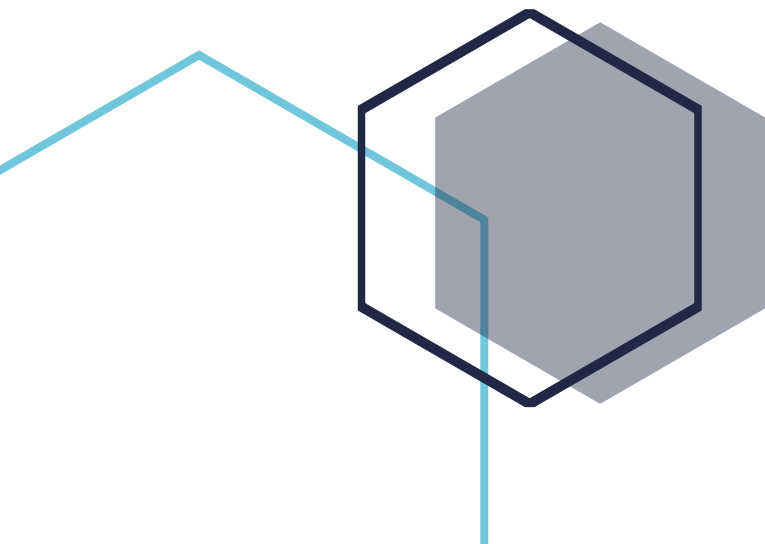


# How has the Covid-19 pandemic affected the BAME community?

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**Banbury Madni Masjid  
Green Dome Trust**

An enquiry into the various effects faced by the BAME community during the pandemic, with a geographical focus on Oxfordshire and its surrounding areas





## Introduction

The first Public Health England report (Disparities in the risk and outcomes of COVID-19) into the Covid-19 pandemic had found that Black and Asian ethnic origin people had a higher death rate from Covid-19 in comparison to those from White ethnic backgrounds.

BAME communities were more likely to be at risk of infection for various reasons, some of which include:

- Overcrowded households
- Living in deprived areas
- Occupations and employment exposed to higher risk of infection

In some cases, factors such as language and cultural barriers may also be an accountable factor.

People of the Pakistani and Bangladeshi background have higher rates of cardiovascular disease than those of White British ethnicity. Data from the National Diabetes Audit shows that type II diabetes is more prevalent in BAME communities. These co-morbidities increase the risk of poorer outcomes from Covid-19.

From the second Public Health England report into “Understanding the impact of Covid 19 on BAME groups”, the research founded that people from BAME groups were more likely to work on the frontline and in workplaces where they were more susceptible and vulnerable to being infected with Covid-19.

It was clearly recognised that the pandemic had exposed and amplified the long-standing inequalities affecting the BAME community in the UK. Some explanations discussed for this were socio-economic and biological factors.

The Banbury Madni Masjid and Green Dome Trust researched further into this; “How has the covid-19 pandemic effected the BAME community?”



## Research Proposal

This research project aims to explore the various effects of Covid-19 on the BAME community. The main geographical focus was on Banbury and its surrounding areas. More broader data was also taken from previous research undertaken nationally.

## Research process and methods

### Primary research:

- Online survey- this consisted of a series of 7 short questions. This was shared via social media. The people that were mainly targeted were those of the BAME community. In total 128 responses were received
- Mini-interviews- a few informal chat sessions were held with individuals who were willing to share their stories and experiences

Secondary research: mainly consisting of statistics and data gathered by larger national institutes such as the National Health Service, Office for National Statistics and Public Health England.

All data collected was done anonymously so the individuals cannot be identified. The survey also had a 'prefer not to say' option if the respondent did not want to disclose any information. All personal experiences shared were done so after confirmation with the individual.

