

camden 2025

BAME
disproportionality:
What is the lived
experience of COVID-
19 and the measures?

Background and Context



- We know what the national data tells us about the health experiences of the BAME population:
 - 34% of almost 4,800 ICU patients were BAME compared to 14% of UK population
 - 68% of 53 NHS staff who have died were BAME. (20% of NHS staff are BAME)
- We also know that Black or Black British and Asian or Asian British residents rate a supportive community significantly higher for their health and wellbeing than white residents.
- We acknowledge that data on health inequalities and what may have caused these requires detailed analysis at a national level (PHE inquiry)

Approximately 34% of Camden residents are from BAME groups (2011 Census data), with the largest communities being: Bangladeshi, Somali, Other black African and Other Asian and Chinese. Therefore it is important that we develop actions and approaches that save lives and ensure that no-one is left behind.

Background and Context



- **Most recent data from ONS** tells us that Black men are 4.2 times more likely to die from coronavirus than their white counterparts and black women are 4.3 times more likely when age is considered; when health factors and deprivation are taken into consideration black people are still 1.9 times more likely to die from the virus;
- Bangladeshi and Pakistani men are 1.8 times more like to die than their white counterparts, and 1.6 times more likely for women from a Bangladeshi or Pakistani background, when taking health and deprivation into consideration
- As the announcement on 10th May has shown a move towards easing the lockdown measures, it is now more important than ever to consider how we support our BAME communities and save lives. Throughout the six weeks we will keep this in mind, with next weeks' working group focusing on the labour market and employment; and how we might support BAME people who are over-represented in frontline jobs

This deep dive looks at what our VCS organisations have heard first hand from BAME communities and helps us to understand how the government measures have exacerbated the effects of COVID-19, and how they will continue to disproportionately affect people.

Local evidence



As part of the first stage of this work we have spoken to 7 VCS organisations, of which 6 told us that there has been an adverse impact on BAME communities.

We have also heard from 6 schools on how disadvantaged children have been impacted by the measures put in place by COVID-19 and largely how this has affected BAME children, however these findings will be reported in detail on slide 6 with detailed actions. Much of the schools intelligence support what VCS groups have shared from their residents.

VCS

Somali Youth Development
Resource Centre (SYDRC)
Hopscotch Asian Women's Centre
Bengali Worker's Association
British Somali Community (BSC)*
Camden Cypriot Women's
Organisation

Schools

Acland Burghley
Regent High
Eleanor Palmer
Torriano
CCfL
Royal Free

*Note: BSC consulted with over 50 users

Overarching BAME experiences



Misinformation

Anxiety and fear due to a lot of COVID-19 misinformation being circulated amongst communities
(Asian, Other Asian)

Domestic Violence

There has been an increase in domestic abuse specifically seeing a rise in the level of risk reported in calls coming through
(Asian, Other Asian)

Language barriers have been reported as amplifying these; with people quickly spreading the misinformation, and abuse survivors not wanting to reach out to statutory bodies
(Asian, Other Asian)

Overarching BAME experiences



Mental wellbeing - particularly for single parents; feedback from a parent is that they have not been able to receive support because statutory services are stretched. Feelings of anxiety and isolation, fear of not being helped if ill, and stress relating to accessing basic supplies. Also stress associated with overcrowding.

Financial difficulties due to people who do not qualify for government's furlough scheme or other grants as self employed due to being so for less than a year.

Mothers who do not speak English as a first language have been taking guidance to stay at home literally, therefore not exercising or going shopping.

Somali Communities



Education

- Families, who are predominantly living in these **overcrowded** surroundings with school exam aged children are having the added difficulty of maintaining education and revision schedules **without the space or equipment** to do so (wifi, laptops, books, etc), making it difficult for them to achieve their potential in this crisis.
 - Some parents have to decide who gets to **use a shared laptop** to do work that has been set (e.g. one example of a family of 7).
 - Additionally some parents find it **difficult to home school** due to low literacy levels

Unconscious Bias

- The decision that exam results for will be based on predicted results has also contributed to concerns, with several mothers expressing that their **children's predicted grades are lower** than they should be, and this method will be detrimental to their child.
 - Children are showing signs of **extra worry and anxiety** as a result.
- It has been shown that **predicted grades tend to disproportionately mark down** children from BAME and poorer backgrounds, both of which are groups our Somali community here in Camden find themselves in (this is supported by schools feedback).

Somali Communities



Overcrowding

- Many are living in large families in overcrowded, often with young children living (siblings sharing rooms) **crammed in with those most susceptible to the virus**, their elderly grandparents, meaning it is passed much more speedily.
- Many have reported this as a significant issue which is raising tensions in their households, as they have **no means to separate and risk bringing the virus into the house** if they go outside to find space.

Gig economy

- Many people from the Somali community are mini cab drivers. They were not aware of what government support was available and often **had negative experiences or perceptions of universal credit**.
- Some, who managed to get Council tax or rent paid, were trying to live on just their tax credits.
 - VCS are supporting them but sometimes people were **refusing help for themselves** and suggesting others who might need it more. “They were saying that they could get by for the next two weeks, but we don’t know after that.”

