



Community Consultation Report 2022

BAMER Women's Training, Learning & Employment

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Diversity Matters North West Ltd (DMNW), is a local charity based in Hyde exists to improve the health, wellbeing, skills, and community spirit of local people.

COVID-19 & Ethnic Minority Communities

The disproportionate impact of the Covid-19 pandemic on ethnic minority communities has been well documented. In addition to creating new challenges and barriers, the Covid-19 has exacerbated staggering pre-existing inequalities faced by ethnic minority communities.

Impact of Covid-19 on the General Health of Ethnic Minority Communities:

A report published by Public Health England showed that death rates were highest among ethnic minority persons and persons living in areas of higher deprivation, while for people of Bangladeshi ethnicity the risk of death was double that of people of white British ethnicity. The report also found that people of Chinese, Pakistani, Indian, other Asian, Caribbean, and other ethnicities had a 10-15% greater risk of death than white British people (as reported in the International Journal for Equity in Health). In addition to this, both an independent inquiry into inequalities in health by the Department of Health and Social Care and the Commission on Race and Ethnic Disparities found that many people from ethnic minority backgrounds experience high levels of poverty, as well as a correlation between levels of deprivation and ill health experienced by minority ethnic groups.

Impact of Covid-19 on Employability & Training Opportunities for Ethnic Minority Women:

The disparities experienced by ethnic minority communities is exacerbated further when focusing specifically on the reality for ethnic minority women, particularly in relation to employment and training opportunities.

Before: These disparities pre-date the Covid-19 pandemic:

As early as 2015, the Casey Review found that 57.2% of Pakistani and Bangladeshi women were inactive in the labour market compared to 25.2% of White women and 38.5% of all ethnic minority women. The review also found unemployment rates for Pakistani and Bangladeshi women to be a staggering three times greater than that of White women, at 15% (compared to 4.5%). Furthermore, Public Health England found that those of ethnic minority backgrounds who are in employment, are more likely to be employed in jobs such as public transport driving, cleaning, caring and Band 5 nursing. None of which can be done remotely.

During: These disparities have been exacerbated by the Covid-19 pandemic:

Public Health England also found that “A total of 10,841 COVID-19 cases were identified in nurses, midwives and nursing associates, representing 1.9% of the health professionals who are registered with the Nursing and Midwifery Council (NMC). By ethnic group, this represents 3.9% of nurses, midwives and nursing associates of Asian ethnic groups, 3.1% of Other ethnic groups, 1.7% of White ethnic groups”. Compounding these inequalities, the Commission on Race and Ethnic Disparities (March 2021) found that “Pakistani and Bangladeshi people were overrepresented in the most deprived neighbourhoods in England: 31% or around 346,000 of the Pakistani population and 28% or around 113,000 of the Bangladeshi

population lived in the most deprived 10% of neighbourhoods in England. All the Black ethnic groups were also disproportionately likely to live in the most deprived neighbourhoods". Furthermore, the World Economic Forum reported that a) 'BAME migrants' were over three times more likely than their white non-migrant counterparts to have lost their job during the COVID-19 lockdown. While 10.1% of the former lost their job, only 3.3% of the latter did. And b) 'BAME' Britons were 40% less likely than white Britons to benefit from employee protection such as furloughing. The latter were 5.7 times more likely to experience furlough than job loss, compared to 2.2 times for the former. It is important to remember that this data from the World Economic Forum relates to both ethnic minority males and females in employment, the vast majority of whom are male, and that the scope of this alarming data does not include unemployed ethnic minority women.

Lockdown, unemployment, the closing of services such as schools and childcare has exacerbated the barrier of childcare and extended family responsibilities, particularly for those living in multigenerational households, as is more common for ethnic minority families. Low confidence has been exacerbated by isolation, the lack of access to support services and training such as ESOL training and community support groups due to these services either closing or being delivered online.

'After': Present (post government restrictions): the lasting impact of the Covid-19 pandemic on ethnic minority communities:

During the last community consultation (December 2020), ethnic minority communities were dealing with the challenges presented by Covid-19 and Covid-19 restrictions, however during the period of this community consultation (to present) the community is dealing with post Covid-19 restrictions. As always, DMNW is constantly listening to, and assessing the needs of, local ethnic minority communities in Tameside, with the focus now on rebuilding from the devastation left by the Covid-19 pandemic and picking up the pieces for some of the most vulnerable and worst hit communities. Vital pieces of work, such as this community consultation, enable DMNW to address the needs of the community as expressed by community members themselves.

Re-designing & Online Engagements:

The general focus for this year has been how to address the needs of the community post Covid-19 restrictions. The pandemic has exacerbated many inequalities already experienced by ethnic minority communities. In order to support the community to the best of its ability, DMNW embraced online delivery and as the year progressed offered a blended delivery of services across the organisation to ensure its services are as accessible as possible.

- Blended offer: Initially, DMNW had to adapt rapidly to provide its services exclusively online when in person delivery was not permitted. More recently, DMNW has had to adapt again to offer the blended delivery of its services. As a result of this, DMNW has been able to continue to support the community, mostly ethnic minority women, to access one-to-one employment support (Learning Hub), support in accessing online platforms (Zoom Beginner support), training (ESOL), and by developing new access support services as identified from the last community consultation (December 2020).
- Similarly to community consultations, DMNW has found that focus groups are an effective way to get feedback from the community and therefore to ensure

we are meeting the needs of the community. For the first time, DMNW has delivered Focus Groups online. It was found that this platform provided benefits, for instance a more holistic and accurate picture of the needs of the wider ethnic minority community, whereas when previously delivered in person, it was found that many community members were not willing to travel far. This meant DMNW would sometimes only get the views and needs of a specific community from a specific area and not those of other communities in other areas.

