Community Health Development
Pennine Care NHS Foundation Trust: Be Well Service Sub Contract
End of Year Report 2019 - 2020

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Chief Officer & Company Secretary | Diversity Matters North West

Contents

1.Introduction

Diversity Matters North West Ltd (DMNW) is a Charity and a company limited by guarantee. It exists to tackle health inequalities of the local residents. Its main objectives are to:

- Tackle issues that impact on people's health and wellbeing
- Provide targeted support for disadvantaged and excluded groups
- Promote improved community Cohesion

2. Background

DMNW have been operating a sub contract with Pennine Care to deliver targeted work across Black, African, Minority Ethnic and refugee (BAMER) communities in Tameside as an extension of Tameside's Be Well Service (BWS). The contract focuses on developing and operating a flexible, innovative BAMER Community Liaison Worker role (CLW) that is focussed on prevention and early intervention[1].

DMNW have been working with the BAMER communities of Tameside for over a decade, building positive relationships, trust and confidence through our community led approach. We work passionately with local people and organisations to engage with the most socially isolated people of Tameside, allowing us to identify gaps in local provisions and feeding this into neighbourhood and Greater Manchester wide strategies and policies. Our approach has enabled us to engage, empower, enable and increase participation levels of these marginalised groups, where many statutory services struggle to engage. In the last few years we are seeing a more ageing and diverse community evolving in Tameside where now more people are living in Tameside than ever, estimated to increase over 3% in the coming years. With the upcoming economic changes, services will need to adapt and become more agile in their service deliveries[2].

3. Tameside's BAMER Community

Tameside compromises of 19 Wards, 9 towns and 4 neighbourhoods[3]. Health in Tameside is still listed within the 20% most deprived areas in England[4] with a population estimated at 225,197. Tameside continues to see a growing ageing population where 70-74 years made up the largest age group, a 9% increase from 2016 – 2017[5]. Health outcomes and health inequalities continues to be lower than the England average where the largest cause of premature death is from cancer each year and where 1 in 4 children live in poverty stricken households[6].

According to the 2017 report from Public Health Tameside and ONS, 9% of the population are from BAMER backgrounds, equivalent to 19,895 people. Asian, Bangladesh, Pakistani ethnic backgrounds still make up 6.6% of the BAMER groups in Tameside and where the largest language spoken is Bengali[7]. Our own anecdotal information continues to see a steady rise in BAMER residents including EU nationals, refugees and asylum seekers coming into Tameside. In June 2017, 1,679 refugees and asylum seekers were registered, a rise from previous years[8]. Data from Serco

[1] Draft BWS SLA 2017
[2] Tameside JSNA 18/19
[3] JSNA 2018/19
[4] https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000008.html?area-name=tameside
[5] JSNA 2018/19
[6] https://www.lifeintamesideandglossop.org/ward/tameside-glossop/
[7] https://www.tameside.gov.uk/demographic-information
[8] JSNA 2018/19

estimated 580 refugees / asylum seekers residing in Tameside as of December 2018[9]. Despite the decrease in numbers, it is estimated that that there will be an overall 8% increase in the total ethnic population in Tameside between 2016-2045[10]. 18% of Tameside's BAMER resident reside in the North neighbourhood, mainly concentrated in Ashton Hurst, Ashton St Michaels, Ashton St Peters and Ashton Waterloo[11]. Although there is also a large concentration of BAMER residents in Hyde within the South neighbourhood.

A 2018 briefing by GMCVO's Ambition for ageing highlighted that people who are defined as having a minority ethnicity are often those most marginalised[12], living in the most deprived areas and those who as a result of inequalities in health, social and economic factors have an increased risk of social isolation and loneliness[13]. This is more prevalent amongst Pakistani and Bangladeshi communities where research has identified it being closely linked to later life, indicating possible bereavement related isolation and loneliness. We are also seeing 3rd generations of BAMER communities who are now not living within extended family households and where the elderly BAMER residents are living independently in their own homes or in care homes, often outside of Manchester due to the lack of locally, culturally sensitive provisions, indicating a cultural shift.

