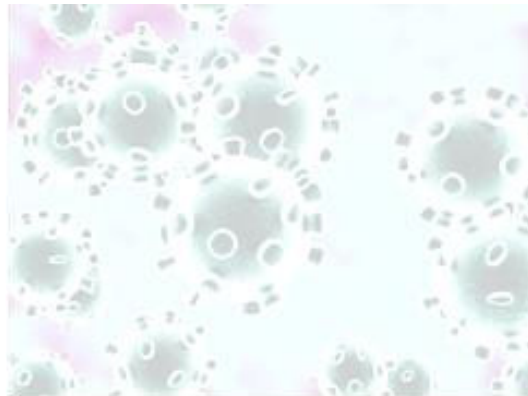


# Citizens Advice in West Sussex

(North, South, East)



Exploring the disparity of Covid-19 with  
the Crawley BAME Community



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ADD POWERFUL QUOTE TO INTRODUCE THE  
REPORT

## Executive Summary

Evidence began to emerge early on that people from a Black, Asian and Minority Ethnic (BAME) background there was a disparity with becoming seriously ill health from COVID-19 compared with white people. This is consistent with previous evidence which has shown health inequalities exist people from a BAME background, attributed to socio economic, biological and racism. We welcome the opportunity to have lead the engagement piece for residents in Crawley, we work closely supporting our residents in Crawley to uphold our values, providing a voice and challenging inequality. This work sought to capture experiences of COVID-19, understand the risks people felt they may be taking, where they gained their information and understanding and what could be done to improve things.

We are very grateful for the support shown by the community, community groups, the District Council and local GP Practices but crucially the BAME residents in Crawley, for sharing their experiences. It is vital that this work continues and we honour the trust those participants have placed in us all to protect our community from COVID-19 but be a step change for improved health outcomes.

**This is an opportunity to respond to the community concerns and demonstrate a commitment to improving the experiences and ultimately outcomes for people from a BAME background.**

There are differences for Crawley residents compared with other areas which may influence experiences, perceptions and outcomes. There are also differences amongst the communities, Crawley's BAME population is diverse and this. Must not try to respond to this in a generic way or reduce to stereotypes. A lower case rate in Crawley compared with the England average and amongst our participants and so views may be informed by information sources rather than experience, for example the risk of being a front line worker is evidenced but many of the front line workers hadn't contracted COVID-19. It's important to note that this was not a comparative survey with white people, there is no evidence of widespread failures to follow prevention guidance or that non-compliance was more or less than with white people.

Generally there is a positive view of the NHS however consistent messaging about difficulties with getting appointments and the impact of language and communication barriers. However this is a complex picture with clear trust issues ranging from not trusting the advice or guidance due to changing policies and previous experiences of feeling let down by the NHS. The impact of cancelled appointments which has left many experiencing pain and unmet mental health needs, also created anxiety whether their health will deteriorate. There is a risk if this is not addressed the trust relationships will deteriorate and potentially widen the health inequalities.

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2.Some conclusions  
3.Challenges and successes  
4.Recommendations

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**Commented [EC5]:** Add info graphics to summarise key findings  
e.health impact of cancelled appointments, negative feelings , felt at increased risk , worried about moneyjobs

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Overwhelmingly participants reported feelings of anxiety, worry and stress. A number highlighted this and the need to avoid messages on covid which invoke fear. Worry about work and money came out high for this group, this may be influenced by the impact of industry shrinkage at Gatwick Airport which it is estimated around half of all jobs in Crawley are at risk.

Throughout the engagement work issues of racism and the view that they are treated worse repeated. A number highlighted feeling that being frontline workers put them at greater risk, this may be more prevalent in an area like Crawley which has a low BAME population compared with some Cities but is the most diverse area in West Sussex. Many examples were provided by participants and in the words of one”.

One member of a focus group put it simply

“What 3 things will you do to make a difference, in the short, medium and long term.”