- DMNW redesigned its offer to support in accessing online platforms, such as one-to-one Zoom Beginner classes, which also included Whatsapp support. This was not merely a 'means to an end' to access a specific DMNW session - being able to access online platforms has facilitated access to a vast range of online services. So, although a secondary benefit as a response to online delivery, this is in itself a core skill with which DMNW has upskilled its community and broken-down barriers in accessing services.
- In alignment with the above in breaking barriers to access, DMNW has worked collaboratively with PCRefurb to provide the devices needed to access online.
- Despite transitioning to the online delivery, DMNW still managed to work collaboratively with partners, for example PCRefurb (see above) and the delivery of ESOL online in collaboration with Tameside Adult and Community Education, Workers' Educational Association and Community Revival, in addition to maintaining partnerships with organisations and community groups such as Jigsaw, British Muslim Heritage Centre, Deepak Drishti, Pathfinder, Tameside & Glossop CCG and TMBC.
- As part of the re-design of initiatives to meet the immediate needs of the community, DMNW BAMER Link Worker has collaborated extensively with TMBC and other organisations to ensure the views of the ethnic minority community are represented and to ensure key government and health messages are disseminated and made accessible to ethnic minority communities.
- This collaboration has included meetings with: CCG Public Health England, IRG Reference Group, local Mosques, Diversity Network, IAG and TMBC.
- **Diversity Network meeting:** As a result of DMNW research conducted in Tameside during the COVID pandemic and its impact on minority residents, this network was set up in partnership with a local infrastructure organisation to address the findings and recommendations. DMNW has been involved in these meetings, leading on advocating for changes for greater equity of access to services. The organisation has since worked with the local CCG's to engage with the GP services to advocate for increased accessibility to such services through the provision of translated information, visual aids and cultural awareness training for receptionists/front-of-house staff. For example, during the pandemic, instructions about how to contact your GP were only supplied in English in many cases, including by GP surgeries who have a highly diverse patient community.
- Staff on this project have also worked collaboratively with TMBC extensively:

- Member of TMBC COVID 19 Community Champions: attended monthly sessions to discuss how to reach out and cascade information into the minority ethnic communities, in addition to providing bilingual support in the form of bilingual promo material via IG & Whatsapp groups. In recognition of its input, DMNW was approached by TMBC to further support cascading key messages going forwards re: self-isolation and supporting people coming through the main humanitarian hub.
- TMBC Barriers to Accessing Information: Consultation & Report DMNW led on this area of work, including developing a questionnaire and engagement plan. The aim was to establish exactly what barriers were present in decreasing the community's access to important information. This involved hosting a Partnership Engagement Network workshop and presenting the findings of this consultation to an Inequalities Reference Group meeting. As a result of its involvement with TMBC, DMNW developed separate projects and increased opportunities for staff to facilitate this work.
- Further Involvement with TMBC: TMBC Tackling Inequalities:
- As a result of attending the following meetings with TMBC and in recognition of DMNW's achievements as part of its BAMER Women's Training, Learning & Employability project, TMBC funded DMNW to lead on the community consultation and finalise the report on barriers to accessing information, as outlined above.
- TMBC Recovery Planning: DMNW met regularly with TMBC to contribute to the TMBC recovery planning and implementation.
- TMBC Inequalities Referencing Group: DMNW attended these meetings leading on barriers to accessing information work.
- Vaccination Strategic Group: DMNW attended meetings with TMBC population health directors around the vaccination programme, ensuring equitable access and that the views of, and issues faced by the ethnic minority community are heard and considered.

Community Consultation:

This is the second yearly community consultation for this project to date. The aim of the consultation was not only to further explore how COVID 19 had impacted women from ethnic minority communities in Hyde, but also to explore the imminent needs and barriers to accessing services exacerbated by the pandemic as society transitions to post-pandemic life, with a particular focus on training, learning and employability. This included the type of training needed, identifying gaps in services and concerns around accessing employment and training support. A questionnaire was designed to help capture this information. This report highlights and summarises the key findings of this community consultation, how the COVID 19 continues to have an impact on them, and their learning journeys.

The findings of this consultation will provide DMNW and its partners with more insight into improving services through removing barriers to participation, provide a more holistic approach and allow DMNW to tailor the community offer to the imminent needs of the people, strengthen community relationships and enable DMNW to continue to advocate on their behalf.

Methodology:

The data of this community consultation was captured via questionnaire (see 'Appendix'). It was key for DMNW to diversify the methods used to distribute this questionnaire to ensure it would reach as many people as possible. This was particularly important during this period because it was found that many members of the community, particularly the target demographic, ethnic minority women, were reluctant to engage face-to-face due to the Covid-19 pandemic. This compounded pre-pandemic barriers to engaging ethnic minority communities. DMNW already knew from experience, working with marginalised communities who have multiple barriers to engagement, that questionnaires distributed via post or social media would yield a low response. DMNW diversified its engagement strategy to help eliminate barriers to participation such as language and lack of digital & IT literacy. Along with language support, provided by bilingual staff and volunteers, DMNW distributed this questionnaire via:

- Informal interviews conducted over the phone and face to face to existing DMNW service users.
- Circulation of the questionnaire via WhatsApp broadcast groups with bilingual voice messages, specifically in Bangla.
- Outdoor market stall outreach delivered to reach wider audience and target groups, specifically those that are not engaged with DMNW.
- Indoor venue outreach stalls were organised in areas where minority communities were present. This included local primary schools, cash and carry's and community groups across Tameside (Deepak Drishti, Newton Women's Group, Khushmdeed, Hindu temple Ashton, local mosques, Hyde Methodist Church, St. Georges Church Hyde).
- Focus groups: online and face to face.
- Engaged with community leaders and local faith centres (local mosques, Hindu temple Ashton, Hyde Methodist Church, St. Georges Church Hyde).
- Identified and targeted (non-DMNW) community groups already engaging the target demographic and distributing questionnaires for the lead volunteer or group leader to complete with their service users.
- Emailing questionnaire to volunteers, partners (Action Together, West African Development Group) and DMNW staff & volunteers.

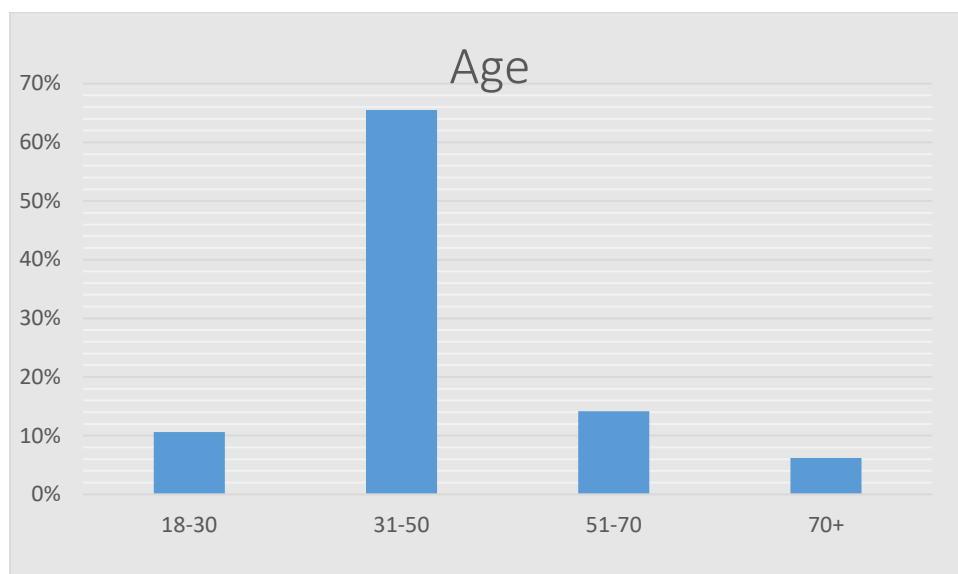
As a result of the above, plus the fact that DMNW were able to increase staffing due to the demand for this programme, DMNW engaged 113 ethnic minority women - nearly twice as many than the previous December 2020 community consultation (58).

