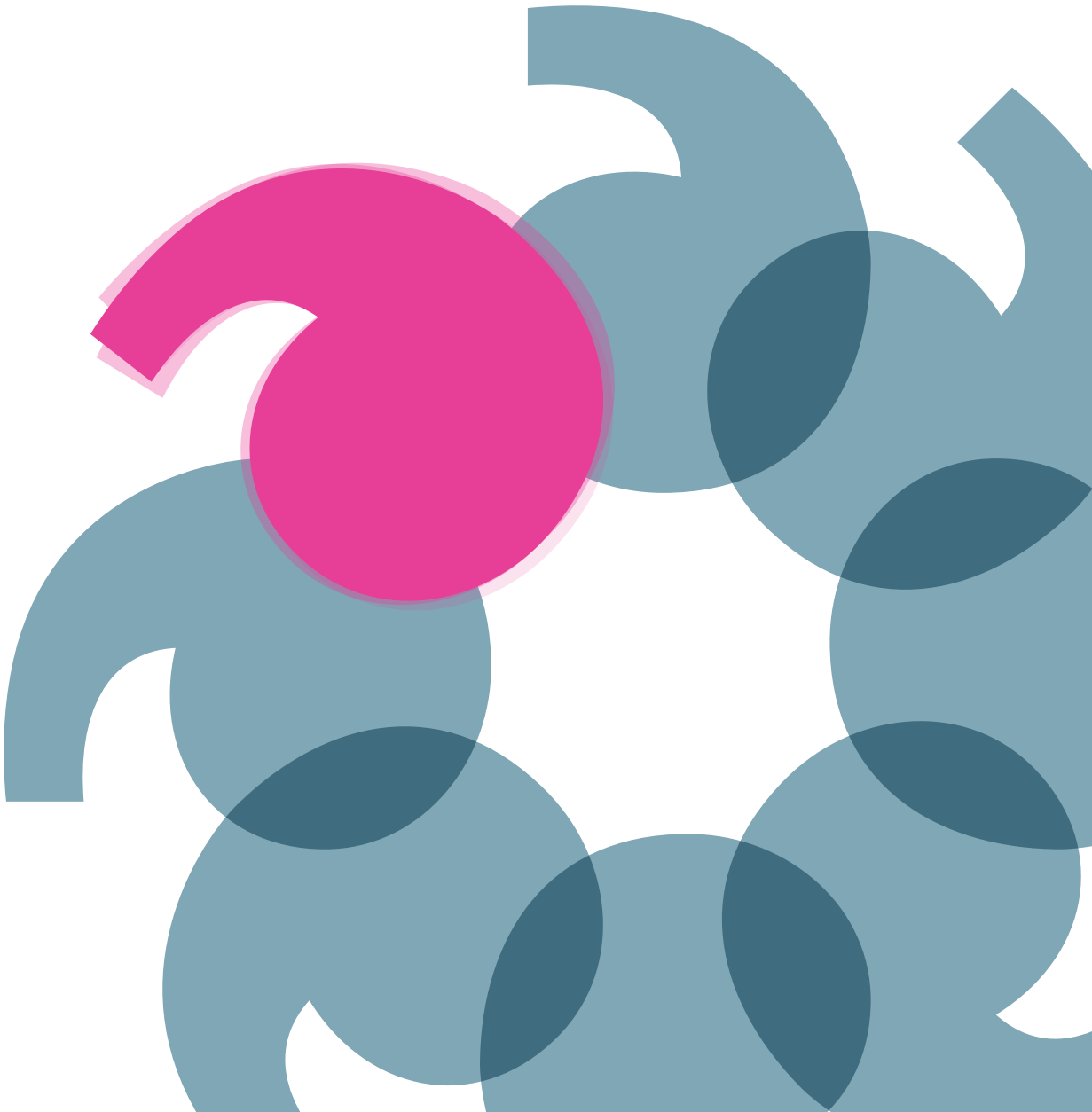
Diverse Communities
Health Voice

London Community Response
Providing information and support to migrant communities in Islington affected by Covid-19



Diverse Communities Health Voice is a consortium of Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

Healthwatch Islington is the partnership coordinator and is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations.

https://healthwatchislington.co.uk

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Introduction

Earlier in the year, together with a number of our partners from the Diverse Communities network of community organisations, we engaged with local residents via a survey designed to capture people's experiences of the coronavirus pandemic. The findings from this piece of work are shared in our report, 'The impact of Covid-19: Community feedback on life during lockdown'.