### Recommendations

- **Build on this work and develop interventions with the communities recognising the diverse needs of people from a BAME background**
- **Personalise and target information for different communities using digital and printed channels**

- **Improve language and communication awareness and support amongst Health Care Professionals and more widely**

- **Racism -**

Interventions could include

- Translated COVID-19 information resources with clear outcomes tested with the community to ensure key messages are understood e.g. accurate translation of a dry, persistent cough
- Easy access to interpreters at outset e.g. built into switch board options, proactive use amongst health care professionals
- Communicate plans to catch up on cancelled appointments, guidance on managing conditions in multiple languages
- Ensuring access protective measures such as PPE, Thermometers, local options for public transport and shopping
-

## Methodology

The engagement work took place over a 4 week period and involved a mixture of quantitative and qualitative method to gather the greatest insight in the window we had and to reflect the diversity of our BAME community. As the engagement began ahead of lockdown measures easing the work was designed to be digital which did create limitations in terms of reach particularly amongst those who might be digitally excluded or those without English language knowledge.

The survey was designed by Dr XXXXXX and allows a consistent approach with the partners commissioned to undertake engagement with BAME communities in Hastings and Brighton and Hove and allow some comparable data.

Whilst we had planned to have translated written surveys, unfortunately the consultation window did not allow for this. We relied on translated leaflets in the main additional languages spoken in Crawley to arrange interpreters and support with completing the surveys. The languages used were Arabic, Bengali, Chinese, Gujarati, Hindi, Panjabi, Portuguese, Tamil and Urdu.

A large response came from the working age group and South Asian communities, particular effort was made to gain African participants but they are underrepresented in the findings.

### Quantitative

A **survey** was created online alongside PDR and printable versions distributed locally by hand alongside flyers. Publicity was through local groups, in person, social media including paid for boosts.

### Qualitative

**1-1 semi structured interviews** using the survey question structure but allowing scope for additional free text and exploration of themes. A boost sample was used amongst some groups to improve representation.

**In-depth interviews** using ethnographical principles, exploring culture and lifestyle, values and experiences in the home setting via video calling. Varied demographic profiles was chosen to aim for a more representative sample.

**Focus Groups** to explore the themes and test emerging themes. One focus group included a drop in style and was an open forum.

In addition to the above methodology, an advisory group including professionals working in the area and mixed BAME backgrounds was able to share insight and provide guidance from development to report writing.

Method	Total Undertaken
<b>Survey</b>	214 (118 completed demographic data)
1-1 semi structured interviews	22
In-depth interviews	8
Focus Groups	3

## Demographics

Crawley is the most diverse area in West Sussex, with 20.1% of the population describing themselves from a non-White background<sup>1</sup>. The sample group is reflective but not fully representative of the local demographics. A greater proportion of people born outside of the UK participated, 20 have been in the UK between 1 and 5 years, 7 for more than 5 years, 30 more than 10 years and 62 more than 20 years. 17 people had applied for asylum, 2 had been in the UK for less than 2 years.

44:102 born in the UK

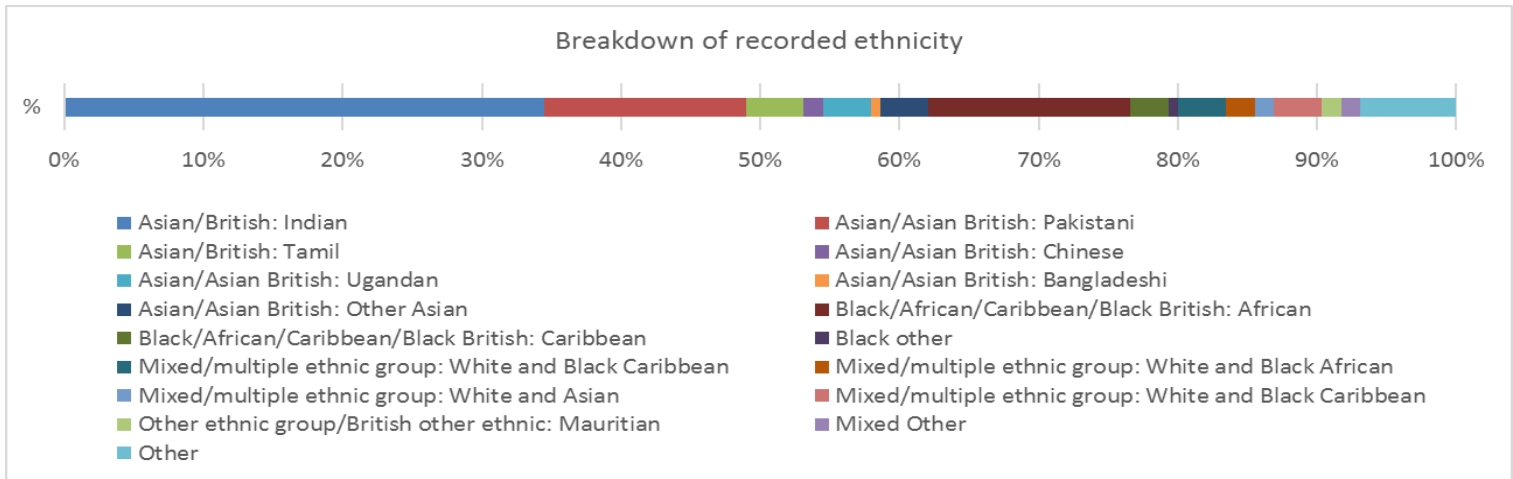
Ethnic Group	2011 census % (of non white )	Research sample %
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Black	16	18
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Other	5	8

