



Ethnic Minorities
& Youth Support
Team Wales

Tîm Cymorth
Lleiafrifoedd Ethnig
& Ieuenctid Cymru

All Wales BAME Engagement Programme
Impact of COVID 19 Crisis on BAME Communities
Topical Forum – Public Health Response
10th June 10:30-11:30 via Zoom link

Attendees: Rocio Cifuentes – CEO EYST/Meeting Chair, Rebecca Fogarty, Public Health Wales/Guest Speaker, Jalal Goni, Ginger Wiegand, Sahar Al-Faifi, Nirushan Sudersan, Patience Bentu, Meena Upadhyaya, Sibani Roy, Abyd Quinn Aziz, Ali Ussery, Ana Miah, Bal Gill, Becca Rosenthal, Chris Hunt, Claire Thomas, Daron Owens, Gareth Hicks, Ingrid Wilson, Jami Abramson, Jess Rees, Jill Duarte, Joyce Nangwa, KL Howells, Laura Jardine, Paula Montez, Pavlina Mondol, Rahila Ahmed, Rebecca Rosenthal, Rena Ahmed, Rhian Cook, Maria Mesa, Martyn Jones, Michael Smith, Mohammad Hamayun, Monya Frackowiak, Noam Devey, Pat Dunmore, Rahila Hamid, Rajma Begum, Reggie Al-Haddi, Rose Lewis, Ross Thomas, Uzo Iwobi, Sandra Anderson, Sarah Bowen, Selina Moyo, Shahinoor Alom, Stuart Sumner-Smith, Thanu Hettiarachchi, Wanjiku Ngotho-Mbugua, Tayera Khan, Caddice Lloyd, Ali abdi, Chiara, Heather Powell, Fateha Ahmed

Rocio Cifuentes introduces the purpose of these forums which EYST runs as part of All Wales BAME Engagement Programme. The aim is keeping information up to date in relation to Covid and sharing info with BAME communities across Wales. EYST is happy to see everyone here and happy to have today's special guest Rebecca Fogarty from Public Health Wales (PHW) who is here to give some information from PHW and also take questions. We are also joined by Ellen from WCVA who can answer questions about volunteering. Some of the questions sent in advance include the following. What is PHW and how does it differ from NHS and health boards? How can PHW support BAME people and vulnerable people? There were also questions around pollution, access to dentists and healthcare for people seeking asylum.

Address from Rebecca Fogarty, Engagement and Collaboration Manager PHW – Her job is to ensure that PHW hears from diverse communities in Wales and understands needs of different people in Wales and can filter that into their work. She has been spending a lot of time on forums like this during COVID crisis, ensuring PHW is making improvements across country.

She starts with an overview of PHW – PHW is one of 11 organisations in Wales that makes up the NHS. It is separate to local health boards. PHW is the national public health agency in Wales. Its job is to protect the health and wellbeing of people in Wales and reduce health inequalities. People may have come across them via public facing work like the coordination of screening programmes, such as cancer, diabetic eye and new-born screening. Preventative and early intervention programmes. They also promote good health such as the “Help Me Quit” service to help stop smoking. PHW also does research into what makes people healthy and feeds that into policy via advice to Welsh Government (WG). PHW has always done health protection to prevent the spread of infectious diseases. PHW's job is to make sure that any outbreak is controlled and minimised – for example, measles. They have a role in making sure outbreaks are contained. There are lots of aspects to PHW but the overall aim is to protect and improve health whether by advising on policy or providing interventions. They also have local public health teams that work in communities and schools to make sure policy and work done at the national level translates to local level. Those local health teams work closely with health boards. PHW is a national health organisation; they do have local health teams working in each health board to make sure it translates into action on ground for communities. She recommends having a look at website to learn more about their diverse range of activities: <https://phw.nhs.wales>.

Rebecca notes that she has been invited here today to talk about their Covid response and talk about emerging evidence regarding the disproportionate impact Covid 19 is having on BAME communities and stresses the importance to speak to BAME communities to understand their concerns about what to do about that.

Rebecca will share a report that PHW presented at the Senedd Cross Party Group on race equality last week. It is important to share with this group to get your response. First thing to cover – what we already know about impact of the Coronavirus itself on BAME communities. There are various pieces of international research about these issues. Regarding Wales, the first thing to say is that they are limited in terms of understanding data on health inequalities in relation to ethnicity because of lack of recording of ethnicity in health data sets. They are working with academics from Swansea Uni to get more data using the {SAIL database}. And there has been some work on data they already have; that data has big gaps but allows them to get initial finding. Of 3,405 people hospitalised with Covid in Wales up to 3rd May, those in BAME groups are significantly more likely to receive intensive care than White British patients and those patients in BAME groups who receive intensive care are younger than White British who receive intensive care. Patients in British Asian - Bangladeshi, British Asian - Pakistani and White - Other groups are more likely to receive intensive care even after age and gender are taken into account. The limitations of that data – it is unlikely to have captured everyone who is BAME within that research. It does show a need for more in depth research with larger data sets to allow more detailed examinations of the determinants. It is still unclear why there are these differences in outcomes for BAME people and White people. PHW also understand a need for qualitative

research to get to the social determinants. That work is to come and will be carried out across UK.

