MERTON COVID-19 RESILIENCE PROGRAMME

An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton

REPORT

TO

THE HEALTH AND WELL BEING BOARD
LONDON BOROUGH OF MERTON

Presented by:

BAME VOICE

5th March 2021

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1. INTRODUCTION TO BAME VOICE

The Black, Asian, Minority Ethnic Voice (BAME VOICE) was established in 2016 in response to the need for an independent representative body to look at key local issues and their impact on minority ethnic communities who make up over 35% of Merton's population.

BAME VOICE works strategically to increase the influence, representation and active engagement of all minority ethnic organisations and their communities in Merton in the decisions and policies that affect them. Although the charity operates as an umbrella body in particular, it does not see itself as exclusively representing only BAME organisations in Merton and the surrounding areas but also as a resource body for the Merton community as a whole.

There are 10 community organisations that are members of BAME VOICE. These are:

Name of Organisation/ Association	Main community group represented
1.Eaglobal Empowerment	Bangladeshi, Pakistani, African, Caribbean, Arab
2.Pakistan Welfare Organisation	Pakistani
3.South London Tamil Welfare Group	Tamil
4.Ethnic Minority Centre (EMC)	All BAME groups
5.FUSION Multicultural Group	Filipino, Chinese, Indian, African, Caribbean
6.WIFFA	Caribbean
7.AECHO	African, Caribbean
8. Merton Elders Forum	All Asian groups
9. Jimmy Asher Foundation	All BAME communities
10.Power Centre Church Ministries	All BAME groups

2. BACKGROUND TO THE PROGRAMME

2.1 The Covid-19 pandemic has both revealed and amplified some of the deepest inequalities in society. These inequalities reflect pre-existing inequalities in social, economic and health conditions.

2.2 The virus has hit people from all groups but there is clear evidence that it does not affect all population groups equally. 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-19.

2.3 Statistics collected over the past year show that those from BAME (Black, Asian and Minority Ethnic) background making up just 14% of the UK population, have been hit hardest. For example, people of Bangladeshi heritage were dying at twice the rate of white Britons, while other black, Asian and minority ethnic groups had between 10% and 50% higher risk of death.

- The risk of COVID-19 related death for males and females of Black ethnicity was 1.9 times more likely than those of White ethnicity.

- Males in the Bangladeshi and Pakistani ethnic groups were 1.8 times more likely to have a COVID-19 related death than White males,
- for females, it was 1.6 times more likely.

ONS, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 (updated 7 May 2020)
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

2.4 The London Borough of Merton with 37% of its residents coming from minority ethnic backgrounds, recognised its responsibility to quickly ascertain what impact the virus was having on them, so that mechanisms could be put in place to minimise further risks to their communities, with 60% already living in disadvantaged areas, east of the borough.

Map of the London Borough of Merton showing wards to the East of the borough

2.5 Merton Health and Wellbeing Board (HWB) as part of its aim of understanding the impact of COVID-19 and related issues on health, including mortality and morbidity, and wider impact on the community (including increased isolation and fear or reluctance to seek support from statutory services) in August 2020, commissioned BAME VOICE to:

> *design and deliver a genuine insight into the lived experience of people across Black, Asian and Minority Ethnic (BAME) communities in the Merton and surrounding area as a result of COVID-19 and related issues.*

These insights should focus on:

- the lived experiences of BAME communities generally, not only of the virus's impact on their health
- but, also on the wider existing inequalities particularly east of the Borough where population growth is fastest, and which already has higher levels of deprivation and a more diverse population than in the more affluent parts of the borough.

2.6 The aims of this important work are to:

1. Design and deliver a 'bottom- up" Community Resilience Programme for people of all ages, across Merton's BAME communities.

2.Target the following seven communities as they represent those most affected by COVID-19 - Bangladeshi, Pakistani, East, West, Southern Africa, Caribbean and Sri Lankan/Tamil. The programme, though specifically targeting these 'most affected' communities, does not exclude other Black and Asian communities who are experiencing high numbers of death and hospital admissions caused by COVID-19.

3.Understand the impact that COVID-19 has had and build resilience among the communities in its different forms: physical, mental, financial, environmental and reduce the risks to these communities in terms of infection and health outcomes.

4. 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.

5. Be an intervention in its own right, helping support building of trust, signposting to appropriate support programmes and to identify community leaders who could have a wider role in the approach.

6. Provide taster 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 risk and other issues.

7. Work with key health promotion and disease prevention services and programmes to understand barriers to accessing services, expand the reach of these services and increase the take up of prevention services to assist BAME communities to improve their health and wellbeing thereby improving their resistance to Covid-19 e.g. symptoms, testing, NHST&T, self-isolation and available support e.g. the Community Hub; also healthy weight, flu, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.

2.7 BAME VOICE committed to deliver *qualitative evidence-based recommendations for policy makers to consider implementing essential resilience and much needed support to these communities to meet vital health, social and economic needs.* BAME VOICE strongly believes that implementation of these recommendations will significantly and favourably impact on the wider Merton borough.

> *2.7.1* "BAME VOICE *does not propose to reiterate the overwhelming evidence citing systemic racism as the overriding factor in the inequalities which BAME communities come against in every aspect of their lives; this is a well-known and documented fact. What we do feel is a shortcoming in many of these studies, in that, whilst citing the evils of racism and the vulnerability of BAME communities, they often fail to record the resilience, development of new strategies and other coping mechanisms that these communities have had to develop to promote their own wellbeing, and survival."*

2.7.2

Covid Cases in London Borough of Merton by Specimen Date

Date	New Cases	Cumulative Cases
2021-02-20	1	15525
2021-02-19	23	15524
2021-02-18	33	15501
2021-02-17	27	15468
2021-02-16	32	15441
2021-02-15	29	15409
2021-02-14	34	15380
Total:	**179**	**Previous Seven Days (304)**

2.8 The programme was carried out over the period August 2020 to February 2021

- An interim report was delivered in October 2020
- Some 300 BAME community members took part in the programme [see section of this report]
- Key findings and recommendations are highlighted in various parts of this report.

3. EXECUTIVE SUMMARY

3.1 Our discussions and research revealed:

Real anger at not yet experiencing the long identified and promised changes to improving the quality of life of those living east of the borough. Though many acknowledged that much of this could be attributed to central government policies and reduced funding, they felt that some local government decisions had not allowed the changes to move forward.
Hope that real opportunities would be offered to gain back what will have been lost as a result of the corona virus
Hope also that this time, the reality of life for BAME communities, highlighted by the pandemic, will bring about much needed change.

3.2 Whilst acknowledging the existence of racism and condemning it in all its forms, participants in this programme gave their permission for this piece of work to reveal new insights, shake off the dust from existing recommendations and provide decision makers with the tools needed to bring about lasting support to their area. All wanted their anger channelled towards providing a level playing field for all those who live in the borough.

3.3 BAME VOICE INTERIM REPORT 2020:

"There is a lot of strength to build upon, but a number of key factors and key players are missing." We will provide these in this Report and hope that this time, the cry of the BAME community, heard throughout this pandemic, will be acted on. "We don't need any more investigations, any more commissions, we know what the issues are: WHAT WE NEED NOW IS ACTION".

3.4 BAME VOICE passionately believes, however, that "If we are to produce an ethical, true report, we need to recognise that unresolved issues of the past continue to hinder much needed respect and trust on all sides.

- *The Windrush debacle*
- *The Metropolitan Police's Stop and Search methods*
- *The inequalities within the borough in different areas of life*
- *The continuing high level of serious illnesses among BAME residents*
- *Teenage crime and anti-social behaviour*
- *The local and national Medias' constant stigmatising of BAME communities and their countries of origin.*

3.5 These cannot be overlooked. 75-80% % of those we spoke to brought up several of these as major issues they felt strongly about. Our findings in these areas will also form part of this work.

3.6 Impact of COVID on the BAME communities in Merton

For many BAME workers, the virus was more of an economic disaster than a health crisis. Government's failure to disclose the seriousness of the virus in its early stages meant that those already living disadvantaged lives had suddenly to prioritise earning a living over safeguarding their health

+ 3.6.1 We found no evidence that deaths and hospital admissions of BAME residents were disproportionate to their numbers within the borough.

+ 3.6.2 The Council's swift action in working with the BAME communities, local businesses, Chamber of Commerce, voluntary organisations, faith and belief groups to provide food and warm clothing outlets, information, advice and support averted any chaos or confusion which could have arisen.

+ 3.6.3 Whilst the communities most affected by the virus were similar to those in other parts of London, numbers were considerably less among the Caribbean and African communities whose numbers were projected to rise quite considerably in 2021.

- 3.6.4 Failure to communicate the seriousness of the virus to BAME communities in appropriate ways e.g. most information sent out were in English, with images people could not identify with, information sent via the internet or on social media, excluding those without the use of these communication tools, meant the communities were unprepared for the enormity of the pandemic when it hit them.

- 3.6.5 What was unanimously agreed by everyone we spoke to, was the universal climate of fear created by the confusion over how to tame this beast which had appeared surreptitiously among them.

- 3.6.6 It would seem, however, that a lesser known or discussed cultural and financial reason could be the driving force behind the high number of infections among some BAME communities. One must not underestimate the cultural pull which providing for those 'back home' has on those who have settled here.

> ***"With any money I earn, I have to think of my family back home. My grandmother who raised me is there. My sisters and brothers are there. They all rely on me. I have to go to work even when I feel ill. No work, no pay. What can I do?"***

- 3.6.7 That BAME communities were unaware of the serious nature of the virus brings into question the fact that a significant number of BAME organisations, conduits for important health messages to their communities, had been forced to close due to loss of funding e.g. SLAWO working with domestic violence victims, the Sickle Cell & Thalassaemia Association and ADSAG working with Diabetic sufferers. These particularly vulnerable people did not have the cultural linguistic support they needed during this crisis as the BAME organisation serving them no longer existed.

+ 3.6.8 Concerned with the risk of getting infected, significant numbers of BAME communities, particularly those from the Caribbean, reverted to traditional home remedies e.g., Turmeric, Ginger, Garlic and Vitamin D to strengthen their immune system.

3.7 Some key recommendations

We have included comprehensive recommendations about the way forward in different sections of this report. Whilst recognising that National Government policies and reduced funding have affected local government spending, the following are issues highlighted repeatedly in our interaction with the communities and are, therefore, worth serious reflection by policy and decision- makers:

Health

3.7.1 **That senior CCG and HWB officials meet on a regular basis with BAME community organisations and communities to examine existing health inequalities East of the borough and the barriers preventing access to services.**

3.7.2 **Locate community health and social services in relatively close proximity to areas identified as where BAME and older people reside. This should help to increase take up of services by these groups.**

3.7.3 **All sections and communities are alerted as soon as a threat is identified, stating the level of the threat and its possible effect on the country/area. Initial information for COVID-19 identified older residents as most vulnerable, creating a false of security among the young.**

3.7.4 **GP surgeries to be placed on high alert to cater for the increased call on their services. Additional funding made immediately for them to provide this extra service. GP's surgeries heavily criticized during this pandemic. Many declared 'not fit for purpose' by more than 50% of the people we spoke to.**

3.7.5 **Pop up health hubs within community spaces to hand out leaflets, provide information and advice. Where infection is an issue, suggest suitably protected staff use amplification equipment to give culturally appropriate health messages and advertise location of help points within the community.**

3.7.6 **Working in partnership with local BAME organisations and communities to fund, develop and implement culturally competent COVID-19 education and prevention campaigns. This is to reinforce benefits of early diagnosis, testing and preparing communities for interventions e.g. contact tracing, antibody testing and vaccination.**

3.7.7 **Cultural Competence (as opposed to Cultural Awareness) courses made mandatory for all medical and social care staff.**

3.7.8 **Introduce regular assertive and confidence building skills workshops for BAME staff from cultures where authority is not normally questioned and poor working conditions are not challenged.**

3.7.9 Increased psychological support for Council BAME staff e.g. setting up support groups to build up trust, with opportunities for whistleblowing without fear of repercussions. This to be provided in a culturally appropriate manner.

3.7.10 The public to be kept informed about development plans for improvements to East Merton e.g. plans for the former Wilson Hospital to become a community facility, something which offered such hope a few years ago.

3.7.11 Better data collection about ethnicity and religion, including having this recorded on death certificates to accurately monitor the impact on BAME communities.

3.7.12 Increase Social prescribing schemes which have been shown to help reduce barriers in accessing appropriate services, encouraging patients to participate in services and activities which increases their sense of belonging and reduces isolation.