We surveyed 180 local residents from migrant communities. It was clear from the responses that residents who didn't have a strong command of English had much more difficulty following government guidance. Respondents told us they felt that the government had not done enough to make the guidance available in other languages, that the information wasn't accessible to them. This put unfair pressure on local support organisations to accurately share this information, just when they were having to cope with increasing demand and adapt their service delivery mechanisms to respect new social distancing requirements.

People who depend on support from our partner organisations have been affected by financial difficulties, difficulty accessing food, increased domestic violence, fear of accessing health care services, bereavement, and confusion about the requirements of social distancing. Many have limited access to reliable information not only because of language barriers, but also due to low literacy in their mother tongue and digital exclusion. They are often reluctant to worry family members by asking for help, if they have family they can contact. Whereas before they could drop in to local community centres and have a chat and share news with others, social distancing, and the closure of these centres means they cannot.

In response Healthwatch has worked to develop a reliable, comprehensive information resource designed to be easy for our partners to share with the migrant communities they support. As well as public health messaging and guidance around shielding and social distancing, we also included information on accessing health services, well-being activities, and other kinds of help. Partner organisations reached out proactively to residents to share this information in relevant community languages, and to provide additional and ongoing support depending on the needs of each individual. Support from the London Community Response fund has helped increase the capacity of the partner organisations to carry out this work.

This report provides more information on the project activities and findings, and on the impact the project had in the local community.

What we did

Who we are

The Diverse Communities Health Voice partnership has a five year history of engaging residents together, delivering digital inclusion work and influencing statutory service delivery. The participating organisations are Arachne Greek Cypriot Women's Group, Community Language Support Services, Eritrean Community in the UK, Islington Bangladesh Association, IMECE Women's Centre, Islington Somali Community, Jannaty Women's Social Society, Kurdish and Middle Eastern Women's Organisation, and Latin American Women's Rights Service. Healthwatch Islington coordinates the partnership.

Project activities

The project started in June and ran until the end of August. Healthwatch developed a coronavirus resource which also included information on accessing health services, support and well-being activities. This was shared across the partnership. Partner organisations translated the information into community languages where appropriate, and disseminated the information to the clients and communities they supported. This was done principally through one-to-one phone conversations. However, a variety of other means were employed, often in combination, where these approaches were better suited to the nature of the information being shared, or to the communication preferences of particular residents.

The total number of residents reached by partners for each means of communication

One to one phone conversation	542	Video	58
Whatsapp recorded message	116	SMS text message	54
Socially distanced conversation	80	Email	19
Written guidance and information	77	Virtual group meeting	8

Further advice and support was provided by the partners on a wide range of issues related to the pandemic, depending on each resident's particular needs. Activity was recorded using monitoring tools provided by Healthwatch, to ensure consistency of reporting across the partnership. Support meetings took place online every two weeks to discuss the progress of the project, to share information including any changes to government guidance, and to clarify messaging. We also identified topics on which we needed more information in order to better support people.

Researchers from University College Hospital provided additional guidance on issues that partner organisations had identified as being of particular concern to residents. We brought partners together with these experts for information events taking place online. 'Staying healthy when living under lockdown', and 'Cleaning the house safely to reduce the risk of transmission of Covid-19 at home', were two events that we hosted in June. We hosted similar meetings with other statutory partners to examine the impact of Covid on a range of provision. Topics such as mental health, cancer care, access to health and care services, flu vaccination, and patient data were all presented over the course of the project. Staff from partner organisations acted as multipliers for this information, but some residents also attended. We offered support to residents with less experience of online meetings.

Who we reached

We provided direct support to 680 residents from migrant communities. Although some of those residents lived alone, most belonged to larger households. We asked each person we supported how many adults they lived with as part of their household, and with whom they would be sharing the covid information. This enabled us to measure the extended reach of the project. Including other adults in each household who would also benefit from the information, we reached 1,698 residents.