Findings:

The consultation was completed by 113 women from a diverse range of backgrounds. The findings below have been extracted from these completed questionnaires, providing insight into the lasting impact of the Covid-19 pandemic on ethnic minority women in Tameside as we transition out of pandemic restrictions and back to a resemblance of pre-pandemic life, with a particular focus on training, learning and employability.

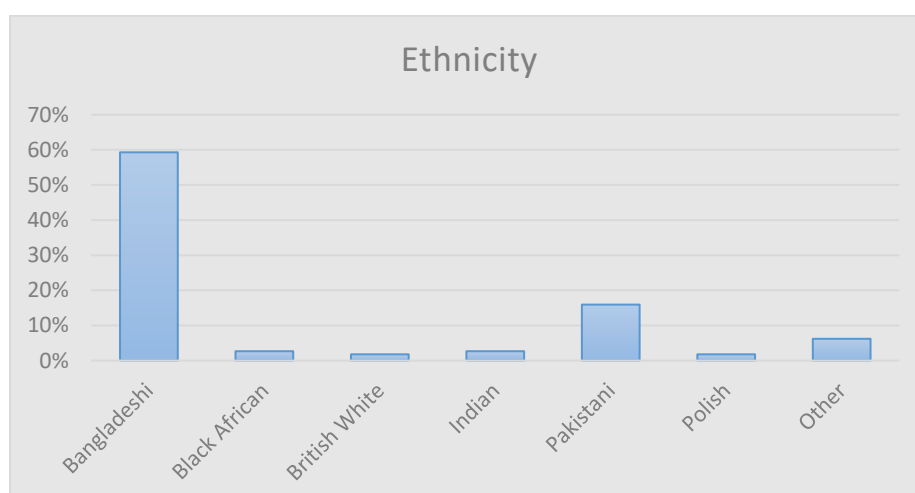
Demographic Data & Findings:

1. Age:

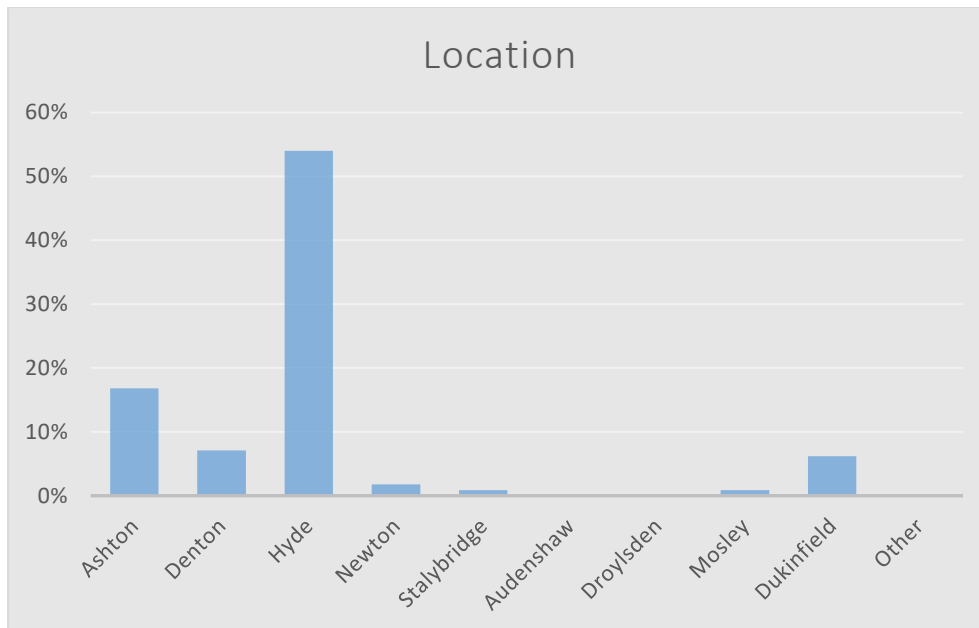


The largest age range for the consultation was 31–50 years at 65% and a further 14% of people were between the ages of 51-70, this is consistent with the wider work of DMNW. The third largest group was 18 – 30 years at 14%, this is a noticeable decrease from DMNW December 2020 community consultation in which 21 – 30 years accounted for 22% of participants. The 14% recorded in this community consultation is more in line with DMNW pre-pandemic engagement. This could indicate that, although DMNW saw an increase in younger people in December 2020 due to the substantial impact of the pandemic on young people in relation to employment and learning opportunities, younger people have been able to recover at a faster rate, whereas older people (i.e. 31-50 years) have struggled to recover and require DMNW services to support them through this transition period.

2. Ethnicity:



3. Location:



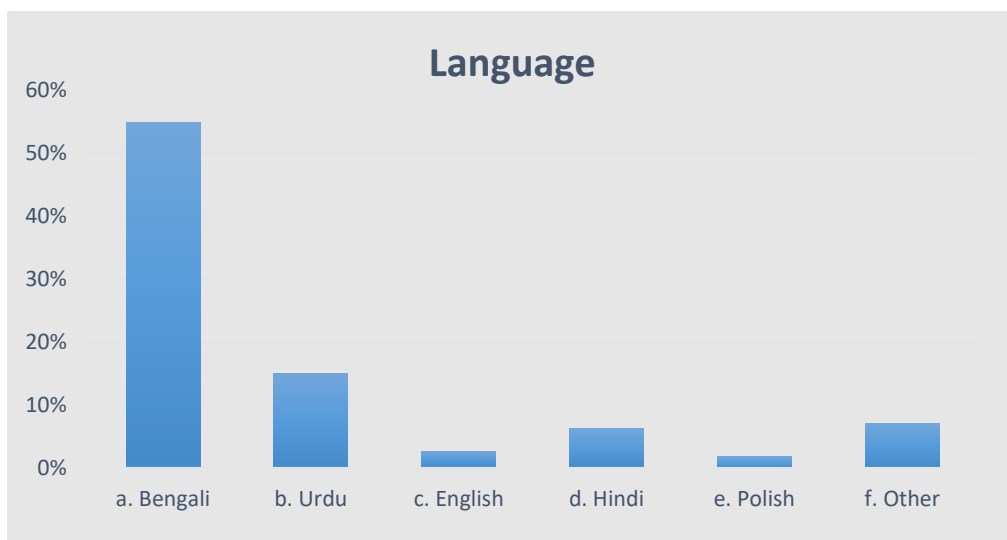
The largest ethnic group engaged was Bangladeshi representing 59% of the participants in the consultation (see 2). This is representative of the % of ethnic minority population residing in Hyde. The next most engaged ethnic group was Pakistani at 16%. The vast majority of those engaged resided in Hyde (54%), followed by Ashton at 17%, Denton 7% and Dukinfield 6% (see 3).

