

# Covid-19 Health Equity (CHEMS) Conversation Project Report



September 2022

***Stronger Communities Together***

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# Covid-19 Health Equity (CHEMS) Project

**Report By:** Maqbul Rose, Project Lead, Manchester Settlement

**Event Date:** 21<sup>st</sup> December 2021- 31<sup>st</sup> July 2022

## **1. Executive Summary**

It is with a great pleasure that I write this summary, as I am pleased that Manchester Settlement has had the opportunity to play a part in the Covid-19 Health Equity Project (CHEMS). We, including the group facilitators, have heard experiences people have faced throughout the pandemic and their concerns and worries about now having to 'Live with Covid'. Some stories have been hard to hear; but I am glad that the communities came together to have honest and open conversations to tell us what they themselves and their loved ones need. It is the facilitators from the voluntary organisations and the communities that came together that have to be applauded for the success of this project, for their commitment and enthusiasm. By providing a welcoming and safe place for discussion, we have listened and have now produced this report which we hope will inform service development to meet the 'holistic health' needs of our communities in North Manchester.

Covid-19 was an unexpected virus and affected peoples' health (young and old) in different ways. This was asymptomatic, and for others, fatal. Therefore, Covid-19 Conversations were necessary to learn from those communities challenged by health inequalities.

The CHEMS project was funded by Manchester City Council to target communities facing racial inequalities (within the context of Covid-19). This report focuses on the strand concerning 'the Covid-19 Conversations' that were planned from April 2022 and the conversations were held from July 1<sup>st</sup> – July 31<sup>st</sup>, 2022

To enable the project model to reach as many community members as possible, a 'Train the Trainer' model was produced and delivered to group leaders and Covid-19 leads of targeted organisations. This entailed developing a 'structured approach' to Covid-19 Conversations in 2 formats; (an activity-based session and a Focus Group) to ensure different techniques were employed to enable greater engagement from all ages (>12 years), see Appendix i- Workshop Information. Training was delivered, resources produced and continuous support provided by the Project Lead.

We are still 'Living with Covid' and facilitators from this project believe that learning should be taken from this project, as a foundation to continue community conversations related to health inequity, and Building Back Fairer in Manchester.

There are still barriers preventing communities from accessing the information and health services required to keep themselves healthy and safe, and it is also recognised that health services are themselves struggling to provide support needed, due to high caseloads and waiting lists, even

after the pandemic (whether it is physical or mental health, and not just for Covid-19 patients). To help minimise future Covid-19 impacts, it is vital that we raise the issue and keep talking about 'Living with Covid' even if some may suggest that it is over.

This report provides feedback from the 16 Covid-19 Health Equity Conversations covering areas around Manchester. Feedback forms highlighted useful information including demographic data and the top 3 Covid-19 concerns identified by each group from the past and the current situation. Communities told us their stories, the positive and the negatives and what could be improved.

Feedback from the project will highlight the need for relevant services and/or the adaptation of services/resources. We hope it will also complement the engagement already carried out with Covid-19 Conversation Leads across Manchester.

123 people contributed to the Covid-19 Health Equity Conversation, 10 organisations attended the CHEMS 'Train the Trainers Session' and 4 organisations attended the 'Post Project Evaluation and Celebration Event' and 1 organisation fed back via a telephone meeting.

The main themes that were identified were individuals mental and physical health, access to health care, the lack of information, concerns about Long Covid, the cost of living (and its impact on Covid-19 safety and mental health) and the impact on education. However, out of the 16 sessions, 1 session was held with young people and this is a small cohort.

Recommendations made include the benefits of using the 'Train the Trainers' model, funding organisations that have trusted relationships with their communities to deliver interventions to tackle health inequalities, to build on the good work and methods of this community conversations model using the structures and resources in place and to have more information and/or resources available to Secondary Schools and the voluntary sector. Also, to determine 'why' information to our BAME communities is 'blocked' and to continue further engagement with young people in Secondary Schools and community leaders to disseminate information to 'Black, Asian and Minority Ethnic) BAME groups.

All in all, the project was successful in engaging with BAME communities and to determine their needs. Further enquiries would benefit from consideration of views from the LGBTQ+ community and from engagement with more young people from Secondary Schools.

I hope that the recommendations proposed in this report are considered and feedback is given to the participants involved in the conversations.

We hope to keep the conversation going...