Education

Whilst recognising that some of these recommended actions are the responsibility of central government, we urge Merton Council to make representations on behalf of its BAME communities in order to eliminate discrimination and bias.

3.7.13 Education authorities to ensure that bias is stripped out of the forecasts and decisions for BAME student predicted grades.

3.7.14 The migratory history of BAME communities to Merton to be made available in schools, colleges and libraries with annual events to celebrate the borough's diversity

3.7.15 Put a system in place whereby BAME parents are encouraged to play a more active part in their children's education

3.7.16 Schools to offer culturally appropriate psychological support for BAME children living in difficult home conditions.

3.7.17 Innovative Schemes, working with community organisations which match families who could offer support for each other. This would require the input of professional BAME psychologists and counsellors.

3.7.18. Ban images of starving BAME children on aid donation appeals put up in schools, churches etc which give an unbalanced portrayal of what these countries and their people are really like.

Employment

3.7.19 Council to monitor the redeployment and progression of BAME employees in key roles.

3.7.20 Council to mount Campaigns to bring more businesses and investment to East Merton.

3.7.21 Council to provide Start- up business grants/encourage lowering of rents/leases/Tax relief to BAME and other businesses

3.7.22 As well as investing in communities, Council should also invest in individuals, encouraging BAME Entrepreneurship into East Merton through offering incentives.

3.7.23 Working with the local Chamber of Commerce, Merton Council to encourage established businesses to invest in smaller businesses which may have grown during lockdown

3.7.24 With the Chamber of Commerce, Merton Council to support Annual business activity between East and West of the borough e.g. Business Conferences/ Business Fairs.

Older and Younger residents

3.7.25 Social Services to provide Incentives for young people to become 'educators' within their intergenerational homes to older non- English speaking relatives.

3.7.26 Post COVID-19, the establishment of supervised community spaces for older people to socialise, stage, attend events or work together on community projects e.g. community gardening to create a sense of belonging.

3.7.27 The Council/Social Services to support 'Adopt Grandma/Granddad schemes' for families, recognising their potential value to the community.

3.7.28 The Council to partner with others in setting up a foundation for sports in East Merton so that young people from these areas can showcase their talents.

3.7.29 Reopen and rejuvenate sports facilities, community centres and Libraries with UK, BAME and other histories/achievements displayed in them.

3.7.30 Children's services to facilitate a Helpline to support youth people especially those displaying mental health needs; Bereavement and grief-loss of family members and loved ones; Fear of their own death from hearing statistics of large BAME deaths.

General Recommendations

3.7.31 Action put in place to stop the stigmatising of BAME. Identifying and referring to BAME communities particularly on official documentation as 'hard to reach', seldom heard' 'disadvantaged' 'high risk' 'vaccine hesitant 'does not augur well for good community relations.

3.7.32 That Merton Council spends its reduced central government income more effectively in funding smaller BAME organisations/groups who are more able to bridge the gap between East and West of the borough.

4. METHODOLOGY

4.1 Bottom –Up Approach

BAME VOICE were convinced that if real change is to take place, our research methods had to be determined by those most affected by the issues to be explored- a bottom-up approach. It was vital that the BAME communities themselves led on it, providing qualitative evidence of how they interpreted certain societal conditions, in this case COVID-19, and how government policies were impacting on their real lived experiences.

4.2 Work Collaboratively

What was also vital was the need to work collaboratively with decision makers within the Council, the agencies offering services to communities in the borough, and the wider Merton community.

On this basis, the 6-month programme began in August 2020 and has worked with a representative sample of approximately 300 BAME residents from the Bangladeshi, Pakistani, Tamil, Caribbean and Black African communities [an analysis of this sample is set out in the appendices to this report]. These are the communities identified by Public Health England (PHE) as having been most affected by COVID-19. These participants live mainly in the most deprived wards east of the borough- Abbey, Colliers Wood, Cricket Green, Figges Marsh, Pollards Hill, St Heliers. Other communities such as the Chinese, Indian and Filipino communities were also interviewed. Participants were across all ages, genders, cultures, abilities, religions, sexualities.

4.3 Research using PODS

The methodology used represents an unprecedented approach to community involvement initiatives in Merton. Based on the traditional Afro Caribbean and Asian forms of communication, "one tells another", groups were formed into PODS to gather the lived experiences relating specifically to COVID-19 and the more general inequalities linked to poor health outcomes.

There were 6 PODs in total with an average of 16 residents in each one. The residents were selected by the facilitator of each pod based on participants meeting the programme's brief e.g. lived in East Merton, came from the seven identified target communities, were front line health and social workers, and had experience of the coronavirus. Each POD was formed from residents within a defined area, meeting outside, or in a large indoor space which initially allowed for social distancing. PODS were mixed e.g. families, friends, neighbours of mixed ethnic origins; youth and older groups, organisations, community leaders/activists, professional front line and other workers in health and social care and other professions.

4.4 Survey/interview Questionnaires

A standard set of questions were designed by the programme development team to determine the impact COVID-19 has had on the five most affected communities, physically, mentally, environmentally. Questions were also asked about specific concerns, measures to prevent a reoccurrence of the negative impact on BAME communities, suggestions for better access to services, other determinants impinging on health and welfare, and possible solutions to the east west inequalities debate.

Standard sets of questions were given to all groups who were encouraged to add their own, as required. The aim of these questions was to establish what challenges the residents face, what help is needed, what barriers prevent access to COVID-19 and other local services.
The project development team also carried out online interviews with BAME health professionals, students, community leaders and service users in the Merton area.

4.5 Training of interviewers

In addition, the delivery team sourced and trained young recruits from these communities to carry out the community interviews. These young recruits will go on to receive further training on how to develop their interviewing skills so they can continue passing on health and other messages to BAME communities in East Merton, signpost people to other sources of information and acting as advocates in breaking down barriers to access.

4.6 Consultation Sessions

- 3 virtual facilitated consultations on Zoom attended by 70 participants
- 2 face to face workshops (safe distance in place) with BAME health professionals, youth leaders, faith leaders, service users, volunteers and students. Topics selected were Assertiveness, Resilience, Leadership as these represent key issues that BAME community members felt needed to be discussed and put on the table
- Key interviews with grass roots leaders, businesses, faith groups, local council leaders to capture case studies

4.7 Other research and data collection methods: Gathering of views and recommendations from non- digital users, door to door (safe distancing), WhatsApp, and telephone interviews.

5 COMMUNITY IMPACT

5.1 COVID-19 appeared at a time when there were already concerns about the high levels of serious illnesses among BAME residents living in East Merton and the implications this might mean for public health. Whether these health determinants were the cause of the major impact the virus has had on BAME communities, is a matter keenly debated by those involved in the health sector. What COVID-19 has undoubtedly highlighted once again are some of the harshest and longstanding inequalities that have remained hidden in our society.

That those most impacted by the virus are from communities with largest numerical population increases, living in areas with the highest infection rates in the borough, will no doubt add to the debate.

In order to understand Black and Asian migration into Merton and its significance to the borough's health outcomes, it is important that this group of people, now given the collective name BAME, are seen not as one homogenous whole but peoples with very different backgrounds and aspirations.

5.2 Migrants from Asia have settled in the UK since the end of the sixteenth century, the most significant wave came following the Second World War with the breakup of the British Empire and the independence of Pakistan, India, Sri Lanka and later Bangladesh. Manual workers, mainly from Pakistan were in the 1950's and 1960's recruited to stem the labour shortage that resulted from World War 2. During the same time, medical staff from the Indian subcontinent were recruited for the newly formed National Health Service (NHS). They were targeted because Britain had established medical schools in the Indian subcontinent which conformed to the British standards of medical training.

Asian migration also took place in the early 1970's following the expulsion of Indian communities (then holders of British passports) from the newly independent Uganda, Kenya and Tanzania. Some of the Asians migrants who settled in Merton were victims of President Idi Amin's purge of foreign influence and control from Uganda in 1972. These had been professional and business people who left behind successful businesses and vast commercial empires but who built up their lives all over again in Britain.

Other Asian migrants, like the Tamils were mainly refugees, fleeing the civil war which engulfed Sri Lanka in 1983. Some, well-educated and literate in English, resulted in the first generation, securing highly professional jobs such as medicine and law after studying at British educational facilities. There were others who came to seek a better life for their families, working in the transport industry or opening up corner shops which have become invaluable to Britain and to Merton's economy.

5.3 The Caribbean story of migration to the UK and to Merton is well documented. The Caribbean contribution to the development of Britain's health, transport, manufacturing industries has been invaluable, yet the struggle for justice for many of those who have worked and lived here continues.

What has become known as the Windrush scandal, in which thousands of workers who have lived in the UK since childhood were denied citizenship has affected many Merton residents and their families.

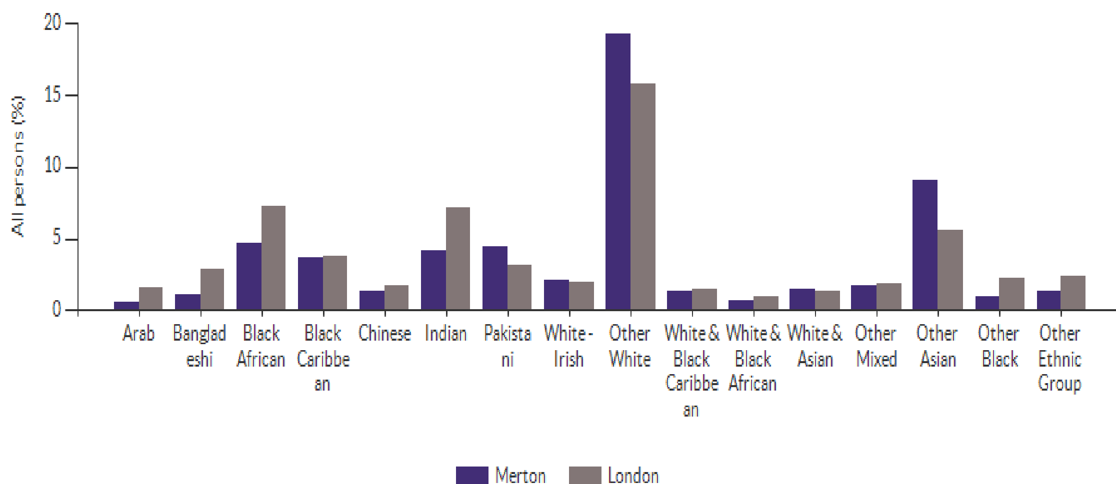
5.4 The African migratory history is one which spans countless generations, for as Peter Fryer writes in the opening sentence of his Book “Staying Power, “There were Africans in Britain before the English came here”.

There was very little African settled migration in the UK before the bitter wars of the 1960’s and 1970’s. Most Africans who came to the UK pre and post -World War 2 did so to gain an education (most coming from former colonies) and returning home to build up their newly independent nations.
That many have stayed in recent years to become the fastest growing communities in areas such as Merton, is due largely to the unstable political situation on the African continent.

It would be wrong, therefore, to place all these communities into the same category when seeking an answer to why BAME communities have been so badly affected by the Corona Virus. Not everyone from these communities is at greater risk of becoming hospitalised or of dying.

It was against this backdrop that we began our assessment of the impact the pandemic is having on BAME communities in Merton.

MERTON’S ETHNIC COMPOSITION IN RELATION TO LONDON’S



5.5 OUR FINDINGS

5.5.1 The Early stages of COVID-19

The assumption that local authorities with higher proportions of ethnic minority residents are likely to have higher numbers of COVID-19-related deaths has not been validated by Merton borough's statistics nor by our findings over the six months of this research. In general, Merton followed the national trend but there were significant differences in many areas:

- 5.5.1.1There was no evidence that deaths and hospital admissions of BAME residents were disproportionate to their numbers within the borough.

- 5.5.1.2. The Councils swift action in working with the BAME communities, local businesses, Chamber of Commerce, voluntary organisations, faith and belief groups to provide food and warm clothing outlets, information, advice and support, averted any chaos or confusion which could have arisen.

- 5.5.1.3. Whilst the communities most affected by the virus were similar to those in other parts of London, numbers were considerably less among the Caribbean and African communities whose numbers were projected to rise quite considerably in 2021

- 5.5.1.4. This could be attributed to the fact that many of the Asian casualties were from intergenerational families who told us they had come into contact with the virus at normal family gatherings, whilst single or two to three person occupancy were more common among the Caribbean and African households.

