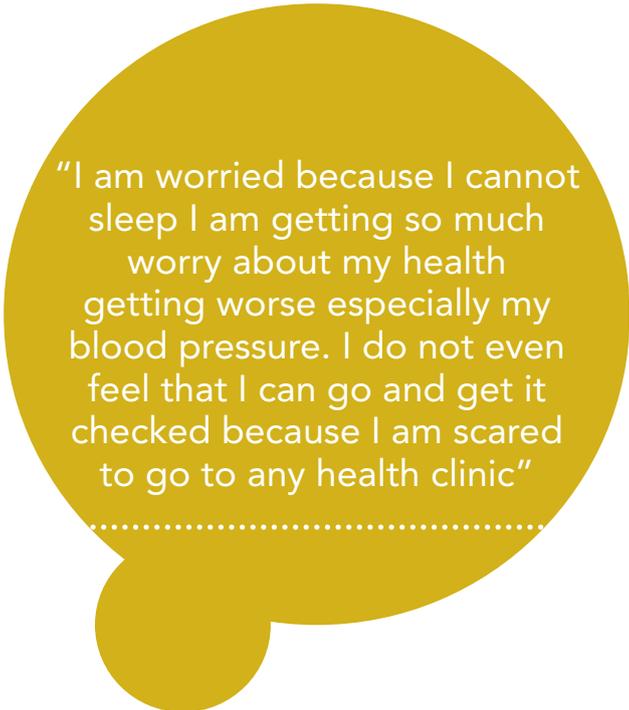
“It is hard being at home trying to entertain children when my own mental and physical health is not good”.

“Looking at mental health support for kids autism, not used to be confined all the time and it can be stressful, losing confidence in the health system, instead they are not coming forward and saying what is out there when some struggling, don't know what is out there for them”.

A substantial number of people stated that they were concerned about the existing health problems (39%) they had and mentioned how this created feeling of severe vulnerability leading to stress.

Another patient who had a cancer diagnosis was particularly anxious as they were due to go in for treatment.

“It would be good to get some advice for people like me who have cancer, apart from the letter I received to stay home I haven't had anything else”.



“I am worried because I cannot sleep I am getting so much worry about my health getting worse especially my blood pressure. I do not even feel that I can go and get it checked because I am scared to go to any health clinic”

Another respondent was concerned about the media headlines and stated:

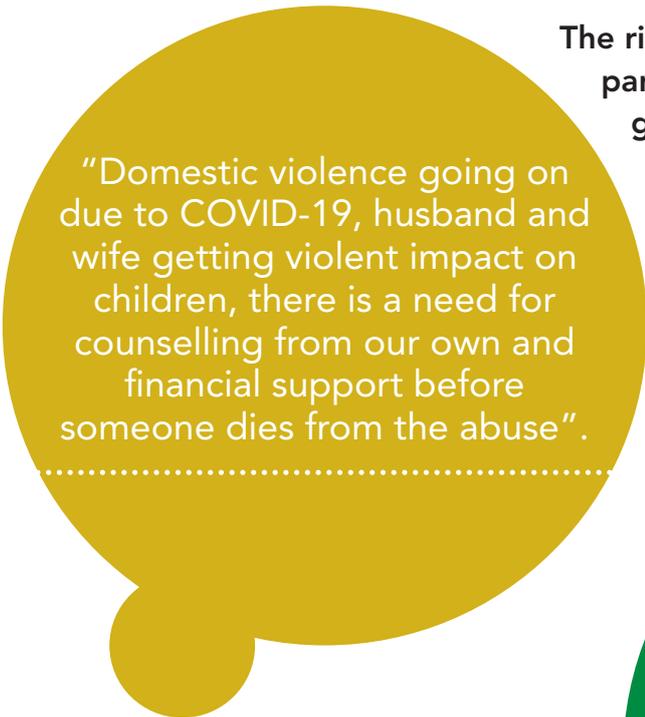
“There are no positive info or statistics on those surviving”.

“I have diabetes and high blood pressure and I understand from the media that I am at really high risk if I get coronavirus”.

Dignity was an issue for some who associated using foodbanks and accepting handouts as stigmatising. One respondent who was completing the survey on behalf of some of her non-english speaking members told us that for some they were ashamed to come forward for help. She said, they had to identify brothers and sisters from their own community to assist with food and medicines etc.

She said their dignity stopped them from coming forward for weeks until it got to the point when they had no choice but to ask for help for them and their children.

“Using food banks charities is a dignity issue for people to come forward and say I need this or that”.



“Domestic violence going on due to COVID-19, husband and wife getting violent impact on children, there is a need for counselling from our own and financial support before someone dies from the abuse”.

The rise in domestic violence in households within particular communities where they were suffering greatly from job losses and pressures of being in the same household for long periods of time was of particular concern.

Another comment about the impact of COVID-19 stated:



“I am very fearful and concerned of the impact of the nation’s debt and future sustainable funding for a community that is both vulnerable and susceptible to covid 19 due to the high numbers of black people working on the frontline during this pandemic”.



Other respondents were concerned about the racist comments made towards them and comments made in the media about Black people for example.

One respondent stated:

“It is concerning how black people are being blamed for the outbreak. Not true of course”.

Over three quarters of the comments made by the respondents referred to anxiety around the high proportion of black people dying within the community. Respondents could not understand why they were not seeing these rates within their home countries.

