



**Community Health Development  
Pennine Care NHS Foundation Trust: Be Well Service Sub Contract  
End of Year Report 2021 - 2022**

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## **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 subcontract with Pennine Care to deliver targeted intervention with Black, African, Minority Ethnic and Refugee (BAMER) communities in Tameside as an extension of Tameside's Be Well Service (BWS) for over a decade. The contract focused on developing and operating a flexible, innovative BAMER Community Liaison Worker role (CLW) that is focussed on prevention and early intervention<sup>1</sup>. This year, DMNW was notified that the deadline for referrals to Be Well was the 18.02.2022, significantly reducing quarter 4.

DMNW have been working with the minority ethnic communities of Tameside for over 14 years since its inception in 2007. Throughout the years we have worked tirelessly and built positive relationships, trust and confidence through our community led, asset based, grow our own approach. DMNW's previous end of year reports anticipated the increased need of agile working and adapting to the economic changes, this was never more imperative than when we went into a global health pandemic in March 2020. This past year we faced the new, and equally complex challenge of re-engaging our local community, particularly our ethnic minority communities, who have been disproportionately impacted by the Covid – 19 pandemic as well as the most isolated and vulnerable in our community, while navigating the transition out of the Covid-19 pandemic and government restrictions.

## **3. COVID 19 & Tameside's BAMER Community**

Tameside is a multicultural borough, comprising of 19 Wards, 9 towns and 4 neighbourhoods<sup>2</sup>. Health in Tameside is still listed within the 20% most deprived areas in England<sup>3</sup> with a population estimated at 225,197.

The last 12 months has been marked by deteriorating health, wellbeing, and widening health inequalities, exacerbated by the COVID 19 health pandemic. According to the 2021 Marmot Review on health equity in England, since 2010, health inequalities have only increased / deteriorated, pointing to social and economic conditions, where we have seen life expectancy stall if not slightly deteriorate for some age groups<sup>4</sup>. The government lockdown restrictions gave rise to increased anxiety, stress, poor mental health, diet, the impact of which has been reflected in the BWS and general services we have referred and signposted our services users to.

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<sup>1</sup> Draft BWS SLA 2017

<sup>2</sup> JSNA 2018/19

<sup>3</sup> <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e08000008.html?area-name=tameside>

<sup>4</sup> [https://www.health.org.uk/sites/default/files/2020-](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

[03/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_executive%20summary\\_web.pdf](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)



The disproportionate impact on ethnic minority communities has been well documented. 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.

According to Public Health England, people of ethnic minority backgrounds 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. Furthermore, a recent PHE report showed a higher death rate from Covid-19 among social care workers, nursing auxiliaries, taxi drivers, chauffeurs and security guards. In addition to this, 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”. 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 2018, DMNW conducted its own research to understand further the implications and reality of the above experienced by ethnic minority communities in Tameside. This research clarified the main barriers to access to services experienced by the Tameside ethnic minority community. For women, the most prominent barriers are childcare and extended family responsibilities (55%); time and financial constraints of travelling; and low confidence (37%). This research was conducted pre-pandemic (2018) – it is clear to see how the pandemic has exacerbated these issues. 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 the lack of access to support services such as ESOL training and community support groups due to these services either closing or being delivered online.



In April 2021, ONS found that personal well-being levels appeared to worsen for most measures including happiness, life satisfaction and anxiety across Great Britain<sup>5</sup>. Our own community consultation and conversations with local people found this to be the case specifically for ethnic minority communities<sup>6</sup>.

#### **4. Key Performance Indicators (KPI) 20 21**

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

Despite the lifting of Government restrictions throughout this year, it has been very difficult to re-engage our community, particularly the ethnic minority community. This is largely because of the disproportionate impact the Covid-19 pandemic has had on these already disadvantaged communities (see above), which has therefore had a significant impact on community confidence to re-engage, particularly with face-to-face activities.

It is clear to see below that the positive correlation between increased opportunities to deliver face-to-face and an increase in referrals made. This is testament to the effectiveness of face-to-face contact in generating referrals. Although we have seen some positives of online delivery throughout the projects we deliver (for example increased engagement, flexibility and accessibility in some cases - see 'Organisational Learning' below), our ability to generate referrals is one area that has been directly negatively impacted by the lack of face-to-face delivery. It is important to consider that the main ethnic minority groups DMNW engages with (Bangladeshi and Pakistani) have been disproportionately impacted by the Covid-19 pandemic. This has been a significant barrier for DMNW to generate referrals into BWS, as we know from experience that face-to-face contact is significantly more effective in making referrals, particularly from ethnic minority communities.

