COVID -19 Pandemic Service Impact Report

March 2020 - July 2020

Produced by Rehana Begum, August 2020.

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Introduction

DMNW is a Charity based in the heart of the community in Tameside. Its purpose, to tackle health inequalities, combat social isolation and promote community cohesion, aims that have proved a challenge during the COVID-19 pandemic.

On the 23rd of March 2020, the UK government initiated a country-wide lockdown, with the exception of key workers, as a response to the COVID-19 health pandemic. DMNW was severely impacted on with staff members diagnosed with the COVID-19 symptoms, this prompted the senior management team (SMT) to act swiftly to minimize the impact on the rest of the team and its services. Within hours, SMT met and agreed for a closure of the centre for a minimum of 2 weeks and assess the situation weekly. The staff were notified, and measures were put in place to set up the workforce to work remotely from home where possible.

Our face to face activities projects and activities delivering one to one support for women in crisis, training courses, workshops, social activities, physical activities and outreach had to be placed on hold due to the social distancing guidelines. As well as a Charity wide review, this report also includes the challenges and barriers encountered.

What we found

Almost immediately, support services appeared from both grassroot mutual aid groups and statutory services as a response to the COVID-19 health pandemic, however, although it was inspirational to see communities to come together, DMNW identified very early on that, this information / support was only available online. This method of communication excluded people who could not access online services, have a lack of IT proficiency, have no means to use IT and have language barriers. Where other areas in Tameside had local mutual aid groups operating fully, residents of Hyde struggled, specifically the BAMER residents, with many community and faith organisations closing their doors and ceasing all operations of their activities. DMNW continued to remain operational albeit with changes in its service delivery methods. What we found was:

- *Food Banks:* Local food banks had closed as lead volunteers were identified to be on the governments shielded list with no plans to re-open its doors anytime soon. This left people accessing this service without access to food, increasing their vulnerabilities and pushed people into further isolation and increased loneliness. Those who could, travelled to neighbouring town of Hattersley to access provisions available there.
- *TMBC Humanitarian Hub: Hotline:* From conversations with TMBC and Action Together, we found that no BAMER referrals were received through this pathway, apart from 3 supported to access this service by local Cllr, Shibley Alam. Discussions between DMNW CO' and Shibley identified that, there were no bilingual support on hotline, no communication sent out to households to raise awareness of the service, including no bilingual literature, leading to BAMER lack of awareness of support services. With this in mind, we discussed contacting faith leaders in Hyde to make a small announcement to raise awareness of the current pandemic and of the hotline.

- *Action Together Social Prescribing Team:* This service has been operational for over 3 years and focuses on main referrals from GP's or health professionals for people with long term health conditions. From conversations with Action Together, we know that, to date, no BAMER referrals have been made, or they have been few and far between.
- *Tameside Buddy Project*: DMNW are a delivery partner for this project with MIND and LEAP. As a direct result of the COVID -19 Pandemic, we saw an increase in referrals, but, again, very few from BAMER communities.

What did we do?

This report has focused on work conducted during March 2020 until July 2020 and will be subsequently updated as we work through and beyond the pandemic and will reflect on both organisational and service delivery impact.

Organisational:

In response to the pandemic, DMNW took several measures to ensure the safety and wellbeing of its staff, volunteers and service users and initiated remote working protocols.

With many grassroots community and faith groups closing its doors, DMNW CO's approached and worked tirelessly with our commissioners and funders to negotiate and agree a different way of working to meet the imminent gaps in services and needs of the communities it works with, transforming and adopting alternative services and activities plan.

9c. Briefing for partners June 2020 (

The Charity immediately set up a weekly SMT meeting who oversaw the transition and provided strategic support and guidance to Chief Officers on any operational matters. The Chief Officers supported the workforce to work from home remotely, setting up IT systems, purchasing ergonomics to enable this transition and to ensure staff health and wellbeing. A Working from home guide was developed to provide clarity to staff working remotely from home, how to stay safe, communicate effectively and continue to deliver the new redesigned activities of the funders.

b. Working from Home Guide April 20

Given the current climate and lack of uncertainty that the health pandemic presented, the Charity trustees reviewed the financial position of the Charity ensuring its resilience during these turbulent times. The Chief Officers and the trustees endeavoured to provide assurance

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and job security to the workforce and factor in any projects coming to an end within the pandemic period, securing staff employment until the end of the financial year, in a bid to ease some of the financial anxieties that may have occur if we could not provide assurance and some level of job security.