“Unequally high amount of black people dying and affected by covid 19”.

“Worried about all the deaths in the black community and what help their families are getting”.

“I have gone through a few deaths from my Zimbabwean community and I'm worried more than ever single mothers, parents leaving children alone with no immediate family to support”.

“I'm concerned that black people are not prioritised fairly when going to hospital as an emergency during this pandemic. It's not reassuring”.

Front-line workers shared some anxiety about going to work in care homes and hospitals and said it was not a safe space to be for Black people. Respondents spoke about how difficult it was to talk to managers about some of their concerns for fear of not being listened to and treated as though they were demanding and incapable of doing their jobs. Respondents said it was difficult to say no to ward moves when arriving on duty, many stated that it would often be the black nurses told to move wards to more high risk patient areas like ITU where they did not have the skills.

“Always pushed to Covid patients”.

“Worried about the rate black and minority are affected with the covid -19, there is anxiety around going to work”.

“As a health worker, I am concerned for myself, I do not have confidence in the quality of the PPE they are giving to me at work”.

Some issues were identified by respondents in relation to how our Black staff lacked courage to speak up in frontline roles and needed support to confront management when they were not getting the protection they need.

“I came here during the 60’s and worked as a Windrush nurse, the discrimination in the health service was bad and direct then but it is so much worse now. It is so subtle that people are being discriminated against and being denied PPE, people are even dying trying to provide care”.

One respondent mentioned stated:

“There is so much harassment & bullying at work, I am not getting the protection I need as a Black member of staff, and I know that I am more at risk of COVID-19 due to being black”.

“We need strong allies that will support us nurses and black people to speak out about the anxiety we have in our roles”.

Another lady that completed the survey on behalf of community members spoke about the members of her community who were mostly working as agency front-liners in the health and social care sector. She said

“Most of our members are on contract so work as and when, it is a challenge we find in that a few staff have been written to and told to shield for 12 weeks because of the guidelines for self isolation. It means no income at all as once at home they do not have any earnings so what is happening now is that they forced to go back into the wards to work because they do not have any income and this puts them at a very high risk situation because they can’t stay away as they need to pay their bills”

She went on to say

“Maybe if they were given financial help so we can provide them with groceries so that they can minimise the number of times they need to go to these wards, it minimizes the risk at least”.

One community association that is trying to support a small African community in Greater Manchester spoke about the struggle to raise funding to support with immigration. She said it was a real strain financially to get money together to help with COVID issues and some members saw more important issues.

One of her respondents stated:

I am still trying to be raising funds to send home, people not speaking up and saying they need help”.

Some spoke about the challenges that occurred when two members of her community from different households passed within days of each other. She said that

“due to culture, they would normally visit the funeral household, stay there, cook but now cannot due to social distancing”.

She went on to say:

“Each household agreed on day who would cook but now challenged when the household have challenges and they need the money to even buy the food to cook and the organisation don't have the money. For bereaved families, many are single mother, single households' widows, where been advised to self-isolate due to underlying condition”.

Question 3

If you are a Black-led organisation, are you concerned about your survival or sustainability both now and beyond COVID-19.?

Just under 90% of the respondents indicated that they were worried about their survival over the next 3 months.

Community organisational leads stated that they were concerned about the lack of funding coming into Black led organisations before COVID-19. Respondents highlighted that there was a need now more than before to build community services because they were trusted by the community, despite this 13 of the 27 participants responding to this question stated that they were often turned down for funding and this put them of re-applying.

One respondent stated:

“Concerned about the future and what that looks like for Black led community organisations”.

“It is so important that the community organisations work together and stays together, strong leadership is needed by organisations like CAHN, we have the expertise to do that here in Greater Manchester”.

“As a Black led org, I realise that this covid situation will impact on us, but we now have to think of new ways to continue serving our community”.

“Yes, we have already been asked to redeploy even though we work with vulnerable people”.

“Yes, due to funding and the discrimination practices in funding. Very little funding is awarded to BAME organisations”.

“I am aware of some support, but I run an organisation for the well-being of women and I am worried it will close if I do not get funding. I cannot furlough my member of staff”.

Not all were worried about survival or sustainability. One respondent stated:

“No. Looking to modify approach to adapt to and manage change”.

Respondents from the faith community stated that they were worried about their survival through the lockdown and beyond the pandemic and this was largely due to rental fees from their buildings. Church leaders that were not part of a network of churches stated that they could not be furloughed because they were still expected to undertake essential duties such as funerals and support people in the community that have been bereaved. Administration staff had been furloughed which left many leaders undertaking their work such as setting up online support and arranging funerals.

One respondent who had expectations from the church leaders stated;

“I have a church and there is no help for pastors, need to use own church money and we cannot get our congregant collections”

“Church is not supporting members on congregations as expected”

Faith leader respondents also shared in the commentary section of the question about the lack of capacity to deliver church duties because they too had jobs outside of their church work and in some cases, these were frontline roles.

“Before COVID-19, I was able to see and visit many more people even when I was working, but now, my days are long at work and then I spend so much time after work on telephone and video supporting especially grieving congregants, I cannot sustain this”.

Question 4

Are you aware of the services available to support your main concerns during the pandemic?