- 5.5.2 What was unanimously agreed by everyone we spoke to, is that very few felt prepared for the enormity of the situation that was emerging. There was a universal climate of fear created by the confusion over how to tame this beast that had appeared surreptitiously among them.
- 5.5.3 That BAME communities were unaware of the serious nature of the virus brings into question the fact that many BAME organisations, conduits for important health messages to their communities, had shut down largely due to inadequate funding. Particularly vulnerable groups in times of crisis, e.g. domestic violence victims, did not have the cultural linguistic support needed as the BAME organisation serving them had ceased to exist.
- 5.5.4 Having learned about the seriousness of the situation, and concerned by the risk of getting infected, large numbers of the BAME communities reverted to traditional home remedies e.g. Turmeric, ginger, garlic and vitamin D to strengthen their immune system. Conspiracy theories were circulated via social media outlets, mainly WhatsApp, as attempts to see their GP became less and less a possibility.

"I wanted my GP to sign a form, was told to leave it at the surgery. Waited two months no response. I asked why I had not heard from them. The GP couldn't be bothered to speak to me so I said I would take the matter up. They treat you differently, the way you speak, the English, It's not our language so they do not bother with you much".

5.5.5 Service users and carers complained about a 'communications break down' during the pandemic

"You feel you are on your own, even those who are supposed to help you seem lost."

"I am a Diabetic patient early sixties. I tried to make an appointment with my GP numerous times. No joy. A few days later a letter came through, asking me to phone for an appointment to take my Flu jab. I also got a call that same day reminding me to call in for a Flu jab. How come I can get a letter and a phone call about a Flu jab and yet not be able to see my doctor about what was really wrong with me?

"I think this lack of communication makes people not know who to turn to…you are left in a situation where you are going round and round in circles."

5.5.6 The local and national media's relentless reproduction of statistics of deaths or hospital admittance among BAME communities fuelled the anxiety of these communities, as well as the wider community's fear of them as spreaders of the virus.

5.5.7 For many BAME workers, the virus was more of an economic disaster than a health crisis. As many told us, they had to go out to work because they needed the money to survive in spite of them being ill. Government's slowness in disclosing the seriousness of the virus in its early stages meant that those already living disadvantaged lives had suddenly to prioritise earning a living over safeguarding their health.

6. EXPERIENCES OF FRONT-LINE STAFF AND RESIDENTS

6.1 Merton's Medical & Social Care staff from BAME communities

- 6.1.1 Three out of four of the workers we spoke to said they went to work or would consider going to work even when feeling ill or afraid, as no work, no pay.

- 6.1.2 30% felt the stress of dealing with a deadly and unknown sickness had affected their mental health. They needed help to deal with it.

> **"Concentrating on just surviving sometimes means not caring for myself. I sink into depression, health goes by the wayside".**

- 6.1.3 60% of care home workers not aware of what was happening; their residents got COVID-19.

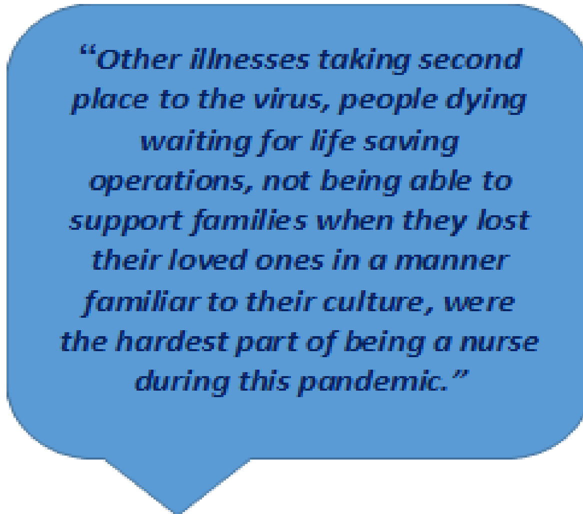
> ***"Our Management did nothing in the beginning. Later some masks were brought in. You were lucky if you got some, unlucky if you didn't".***

- 6.1.4 Staff isolating put pressure on other staff who had to work overtime in COVID-19 wards or care homes with COVID-19 residents

- 6.1.5 10% key worker stopped going to work, ashamed people would see them as spreading the infection following upsetting remarks heard from the public and the media.

- 6.1.6 20% said they have been subjected to overt forms of oppression, such as disrespectful remarks about their ethnicity or cultural background.
- 6.1.7 20% in hospitals & 30% in care homes felt pressurised into working in COVID-19 wards without the necessary equipment.
- 6.1.8 Others reported covert forms of discrimination such as being ignored during meetings.
- 6.1.9 All felt that risk assessment of all vulnerable front-line workers should have been a priority.

- *6.1.10* “Following reports of COVID-19 bullying and victimisation, our Chief Executive put some plans into action whereby employees were able to report these incidences more freely and action taken immediately to catch the perpetrator.*”*



6.2 **A summary of the lived experiences of some of the BAME residents we spoke to.**

6.2.1 60% of residents from BAME communities live in East Merton. We asked them about:

- Their specific concerns about the virus
- How COVID-19 had affected them and their families.
- Their views on and solutions for the inequalities in their area.

<u>6.2.2 Specific Concerns about the pandemic</u>

- ❑ Very few local community health facilities are culturally appropriate.
- ❑ Level of care being taken for the elderly and vulnerable members of society
- ❑ BAME communities not taking the pandemic as seriously as they should, especially younger members.
- ❑ Scepticism within certain religious groups
- ❑ Misinformation being spread especially to young people
- ❑ Children’s education disrupted
- ❑ BAME Communities not engaging with messages because of a lack of trust
- ❑ Stigma attached to BAME communities purported to be spreaders of the virus
- ❑ Not being able to work if I catch the virus
- ❑ Fear of hospitals - getting the infection there

- ❑ Narrative on BAME communities and COVID-19 misleading, creating mistrust between Government and the communities.
- ❑ Reshape of GP practices during pandemic did not meet my needs.
- ❑ Passing on the infection to others
- ❑ Mental health issues brought on or exacerbated by the lockdowns
- ❑ Not trained or capable for the home education of kids
- ❑ Media representation of BAME communities and the virus causing alienation of BAME communities
- ❑ Being used as scapegoats for any 'experiments' of new tests/ vaccines.

6.3 Impact of COVID-19 on individuals and family.

6.3 .1 **Positive Impact**

40% said Lockdowns have taught them to appreciate and keep loved ones close, help keep them safe, as the future is not promised to anyone

Significant numbers took online courses, improved themselves academically separate from schoolwork. Zoom not easy, but an opportunity to connect with what the future could be like.

One fifth of young people living in multi- generational households, were able to introduce older family members to the Internet, help them with English, something the older members had not taken up even after many years in the country.

Others had learnt how to cook before going to university, taken driving lessons, got their Licence, appreciated value of saving money, developing spreadsheets to keep track of money spent.

A good number reported they have become more proactive as opposed to reactive pre COVID-19.

6.3.2 **Negative Impact**

Of the numbers we spoke to, approximately 30% had lost or had jobs suspended having to apply for Universal Credit or being furloughed

"Dad had to apply for universal credit- process took longer than expected, frustration affected his health"

20% had hospital treatment/admissions postponed or cancelled causing stress and family anxiety.

“Mum has a chronic disorder, had to shield. Dad is a key worker. Conflict, does dad go to work or stay home with mum?

“Husband is self-employed cab driver, business went, we did not know where to go for help”.

6.3.3 Other comments include:

- Physical exercise limitations, gyms closed and outdoor activity curtailed nationally
- “New school rules created mental health issues for my children. My extrovert son was frustrated at having to communicate only with people within his own bubble.”
- “Husband out of work so finances unstable. When I showed symptoms, I had to isolate inside a small room as I did not want to pass on the infection, affected my mental health”.
- “2020 was a struggle. The whole idea of it repeating itself gives me lots of anxiety”
- “How I coped? Had a baby, sense of purpose. Baby, religion and family kept me sane”
- Increase in prices in the nearby local shops put added pressure on finances
- “Did not know where to turn. Did not know what the Council had to offer. I turn to friends and family first. Also, what happens if a problem crops up late Friday evening when Council offices are closed”?

6.4 What was done that was good?

- Financial assistance to employers to help those losing jobs and some of the self employed
- Keeping the public informed at every stage of development of the virus.
- Merton Council Website & CCG’s regular information sharing is excellent
- Hospital workers tested regularly
- The voluntary and community groups coming together offering support to the wider community.
- Setting up ‘Merton Giving’ a collaborative effort for the community by the community.
- Food parcels given out. Better targeting needed though
- British people coming out to support and help each other.
- The Council, CCG & other agencies wanting to learn from the losses suffered by BAME people.

" It was so good seeing everybody coming together. The Counsellors, Council staff, the MP, the mosques, churches, other faiths, organisations, were all out on the streets giving out food, clothing, advice to those who needed help".

6.5 *What could have been done better?*

- The benefits of Vitamin D3 and other supplements to help cope with the virus should have been promoted earlier
- More information and education about how the virus spreads
- More support for the disabled
- More clarity on how and when financial assistance would be given
- Better advertising of facilities available in the borough e.g. support services for married couples experiencing problems and help for domestic violence victims.
- Given consistent and clear instructions so people could adjust and plan better.
- Earlier testing and, more testing sites nearer homes for the vulnerable and elderly.

6.6 Why do you think BAME people were so badly affected by the virus?

6.6.1 For many of the people we spoke to, they initially treated the coronavirus in much the same way as they normally treated the seasonal flu. No indication was given that it would be different or that it would have the catastrophic effect it has had on BAME communities across the UK.

6.6.2 Much has been made about the underlying health conditions of BAME communities, of unsuitable working conditions; of where people live, the type of accommodation they live in, household size, the types of jobs they do and the means of transport they use to get to work. Much has been made of the discrimination they encounter in various areas of their lives.

6.6.3 These facts are true of Merton but to a lesser degree than seen elsewhere.

Our study of the area indicates that the multigenerational living within Asian homes will gradually disappear as older members pass away and the young generation eschew that way of living, moving out when they become economically independent. In recent years, the Caribbean and some African homes with older residents, hold only single or dual occupancy.

6.6.4 It would seem, however, that a lesser known or discussed cultural and financial reason is the driving force behind the high number of infections among some BAME communities. One must not underestimate the cultural pull which providing for those 'back home' has on those who have settled here. It resonates in many ways with migrants who brave swelling seas and unsuitable boats, to reach the West, in order to earn enough money to be able to send financial support to those they have left behind in their homelands.

"***With any money I earn, I have to think of my family back home. My grandmother who raised me is there. My sisters and brothers are there. I have to go to work even when I feel ill. No work, no pay. They rely on me.***

What can I do?"

6.6.5 The information about the seriousness of the virus and failure to communicate them to BAME communities in appropriate ways e.g. in languages which could be read by members of the communities, left them vulnerable. Also, many members of the communities do not have access to the Internet or to social media.

6.6.6 More importantly, local BAME organisations catering for groups with specific needs have shut down e.g. the Somalian women's groups, the East African domestic violence organisation, the Congolese Youth group, the Sickle Cell charity, all gone. Information, advice and support in these languages and cultures were lost to the borough as these groups moved to other boroughs.

6.6.7 Other cultural factors which may have contributed to BAME casualties are:

- An unwillingness by BAME workers to challenge authority. Feeling less confident to protest against inadequate PPE provisions or poor working conditions led to illness and death.
  From a Filipino NHS worker, this explanation: "*There must be something in our culture that prevents us from speaking out or we feel that we just have to follow managers requests, that we cannot say no".*

- Fake news on social media greatly influenced many BAME people who already had trust issues with health, Council and government officials. This could have prevented them from seeking help when needed.

6.7 Over the years, Health and Social service providers have reported a lack of take up of services by the BAME communities, including recent COVID-19 Testing and Vaccination programmes. Failure to seek medical attention, often when almost too late, is a major concern. What do you think is the reason for this?

6.7.1 A good number of those we spoke to, approximately 30%, said they were happy with the service they received and tried to use local services, turning up for all their appointments. They were surprised that the take up of services was said to be low as there always seemed to be a good number of Black and Asian patients at the hospitals and health clinics they went to.

6.7.2 These are some of the reasons given by others who held different views about the health and social care system:

- “The System doesn’t understand us”

- “Assumptions are made, stereotyping based on a little bit of cultural knowledge without examining our real needs” e.g. Generally known within the Gynaecological field that women from certain parts of West Africa do not indicate they are in pain when giving birth. One woman narrated how she was mocked for screaming and indicating she was in pain. Even though she told them she was not from that part of Africa, they continued to mock her.

  This was reflected throughout our sample. Women giving birth reported they felt particularly vulnerable and not understood.

