

BAME VCSE GROUPS - THE IMPACT OF COVID-19 ON ACCESS TO AND USE OF HEALTH SERVICES

Introduction

This report aims to set out issues raised by representatives and service users of BAME VCSE organisations that provide health services or support health and wellbeing initiatives.

The information set out below was gathered through telephone surveys, but future reports will be supplemented by an online survey which will be disseminated widely across the BAME VCSE sector.

Although the intention of the report is to identify the impact of Covid-19 on access to health services by BAME groups there were general concerns that impact on the wellbeing of individuals that have also been recorded. The findings have been collated into key topics of discussion.

Key Findings

1. Mental Health

It was recognised that the current guidelines relating to social distancing and 'shielding' of those at higher risk will have an impact on the mental wellbeing of some individuals. Social isolation and mental wellbeing were two key themes arising from the telephone surveys. Details of evidence gathered is as follows:

Concerns were expressed about the impact of depression, anxiety and isolation of Asian women who were involved in local groups that were now inactive because of restrictions in personal contact. Although attempts were made by group facilitators to engage via other means (WhatsApp group, Zoom) these have not proved successful.

One group facilitator commented that "Our clients are used to face to face and groups sessions and find it difficult to make the adjustment to digital services. There will be an increase in mental health issues and anxiety of the women who use our service. This is exacerbated by the fear of dying from coronavirus".

It was reported at the early stage of 'lockdown' that one Asian woman committed suicide as she had mental health issues and just found it too difficult to cope. Concerns were also expressed about the mental health of Asian women and other BAME women who were not seeking help if facing domestic abuse.

Concern was expressed about the level of support and donations being offered to the elderly, the vulnerable, and families but single adults (who do not fall into any of these criteria) are being left out. It was felt that this group were likely to come out of this 'lockdown' with mental health issues.

Restrictions in relation to burial of family members who have died of coronavirus may also have a negative impact on an individual's mental health as individuals have not been able to fully grieve for their loved ones and follow traditional burial rituals.

On a final note although some service users were feeling more isolated in some instances this was being used positively to focus on self-development.

2. HIV

HIV disproportionality impacts BAME communities in terms of the ill effects of late diagnosis. For example, nationally 46% of those diagnosed with HIV are black African and in Manchester half of black African communities that receive a HIV diagnosis are diagnosed late.

As a result of COVID-19 restrictions the GM HIV prevention team at BHA for Equality are unable to go directly into communities to raise awareness and encourage people to test for HIV. In normal circumstances Rapid HIV testing is undertaken in the community.

There is a national self-sampling HIV scheme which enables people to order HIV postal test kits for free through the website freetesting.hiv, however current advice within GM requires the HIV prevention team to not do anything to actively boost access to the national testing scheme which in effect means postal HIV testing should not be promoted.

All other HIV prevention organisations across England are promoting and signposting people to the national HIV testing scheme and they are being supported by their local authorities, sexual health clinics and CCGs. Yet Greater Manchester is the exception and has one of the highest HIV prevalence rates outside London. This decision needs to be reviewed and the negative impact on members of the black African community given due regard.

It should also be noted that all 10 GM local authorities have funded the scheme for residents to access postal kit testing as part of the GM transformation plan to end all new cases of HIV within a generation

3. Refugees, Asylum seekers and new migrants

It was felt that measures put in place to support people facing difficulties during the pandemic had resulted in a loss of community support especially for refugees, asylum seekers and new immigrants (in the past, drop-in sessions provided advice, food, and socialization). Equally there was a lack of clarity as to how to get help and support, although there seems to be a lot going on through media sources. Limited assistance was provided by the CAB and there were long waiting times to access telephone advice.

It was further explained that there is a category of legal residents who have visas, but no access to public funds. They are not entitled to universal credit, childcare vouchers, and other benefits. For persons of this category who have lost jobs, financial worries are growing immensely. With no legal support (law offices closed) to aid them to put in a claim to the home office, to change their circumstances, they are lost and abandoned. Those with families of this visa category have had to depend on

food banks and non-public funded charities, who are already under enormous strain and were not always able to support.

4. Access to 111 Service

Delays in getting through to the 111 helpline were raised and, in a few instances, it was felt that the service provided little support.

There was also a reluctance to use the service when coronavirus symptoms were evident because of the fear of being admitted to hospital.

5. Access to GPs/hospital services

From the interviews it was felt that most people were unaware that they can still access their GP or know how to do so. Additionally, some service users were delaying or deciding not to access their GP at all and self-medicate, for fear of contracting the virus at a GP surgery or other health facility. One service user commented: "It is very difficult at this time. You have to see if any medicine from the pharmacy can assist with the ailment."

It was felt that GPs were telling patients to stay at home so limited support could be provided by them.

Difficulties were being experienced in using the online assessment service to access a GP, so some people were just not bothering. Equally, some service users were experiencing difficulties in accessing those GPs that insist on online contact only from their patients. This failed to recognise that some patients do not have internet access or the understanding of how to use online services.