The Commission on Race and Ethnic Disparities, published in March 2021, found that “people in the most deprived neighbourhoods tend to be disadvantaged across multiple aspects of life. Pakistani and Bangladeshi people were overrepresented in the most deprived neighbourhoods in England: 31% or around 346,000 of the Pakistani population and 28% or around 113,000 of the Bangladeshi population lived in the most deprived 10% of neighbourhoods in England. All the Black ethnic groups were also disproportionately likely to live in the most deprived neighbourhoods”.

In addition to this, of the 141 areas in Tameside, 11 of these fall within the most deprived 5% nationally and a further 18 fall within the most deprived 10% nationally. In total, 13.4% of Tameside residents live in income-deprived households.¹

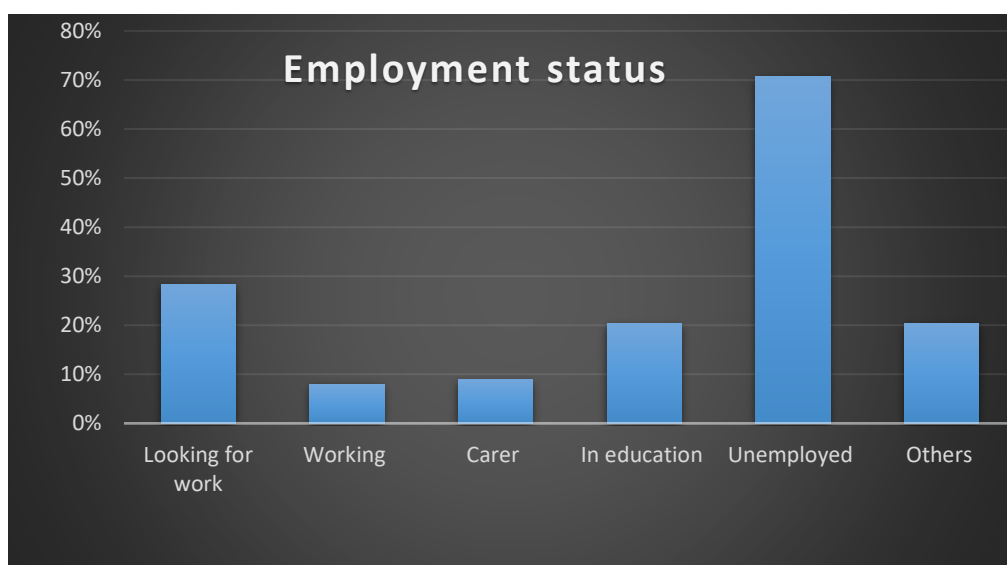
4. Language:

¹ www.tameside.gov.uk



In alignment with the above demographic data, the most spoken language as the first language of those engaged was Bengali at 55%, followed by Urdu at 15% and Hindi at 6%. This data shows the importance of DMNW bilingual outreach, including bilingual staff and volunteers from the community, bilingual voice notes and video promotion, especially when considering that over half of respondents reported that a lack of English skills was a barrier to progressing in their career (51% - see 'Barriers to Progressing in Career').

5. *Employment Status:*



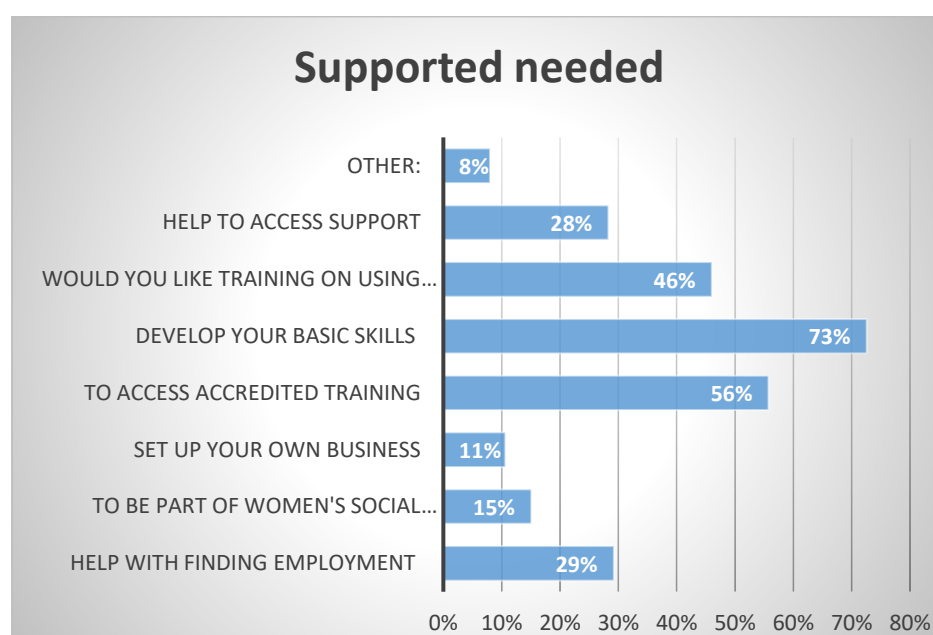
Reflecting the devastating impact the Covid-19 pandemic has had on employment rates, 71% of participants were classified as unemployed, compared to 28% from DMNW's last community consultation (December 2020). 28% were looking for work, while only 8% of those engaged were currently employed in work, the majority of whom are striving to seek higher paid jobs, jobs that suited their skills set, permanent jobs, increased hours and better working conditions.

Low employment rates of Bangladeshi and Pakistani women have been documented pre-pandemic, for instance by the Casey Review (2015), which found that economic

inactivity levels remain unusually high among women of Pakistani and Bangladeshi ethnicity – 57.2% are inactive in the labour market compared with 25.2% of White women and 38.5% of all ethnic minority women. The review also found that women of Pakistani and Bangladeshi ethnicity have an unemployment rate of 15%, more than three times the rate for White women (4.6%). This inequality in employment rates has been exacerbated by the Covid-19 pandemic, which is reflected in this community consultation with only 8% of participants in employment.