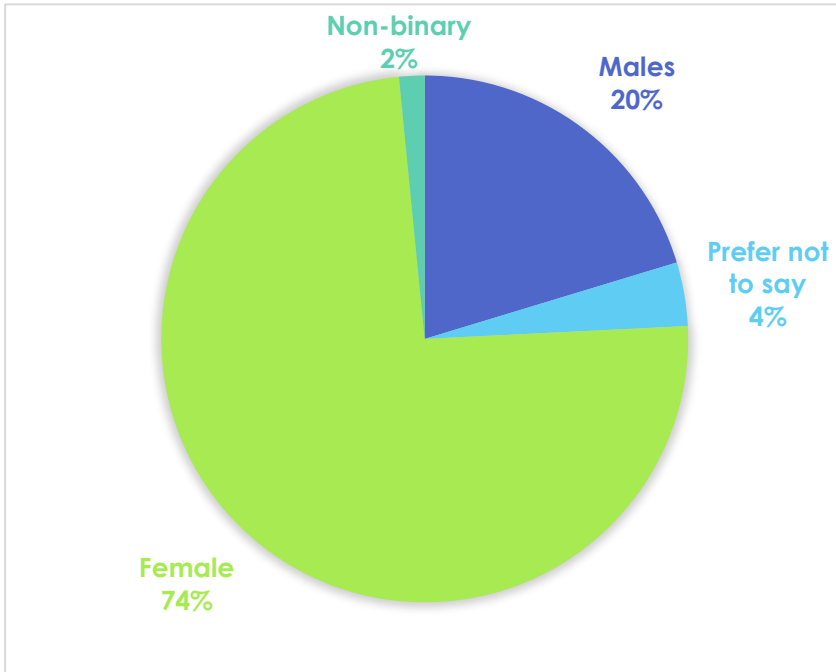
For individuals who were not fluent in English, their responses were recorded by someone who was able to fluently understand their first language. This was then translated as best as possible to try and minimise the language barrier.

Some audiences and groups were harder to reach to, thus resulting in a lack of results and representation from those groups. Despite the survey being sent to these groups, non-respondance resulted in a lack of information and representation.

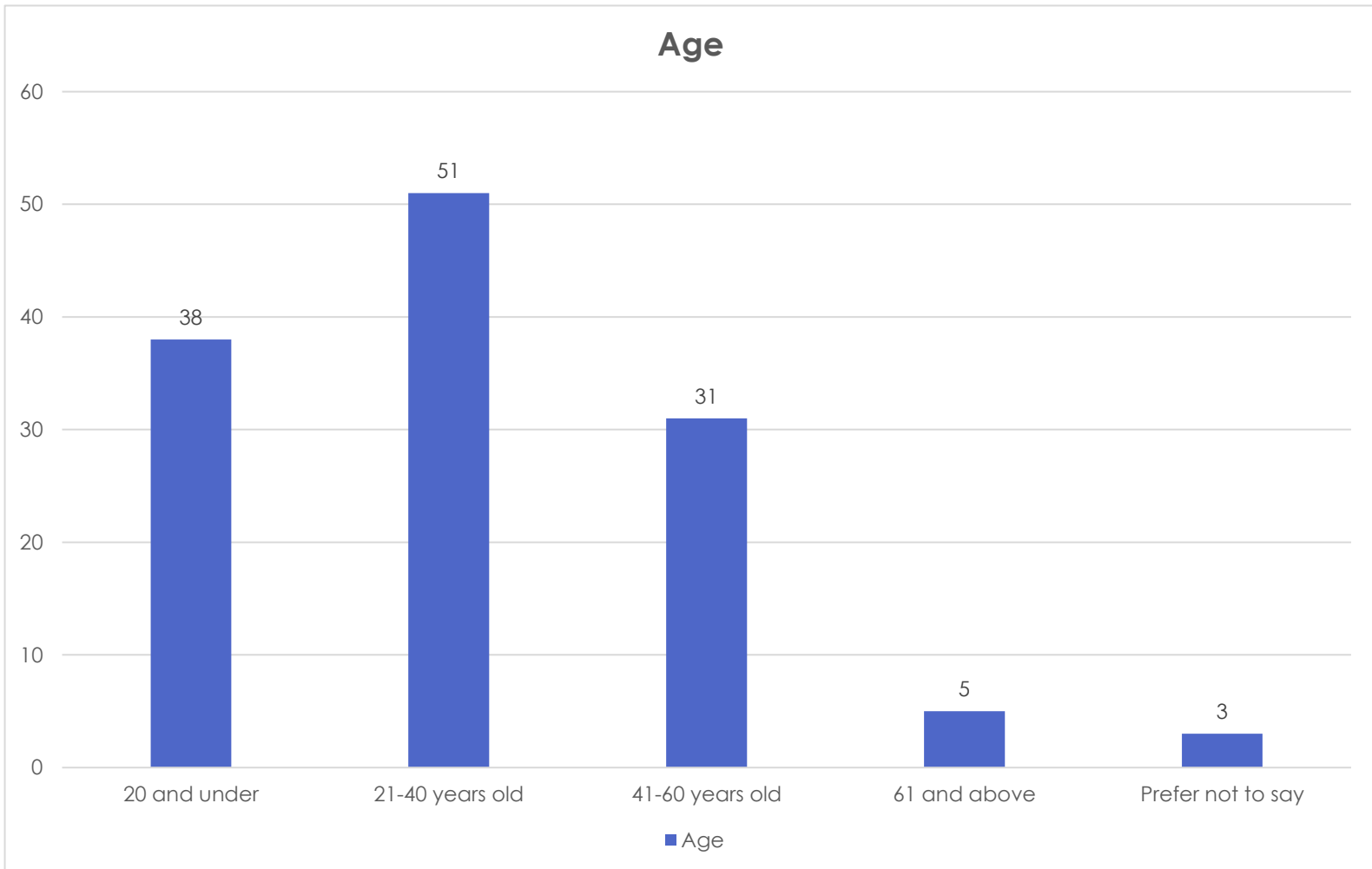
“We’ve seen so many faith-based organisations at the forefront of community efforts providing mental health and spiritual support, practical support by organising delivery of food medicine, essential supplies to elderly, vulnerable and isolated households – they provide a vital component of many communities”