*Table 1: Performance against KPI's*

| <b>KPI's</b>                                                                           | <b>Yearly Target</b> | <b>Actual Year</b> |
|----------------------------------------------------------------------------------------|----------------------|--------------------|
| 1. Number of referrals into Be Well Tameside service (CLW & CHC)                       | 200                  | <b>18</b>          |
| 2. Number of people supported and/or referred / navigated to other service (CLW & CHC) | 400                  | <b>378</b>         |

<sup>5</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/6april2021>

<sup>6</sup> DMNW Consultation Report November 2020: COVID and BAMER communities



|                                                                                                                                  |     |           |
|----------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 3. Number and variety of NEW initiatives tried and supported by the Be Well Tameside Service successful/unsuccessful (CLW & CHC) | 40  | <b>38</b> |
| 4. Number of community events and opportunities attended (CLW & CHC)                                                             | 120 | <b>64</b> |
| 5. Case Studies/Focus Groups/Service User Feedback (CLW & CHC)                                                                   | 12  | <b>12</b> |
| Reflective activity diary (highlighting breakdown of engagement activities and any case load work) (CLW & CHC)                   | -   | -         |

#### **4.1. Be Well Service Referrals**

A total of 18 referrals were made to BWS this year. Despite the low referral numbers, throughout the course of this year we have seen a steady increase in referrals made to Be Well Service (BWS), increasing from 0 referrals in quarter 1 to 18 referrals by the end of quarter 4. In quarter 2 we saw an increase in referrals from 0 (Q1) to 4 (Q2), this was because we were able to deliver the first face-to-face sessions of this year from late-Q2 (September) as part of our blended offer. Throughout Q3 our referrals into BWS continued to increase, as the opportunities to deliver face-to-face increased, resulting in 6 new referrals made in Q3. Q4 was reduced significantly as DMNW was notified that the last possible date to accept referrals into BWS was the 18<sup>th</sup> February 2022. In Q4 DMNW made 8 new referrals into BWS in a 7 week period (01.01.22 – 18.02.22), compared to Q3 where 6 referrals were achieved in a 13 week period (01.10.21 – 31.12.21). Had the time period for referrals into BWS not been reduced so significantly, these numbers project a continued increase in referrals made throughout March and therefore a significant increase in total referrals made into BWS.

89% of the referrals were female, 11% were male. We continue to see a wide range of age groups engaging. The largest age group engaged this year were people aged between 41-50years (33%). This was followed by age group of 31-40 years (28%). In third place was the 51-60 years age group (22%), followed by 70+ age group (11%) and lastly 21-30 age group (6%). 78% of referrals were residing in Hyde and 22% were residing in Ashton. Ethnicity of those referred was Bangladeshi at 56%, Pakistani at 17% (which is a considerable increase from just 4% reported last year) and British White 6%. 22% of these referred preferred not to state their ethnicity. We believe that the percentage of those referred who are of ethnic minority ethnicity (particularly Bangladeshi and Pakistani) is in fact considerably higher, as DMNW can say that it is highly likely that the vast majority of the 22% who did not provide information on their ethnicity are of Bangladeshi and Pakistani ethnicity.

50% of these referrals declared having a long-term condition, with diabetes being the most prominent long-term condition. 44% of the people referred into the BWS required language support, mostly Bangla support was required, but this also included Urdu support. This is higher than the previous 3 years. We have found the substantial increase in language support required over the past 3 years is due to the lack of local training around ESOL during the pandemic which has pushed people's confidence



back and therefore, we have been seeing language support requirement to access services increase throughout the work of DMNW.

The majority of referrals made to BWS (approx. 80%) came from initiatives delivered face to face. This includes 29% from face-to-face community engagement and outreach such as local market outreach, community harvest lunch, Hyde mela, and Stoptober launch. 34% of referrals made to BWS were as a result of an initiative taken by CLW to collaborate with other local community groups HBWA ESOL class and DMNW ESOL class to raise awareness of BWS. For comparison, despite the success and number of 'Coffee with Liza' sessions, this initiative generated just 11% of total referrals made to BWS – this initiative was delivered exclusively online. This highlights that face-to-face interaction is far more effective than virtual engagement in achieving referrals.

Individuals referred to BWS were referred to multiple BWS services. The most in demand service was healthy eating at 61%, followed by weight management at 50%, sleep stress relaxation workshop at 33%, eat well live well at 28%, physical activity at 22%, health check at 17% and stop smoking, alcohol awareness and other at 6%. This shows that service users' priorities remain around weight and healthy eating. This is in alignment with a lack of accessibility to exercise as a result of the Covid – 19 pandemic, barriers faced include lack of confidence to going outside or gyms due to Covid-19 risk, lack of local sports sessions and opportunities, inability to exercise at home due to lack of space and privacy and increased family responsibilities, especially as multigenerational house occupancy is more common for ethnic minority families. These services were closely followed by sleep stress & relaxation workshops, which shows a demand in mental health services in correlation with the mental health impact of the Covid-19 pandemic.