Number of residents directly supported	Adults in household	Total number of adults accessing information directly or indirectly
171	1	171
212	2	424
160	3	480
72	4	288
39	5	195
13	6	78
3	7	21
1	8	8
3	9	27
680		**1,698**

Partner organisations are all Islington based, but many work across boroughs. Although most residents we reached were from Islington, over 200 were from neighbouring boroughs and other parts of London.

Borough of residency

Islington	Barnet	Camden	Enfield	Hackney	Haringey	Other
452	2	15	13	44	56	93

Ages of residents we supported

18-24	25-49	50-64	65-79	80+	No answer	Total
5	325	204	116	30	0	680

Sex of residents

Female	Male	No answer	Total
591	89	0	680

Ethnicity of residents we supported (self-defined)

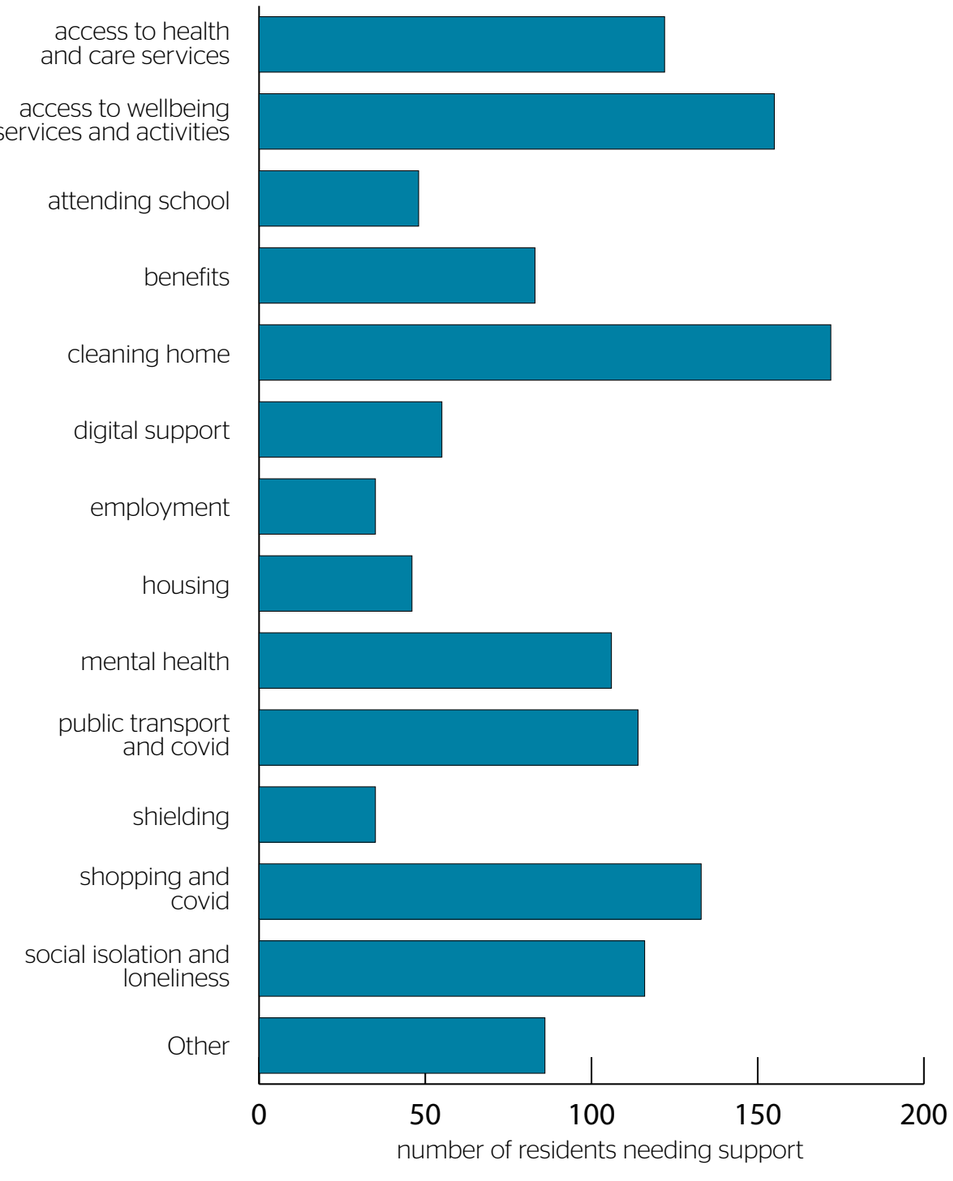
Bangladeshi	54
Bengali	9
Pakistani	6
Other Asian/ Asian British	7
Greek	12
Greek Cypriot	62
Cypriot Maronite	1
English	3
Irish	1
Other European	6
North African/Middle Eastern/Arab	90