*, "Enjoyed the whole experience and don't want it to stop". [Facilitator -Covid-19 Conversation]*

Adrian Ball  
Chief Officer  
Manchester Settlement

## 2. Introduction

### Background

It was on **30th January 2020** when the first two cases of COVID-19 in the United Kingdom (U.K) were confirmed and on **23<sup>rd</sup> March 2020** the 'lockdown' start. **On 11<sup>th</sup> May 2020**, the Government advised people in England to wear face coverings in enclosed spaces where social distancing was not possible. By **21<sup>st</sup> May 2020**, a COVID-19 antibody test was available through the NHS, with health and care staff to be the first to receive it. The 'Contact and Tracing' programme was introduced; however, by **31<sup>st</sup> October 2020** the United Kingdom reached a million COVID-19 cases. Astra Zeneca and Pfizer were the first pharmaceutical organisations to develop the Covid Vaccine which the NHS started providing from 10<sup>th</sup> November 2020.

Cases of the Covid-19 vaccine were and still are higher in BAME communities and the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups in the U.K. A wide variety of explanations for these have been examined, ranging from upstream social and economic factors to downstream biological factors. BAME groups tend to have poorer socioeconomic circumstances which lead to poorer health outcomes. Data from the Office of National Statistics (ONS) and the Public Health England (PHE) analysis confirmed the strong association between economic disadvantage and COVID-19 diagnoses, incidence and severe disease. Economic disadvantage is also strongly associated with the prevalence of smoking, obesity, diabetes, hypertension and their cardio-metabolic complications, which all increase the risk of disease severity (and these illnesses are highly prevalent in BAME communities).

It is due to the findings above that the 'Covid-19 Conversations' were initiated, to identify the 'needs' of the communities and to determine the impact of Covid-19 on their health and wellbeing. This CHEMS Covid-19 Health Equity Project project targeted the communities experiencing health inequalities and thus, health inequity (see below) to identify the immediate indirect consequences of COVID-19 e.g., Mental Health, Domestic Violence and Abuse, Income Loss and also the 'needs' required to help communities keep healthy and safe now that we are 'Living with Covid'.

- that experience racial inequality,
- Communities that experience racial inequality with a focus on young people
- Communities that experience racial inequality with a focus on women and girls
- People who do jobs that are high risk – care workers, taxi drivers, security, hospitality
- Inclusion health groups - New or undocumented migrants, Asylum Seekers and Refugees, Gypsies and Travellers, Sex Workers, LGBTQIA+ communities that experience racial inequality.

### 3. Methodology

Manchester Settlement applied for a grant from Manchester City Council to facilitate the engagement of targeted local people to understand better peoples' needs and concerns, and the impact that Covid-19 has had on them and their loved ones. These targeted groups were those that faced health inequalities and inequity within the field of 'public health'.

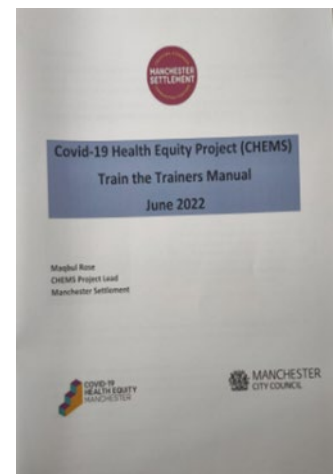
The project had 2 distinct functions. One part of the project was the funding of a wellbeing offer such that community members could access a variety of post lockdown health and wellbeing groups. The second function was to conduct community-based conversations to improve understanding of the impacts that covid had upon potentially widening health inequities.

Therefore, with funding, a Project Lead was recruited and a budget set for various aspects of the project.

#### Project Process

Research was conducted to understand how current Covid-19 Conversations were being implemented and the training that was being offered to those with a role of implementing Covid-19 conversations (included volunteers and Covid-19 Conversation Leads). Also, scoping research was conducted to collate questions that individuals were asking about Covid-19 from interviews with Directors of Public Health, the Manchester Settlement Staff and podcasts (podcasts in Urdu and Punjabi as well as the English language).

It was decided that a 'Train the Trainers' model would be developed and delivered to targeted community leads, Covid-19 Conversation volunteers and leads. Therefore, 2 training sessions were delivered which included a presentation, a training manual and resources (Covid-19 Banner, Covid-19 Timeline Document, Covid-19 Frequently Asked Questions Card Set, Feedback Forms, Monitoring Forms, Consent Forms) which were produced, working with the Manchester Settlement Communications Officer. Two types of 'structured' sessions (a Focus Group and an activity-based session) were developed to ensure methods used suited the target audience i.e. ages 12 upwards – older people. The organisation leads decided which session to use.



#### Recruitment Process

Recruitment for the project was carried out via the CHEMS Sounding Boards and discussing the project with organisations that Manchester Settlement had established working relationships with. Emails were circulated also via the Manchester Settlement Chief Executive and the Project Lead.