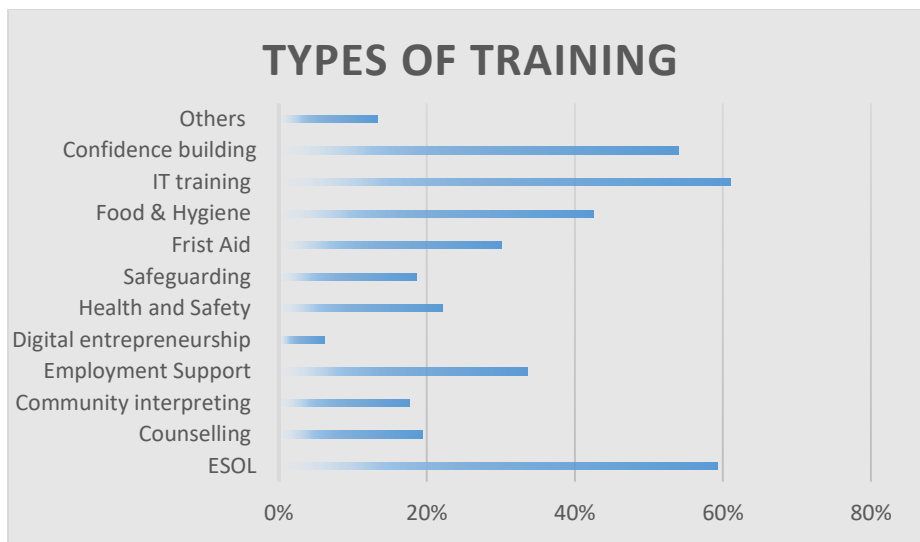
‘Others’ (20%) included some participants looking for studying opportunities, some identified as ‘housewife’, childcare commitments and self-employed.

6. Support needed:



73% of women told us they needed help and the opportunities to develop their basic skills. This is a substantial increase from DMNW December 2020 consultation at 53%. This is reflective of a loss of confidence due to increases in unemployment rates, lack of training opportunities such as ESOL and lack of accessibility to online platforms to access training and support, due to the Covid-19 pandemic. These findings are also supported by the fact that the next most in demand support needed was access to accredited training (56%) and training in using basic technology and accessing online platforms (46% - ‘would you like training on accessing online apps e.g. Zoom...’). Digital poverty and a lack of digital literacy has been a substantial barrier to accessing services. Digital poverty and a lack of digital literacy also disproportionately impact those living deprived areas, such as Tameside (see below). Help to access support and finding employment were the next most in demand support at 29% and 28%.

7. Types of Training:



When asked what types of training are needed, 61% said IT training, closely followed by ESOL at 59% and confidence building at 54%.

TMBC 'Barrier to Accessing Information 2021' report found that 50% of those engaged reported that a lack of access to digital devices and internet was the main barrier to accessing employment, training and support. Furthermore, TMBC Digital Inclusion Report highlighted that women, disabled people, people from Bangladeshi & Pakistani ethnic backgrounds, and people who are economically inactive are all more likely than other groups to be digitally excluded. The report also highlighted that digital exclusion was closely linked to income where "only 51% of households earning between £6,000-£10,000 have home internet access, compared to 99% of households earning over £40,001".

ESOL was the second most in demand training. This is in alignment with the fact that only 3% of participants reported English as their first language.

As early as 2015, the Casey Review reported that "In relation to integration and economic success, one factor that stands out strongly as a barrier to progress is proficiency in English... Lack of English skills presents a clear barrier to social and economic mobility" and that "by ethnicity, Bangladeshi and Pakistani ethnic groups have the highest proportions of people aged 16 or over with poor English language proficiency – with 62,367 (21.9%) of the Bangladeshi ethnic population and 109,687 (18.9%) of the Pakistani ethnic population not speaking English well or at all".

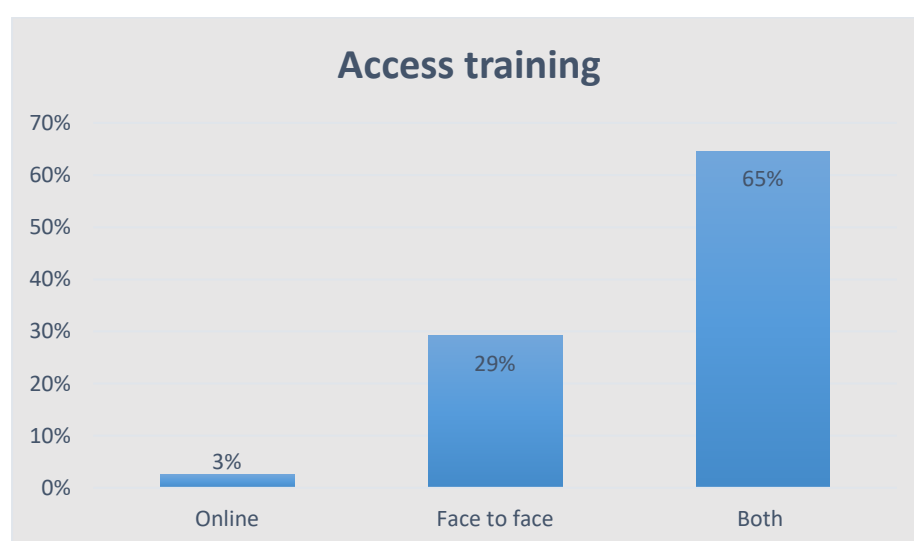
Around the same time of this review the ESOL budget was halved. This has had a massive impact in Tameside where local colleges pulled funding for conversational English learning provisions. Since then, investment in Hyde, where the majority of the ethnic minority population is of Bangladeshi heritage, has very little provisions for learning opportunities that are culturally sensitive and accessible to cater for the increasing demand.

Through 2020-2021, DMNW waiting list for those seeking ESOL training grew at a substantial rate, as the delivery of ESOL training temporarily stopped due to the Covid-19 pandemic. In response to this, DMNW delivered cohorts of online ESOL training in collaboration with TACE & WEA. DMNW also delivered Basic ESOL

training internally to meet this high demand and to eliminate barriers to accessing external providers, such as registering and assessment requirements.

The third type of training most in demand was confidence building. All of the above issues, exacerbated by the Covid-19 pandemic, have negatively impacted the confidence of ethnic minority women in accessing employment and training opportunities. Low confidence has been exacerbated by the lack of access to support services such as ESOL training and community support groups due to these services becoming less accessible by either closing or being delivered online.