Bangladeshi Communities



- Older Bengali people have found it **hard to access social media and online tools** due to lack of digital proficiency and language barriers;
- This means they have a lack of access to the right information and guidelines

- Healthcare professional have raised that people have **not been self-isolating effectively** if they have been experiencing symptoms.
- Some families who have younger children who are proficient in English are beginning to understand better.

Limited access to services as some people are not used to providing information over the phone or through technology

Overcrowded households have made it harder for people to follow government guidelines on self-isolation

Faith communities (Muslim and Jewish): deaths, burials and bereavement



“Many Somalis in Camden have been lost to Covid-19. Families we have spoken to are shocked at the process of losing a loved one in this way. Families also expressed regret, particularly from the lack of information for the first month of the crisis, and the loss of burial rights and communal healing for the grieving.”

- The cancellation of hospital appointments of people with prior health concerns has left many people with worsening health conditions, in a couple of cases it appears that the worsening health of these people has made them more susceptible to Covid and its effects.
- Some also reported they feel unable to attend the hospital if they feel ill or experience other non-covid sickness, out of a belief it is not available to them or will make them worse.

- **Faith communities** have raised concerns over the **ability of the Coroners service** to respond to the increasing level of demand.
- In some instances the Coroners service has **not been in a position to complete the death management process quickly** in order to allow the deceased to be released to bereaved families.
- Concerns have been raised by faith community representatives regarding access to bereavement specialist services and religious burial rights including a lack of faith burial plots.
- This has had an impact in particular on Muslim and Jewish communities in Camden.

- Also: concerns from mosques around financial difficulties resulting from reduction in donations

Overall VCS organisation challenges



- Reflection on limits with funding for VCS organisations have been shared where a lot of small organisations have chosen to go beyond and support people during the crisis;
- Many have a lack of funding and in particular many BAME VCS organisations who are not Strategic Partners are struggling with a lack of resources as well as financing
- Camden Giving launched the Camden COVID-19 charity fund and awarded 29 projects; notably 3 BAME specific organisations were awarded funding (Hopscotch, Latin America House, Bengali Workers Association). However we must take into consideration how many of these organisations applied and also that some organisations work closely with people from BAME communities such as St Pancras Way Estate TRA and Somers Town Community Association.

What actions can we take in the short term to prevent or mitigate further disproportionality?



What immediate actions have we taken?

Some early actions have been:

- Community Partnerships (“eyes and ears”) have been making **weekly calls to VCS** and sharing regular correspondence via email, including reviewing their financial circumstances and key challenges.
- We have been signposting organisations to relevant funding through our regular VCS comms
- We have **produced a toolkit** for creating content including key messaging, filming advice and sharing guidance, and have seen a number of videos made by local community leaders which we are encouraging are shared on WhatsApp and social media.
- We have shared coronavirus messages and NHS guidance **in various languages i.e. Bengali** by Dr Sohini Kar; Sylheti by Dr Aisha Tahmina; and Punjabi by Dilsher Singh and signpost to the Doctors of the World
- Shielding and food delivery- supporting people with **Halal specific food** – VCS orgs have also mobilised themselves and have been delivering food packages throughout Ramadan - some orgs have done this through CIL
- An increased number of **faith burial plots** were provided
- We have distributed information on help and support available around **mosque management and finance** for faith groups from Strengthening Faith Institutions and from Faith Associates

What actions can we take in the short term to prevent or mitigate further disproportionality?



Short term recommendations (within 3 weeks)

Overarching

- Support our **equalities partners to create a coalition** and convene these partners through early meetings; this could be led by some of our partners and each organisation could lead a topic at each meeting where they develop actions to collaborate and self-mobilise.
- Work with Equalities organisations and **Advice providers** to identify opportunities to **co-host information sessions**
- Identify opportunities for **peer support between larger and smaller organisations**
- Steer the next Camden Giving COVID-19 fund to consider **BAME impact**; we will also do targeted comms to encourage organisations to apply
- Be more explicit about **reviewing funding applications** (a service already offered)
- Identify volunteers with **bid writing skills as part of Camden's volunteer brokering service**, and do an additional recruitment push if this is not available
- Improve information on different types of **mental health support** in different languages
- Financial support: develop **clear guidance and signposting** for VCS orgs and residents on what financial support is available if people are not eligible for furlough or grants

What actions can we take in the short term to prevent or mitigate further disproportionality?



Short term recommendations (within 3 weeks)

Bangladeshi communities (specific asks)

- Provide tailored support and guidance to VCS organisation on how service users can get **financial assistance**
- Support VCS to **recruit more digitally proficient Bengali speaking volunteers** and who can support with calling people through the council's COVID-19 volunteering brokering service

What actions can we take in the medium/longer term to prevent or mitigate further disproportionality?



Medium to Long term recommendations

- That the education strategy is co-designed with BAME VCS organisations
- That we develop a longer term strategy for engaging local businesses who donated to the digital campaign, to develop approaches to offering extra-curricular activities with Camden and local residents targeted at BAME children