A total of 123 people contributed to the conversation. 10 organisations attended the 'Train the Trainers' session and 9 organisations delivered the training to their communities (see list below: -

- Inspirational Women
- Delivering Lifelong and Motivating through Training
- Equal Education Chances
- Newleaf Foundation
- CDM
- Caribbean and African Health Network (CAHN)
- New Testament Church of God
- Across Ummah
- Women Arise

A total of 16 group conversations were held. The Project Lead maintained constant email and telephone conversations with the facilitators to ensure the project ran smoothly and any issues and/or queries were resolved quickly.

### **Train the Trainers Session**

The 'Train the Trainers' session was delivered in a comfortable and informal environment Thursday 16th June and Friday 17th June, 2022. Organisations were paid to attend the 'Train the Trainers' session, to delivery a conversation (could do more than 1) and to return the forms and monies paid out as listed below:-

- £50 for attendance of the 'Train the Trainers' session
- £150 for delivery of a CHEMS Covid-19 Conversation
- £20 for the return of the Feedback Form

Two sessions were held to allow organisations to attend at different times of the day, to accommodate working people. The agenda provided learning on what is meant by 'health', 'health inequalities' and 'equity' as well as the 'social determinants of health' within the context of public health. Also, the sessions developed were thoroughly explored highlighting how and when the new resources could be used to help individuals engage in the conversation. Attendees followed the training with the training manual produced for their own use. The session finished focusing on the 'next steps' and an evaluation form was completed.

*"A really good session- feel confident to get started"* (Facilitator-Train the Trainers attendee).

### **Covid-19 Health Equity Conversation Sessions**

Two different sessions were developed using different methodology to engage the participants. A Focus Group based session and an activity-based session.

The conversations focused on the impact of Covid-19 on families and loved ones in the past and present (top 3 concerns). Questions on Long Covid, Rules and Regulations, How to keep safe and Access to Services were also included. There was also a section on the Feedback Form for facilitators to add pertinent quotes and pictures (see Appendix ii- Forms).

The Focus Group and the Flipchart activity used 'Themes' to engage with participants and record responses. The 'Frequently Asked Questions' card set was used as an ice-breaker to initiate discussions and the 'Covid-19 Timeline' resource was used to remind participants of what they had been through and this was used at the beginning of sessions to ensure all participants were in the 'same frame of mind' to begin sessions.

### Example of a FAQ card



The Project Lead provided support if needed (minimal required) and monitored the number of sessions delivered, ensuring the return of forms and co-ordinated the 'sharing' of resources.



Picture Showing attendees at a CHEMS Health Equity Session

### Data

Demographic, consent data and responses from the discussions were recorded on Feedback Forms.

### CHEMS Post-Project Evaluation and Celebration Event

This event was held on Friday, 26<sup>th</sup> August, 2022 to determine the facilitators' views on the following:-

- The project and project management; its strengths and weaknesses
- The benefits to the facilitators
- The next steps for the project

5 organisations fed back in total and answered the following questions: -

- What helped you deliver the sessions well? i.e. information, training, structure, support etc.
- Any unexpected outcomes? What was a surprise?
- What did you achieve/success?
- If applicable, would you take any aspects from the session to support you in your current role?





Picture showing CHEMS Health Equity Project Post Project Evaluation and Celebration Ceremony.

## 4. Main Findings

The main findings have been recorded below from the Feedback Forms and summarised in the 'Conclusion' section of this report (see Appendix iii for 'all' findings).

### The top 3 PAST concerns

- *People lost their jobs due to ill health from Covid-19*
- *People concerned that their physical health would not return to its former state after contracting Covid-19*
- *Impact of long-term isolation on health & wellbeing – Mental Health - anxiety*
- *Impact on mental health- depression*
- *Impact on mental health - Grief and bereavement*
- *Unable to access GP*

### Other concerns identified

- *Fear of going into hospital and therefore delaying seeking medical attention*
- *Increased job loss and inflation*

### Top 3 CURRENT concerns

- *People anxious about how long Covid-19 will remain*
- *Mental health issues – depression, anxiety, fear of the unknown*
- *Loss of job (homes)*

### Other concerns identified

- *Cost of living -food, bedding, furniture, clothing, bills*

### What could have been done better to help reduce the spread of Covid-19 in their communities?

- *Information about how to keep safe, testing and isolating was very convoluted, making it difficult for people to adhere to the regulations*
- *The Black community (Black Africans) want more support to the voluntary community sectors for more enriching and educational engagements which will boost their knowledge about their health and social wellbeing*