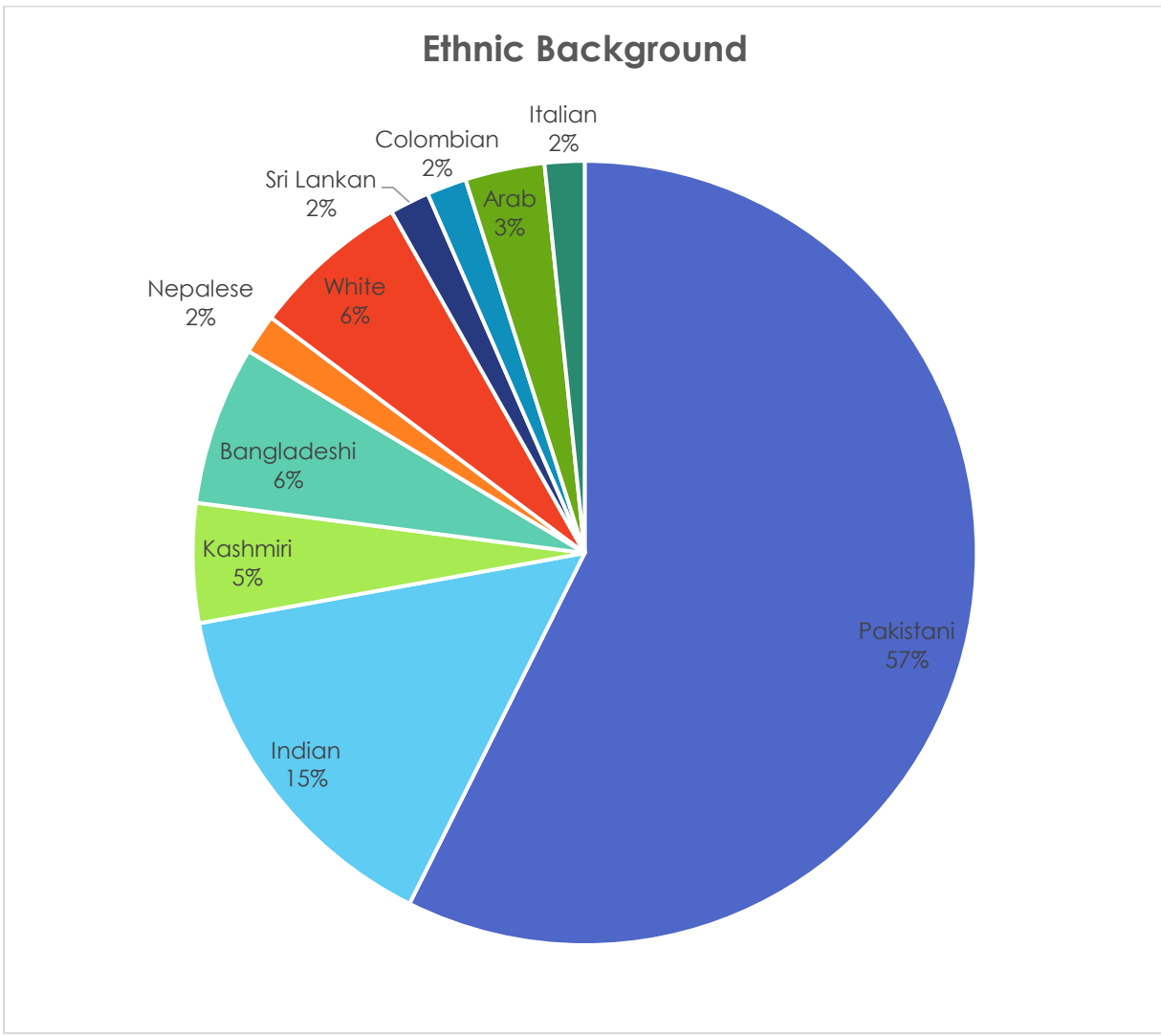
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In total, we had **128** respondents to our survey.