Evidence shows that BAMER communities have significantly poorer mental health outcomes and poorer experience of services. For some individuals, limited knowledge of available support and the ways to access it allows mental health problems to become more entrenched and difficult to cope with. The evidence also demonstrates that people from BAMER communities are less likely to seek help at an early stage of illness due to a combination of lack of knowledge, stigma, and poor experience of mental health services[14]. Physical activity levels remain a challenge for people from BAMER backgrounds, specifically those from a South Asian heritage[15] with fewer culturally sensitive, local, affordable and accessible provisions available.

4. Key Performance Indicators (KPI) 19 20

The wider work of DMNW has continued to add value to the work under the BWS contract, providing a pathway into the service. Often we found that when engaging with the BAMER residents, the wider social determinants impacted on their health and wellbeing substantially. By addressing these hardship needs, people were then able to progress on the next steps in improving their health and wellbeing. These determinants included (but were not limited to):

- Financial: We have been seeing a larger groups of EU migrants, refugees and asylum seekers come into Tameside, requiring support to apply for benefits to support their family settle in the area.
- Housing: We have come across individuals and families placed in unsuitable accommodation whether that was to do with poor housing, lack of space, housed in isolated areas – away from family and friend support networks.

[9] Action Togethers' refugees and asylum seeker network meeting notes 02.05.2019
[10] https://www.lifeintamesideandglossop.org/wp-content/uploads/2019/02/Tameside-and-Glossop-JSNA-population-demographics.pdf
[11] https://www.lifeintamesideandglossop.org/wp-content/uploads/2019/02/Tameside-and-Glossop-JSNA-population-demographics.pdf
[12] https://www.gmcvo.org.uk/system/files/publications/Briefing%20Note%20on%20Assets%20and%20Inequalities%20FINAL.pdf
[13] https://www.gmcvo.org.uk/system/files/publications/social_isolation_and_older_bame_people_in_gm-compressed.pdf
[14] Mental Health Providers Forum and Race Equality Foundation 2015
[15] Sport England Active Lives report, April 2019

- Education: We have seen newly arrived migrants in the area on spousal visas who are seeking to improve their English and complete ESOL training in order to apply for permanent residency.
- Mental health and wellbeing: We saw people who were new in the area and also who have recently been bereaved struggling with their mental health and wellbeing due to increased isolation, coupled with lack of English language skills and low confidence.

True to an asset based community development approach, the CLW found that many BAMER residents did not want to engage in one – to – one sessions as offered by the BWS, instead they were keen on group sessions where they were able to be supported by their peers, with language support and in an environment where they were comfortable and safe in attending or already attending. This meant, we were not fully engaging with residents to help improve their overall health and wellbeing. Listening to this feedback, the CLW worked with BWS trainer to help develop localised and culturally sensitive learning workshops on key health topics. These sessions were then supported by members of the community with language support, where needed or the BWS would fund an interpreter where there is a need. By offering this place based, targeted opportunity, people are able to make meaningful and informed decisions on whether they would want to access support services for further help, making for a more quality referral and engagement within services[16]. This further highlighted that the existence of informal local shared places plays a pivotal part in delivering key health messages to engage communities from diverse backgrounds[17]. Through this route we have engaged more individuals and impacted on their lifestyle choices, that is not currently reflected in the KPI's set for the sub contract.

Our internal session evaluations have highlighted wider engagement with diverse ethnic groups and age ranges, therefore reaching out to smaller pockets of communities and individuals who would not traditionally access or engage with services.

Given the challenges the Charity has faced this year, performance towards the KPI's have been consistent, although we fell short of reaching some of them. (See Table 1 below).

Table 1: Performance against KPI's

KPI's	Yrly Target	Actual Year
1. Number of referrals into Be Well Tameside service (CLW & CHC)	200	**179**
2. Number of people supported and/or referred / navigated to other service (CLW & CHC)	400	**467**
3. Number and variety of NEW initiatives tried and supported by the Be Well Tameside Service successful/ unsuccessful (CLW & CHC)	40	**37**
4. Number of community events and opportunities attended (CLW & CHC)	120	**109**

[16] https://www.gmcvo.org.uk/system/files/publications/Briefing%20Note%20on%20Assets%20and%20Inequalities%20FINAL.pdf
[17] GMCVO Ambition for ageing Report Social Infrastructure: How shared spaces make communities work

5. Case Studies/Focus Groups/Service User Feedback (CLW & CHC)	12	**13**
Reflective activity diary (highlighting breakdown of engagement activities and any case load work) (CLW & CHC)	-	**-**

4.1. Be Well Service Referrals

This year we have seen a slight drop in number of referrals into the BWS due to the reasons mentioned previously, the lowest in the last 3 years. Activities were planned for March however, had to be cancelled due to the current health pandemic. Additionally, we identified that one to one appointments did not suit everyone, hence the introduction of group workshops (Refer to Table 1).

