

Disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities

June 2020

Mid-point findings and framework: evidence base

Context / Background

- Our 2025 vision is to make Camden a better borough – a place where everyone has a chance to succeed, where nobody gets left behind, and where everybody has a voice. Despite the challenges of COVID-19, Camden Council remains intent on achieving this vision.
- Camden is one of the most diverse places in the country and we want to ensure that we can save lives and minimise the impact of COVID-19, and the measures put in place by the Government to tackle it, on Black, Asian and minority ethnic communities.
- We have a strong record of working to address inequalities experienced by Black, Asian and minority ethnic people across the borough. Our work on tackling disproportionality in the youth justice system, school exclusions, the Youth Safety Taskforce, and health inequalities are just some of the initiatives we have prioritised in the borough.
- In January, before the pandemic's impact was felt widely across the UK, the Council's Cabinet agreed a paper outlining our approach to cohesion and equalities. This included exploring the different inequalities across Camden – including socio-economic inequality.
- The emergence of the COVID-19 global pandemic means we are now reviewing our work on cohesion and equalities – to recognise both the need to respond to the crisis, and to ensure we take a collaborative approach to building our wider work on cohesion and equalities. As a result, we have launched a project looking into how disproportionality is affecting our Black, Asian and minority ethnic residents locally and what actions we must take to protect people.

As a Council, we recognise how important it is to work closely with our communities and ensure that our work is transparent, and so this publication shows our early findings. These findings have been informed by residents' lived experience as well as local data.

What are the objectives?

The disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities work focuses on 8 key areas:

1. Supporting workstreams to consider race inequalities in their work
2. Providing a central overview of work being done to support disproportionality affecting people from Black, Asian and minority ethnic backgrounds – this includes contributing to London-wide and national work
3. Identifying groups most adversely affected by COVID-19 and not treating Black, Asian and minority ethnic communities as a homogenous group. As part of this, we have avoided using the acronym BAME
4. Identifying residents and Voluntary and Community Sector (VCS) groups to work with to develop and deliver action plans
5. Capturing local good practice and sharing with partners and key stakeholders (pan-London and nationally)
6. Horizon scanning to identify what other organisations are doing, to understand what we could connect our work to
7. Developing short, medium and long-term action plans:
 - Looking ahead at how we will tailor our response to the next phase of the pandemic and easing of lockdown measures to address issues raised
 - Ensuring that our wider response to recovery and renewal is proactively addressing inequalities
 - Working with our residents, VCS and other organisations to develop and deliver
8. Monitoring progress of short-term plans and embedding medium and long-term action plans.

What have we heard from the local Voluntary and Community Sector (VCS)?

We have heard from a number of VCS organisations who have been hearing first-hand experiences from Black, Asian and Minority Ethnic communities – these have helped to shape the project. These organisations have included Somali Youth Development Resource Centre (SYDRC), Hopscotch Asian Women’s Centre, Bengali Workers’ Association, British Somali Community (BSC), and King’s Cross and Brunswick Neighbourhood Association (KCBNA). The experience detailed in these slides do not represent all residents from those backgrounds identified, however it does give examples of some residents’ experiences.

Common experiences we heard from some of Camden’s Black, Asian and minority ethnic citizens

- Mental wellbeing: feelings of anxiety and isolation, fear of not being helped if ill, and stress relating to accessing basic supplies.
- Financial difficulties for people who do not qualify for the 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.

Insights from representatives of faith institutions

- Families expressed disappointment, particularly around the lack of information on burials for the first month of the crisis, and the loss of burial rights and communal healing for the grieving.

What have we heard from the local Voluntary and Community Sector (VCS)?

Insights from organisations working with Camden's Asian communities

- Misinformation: Anxiety and fear due to COVID-19 misinformation being circulated amongst communities.
- Domestic violence: There has been an increase in the number of domestic abuse calls that VCS are receiving from residents.
- Language barriers have been reported which have affected people's ability to understand Government guidelines during the pandemic and the quick spreading of misinformation; it has been reported that language and cultural barriers also meant some abuse survivors hesitate to reach out to statutory bodies.