  “We are ignored or dismissed”. “**They just don’t listen”.**

- Appreciable numbers felt that too much emphasis was being placed on illnesses affecting older people. They cited Black women, for example who are almost twice as likely to be diagnosed with advanced breast cancer as other women. Black women are five times more likely to die in childbirth. More work needs to be done on other illnesses affecting the BAME communities.

- Gender and language also play a part. A significant number said they felt vulnerable and struggled to articulate and advocate for themselves to their GP or a consultant.

- Trust is absolutely crucial in a doctor-patient relationship. Patients feeling “not heard or understood” may go outside their local area, as did some young residents we spoke to. They were tired of the difficulties of getting an appointment and had fraught relationships with their local medical practice.

- Many felt that if their GP’s failed to listen to them, they in turn, would fail to open up or use the services they recommend, thinking they would be treated the same way when they got there.

6.8 It's been said that the Coronavirus pandemic has brought out the best and the worst in people especially when it comes to ethnicity, culture and religion. Have you encountered any stigma or barriers during the pandemic?

- "I notice a number of people avoid me now when I am out in the streets or in the shops or they kind of move aside when I approach them". Other Asian family and friends say the same happens to them.

- "At the start when the statistics about BAME deaths and infection were all over the media, when I went to work, my colleagues kind of acted in a funny way, as if they wished I wasn't there", as if I was somehow a threat to their health."

- "My Chinese friend and I got chased in Morden. It was when the media said the virus came from China. He got verbally abused as well and he was really shaken up".

"When I am out with my white friends, we tend not to get the same reaction whilst with my black friends we are met with the stereotypical belief that black girls are loud; sometimes we do fit the stereotype but these stigmas affect us, so some girls act it out: "If this is what they think of us then let's behave like that". It's the mindset that other people have. It makes you feel you are not part of society. Even if you are there, you just happen to be there not because you belong there".

6.9 In terms of the existing inequalities East of the borough, thought to be having a negative effect on the health of BAME people living there, how would you address the disparity between East and West of the borough? Below are a sample of the views of mainly young residents who felt COVID-19's exposure of the existing inequalities had highlighted how little their area had to offer them.

The view of a 26 year old Merton resident: *"I think COVID-19 will bring wider inequalities. Let's look at the environment in the west of the borough. Pre COVID-19, I used to drive through there every day. What do you see? Lovely clean parks in Wimbledon, street lights work, clean recreational spaces, well-kept shops and amenities. You can see attempts are made to keep the area clean and lovely and inviting. What do we have that is comparable in the East? Lots of opportunities but nothing is followed through. Too many roadwork, no public amenities, no sense of community, no sense of someone looking out for you. Nowhere to release the tension we encounter each day".*

"People who feel their area is not nice will not be motivated to do anything about it. They develop a certain mind set. They will think; 'why bother' as the rubbish pile up on the streets. If the Council/Government won't bother, if my neighbour won't bother, why should I bother?" So, they dump their rubbish and the foxes and dogs spread filth all over the streets."

"I went to school in East Merton, from a Muslim Asian background. No attempt was made to push us forward, particularly the BAME children. You were discouraged from even thinking you could move forward. Sometimes, in our school, it was like the wild, wild west. When you are at a school where no action is taken, the mind set becomes normalised. Then I went to college further into Surrey. Clear difference in expectations between the two areas. There you hit the ground running. I wouldn't dare throw rubbish in the corridors. We were taught to exist in the real world. It all starts with the school".

PART 2

In Part 2 we look at practical responses and local actions to be taken to improve Health and wellbeing in East Merton.

7. PRACTICAL RESPONSES TO WHAT HAS BEEN SAID

7.1 Various findings suggest that the poorer socio-economic position of some BAME groups is one of the main factors driving ethnic health inequalities. (PHE, Merton Council Community Plan, Runnymede Trust) Accessibility to and provision of vital services are, therefore, essential for their survival. There are, however, certain issues, mainly historic, which we believe need to be settled before issues of health and wellbeing can be properly addressed.

7.2 There is the important aspect of rebuilding relationships between those who provide services and those who are expected to access them. That relationship needs to be built on mutual respect and a genuine understanding of each other's needs and responsibilities.

7.3 Pejorative descriptions like "Hard to reach", "seldom listened to groups", "disadvantaged communities" "vaccine hesitant", which roll off the tongues of 'headline grabbers' but deeply hurtful to those on the receiving end, are alienating, marginalising and degrading.

7.4 The wider issue of the suitability of the title BAME to describe diverse communities and disparate needs, calls for a national debate and is outside the remit of this piece of work. However, it is important to state that many BAME people feel that the collective category, BAME, does not reflect how people recognise themselves and their self-identity. For instance, 'African' does not capture the ethnic and religious differences of people who originate from the continent (Aspinall, 2011). Similarly, some people of Chinese origin reject 'Asian' as not representative of their identity.

7.5 A second reason why BAME is rejected is because it is positioned as a marker of difference from the majority white population, with the latter treated more favourably. Some believe, therefore, that BAME is seen as a marker of 'race', an old - fashioned concept which suggests that there are genetic differences between people, determined by their skin colour.

7.6 So, there needs to be a clear understanding of who the constituent members are especially when it comes to allocating funding for work with these communities.

7.7 We recommend that:

- **New forms are found of identifying and referring to BAME communities particularly in the media and on official documentation.**

- **The name BAME is reviewed locally here in Merton in advance of any national decision on the matter.**

8. HOW TO REDUCE THESE RISKS?

8.1 There is unequivocal anecdotal and scientific evidence that the conditions under which many BAME communities live put them at increased risk of complications from infectious diseases. The Merton experience of COVID-19 mirror these longstanding inequalities in health, driven by social and economic conditions.

8.2 In response to our findings regarding the Merton handling of the pandemic, we would **recommend** the following:

8.2.1 ALL sections and communities are alerted as soon as a threat is identified, stating the level of the threat and its possible effect on the country/area. Initial information for COVID-19, identified older residents as most vulnerable, creating a false sense of security among the young.

8.2.2 Provision of additional advice and support in appropriate cultural forms; target groups through written **and** verbal translation. e.g. Somali only became a written language in 1976, leaving many older Somalis in Britain unable to read the communications. Ensure advice and messages have been received and understood.

8.2.3 Encourage the setting up and financing of new, forward thinking BAME organisations catering for groups with specific needs and providing Information, advice and support in workable, culturally appropriate ways yet sensitive to and accepting of the culture they now need to embrace.

8.2.4 Building sincere and genuine relationships with leaders of religious institutions e.g. mosques, temples, churches not just in emergency situations or for quick access to their congregation and families, but as regular outlets for health and well- being messages.

8.2.5 Action put in place to stop the stigmatising of BAME communities, making them 'the problem' rather than the circumstances under which they exist and using the strengths within these communities to build local networks of support for improving conditions in their areas.

8.2.6 GP surgeries to be placed on high alert in emergency situations to cater for the increased call on their services. Additional funding made immediately for them to provide this extra service. GP's surgeries heavily criticized during this pandemic.

8.2.7 Pop up health hubs within community spaces to hand out leaflets, provide information and advice. Where infection is an issue, suggest suitably protected staff use amplification equipment to give culturally appropriate health messages and advertise location of help points within the community.

8.2.8 Recognition given of the additional needs of BAME communities by providing available opportunities/outlets for their children while they work e.g. affordable creche/nursery places.

8.2.9 Introduction of regular assertive and confidence building workshops for BAME staff from cultures where authority is not normally questioned, and poor working conditions are not challenged.

8.2.10 Measures are put in place to counter the influence fake news has had on significant numbers of BAME people during this pandemic e.g. use the same media outlets to provide robust challenges to these negative posts.

8.3 What can be done to make BAME people feel they belong in the UK and are a part of the communities in which they live?

8.3.1 It was generally felt that with the older generation giving way to a second and third generation, many of the issues BAME communities now face will cease to exist. The barriers of language, some traditional and cultural practices which have prevented full participation in community health and wellbeing programmes, will no longer be an issue.

8.3.2 However, many felt that the inequalities which exist for BAME communities are current. Staff working in health settings need to be protected from harassment and being put under pressure to work in unsafe conditions. BAME communities may be less willing to trust agencies/government communications due to historical issues and contemporary experiences of stereotyping and discrimination. It is important, however, that this transition is managed well so that past errors are not repeated.

8.3.3 The current COVID-19 pandemic and the hardship it has brought to many, has offered an opportunity to rectify the mistakes of the past and create new opportunities for the future.

An African saying***: "Until the lions tell their stories, tales of the hunt will always glorify the hunter".***

This transition needs to be handled with care and sensitivity. It is to tell the story with integrity and truth.

<u>8.4 We recommend the following</u>:

- 8.4.1 The Council recommends to Central Government that Black and Asian history is taught in all schools and institutions of higher learning

- 8.4.2 Unequivocal official support and funding is given to BAME run organisations to promote a narrative which celebrates all cultures and identities, but allows those who have been victims of repression and suppression to tell their stories from their own perspective.

- 8.4.3 Support is given to those organisations who use part-time staff, with the majority of their funding spent on activities for the young people and their communities rather than on administration and management costs.

- 8.4.4 Better data collection about ethnicity and religion, including having this recorded on death certificates to accurately monitor the impact on BAME communities.

- 8.4.5 Learn where people spend their spare time and meet them where they are. Examples might be Saturday schools for black youth to learn about black history, or Hindu temples where entire communities spend big parts of their day, barbershops are community hubs for black males.

- 8.4.6 Encourage the growth of newsletters, as they are often not visible on the surface but go a long way in reaching those not on social media.

8.5 The relationship between certain BAME patients, their GP's and health authorities has come under scrutiny during this pandemic. Trust seems to have been lost in some cases. How can that trust be regained?

8.5.0 We recommend the following:

- 8.5.1 Community meetings held between senior CCG and HWB officials and BAME communities to examine existing health inequalities East of the borough and the barriers preventing access to services.

- 8.5.2 More local community health services situated in close proximity to areas where BAME residents live.

- 8.5.3 Increase social prescribing schemes which have been shown to help reduce barriers in accessing appropriate services, encouraging patients to participate in services and activities which increase a sense of belonging and reduces isolation.

- 8.5.4 Cultural Competence (as opposed to cultural awareness) courses made mandatory for all medical and social care staff.

- 8.5.5 Council communication networks primed to meet people where they are. You go to them, not them come to you.

- 8.5.6 More prevention work carried out in illnesses affecting younger BAME residents e.g. breast/cervical cancer, mental illness.

PART 3

Determinants of Health - Education, Employment

Incorporating the views of young and older members of Merton’s BAME communities

&

Recommendations

9. DETERMINANTS OF HEALTH - EDUCATION, EMPLOYMENT

9.1 EDUCATION

9.1.1 Prior to COVID-19, many BAME Merton parents had indicated that the education their children were receiving did not give them the tools they needed to become confident, resilient adults with the same opportunities as others with whom they were travelling. There has been a growth of educational establishments in East Merton over the past few years catering for black children e.g. Accoutre Centre for Learning 2020, Blessed Teaching and Examination Centre. Also, discussions at Black History Month events.

9.1.2 The proliferation of Saturday schools, private tuition classes and now Lockdown tuition, is an attempt by parents to correct that anomaly, but it comes at a price, a price most parents can hardly afford but are willing to make so that their children are given a comprehensive representation of their history and heritage.

9.1.3 Confusion over identity, ethnicity and race have been seen by all as catalysts for some of the radicalisation, anti-social and criminal behaviour by some BAME groups, and the cause of mental health issues among significant numbers of young people.
70% of the young people we spoke to felt confused over their identity. They wanted readily available resources with which they could relate and identify.

"My history was hidden from me at school. There was nothing taught to me that made me proud to be a young black girl growing up in the UK."

9.1.4 In recognising that education is one of the determinants of health and wellbeing, it is in the interest of the education authorities to ensure that children and young people living in deprived areas have the same opportunities as those in more affluent areas.

9.1.5 The question is often asked, *'How can it be right that someone's life chances are so profoundly affected by where they live or how much money they have'?* How can it be right that Black young men make up 40% of the youth prison's population. Young men the school system failed.

9.1.6 In recent years, there has been a change in the way in which children are graded. Predicted grades at GCSE and A-Level are usually thought to be under-predicted for BAME pupils yet BAME pupils annually out-perform what their teachers and schools predicted their grades would be year on year.

9.1.7 COVID-19 with its changing rules and regulations, has created a climate of uncertainty in all aspects of life but its effect on the educational sector has been catastrophic. Those affected are at their most vulnerable, at a time when they are developing into adults with all the confusion that entails. Added to that is the baggage of disadvantage carried throughout life.

