

Mr Kevin Doherty
Irish Congress of Trade Unions

Kevin.Doherty@ictuni.org

Castle Buildings
Stormont Estate
BELFAST, BT4 3SQ
Tel: **I&S**
Email: private.office@health-ni.gov.uk

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Dear *Kevin*

Thank you for your letter of 28 October 2020 regarding concerns around the impact of Covid-19 on the Black, Asian and Minority Ethnic (BAME) communities in Northern Ireland.

I share your concerns about the findings in respect of BAME communities and the disproportionate impact from Covid-19. Socio-demographic factors e.g. population density, area deprivation, household composition, measures of occupational exposure to the disease, explain a substantial part of the raised rate of death experienced by ethnic groups compared with the White ethnic group. Preventing transmission of COVID-19 to, and within, disadvantaged groups is critical to preventing the spread of the virus both within communities at increased risk, and in the general population.

The **Northern Ireland Statistics and Research Agency (NISRA)** published a report on 1 October this year on 'Deaths Occurring During March to August 2020'. The report includes sections on Covid related deaths by Occupation and also by Country of birth. The report can be found at: https://www.adruk.org/fileadmin/uploads/adruk/Documents/Covid_19_Deaths_in_Northern_Ireland_March_to_August_2020.pdf

Occupation is recorded as part of the death registration process. This relies on the informant knowing this information but in the majority of registrations in NI this information is made available. However, it should be noted that the number of Covid related deaths in those of working age is small which means the analysis is limited in order to avoid potential disclosure issues. Occupation has been aggregated into 4 composite groups, with agri-food processing falling under the skilled trades, elementary occupations or process, plant and machine operative occupational group, which accounted for 40 (39.2%) of the 102 (11.7%) of Covid-19 related deaths in persons of working age (aged 20-69).

It should be noted that, while occupation is recorded, this is not an indicator of where Covid was contracted.

In addition, the figures reported in the NISRA bulletin are based on all deaths where Covid was mentioned anywhere on the death cert and including probable and suspect cases. As such, Covid-19 may not have been the direct or underlying cause of death. Statistics

on the latter are available at <https://www.nisra.gov.uk/publications/registrar-general-quarterly-tables-2020>.

Regarding your specific queries in relation to BAME, NISRA is commencing a project to link Census 2011 to General Register Office deaths data, similar to the approach taken by ONS. The granularity of this analysis will again be limited by anticipated small numbers in certain groups. The work is in its infancy; depending on the quality of the linkage, NISRA hope to have results by early 2021. Ethnicity is not recorded as part of the death registration process.

The Department works closely with the **Public Health Agency (PHA)** which continues engagement with Vulnerable Groups and the BAME population on COVID-19. The Contact Tracing Vulnerable Groups Action Plan, copy attached, was developed to facilitate this engagement and recognises the increased risks for specific vulnerable groups within the Northern Ireland population as well as a need to put measures in place to support pro-active steps to optimise testing, tracing and compliance with PHA COVID-19 Guidelines. The Action Plan addresses pro-active and responsive measures targeting vulnerable groups that includes various ethnic background groups.

The Action Plan acknowledges that the COVID-19 pandemic is not a crisis which just affects health but it also has an impact upon social and economic factors with additional and related risk factors including language barriers, occupation, poverty / no recourse to public funds, overcrowded and multiple occupancy housing, use of communal transport and public transport, household composition and conditions.

A particular focus on early intervention, prevention and reacting quickly to outbreaks within vulnerable groups is vital to reduce the numbers testing positive for COVID-19 and subsequent potential deaths.

The PHA Action Plan is divided into three sections:

- Early Intervention/Prevention;
- Reaction to Identification of Clusters; and
- Other Factors e.g. racism, ethnic monitoring, sensitivities in local communities.

An associated Action Log, updated on a weekly basis, has also been produced to highlight progress on key activities.

Work on the implementation of the Action Plan is fully underway. Some of the key activities undertaken to date include:

- 9,000 face masks that will be produced through a social enterprise initiative will be distributed through Department of Communities to targeted BAME population via Community and Voluntary sector following discussions with PHA key stakeholders supporting the PHA Action Plan.
- Mandatory wearing of face coverings in shops - messages disseminated in different languages via community and voluntary sector social media and shared with other organisations who support BAME.
- Active support and input to Incident Management Teams through follow up communication with target groups ensuring appropriate information and links with community organisations.
- Links established with CYPSP (Children and Young People's Strategic Partnership) and NICVA (NI Council for Voluntary Action) to share PHA messages.

- Identification of avenues for further dissemination of information to target populations through the workplace e.g. Health Improvement Workplace contacts; Health and Safety Executive.
- Links with Inter-Ethnic Forum staff – voice-over of relevant information; re-issue of prevention messages; supporting staff who are self-isolating to ensure they have adequate support; bi-lingual support as required on mobile testing sites.
- Meeting with CBBB (Crossing Borders Breaking Boundaries) in August and September 2020 – Irish Congress of Trade Unions, Community Inter-Cultural Programme, Migrants Rights Centre Ireland and UU to discuss the impact of COVID-19 on BAME communities in NI.