Insights from organisations working with Camden's 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, resulting in a lack of access to the right information and guidelines.
- Overcrowded households have made it harder for people to follow Government guidelines on self-isolation.

What have we heard from the local Voluntary and Community Sector (VCS)?

Insights from organisations working with Camden's Somali communities

Education

- Families who are predominantly living in overcrowded surroundings with school exam-aged children have the added difficulty of maintaining education and revision schedules without the space or equipment to do so (Wi-Fi, laptops, books etc), making it difficult for children to learn effectively in this crisis.
- Some parents have to decide who gets to use a shared laptop to do work that has been set.
- Additionally, some parents find it difficult to home-school due to low literacy levels.

Unconscious bias

- The decision that exam results 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.
- A recent Children's Commissioner's report states that evidence has shown that the poorest students and Black students receive lower A-level predictions than their more privileged peers and often perform better than their predicted grades.

What have we heard from the local Voluntary and Community Sector (VCS)?

Insights from organisations working with Camden's Somali communities

Overcrowding

- Many large families are living in overcrowded, cramped environments, often with young children (siblings sharing rooms) living in cramped conditions 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 available Government support 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.

Early actions

Camden and partners have already taken a number of early actions to support our Black, Asian and minority ethnic communities:

- We are in regular contact with local Voluntary and Community Sector (VCS) partners who work with Black, Asian and minority ethnic communities to monitor emerging issues and needs and provide relevant information and advice.
- We have produced a toolkit for creating content including key messaging, filming advice and sharing guidance. We have encouraged local community leaders, who have made videos, to share them amongst their own networks and WhatsApp groups.
- Councillors have made videos in Somali and Gujarati and we have promoted these on Twitter, as well as videos from local organisations and community leaders, across our social media channels and coronavirus webpages. Our Cabinet Member for Cohesion and Young People was interviewed on Bengali TV (Channel S) in April emphasising that people follow Government guidelines, maintain social distancing and only go out if it's essential.
- We have shared BBC Asian Network's coronavirus messages in Bengali, Sylheti and Punjabi and are using multiple channels to signpost to the Doctors of the World website where NHS guidance is available in 45 languages including Bengali, Somali, and other non-English languages spoken in the borough.
- We are working with North London Cares and Ageing Better in Camden to tackle the digital divide to ensure all residents can access the information and support they need.
- We are supporting frontline workers to deliver early intervention and prevention through Making Every Contact Count training, which is now available virtually and is being specifically offered to our Black, Asian and minority ethnic VCS and faith leaders as a priority
- We have communicated Ramadan-specific messages and an Eid message through the local press and the Council e-newsletter, as well as an Eid video featuring councillors, the Chief Executive and community leaders. Ramadan messaging included a letter of support to our faith leaders from the Leader of the Council with specific safety and social distancing messaging around Ramadan as well as some tips on how to observe it online.