#### **4.2. General Signposting and Referrals (not including BWS referrals)**

Of those that we were able to record and capture, 378 people were signposted / referred to services across Tameside. 53% of people supported were from Hyde, 19% from Ashton and the rest were from Denton, Gee Cross, Newton, Stalybridge, Dukinfield, Hattersley, Droylsden and Audenshaw. The diversity of people engaged included White British, Indian, Pakistani, Kurdish, Afghani, Black African, Gujarati, Chinese and Arab. Some service users did not declare. The Bangladeshi community still represented the largest group engaged at 58%, followed by Pakistani at 18%. 36% of individuals signposted reported experiencing isolation, however we strongly suspect this figure is in fact much higher but is not being understood by service users. Given the significance of loneliness and isolation during the Covid-19 pandemic and the impact this has on mental health, we will focus on increasing the understanding and accuracy of this isolation data going forwards.

The majority of people we engaged identified themselves as females, with only 11% identifying themselves as males. The largest age group we engaged were again between 31– 40years at 38%, followed by 41-60 years at 27% and under 30's at 16%, the rest were 61years and over. The highest demand for services were for:

- Learning / education at 29%, this includes DMNW Employment & Training, TACE and Tameside College.



- The second most popular service we signposted to was DMNW Physical Activities at 22%, this is in alignment with our findings from referrals made to BWS – health and fitness remains a priority as a direct response to the Covid-19 pandemic. This is a large increase from just 9% Physical Activities last year, reflective of a) lack of accessibility due to government restrictions and b) increase in demand as activities restart due to 'a)'.
- This was closely followed by DMNW Social Groups at 18%. As expected, following isolation, lockdowns and other government restrictions, there is a clear demand for social groups in direct response to the mental health impact of the Covid-19 pandemic. DMNW general (non BWS) referrals are in alignment with DMNW referrals to BWS – physical health remains a priority (BWS Healthy Eating, Weight Management and DMNW Physical Activities), closely followed by mental health (BWS stress sleep & relaxation workshop and DMNW Social Groups).
- Other services we signposted people to throughout this year included: local GP, Grafton Centre, CAB, DMNW Volunteering, Age UK, external training opportunities, children's centre activities, national careers service, newton women's group, mind matters, jigsaw, healthy minds, Tameside women's centre.

Of those we were able to record and capture, we conducted 54 actual referrals, which including completing referral forms, to:

- Food Bank: last year we reported 14%, this year we recorded 20%. The Food Bank received the highest number of referrals from DMNW in comparison to other services referred to.
- This was closely followed by referrals made to TACE at 19% and DMNW Employment & Training at 15%. Referrals were also made to CAB (9%) and Tameside College (6%).
- The rest of the referrals made were to wider services, including HBWA, WEA, Universal Credit services, Jigsaw, TMBC, benefits and housing benefits.

### ***4.3. Initiatives supported and sustained***

#### ***Health Walk & Talk:***

These are weekly, in-person group morning walks which start at the Healthy Living Centre (DMNW building). This quarter, CLW has taken the lead for this session to help increase and stabilise attendance. At first, attendance numbers fluctuated and were unpredictable. To increase and maintain interest, CLW started to cover specific health topics during each session (see below), with the aim to promote Be Well. All sessions not with a specified health topic by CLW, were general health discussions led by the discussions and needs of attendees. In alignment with CLW focus on re-engaging with the community, through diversifying outreach formats and platforms to increase reach and interest, CLW actively promoted these sessions on a number of platforms and in several formats, this included:

- Creating a bilingual video to promote the sessions,
- Posting in community what's app groups,
- Creating and distributing a short video of their walk and view from the session,
- Messaging all relevant contacts,
- Sending weekly reminders about each session,



- Weekly ring round for each session.

After the wellbeing calls conducted in March 2021, CLW actively promoted and encouraged people to do regular exercise from home and go for quick walk or run in their local area. From July, CLW started and lead the weekly health walk & talks. People told us that walks were a good way to slowly ease back out in the community and get active, despite telling us this, they still felt apprehensive to come out. Throughout July – September attendance numbers fluctuated session to session. Despite aiming to recruit a lead volunteer to run this session, CLW continued to lead this initiative through Q3 (see ‘Key Challenges’ section). This enabled these sessions to run consistently, while training potential lead volunteers during the activity. This initiative continued into Q4, with 4 sessions delivered in January and 1 in February. Despite CLW focusing on diversifying and improving the promotion of these sessions, attendance remained low. By January 2022 we recognised participants attending regularly, however attendance during February dropped significantly due to poor weather conditions. All service users were female, 75% Bangladeshi and 25% British White.

Some of the topics discussed during this initiative include:

- Healthy Eating: What is a healthy diet, foods to avoid and how to count the true sugar content of foods.
- Exercise: the importance of exercising every day and how to motivate oneself to exercise daily.
- Vitamin D: CLW utilised the contents and learning on vitamin D from the Coffee with Liza session held November 2021 in collaboration with BWS, to ensure this information reached a wider audience.
- Diabetes: what is diabetes, different types of diabetes, how to prevent diabetes and the disproportionate impact of diabetes on ethnic minority Asian communities.