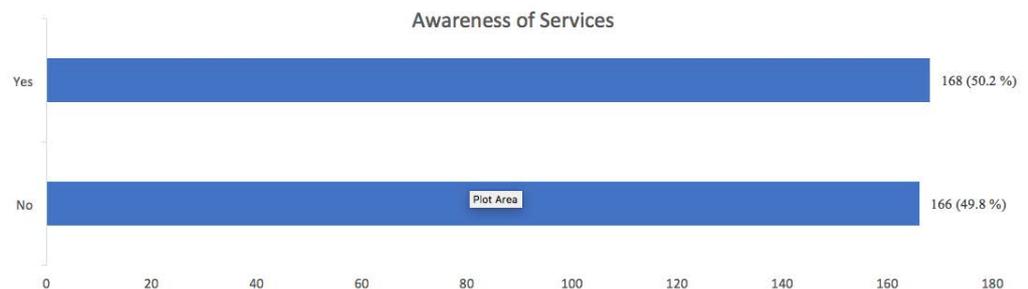


Figure 4

This question required a Yes or No response. Just over half of the respondents (50.2%) knew where to find services to support their needs during the COVID-19 crisis. Many of the respondents took the opportunity to provide some commentary to support their response although this tended to focus upon access to information. Some (6) of the comments included the lack of funding information available to support their faith organisation during the lockdown. Respondents highlighted that the information about food supplies especially culturally appropriate food became available quite late into the crisis. Respondents (3) were unsure how to access their prescriptions as they were self-isolating.

Just over half of the respondents knew about the services to support their main concern however the commentary given from several participants identified challenges in using services provided by the mainstream sector organisations. For example, one respondent commented that although she knew about access to services, she wanted mental health support for her child from a black led service due to poor care received in the past.

“One respondent stated that it was important to have the correct information disseminated to the community, so we can all get the support needed wherever that is from”.

Question 5

If you are employed, please state what sector you are employed in?

When analysing where people work and within each sector, the findings tell us that many of the respondents (29.6%) work in the health and social care sector and (23.5%) in the public sector, (see figure 5b). It is important to note that those that selected other also highlighted that they undertook additional roles in the voluntary and community sector. Other roles included work within leisure industry, policing, legal services, security, IT, catering and consulting. This linked well with the concern that many of the respondents (28%) had about risks in key worker roles. A significant number of respondents (52.7%) (see figure 2) were concerned about the risks for family /friends in key worker roles.

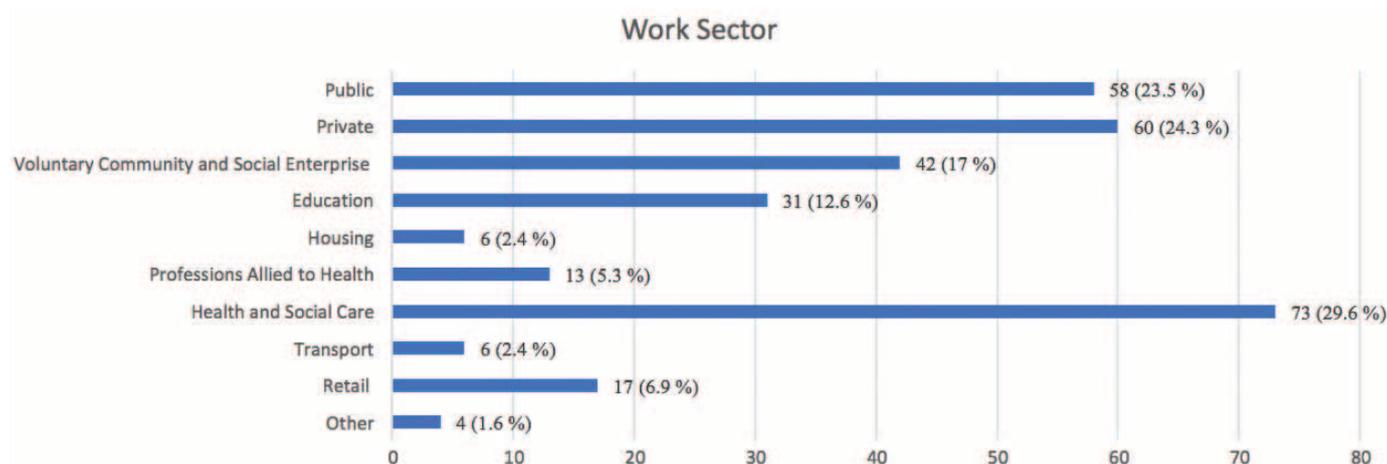


Figure 5

Many people were in working in key worker roles and there was a lot of anxiety and fear about the risk in their roles from those respondents

One respondent stated:

“It is really crazy that we Black people seem to be plenty in number arriving to work during this lock down period, just goes to show how much essential work we do”.

“It does concern me going to school as a teacher because you never know who is carrying the virus and we need to care for the pupils the same way without protective equipment”.

A few respondents that provided commentary to this question stated that they were employed on zero hours contracts and had therefore now been out of work. Seven respondents that were unemployed had no recourse to public funds and this was identified as a challenging situation for them because they did not know where to turn to for help.

One respondent stated:

"I was made redundant. I am unable to be furloughed as I switched jobs and have fallen through the systems timeline to receive 80% of my 1st salary. Gutted and now angry. I've paid into the system for 30 years"

"Awaiting my leave to remain and don't have access to public funds. Difficult times for family of 4 right now".