Early actions

- Camden Faith Leaders Forum held Skype meetings to update faith leaders on new arrangements for funerals and to reassure faith communities that religious beliefs continue to be respected.
- A letter was circulated to faith community representatives in order to provide information on a range of bereavement services.
- We have distributed information on help and support available around mosque management and finance for faith groups from Strengthening Faith Institutions and Faith Associates.
- We held a meeting with our VCS leaders to hear about communities' lived experience of how the measures in place have affected Black, Asian and minority ethnic residents and families; this is being fed into the working group and developed into the framework for the action plan.
- A Camden Youth MP attended the working group to share the lived experience of young people and experiences of black young people; these experiences will be fed into the framework for the action plan.
- Early actions taken by schools and education include providing access to laptops and Wi-Fi: Schools have been finding ways to give laptops, printers, paper and other resources to these families where possible. We have been running a Digital Divide campaign to encourage businesses to donate equipment.
- Free School Meals: Some schools have provided physical FSM vouchers to families
- Hampers: The Council has supplied over 11,000 food hampers. Some schools are including period products, and are also including school work to address the previous IT access issues. In one school, "happiness hampers" with treats for families are proving popular and helping to build links and trust between families and the school.
- Early reading – phonics progress/access to books: some schools are providing books with their FSM hampers.
- Across Camden, we have also paid tribute to George Floyd by lighting our main council building purple. Recognising the impact of racism and inequality in the UK, the council has shared materials with schools from UCL Academy called 'What is racism and how do we challenge it?'. Schools such as Primrose Hill launched their weekly assemblies on Black Lives Matter themes, Acland Burghley shared with students the PSHCEE resources on being actively anti-racist, while La Sainte Union raised awareness in PSHE lessons on celebrating diversity. Schools have been sharing their resources with one another and there will be a collection of good practice materials.

Early actions

- We have increased the number of faith burial plots available to faith communities and has played a central role in highlighting the concerns at pan-London level, which ultimately influenced the London Mortality Management Group to establish a coordinated approach to meet the needs of the wider Islamic community across London.
- We have tailored delivery care packages to meet cultural and religious needs e.g. halal, kosher.
- Healthwatch Camden is currently conducting a survey with Camden residents and has worked with our VCS partners to ensure that Black, Asian and Minority Ethnic residents are contributing to the survey. Healthwatch Camden and Public Health will be holding focus groups with key at-risk communities in addition to the survey.
- Camden Council workforce: All staff have access to our wellbeing offer and we are supporting managers to know how to support staff during the pandemic. Our offer includes:
 - Resources and tools for supporting staff to work remotely including sharing wellbeing tips
 - A staff wellbeing campaign which has included links to expert providers, articles, podcasts and helplines
 - Bereavement support for staff including access to trained counsellors
 - Parent support to support working with children at home/home-schooling
 - Mental health awareness, bereavement, and suicide prevention training.

Health inequalities

Direct Health Impacts

Emerging evidence

- Camden has a COVID-19 age-standardised mortality rate that is significantly lower than the London average (55 versus 86 per 100,000) and has one of the lowest COVID-19 mortality rates amongst all London boroughs.
- National evidence showed that people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. These analyses did not account for the effect of occupation, comorbidities or obesity.
- Local analysis of death registrations in North Central London, similarly show a higher percentage of COVID-19 deaths in people born in African or Asia, compared to those born in the UK or Europe.
- From local GP data – The proportion of Black, Asian and minority ethnic patients who have been assessed for COVID-19 (38%) is significantly higher than the general Black, Asian and minority ethnic population of Camden GP patients (32%). The proportion of Black, Asian and minority ethnic patients with suspected COVID-19 (39%) is also significantly higher than the general Black, Asian and minority ethnic population of Camden GP patients (32%).
- The prevalence of key long-term conditions that increase clinical vulnerability to COVID-19 such as diabetes, heart disease and high blood pressure is higher in some Black, Asian and minority ethnic groups compared to their white counterparts.
- Significantly higher proportion of Asian residents are shielding from COVID-19 – 11% of Asian residents are shielding compared to a general population of 7%.

Health-seeking behaviours

Emerging evidence

- There has been a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus, including people attending A&E for urgent and emergency medical issues, such as strokes and heart attacks.
- A Health Foundation survey found access to health services for people with pre-existing conditions was 20% lower during the COVID-19 peak period. 10% said that they were unable to get an appointment and 22% cited concerns over contracting/transmitting the virus or worries about breaking the lockdown. Not accessing care due to fear of contracting COVID-19 was higher for patients with diabetes (27%), heart disease (28%) and mental health illness (30%).
- Camden's Annual Public Health Report '[Going Further on Health Inequalities' 2019/20](#)' identified how issues around discriminatory treatment (actual and/or anticipated) shapes people's experience and use of health and wider statutory services.
- National research has shown that the fear of every day discrimination is closely associated to a number of poor health and wellbeing outcomes.
- Digital exclusion – ONS data shows in 2018 the gap in recent internet use among the different ethnic groups had narrowed. This is particularly the case for adults of Bangladeshi ethnicity. In 2011, 31.4% were internet non-users, higher than the figure for UK adults overall (20.3%). In 2018, the figure for Bangladeshi internet non-users had dropped to 8.0%, a figure that is now lower than for the UK overall (10.0%).