Service Delivery:

We initiated conversations with our infrastructure organisation on addressing the widening gaps in services which mainly focused around accessibility to services. Simultaneously, DMNW management contacted TMBC[1] Leaders to express concerns relating to the above and request involvement within Tameside's Recovery Plan and Equalities Impact Assessment (EIA) to ensure the offer is inclusive of its residents. We worked closely with the local Councillor in central Hyde to help identify the emerging needs. This fed into the work we developed as we worked through the pandemic. Our work strands included:

Mapping of local services:

- The team worked on gathering local data on service available and accessible to residents in the Hyde area. We very quickly realised that although there were some services available, there were no services that were accessible to BAMER residents where language and IT proficiency was a barrier. With this in mind, we opted to contact the local mutual aid support group and offered support to engage with the BAMER residents.

Supporting local Mutual Aid group:

- We supported a local mutual aid initiative to help them to engage BAMER residents in the local area of Hyde by helping them to develop and fund bi-lingual support materials.

Wellbeing Calls:

- Through our mapping and gathering local intelligence work, we realised there were no services currently catering or providing accessible support to BAMER residents. We took the first step to ensure our service users were coping well during these difficult times. Prioritising the elderly, our multilingual staff team conducted over 170 wellbeing calls to existing service users to check their wellbeing and connect to local emergency support services.

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[1] Tameside Metropolitan Borough Council

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Supporting Tameside Social Prescribing Team

- Working with our local infrastructure organisation, Action Together, we dedicated staff time to support clients coming through this pathway that may require bilingual support. We released one staff from DMNW to be trained on using their electronic system, accessing client information and referring clients. We are currently exploring how we can support to increase engagement with the BAMER communities in this programme.

Supporting TMBC humanitarian Hub: Hotline

- We initiated a meeting with TMBC to explore some of the issues surrounding accessibility of the emergency support service.
- DMNW are working with TMBC and offered to support and conduct welfare checks on vulnerable clients coming through the hotline.
- We have shared contact information regarding local TV stations ran by local people in the Bangladeshi communities.
- We shared information on local translation company to help developed appropriate literature to engage with marginalised groups, promoting targeting and tailoring the literature to its audience.

Supporting Local Food offer

- We worked with Action Together to combine local volunteers and coordinate response to develop local food offer
- We supported with recruiting, inducting, supporting and coordinating additional 38 volunteers.
- We have helped develop the local food offer through producing combined bilingual literature and dissemination of this in the local communities, linking key people and organisations to sign up as referrers.

Supporting the Tameside Buddy Project

- In the last 3 months, the project has supported over 40 clients and conducted 326 wellbeing and befriending calls.
- We redeployed staff to help meet the needs of this project where people have been reporting an increase in social isolation and loneliness
- When conducting the wellbeing calls to existing DMNW service users, this service was promoted. We are now seeing referrals from BAMER communities coming through slowly.
- Recruited and inducted further bilingual volunteers to cater for the needs.
- We have also worked with Tameside's Be Well service to support this work.

Supporting Women in crisis

- As the pandemic started, all face to face sessions with clients and mentors were cancelled and resumed via telephone.

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- As the UK went into lockdown and services ceased operating, we saw a decrease in referrals coming through to support South Asian women in crisis through our peer mentor support programme.
- We started to actively circulate information to partners to highlighting that we are still running the services but via virtual means.
- We soon set up volunteers to support clients remotely, equipping them with mobile handsets and top up.

Enabling Volunteers

- Developed guidance document to initiate volunteer support safely, equipping them to support clients remotely.
- Developing role descriptions to meet current support needs in the local community
- Recruiting and conducting virtual volunteer inductions
- We conducted volunteer reviews via telephone calls / WhatsApp video calls.
- We supported volunteers to share skills and knowledge via video recordings i.e. cultural cooking and to carry out their roles as effectively and safely as possible.
- The team have supported volunteers individually to set up virtual software's and gone through how to use the apps to engage

Developing Communications

- We needed to quickly adapt our website focusing on support available during the pandemic, a page was dedicated to BAMER COVID support where staff and volunteers have created videos in different languages to help support others. This has been disseminated to partners and on social media.
- Developing local intelligent data on what support services are on offer in Hyde
- Developed website pages and dedicated BAMER COVID 19 pages with bilingual materials and videos, namely for use by organisations and those who can navigate through these platforms
- Disseminated key messages through social media platforms and linked to key websites
- Developed bilingual wellbeing video content on key COVID-19 messages and circulated via social media, websites, partner newsletters, WhatsApp broadcast to existing users to share with family and friends.
- Developing multilingual support line for BAMER residents to access for help, support and advice, helping them to be better connected with local services.