88% of the referrals came from women, slightly higher than last year and 12% came from men, lower than previous year, rest did not state their gender. We continue to see ages range from 17-88years indicating continuous engagement with a wide range of people. The largest age group engaged remained at 31-50years (30%), lower than previous years. This was closely followed by 51-70years and over (30%), slightly higher than last year, then 41-50years at 23% and 14-30 at 14%, lower than last year's 24%. Others did not state their date of birth or age at the time of referring into the BWS.

48% of the referrals were from Hyde, Ashton 23% (consistent with previous years) and in line with the high percentage of BAMER residents in these areas. 8% of people were referred from Denton and the rest consisted of Stalybridge, Dukinfield, Hattersley, Carrbrook, Mottram, Failsworth, Gorton, Droylsden, Audenshaw, Delph and Oldham. We had 12% that did not state their full address. Some of the ethnic groups we have engaged this year, where it has been declared, consisted of Bangladeshi, Pakistani, Indian, Sri Lankan, Russian, Asian, Eritrean, Albanian, Syrian, Sudanese, Polynesian, Italian, African, Irish, White British. We are continuing to see self-referrals as a result of the BAMER community liaison workers' earlier and interventions. This, once again, highlights the continuous efforts made to ensure diversity of engagement amongst people from different areas, age groups, genders and ethnic backgrounds.

41% of clients referred reported they had long term health conditions, similar to last year's figures. With the evidence gathered from the previous years, around the number of people struggling or suffering from isolation and loneliness, DMNW engaged in a multiagency bid and successfully became a delivery partner on the Tameside Buddy project.

Once again, we saw clients referred into the BWS requiring multiple services. The services most in demand were healthy eating (74%), weight management (66%), and physical activity (51%) this figure has increased from last year's 31%, reason may possibly involve women only sessions at the local 'Active' centre being reduced. These figures have been consistent with the previous years.

6% of people wanted support with quitting smoking or chewing tobacco, a substantial drop from last year's 18%. This is to be expected as a lot of this engagement were done by volunteers, with the several changes in staffing this area of work has suffered as the momentum with volunteers could not be maintained through the transitions.

However, we have been able to pick this back up, just before the social distancing was implemented. Alcohol support was at 1%. Other support requested were around stress and sleep management, which seems to be an increasing trend in the last few years.

12% of the people referred into the BWS required language support, higher than last year's 7%, this was mainly for Bangla, Arabic, Russian. There seems to be an emerging trend between lack of locally accessible English learning provisions the need for language support as this year we saw the end of 3-year funding to deliver community based learning provisions. The correlation between the two may require further investigation.

4.2. General Signposting and Referrals

Of those that we were able to record and capture, 467 people were signposted / referred (a 32% increase from last year) to 768 services across Tameside including Audenshaw, Denton, Droylsden, Gee Cross, Hyde, Newton, Oldham, Stalybridge, Dukinfield and Hattersley, (a 42% increase from previous year). The diversity of people engaged included Polish, Albanian, Sudanese, Algerian Black African, Kurdish, Indian, Bangladeshi, Pakistani, Afghani, Spanish, Iranian and White British, few did not declare. The Bangladeshi community still represented the largest group engaged at 56%, predominately residing in Hyde and Ashton. 50% of signposting were due to conversations around isolation, this is a similar figure to previous years.