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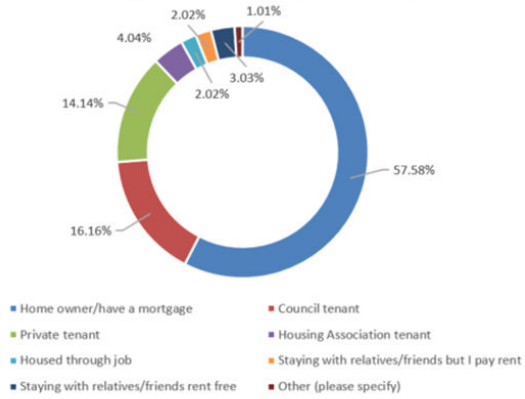
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**Commented [EC7]:** Add here or in methodology a what would do different: greater representation of 2<sup>nd</sup> + generation people, 18-24 and 65+ and African

respondents

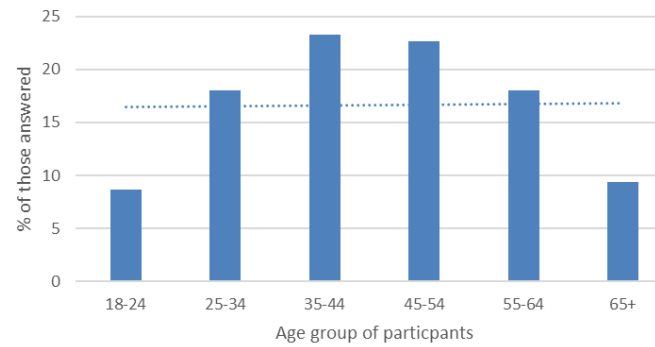


In what type of housing do you currently live?



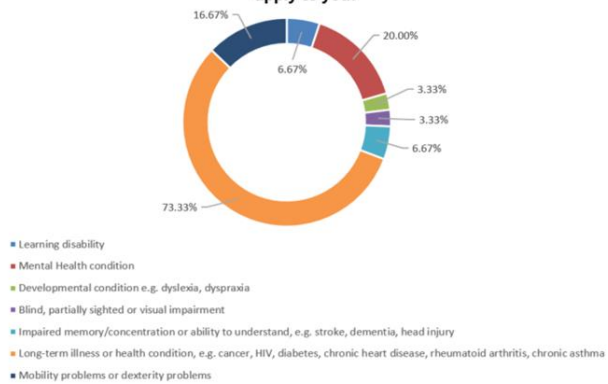
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Breakdown of ages

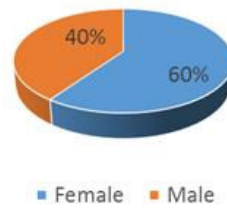


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Do any of the following disabilities or long-term health conditions apply to you?



Gender breakdown



## Results and Key Themes

Engagement has been positive and respondents have provided honest and helpful feedback. The overall experience of the NHS is positive, reasons for cancelled appointments understood and many felt there was little extra the NHS could do regarding coronavirus. However there was overwhelming feedback on difficulties accessing appointments and receiving appropriate medical advice and treatment.

Whilst the majority of people hadn't contracted coronavirus a number of respondents knew people who had including bereavement. This often involved friends or family in London or in other countries. A combination of interviews and survey results identified a number of themes confirmed by the focus groups.

The detail of responses, supported by the accuracy of respondents describing covid-19 symptoms suggests a good understanding of the risks of covid-19. However this may be influenced by people participating due to an interest in the issue. This is supported through the in-depth interviews where interviewees talked of others in their community and identified

- 1) Those who are aware and took measures such as isolating
- 2) Those who believed there was little evidence and it was exaggerated
- 3) Those who believed they wouldn't be affected.