Our survey was answered by a mixture of people from different ethnic backgrounds. The majority of our respondents ethnically identified themselves from South Asia.

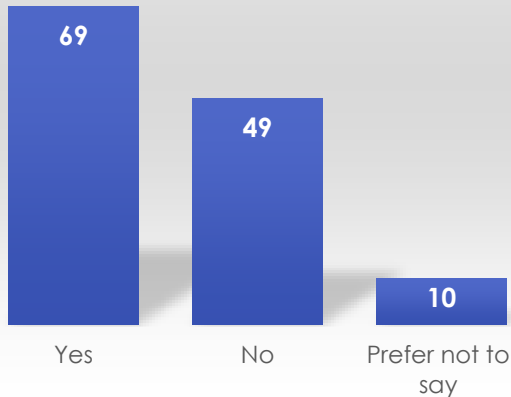
Statistics from the 2011 Census show that the UK population and Oxfordshire (respectively) is made up of<sup>1</sup>:

- 7.5% and 4.9% of Asian ethnic groups
- 3.3% and 1.8% of Black ethnic groups
- 0.4% and 0.2% of Arab ethnic groups
- 1% and 0.3% of other ethnic groups

<sup>1</sup> <https://www.ons.gov.uk/census/2011census/2011ukcensuses/ukcensusesdata>



## Has the pandemic affected your employability or work life?



54% of respondents of the survey had said that the pandemic had an impact on their work life.

One respondent had said “it had immensely made my workload at the work place much more difficult due to staff shortages”.

An NHS worker in a Covid ward had described working throughout the pandemic in an “immensely busy atmosphere” resulting in their staff and colleagues feeling “extremely pressured”. Another essential worker in a care home had vocalised a

similar feeling, describing a “higher than ever” demand at work; becoming “increasingly emotionally and physically draining”.

A medical nurse working in an elderly ward had mentioned seeing very few patients from the BAME community being hospitalised, indicating the reluctance some may have felt to approach healthcare.

A student had spoken about the ongoing concern for their mother who was working frontline in an emergency ward, especially having been present with a history of other underlying health conditions. This was particularly worrying when PPE became scarce in their department and improvisations had to be made at the risk of the health and wellbeing of the medical team.

Many people have found it difficult to find stability in the workplace and finding employment. Others who were seeking jobs, especially in the medical and healthcare field spoke about the requirement for being vaccinated, which was held as priority and may have been a factor as to why employment was delayed or not possible. The lack of jobs available resulted in financial difficulties for many. Some respondents have been made redundant, losing a source of income causing uncertainty and instability. Other factors such as lack of education, experience and training narrows the variety of jobs available for certain individuals. A respondent who was self-employed struggled to keep



their business alive any many have gone in to liquidation, making it harder to afford things especially coming out of lockdown.

It was consistenly expressed that despite working in full-time employment on the average/minimum national pay rate, it was simply not sustainable. The majority of people interviewed struggled to keep up with utility bills and other necessary outogings and expenditures. This commonly leads into debt, with dependents in the family suffering and becoming more vulnerbale to problems such as lack of nutrition and mental/emotional wellbieng.

### Have you had a bereavement in the family due to Covid?



■ Yes ■ No ■ Prefer not to say

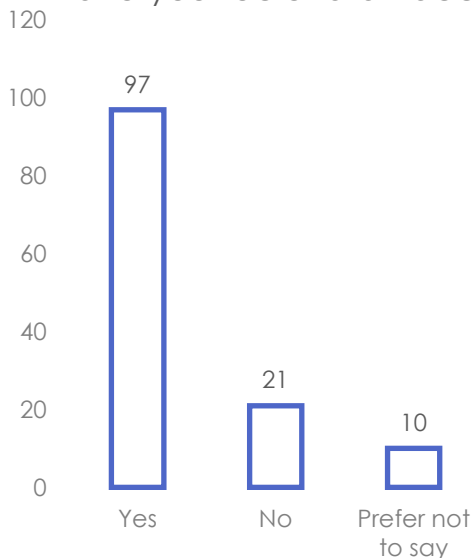
36.6% of respondants had a bereavemnt in their family which was directly related to Covid.