Majority of people we engaged identified themselves as females, same as previous years, with only 17% identifying themselves as males. The figure for men has continued to improve year on year. The largest age group we engaged were between 31– 40years at 42%, followed by 41-60years at 30% and under 30's at 17%, rest were 61years and over. These figures continue to remain consistent with previous years. The highest demand for services were for:

- Learning / education at 38%, consistent decrease from previous years. However, upon further enquiry a lot of the data for this was recorded under 'other services' so this figure will be inaccurate to actual demand.
- Local social groups and activities at 30%, this is double in comparison to the previous years.
- Physical Activities at 15%, consistent with last year

Rest were signposted to GP's, Job centres, National careers service, Healthy Minds, CAB, Libraries, Jigsaw Homes, community groups, Housing, TMBC, Homestart, Buddy project, lifeline and other training opportunities.

In addition, we conducted 101 actual referrals, which including handholding or completing referral forms, to:

- Food Bank: 20% a stark hike compared to last year's 6%
- Training & Learning opportunities: 35%, a 42% decrease in demand compared to last year. Possible indication that people are getting more familiar with local services, therefore, no longer require handholding.
- Mind Services: 8%
- Peer Mentor support: 4%, a 50% reduction compared to last year's 8%
- Rest of the referrals were to wider services including local social activities and professional services across Greater Manchester including immigration, job centre, CAB, libraries and Age UK.

The referrals were generated through attending and / or organising a multitude of different activities, events, workshops, community groups and training courses across the borough. This was only possible through wider DMNW team support and again, the increase of these referrals may be due to the fact that there was a lack of locally accessible services, therefore, people sought information on alternative help and support.

4.3. Initiatives supported and sustained

This year we have seen an increase in the number of asset – based and community led initiatives delivered in Tameside in order to engage wide range of people and organisations in order to deliver localised activities, training, consultations and workshops to develop awareness around key health messages. This included the following;

- Diversity Matters Event, Volunteer celebration event
- Niche tobacco & Shisha training
- Health & Wellbeing Workshops including Oxford park health walk, Ramadan health checks, eat well, healthy eating and sleep well workshops, Wellbeing awareness sessions and workshops, outreach events, taster days, Health matters event, shisha awareness, health checks, Cancer Awareness, welcome event for refugees and asylum seekers.

The KPI target set for this was not met due to the challenges encountered as mentioned previously. Additionally, initiatives were planned for March delivery, unfortunately had be cancelled due to the COVID-19 pandemic. Despite this we have been proactive in supporting existing initiatives and opportunities in the local area and referred people as appropriate. We have continued to focus on targeting key groups of people who are not engaging in the service, namely, men, young people, refugees and asylum seekers which has taken a lot of staff capacity. By working closely with key organisations supporting these groups it has allowed us to nurture relationships with refugees and asylum seekers across the borough.

4.4. Number of community events and opportunities attended

The CLW started to work more closely with the BWS community team and target attendance at these events, in addition, CLW focused more on developing initiatives with the local community in order to engage with a wider range of people and disseminate key health messages to the BAMER residents of Tameside. This approach has taken time and several meetings with lead volunteers and faith leaders, however, it has further strengthened community relationships as people felt they were being heard and their needs were being met which has resulted in a higher level of participation in activities. Where the number of BWS referrals have been low, a lot more people have engaged during these events, where the CLW has carried out wellbeing conversations with and who have taken information for the BWS away to discuss with family and friends and to consider direct referral into the service themselves. This anecdotal information is captured through our session evaluations.

5. *Service User Feedback*

Our case studies / feedback from people engaged throughout the work highlighted lack of awareness and knowledge of services and support available, this has been consistent over the past few years. Feedback from service users included:

"I didn't know about the free Be Well Service, I am happy to be referred"

(Neighbourhood community safety event), 23.06.19

"Never knew there was an eat well plate and how portion size matters and food labelling on the boxes"

(Eat well workshop), 16.05.19

"I didn't know this service existed, would love to join and get healthier" (Hyde Market Stall) 01.08.19

"I never knew I can use patch for myself to stop eating tobacco in my paan" (Niche tobacco event) 26.11.19.

***"**I always want my husband to stop smoking now I get the confidence to encourage him more because I know more details about the side effects." (Niche Tobacco Workshop) 28.11.19*

"I have more confidence & I feel more motivated to change my lifestyle for my own health".