### Were participants clear about 'how to keep safe' whilst living with Covid-19?

- *Messages/information was unclear initially so not sure*
- *Clear now*

### Were participants clear about the 'rules and guidance' now?

- *Not clear – know that the restrictions have been lifted and no longer legal to wear a mask or isolate after contracting Covid-19*
- *Absence of information now to help you stay safe*
- *Clear now but more support should be readily available as it was in the pandemic*

### Was participant access to services affected by Covid-19?

- *Very difficult to get access to health care. GP's changed way of working (no appointments made in advance).*

### **Were participants worried by Long Covid and its impact on health and wellbeing?**

- *Identification of Covid-19 in a timely manner as so many symptoms (and therefore its treatment)*

### **Needs to keep safe now**

- *Not listening to fake news*
- *Joining social groups that would encourage and help improve your mental state*
- *Eating healthy, keeping fit and looking after yourself*
- *Other*
- *Need for more local organisations to be involved and be at the forefront of these conversations in the communities to implement lasting changes*

## 5. Conclusion

This conclusion focuses on the process, provides a summary of the main findings and the 'needs' of the communities to stay safe whilst 'Living with Covid'.

### i) Process

Base:- Implementing the CHEMS project from a Community Hub had many advantages. Firstly, the hub already had good working relationships with various grassroots organisations who deliver their services from the hub and some joined the CHEMS project. Secondly, the hub is well known in the local community, with a Community Team at the core of the hub linking with organisations and individuals, to make connections and develop partnership working to improve health outcomes. Thirdly, the community hub has a supportive ethos that individuals recognise and appreciate.

Model of Delivery: - This report demonstrates that connecting with 'grassroot' organisations to implement the Covid-19 Conversations using the 'Train the Trainers' model has been a successful methodology. The 'Train the Trainers' model ensured the following: -

- There was consistency in delivery of the conversations (included the structure, new resources and monitoring and feedback documents). Sessions could be adapted slightly to suit the audience.
- Individuals collectively understood the aims of the project/conversations.
- Enabled training to be delivered to numerous organisations at once (10 in total).
- A 'support group' was created so organisations could learn from each other.
- Discussion and learning occurred in a safe and comfortable environment allowing for questions, to ensure organisations fully understood and were comfortable with the delivery of sessions.

The evaluation for this methodology highlighted that the facilitators appreciated the training, the 2 types of 'structured' sessions and the resources developed including the Feedback Forms; as a facilitator expressed *"Project's been great! – different approaches and great resources"*. This facilitator used both types of sessions; the Activity session with her young people and the Focus Group with adults.

The people recruited (facilitators) already had links with their own communities and this ensured an honest and safe platform for the Covid-19 Conversations. It was noted from the CHEMS Post Project Evaluation that having an organised Project Lead with a 'clear vision' of what needed to be done and how, promoted a good working relationship as it formed a basis of a well organised project that organisations wanted to be part of. However, having a financial gain was also an incentive for organisations to be involved but evaluations show that facilitators enjoyed delivering the sessions and thought them worthwhile. *Quote from a facilitator, "Enjoyed the whole experience and don't want it to stop"* and another facilitator suggested using the same model to deliver knowledge and understanding on other health issues such as Diabetes. One aspect that facilitators would have liked is the production of more resources, as resources had to be shared due to budget restrictions.

## ii) Concerns

In terms of issues, the main themes were individual's mental health, access to health care, the lack of information, concerns about Long Covid, the cost of living (and its impact on Covid-19 safety and mental health) and the impact on education. However, out of the 16 sessions, only 1 session was held with young people and this is a small cohort (other studies with a larger cohort of young people may find the impact on education greater). The themes have been summarised below.

The health impact of Covid-19 is affected by an individual's economic, social and environmental situation e.g., overcrowding in houses, being unable to work from home (low paid jobs), unable to achieve health potential (lack of healthy food), traveling on public transport (no car ownership) is recognised to affect BAME communities more. The 'Health Inequity' (**differences in health status or in the distribution of health resources between different population groups**, arising from the social conditions in which people are born, grow, live, work and age). Health inequity is present in the themes highlighted by individuals in the CHEMS project and therefore, recommendations have been made to help alleviate some of the barriers to improve health and wellbeing.

**Health (Physical and Mental)** - During lockdown adults and young people's mental and physical health was affected (anxiety and depression were the main concerns). This was due to not being able to socialise and meet loved ones and young people who also were 'bored' by having to access education remotely via computers and unable to go out (also affected their physical health). Adults feared that their physical health would not return to its original state after having Covid-19. During the sessions held from July 1<sup>st</sup>-July 31<sup>st</sup> for current concerns, again the mental health concerns above were raised (anxiety and depression) along with concerns about how long Covid-19 will remain for.