Eritrean	111
Ethiopian	10
Somali	111
Other African	16
Kurdish	41
Turkish	40
Latin American	79
Mixed	3
Other	3
Prefer not to say	16
Total	680

170 of the residents we supported identified as disabled. 325 identified as having long term health conditions. 272 residents identified as carers

Table 1: Areas of additional support need

All the 680 residents we supported received up to date public health messaging on coronavirus in a language that was accessible to them. This table shows the number of these residents who needed additional information and support, broken down according to issue. Many residents received support with more than one kind of issue.



My husband passed away with Covid-19 and I was very worried about cleaning my house after his death - that I would catch the virus. I became increasingly worried about my kids. But I got the information I needed which helped me, and now I feel more relaxed.

Resident 81 - One to one support over the phone from Jannaty Women's Social Society

I had been in hospital before lockdown and needed some help with my benefits when I came out. I also got lots of helpful advice about different aspects of covid. It was really helpful to have things explained in my own language and be able to ask questions.

Resident 4 - One to one support over the phone from Arachne Greek Cypriot Women's Group

I have recently been classed as obese and I was scared that my weight would increase during lockdown, but now I know that there are so many free classes online that I can join. IBA's classes have already been very helpful for me

Resident 311 - One to one support over the phone from Islington Bangladesh Association

Key issues

The partner organisations taking part in the project provide support and advocacy to people who need help to access information and services. This role has not changed during the coronavirus pandemic, though the need for support has grown and the routes through which it can be offered have become more limited. All of the residents that we reached with information about covid received additional support relating to key areas of concern (see the table on page 7). Some of these issues were directly related to the pandemic, other problems were simply made more acute by this challenging context. Many residents from migrant communities were struggling with multiple issues.

1. **Cleaning the home safely**. This was the single largest concern with 173 people requesting additional guidance in this area. It was a particular worry for residents where family members/ members of the same household had contracted the virus. There was also a comparative lack of government guidance on the topic, for example on the temperature of wash that was needed to kill the virus on clothing, or the danger of creating aerosols simply by turning on a tap. In May, before project activities had formally begun, we invited Dr Peter Wilson a consultant microbiologist from University College Hospital to give an online presentation on the topic to partner organisations and local residents. His expertise was very well received and Dr Wilson returned to redeliver the session in July.

2. **Access to wellbeing services and activities**. 155 people were given support. As partner organisations adapted to social distancing requirements some were now offering online exercise classes, sewing classes and other opportunities for social interaction. Partners also supported residents to access apps and other online resources that could support wellbeing, or make it easier for residents to feel connected to family and friends. Even the phone calls themselves were welcomed by residents who were isolated, and feeling starved of human contact, 'They helped a lot with cheering me up as I was depressed and not eating. It helped to know that someone was concerned.' These responses were particularly common amongst the residents supported by Arachne Greek Cypriot Women's Group.

3. **Shopping and covid**. 133 people were given support. Older residents who were required to shield needed help to access online shopping services, often due to language barriers and digital exclusion. Some of the partners made food drops to vulnerable residents from their communities. Signposting was also provided to local organisations that were collecting and delivering food. Information and guidance around the wearing of masks and gloves was reassuring for people who were afraid of catching the virus inside public spaces, 'I will remain vigilant and wear my mask in shops.' Partner organisations were also able to advise on obtaining culturally appropriate food that had become harder to obtain since lockdown.

4. **Access to health and care services**. There was a high degree of anxiety about GP and hospital services. People were avoiding them even though they had existing health conditions. Many people did not realise that phone and online consulations were available. Interpreting provision appears to have been very limited. Partner organisations were called on to communicate with GP surgeries on behalf of residents in order to describe symptoms. People also needed help to obtain prescriptions. Cancelled and postponed appointments, and confusion about how and when health services would be available again, were also concerns. 122 people needed assistance and information.