Physical inactivity

Emerging evidence

COVID-19 has led to fundamental and immediate changes in how people lead their lives and how they can be physically active. There is considerable concern in some communities around leaving the home which is having a significant impact on physical health and mental wellbeing now and for the future.

Four key public health issues are linked to physical inactivity as a result of COVID-19:

- 1. Physical deconditioning** for older adults and people with disabilities, reducing their ability to live independently, from being less active.
- 2. Wavering resilience and wellbeing**, which if left unsupported can progress for some to avoidable mental ill health – physical activity can be a powerful enabler of mental wellbeing
- 3. Increased weight** – compounded by additional calorie intake through food and alcohol – perceived treats to enable coping during lockdown.
- 4. Poorer control of long-term conditions** – physical activity is a core part of treatment for many long term conditions, such as diabetes, cancer and heart disease.

Mental health and wellbeing

Emerging evidence

- The Annual Camden and Islington Public Health Report 2019-20 showed that Black and Asian residents in Camden rate having a supportive community as being more important for their health and wellbeing than White residents, suggesting lockdown might have a greater negative impact on residents who value community interaction more highly.
- A 2018 Department for Digital, Culture, Media and Sport report showed that social isolation and loneliness is disproportionately affecting older people who find it hard to access social media and online tools, and disabled people with many depending on their support worker.
- Local data from Healthwatch resident survey and VCS conversations show mental health and wellbeing is clearly emerging as a theme. Many residents are more stressed, anxious, isolated or depressed as a result of COVID-19.
- A Mind survey found that nearly a quarter of 8,200 people who tried to access mental health support in the past fortnight had failed to get any help – facing cancelled appointments, difficulty getting through to their GP or Community Mental Health Team, being turned away by crisis services and issues accessing digital alternatives.
- Camden has one of the highest rates of severe mental illness in the country and there are clear inequalities for and within this population group.

Examples

Some examples of resources developed by Camden to support resident health and wellbeing with information about tools and local services.

These were distributed through VCS networks, TRAs and other communication channels such as community centre notice boards and resident newsletters.

How to look after your wellbeing

It's understandable to feel worried at this time of great change but it's important not to let our wellbeing suffer. There are some simple things we can do to help ourselves stay healthy and well.

<p>1 Working from home Although working from home might make it tempting to stay in pyjamas all day it's better for our self-confidence and sense of purpose to continue to have regular routines. Try to start your working day at the same time as you usually would and make time within it to move, connect, eat and reflect.</p> 	<p>2 Stay active Stay active! Short on time? The NHS website has some handy 10-minute exercises and lots of tips to live well www.nhs.uk/live-well/</p> 
<p>3 Loneliness Self-isolation can be a frustrating and lonely time. For tips on how to stay well if you're self-isolating at home, visit the MIND website www.mind.org/uk</p> 	<p>4 Information Try to manage how you follow information about the outbreak in the media. If you can, avoid reading, or posting, speculation. The most up-to-date and reliable sources of information are from www.gov.uk</p> 
<p>5 Mindfulness Take some time to clear your head. Why not try some free Headspace mindfulness meditations? www.headspace.com</p> 	<p>6 Keep in touch There are still lots of ways to keep in touch: pick up the phone, log onto WhatsApp/Skype/Yammer, and connect with others. Remember, it's always good to talk.</p> 
<p>7 Managing stress Good Thinking is an NHS approved service promoting proactive self-care for anxiety, low mood, sleeping difficulties and stress. Use the self-assessment tool for personalised recommendations www.good-thinking.uk</p> 	<p>8 Get support if you need it The Every Mind Matters website has all the information you need, from advice to support helplines www.nhs.uk/oneyou/every-mind-matters/ Further practical and emotional support is available from the NHS iCope service. You can self-refer or get more information at www.icope.nhs.uk</p> 