Community Engagement

- The team attempted to connect with our service users using virtual technologies, telephone and social media to continue delivery of volunteer forums, training and physical activities
- The team used WhatsApp broadcast / groups messages / voice messages to circulate key government messages around staying safe during the COVID-19.
- Core services, where possible, have been redesigned to offer virtual engagement appointments and support sessions.

- Staff have created bilingual videos to circulate on social media and on our website to highlight the COVID-19 messages, stories of those who have gone through and survived the virus to provide real life context.
- The team have supporting partners to develop bilingual and culturally appropriate communications materials to represent diverse communities of Tameside.
- We have equipped volunteers to conduct door to door leaflet drop of key services i.e. food bank donations and how to access support services during COVID – 19. Our volunteers have also been set up, equipped and supported to conduct voluntary roles remotely from home where they are supporting projects with wellbeing calls.

Tackling Inequalities

- Through liaising with the leader of TMBC, we have initiated conversations around inputting in to the TMBC recovery plans and its implementation, exploring ways in which DMNW can support the inclusion, fairness and equitable provisions to meet the needs of its residents in Tameside.
- We are also working alongside Action Together to explore how to tackle inequalities as a VCSE collective, campaigning for change that will be woven into the fabric of the way both the public and VCSE organisations work.
- We have inputted into the GM Equality Alliance who have now produced a statement on the VCSE position to inform COVID-19 recovery plan across GM.

What were the challenges?

Organisational

- Health and mental wellbeing affected many of the staff at different points, mainly occurring from social Isolation, loneliness and the increase in flexible working where work/home life balance was blurred.
- Technological With the increased use of IT presented numerous challenges including unstable connections, increased costs of data to meet demands of operating virtual meetings. This combined, we found it had a negative impact on health not to mention slow connection to servers meant tasks took longer to complete. The team are now utilising phone calls where possible and video calls where relevant.
- Financial: During this period, we had a few of our current funded projects coming to an end. This presented another challenge of securing further funds at a time where funders ceased all grant funding or delayed deadlines / response to bids already submitted. AAs a result, longer term funding became scarce or difficult to find. Senior managers conducted a restructure of staffing to ensure all projects are covered, current needs are met, and staff are kept in employment. As a result, DMNW did not need to tap into the furlough scheme, managing to allocate funds to ensure the workforce is supported as much as possible.
- Labour intensive: This period was particularly challenging for senior managers to ensure the Charity was able to strategically transition the work of the Charity through the crisis as effectively and quickly as possible, changing the way we were working, redesigning services, communicating with funders, trustees, staff, setting up remote

working, addressing IT issues, ensuring financial stability whilst maintaining the day to day running of the Charity.

Service Delivery

- Many of our volunteers were not available to give time to support with local support services due to increased responsibilities at home including home schooling, cultural sensitivity when engaging in activities, privacy issues and lack of space available.
- Those that could volunteer, had to register several times to start to help the local community. Due to the nature of the rapid response that was required for volunteers to support the local initiatives and the people, in partnership with our partners, we decided not to wait for DBS checks and that it was not required for many roles, instead we ensured we received references to demonstrate good characters and utilise volunteers who were already registered with our partners. We developed guidance documents to assist volunteers and volunteer coordinators to support volunteers during these unforeseen circumstances.
- Signposting and referrals were particularly difficult as many services did not offer language support to help those who did not have English as their first language.
- Faith centres and local people struggled to know how to help as community centres shut down at the start of the pandemic in March 2020.
- The service users we engage with had very minimal English language capabilities, have lack of IT skills, have no access to IT equipment or some have no broadband / internet connection at home.
- Lack of privacy was a major issue when we tried to engage with women in crisis or within our online physical activities with both adults and young girls. As children and extended families lived within the same household and restrictions on the public to minimize outdoor activity and engagements, the lack of privacy or quite space was limited or non-existent. This provided much difficulties in engaging these women in meaningful conversations.