(Health & wellbeing workshop) 23.01.20

"I always want to lose weight, I'm glad I found the service and I can get help"

(Women's sports club: Eat well Workshop: Hyde), 10.01.20


NHS Be Well case study NB Septembe


BW case study PMv2.docx


Shazana Case Study.doc

6. Other Projects

6.1 Volunteers

The project has engaged with 9 volunteers supporting the Niche Tobacco work, 3 outreach volunteers (including one male) supporting the project and the CLW with cascading key health messages in the BAMER communities through attendance at events, workshops, training and door to door outreach, ring rounds and word of mouth promotion in both Ashton and Hyde. This also included an element of language support.

6.2 Niche Tobacco (NT)

After discussion with BWS, it was apparent that stop smoking would be a key focal point for any future re-tendering of the BWS service, however it remained unclear as to what extent the work on NT would play.

Nevertheless, this has been a challenge to reignite this year with the changes in staffing affecting the progress in re-engaging the volunteers. Earlier in the year we managed to deliver a refresher training through the BWS, however, we were unable to maintain the momentum. After the third change in staffing we started to work closely with our own cancer project. As a result, we engaged 9 volunteers, CLW gave a refresher on the Niche Tobacco signs symptoms and the measures people can take to reduce the risk of developing mouth cancer. With a heightened appetite to share what they have learned and to help other people in their own communities, the volunteers were tasked with the leaflets and information to go in to their family and

friends circle to raise awareness of the harmful effects of chewing tobacco. A plan was put in place for these volunteers to support community based workshops in pairs with support of CLW, however, this had to be cancelled due to the health pandemic.

6.3 Case Loads (1:1)

We started off in the year with having 2 caseloads, both now have been successfully supported and referred to the BWS. 1 asylum seeker and 1 refugee. Both were who have now signed up to volunteer. Due to the introduction of the Tameside Buddy project, we were able to direct any further cases towards this for support in accessing social activities, reducing social isolation and loneliness.

6.4 Cancer Work

Anecdotal evidence gathered from previous years' work on the BWS and from conversations with the local communities during cancer workshops, highlighted a lack of culturally sensitive work being done within BAMER communities to raise awareness of cancer and encourage early take up screening. Conversations took place with Macmillan and we were able to secure some funding to address gaps in the service provision. The 12 months' pilot project aims to raise awareness of the signs and symptoms of cancer, tackling myths within BAMER communities and encourage early take up of screening.

6.5 Social Isolation and Loneliness

We spent the last few years collating anecdotal data on the prevalence of social isolation and loneliness in Tameside from conversations with local people. Over the course we identified that majority of these conversations we had were as a direct result of social isolation and or loneliness due to a variety of reasons, including where:

a) people had moved to the area recently and wanted to connect with other people,
b) individuals experienced bereavement wanted to come out again and start to live their life.
c) people leaving hospital care want to get the confidence to attend local social activities and or groups.

Using this evidence, we worked with local partners where we are now a delivery partner on the 12-month pilot of Tameside's Buddy Programme which started in April 2019 and since secured a further 6 months' extension. The current pandemic has resulted in an influx of referrals into this service, where capacity is quickly being drained. The service had to quickly respond to the current pandemic, social distancing measures and meet the new demand at the same time. Volunteers are now being set up from home, equipped with mobile handsets to carry out the buddying roles via wellbeing calls using virtual technologies or phone calls.

6.6 Supporting Health Campaigns

We have also supported national health campaigns including breast cancer, cancer, pre-diabetes events, Stoptober, and mental health events. These we done via attendance at events, holding stalls on the day, word of mouth, social media and hosting local community events to promote and raise awareness.

7. Key Challenges

Recruiting for short term contracts had impacted on quality of suitable applicants, however, the position was successfully filled. In addition, in March 2020 we saw the closure of the centre and our activities as a direct result of the global health pandemic of the COVID-19 virus. Both these factors have subsequently impacted on the activities of the project.

Tackling Cultural Sensitivities: CLW worked alongside a local mosque and organised a health check event. However, closer to the event date, it transpired that the health check team did not have enough male workers available on the day and had to provide had female workers to support. This raised some apprehension and tensions for the mosque, as they only wanted males to be present on the day of the event. With ongoing discussions between the CLW and mosque leaders, they eventually agreed to have female workers present. We have found this to be the case in general with all the mosques in Hyde. This maybe an opportunity for the BWS to engage with volunteers to support these sessions.