A resource created by Camden and Islington Public Health Team

Tips for Ramadan during Covid-19

Ramadan this year will be quite different for families due to social distancing in place for Covid-19. There are some simple things we can do to help ourselves have a healthy Ramadan.

<p>1 Stay Home, Stay Safe</p> <ul style="list-style-type: none"> Pray at home, practice social distancing, only household members should pray together. This will help protect the most vulnerable members of the household, including grandparents and those with long-term conditions like diabetes, heart disease etc. 	<p>2 Keep Connected</p> <ul style="list-style-type: none"> Many will miss connecting with family and friends during this Ramadan, but people can stay connected in different social media platforms, like WhatsApp etc. Many community groups are also using live streaming services hosting virtual <i>iftaar</i> using Zoom/Skype or setting up community radio stations. 
<p>3 Hygiene</p> <ul style="list-style-type: none"> Regularly wash hands with soap for at least 20 seconds and each time you do <i>wudu</i>/ablution. Avoid sharing prayer mats, even at home At work, make sure that any common prayer or quiet room is regularly cleaned. 	<p>4 Healthy Ramadan</p> <ul style="list-style-type: none"> Avoid foods that are high in sugar and/or deep-fried. Substitute with foods that are high in fibre and are baked. Remember to drink lots of water during non-fasting hours The exemptions from fasting for individuals feeling unwell due to COVID-19 symptoms are similar for feeling unwell from any illness. 
<p>5 Volunteer / Donate</p> <ul style="list-style-type: none"> Volunteering is a beneficial and productive form of <i>sadaqa</i>, or helping give to those in need. Support local volunteer schemes. Many mosques are collecting funds to deliver hot <i>iftaar</i> to needy families, contact local mosques for any local schemes. 	<p>6 Mental Health</p> <ul style="list-style-type: none"> Ramadan is a great time to reflect, try some free mindfulness techniques at headspace.com. Every Mind Matters (nhs.uk/oneyou/every-mind-matters) has tips and tools for looking after one's wellbeing. Muslim Women's Network (mwnhelpline.co.uk) run a helpline offering faith and culturally sensitive advice and support. Support is also available from NHS iCope service, icope.nhs.uk 
<p>7 Think About Others</p> <ul style="list-style-type: none"> Avoid hoarding/panic-buying, especially during Ramadan. If you own a business, keep your prices realistic. Don't share fake news until you verify it from official sources. 	<p>8 Take the Opportunity to Quit Smoking</p> <ul style="list-style-type: none"> Ramadan is a perfect opportunity to quit smoking, as you cannot smoke whilst fasting People who smoke are at a higher risk for Covid-19 You can access free support to quit smoking from breasthestopsmoking.org 