9.1.8 Parents we talked to are concerned that decisions are being planned and taken now so urgent action is needed on this.

9.2 RECOMMENDATIONS

9.2.0 Short term action

Parents we spoke to were aware that Education policy is set nationally by the Department for Education and that their call to action is outside the scope of the Council. They do feel, however, that strong representations should be made to central government expressing their concerns.

- 9.2.1 Education authorities to ensure that bias is stripped out of the forecasts and decisions for BAME student predicted grades.

- 9.2.2 Change the way young people become inspired, not just by going to university. Open up outlets, a safe place where they can go to for advice and development, not just job centres.

- 9.2.3 Teaching of the British colonial past and its influence on the Asian sub- Continent. Africa and the Caribbean to form part of the national curriculum in all schools and taught from a very early age. These histories to be taught from different perspectives allowing for both the colonisers and the colonised points of view to be examined.
- 9.2.4 Books, other written and oral material used in institutions of learning should reflect diversity.

- 9.2.5 Make Cultural Competence courses as well as Unconscious Bias courses mandatory for those in the teaching world working with BAME children and communities.

- 9.2.6 Schools to celebrate/observe all Feast days/ national days/ events like Feast of St David, Diwali, the Eid, Black History Month, the Holocaust and others.

- 9.2.7 Put a system in place whereby BAME parents are encouraged to play a more active part in their children's education.

- 9.2.8 Ban images of starving BAME children on aid donation appeals put up in schools, churches etc which give an unbalanced portrayal of what these countries and their people are really like.

9.3 Medium term action

- 9.3.1 More BAME head teachers and senior teachers appointed to high achieving schools as well as to poor achieving ones. In both cases, they are to be role models in their respective domains.

- 9.3.2 Schools to maintain healthy relationships and work with local cultural and religious organisations/groups to deliver empowering and life enhancing messages to children.
- 9.3.3 Schools to offer culturally appropriate psychological support for BAME children living in difficult home conditions.

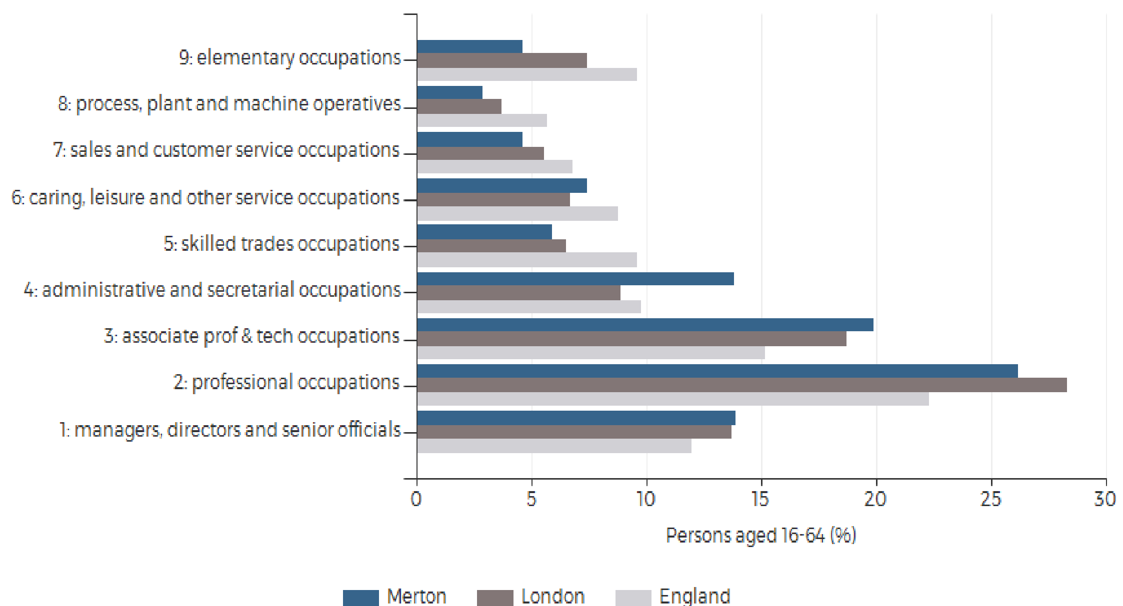
9.4 Long term action

Innovative Schemes, working with community organisations which match families who could offer support for each other. This would require the input of professional BAME psychologists and counsellors.

9.4.1 Innovative Schemes, working with community organisations which match families who could offer support for each other. This would require the input of professional BAME psychologists and counsellors.

Tim is of mixed ethnic heritage. Over the past year, he has started being very angry. When his behaviour became so disruptive and it was no longer possible to have him in class, one of the teachers, a trained psychologist, took him aside and started having some informal sessions with him. When he finally opened up, she found out that his parents had broken up and his mother now had a new boyfriend. Tim had to go out every time the boyfriend visited. Everyone important in that child's life had abandoned him.

9.5 EMPLOYMENT



9.5.1The employment impact for BAME communities in Merton is mainly due to a lack of vacancies, business and training opportunities locally.

9.5.2 The Sites and Policies Plan employment policies (DM E1-DM E4) seek to encourage employment and business opportunities in town centres, local centres, designated employment sites and scattered employment sites across the borough with adequate access to public transport services.

9.5.3 Whilst there is some evidence that a few businesses did start up in Mitcham pre COVID-19, the heart of Mitcham has remained an unattractive and uninviting centre, dominated by traffic and intermittent road works. Since COVID-19, the area has a deserted feel to it, punctuated only by bursts of shoppers stocking up until the next lockdown.

9.5.4 A recent national survey on the impact of COVID-19 by Runnymede Trust (Haque, Bécares and Treloar, 2020) showed that pre-existing socioeconomic inequalities have not only been amplified by the coronavirus crisis: they have been made worse.

9.5.5 The survey revealed that some ethnic minority groups – such as Bangladeshi and Black African groups – have experienced significant income loss during the coronavirus crisis, and nearly two-thirds of members of ethnic minority groups have struggled with paying bills and paying for essentials during lockdown. Ethnic minority groups have also been less likely to receive any form of sick pay if ill with the coronavirus, even though they have had to self-isolate.

9.5.6 We found this to be largely true of Merton. Those suffering most were the Bangladeshi and Tamil cab drivers who were also among those most ill with the virus.

9.5.7 The African shop and stall holders as well as those managing home care staff suffered serious financial losses. Some did not feel they could recover.

9.5.8 "As an employer of frontline staff there was so much difficulty, the way we work and do things. On the family level uncertainty as children cannot go to school. You cannot plan due to the Corona Virus. The business is hard. People are not spending, no one is coming out, business are not moving as it should be. We thought that they will give better support to BAME businesses but they had a cap of £10,000 limit which when you look at it, cannot do anything for a small business. And you keep paying your rent without receiving any income. The impact is hard and we don't know how we can recover. Shops have closed in Mitcham town centre. Another BAME business also complained of poor sales, reduction of staff and raising costs and worries about how to continue operations. 14 small businesses in the borough complained about the Council's denial of payment of the government discretionary grant and this has had an impact on them and their families worsening their experience during the Corona Virus pandemic."

9.5.9 We asked the businesses what they would like to see done to help them get back on their feet and what they felt about the disparity between East Merton and West of the Borough.

9.7 RECOMMENDATIONS

9.7.0 Short term action

- 9.7.1 Immediate action would be for the Council to ensure that everyone is aware of the Covid-19 healthcare treatments available in various parts of East Merton.
- 9.7.2 Stopping immigration checks driving people underground, people who might be infected with the virus.
- 9.7.3 Capture and publish ethnicity data showing the effect COVID-19 has had on BAME employment, businesses and communities.
- 9.7.4 Council to mount Campaigns to bring more businesses to East Merton.
- 9.7.5 Council to offer Start- up business grants/Lowering of rents/leases/Tax relief
- 9.7.6 Council to encourage investment into Mitcham.
- 9.7.7 With Chamber of Commerce support Small businesses/Enterprise Training
- 9.7.8 Council to lobby government to increase Statutory Sick Pay. Extend it to those who are not currently eligible because of low pay and zero- hour contracts and to cover those self- isolating.
- 9.7.9 In view of the inequalities, again highlighted by COVID-19, local government employers plan to build a diverse workforce to include BAME employees should be transparent and publicly available
- 9.7.10 Council to support the development of online resources for employers on how to support and protect BAME staff and how to implement guidance and information equitably.
- 9.7.11 Local government employers to provide wellbeing psychological support for their BAME staff.
- 9.7.12 That local government institutions document and publish their ethnicity data with details of who has moved back into full-time or part-time employment, and who is made redundant and who progresses to Universal Credit.

9.8 Medium term action

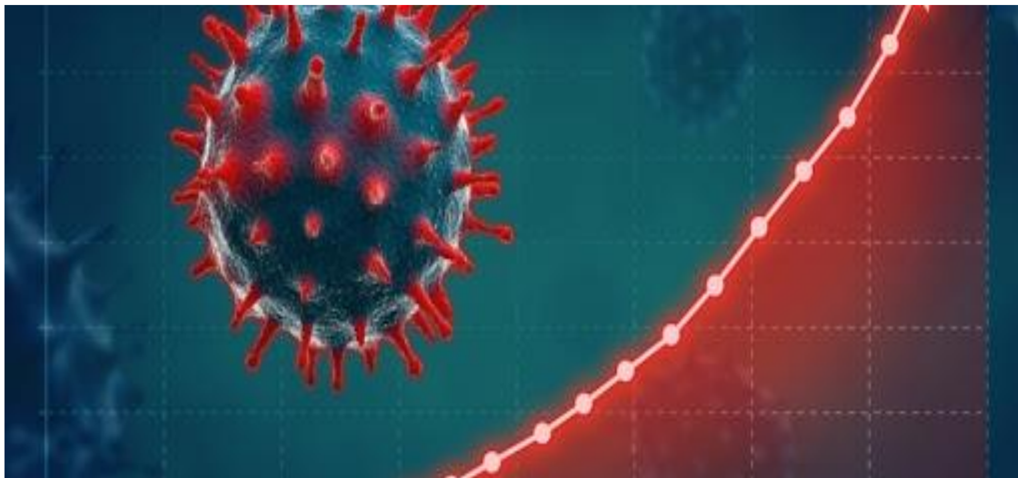
- 9.8.1 As well as investing in communities, there must be a willingness to invest in individuals.
- 9.8.2 Council to encourage Entrepreneurship into East Merton. Support young budding BAME entrepreneurs to set up in East Merton through offering incentives.

- 9.8.3 Chamber of Commerce to encourage established business to invest in smaller business which may have grown during lockdown
- 9.8.4 Measures put in place which ensure that the inequalities between East and West are being minimized

9.9 Long term action

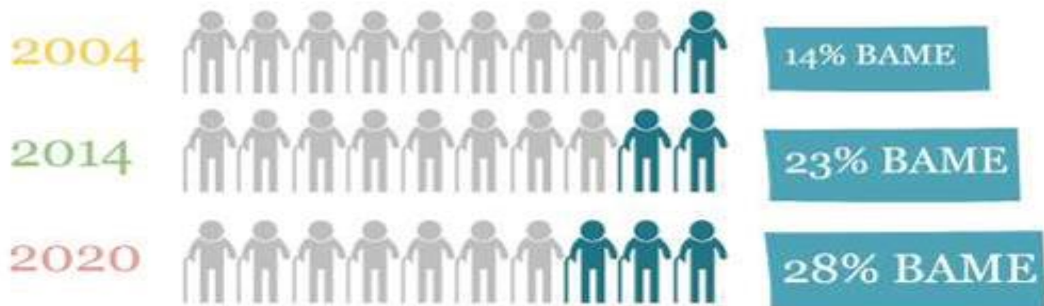
- 9.9.1 Initiate Annual business activity between East and West of the borough (Business Conference/ Business Fair)
- 9.9.2 Encourage the idea of planting new businesses from already successful ones, to give them a boost in establishing themselves
- 9.9.3 That the inequalities in the job market, business field and elsewhere are greatly minimized through equality Impact assessments
- 9.9.4 Monitor the redeployment and progression of BAME employees in key roles.

9.10 OLDER PEOPLE - Their views and their needs



9.10.1 12% of Merton's population are people 65 years and above.

9.10.2 East Merton, where 60% of BAME communities live has some of the highest densities of older people compared to Merton as a whole, particularly in the ward of Graveney but also in Colliers Wood and Figge's Marsh.



9.10.3 Several studies on ageing among BAME communities have shown that in recent years, levels of loneliness and isolation have grown among the over 70's as children, adopting a more Western style of living move away from the traditional intergenerational home. Most affected communities are the Pakistani, Chinese, Caribbean, African and Bangladeshi.