Client Support: This year we encountered several requests to support BWS client either before appointments, within appointments, and after to provide language support. This has since been fed in as the role of the CLW is not providing interpretation services but to support the access of the BWS from BAMER groups.

Engaging wider BAMER residents: Evidence from previous years, highlighted that more had to be done with reaching out to men, wider BAMER groups, younger people and refugees and asylum seekers. This formed the basis of our engagement work whilst still maintaining existing community links and relations. It was identified that Droyslden had the largest Back, African communities in Tameside so efforts were made to linking in with key individuals, groups and organisations. It quickly transpired, they were also struggling to link in with this client group. CLW then explored linking through local schools to see whether we could engage through this avenue, however, just as the contacts were being made, DMNW had to close its activities and services due to the outbreak of the COVID-19 virus.

Volunteers: Re engaging the Niche Tobacco volunteers has been challenging, due to the staff turnover and therefore, not providing any continuity. However, just as we started to regain some traction with this work, the centre had to shut down and activities ceased due to the COVID-19 pandemic.

8. Key Achievements

Where we have identified the need for specific services and or support that is not readily available in the local areas, we have been proactive to explore potential partnerships and funding to address the gaps in service provisions. This has led to:

- securing 12-month funding for a BAMER Cancer Awareness project in Tameside to tackle stigmas, myths and provide a bilingual, culturally sensitive environment to discuss key topics.
- initiated work with Active Communities Network to fund a small piece of work in engaging with BAMER young girls from Hyde in sports activities. This work started in summer last year with a community consultation and intelligence gathering to then a launch event in October and now, the successful delivery of a weekly girls' sports, fun club, engaging with up to 25 young girls at each

session. As with majority of DMNW's activities and services, this is on hold until social distancing measures are eased.

- becoming a delivery partner on the Tameside Buddy Project supporting, a volunteer led model to help tackle social isolation and loneliness.

Through the last few months, CLW recognised a need for more group interventions in educating BAMER residents on key health messages as people told us that they did not feel comfortable in one – to – one appointments and they much preferred a group session where they can access locally, in a venue that they are comfortable in and know well and also with likeminded people where they can discuss each topics and how it impacts on them and their communities with the language support. Equipped with this knowledge, the CLW worked alongside the BWS trainer to plan and deliver community based workshops in local venues. Volunteers happily supported with language needs where possible. This has intern met the needs of local people and has encouraged more quality referrals in the BWS where people felt they wanted more support.

9. Organisational Learning

Social Isolation & loneliness / bereavement: Throughout the years, we have monitored over a 50% consistent rise in numbers of individuals who are experiencing social isolation and loneliness within Tameside and where we recorded over 40% who had a long term health condition. Despite CLW referring in to the Tameside Buddy project, we are yet to see referrals coming through from other partners from the BAMER communities. More work needs to be done in cascading key information to communities who struggle to engage through traditional methods of publicity and communications. We continue to find that word of mouth is still the best way to get information to these individuals and that too through their own community leaders and volunteers.

Group Workshops: Through the initiatives we delivered and conversations that took place with people, we found that for many people, one to one appointments were not suitable as was the offer from the BWS. This meant, we were not fully supporting everyone to make informed lifestyle choices that can better their lives and that of their families. By working alongside, the BWS trainer, we were able to bring the learning locally to encourage greater participation and learning. After the first joint session, the staff noticed a bigger appetite for further workshops than to access the one to one as they told us they found it more engaging, fun and accessible. This has had a positive impact on strengthening relations with the BWS team and the local residents.

Physical Activity: We still continue to battle with the lack of locally accessible culturally sensitive physical activity provisions available in Tameside especially with the knowledge of the increasing demand year on year for help with weight management, healthy eating and physical activity from BAMER residents. The lack of culturally appropriate services has systematically lead to increased inactivity levels of the BAMER communities of Tameside. The setup of the women's sports club by DMNW proved highly popular, however, a long way away from meeting the demand. A meeting was scheduled in March to meet with Andy Dwyer, Head of Education and Sport at the new wellness centre opened in Denton, to input into the activities calendar, to enable increased participation in physical activities where there are culturally

appropriate provisions to meet the needs of the diverse communities of Tameside. However, as with other plans, this was put on hold due to the COVID -19 pandemic.