What did we learn?

Organisational: We learnt that;

- We are the only organisation working across the borough with all BAMER groups and still operating fully during this pandemic
- We needed to be included in conversations and platforms were key decisions are being made for the residents of Tameside and ensure EIA is inclusive of the residents it serves.
- The pandemic highlighted a need for a BAMER link worker role who can purely focus on barriers that exists within services to ensure they are inclusive and help to support people into the right services. This learning prompted DMNW to explore funding opportunities for this role.
- We found that staff were happy to remote work, however, long term working from home has caused poorer wellbeing and mental health from the increased period of isolation and, for some, loneliness. Soon enough, work / life balance and boundaries

blurred, where staff found it difficult to switch off from work demands. Weekly wellbeing lunch meetings has helped with staff isolation and loneliness. This also prompted the exploration of external clinical supervisions for staff.

- Mix model of conducting meetings were adopted via conference and telephone calls. This allowed for more engagement at meetings, reducing any travel time and project costs incurred, although prolonged engagement using technology impacted on poor health. Staff started to report difficulties in focusing, back pains, headaches and lack of motivation.

- The pandemic prompted a review and development of new policies. A working from home guide was produced to aid staff to work remotely, safely. We developed guidance's around using mobile phones usage for volunteer supporting on key projects. A lockdown exit strategy along with risk assessments have been produced and reviewed regularly by senior management team. We are currently undergoing review of our marketing strategy to ensure we are exploring all possible avenues to diversify our communication methods building in creative options. The Board of trustees have also reviewed the Charity's' Articles and amended to allow virtual meetings and increase autonomy for Chief Officers to conduct operational tasks in line with policies and strategies.

- Financial Planning was required on a regular basis, to ensure income and expenditures were on track, identify any gaps in funding, prioritising, seeking and securing funding.

- The pandemic has created capacity issues for both Chief Officers of managing competing demands of the Charity. This has prompted discussions by the senior management team on how the pressures of the work can be reduced to help with a better quality of a work / life balance and manage the demands on the Chief Officers time.

- Communication tools need to be diverse and not adopt a one size fits all approach. Working with local people, involving them in creating these messages will increase engagement and make it relevant and meaningful.

Service Delivery: We learnt that;

- People were happy that DMNW called to check on their wellbeing. People have been coping well at home, older children and fathers have actively supported younger children with homework with support from teachers via video.

- Although our recent online zoom volunteer forum worked well to bring people from different areas together and increased participation, virtual technology and communication via this method only works with those who are digitally engaged, excluding those who do not have the capabilities or resources to do so.

- People are very eager to come back out and engage in activities and training at DMNW. Currently people cannot engage as they are preoccupied at home with extended family responsibilities, home schooling and ensuring household is maintained. Many said they preferred face to face activities as they it gave them the opportunities to socialise, get out and enjoy themselves whilst learning and improving the health and wellbeing.

- Bereavement in these communities have had an impact on people's mental health and wellbeing. There are, again, limited provisions available to cater for this support which provides language support.
- The Indian Community in Ashton reported the difficulties in keeping in touch with family and friends in Care Homes due to the only culturally sensitive care home being situated in Leicester. With local groups ceasing to operate, this has had a negative impact on mental health and wellbeing, therefore, feeling further isolated and increasing loneliness in that community.
- The people we contacted directly, or were in contact with, all echoed the same story, they did not know where to go for any support service or where to find the correct information than what was offered in their own, immediate, networks i.e. in Ashton, the Indian Association provided hot meals to their service attendees but were unaware of the statutory offer.
- Access to services was a key theme that featured across our interaction with both residents and organisations. Examples include, inability to get help to get prescription through accessing local mutual aid groups, no language support offered through GP practices during the pandemic or any other health services for those who do not have English as their first language. Would this form part of the conclusions reached by PHE, whereby BAMER residents are 2 – 3 times more likely to die as a result of contracting the virus? That they cannot access help and support for underlying health issues due to lack of equitable access? GP's were telling patient with long term conditions to purchase medicines over the counter, this had a financial impact on households, this was echoed by both the Bangladeshi and Indian communities in Tameside.