PHW also recognises the pandemic isn't just about disease itself. Lockdown is having an effect on all of us: isolation, mental health. PHW is doing weekly survey. PHW teams speak to 500 randomly selected individuals every week with the sample adjusted to reflect the Welsh population by age, gender and deprivation. They have done a specific report for people who identify as BAME, relying on self-reported ethnicity. The lockdown is having greater impact on BAME people's mental health and wellbeing. 1 in 3 respondents in BAME groups reported being isolated and 1 in 5 reported worry about finances. Link to survey: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/weekly-hayd-reports/how-are-we-doing-in-wales-a-focus-on-ethnicity/> .

PHW is running a campaign on wellbeing at home, making sure they are meeting the needs of diverse population and signposting to activities that can support at this time. Resource is at the following website: <https://phw.nhs.wales/howareyoudoing>. Following is feedback on engagement they have done on this resource so far. The BAME community is diverse within in itself. There are important points around intersectionality: e.g. young people, people with mental health concerns, people who are carers. Communications need to use words that are part of everyday conversation where possible. Most audiences are unlikely to pick up messages direct from PHW, so they need to consider so-called non-traditional channels that reach specific audiences. Also to use channels that people use regularly such as What's App and Facebook. PHW needs to reach people who speak other languages. They also need to reach people who don't have access to Wi-Fi or who personally are disengaging from media to protect their mental health. PHW is creating bespoke, easy to use and share materials for What's App and Facebook messenger - easy non text images – things that can be easily translated by leaders into community languages. PHW has had some good feedback, but they need to make access easier get off their website and into channels people are using such as What's App and Facebook. PHW also have a one-page downloadable sheet for sharing.

Following is the question and answer session:

Question: How was the research with people on mental health developed and carried out? Were BAME people consulted and included in developing the survey questions. How would you ensure the survey includes people who don't speak English. Also, regarding the campaign "How are you doing?" Why were people in communities not consulted or involved in the pilot themselves. Cardiff is 20% BAME and PHW are fully aware of this. Butetown alone down road is extremely diverse they should be consulted and paid for their time. PHW should be using assets in communities; there is a real need for grassroots engagement. Is there any reason they were not consulted to pilot questions, particularly if staff at PHW are not diverse?

- PHW answer: The survey was piloted 2 months ago. Rebecca wasn't involved so she needs to get more information. The survey itself is every week and aims to get a population level snapshot. There are limits with every survey and this was a general, rapid survey. In developing the work regarding ethnicity, PHW took into account responses they got in random selection on weekly surveys. The point about language is valid.
- Audience comment: The way the responses in the survey are presented are generalising and could be perceived as discriminatory. Likewise, the presentation of the responses can have adverse impact on people, for instance the conclusion, "If you live in deprived area, you are more likely to be sitting around watching Netflix." For people living in those neighbourhoods with those identities, it could be not taken well and can exacerbate mental health problems.
- PHW response: PHW received feedback about the report referred to, which was on socio-economic position. We did take steps to learn from that feedback to ensure the report on ethnicity was sensitive and addressed the concerns raised about the previous report. It is a general, rapid report that won't get into nuances. (Audience member notes – They aren't nuances this is people lives.")

Question on wellbeing research methodology: PHW did a randomised survey, but are you planning to do targeted approach for future research to get responses from particular communities that can be representative? It might be good to take that information to different communities to share that research with us and involve us.

- PHW response: Rebecca is unaware of plans at moment after the randomised study but wants to feed these questions back to survey teams. She knows there is appetite for targeted surveys in some areas to get a better understanding of the Welsh population.
- Rocio notes that people in this forum would appreciate more discussion about how PHW can make their questions and survey more responsive to concerns of people.

Question: What support will be on offer to young people from diverse communities in the coming months, particularly knowing the disproportionate effect that COVID 19 has on diverse communities, will there be access to accessible grief counselling or trauma counselling for young people from diverse communities?

- Per PHW, the counselling side is being looked at by MH teams and people who run those services – very much work in progress and she can't give update yet.

- Diverse Cymru has a BME Mental Health Project:
<https://www.diversecymru.org.uk/bme-mental-health/>
- MInd Cymru have now been awarded through the Voluntary Services Emergency fund for their Active Monitoring programme which will now mean that they can offer mental health support across all health boards in Wales now.
- EYST have programmes to support young people: www.eyst.org.uk
- Rebecca draws attention to the PHW wellbeing website. There are three main areas – physical wellbeing, mental wellbeing and social wellbeing (staying connected), as well as pages of further support. PHW has a young ambassador programme – selection of young people across Wales who help give feedback on PHW’s work. People can really influence this website and give feedback on it – PHW is open to all feedback.
- (Comment from participant) There are already many inequalities to access to CAMHS for vulnerable young people. And these times, Covid and the death of George Floyd, have had a huge impact on many young people’s mental health. We have had a mental health crisis for years prior to Covid 19 and its only going to get worse after this. We need that support. It’s good that a BME helpline will be in place but it would have been better to have that in place 12 weeks ago. Now we have extremely isolated kids, unwell in themselves, who may have lost loved ones, and especially young black children will be missed out from MH service . “This concerns me a lot and I to bring awareness from that area. You may not be able to answer today but if you could put me in contact with anyone who deals with that please.”
- Statement from chat: I feel that mental health is everyone’s priority and should be. There has been a mental health crisis for years and is only set to get worse after this, so I feel this should be a top priority of Public Health Wales, in particular improving access to mental health services for young people from diverse communities.