Employment and the labour market

Existing inequalities

- The immediate labour market impacts are disproportionately felt – particularly for key workers and people in ‘shut down’ sectors.
- We have explored immediate and evolving labour market implications, referencing the specific experience of Black, Asian and minority ethnic residents, and outlined action that the council and partners are taking to address labour market inequality. However we recognise that timely local data is limited due to lagged data releases and we will be developing approaches to address this.
- According to a [House of Commons Library](#) report, UK unemployment rate was 3.9% in January-March 2020. The rate was 3.6% for people from a White background compared to 6.3% for people from Black, Asian and minority ethnic backgrounds, although there was substantial variation between different ethnic minority groups
- An ONS report (2018) highlighted how 'employees of Chinese, Indian and Mixed or Multiple ethnicity all had higher median hourly pay than White British employees in 2018; Employees in the Black African, Caribbean or Black British, Other and White Other ethnic groups on average earned 5% to 10% less than their White British counterparts between 2012 and 2018. Employees in the Other Asian ethnic groups' pay gap with White British peaked in 2014 but has since narrowed to 4% in 2018, while employees in the Pakistani and Bangladeshi ethnic groups had lowest median hourly pay'.
- A Carnegie UK Trust report (2020) found that young people from Black, Asian and minority ethnic backgrounds were '58% more likely to be unemployed than their White counterparts; 47% more likely to be on a zero-hours contract; 10% more likely to be working a second job; 5% more likely to be doing shift work; and 4% less likely to have a permanent contract'.

COVID-19: Immediate impact and labour market shock

Nationally, it's a disproportionate picture:

- Whilst 77% of businesses continue to trade, a high proportion of those in Accommodation and Food Service, and Arts, Entertainment and Recreation have closed / paused trading.
- Workers in 'shut down' sectors (mentioned above) are the lowest paid across the workforce – typical pay for workers in those sectors less than half that of those able to work from home.
- People from Black, Asian and Minority Ethnic backgrounds more likely to be in shut down sectors or key workers facing biggest health threats.

The labour market shock:

- The more optimistic forecasts anticipate the highest unemployment rate in more than 25 years; 10 million people employed in 'at risk' occupations including non-food retail, restaurants and hotels, passenger transport, personal services, arts and leisure.
- Analysis suggests that Camden has one of the lowest levels of 'at risk' jobs – 23% of jobs.
- Despite this, we know retail, hospitality and construction have a high percentage of Black, Asian and Minority Ethnic workers – sectors facing huge challenges:
 - Social distancing will limit the ability of some types of business to operate effectively.
 - Behavioural change may limit long-term demand in these sectors because of fears of gathering.
 - Acceleration of trends which could have a negative impact on them e.g. greater working at home, less business travel, greater reliance on online retail.

COVID-19: Access to financial support

- Of the 821 council tenants that submitted Universal Credit claims since 23 March, 50% were from Black, Asian and minority ethnic backgrounds
- Of those residents still claiming Job Seeker's Allowance (having not yet transitioned to Universal Credit) in December 2019, 46% were from Black, Asian and minority ethnic backgrounds
- In May 2019 around 9,100 of the working-age population in Camden were claiming Employment and Support Allowance (health / disability) – approximately 40% were from Black, Asian and minority ethnic backgrounds.
- Early analysis of data from Citizens' Advice Bureau Camden (CAB) shows that there is a disproportionately high number of local people from Black, Asian and minority ethnic backgrounds that are accessing advice services related to employment and income

Camden's workforce

Workforce sickness data

- For staff sickness/self-isolation in May 2020, we saw that Black, Asian and minority ethnic staff did not appear to be disproportionately affected by COVID-19.
- However council workforce data showed us that there are a large amount of staff ethnicity categorised as 'Unknown'. 1,541 staff members' ethnicity was unknown if you include Camden Schools, while this reduced to 580 staff ethnicity categories not recorded if you exclude schools.
- Our Camden Black Workers Group and national intelligence tells us that Black, Asian and minority ethnic staff are anxious about returning to work and/or about working on the frontline.

We are not complacent. We will continue to monitor our sickness data by ethnicity on an ongoing basis and there are other measures we are putting in place to ensure we are supporting our Black, Asian and minority ethnic workforce.

What have we done to support Black, Asian and minority ethnic staff?

Regular communications with Camden Black Workers Group

Staff survey to understand staff experiences during pandemic

Commenced focus groups with Black, Asian and minority ethnic staff

Comprehensive wellbeing offer for all staff to access

All staff on the frontline have access to PPE

What have we done to support Black, Asian and minority ethnic staff?