There are some indications that the greater the interactions with the NHS the more they were aware of the risks. Those in group 3 were more likely to be from an Asian background and have regular interaction with family or friends abroad or follow cultural remedies.

A number shared detailed views into why they thought there was disparity amongst people from a BAME background. This can be summarised as :

- **Socio-economic** – in particular more likely to be a frontline and essential worker with greater risk of “viral overload”. More likely to need to work financially.
- **Cultural** – varied between groups and ranged from preferences to use own country medical advice or remedies, group based activities within a community setting.
- **Biological** – reference to diabetes, low vitamin d and obesity were identified by interviewees as potential factors.
- **Discrimination** – treated unfairly or believing preferential treatment given to others, language and communication barriers influencing access, diagnosis and treatment. Treated worse by employers and society and put in positions of greater harm.

**Whilst the work has begun to identify patterns and preferences around information and influencing factors, more engagement is needed to test channels and messages.**



## Influencers

Throughout the engagement, the question of trust of establishment repeated with all genders, ethnic and age groups. Measures to reduce the risk of COVID-19 require information to be received and used.

In answers to questions about the NHS, respondents begin to paint a picture of layering negative experiences and loss of trust including stories which appeared in the media. 26% said they were distrustful of the Government/media.

Several people mentioned suspicion in African communities of a vaccine and feeling like “Guinea Pigs”. One participant gave the example of Small Pox Vaccination. Another said:

*“For the community, the thought of a vaccine is scary. They are worried they will be in the first in line to receive the vaccination and are suspicious of it ... the Gambian community there may not be a big take up on the vaccine.”*

*“I didn’t have such a good experience with the NHS earlier this year [...] when I spoke to the doctor at my GP surgery, he made me feel really bad about myself and I left the surgery in tears [...] he made me feel unhealthy and obese [...] I felt so uncomfortable that when I had an appointment with the same doctor, I cancelled it as I didn’t want to see him again.” - Respondent four (Female mixed heritage, aged between 18 -24)*

*“There were letters early on and text messages from the GP about how to see a doctor, but nothing was ever followed up.”  
Respondent five (Male South Asian, 52)*

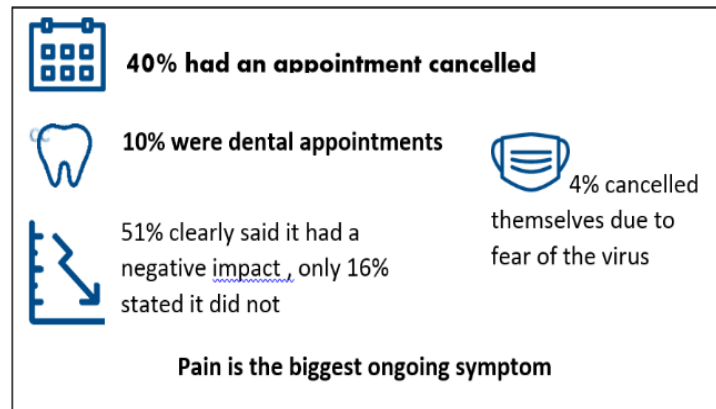
## Negative Impact of missed NHS appointments

Most people recognised the reason appointments were cancelled and those who cancelled it themselves sited risks of Covid-19. However most people said it did have a negative impact on their health with pain being the most common symptom described. Two women experienced a miscarriage, one of whom had a history of miscarriages and had waited 2 months for an appointment. Two are waiting for cancer treatment.

- Deterioration or fear of a deterioration with their health
- Ongoing pain
- Insufficient Mental Health support
- Lack of guidance on managing condition or explaining test results

However there have been negative impacts of cancelled appointments and things the NHS could have done better. For some the impact of cancelled appointments has been immediate and detrimental and others the impact may not be known for a while. Examples include 2 ladies who experienced miscarriage, one

of whom felt she was at high risk and waited 2 months for a call. Cancer patients waiting for treatment. A number of people who are in pain and some who required mental health support. The cancelled appointments and lack of follow up for conditions caused



anxiety including lack of advice on how to manage the conditions.