Participants reported they liked the combination of exercising while learning about health and enjoyed the conversational style of learning, which provided a simultaneously informative and social environment. Despite the Be Well contract coming to an end for DMNW, we have seen great value in these sessions despite the struggles in increasing attendance and we aim to continue this activity where possible going forward as the weather improves and ethnic minority communities continue to grow in confidence to attend.

#### *Coffee with Liza: Online afternoon tea and chat (Zoom):*

Throughout the previous quarters, people informed CLW that they would like to have a space where they can have open discussions about issues that are affecting them, where they felt safe to start conversations around how the pandemic had impacted on them, what was happening in their lives, to identify any support needs and connect them to the right services and ultimately gain some peer support. In response to this, ‘Coffee with Liza’ (Liza = CLW), a monthly online afternoon tea and chat session, was created. CLW has promoted these sessions through DMNW contacts, social media, ring round, creating and distributing leaflets and a bilingual video (created by CLW). Topics included a range of health topics identified by the local community members, and so the sessions were led by the needs of the local



Hyde and ethnic minority community. Within the context of the relevant health topic for each session, CLW actively promotes and raises awareness of the services offered by Be Well with aim of generating referrals. All of the beneficiaries of this initiative were female with an average attendance of 6 per session. The predominant ethnicity of attendees was Bangladeshi, but also included Pakistani and British White.

This first session of this initiative took place in July. The session focused on mental health and the CLW focused on producing a bilingual video to promote this initiative. In response to the needs of the community, the topic of mental health continued until November, covering a range of topics including anxiety, motivation, self-care, confidence, lifestyle tips and how this relates to faith and cultural beliefs. Information was shared regarding mental health support services, including how to access these. Throughout Q3 and Q4 a wide variety of topics were covered and guest speakers delivered a couple of sessions. The November 2021 session was delivered in collaboration with BWS and covered Vitamin D and the impact of Vitamin D. Service users reported learning a lot from this session, particularly as it was at the start of winter when it is harder to get vitamin D. The next month focused on diabetes, including what is diabetes, different types of diabetes, how to prevent diabetes and the disproportionate impact of diabetes on the local ethnic minority community. Due to the feedback from this session, the CLW revisited diabetes the following month (January 2022). The last session, which took place in February, coincided with cancer awareness month. CLW invited a guest speaker to deliver an awareness raising session around cancer. The aim was for local women to learn more about cancer, signs & symptoms, screening and smear tests. The participants appreciated having a non-judgemental space to discuss and learn about cancer as some told us they had found it difficult to openly discuss certain forms of cancer, such as breast cancer, due to sensitivity and stigma.

### Instagram Live:

Throughout this last year, a key part of CLW's role was diversifying the delivery of our initiatives to platforms which members of the community could easily access remotely. This included regular Instagram live sessions. CLW promoted BWS in all live sessions, outlining what services are available and how to access them. Each session was based on a health, or socially related topic relevant to the local ethnic minority community.

Throughout Q1, CLW delivered monthly live bilingual healthy cooking sessions which included how to make traditional Bangladeshi food healthier. These sessions were promoted on social media platforms, WhatsApp groups and via ring rounds. Within these sessions CLW promoted BWS, outlining what services are available from BWS and how to access them. Approximately 79 people joined the session in April, 55 people in May and 75 people in June. In addition to these monthly IG live sessions, the CLW worked with a local bilingual teacher to deliver a workshop on wellbeing, spiritual reflection and self-improvement, including how to look after their body & mind from a faith perspective. This was in response to members of the community telling us that motivation and energy was low as a result of being isolated from family and



friends, this was heightened further during the holy festival of Ramadhan for those who observed. Attendees learnt tools of keeping diaries, breathing techniques to relax, exercise at home tips and generally how to look after themselves and their health. The session aimed to make people feel empowered to look after themselves.

During Q2, CLW delivered another bilingual healthy cooking session. This was due to the popularity of these sessions throughout Q1. In addition to the continuation of this, CLW organised and co-delivered a session with TMBC community safety team on hate crime, including a Q&A. This initiative was delivered in response to the community voicing concerns relating to hate crime.

Responding directly to the latest Covid-19 information and the needs of the local ethnic minority community, CLW organised and delivered an IG live session with the aim of informing the community of key information relating to the pandemic and government guidelines, with a member of the council as a guest speaker. Topics covered included:

- Symptoms of Covid-19,
- When to isolate,
- Lateral flow testing (how to take and access),
- Support available for those isolating,
- How to protect yourself and your family,
- The importance of getting a booster vaccine and encouraging attendees to get a booster vaccine.

Once again, the media platform (Instagram) resulted in high attendance (63) and engagement with this session, including a mix of males and females from a variety of minority ethnic backgrounds, including Bangladeshi, Pakistani, Algerian and Indian.

During Q4, CLW arranged for local GP, Dr. Hannan, to attend an interactive Instagram Live session to raise awareness of and share key information relating to Covid-19 and the importance of getting vaccinated. Dr. Hannan was able to correct a lot of misinformation relating to Covid-19 and getting vaccinated. Once again, this session was well attended (70) with a range of male and female attendees, the majority of whom were Bangladeshi and Pakistani.