One respondent had told us their story of the unfortunate passing away of their youngest child at the age of 2. Having an unknown heart condition at the time, she was refused consultation appointments and adequate access to healthcare. The process of seeing a GP and further diagnosing conditions were cut short and ignored.

Many complained about mental well being and not feeling there was an adequate solution or response when reaching out for support.

The majority of our respondants are double vaccinated.

### Have you recieved a vaccine for Covid-19?



## How has the Covid-19 pandemic affected the BAME community?



During the early weeks of the national lockdown, Banbury Madni Masjid and Green Dome Trust had come together to serve those most needy. Remaining at the heart of the community, our volunteers delivered over 2500 food parcels in Oxfordshire and its surrounding areas. These were particularly delivered to those who were OAPs, clinically vulnerable and those in financial difficulties.



As restrictions began to ease, the community food and hygiene bank slowly reopened, opening doors to every single person in the community. Those who had received benefit referrals from government institutes were also supported with their essential needs.



The mosque had also provided boxes to primary school students over the holiday and festive period. This consisted of magazines, books, toys, snacks and much more. As restrictions began to ease, extra-curricular activities were organised such as fencing and boxercise. This has helped children to socialise and rebuild connections within the community once again after a deprived period of communal gathering.





How has the Covid-19 pandemic affected the BAME community?



Banbury Madni Masjid was very fortunate to be a centre for the national Government Census 2021. Staff were trained to help and aid the general public with filling out the census. This was very beneficial to those who required assistance, and particularly to those of the BAME community. Support and further assistance could be given to those who were not fluent in English. The data and information will contribute to more accurate statistics, and in future help national organisations to focus on supporting groups more in need.



The CDC had brought the initiative of 'Health on the move', to Banbury Mosque. This was available to all members of the public. Individuals could receive medical advice and tips on accessing the best care. The health checks included blood pressure monitoring and BMI checks which is common in the BAME community, as well as written advice on how to help combat this.



## How has the Covid-19 pandemic affected the BAME community?



The Banbury Madni Masjid had provided 'spiritual care packs', especially for those who were alone in hospital or self-isolation. These included prayer books, Ajwa dates and black seed oil (all of which hold great significance for Muslims). This was to help patients try and feel spiritually at peace or more comforted in times of great hardship and loneliness.

The Banbury Madni Masjid provide services and support from the food bank and the hygiene bank. The mosque continues to remain in close contact with local schools, to direct their help and support especially to those of the BAME community. Working in collaboration has helped to break barriers and strengthen connections, particularly with social issues for the younger generation. The Mosque has and will continue to provide mental health and well-being services and support.

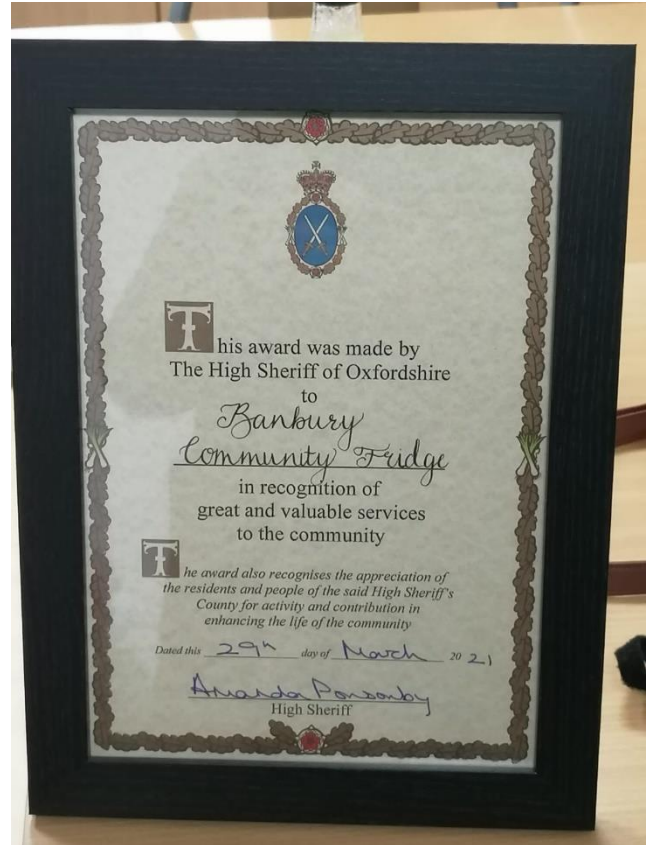
Educational and enrichment classes have also been provided, e.g. health and safety training, emergency first aid, safeguarding, personal fitness courses and much more. This is provided to widen the prospective jobs and employment markets members of our community may aim for.