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- Another theme which has arisen throughout the research has included the lack of interpreters and barriers for language and communication. Respondents are usually pointing to pre-covid but would be relevant when seeking information or advice about covid symptoms or treatment. The barriers not only impact on diagnosis and treatment options but also consent and the feeling of being marginalised and discriminated against because of ethnicity.

[Influencers](#)

[Health and Wellbeing](#)

[Socio economic](#)

## Health and Wellbeing

*Anxiety, stress and anger alongside confusion and fear are feelings which repeat throughout the engagement. Distrust in Government and the Media may play a part in worsening rather than improving this.*

Participant's reported a range of feelings and emotion's during the coronavirus period. A sense of anxiety featured throughout the interviews as well as in the survey which found :

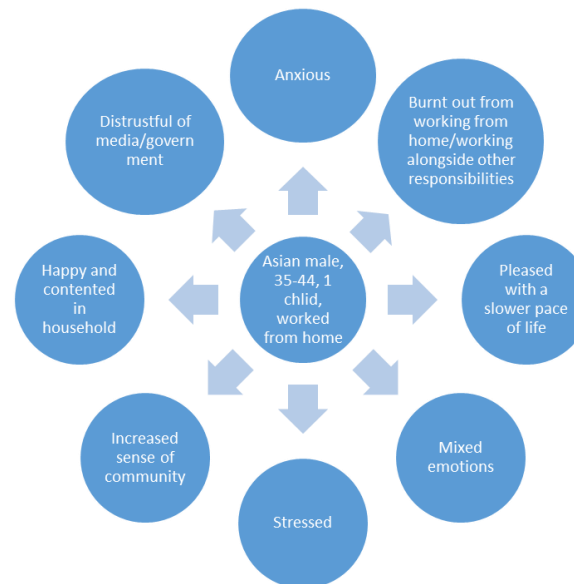
- 46% felt anxious,
- 33% stressed,
- 26% angry or panicked
- 44% reported mixed emotion and 26% felt conflicted or confused.

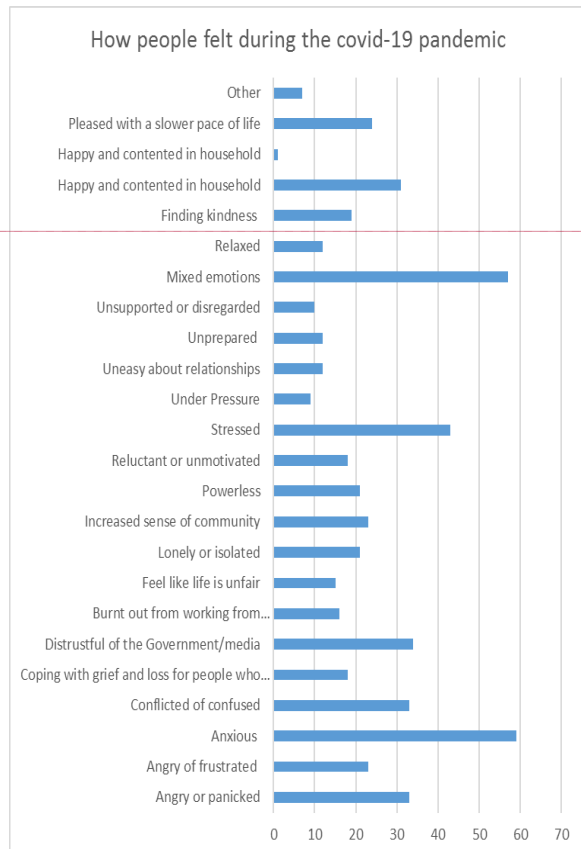
Interviewees pointed to the worry about their health, money and family as well as missing their family. When also considering the impact of cancelled NHS appointments which increased anxiety and worry about their pre-existing conditions, is likely to exacerbate the post-covid worries.

Interviewees raised concern for people with English as a second language and living alone, where social distancing made it difficult to receive the emotional, social and practical support.

*"Some days have been harder than others I find it really difficult to keep motivated when I'm not in a routine. I often felt lost and confused." - Female mixed heritage, aged 18 -24*

Below are the feelings reported by one person which was typical for many.





Information Sources

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[https://www.westsussex.gov.uk/media/2703/censusbulletin\\_ethnicity.pdf](https://www.westsussex.gov.uk/media/2703/censusbulletin_ethnicity.pdf)

“EVEN IN A  
PANDEMIC WE ARE  
TREATED WORSE”