The last IG live session of this year was delivered on 22/02/2022. This was planned within the original time period of BWS referrals. Despite this session now being after the revised BWS referral deadline (18/02/2022) we felt it was still important for this session to go ahead as CLW had used capacity planning this session and to continue to support and meet the needs of the community. CLW invited two other DMNW staff to raise awareness of their project which focuses on training and employment readiness for women of ethnic minority communities.

#### Women's Sports Club:

CLW worked with lead volunteer to restart and engage people into the weekly Women's Sports Club sessions in July 2021. Leaflets were re-created, venues re-booked, and publicity was conducted on social media platforms, telephone and via word of mouth. The sessions were run by a lead volunteer. Attendance numbers were initially low due to hesitation in engaging and potential service users lack of



understanding regarding government guidelines on social distancing, particularly in relation to sports (risk of shared equipment, contact etc). In addition to this, we found that not having a creche facility impacted attendance numbers as, due to lack of creche provisions, a number of attendees could not engage as much as they wanted to (see 'Key Challenges' section). CLW extra input into outreach and engagement through September saw attendance numbers increase to 13. Despite the weekly promotion of this initiative (ring rounds, WhatsApp), attendance gradually decreased throughout Q3, due to a lack of creche facilities, shorter days and colder weather. We looked to book in creche provider from January onwards, however this had to be cancelled as the provider could not meet the staffing requirements due to the pandemic.

#### *Oral health Training & Stop Smoking Campaign*

CLW worked with Pennine Care to organise training for minority ethnic communities to engage online via zoom and promotes key messages from these sessions, including Niche Tobacco awareness. CLW arranged to drop off approximately 100 BWS bags and information on the campaign to 2 local masjids in Hyde, risk assessments were completed, leaflets and bilingual video were produced to promote the session on social media platforms and sent to partners via email and via door-to-door leaflet drops. As a result of this, a range of people from ethnic minority backgrounds accessed this initiative, including from the Bangladeshi community.

#### *Mental Health Matters session (zoom):*

CLW worked with colleagues and planned this session. 2 guest speakers were booked, local GP and a community mental health professional. The aim of the session was to encourage more conversations about mental health, the barriers to accessing support services faced by ethnic minority communities and to discuss the support services offered by BWS. The session was promoted on social media; ring rounds were conducted, and leaflets were circulated via email, door to door and in local shops. This session was free and open to all, both men and women. Participants fed back to say session was very enjoyable, motivational, and informative about pre-existing myths and how men also suffer, this led to an open conversation with regards to how men can be affected. 31 people attended. People from different communities attended including Bangladeshi, Arab, Indian, Gujrati, Pakistani, African.

#### ***4.4. Number of community events and opportunities attended***

We found that despite an increase in the opportunities for face to face delivery, the community was still largely reluctant to engage with face to face activities, particularly the ethnic minority community. In response to this, CLW organised and attended community events and outreach to increase face to face contact and raise awareness of BWS and the services offered in order to generate referrals into BWS. However, we found that many outreach events and opportunities were cancelled, including community hubs (schools etc) rejecting leaflet drop-offs (see 'Key Challenges'). This initiative included:



#### Hyde Market Outreach Stall (July 21):

- Planned community outreach stalls and arranged leaflets and banners for the day. On the day we promoted DMNW activities and BWS service and handed out leaflets. We approached people as well as people coming to the stalls. People enjoyed meeting the team again and having conversations about their wellbeing and signed up to services available in their local area such as, training, learning, voluntary opportunities, and social activities.

#### Ashton Market Outreach (December 21):

- Planned community outreach stalls and arranged leaflets and banners for the day. On the day we promoted both DMNW and BWS activities. People again, enjoyed meeting the team and having conversations. People signed up to services available in their local area such as, training, learning, voluntary opportunities, and social activities. This is testament to the effectiveness of face-to-face contact. As a result, DMNW staff were able to utilise their language skills and cultural awareness as members of the community to generate referrals to BWS (2).

#### Be Well Lunch Event: Ashton Market (September 21):

- CLW attended full day event. Weather was poor so deterred people from engaging as much. CLW approached BAMER residents and generated 2 referrals to BWS. Many people took leaflets to contact the BWS main office to refer themselves. CLW informed them that language support is available for the service.

#### Community Harvest Event, St. Georges Church (October 21):

- CLW collaborated with and organised to attend the event with DMNW staff. CLW completed risk assessment for the event and ran DMNW stall to promote BWS. Promotion included leaflets, banners and interaction with the community to promote BWS.

#### International Women's Day Stalls Hyde Market: (March 2022):

- CLW organised stalls in Hyde market to celebrate International Women's Day. During this event, CLW delivered outreach raising awareness of BWS, including the services offered and how to access these.