The Banbury Madni Masjid and Green Dome Trust had utilised all resources to its maximum potential during lockdown. Despite the challenges the pandemic had brought, the effort to remain of service to the community remained alive. The support of the community and users of our space following the Covid guidelines has allowed us to strenghten our bond with the commnity as well as continue to provide and facilitate services.

The Banbury Community Fridge received The High Sherrif Award, in recongition of great and valubale services to the community.



The data and statistics gathered throughout this research will help in future plans and decision making. Further efforts will be made to:

- Reach out, welcome and integrate memebers of differnent ethnic backgrounds in order to further increase diversity
- Provide more services and facilities to disabled people
- Provide mental health and well being-support



The Banbury Madni Masjid and Green Dome Trust are both charitable organisations, mostly supported by donations of the local Muslim community, the worshippers and the congregates of the Mosque.

It is evident that the occurrence of the pandemic has exposed pre-existing health disparities within the BAME community. In the executive summary of Public Health England's report, it is acknowledged that Covid-19 had "replicated existing health inequalities" and in some cases increased them.

Some factors that may explain the BAME community being more susceptible to Covid are job occupations, overcrowded living space and pre-existing health conditions. The majority of people we spoke to lived with extended family where the household composition is not suited for clinically vulnerable patients to shield or infected individuals to isolate.

Some people who spoke to us worked in environments where they would be more susceptible to infection such as factories or as taxi drivers. In many workplaces of low-paid employment, sufficient measures and funding is not set aside to provide a covid secure environment.

Co-morbidities and pre-existing health conditions increased the risk for a poorer outcome post-infection.

- Bangladeshi and Pakistani people have higher rates of cardiovascular disease in comparison to people of white ethnicity.
- Covid-19 deaths where diabetes was recorded was 43% in the Asian group and 45% in the Black group

Many people expressed concerns over their family members having pre-existing health conditions and deficiencies. Some commonly mentioned conditions were high blood pressure, high cholesterol levels, diabetes, vitamin D deficiency and iron deficiency. With the presence of the pandemic making healthcare harder to access, these conditions were often left unadvised and untreated resulting in outcomes worsening.

With stigmas pre-existing around mental health, it was a particularly grey area for some people to talk about. The issues surrounding mental health were easily dismissed and ignored. More (younger) individuals had acknowledged these



problems but were hesitant in speaking more about this or taking steps to seek help and advice.

Some family members expressed concerns of lack of education on nutrition and a healthy diet. Children and students (particularly of the Pakistani community) were often consuming high sugar level diets which were not sustainable and healthy. This has impacts on a child's day at school and their ability to perform well educationally. To try and encourage healthier habits, we felt that workshops and classes could be given on the importance of a well-balanced diet and how this contributes to mental and physical wellbeing.

Although most people we spoke to were vaccinated, a small proportion expressed their reluctance towards getting vaccinated, possibly due to irrational fears and myths. To try and encourage people towards receiving the vaccine, we felt that culturally relevant materials could be developed and distributed. This would help to raise more awareness about the importance of vaccinations to reduce risk of transmission.



## Acknowledgements

We would like to extend our appreciation and gratitude to all those who made this research possible. Thankyou to Yasmin Kaduji who had organised and administrated this project. We would like to thank Iqra Akhtar who worked extremely hard and spent many hours in compiling, collating and interviewing people for this research, which we hope will be of immense benefit.

Thankyou to David Allen from SCDC (Scottish community development Centre) for the provision of mentroing and continuous support throughout the length of this project.

To our volunteers, we would like to extend our deepest thanks for being of great service and support through difficult times, your time and effort has been appreciated by many.

Finally, we would like to thank all the respondants to our survey.

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Banbury Madni Masjid

Green Dome trust