9.10.4 Important for health personnel to work with local leaders when approaching BAME people they wish to help in crisis situations. Although well intentioned, actions can sometimes have the opposite effect of an envisaged outcome.

"It's more the psychological effect the lockdown is having on me and my wife. Some people brought food to the door but we did not need it. We order online. Why did they think we were poor because we are black. I felt ashamed although they meant well.

We would have appreciated a friendly voice at the door assuring us that we would be all right. We were very afraid that we might die without anyone knowing. We have no children."

9.10.5 The pandemic has highlighted the need for services to connect those experiencing isolation with other people from a variety of backgrounds, leading to improved mental health, mobility and independence. These have had to be done by phone, WhatsApp and for those adventurous enough, virtually - a skill which is being learnt by larger numbers of older BAME people as they see the benefits of this new form of communication.

9.10.6 The virtual world has also been of great value to the Afro Caribbean older generation who have relocated to their homelands. Their relocation has created a vacuum in the support structure of the African and Caribbean families which needs to be filled.

9.11 RECOMMENDATIONS

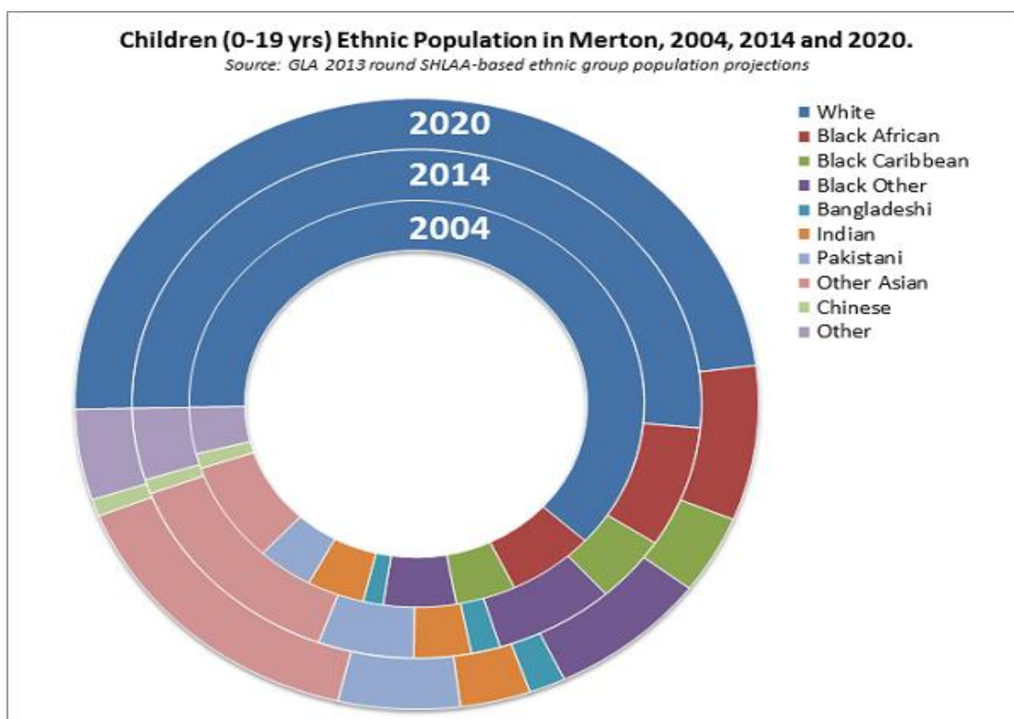
9.11.1 Post COVID-19, the establishment of supervised community spaces for older people to socialise, stage or attend events or work together on community projects, e.g. community gardening to create a sense of belonging

9.11.2 The Council/Social Services to support 'Adopt Grandma/Granddad schemes' for families, recognising their potential value to the community.

9.11.3 Social services to build on this by providing incentives to these young people to continue helping the older generation learn English and become more integrated into their communities.

9.11.4 Provide support that incorporates cultural and traditional practices e.g. carers who go into clients homes are to be trained in the cultural practices of those clients unless not required to do so by them e.g. removing shoes at the door, not calling them by their first name if older.

9.12 YOUNGER PEOPLE



9.12.1 A significant feature of Merton's population in 2021 is the changing age profile of the borough's residents. The number of children and young people aged 0-19 is 25% of the total population and is forecast to increase by 4.4%

- 25% of Merton's population is 0-19 years
- 13% come from low- income families

9.12.2 BAME children in the borough are achieving a good level of development higher than in England. 60% of young people we spoke to from across all BAME communities, were at school, at university or waiting to enter some form of learning or work.

9.12.3 Their main concern was the effect COVID-19 is having on their education and on their social interaction with friends and relations. They felt alienated from their friends with whom they go to school, west of the borough. As there were no leisure facilities in the east to match those in the west, this made it difficult for them to enjoy the same lifestyle as their friends or to feel proud of the area in which they live.

9.12.4 They felt that the lack of social contact outside of school was creating barriers which would not exist had proper relationships been formed through shared interests.

9.12.5 Others spoke of the way COVID-19 had made them aware of the difficulties caused by their parents losing their jobs and being ill with the virus.

9.12.6 Having to survive on handouts from food banks, with more time on their hands during lockdown, opened up a dialogue not experienced before. It brought them closer together and strengthened their resolve to do well.

9.12.7 Having witnessed the negative effect the virus was having on the BAME communities, and the resilience built by members, they felt proud of their heritage, more willing to take ownership of it.

> *"If learning about the empire had been compulsory, people* would have *had a greater understanding of modern Britain. "Whether we're here for 60 years or just got here, there's a sense that we don't belong. Things like the Windrush scandal wouldn't have been so easy to do if people understood what the Windrush was and its significance to the UK".*

> *" There are just not enough visible BAME role models in society. Or if they are, they sell out because they want to get into a top job or they feel superior to those they have left behind. They forget where they came from. If only a few of them would look back, things might be different".*

9.12.8 On the question of what could be done to bridge the gap between east and west, a significant number said they no longer trusted Government or the Council to make things better. They felt betrayed that most of their youth clubs had been closed (only two remained but these were in areas known to have anti-social problems) no leisure facilities existed and felt there was nothing they could identify with in East Merton.

9.13 RECOMMENDATIONS

- 9.13.1 The Council should partner with others in setting up a foundation for sports so that young people can showcase their talents.

- 9.13.2 The migratory history of BAME communities to Merton to be made available in schools, colleges and libraries with annual events to celebrate the borough's diversity

- 9.13.3 Reopen and rejuvenate sports facilities, community centres and Libraries with UK, BAME and other histories/achievements displayed in them

- 9.13.4 Social services to provide Incentives for young people to become 'educators' within their intergenerational homes for older non English- speaking relatives

- 9.13.5 Children's services to facilitate a Helpline to support youth people especially those displaying mental health needs. Bereavement and grief-loss of family members and loved ones. Fear of their own death from hearing statistics of large BAME deaths.

- 9.13.6 Schools to form community support groups for young people to access information and advice.

- 9.13.7 Meanwhile, local Government to create services online and make videos to reduce loneliness and isolation.

PART 4

MERTON’S BAME COMMUNITIES - BUILDING RESILIENCE

10. MERTON'S BAME COMMUNITIES - BUILDING RESILIENCE

10.1 There is no doubt that people from BAME backgrounds are dealing with multiple inequalities, which leave them particularly exposed to serious disease and virus's like COVID-19

10.2 The Covid-19 pandemic has not just revealed some of the inequalities existing within Merton's wards east of the borough, it has also exposed a failure to protect and keep afloat, BAME organisations which knew and understood the needs of their communities. Some of these organisations are among the missing key players we spoke about in our Interim Report.

10.3 Working with many voluntary and community organisations pan London, we know that these organisations often find themselves at the sharp end of the many challenges which society faces. The absence of these organisations at a time when their communities are the most impacted by COVID-19 gives rise to a number of key questions:

- 10.4 How long should it take for migrant communities to become fully integrated in the UK?
- 10.5 How do they build resilience when the building blocks are removed from under them, and in situations like coronavirus, there is the combination of greater exposure and greater vulnerability leading to increased risk?

10.6 Built into BAME VOICE's work, were strategies to help build up resilience within the BAME communities in anticipation of a second wave of COVID-19 and other threats which could potentially claim the lives and livelihoods of an already disadvantaged community.

10.7 The second wave of COVID arrived and BAME communities were once again said to be worst hit by the virus with further deaths and admissions into hospitals. For communities said to have been so badly hit, we found that there is still a lot of strength to build on. But there was a lot of hurt and anger at the many years of promises made which had not been kept resulting in such serious outcomes exposed by COVID-19.

10.8 These are communities who have found strategies to cope but now need the official muscle, action, understanding and support to secure a better quality of life, an equal playing field so that they can become a valued part of their respective wider communities, with a sense of having arrived and belonging.

10.9 Belonging carries with it a set of responsibilities. The BAME communities have to look inwards to take control of the valuable assets lost over the years; the divisions within itself, the breakdown of the family unit, the anti – social, gun and knife crime by some of its members, failure to defend and promote their rich cultural heritage, inability to challenge in meaningful ways the discrimination and prejudice they encounter.

10.10 We recorded the thoughts and views of parents, children and the communities:

"Many of our kids are confused. There is the issue of nationality and ethnicity. You are one thing when you do well and another when things go wrong."

"What needs to be done to help our kids gain their identity? It has to start with education surely".

"Black history will give them the belief that they can be better. History can be fundamental".

"Bring the village back - role of aunties, uncles reinstated, we need to form communities of support, learn from each other and move on ".

"Parents, be parents, it's your job, not the state's. Take back control of your children's lives. Listen to your kids and support them".

"Feed your kids well, teach them well, have a secure home for them".

"The Kids from all ethnicities are asking questions. They will bring about the change"

This introspection and action need to work side by side with any proposals made to put right the wrongs of the past. Trust has to be built again.

RECOMMENDATIONS

- 10.11 Working with local agencies, community and faith organisations, we propose the following actions by the Council, for a trial period of two years:
- 10.11.1 Start- up grants for small organisations/groups to be run by part time staff and volunteers speaking the language of that particular community, as well as fluent English.
- 10.11.2 Parenting, English, Health & Wellbeing, environmental, law & order courses run for parents and open to all members of the BAME communities.
- 10.11.3 Heritage courses run for young people by BAME heritage organisations.
- 10.11.4 A designated officer from Social Services to become the liaison with each BAME organisation, preferably with a good knowledge of the community with which they will be working.
- 10.11.5 All Social services, health, educational and other Council staff members working with BAME communities to attend Cultural Competency, Unconscious Bias training courses run by BAME trainers/facilitators.
- 10.11.6 Each community organisation to hold an annual event celebrating their heritage inviting the wider community to attend and participate in the activities.

PART 5

THE WAY FORWARD

CONCLUSION

11. THE WAY FORWARD

11.1 Throughout this pandemic, the reporting and presentation of statistics to the public have further disadvantaged BAME communities. Statistics, some later proven to be incorrect, have helped to reinforce prejudices and in some cases placed members of BAME communities' lives in danger. Cab and delivery drivers, healthcare workers, have reported increased insults and attacks as media and other sources identified them as belonging to the source and spreaders of the virus.

11.2 The targeting of whole communities, already struggling with age old prejudices and discrimination, needs urgent review by government and local authorities.

11.3 Also needing an urgent, better and more transparent review is the collection of ethnicity data in order to understand the full impact of COVID-19 on BAME communities. This should include recording ethnicity when health and care staff and patients are tested for the virus or at death of all victims. These statistics to be made readily accessible to organisations working with these communities.

11.4 Merton has in recent years, provided its residents with increased numbers of community-based health facilities to cater for the various needs of the community. Very few of these facilities are situated east of the borough where 60% of BAME communities live.
Locating community health and social services in relatively close proximity to areas identified as where BAME and older people reside, should help to increase take up by this age group.

11.5 Urgent need, therefore, to allocate appropriate investment in community medical facilities. Plans for the former Wilson Hospital to become a community facility located in east Merton for east Merton residents have stalled with very little information about its progress released to the public. The public should be kept informed about the Wilson, which offered such hope a few years ago.

11.6 Increase Resilience workshops, mainly with Merton Council's BAME health and social service staff. Many we spoke to revealed deeply held views on the way the lack of opportunities and progress at work is having on their mental health and wellbeing.

11.7 An outcome from the discussions was the setting up of Support groups /Networks to help those adversely affected by their work situations. Suggest a safe space to be provided for staff to meet and air their feelings, reporting back to the Council's hierarchy.