One respondent spoke about the level of stress she was enduring:

"The level of stress is a big problem for me, both myself and my husband have been furloughed and they will no doubt reduce their staff when they open, Black people are always the first ones to go".

"Unwell front line agency worker due to covid", no work, no money".

"I just had my stay status for 2 and half years and had an appointment for my NI but cancelled due to COVID-19 but was assured I can still look for work without NI. And can't find work because the rules says STAY HOME".

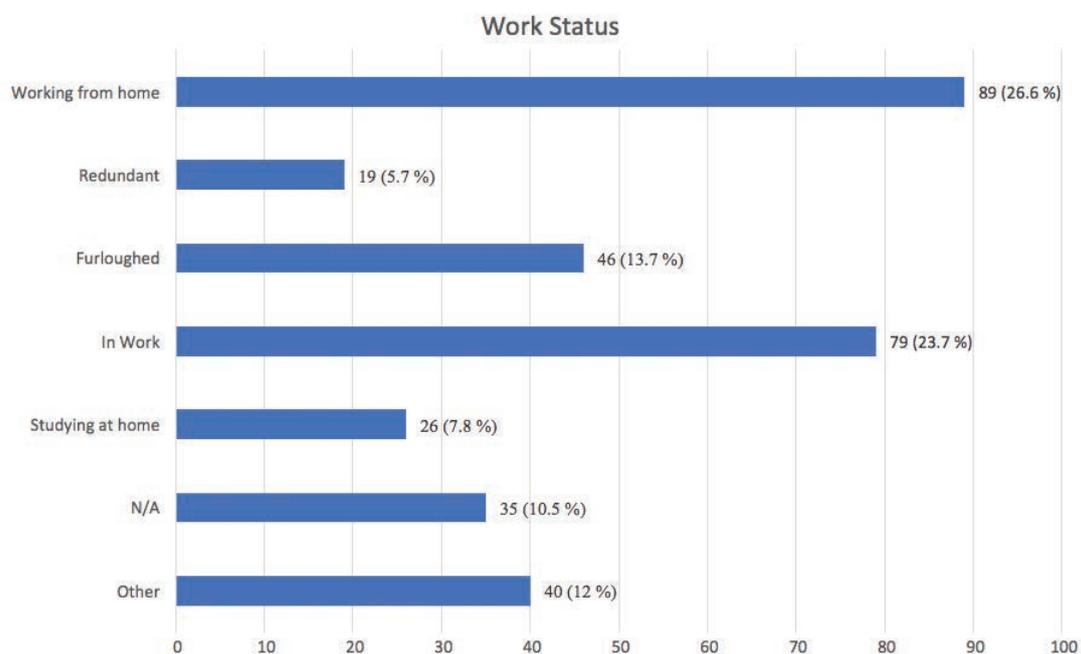


Figure 5b

Question 6

Would you prefer to access support during and after this pandemic from a culturally appropriate/Black-led organisation or a mainstream/public organisation?

This question drew an overwhelming response from survey participants. A significant number of participants (74%) ideally wanted to have their care provided by Black led organisations and this was highlighted with the need for it to be culturally relevant to them and unbiased. See figure 6

Some participants stated that they believed mainstream services did little to reduce the risk to their health and were particularly suspicious about their treatment from hospital services during this coronavirus crisis. One respondent stated in the comments section:

Some respondents just wanted services to provide good quality care

"I am not saying that I just want black led or just mainstream services, I want both to be delivered in the best, fairest and most accessible way".

"Black people are avoiding hospital especially with coronavirus and this is because of poor past treatments, it is difficult to trust public services".

Services Provision

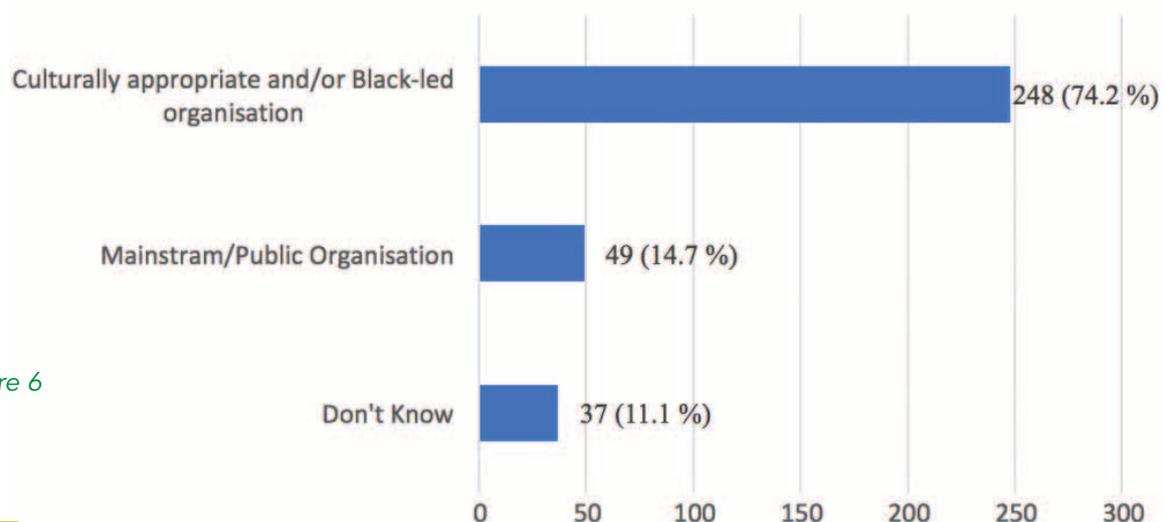


Figure 6

However, further comments from respondents highlighted concerns about the way in which community organisations would respond to the crisis

"I know that when I go to a black person they just get it, I can be open and honest, and my psychological needs are met. We need, and the funders need to support our Black organisations so that they can provide the support many of us need".