I understand the furlough scheme better now. I will pass on this information to my two adult sons.

Resident 431 - One to one support over the phone from IMECE Women's Centre

I have found out enough information about cleaning, masks, and social distancing to keep myself and others safe, and follow it and share it with others.

Resident 268 - SMS text messages and Whatsapp video from Eritrean Community in the UK

I don't have many friends and no internet connection. KMEWO are always supporting me in the refuge, and they speak my language.

Resident 529 - Guidance materials translated into community languages, and one to one phone conversations with the Kurdish and Middle Eastern Women's Organisation

5. **Social isolation**. Older residents and residents with existing health conditions were asked, in the early stages of lockdown, to shield themselves for their own safety. In addition, places of worship and community centres were closed so many established forms of social interaction were no longer available. Phone and online connections with friends and family, though welcome, could not fully replace what had been lost and in any case this kind of support was not always an option, depending on individual circumstances. Many people struggled with loneliness. 116 people received support for social isolation from the partner organisations. This issue, though common to all communities, was more frequently identified amongst residents supported by the Arachne Greek Cypriot Women's Group (46 clients), the Eritrean Community in the UK (26 clients), and the Kurdish and Middle Eastern Women's Organisation (17 clients).

6. **Public transport and covid**. 114 residents were supported with issues relating to public transport. Often this involved clarifying rules around the need to wear a mask on public transport whilst pointing out the dangers of being inside an enclosed space with other people. Residents were encouraged to look for alternatives, 'I will try to walk instead of taking the tube or bus when possible.' There was also some overlap with digital inclusion work as many services, such as banking, can be accessed online, eliminating the need to take public transport. Residents were reminded of the value of learning new digital skills. Those with conditions such as asthma who were unable to wear a mask but still needed to take public transport were shown how to visit the TfL website to print out an exemption card to show to the bus driver. Some residents needed assistance to book transport for hospital visits.

7. **Mental health**. 106 residents received advice and support relating to mental health. Anxiety and depression either brought on or made worse by the pandemic was frequently reported. Additionally, mental health support services relying on face to face contact were no longer available. Partners signposted residents to statutory services as appropriate, and made residents aware of support services available online or over the phone. Not everyone felt comfortable engaging with these, but most said that they appreciated being contacted by the partner organisation, and that it was helpful to have found someone who would listen. Partners also promoted wellbeing services, such as online exercise classes being offered in a first language, as an activity that could do some good.

Other issues.

There were many other issues that the partner organisations supported residents to address. Some were problems that were not necessarily directly related to the pandemic, but were made more acute because of it, and have a fundamental impact on health, happiness and security. These included support with benefits (83 residents), housing (46 residents) and employment (35 residents). Support to get online and/or to get to grips with digital resources was provided to 55 residents. Many more residents may have benefitted but were unwilling or unable to engage with online resources, due to various forms of digital exclusion. 48 residents needed support with issues relating to their children's schooling (many residents lived alone or did not have children of school age, if not this issue would likely have been more prominent). 35 needed help with issues around shielding.

86 residents asked for support with miscellaneous issues including payment plans for utility bills, quarantine rules for overseas travel, help with matters related to immigration status or having no recourse to public funds, free school meals vouchers, advice on healthy eating, and food and hygiene.

I was getting all the information from the TV programmes but it was not clear enough for me. Now I know how to protect myself in the streets and on public transport.

Resident 677 - One to one support over the phone from Latin American Women's Rights Service

Explaining how to use Youtube to follow news in my own language was useful.

Resident 422 - One to one support over the phone from IMECE Women's Centre

I wasn't present during the Zoom lecture about keeping the house clean with the professor, however this information passed onto me was very essential and I will be applying it to my life from now on.

Resident 473 - One to one support over the phone from Islington Somali Community

Project impact

Black and minority ethnic communities have been impacted more by coronavirus than have other groups. Migrant communities are excluded from messaging around the virus. Communities are scared. The work of our partners in disseminating reliable information about Covid-19 has provided reassurance, and empowered these residents to take the correct actions to best protect themselves.