#### Covid Community Champions Event Hyde Town Hall (March 22):

- As part of our engagement with the Covid Community Champions initiative, CLW and DMNW team held a stall at this event during which CLW promoted BWS. Other service providers were part of this event, which focused on what services were offered during, and how providers adapted to the Covid-19 pandemic.

#### Wellbeing Corner: Ashton (August 21):

- This was organised part of getting back out in the community, face to face, as people told us that this was the most effective way to re-engage, to reduce social anxiety and rebuild trust and relationships.



## **Reflective Diary:**

### **TMBC COVID 19 Community Champions:**

- CLW attended monthly sessions, including meeting with TMBC separately to discuss how else to reach out and cascade information into the minority ethnic communities. CLW has disseminated the key health messages via WhatsApp broadcast groups and DMWN IG page (Stories). In recognition of our input, DMNW were approached by TMBC to further support cascading key messages going forwards re: self-isolation and supporting people coming through the main humanitarian hub (see funding secured below).

### **Tackling Inequalities:**

- TMBC Recovery Planning: we met regularly with TMBC to contribute to the TMBC recovery planning and implementation.
- As a result, DMNW were funded to deliver a small initiative on raising awareness of COVID -19 vaccinations, its benefits and guiding people to access the right help and support, ensuring key messages were cascaded amongst the local minority communities.
- TMBC Inequalities Referencing Group: we attended these meetings leading on barriers to accessing information work.
- Vaccination Strategic Group: We regularly met 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 as heard and considered.

## **5. Service User Feedback**

The feedback from service users shows that the services and information we are providing is relevant to their needs and going at least some way to reducing gaps in the provision of services. We will continue to monitor our feedback from service users via verbal feedback, focus groups and our community consultation to ensure we continue to meet the needs of the community going forwards.

*“I felt people have wrong information about the covid jab and scared to have the jab, but I am glad you deliver this session with a GP” (Instagram Live)*

*“I believe this jab and booster jab did help so many of us and I am glad Dr openly explain us what benefit is there” (Instagram Live session with local GP, Dr. Hannan)*

*“I never thought of eating health and change my lifestyle could help me control my diabetic” (Coffee w Liza)*

*“I am glad I attend the session and find out about Be Well service” (Health Walk & Talk)*

*“After today session I had the confidence to do my smear test every 3 years” (Coffee w Liza)*



*“Never knew poor oral health could affect health- heart disease, cancer, and diabetes” (Oral Health Training)*

*“I felt so good this session is an open discussion session all about our feeling and asking question what we like to do for all future” (Coffee with Liza)*

*“I need to lose weight. I am glad I found out about the Be Well Service” (Coffee with Liza)*

*“Thank you so much for coming. I was struggling with my sleep now I can get the support I need.” (BWS referral, Community Harvest Event)*

## **6. Other Projects**

### **Women Matters Project:**

Women in the community told us there was a lack of safe social spaces to openly discuss matters important to them. In response to this, we secured additional funding and created our Women Matters Project, which involves a weekly Women’s hub and intergenerational activities to enable this project to take place during school holidays. A key element of this project is that topics, activities, planning and direction is service user led.

### **Young Girls Group:**

DMNW has secured further funding for this project. This project addresses both health and social needs for participants. We have expanded this project to include guest speakers to discuss topics such as mental health and inspirational speakers in addition to guest coaches in a variety of sports, led by the interests of the service users. We have also expanded this project by providing recreational weekend activities (all other activities are on a weekday evening) which include activities such as wall climbing, abseiling and archery.

### **CCG Mental Health Awareness:**

During the last year we found that people from minority communities struggled more with low level mental health as a direct result of the pandemic. When looking at the demand for BWS, we found that a third of our referrals were into Sleep, Stress & Relaxation Workshops, this showed DMNW that low mental health was impacting our community, we therefore felt it was crucial for us to continue our mental health awareness project. This project focuses on raising awareness of mental health, assessing the barriers to accessing mental health experienced by ethnic minority communities. This includes attendance at meetings to ensure the views of our ethnic minority community are expressed and considered in wider strategic planning by partners and the CCG. This also includes delivering awareness raising workshops and ensuring that DMNW is part of forward strategic planning and visible to facilitate access to other mental health service providers.

### **Women’s Employability & Training Project:**

This project has been our most in-demand project and is entering its third and final year (2022-2023). The ESOL training provided as part of this project continues to be in very high demand and has facilitated referrals to other services, including into the



BWS. In direct response to the Covid-19 pandemic, this project has included one-to-one Zoom beginner support to enable service users to access remote services and a weekly Learning Hub where service users can access one-to-one support for CV, job applications and how to apply for jobs online. Often the needs of our service users are multi-faceted, hence they are often referred to multiple services. However, sometimes service users are either not aware of other services available, or their need for them, or simply prioritise the service they feel they need most. We were able to generate referrals to BWS via other services, which is testament to CLW and BWS providing a service which complements our pre-existing services and contributed to DMNWs holistic offer.