11.8 The focus of most COVID-19 strategies and campaigns has been on stabilising a situation which was threatening lives, threatening to overwhelm the NHS and threatening to destroy the economy. A prevention strategy was not fully in place but interestingly, the BAME communities, in the confusion of the first few months, found traditional, cultural ways of staving off the virus. The value of Vitamin D, one of the remedies the communities used and reported helpful is now being researched by scientists to ascertain any link with COVID-19 relief.

11.9 Recommend that Vitamin D3 screening for BAME communities and those people diagnosed with low levels be given supplies on the NHS.

11.10 There is now the urgent need for COVID-19 prevention campaigns to send out key messages, in culturally sensitive ways, relaying the seriousness of the virus, its early detection, testing and treatment.

Mobile amplification units using relevant language speakers to give out COVID-19 information/advice at prominent sites within the borough e.g. shopping areas, train & bus stations, places of worship, working with their leaders.

11.11 Working in partnership with local BAME organisations and faith and community groups, the campaigns would encourage communities to eschew some conspiracy theories prevalent within BAME communities and trust the interventions being offered.

11.12 The campaigns should also work with the communities to review traditional habits which are not conducive to life in the UK. e.g. high calorific meals (easily burned off in the heat of the tropics) the use of unmeasured traditional herbs as cures for certain illnesses; certain narcotic inducing plants thought to aid stress and depression.

11.13 It is important, however, that the messages are not forced down peoples' throats.; that failure to receive immediate reaction to requests are not taken as non- compliance, but people taking time to study and understand what is being offered.

11.14 Cultural competency workshops for all who work with BAME communities, that includes all heads of department, head teachers, teachers, medical, health and social care workers.

11.15 More Bereavement and end of life support. BAME communities currently lack access and appropriate advice in relation to end of life care.

12. CONCLUSION

12.1 Our programme's brief was to explore the impact COVID-19 has had on Merton's BAME communities, and to help the five communities most affected by the virus build resilience in anticipation of a second wave of the virus and other threats which could potentially claim the lives and livelihoods of already disadvantaged communities.

12.2 Our six months interaction with these communities confirmed that the virus had had a disastrous effect on the five identified communities. Deaths had occurred, jobs were lost, businesses closed, and children had to work out a new way of learning.

12.3 Whilst this was true for everyone, the underlying conditions under which many BAME communities live has caused shock, anger and frustration at the effect the virus has had on them. It has, nonetheless, given hope that this time, seeing the enormity of the fallout from this virus, something will be done to correct the inaction of the past.

12.4 What we found in the months we spent with 300 residents from these five communities, were people who, though angry and frightened on many occasions, mostly reacted with dignity, working with us to produce strategies we could present to the Health and Wellbeing Board.

12.5 The COVID-19 crises, has exposed the cracks in our society, but it has also offered an opportunity to address the issues which have bedevilled this borough over many years. The hope expressed at the start of the programme was still there as we ended our time with them.

12.6 Like other crisis, COVID-19 has shown us that our society is less divided than it sometimes appears. It may be true that though we are all in this together, though not all in it equally, we are as a community weathering the storm, and hopefully, with the new scientific and other discoveries, we will be able to build a better borough for our diverse and growing communities.

In recognition of the faith that has sustained many Merton residents and the invaluable part the faith communities have played during this crisis, we recommend that a joint' Service of Unity 'be held as soon as it is safe to do so.

PART 6

APPENDICES

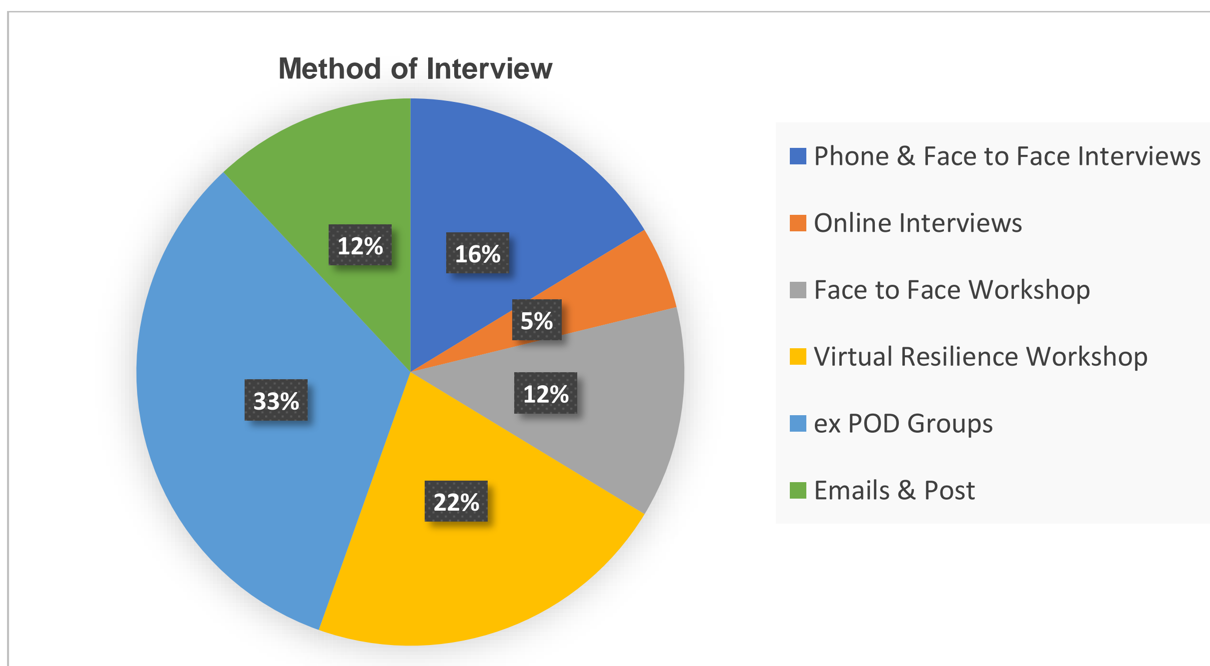
13. APPENDICES

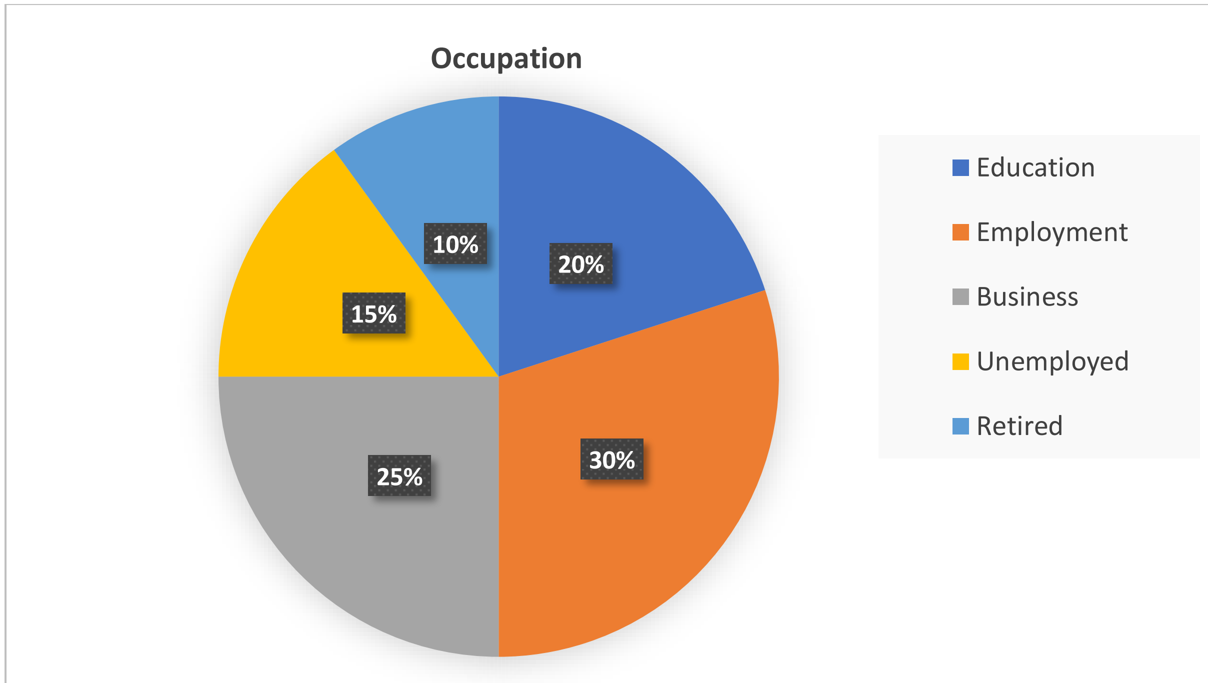
Appendix A: The people we spoke to

Interviews between August 2020 and October 2020

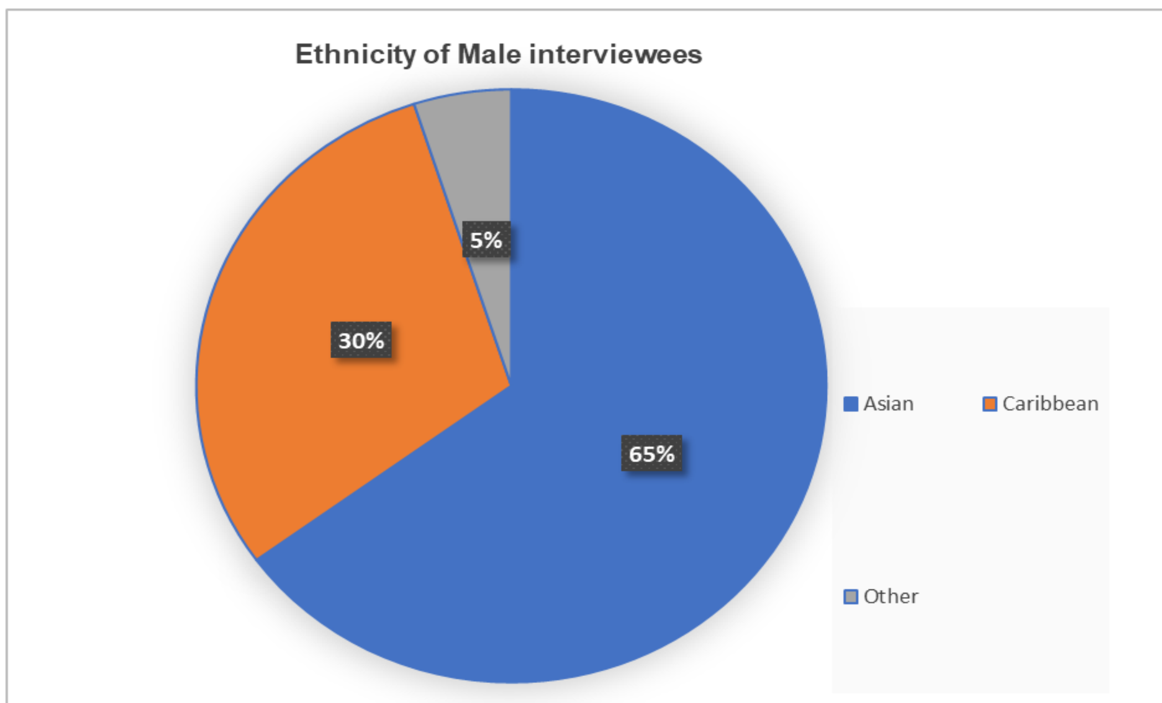
Areas covered - Figges Marsh, Cricket Green, Abbey, Colliers Wood, Lavender, Morden, Graveney, Pollards Hill, Morden