A number of resources on the below topics have been shared with all staff



Physical



Mental



Teams



Bereavement



Ramadan



Social



Financial



Childcare and home schooling

Early proposed action plan

Early proposed action plan: Health inequalities

Direct health impacts

- Work with Black, Asian and minority ethnic communities and VCS to:
 - Provide information in a range of accessible formats and hold virtual Q&A sessions
 - Develop risk assessments for Black, Asian and minority ethnic staff to minimise and mitigate occupational exposures
 - Identify and mitigate barriers and support needs
 - Identify and strengthen community assets
 - Ensure approach is informed and co-produced by resident voices
 - Continue to analyse data to build picture of vulnerability
- Targeted health promotion to prevent and reduce long-term conditions
- Tackle under-diagnosis of long-term conditions in at-risk groups – remobilise targeted NHS health checks when possible and other preventative services
- Increase capacity of frontline workers, mutual aid volunteers and faith leaders to support Black, Asian and minority ethnic communities through targeted trainings – e.g. (virtual) mental health awareness and Making Every Contact Count trainings

Early proposed action plan: Health inequalities

Health-seeking behaviours

- Resident engagement work including in-depth focus groups with different ethnic groups to explore trends in health seeking behaviours and access/use of health services and reasons behind it
- Use local insight to develop a well-targeted communications campaign to alleviate fears and to support and encourage Black, Asian and minority ethnic residents to access services – tailor the “Open for Business” messages to reach our local communities better
- Monitor and evaluate healthcare data, including primary care and A&E attendances, and conduct regular health equity audits
- Raise health literacy at an individual and community level through active engagement and training, in order to promote health and wellbeing including signposting to key services within the system. Build on the success of Making Every Contact Count and Mental Health First Aid training where in the past local Imams and community leaders have been trained
- Work with the system to tackle discrimination and unconscious bias
- All organisations across the system should enforce a no-tolerance approach to racism and actively promote a welcoming and accepting environment for staff and service users
- Engage and involve Black, Asian and minority ethnic communities in the planning, development and implementation of interventions and services
- Education and training for the workforce on diversity, cultural competency, unconscious bias and conscious inclusion

Early proposed action plan: Health inequalities

Physical activity

- Promote active commuting and look at infrastructure changes to support low traffic neighbourhoods and car-free zones
- Promote and encourage physical activity in and around the home – range of available exercise opportunities have been promoted via the Camden New Journal and the Council website; online resources and streaming classes; printed resources (e.g. Public Health England home exercise packs to go out to those shielding)
- Support 'safe' use of parks and open spaces in line with social distancing and other public health advice
- Exercise on referral/adult weight management – have changed the operating model to be delivered virtually
- Support families with less living space – Gardens for All Scheme set up by Children's Services to enable identified families without access to gardens at home to book time in currently closed facilities. Excellent uptake by Black, Asian and minority ethnic families at 63% of all families
- Active for Life Campaign – adapting prepared materials for physical activity campaign for older people to focus on opportunities to improve wellbeing and address de-conditioning

Early proposed action plan: Health inequalities

Mental health and wellbeing

- Working with Healthwatch Camden and VCS partners to undertake qualitative insight work for a better understanding of the different priorities, concerns and needs of our residents and communities. Not all people are affected in the same way – some people are coping very well and we need to understand, build on and promote those strengths and assets
- Developed a range of virtual training for frontline staff and volunteers to be better able to help residents. These are actively targeted at Black, Asian and minority ethnic VCS and faith leaders, including: mental health awareness; bereavement support; and suicide prevention
- Further targeted promotion of wellbeing messages and information about new or adapted services, such as the new NCL suicide prevention helpline and new operating model of iCope (Camden's talking therapies service)
- Working with VCS partners to reduce and prevent social isolation and loneliness through a range of programmes, including befriending, online classes, access to virtual faith events and other activities
- Working with partners across the mental health system to pilot a new whole population approach to support people with serious mental illness in primary care not known to secondary care or adult social care with a focus on inequalities faced by people from Black, Asian and minority ethnic backgrounds
- Working with Camden's Care Navigation and Social Prescribing service to review types of referrals and needs, assess whether complex needs of Black, Asian and minority ethnic residents are being met and ways to further promote the service