Question: How is PHW engaging with universities and involving student populations? How do young people with diverse backgrounds get in touch with PHW? How do they get access and work in collaboration with PHW?

- PHW response: That is an interesting point. PHW is currently struggling across engagement work because people aren’t at the events that they are usually at. It is worth exploring seeing if there are online possibilities.

- RCC notes the need to include the voice of young people have in engagements. Young people's recent feedback and views from recent protests indicate that there is huge gap. Young voices have been left out.
- EYST is hosting a forum for younger people on 24th June 1-2 pm. People can email ginger@eyst.org.uk for the link.
- African Caribbean Medical Association at Cardiff University would like to work more with PHW: acmacardiff@gmail.com

Question: Will PHW do more coproduction work in their engagement rather than consultation, etc?

- Rebecca notes there are good examples where that's gone well but plenty more that needs doing. She is looking towards PHW to committing to that way of working as business as usual: working with people from beginning or taking up ideas generated from them. Rebecca referred to research that PHW coproduced with refugees and people seeking asylum. People seeking sanctuary were involved in the design of the study and the questions asked, looking at the findings and telling us if we were right. The outcome was a design that was completely coproduced, and that resource is so much richer from including peoples lived experience. (Audience member notes they prefer the term "lived wisdom.")

No Recourse to Public Funds

- BME individuals with no recourse to public funds fleeing domestic abuse and trafficking and the have barriers to accessing services and accessing healthcare. Is PHW urging the government to allow survivors with NRPF access state support during Covid regardless of their immigration status?
- Question from chat: Will PHW be collecting evidence on impact of lessening restrictions in regard to NRPF during the Covid period?

Question: What is being done to support the health of people seeking sanctuary?

- PHW has put in a bid on research proposals for impact of Covid on sanctuary seeking people in Wales, a collaboration with Swansea University and other academic partners in Wales. Her colleagues have worked together to produce a leaflet in 5

community languages. It covers the key public health messages in terms of preventing spread of coronavirus and info about other routine health and wellbeing services and well as support with rights and advice. The leaflets are deliberately short and snappy and based on feedback from people seeking sanctuary. They are being delivered to asylum accommodation in partnership with WSMP.

Question: What about providing to people who speak community languages?

- PHW acknowledges there is no easy fix to the issue of provision in multiple languages. They put a specific programme on their website which offers read aloud in multiple languages but they know functionality isn't perfect. They are always happy to hear ideas from partners about language provision.
- EYST is working with partners and will shortly be launch BAME COVID helpline that will be available within next 4-6 weeks and will provide advice and signposting in multiple languages.
- Community house in Newport has been discussing with Public Health in ABUHB about issues of providing interpreting and translation when many who need info in other languages may not be literate in their mother tongue. So the recommendation seems to be to provide info videos where possible in different languages where feasible.
- One person asks if there are organisations that can do champion training with volunteers from BAME communities regarding language provision. She has been checking if there are organisations that may provide champion training with language provision. For instance, in Newport there used to be screening champion training. There is a huge resource in these communities and sector that we can more effectively link with PHW.
- Website "Doctors of the World" have great resources and videos:
<https://www.doctorsoftheworld.org.uk/coronavirus-information/>

Question: What measures does PHW recommend to reduce air pollution in towns and cities, which is killing 40,000 people a year in the UK?

- Rebecca is not a pollution policy expert so would need to take that question back to colleagues, there are reports that lockdown has had positive effect on pollution.

Statement from Elen at WCVA on volunteering : WCVA is keen to do more work to tap into different networks to reach as many communities as they can across Wales and also keen to do more work to help BAME and third sector organisations to reach funds. we would be

interested to hear some perspective on what is understood with the current approach to volunteer recruitment. CVC's do promote to a wide range of audiences - but maybe there are places ways they could be promoting volunteering to diverse communities that haven't been thought of. We know in some areas and some points in time CVC staff have been to mosques, community groups, places like EYST, but it would be good to do more of this. We are also looking at how we could target diverse communities to offer support for voluntary organisations in terms of bid writing for grants, so any insights of networks we could tap into to reach diverse communities would be really helpful. Anyone who wants to discuss or has any ideas can email Elen: enotley@wcva.cumru.

Rebecca has agreed to provide responses for remaining questions in chat and those questions she must consult colleagues for.