There was some reluctance to engage with GPs over the phone and some patients were finding it difficult to get through to their GPs or felt they would be wasting a GPs time if they pursued an appointment.

Older single Asian women were reporting that they are too scared to contact their GPs, even though they were experiencing anxiety and poor mental health. They did not know how to use mental wellbeing apps on their phones or had basic phones that make it impossible to use the apps properly.

It was felt that GP patients are trying to deal with everything at home without contacting health services. There was a fear they might be invited into hospital and they could contract the virus.

It was felt there was a lack of clarity in relation to maternity services and antenatal appointments and whether women should still be attending.

6. Access to Medication

Accessing NHS prescribed medications was not an issue but accessing over-the-counter ones from local pharmacies was a problem. Stocks seem not to be replenished quickly. Some service users had reverted to buying medications over the internet which can be overly expensive, fake, or not delivered on time.

It was felt that pharmacies were slow in processing and delivering medications with some home delivery services for medication being delayed.

One service user indicated that she was fearful to venture out to get her medication due to a fear of getting coronavirus but was encouraged to use the delivery service.

7. Referral to other services

There has been increased referral to other agencies as most of the community groups are overwhelmed for help. Requests are being made by service users for additional services. Unfortunately, referrals to third parties has not always been positive. Examples of common requests for referrals include:

- Access to welfare support
- Manchester City Council helpline
- Foodbanks/
- Samaritans for additional emotional support
- Home support

8. Variation of Services

All the groups interviewed had to change the way in which their services were delivered but most were struggling to maintain regular contact with their service users as a result of shifting to online activities. It was felt that it should be recognised that there is a high level of 'digital poverty'. For those who do not speak English or are illiterate and living in poverty buying credit for a phone call was not a priority.

One group facilitator explained that they had attempted to change the way they support their service users by using Zoom, but it was difficult to agree a convenient time for them all. So, it was unsuccessful. Another indicated that they had started a WhatsApp group for clients, but it has gone very quiet.

It was also felt that even when services are adapted, and online services are successful there is an awareness that disclosures are not being made in relation to domestic abuse/children safeguarding.

One group facilitator that offers keep fit classes indicated that she had tried to do more interaction via WhatsApp, Facebook, and personal phone calls. She set up an online fitness session but out of the 70 Asian women on the register only 2 participated in the online session as the women are not confident with digital technology.

The difficulties in transferring services online is reflected in the following quote:

“All my support is online now which is not giving great results as the face-to-face approach used to help them to share all their life related issues as well as health issues. I use WhatsApp and Face book to stay in contact with service users. I tried to arrange Zoom calls to create a group atmosphere, but this was not successful as the service users either don't have the right devices or are not sure how to use them.”

One Group organiser indicated that she had seen tablet and laptops donations being made available for disadvantaged children, but nobody had considered the availability and accessibility to Wi-Fi/data. She was even more worried about the financial ability to purchase data for these children to use. Also, of concern is the ability to acquire all necessary software/apps. She would have hoped that the tablet/laptops will have free anti-virus already built into it or guidance on how that can be downloaded free of charge.

For older citizens, whose first language is not English, and are already technology-averse, she expressed her concerns about what free tablet and smartphones will do for them if they cannot have tutorials on how to use them. Those that require tutorials in community languages will even be more disadvantaged if they cannot have family and friends around to guide them. It was felt this needed to be fed back to donors or the council.

Despite the difficulties one group reported some success in using online platforms and apps and they still have coffee mornings, carers groups and lunch club but all through group video calls.

9. Impact on employment

Anxiety around joblessness, furloughing, and family finances were raised by all groups. Most service users had zero contract hours or were small business starters who would not benefit from the Government support for the self-employed. Universal Credit was the only option now, but it took time to receive a decision. Application forms (from private donors and government) are too complicated and lengthy.

One individual indicated that they were waiting for the government support offered to self-employed people of 80% of one's salary which will be available in June. She had already lost 50% of her income due to coronavirus.

Participants involved in the survey expressed their concern about the lack of job security or of being sacked. One participant indicated that her husband was furloughed as he works in the retail sector, but he was only offered the 80% available from government. His employer did not offer the additional 20% to make up his full salary nor did they offer to cover his pension for that time. She indicated that they would struggle financially.

It was observed that there are many Pakistani/Bangladeshi men who are taxi drivers and it is evident that they are not taking precautions by wearing a mask or gloves whilst near customers. It was felt that the vehicle licensing authorities within Manchester City Council should be providing them with better quality advice to protect themselves whilst at work.

10. Support to Carers

Carers are struggling as they are not getting respite

11. General wellbeing

With the start of Ramadan on 24 April there should be clear messages sent to the Muslim community about fasting, the impact on their immune system and the need to eat healthily.

Donna Miller
BHA for Equality
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