"Lack of black led structures to support older people in the community. Need black services that respect our culture and religion, We need organisations that will provide the food we eat and volunteers to deliver cooked food to elderly Caribbean people in Manchester and help provide care services in people's homes".

"Main concern is the treatment of some patients in hospitals. I know for a fact that some are placed on Covid-19 wards when they do NOT have the virus. Deliberate infecting must be going on. Is this to save resources or to wipe some of us out".

"Concerned how black people are treated by health service staff so I avoid using them as much as possible".

"I have had a really good experience with the NHS, I believe they have treated me and my family very well".

Question 7

What services would you prefer to access during and after this pandemic?

A large percentage (41.3%) of respondents required mental health support for anxiety and depression etc followed by general information and advice. Some of the respondents stated that they felt very alone through the period and wanted some befriending/friendship support to help with their mental wellbeing, (see figure 7). There continued to be the request for children's educational support and many of the comments stated that they would be happy to join online schooling with other children.

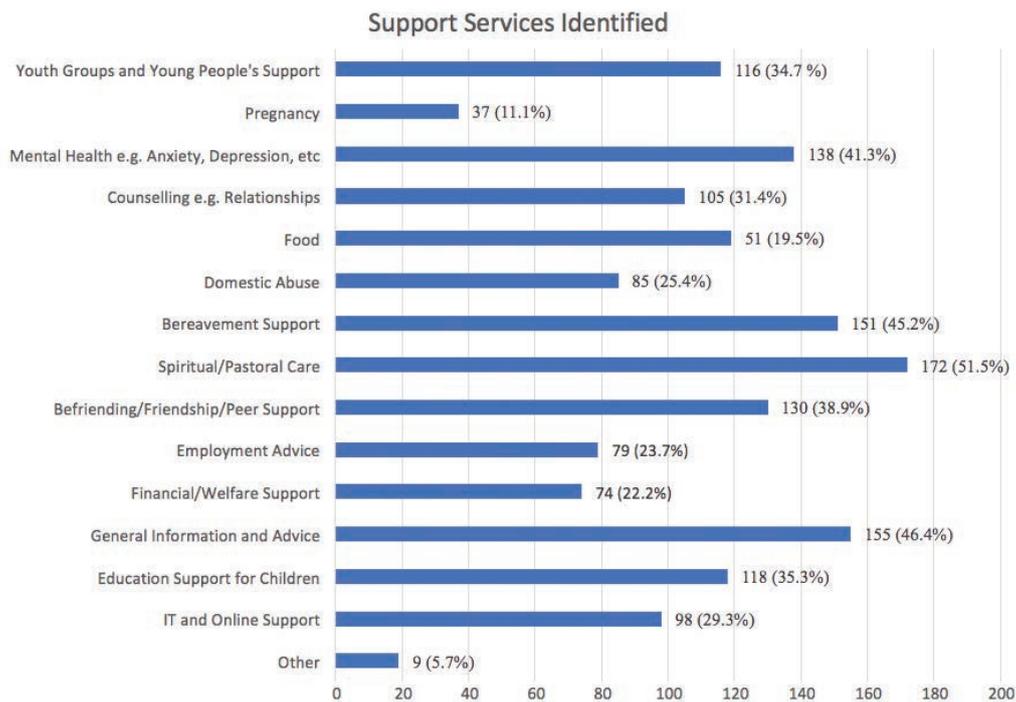


Figure 7

The effects of grief and loss was a significant issue and many respondents (45%) highlighted anxiety around this and the impact of the lock down when hearing about the passing of a loved one. Within the Black community, cultural patterns are significantly important when one passes and the lock down is having a concerning impact on the grieving and mourning process leading to emotional concerns.

"Bereavement support is urgently needed as families are not grieving the same way as before".

"As a community, we express and support those grieving by coming together in large numbers to offer support to the families, I am worried about how people will cope now that support is so limited".

"There will be a lot of mental health support needed for our community during and after this time. We were suffering before and this will make things so much harder for us to cope with if we do not get black organisations funded to support".

One respondent said

“Relevant, up to date information of support that is available for BAME people especially for those who are vulnerable and have been encouraged to shield”.

“Sometimes, people just want to talk to others, to have a bit of company whether it is on the phone or on a video”.

“A lot of people are grieving right now and need support like counselling, I have lost three people to COVID in 3 weeks and there just isn’t anyone to talk too. I am also seeing a lot of death in my job as a nurse ”.

Question 8

What immediate virtual support would you like to access during and after this pandemic?

Respondents were asked to identify whether there was any specific support they needed during the pandemic. In line with the need for mental wellbeing support, there was a significant number of respondents that highlighted the importance of online wellbeing support groups. Respondents wanted this to be provided remotely during the pandemic however, many comments in the other category were concerned about maintaining this post COVID-19 and wanted that direct face to face contact.

