

MERTON COVID-19 RESILIENCE PROGRAMME

**An Assessment of the Impact of the CoronaVirus
Pandemic on BAME Communities in the London
Borough of Merton**

By

BAME VOICE

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BAME VOICE 'S approach to Merton Council

Repeated reports and official statistics highlighting the alarming numbers of deaths and hospital admissions among BAME health and social care workers in the UK, prompted BAME VOICE to officially approach Merton Council to reveal its plans for safeguarding its residents. We requested practical support for local BAME organisations to work with their communities to curb these high rates of COVID-19 deaths and illnesses.

The Council's response was swift and reassuring. It put into place plans for **all** residents. It, nevertheless, recognised the immediate need for additional work to be carried out with BAME communities who had been most affected by the virus.

Its Health and Wellbeing Board commissioned BAME VOICE to design and deliver a genuine insight into the lived experience and expertise of COVID-19 and other health determinants from people across Merton's BAME communities. It would concentrate its efforts East of the Borough where population growth is fastest, working with the Bangladeshi, Pakistani, East, West, Southern Africa, the Caribbean, and Tamils living in the East Merton wards of Abbey, Colliers Wood, Cricket Green, Figges Marsh, Graveney, Lavender Fields, Longthornton, Pollards Hill, Ravensbury and St Helier.

Aims & Objectives

1. Design and deliver a Community Resilience Programme for people of all ages, across Merton's BAME communities. BAME VOICE proposed that the programme used a bottom-up approach where the skills and knowledge within the communities are used to develop the programme and explore solutions where needed.
2. Understand the impact that COVID-19 has had, and build resilience in its different forms, reducing risks to these communities in terms of infection and health outcomes.
3. Identify any stigma or structural barriers experienced by the communities and help identify practical policy responses or local actions to address specific concerns, including opportunities to support and work with BAME communities on these responses.
4. Help support building of trust, signposting to appropriate support programmes, and to identify community leaders who could have a wider role in the approach.
5. Provide training and support for BAME key workers to tackle workplace bullying, racism and discrimination; to create environments that allow workers to express and address concerns about health and wellbeing risks and other issues.
6. Work with partners across Merton to increase engagement with vulnerable and higher risk communities on key COVID-19 related issues e.g. symptoms, NHS Test & Trace, self-isolation and available support e.g. the Community Hub.

Progress So Far

August — October 2020

Numbers of people spoken to:

30 Individuals (By Phone & Face to Face Social Distancing observed)

9 interviews On line

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23 Face to Face Workshop (Social Distancing observed)

40 participants at Virtual Resilience Workshop

60 individuals ex POD Groups

22 respondents via emails + post

Total: 184 local residents

Gender	Age	Ethnicity
Male (56)	9 -65	Asian (65%) Caribbean (30%) Other (5%)
Female (128)	11- 55	Asian (60%) Afro/Caribbean (39%) Other (1%)
In Education	20%	
On Employment	30%	
In Business	25%	
Unemployed	15%	
Retired	10%	
Wards Covered	Figges Marsh, Cricket Green, Graveney, Abbey, Colliers Wood, Lavender, Morden, Pollards Hill.	

What Change we want to see as BAME Communities....

- A seat at the decision-making table – making our voices heard
- Accelerating Minority Ethnic Workers into more senior and leadership roles **on merit**. Research shows that increasing BAME participation in top roles can add £24billion to the economy annually
- Resilience and Recovery through BAME communities helping themselves - adopting coping mechanisms, establishing a true sense of identity, working to leave a worthy legacy for succeeding generations
- Provision of services that are structured around needs of the people not service providers perceptions of those needs
- Help and support for new migrants.
- Strengthening social capital– view people from a position of strength. Stop handouts, offer opportunities instead
- Review doctor/patient relationship. Doctors to be trained in cultural norms e.g. ways of greeting/welcoming others. Cultural competence form part of health workers training, repeated every four years
- More community medical facilities
- Introduce safe spaces that recognise and make way for cultural expression.

We recommend a Multi Faith Service to bring the programme to a close in February 2021. A final Report will be presented to the Council at the end of February.

Our thanks go to the following people who have assisted us in getting this Programme off the ground.

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