8. Access training:

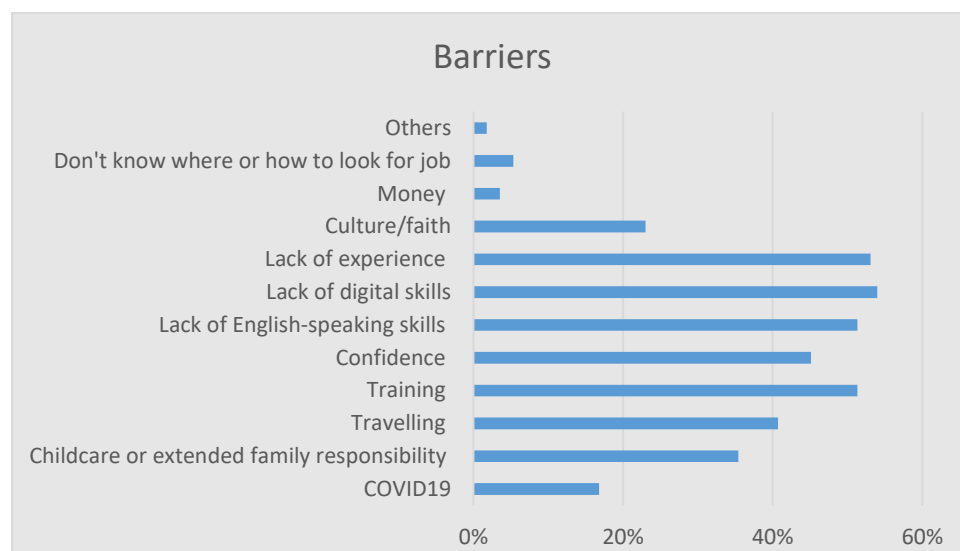


When asked 'how would you like to access training?' 65% of respondents stated a preference for a blended offer of both face-to-face and online delivery of training.

As an organisation, DMNW has seen a mixed response to online delivery, revealing the pros and cons of both face-to-face and online delivery. For some service users, online delivery results in a more accessible service. Online delivery can offer more flexibility in terms of location and timings, which aids in eroding barriers to access outlined in this report, such as childcare responsibilities (this includes limited timings to accommodate school drop-off and pick-up times and location due to a lack of creche and childcare services for example), travel, lack of confidence to go out into the community (this includes lack of confidence due to lack of English skills and due to the fear of Covid-19, due to the disproportionate impact this has had on ethnic minority communities). It is also important to consider that many of the barriers that have been exacerbated by Covid-19 pandemic existed before the Covid-19 pandemic for the ethnic minority community. From this context, the Covid-19 pandemic forced us, as a society, to reconsider and redesign how we all connect and access services (i.e. online), and in doing so facilitated access to services for those who were already isolated from accessing these services regardless of the Covid-19 pandemic.

However, the transition to online delivery due to the Covid-19 pandemic did also create substantial barriers to accessing services. Online delivery is less accessible for some service users due to a lack of skills in using online platforms, such as Zoom, and due to living conditions such as multigenerational households (another disproportionate impact on ethnic minority families), resulting in a lack of space and privacy.

9. *Barriers to progressing in career:*



54% responded that a lack of digital skills is a barrier to career progression. This barrier has clearly been exaggerated by the Covid-19 pandemic, as most services have been delivered online. As outlined in this report (see section 7), lack of digital skills disproportionately impacts Bangladeshi & Pakistani Women and those residing in deprived areas.

53% of participants reported that lack of experience is another barrier. Participants said they had never, or hardly ever, been employed and therefore had little to no experience in employment. This is reflected in the fact that 51% reported training (or lack of) as a barrier to career progression. This shows that the majority of participants believe they need training and upskilling to progress their career and employment opportunities due to a lack of experience in employment. A large proportion of participants said that they had never been employed before or had very limited experience of employment and therefore did not know what type of employment, work environment, or sector they wanted to progress into or would suit their skillset.

41% reported travel as a barrier. The lack of confidence and the 'know how' of using public transport, put them off in the past from taking any learning opportunities beyond their hometown. This barrier has been exacerbated by the lack of opportunities to use public transport during the pandemic and therefore confidence in using these services. It is important to realise that it is not uncommon for some ethnic minority women to have not travelled to another town without their family members or to have used public transport before. Despite the majority of the respondents reporting in DMNW December 2020 consultation that once the pandemic is over, and they can re-engage in face-to-face activities, they were willing

to travel to seek employment readiness support, half of the participants in this community consultation said they would not be willing to travel locally (within Hyde and Ashton) to access training opportunities, while 65% said they would not be willing to travel locally (within Hyde and Ashton) to access activities.

This is one contributing factor to/a result of another barrier: lack of confidence, which was reported to be a barrier by 45% of participants. Confidence is multifaceted and an accumulation of other barriers, including lack of confidence in transport, English skills, employment in general due to a lack of employment experience, lack of confidence in services due to negative experiences. This is a clear example of how a barrier faced by ethnic minority women is compounded by / compounds others.

51% reported that a lack of English-speaking skills was a barrier for them. This is reflected in the popular demand for ESOL training facilitated by DMNW. Throughout the pandemic, DMNW waiting list continued to grow significantly, so DMNW started to deliver basic ESOL in-house to a) meet the increasing demand and b) eliminate barriers to accessing external providers, such as registration process and assessments. BAMER Women's Training, Learning & Employability project is DMNW's most in demand service, of which most service users undertake ESOL training. This also highlighted that they were already at a disadvantage, as they could not identify the opportunities available, the information just did not get to them, so they missed out or were not able to seek the help and support they required. Often services were not equipped with the right support for them in relation to language support, culturally sensitivity and showed very little compassion. This often led to people not re-engaging, leaving a negative experience and a lack of trust with statutory services. Language barrier was a huge area of concern for many women, even if it was not a barrier for them, they knew many other women faced this challenge and therefore, result in inability to access opportunities, activities, services.

Over a third of respondents (35%) reported that childcare or extended family responsibilities are a barrier in accessing services and career progression. This barrier has been exacerbated by the Covid-19 pandemic. This presented barriers in accessing services online, due to lack of time, space and privacy due to increased family responsibilities, especially when living in multigenerational households.

As an organisation, DMNW has found this to be a barrier when delivering services face-to-face also. For example, DMNW has been unable to provide creche facilities due the provider cancelling as they were unable to meet the staffing requirements due to the pandemic. Without this, people were unable to engage in activities. Much of the feedback DMNW received was that people had childcare responsibilities and if there were no creche facilities they could not engage, even if they wanted to. Covid-19 created an increase in demand for creche and childcare services, however these services were simultaneously unavailable due to the Covid-19 pandemic (staff shortages etc).