Community Engagement: From data gathered on the project, we continue to see efforts made towards further diversifying our reach to wider BAMER groups and residents in Tameside with regards to ethnicity, age, area as well as an influx of people and organisations starting to recognise 'DMNW' as to our previous name of 'Hyde Community Action'. We are still continuing to see larger proportion of people we have engaged with who are female and between the ages of 31-50years. We recognise more work needs to be directed to engaging with men, young people, refugees and asylum seekers therefore, we have started to develop activities surrounding this within the wider projects of DMNW.

With massive cuts to youth programmes across the borough there is a lack of activity to engage with this group. Although we have worked with key organisations to develop small scale activity, more needs to be done to meet the needs of BAMER young people in Tameside. We continue to advocate for placed based targeted interventions as we know ourselves that this works and is clearly evident from our previous work operating within BAMER communities. Longer term investment and a system wide change is required to truly make an impact on people and their lives as we know community development cannot happen overnight[18].

9. Forward Plans 20 21

With the current global health pandemic, organisations and communities are going through unprecedented times. This has already impacted on us re-shaping our services and activities and re-evaluating how we continue to cater for and work with the niche groups of individuals. The future remains unclear, as the UK slowly paves a roadmap out of the health crisis, we will no doubt see a sharp rise different needs and a different way of working for some time. We have already seen a hike in the need for food parcels as people go on to the governments furlough scheme and some losing their jobs, therefore, increase in poverty levels. In addition, our own internal projects have seen a stark rise in referrals from people who are suffering from loneliness, isolation, mental health and / or experiencing domestic abuse.

We now know from governments ONS figures that the virus has had a disproportionate impact on the BAMER communities where Black residents are 90% more likely to die from contracting the virus and where Bangladeshi and Pakistani residents are 60-80% more likely to die as result placing them firmly in a high risk category[19]. We can only speculate that the factors that may contribute to towards this includes higher prevalence of diabetes, blood pressure and heart diseases in these communities coupled with housing setup. BAMER residents have a longstanding cultural traditions of elderly residents living in extended family households, therefore will have very little space to self-isolate if anyone was to fall ill. With Tameside BAMER communities residing mainly of Pakistani and Bangladeshi residents, whatever the reality may look like as we slowly come out of the lockdown, staying focussed on the need to continue to diversify our engagement and reach out to these specific communities remains a top priority. This is highly crucial at a time where Ubele report on the impact of COVID-19 on the BAME communities report highlighted that 9 out of 10 BAME led micro and

[18] TMBC Living Well: A picture of Physical Activity in Tameside Presentation
[19] BBC News, ONS data, May 2020

small organisations are set to close permanently within the next few months and who mainly support families, young children and the elderly[20]. We envisage we will continue to focus on the immediate needs arising from the impact of the pandemic in relation to health and wellbeing and not restricted to:

- reaching wider BAMER groups including refugees and asylum seekers
- reaching younger people
- reaching more men into the service
- areas where there are small pockets of BAMER residents, as these people will be mostly likely to be missed
- developing the niche tobacco initiative with guidance from Pennine Care.

Our wider work continues to remain aligned with Tameside's strategic priorities of sustaining communities[21]:

- Supportive Tameside: to support communities to work together and help people live independently
- Prosperous Tameside: Improve the economy of the area and help residents gain new skills or find employment
- Leaning Tameside: Help children and young people do well at school and support families to have a better life
- Attractive Tameside: Improve the way the borough looks and promote environmental projects
- Safe Tameside: Reduce burglary, vehicle crime and robbery and the harm caused by drugs and alcohol, reducing violent crimes, improving resident's feelings of safety and reducing re-offending
- Healthy Tameside: Support residents to be healthy and live healthier lives

[20] https://static1.squarespace.com/static/58f9e592440243412051314a/t/5eaab6e972a49d5a320cf3af/1588246258540/REPORT+Impact+of+COVID-19+on+the+BAME+Community+and+voluntary+sector%2C+30+April+2020.pdf

[21] https://www.tameside.gov.uk/Policy/Tameside-Strategic-Partnership-Priorities