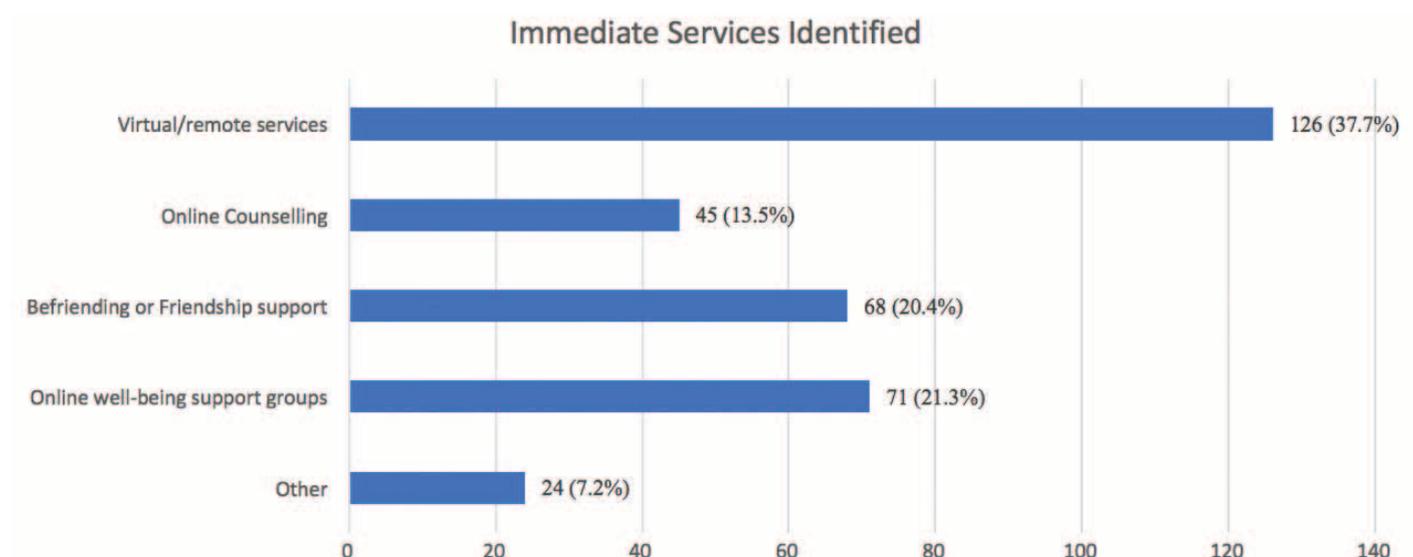
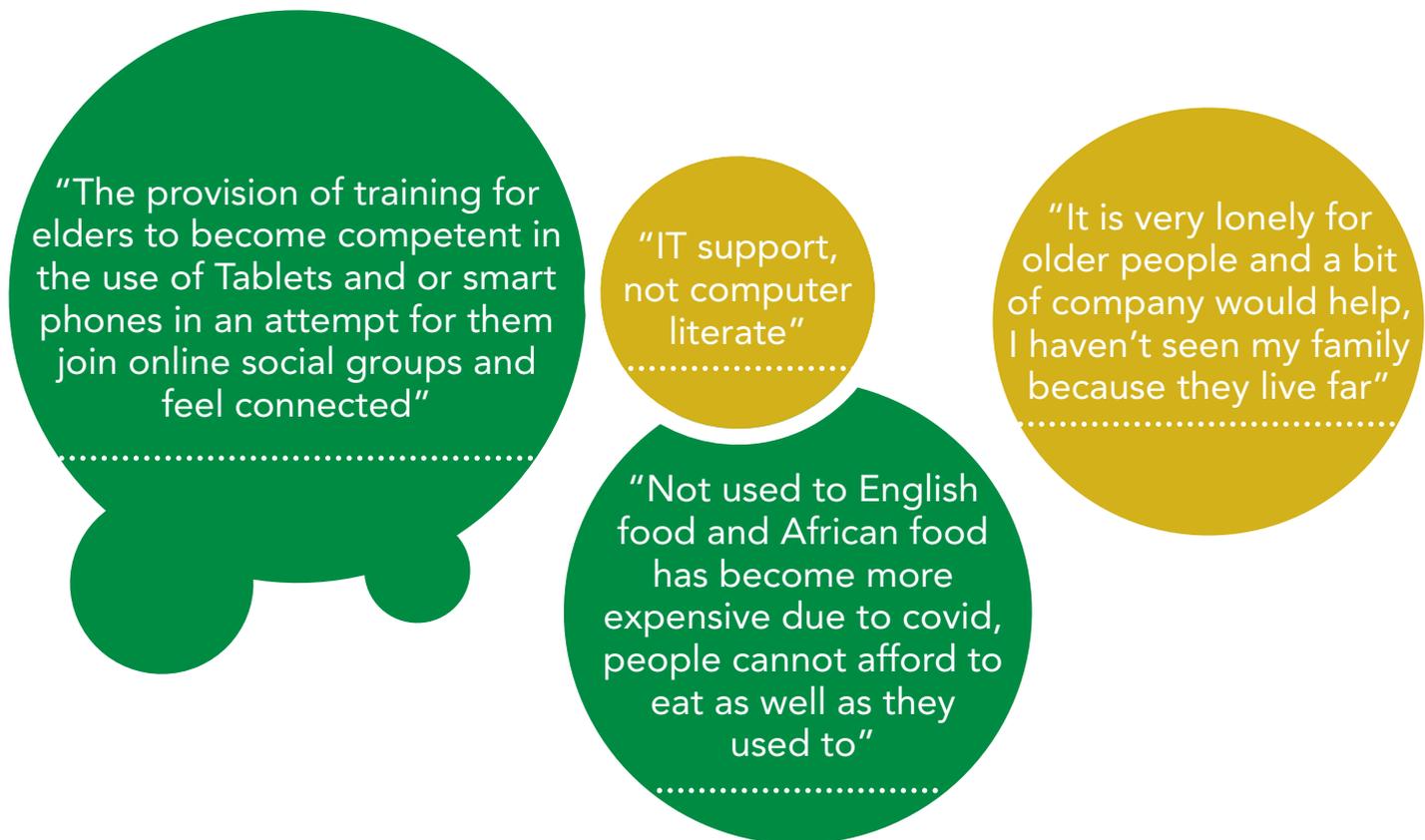