The impact of family responsibilities of ethnic minority women on both online and face-to-face delivery was perpetuated by the pandemic. This increase in childcare responsibilities predominantly fell to the women of ethnic minority families. This delegation of domestic responsibilities is reflective of longstanding cultural beliefs:

Nearly a quarter of participants (23%) reported that culture/faith is a barrier to accessing employment and career progression. Traditionally, the male figures in the household are the 'bread winners', so a higher priority is given to them to stay in employment whilst domestic responsibilities, such as caring for dependents, often falls to the females.

Limitations:

It is important to note that this consultation has had its limitations.

These include:

- The majority of people who completed this consultation were existing service users of DMNW. The aim of the community consultation is to reach non-service users, as well as DMNW service users, to ensure a holistic and accurate representation of ethnic minority women is achieved. DMNW will strive to engage more non-service users in the future.
- The majority of people who completed the consultation were of Bangladeshi origin (although DMNW did target this group). Going forwards, DMNW would like to expand this consultation to other women from diverse ethnic backgrounds to input into this report.
- The majority of participants reside in Hyde (54%), followed by Ashton at 17%, Denton 7% and Dukinfield 6%. There is a significant difference between the first and second most engaged areas of residence of service users (54% > 17%). DMNW is a Tameside-wide organisation, DMNW would like to increase the engagement of this consultation to ethnic minority women residing in other areas of Tameside to input into this report.
- Some respondents did not complete all questions.
- Outreach: Engaging with people during outreach, e.g. marketplace stall, was particularly challenging as people were hesitant to engage face-to-face for the reasons outlined throughout this report.
- The questionnaire itself had 13 questions which included open, closed and multiple choice questions. Interpreting the questionnaire to residents on a one-to-one basis, particularly to those who required language support, was time consuming which significantly increased the time required to complete each questionnaire. In addition to this, DMNW needed to gather this intelligence as quickly as possible to enable it to implement these findings as soon as possible. Ultimately, DMNW could not reach as many people as it would have liked, although DMNW does recognise the fact that nearly twice as many participants (113) than DMNW December 2020 community consultation (58) were engaged is an achievement.
- Misunderstanding of questions, due to possible inconsistencies in translation, understanding, question delivery and presentation as multiple individuals (DMNW staff & volunteers) carried out these questionnaires.
- Age ranges: in future DMNW will decrease the age range options to 9 years (e.g. 21-30, 31-40, 41-50) from 19 years (as in this consultation, 31-50, 51-70) to achieve more detailed age demographic data.

Conclusion:

The barriers to accessing employment and training experienced by ethnic minority women are multifaceted, complex, and often compound each other. Although

communities are no longer subject to government restrictions, such as lockdowns and social distancing, they are still not only dealing with the impact of the Covid-19 pandemic, but with the new challenges which have arisen in post-pandemic society, including a lack of confidence, lack of job & training opportunities and changes in the labour market (including the increased necessity of digital skills) to name a few.

Pre-pandemic, ethnic minority women were already disproportionately disadvantaged in accessing employment and training opportunities. It is clear from the findings of this consultation that these inequities have been exacerbated by the Covid-19 pandemic and there remains a vast chasm in opportunities to accessing employment and training opportunities.

The impact of the Covid-19 pandemic is reflected in the demand of the types of training needed, the top three being IT, ESOL and Confidence Building. The high demand for IT reflects the fact that most services and opportunities have been delivered online and the fact that basic IT/Digital skills have become a core requirement in accessing training and employment. ESOL continues to be in high demand, this has only increased as this training has become less accessible due to the lack of provision and online delivery during the pandemic. This has been reflected in the large and ever growing waiting list DMNW accumulated before delivering this training online in collaboration with partners and internally to mitigate barriers to accessing this training such as registration and assessments.

The fact that the demand in training from the community reflects the impact of the Covid-19 pandemic is testament to a group who are keen to access training and employment opportunities. Despite these inequities, the demand and desire for employment and training from ethnic minority women is clear. Others also reported verbally that they would like to have training in Food Hygiene, First Aid and Health & Safety.

Although there is a lack of confidence and there will likely be ethnic minority women who are understandably demotivated by these barriers, this consultation shows that this is not an issue of demand - there is demand for language appropriate and culturally sensitive training and employment. This is an issue with supply. There is a gap in services providing such opportunities to meet the basic needs of ethnic minority women in the community.

DMNW has seen consistently high demand for BAMER Women's Training, Learning & Employability programme. Over the past 2 years DMNW has engaged 167 individual women - the total NLCF target for 3 years is 250, and this time period includes government lockdowns and other substantial restrictions. If equipped with appropriate training and upskilling opportunities, such as DMNW Zoom for Beginners, DMNW Learning Hub and DMNW one-to-one Employment Support for example, this group is willing to adjust to the labour market requirements i.e. digital skills. This is reflected not only in the demand for certain types of training as outlined above, but also in the change of attitudes to the online delivery of services. Online platforms were previously inaccessible to most DMNW service users, however this consultation found a significant increase in participants (65%) reporting they would now actually prefer a

blended delivery of services. Again, this shows the issue is in the supply of such services, not a lack of demand for such services.

10. Barriers to engagement:

a) English Skills

Lack of English skills remains a significant barrier to ethnic minority women. As with other types of training, there is a lack of related training suppliers who offer a language appropriate and culturally sensitive service. This is why it is crucial for DMNW to continue to collaborate with partner suppliers of ESOL training, making these services as accessible as possible. Despite DMNW collaborating with partner ESOL training suppliers, DMNW still found that in some cases, ethnic minority women were not able to meet the registration or pre-training assessment requirements. In response to this, DMNW provided Basic conversational ESOL training in-house, which highlights another gap in the provision of services for ethnic minority women.

In summary:

- Only 3% of participants reported English as a first language,
- ESOL training is the most in demand type of training with 59% of participants reporting a need for this,
- 51% of participants reported that a lack of English speaking skills is a barrier to career progression.

b) Travel

Half of the participants in this community consultation said they would not be willing to travel locally (within Hyde and Ashton) to access training opportunities, while 65% said they would not be willing to travel locally (within Hyde and Ashton) to access activities. This is also related to the barrier of confidence, as due to the pandemic people have not been able to access public transport and therefore build their confidence. In addition to this, a lack of English skills (as reported in this consultation) compounds this barrier, as this contributes to a lack of confidence in using public transport and therefore contributes to the barrier of travel.