The project has had a big impact, as the data shared below indicates. The way that the partner organisations provide their service is also important. The service model is personalised around the needs of each individual. They know their clients and they can offer the patience, empathy and understanding that are sometimes less available within statutory settings. This is something that often comes up in our evaluations of services provided by voluntary sector organisations.

'I've recently been widowed and have been suffering with grief and isolation which has, at times, been unbearable. Normally I would have been visiting Arachne, but Arachne's phone calls to me during this time have been such a great help in getting me through the loneliest times. I feel that if I need something, they are always there to help. A lot of the covid information from Arachne has been really useful and better for me to rely on rather than listening to the TV news, which is sometimes contradictory and also hard to understand because my english is not very good.
[Resident 3 - one to one phone support from Arachne Greek Cypriot Women's Group]

Was the information you were given about COVID helpful?

Yes	Partially	No	Total
669	11	0	680

Do you feel you could act on the information you have been given about COVID?

Yes	Partially	No	Total
540	66	73	679

540 of the 680 (or about 80%) of residents we gave information to felt empowered to take positive action based on it, with a further 66 feeling that they could do this to an extent.

73 people felt that they were unable to act, that there were factors outside of their control. Issues cited included loss of livelihood, depression/feelings of hopelessness, physical health issues, language barriers for accessing statutory services, rent and bill arrears, and homelessness. They were grateful for the support but felt that they themselves lacked agency.

A final notable outcome from the project was an increase in the number of residents engaging with some of the partner organisations. This engagement came from friends and neighbours who had information passed on to them by the residents we had engaged with directly. Islington Bangladesh Association for example, reported an increase in the number of people engaging with their service, and an increase in the ethnic diversity of the people coming forward.

Conclusion

This work has had a tremendous impact but was only made possible with support from the London Community Response fund. More of this support is needed. The coronavirus pandemic has not gone away and messaging continues to change.

Coronavirus affects everything. The most popular event we hosted during the project was about cleaning the home. This was not popular because people did not know how to clean, but because they were terrified of catching coronavirus.

There is also a real need to rebuild confidence in health care services. As the pandemic endures it is likely that the harmful effects of the reluctance to engage with these services will become increasingly apparent. Medical issues that are not identified at an early stage will be harder to treat. The impact of covid has been felt more keenly amongst black and minority ethnic groups. People from these communities may be more afraid of being out and about, and of engaging with health services or using public transport to get to services. This will exacerbate existing health inequalities.

The criticism of the government's communications was well-documented. Key concerns raised were that it was unclear, didn't always make sense, and was in English only. In England, unlike in Scotland and other countries, sign language interpreting was not routinely offered with government briefings. Communication was also heavily reliant on on-line channels. In some cases, government advice has not been followed by employers or landlords and it is hard for people to know and to assert their rights.

For some in our community, the best method of communication, particularly for nuanced messaging, is spoken. This gives people the chance to ask questions with someone they trust. This also helps overcome language barriers. In normal times this can be done in groups, but during the pandemic our partner organisations have relied on the phone. Calls can last for 90 minutes because guidance is hard to follow and has huge implications for individuals. By working with people one to one, options can be explored and understanding can be checked. Some of the residents are already socially isolated, and usually reliant on their local community centre. Organisations are doing what they can to maintain contact with those who are most isolated and have the most pressing needs.

This model also works because these organisations are able to offer holistic support. Partner organisations provide information about covid, but not in a vacuum. For many of these residents the pandemic has other impacts that are just as pressing. These organisations will help them with issues related to housing, benefits and employment, and to access well-being services or digital support. This project provided additional evidence that residents need support with digital technology. Many don't have the skills, confidence or means to get online. During the pandemic we have seen health services moving to online consultations, as well as increased need amongst residents to apply for welfare benefits and to access the labour market - which has to be done online. Appropriate support is needed for these residents if they are not to be left behind.

By working as a partnership we were able to be more responsive to resident needs. We could use Healthwatch Islington's connections within the statutory healthcare sector and with research colleagues at University College Hospital (whose support has been invaluable) to respond quickly to concerns raised by the community and provide additional information resources. Partners also supported each other as colleagues. The funding included resource for the partnership to meet virtually on a regular basis and we plan to continue this in some way, though resources are limited.

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