#### Befriending Matters Tameside:

DMNW has secured further funding for this project, which is delivered in collaboration with LEAP. There was a clear need for this project in tackling issues of isolation and loneliness faced by the most vulnerable in our community, in response to the impact of the Covid-19 pandemic. Last year, over 50% of our service users said they experienced isolation or loneliness, however this year this dropped significantly to 36%. We do not believe that isolation has reduced this significantly. The fact that there is demand for the project and other social groups is testament to significant rates of isolation or loneliness in the community. This service was initially delivered exclusively as a telephone helpline. Throughout 2022 – 2023 we will deliver this service face-to-face, encouraging vulnerable members of the community out of isolation.

### **7. Key Challenges**

#### Engaging with ethnic minority residents:

Loss of Confidence: despite all government restrictions being lifted, throughout this year we found that the ethnic minority communities especially lacked confidence to re-engage face-to-face. Although we have seen a steady increase in members of the community visiting the Healthy Living Centre and in referral numbers - this is still a big difference from pre-pandemic engagement. Government guidelines alone, or a lack of, are not enough to rebuild confidence in these communities. In response to this, our CLW has been focusing on how to re-establish these relationships through diversifying outreach to multiple platforms to increase reach and interest in DMNW and Be Well services. For those residents who struggled to access online services, we offered one to one support to get online (Zoom Beginner classes, weekly Learning Hub via our Employability & Training project). Some people told us that with home schooling, increased in costs of food and bills, pressures off extended family responsibilities were impacting on people engaging with services, especially if it meant it was for themselves.

#### Partnership Working and Outreach:

Unfortunately, many outreach and partnership opportunities have been on hold or cancelled due to Covid-19 restrictions throughout this last year. Many organised outreach events have been cancelled by partners, while others will not allow leaflet drop offs. This has had a significant impact on our referral numbers, as the face-to-face outreach and contact is crucial to reach ethnic minority communities. For example, DMNW generated 2 referrals to Be Well from face-to-face Ashton Market Outreach and 3 from collaborating with a face-to-face DMNW ESOL session. This has also impacted progress with partners, not just due to restrictions but also because of



the impact on communication with certain partners. for example ensuring information gets passed on to the correct staff of partners or even getting responses from partners despite CLW calling, chasing up and leaving a message.

We have also experienced the secondary impact from service providers impacted by the pandemic. For example, we have been unable to provide creche facilities due the provider cancelling as they were unable to meet the staffing requirement due to the pandemic. Without this, people were unable to engage in activities. We saw this mainly in our women's sports club. Much of the feedback we got was that people had childcare responsibilities and if there were no creche facilities they could not engage, even if they wanted to. This issue was not only caused, but also perpetuated by the pandemic as due to the closure of nurseries, schools and other childcare services, the responsibility of childcare increased for service users and therefore the demand for a creche facility to facilitate access to our services.

#### Capacity / Volunteer Recruitment:

Last year we saw our volunteer pool shrink significantly and in alignment with the challenges to re-engaging the community, we have struggled to re-engage and recruit volunteers. This would alleviate some capacity issues as it would allow staff to delegate certain tasks and therefore focus their skills and capacity to further benefit our community as effectively as possible. This has impacted CLW who intended to recruit a lead volunteer to lead the Health Walk & Talk sessions with the aim of releasing CLW capacity to increase referrals to BWS, however due to the impact of the pandemic on attendance and confidence within the community it has been more challenging than expected to find an appropriate candidate. CLW therefore had to take the lead on this activity to ensure these sessions ran consistently.

### **8. Key Achievements**

#### Funding secured:

The feedback and learning from this project has enabled DMNW to secure further funds to help bridge service gaps and support some of the most vulnerable groups in our communities, this includes:

- TMBC Self Isolation contract: ensuring ethnic minority communities are linked into services and are aware of the government COVID guidelines on self-isolation.
- Befriending Matters Tameside project.
- CCG: Mental health Awareness Project.
- PHT: Women Matters Project.

#### Social media:

In continuation from last year, in response to feedback from people and the current climate we were living in, we have diversified our engagement methods to target those hardest to reach. This included CLW producing Instagram posts, stories & live sessions, Facebook posts, bilingual video promotion, bilingual communication via WhatsApp broadcasting groups and ring rounds.

#### Continued to respond to the needs of the community as expressed by the community:



It is clear from the referrals made into BWS and DMNW general referrals, that weight management and diet are key concerns of the ethnic minority community. In response to this, CLW tailored many sessions around these topics, including:

- IG live cooking videos,
- Coffee with Liza topics,
- Health walk and talk topics (see 'initiatives supported')

It is also clear from the referrals made into BWS and DMNW general referrals, that mental health is a key concern of the ethnic minority community. In response to this the CLW facilitated

- Mental Health Matters session,
- A workshop on wellbeing, spiritual reflection and self-improvement, including how to look after their body & mind from a faith perspective. This was in response to members of the community telling us that motivation and energy was low as a result of being isolated from family and friends, this was heightened further during the holy festival of Ramadhan for those who observed.