Figure 8



“The provision of training for elders to become competent in the use of Tablets and or smart phones in an attempt for them join online social groups and feel connected”

“IT support, not computer literate”

“It is very lonely for older people and a bit of company would help, I haven’t seen my family because they live far”

“Not used to English food and African food has become more expensive due to covid, people cannot afford to eat as well as they used to”

Several comments from respondents mentioned the messaging that comes out to the community from organisations such as CAHN. People valued the accurate and evidenced messages that were made appropriate via video. Some respondents made reference to the busting myth videos that CAHN developed with doctors because this sought to challenge some of the myths and conspiracies circulating within the community that was causing stress and anxiety. Respondents asked for more engagement and messages because there were some fears leading to people not following the right guidance.

Several respondents gave their comments to the need for information

“I would like to see more information made available that directly targets our community, so they follow the right advice. They are not socially distancing and following the information. There are too many people that still believe that coronavirus is a not really happening”.

“It is important to get the health information in the right way because for some reason our community is not hearing what we need to do to avoid this terrible virus”.

“Advice, specific advice, I have sickle cell disease, what about people like me”.

“We need correct factual and information in plain language because it is very stressful when you hear all sorts going around about this virus and you do not know what to believe”.

One respondent stated that she wasn't concerned about anything:

"Not currently in need have strong faith, family & friends' network".

Some of the respondents were keen to develop themselves so that they could support others in need within the community

"Training that would enable me to help those who cannot access services as readily as myself example advocacy training".

This pandemic has opened my eyes to all the people in our community that have skills to help support our children's learning, we could do with this for our children immediately. I would be willing to support".

"I get that this is not immediate and necessarily virtual but we need more black led schools being set up and entrepreneurs to provide career opportunities and jobs for our young people".

The Impact of COVID-19

The findings within this report identify some key issues that are impacting the Caribbean & African community.

Respondents highlighted several concerns within this report, some of these point to what the community perceive as racial discrimination and bias. The comments highlight disadvantage because of their skin colour and anticipate that the long term effects of the pandemic will be felt far greater in their community than in any other. On saying that, some of our respondents commented that they received good quality mainstream services. We also had some comments from our key workers that highlighted good working relationships with their place of employment. We need to build on that and work with our providers so that good practice is shared.

On analysis of the findings, many of our respondents highlighted the need for Black-led services; this was commonly a result of the inappropriate delivery of health and social care to the community from mainstream organisations. Although there is an overall preference for Black-led services, the lack of resources and investment allocated to our Black-led organisations are concerning, this means there are not many such services and the few that exist are struggling to survive.

There is an overall lack of trust towards the health and social care system due to the treatment that many have received or witnessed. We already know that our community are more likely to present late when they suspect a health concern, and this has been exacerbated through COVID-19 from the experiences shared from front-line workers and users of health services.

The concern from our respondents around the treatment of key workers and the discriminations they face have only exacerbated existing non-engagement and late presentation from our community. This is very concerning given the health conditions our community already experience.

Faith is such a key part of the lives of many Caribbean & African people and although many have been able to connect with their congregants on-line, the lack of physical contact has been very challenging for many especially older people that live alone or have been bereaved.

There are heightened concerns about the mental health and wellbeing of Black children and adults, and the challenges many predict to occur with future unemployment. There is apprehension about the loss of their children's education and the likelihood of unfavourable predicted grades awarded to their children. It is a sad situation when our young people state that they are faced with such discrimination that the lock down has actually given them some form of protection from the suspicion and unfair treatment they experience every day with stop and search and other forms of poor treatment.

Many of our respondents stated that it was important to work together with our mainstream provider services to help them to deliver culturally appropriate and non-bias services. Respondents did not believe that most people were deliberately racist, however, for many people, they wanted the system to do more to recognise the impact that inequitable and unfair treatment was having on their mental and physical well-being and that of their children.

The survey has clearly articulated an urgent need for the system to respond to the Caribbean & African community as we go through COVID-19 and the recovery phase. It is essential that Black-led organisations can support their communities and provide the culturally appropriate services the community needs and can trust. CAHN seeks to work with the system at the highest level to ensure mainstream and Black-led services are commissioned and delivered in an equitable and non-discriminatory way.