Next Steps

The PHA will continue to work with partner organisations to take account of the different challenges presented to vulnerable groups and the BAME population through the pandemic and beyond. Progress is underway to expand and develop the existing Contact Tracing Plan to a wider health improvement action plan for the BAME population. This includes the extension of funded programmes to address the Mental Health and Emotional Wellbeing needs of the BAME population.

It is anticipated that further to recent meetings between PHA and CBBB, recommendations from the upcoming CBBB project report will help guide actions within the plan relating to workplaces. In addition to further inform the development of an action plan moving forward PHA has requested a meeting with the Migrants Rights Centre Ireland for their support on issues impacting on BAME communities.

I hope this information helps to address your concerns.

Yours sincerely

PD

Robin Swann MLA
Minister of Health

Vulnerable Groups – Ethnic Minorities - COVID-19

Contact Tracing

Action Plan

Introduction

The Public Health Agency (PHA) is central to ensuring engagement, cooperation and compliance on the 'Test, Trace, Protect' COVID-19 key messages launched on 10th July 2020.

There are increased risks for specific vulnerable groups within the Northern Ireland (NI) population and therefore a need to put measures in place to support pro-active steps in place to optimise testing, tracing and compliance with PHA COVID-19 Guidelines.

This Contact Tracing Ethnic Minorities COVID-19 action plan addresses pro-active and responsive measures targeting vulnerable groups that includes;

- Black and Ethnic Minority Groups including, though not exclusively, Roma, East Timorese, Refugee, Asylum seekers and Travellers.

Background

Figures from the 2011 Census show the diverse nature of the ethnic minority community in Northern Ireland. Over 32,000, representing almost 2% of the NI population, people indicated their ethnicity as something other than 'white' (Racial Equality Strategy, 2015-2025). There is a lack of up to date information on the numbers of ethnic minority groups who currently live in N Ireland.

COVID-19 has exacerbated existing inequalities by age, sex and deprivation (PHE July 2020). In NI, there are a significant number of people from ethnic minority backgrounds who are at a significantly increased risk due to economic and social disadvantage. In addition, co morbidities, obesity, diabetes, hypertension and cardio-metabolic complications and smoking increase the risk of disease severity.

Additional and related risk factors include language barriers, occupation, poverty / no recourse to public funds, overcrowded and multiple occupancy housing, use of communal transport and public transport, household composition and conditions. This means that COVID-19 pandemic is not a crisis which just affects health but it has an impact upon social and economic factors (Sage, July 3, 2020)

Public Health England (PHE) Review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and increased likelihood of testing positive and dying with COVID-19 (June 2020). A particular focus on early intervention, prevention and reacting quickly to outbreaks within vulnerable groups is vital to reduce the numbers testing positive for COVID-19 and subsequent potential deaths.

The Racial Equality Strategy (2015-2025) identifies significant and challenging social, housing, education, community, economic and health issues within the context of differential poorer outcomes that impact on the lives of minority ethnic people across the community. A number of the aims such as 'Equality of service provision' and 'Participation' are relevant to this action plan. The Racial Equality Strategy also highlights the need for ethnic monitoring which is paramount during COVID-19 to successfully trace, monitor those who test positive for COVID-19 and identify any gaps in service provision.

There is an obvious need for sensitivity to avoid an increase in negative false stereotyping, hostility towards and 'blaming' of minority ethnicity communities.

Sage (23 July 2020) provides recommendations for developing culturally appropriate messaging for BAME (Black, Asian and Minority Ethnic) Groups. Work with community and voluntary partners is critical in taking forward this work to ensure that the Public Health messages around COVID-19 are 'tailored to reflect local realities and consider cultural norms, accessibility of services, and financial disadvantage'.

This contact tracing action plan highlights the planning process that would be supportive of and provide regular updates to the Contact Tracing Group, PHA Second Wave Planning Group and PHA Health Improvement Recovery Plan. It is divided into three sections: Early Intervention/Prevention, Reaction to identification of clusters and Other Factors eg Racism, ethnic monitoring, sensitivities in local communities etc. An action log will be generated for the purposes of highlighting the exact progress of overarching actions in the action plan. The action log will be updated on a weekly basis.

	<p>1.3 Ensure that messages continue to be reviewed and updated as required.</p> <p>1.4 Messages will be reissued when appropriate.</p>	C & V partners	<p>Review weekly</p> <p>Ongoing</p>	<p>Highlight the use of BrowseAld which is on many Government websites etc. Translate instructions into different languages (November 2020)</p> <p>C& V partners to be consulted when messages are being translated and involved in the pre-testing of messages in order to ensure they are tailored to the needs of these groups.</p> <p>Review best practice both UK and worldwide.</p> <p>Links with PHA Communications and check PHA and government websites.</p>
	<p>1.4 Communication with Regional Groups to ensure information is disseminated to target groups.</p>	PHA	<p>Ongoing – when new guidance issued and to reinforce messages</p>	<p>Translated information disseminated through PHA Regional Minority Ethnic & Migrants group on an ongoing basis and when the need arises.</p> <p>Information included on CYPSP, Community NI websites.</p> <p>Members, who represent BAME groups and individuals, will in turn disseminate this information (Appendix B)</p> <p>Information disseminated through</p>