Total number of Interviewees 184

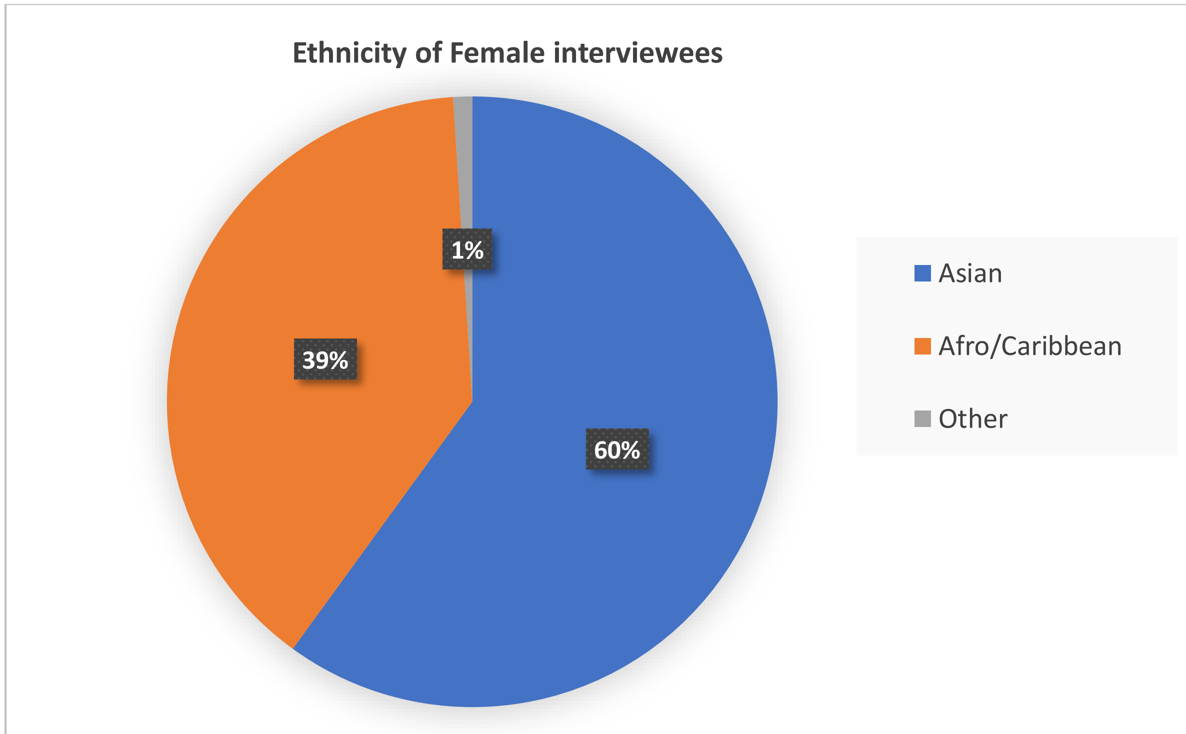




56 Males were interviewed between the ages of 9 – 65



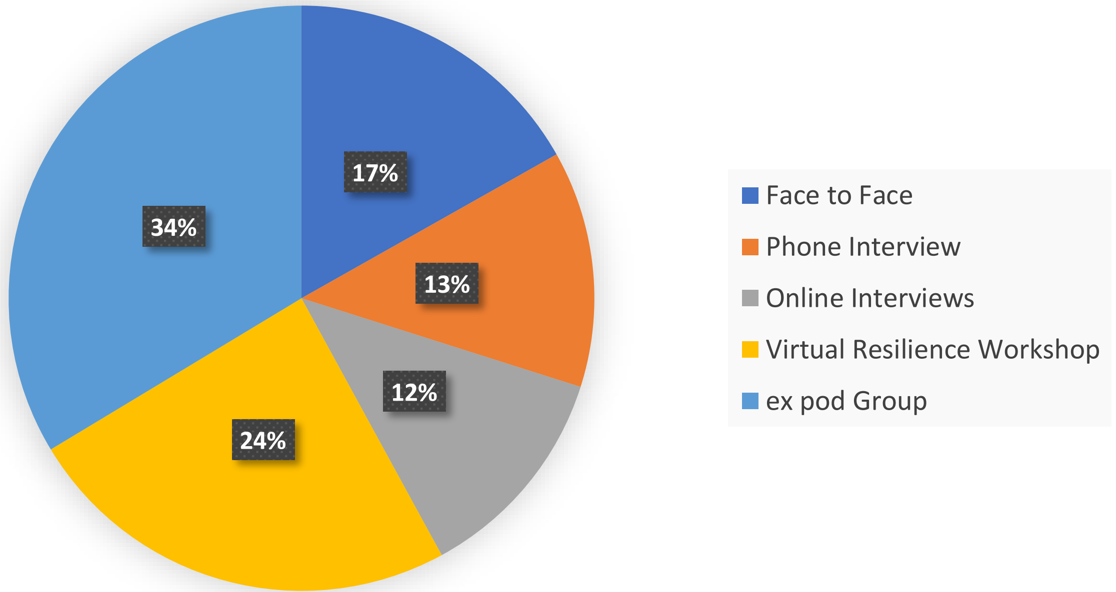
128 Females were interviewed between the ages of 11-55

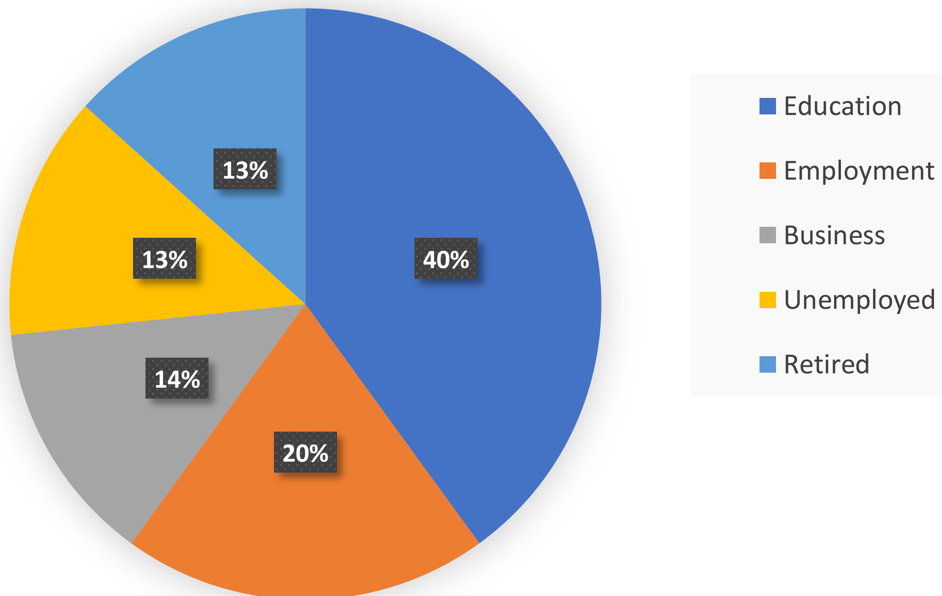


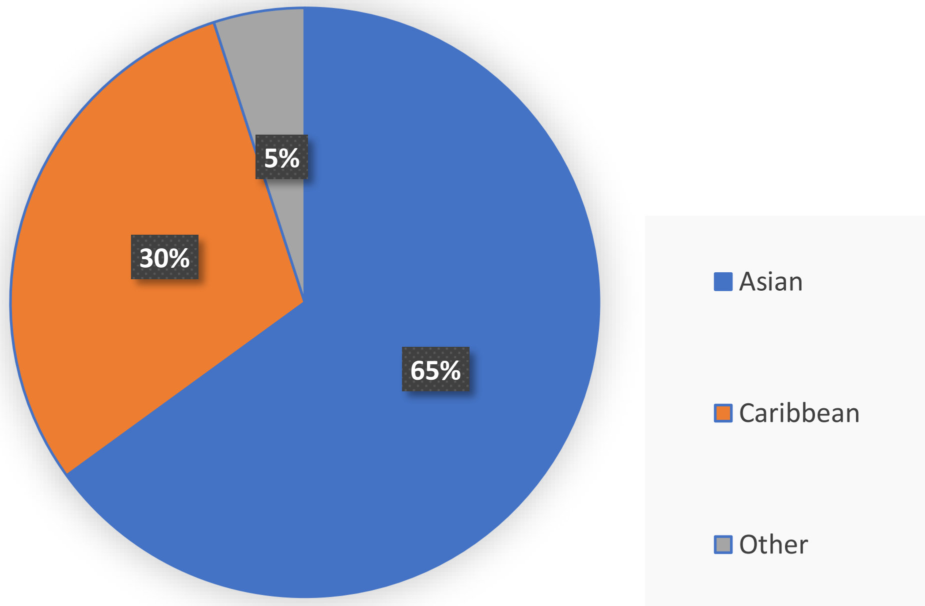
Interviews between November 2020 and February 2021

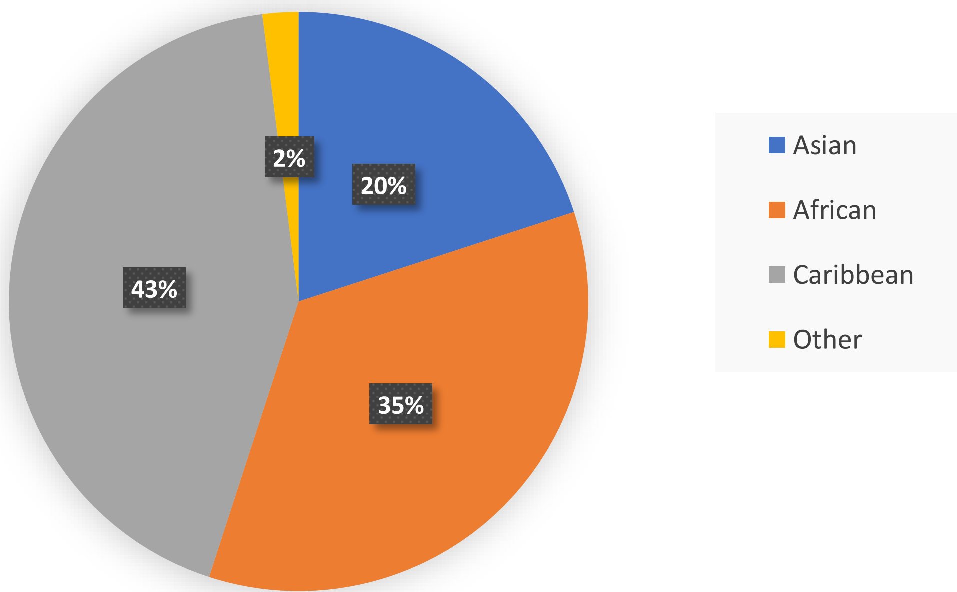
Areas covered - Figges Marsh, Cricket Green, Abbey, Colliers Wood, Lavender, Morden, Graveney, Pollards Hill, Wimbledon, Raynes Park

Total number of interviewees 107


Method of Interview
17%
13%
12%
24%
34%
Face to Face
Phone Interview
Online Interviews
Virtual Resilience Workshop
ex pod Group


Occupation
40%
20%
14%
13%
13%
Education
Employment
Business
Unemployed
Retired


Ethnicity of Male interviewees
5%
30%
65%
Asian
Caribbean
Other


Ethnicity of Female Interviewees
2%
20%
43%
35%
Asian
African
Caribbean
Other

Appendix B: Case Study

CASE STUDY - CETTA

Female, mid- forties, working as a nursing assistant in a care home. Came down with the virus after several of her patients had been diagnosed with the illness.

What were the conditions like in the home?

"We were not aware of what was happening until one of the patients fell ill and was diagnosed with the virus. He came back to the home. Then others started having it and they died. Our management did nothing in the beginning and then it spread to the middle floor and then to the ground floor. Some masks were brought in then, but you were lucky if you got some, unlucky if you didn't.

I was still going on, covering for other people as well. Later on I couldn't cope and I fell ill. Everything started happening with me, my taste buds went. Called 111 and they said I had the virus. But the first paramedics said I had flu. Advised I take Paracetamol. A few days later, I collapsed and the second lot of Paramedics took me to hospital where I stayed for several weeks. On my return after recovery, found things had improved very much to my surprise.

Why were you surprised?

Because my management was not supportive of us as staff in the beginning, we did not have enough protective gear and we were not given adequate information to start with.

What can be done to improve conditions at Care Homes like yours?

Workers given support to speak out about conditions under which they work. Support system in place to help the workforce and for them to help each other.

What would you like to see happen now?

Greater accountability by those who manage staff, more briefings when situations go wrong, more support from government and oversight of homes like ours. Better training for paramedics to differentiate between the symptoms they encounter in their patients.

How are you doing now?

Grateful for the support from family and friends. Hope churches are fully open soon. We are the body of Christ. United we stand, divided we fall.

Appendix C: Acknowledgements:

London Borough of Merton – Health and Wellbeing Board

Public Health England (Merton)

The JCC

AAA Consultancy Services

Eaglobal Empowerment Network

Haliq Inspirational

Ancestral Hands

Positive Network

Merton Councillors: Edith Macauley MBE
Linda Kirby
Agatha Akyigyina OBE
Caroline Cooper-Marbiah
Laxmi Attawar
Eleanor Stringer

Alhaji Haroun Gassama

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Mr Shivaranjith Sivapragasam

Programme Director: The Revd. Mrs Hannah Neale

Report AECHO /AAA Consultancy Services

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