Early proposed action plan: Employment

- Supporting residents affected by 'shut down' sectors and improving access to jobs
- Sharing Public Health information with local businesses
- Ensuring that we have the capacity to respond to a significant increase in unemployment
- Ensuring that our Neighbourhood Approach is able to respond to labour market issues that disproportionately impact residents from Black, Asian and minority ethnic backgrounds
- Scaling up our Neighbourhood Approach to employment to provide accessible and relational support
- Responding to trends identified 'on the ground' – and through hard data collected locally – to provide specific responses to specific challenges (e.g. labour market issues that disproportionately impact residents from Black, Asian and minority ethnic backgrounds)
- Designing a borough-wide job brokerage service to identify good work opportunities and improve recruitment practices
- Strengthen referral routes from council services and Job Centre Plus to ensure that residents get the support they need
- Ensuring that our employment support provision prioritises in-work progression, including for apprentices
- Strengthening connections between Adult Community Learning and our Neighbourhood Approach to ensure that learners have a clear pathway into good work

Early proposed action plan: Employment

- Working with the community to co-design a new approach to supporting disabled people and people with long-term health conditions into good work
- Connecting residents in receipt of Employment and Support Allowance to the support that they need by improving referral routes from Job Centre Plus
- Enabling and influencing existing national programmes, including the Work and Health programme
- Lobbying Government for timely labour market data and to shape new national level programmes
- Pulling together local data from different sources as part of a planned Labour Market Intelligence Group
- Strengthening links with the Camden Advice Partnership to ensure that residents can address income and employment advice simultaneously
- Integrating benefits advice within our Neighbourhoods Approach to employment
- Building on our recent research into, and testing of, new forms of welfare provision

Early proposed action plan: Camden Council workforce

We are taking precautionary measures to support our staff, including:

- Pulling together local data from different sources as part of a planned Labour Market Intelligence Group
- We will encourage staff to share their ethnicity and feel safe to do so; HR are currently working on the approach to this
- Health and Safety risk assessments are ongoing as services resume and this will be reviewed by ethnicity
- Service risk assessment process has been updated and we are in the process of updating the individual risk assessment process which will include looking at impact for Black, Asian and minority ethnic colleagues, as well as other factors through Equalities Impact Assessments
- We are taking best practice from across London and the NHS

Next steps

As well as the findings presented in this document, we will be reviewing findings from schools, adult social care and the new shielding service, and housing, and will publish these findings in our final report.

We welcome our communities' feedback on, and input into, these proposed actions and will incorporate this into our final report. To share thoughts, comments and suggestions on our findings and actions so far, please email cohesionandequalities@camden.gov.uk

Equalities duties

Camden Council is committed to striving for equality for all of its citizens. This is a long-standing commitment Camden Council has made and is also to some extent reflected in the legal obligations on all Local Authorities in particular as detailed in s149 Equalities Act 2010. The Council is obliged in the exercise of all of its functions to have due regard to the need to eliminate discrimination, harassment and victimization and advance equality of opportunity and foster good relations between persons who share and do not share protected characteristics – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

The focus of this particular piece of work is on the impact of COVID-19 on people who are from a Black, Asian or other minority ethnic background, which is a focus on persons of one protected characteristic. This is appropriate given the early yet very strong statistical indications that the COVID-19 crisis has highlighted and increased the disadvantages experienced by one section of our community. The indications of disproportionate impact are clear, and it is important the Council understands, analyses and considers action to address those as soon as it can.

This work does not replace the Council's wider equalities work and obligations but rather supplements and informs it. The Council remains alert to any other indications of disproportionate impact on any other groups and stands ready to undertake a like exercise should that be appropriate.