				Regional Travellers group on an ongoing basis and when the need arises. Members, who represent Travellers groups and individuals, will in turn disseminate this information (Appendix C)
	1.5 Messages also disseminated through PHA HI BAME and Traveller Leads.	<u>BAME Leads:</u>	Ongoing	Information disseminated through HI Local leads to targeted groups via contract contacts (BAME, Traveller, Community Development etc)
	1.6 Dissemination of messages and information through PHA HI C&V sector contracts by appropriate contract Lead and via C & V sector.	PHA local BAME and Traveller Leads	Ongoing	<p>Monthly review of contracts by Leads at the start of COVID-19, quarterly monitoring resumed from quarter 2 (September 2020). Needs and gaps in funding identified.</p> <p>Regional dissemination of messages is through STEP via consortium members (who in turn disseminate information to their members), local BAME communities, e-alerts, www.strongertogethermi.org. C & V BAME sector also use social media, WhatsApp, zoom etc to communicate with target groups.</p> <p>Contract holders have been working closely with HI PHA to support the translation of information into formats which can be understood by the</p>

				<p>target populations (Appendices D & E list BAME Regional Health Improvement contracts and support for dissemination of information).</p> <p>Appendix F lists Traveller contracts and organisations who have, and continue to, support this work.</p> <p>Link with NICVA re increasing the numbers of community organisations supporting the dissemination of information.</p> <p>Links made with CYPSP re website information.</p> <p>Weekly cross border meetings between PHA/HSE (Chair Gerry Waldron) sharing information on contract tracing, agreeing travel restrictions messaging, inform of Covid outbreaks on border areas etc</p>
2. To explore the use and promotion of the new COVID-19 app for vulnerable groups.	2.1 Identify if App can be accessed in different languages eg BrowseAloud.	PHA	Ongoing	Link with HSCB who are developing and promoting this app.
	2.2 Identify if any additional translated documents are required to explain use of the app.	PHA	Ongoing	Taking into account cultural norms, myths, resistance to use of app, access to appropriate phone in order to download app etc support the

	2.3 Dissemination of information.	C and V partners	Ongoing	promotion off App. Information disseminated in appropriate formats to BAME and Travellers contacts (as per previous actions 1.4, 1.5 & 1.6).
<u>Reaction to Identification of clusters</u>				
Communication				
3. Testing of vulnerable groups during an outbreak.	3.1 Link with HI Colleagues regarding testing for vulnerable groups.	PHA	Completed Ongoing	Appropriate testing sites identified Connections made with C & V sectors and local Council staff to support contact tracing and testing. Support Contact Tracing Team, as required, to support communication with vulnerable groups through HI community contracts and contacts. Information provided to explain testing, self-isolation if required and where support can be obtained (food etc).
Links with Health Protection and other partners				
4. Support Health Protection during COVID-19 outbreaks.	4.1 IMT (Incident Management Team) involvement as required.	PHA	When required	Support IMT particularly around communication with target groups, provision of appropriate information for target groups and links with

					community organisations working with these target groups.
<u>Other Factors</u>					
5. Racism and sensitivities in local communities.	5.1 Link with BSO Equality staff.	PHA Equality BSO	Ongoing	Links with BSO to consider anti-racism actions and messages. Actions to be confirmed.	
6. Data collection, Ethnic and Nationality monitoring.	6.1 Work with partners to continue to raise the issue of ethnic monitoring.	PHA	Ongoing	Issue raised at silver, DoH regarding ethnic monitoring in hospitals. Data important for second surge planning.	
			Completed	Mapping of BAME groups and those who work in food production (Appendix G).	
			Ongoing	Messages disseminated through Regional Traveller Forum members and onward sharing.	
7. Support those with no recourse to public	7.1 Highlight issues around poverty which is a	HI Staff	Ongoing	Paper on Poverty and the role of HI presented to HI Heads to agree the	

funds and those experiencing poverty.	disincentive for testing, self-isolation and quarantine requirements following travel.	TBC		role of HI. Link with TEOs, Racial Equality Unit and Government Departments i.e. DFC, Finance etc
	7.2 Resources available for those who need to self-isolate e.g. food parcels Support from NIHE if required for additional housing.	Link with Nursing Colleagues and community partners. Links with C & V sector	Ongoing Ongoing	Nursing meet with NIHE to discuss issues around the Homeless – BAME to be included in these conversations. Link with colleagues in Roma meeting (once a fortnight)
8. Supporting Vulnerable groups to register with a GP.	8.1 To ensure that these target groups are supported to register with a GP.	PHA	Ongoing	Ongoing work of NINES – staff now back to post following re-deployment in quarter 1.
9. Supporting the development of Equality Impact Assessment for contact tracing.	9.1 Working with PHA Operations to support the completion of EQIA	PHA	Ongoing	Links with Lynda as requested.