#### Dissemination and promotion of key health info and guidance:

CLW actively disseminated the key health messages relating to government guidelines, vaccinations, testing, isolation etc via Instagram Live, WhatsApp broadcast groups and DMNW IG Stories, as well as emailing all updates to all contacts and DMNW staff, which included Dr. Hannan, local GP, and local councillor as guest speakers. Another example of DMNW on the pulse and responding to the topical and relevant needs of the community.

#### Adapting to online delivery (including offering support to ensure service users can access online services):

In general, DMNWs adaptability to online delivery and a blended delivery throughout this year to ensure we could continue to provide for the community was an achievement. In addition to this, the provision of online support for service users under our Employment & Training project, including one to one support Zoom Beginner classes and Learning Hub, is another achievement and example of where a barrier to access was identified and tackled by DMNW.

#### Staffing Restructure:

Last year we identified a need for a staffing restructure to help alleviate capacity issues. We found that in responding swiftly to the pandemic and the changing needs of the community, vital pieces of work in relation to the future sustainability of DMNW were pushed back. DMNW have since completed this staffing structure with the recruitment of a programmes manager, allowing for the CEOs to focus on the vital pieces of work to strengthen the strategic plan and sustainability of DMNW going forwards.

### **9. Organisational Learning**

As we suspected, as we emerged out of the lockdown, the impact on poor health and wellbeing became more prominent as there was an increase in demand to access key services relating to weight management, healthier eating, physical activities, and mental health services.



### Capacity: volunteers:

The importance of utilising resources available to us, especially volunteers, as capacity remains an issue. We need to prioritise re-engaging and recruitment of volunteers going forwards. This will enable DMNW to utilise it's skills and staff to benefit our community most effectively and efficiently.

### Optimising our Blended Offer (Online v Face-to-Face):

We will explore the pros and cons of delivering sessions remotely. It's not clear – cut that face to face is always the best option. Delivering online makes sessions available to those who otherwise would not be able to access them face to face. This is an important consideration as we have learnt that factors such as childcare, family responsibilities, cultural expectations, lack of confidence (lack of language and reading skills) to travel disproportionately impact women of ethnic minority communities. It may be that we look to offer blended delivery for the reasons above. In addition to this, the online platform seemed to work better for our focus group activities within our other projects. We have found that when focus groups have been conducted in person that service users are often not willing to travel very far at all to attend and contribute. This means that when conducting focus groups in person we are often only hearing the views and input of service users in that specific area, which may differ from service users in a different area we also serve. Having the focus group online ensured that service users from all areas can attend, giving us a more accurate and holistic picture of the needs of the communities we serve. On the other hand, in other projects we have had service users who have not engaged as they would prefer to wait until delivery is face-to-face. Also, for some service user's online delivery is in fact less accessible due to being unable to access Zoom and living conditions such as multigenerational households, resulting in a lack of space and privacy. With regard to generating referrals, it is much more effective to do this face to face. We found once again, the direct, personal approach works best and simply promoting on online platforms does not. It may be that the blended offer is best on a yearly cycle for certain projects, for example the health walk & talk and women's sports club which both saw a considerable drop-off in attendance through Q3, in correlation with worsening weather conditions and darker evenings. The learning here is that each type of delivery has strengths and weaknesses. Going forwards, despite no government restrictions, an informed and insightful blended approach may provide a more effective, accessible and efficient service than a return to, the norm, exclusively face-to-face delivery.

### Social Isolation & loneliness / Mental Health:

36% of individuals signposted reported experiencing isolation, however we strongly suspect this figure is in fact much higher but is not being understood by service users and therefore recorded correctly, for comparison last year over 50% of service users reported experiencing some level of social isolation and loneliness. Given the significance of loneliness and isolation during the Covid-19 pandemic and the impact this has on mental health, we will focus on increasing the understanding and accuracy of this isolation data going forwards. We know isolation is an issue as a result of the Covid – 19 pandemic and the wider impact this has had on mental health in the community. This is why we restarted our befriending service, Befriending Matters Tameside, in collaboration with LEAP, and deliver our CCG Mental Health Awareness Raising project. The fact that there is a need for these projects shows that isolation and loneliness remains a prominent issue within the community.



### **9. Forward Plans 22-23**

Despite the lifting of all Government restrictions, we are still picking up the pieces of a physical and mental health crisis, identifying and bridging gaps in services and service accessibility which have been exacerbated by the Covid-19 pandemic. Due to the end of our long-standing relationship and funding from Pennine Care to deliver on this project, unfortunately we are unable to continue with many of the initiatives tried and tested this last year. However, we are continuing to strongly deliver on our core offer of training and employment support, women's health and work around domestic abuse and mental health. We are exploring alternative funding to continue some of the positive work undertaken this last year to ensure people from minority communities are not left behind when it comes to their health and wellbeing. Ultimately, DMNW will continue to respond to imminent crisis support, focusing on place based and community lead approaches to wellbeing, prevention and early intervention.