Economical

- When speaking to partners, we also found that there was a lack of BAMER residents answering the calls to volunteering both at a local and at a national level. Reasons may include a lack of awareness or inaccessibility. However, when DMNW put a call through for people to help the residents of Hyde with the food offer and help to conduct wellbeing calls. We identified an influx of people that wanted to support their local community.
- We quickly found that the volunteer registration was very onerous as we tried to work with partners where volunteers had to register 3 times to 3 different organisations just to volunteer at a local food bank! We need a more shared approach to this to enable easier access to volunteer opportunities, streamlining and initiating a central volunteer process. Current processes are often are not accessible to those whose first language is not English.
- We are starting to see a rise in support services required for those who cannot access public funds due to their immigration status. Currently this is being supported by the local Councillor in Hyde, where she is directly contacting the MP, presenting cases and then supporting individuals and families access financial support. More needs to be done to enable better access to this via welfare rights, citizen advice and other advocacy services.

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- Statutory Services inability to cater for a diverse audience: TMBC Hotline, GP telephone appointments offered no language support, which gave rise to widening gap between services and BAMER residents.

Conclusion

During the global pandemic, the Charity has been able to demonstrate its agility and ability to respond to the crisis. Our strong relationships and collaborations with our partners, commissioners and funders enabled the quick transition to remote delivery and addressing the current emergency needs of the local communities we are working with.

There is a huge need for targeted support for BAMER residents, not just locally, but nationally. Particularly focusing on language support within support service to enable easier and equitable access and upskilling the economy with IT skills and resources to further assist in engaging with society as we are increasingly learning this pandemic is unlikely to go away anytime soon. More creative ways need to be explored to engage those who are still unable to engage in society due to the barriers and challenges they face.

Although online tools are being heavily invested in and used to stay in touch with service users, it falls short of meeting the needs of those who are digitally excluded and face additional barriers of language, lack of equipment, minimal finances. This means they will require a more targeted, tailored one to one support to help them to engage. One of the main attractions in engaging with DMWN activities is the social factor and having an environment where it is culturally sensitive and safe for them to interact, learn from each other, build confidence and have fun.

This learning has highlighted emerging needs in the communities, particularly for BAMER residents. More work needs to be done with statutory service providers, highlighting the importance of DMNW involvement in key decision-making platforms to enable the voices of the local communities to be heard. This will be essential in the coming months as we adapt to the current way of living, when the nation slowly comes out of the pandemic and, if and when, it goes back into another lockdown.

Recommendations & Next Steps

Taking the learning from this report we will initiate a working action plan which will work to address the following:

- Input into TMBC re: recovery Plan & the Equality Impact Assessment and feedback into this ensuring inclusivity and equitability of all residents of Tameside are represented.
- Input into GM wide research on impact of COVID 19 on organisation and BAMER communities
- Liaising with the local CCG and Healthwatch Tameside re: no translation service offered by local GP Practice in Hyde, is this the same for all GP's?
- Exploring health and wellbeing measures to support DMNW staff working remotely
- Continue to explore funding to secure BAMER link worker role connecting people to services and vice versa. Priority funding will be reviewed by Chief officers and the SMT.
- Conduct a review of the staffing structure and the roles of the Chief Officers and prioritise areas of focus as we live through and beyond the COVID 19.

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- Take the learning and include in our own lockdown exit strategy and risk assessment for re-opening our activities to the public, ensuring health and safety of our staff, volunteers and service users are at the heart of it all and planning for the new normal!
- Develop own Risk assessments for opening our centre to staff and the public and review weekly by the SMT.
- Work with key partners to explore how to enable and empower BAMER people to access strategic roles and opportunities, highlighting the gaps within organisations and the lack of diversity that exists in key strategic decision-making platforms, and advocate for more accessible pathways addressing inequalities and equity and widen their diversity to represent the community they serve, ultimately creating sustainable change.
- Advocate for longer term investment for voluntary sector groups
- Develop a bespoke support service offer for local BAMER residents to get help and support to access emergency services during the COVID-19 pandemic and as we enter a new phase of building up our services to meet the diverse needs.
- Continue to work with local Councillors to gather localised data and emerging needs of the local communities.