In summary:

- 41% of participants reported travel as a barrier to career progression,
- 50% of participants are willing to travel locally (within Ashton & Hyde) to access training,
- 65% of participants are not willing to travel locally (within Ashton & Hyde) to access activities.

c) Digital Skills

Lack of digital skills is a major barrier for women of ethnic minority communities to gaining employment and accessing training. The necessity for fundamental digital & IT skills has been cemented by the Covid-19 pandemic, as the delivery of services and training shifted to online and many organisations continue a blended delivery of services due to changing trends. Therefore, a lack of digital skills can seriously impede access to employment and training. In summary:

- 46% reported needing support with digital skills,
- Digital skills training was identified as the most in demand type of training at 61%,
- Lack of digital skills was reported as the top barrier to career progression at 54%.

d) Training

Reflective of a loss of confidence due to increases in unemployment rates, lack of training opportunities such as ESOL and lack of accessibility to online platforms to access training and support due to the Covid-19 pandemic, this consultation reported a significant increase in the demand for support to develop basic skills from 53% (December 2020 consultation) to 73%. These findings are also supported by the fact that the next most in demand support was access to accredited training (56%) and training in using basic technology and accessing online platforms (46%). This barrier is also closely linked to the lack of experience, as participants felt they needed training to compensate for a lack of experience.

In summary:

- Training was the most in demand support required, reported by 73% of participants,
- Access to accredited training was the second most in demand support needed at 56%,
- Training in online platforms e.g. Zoom was the third most in demand support needed at 46%,
- 51% of participants reported (a lack of) training as a barrier to career progression.

e) Childcare & extended family responsibilities

Due to factors such as living in multigenerational households, the delegation of childcare and extended family responsibilities, the delegation of domestic responsibilities and the priority given to males to become employed as the 'bread winners', ethnic minority women are disproportionately impacted by childcare, extended family and domestic responsibilities in accessing employment and training. This has been exacerbated by the Covid-19 pandemic, due to the closing of childcare provisions, including nurseries and schools. This increase in responsibility has resulted in a lack of time, energy, space and privacy to access and engage with online services from home. In addition to this, when delivering services face to face, DMNW has not been able to provide creche facilities this year due to the creche

provider being directly impacted by the pandemic. As a result, some participants have told us they could therefore not access online or face to face services due to this barrier.

In summary:

- 35% (over a third) of participants reported childcare & extended family responsibilities as a barrier to career progression.

This barrier is closely related to Culture/Faith:

f) Culture / Faith

In summary:

- Nearly a quarter (23%) of participants reported culture/faith as a barrier to career progression.

g) Confidence & Experience

Lack of confidence & experience is a clear example of the how these barriers compound each other. For example, this barrier and accumulation of other barriers, including travel (lack of confidence in transport), English skills, employment in general due to a lack of employment experience, lack of confidence in services due to negative experiences.

In summary:

- 73% reported needing support to develop basic skills, this was the most in demand support required,
- Confidence building training was in high demand as 54% reported a need for this training,
- Lack of experience was the second most reported barrier to career progression at 53%,
- Confidence was reported to be a barrier to career progression by 45% of participants.

Recommendations and Next Steps:

Key themes that have been identified from the consultation process and what DMNW will do in response to these going forwards:

1. Digital skills: continue to upskill the community with digital skills through initiatives such as Zoom for Beginners, beginners IT course and weekly Learning Hub.
2. ESOL: to continue to meet the high demand for ESOL training. Not only will this increase accessibility to employment and training opportunities, but will also improve day-to-day life, such as communication with their child's school and communication with their GP for example. DMNW will continue to deliver ESOL training collaboratively with partner training providers, to ensure this service is as accessible as possible. DMNW will also work with partner training providers to facilitate in-house training.

3. Travel is a significant barrier, therefore ensuring services are delivered locally is a necessity. Continue to engage local partners and easily accessible locations in which to deliver services (e.g. Hyde Healthy Living Centre, Hyde Methodist Church, ASDA Hyde Training Room). In response to this, DMNW is aiming to bring back travel training in the third year of this programme.
4. Continue to work with partners: these barriers cannot be tackled by DMNW alone. It requires a coordinated multi-organisation response. DMNW will endeavour to be part of any strategic and planning committees going forwards (i.e. BAMER Link Worker's collaboration with TMBC and participation in local Learner Provider Networks to ensure the views and needs of ethnic minority communities are represented). In the meantime, DMNW will work with partner training providers in order to make these training services as accessible as possible to ethnic minority women.
5. Confidence Building: DMNW will endeavour to build the confidence of ethnic minority women. DMNW will achieve this by providing confidence building training and by utilising its access support workers to breakdown barriers to accessing services and engaging in social settings. This will be achieved by providing a safe and open space, collaborating with training providers to ensure training is as accessible as possible, and encourage initiatives such as conversational English to build their confidence through practice.
6. Accredited Learning: Food & Hygiene, First Aid and Safeguarding: there was a demand for these areas of training identified, in addition to the other types of training outlined in this report. DMNW does currently facilitate this training for ethnic minority women and will continue to do so as there is still a demand for this.
7. Employment: continue to improve confidence by providing employment workshops and one to one support, including how to look for a job, how to create a CV, how to prepare for an interview and even how to use a laptop in order to achieve the previous aims. DMNW will also aim to deliver training on self-employment as an alternative to employment. Due to the increased rates of unemployment that had been exacerbated by the pandemic, DMNW explored other avenues in which women from these communities could successfully gain income, outside of the traditional 9 – 5 job, which many reported finding difficult to gain and maintain given the challenges outlined in this report. DMNW consulted with women accessing the NLCF programme, to gain feedback on the idea of bringing back training and workshops on setting up their own businesses. It was found that there were many women who had already started a small business from home during the pandemic, while others had business ideas but needed help and guidance to take the next steps. DMNW did exactly this by working with partners in Oldham to bring in local training and a mentoring programme to support these women on their journeys to self-employment.
8. Blended offer: due to the increase in demand (65%) for a blended delivery of services (online and face to face) DMNW will explore the most effective blended offer in consultation with service users, reviewing the pros and cons of online and face to face delivery, and how this applies to each initiative.

9. Childcare responsibilities: DMNW will strive to provide creche facilities going forwards in order to mitigate the barrier of childcare to accessing services. In relation to services delivered online (online accredited training and a focus group), DMNW saw a drop in childcare support required and an increase in attendance. This indicates that delivering services online increases accessibility to these services for some women with childcare responsibilities (see section '8. *Access training*').

Appendix:

Questionnaire:



Questionnaire
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