Conclusion

The structural, economic, and racial inequalities facing the Caribbean & African community have existed in the UK for decades. We know that even without the ethnic breakdown of public health data on COVID-19 mortality, our own intelligence informed us that COVID-19 would cause disproportionate suffering within our community.

This report has highlighted that the structural inequalities we have known about for decades and continue to experience; is having a significant impact upon on individuals and many of our community organisations may not survive beyond this pandemic. The community want to work with system leaders and mainstream service providers across our institutions to include education, health, policing, judicial, housing system and employment agencies to build trust and to ensure that the treatment of Black staff and the public is fair and unbiased. Currently, there is a cry out for culturally and religiously appropriate services that are delivered by Black-led organisations supported with an appropriate level of investment for sustainability beyond COVID-19.

The next phase of our research will look at case studies during the COVID-19 pandemic and the need for a tailored recovery plan that would prepare and future proof the Caribbean & African community in Greater Manchester.

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Appendix

About CAHN

Our Mission

To eradicate health inequalities within a generation for people of Caribbean & African ethnicity in Greater Manchester.

Our Purpose

CAHN's purpose is to work with the community and cross-sector organisations to reduce health inequalities in the Caribbean & African community. Our ambition is to build community resilience, and a social movement that:

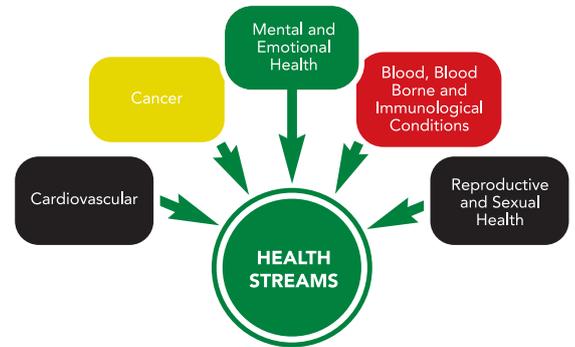
Leads – we lead strategic engagement articulating the needs of the community with an evidence base. We galvanise the community to respond to consultations and influence policy and practice; challenging the myth that we are hard-to-reach.

Enhances – we work with community groups and member organisations to reduce duplication and maximise their impact; making them more effective in achieving their objectives.

Educates – we raise awareness about prevention, early detection, effective self-care and self-management. We provide commissioners and service providers with insight and cultural awareness of the Black community.

Supports – we support a range of initiatives that brings communities together and builds community resilience. We broker collaborations among organisations to compliment and promote partnership working. We work with member organisations to strengthen their governance and support sustainability planning.

Advocates – we ensure the voice of the Black community is represented at decision-making tables. Our volunteers from a range of specialities support the most vulnerable in our community



Our Core Objectives

1. To work collaboratively with Caribbean & African faith and community organisations to strengthen their structures and systems so that they can be responsive to meet the health and wellbeing needs of their community.
2. To build partnerships across the sectors and to be the point of contact between communities, voluntary sector members and commissioning agencies.
3. To reduce health inequalities within key areas outlined in Greater Manchester Strategic Plan with creativity and innovation.
4. To engage in continuous consultation, planning and evaluation to provide solutions to persistent health inequalities and act as a direct point of contact with commissioners.
5. To champion the work of the Caribbean & African community and to promote its assets, efficiencies and achievements.



What CAHN is doing through the pandemic



CAHN
Caribbean & African Health Network
www.cahn.org.uk

COVID-19 Support Helpline

for the Caribbean & African Community
Information & Advice | Food | Single Mothers Peer Support

07710 022382

Open 0600-midnight | Email: COVID-19@cahn.org.uk

@cahn @cahn_gm @cahngm



CAHN
Caribbean & African Health Network
www.cahn.org.uk

CAHN HEALTH HOUR

Commences Saturday 2nd May 2020 until further notice
11.00am - 12.00 o'clock

Our focus is reducing health inequalities
Medical Doctors | Health and Wellbeing Professionals
Question & Answer Session

Zoom: <https://us02web.zoom.us/j/84516756373> | Meeting ID: 845 1675 6373
Live streaming on  and 

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SINGLE MOTHERS PEER SUPPORT GROUP

Thursdays 11.00hrs - 12.00hrs

Zoom: <https://us02web.zoom.us/j/83738004534>
Meeting ID: 837 3800 4534

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HEALTHY HEARTS

Tuesdays 13.00hrs - 14.00hrs

Physical Activity | Nutrition | Medication

Zoom: <https://us02web.zoom.us/j/88017457366>
Meeting ID: 880 1745 7366

Live streaming on  and 

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COLLECTIVE COMMUNITY RESPONSE MEETING

Fortnightly on Fridays

Zoom: <https://us02web.zoom.us/j/86871231933?pwd=L2lOUm9JdTNUYUZH OVJCMzIEbTQ2QT09>
Meeting ID: 868 7123 1933 | Password: 852213

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AFROBEATS & REGGAE BASH

Fridays 8.00pm - 10.00pm

DJ Kemoy B (KYSO)
DJ Mello

Zoom: <https://us02web.zoom.us/j/84516756373> | Meeting ID: 845 1675 6373
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