**Access to Health Care/Services** - GP's and hospital access were the main 2 healthcare services mentioned, as GP appointments were difficult to book, hospital operation cancellations were high and also repeat prescriptions were hard to obtain. The 'fear' of going into hospitals due to the high cases of Covid-19, meant individuals delaying seeking medical treatment and self-diagnosed and treated. This was also exacerbated by the fact that individuals were unaware of and still are of support services available (financial, physical and mental health) and therefore felt a general lack of adequate support for people living with Covid-19. For the young people access to 'specialised support' was lacking as they stated that teaching staff were unaware of 'health services' with no opportunities to 'talk' about what they had and were going through. Conversations exposed 'hidden issues' i.e., people still have anxiety about their loved ones being looked after; as waiting for urgent operations. A facilitator noted from his session that people are still feeling angry and frustrated about the lack of health services, and that these feelings are not dissipating. Bereavement services for young people was requested and this again highlights the lack of knowledge about services available.

**Lack of Information** - The findings ascertain that grassroots organisations have a significant role in connecting with their communities with the public health agenda (keeping communities healthy and safe whilst Living with Covid-19). However, to achieve this, public health organisations need to ensure that resources and information are simple and easy to understand as individuals highlighted that information about keeping safe, testing and isolating was convoluted, making it difficult for people to adhere to regulations. The constant changes with the lockdown rules left young people very confused and clearer information would have been useful to keep individuals safe. However, young people are now receiving enough information and know what to do to remain safe. Employees returning to work has helped in this area, as individuals are receiving information from employees; but some are still unsure about what to do if they test positive for Covid-19 (also unsure

of where to obtain testing kits). Individuals feel that there is now less information available to help you stay safe and therefore, there is a need for continued engagement with communities (especially with the winter season changing individuals' behaviour i.e. staying in more and keeping windows closed etc) and/or advice of 'where' to obtain user-friendly information regarding Covid-19 for community leaders. However, it is also recognised that resources (leaflets etc) are available online in various formats and languages. Therefore, we need to further investigate why there appears to be a 'block' in this information getting to our BAME communities.

**Concerns about Long Covid** - With Long Covid, it was the fact that this is a new virus and the many 'unknowns' that are associated with this, especially the diagnosis of Long Covid. The many symptoms that are associated with Long Covid made individuals worry as they feared that infected people may infect others (if they are not testing or isolating themselves). For example, in 1 session, individuals realised during the session, that they or their families may be suffering from Long Covid as the symptoms were explained and many had on-going symptoms such as body aches etc). Not knowing how long symptoms may last, if it would be fatal and the stress it causes young people if they know their parents have Long Covid are a concern also. This emphasises that individuals need again to know where to obtain user-friendly information about what to do if they are feeling unwell and/or test positive for Covid-19. This is more important now with the 'Cost of Living Crisis' which is impacting upon communities in unequal ways, especially in deprived areas and therefore, the purchasing of testing kits can be a last priority for some individuals and their families. This in turn is worrying individuals as they fear job losses due to the impact Long Covid may have on their health. Young people are mainly worried about passing Covid-19 onto their vulnerable relatives (including parents), and it is becoming Long Covid and friends contracting Long Covid, rather than the effect Long Covid would have on themselves.

**Impact on Education** - Young people in Secondary Education feared not achieving their grades and or/failing subjects and having to drop subjects that they wanted to do. Also, the impact that school closures and remote learning had on students with 'learning disabilities', was identified as some found it difficult to adjust to new electronic systems.

**iii) Needs** - This is what local people tell us they want to happen to help them stay safe.

- More educational support is required for the voluntary community sectors around 'health' to boost their knowledge about their health and social wellbeing.
- Joining social groups that would encourage and help improve their 'mental state'.
- Support in eating healthy, keeping fit and looking after yourself.
- Inform communities with correct and relevant information which can be passed onto others (also to include information about preventions strategies i.e., taking Vitamin D and more exercise).
- More research required regarding which communities are being affected by Covid-19 and let the public know.
- Need for more local organisations to be involved and be at the forefront of Covid-19 Conversations in the communities to implement lasting changes.

The needs requested by the individuals can be implemented by sign-posting, providing funding to access or set-up groups, provide suitable resources and information on how to access these and by continuing the Covid-19 Conversations which are included in the 'Recommendations' section of this project.

Health inequities are seen as unfair and can be prevented with the right mix of Government policies. It is hoped that the learning from this project can be built upon and shared with relevant organisations to improve health outcomes for our BAME communities in North Manchester.

## 6. Recommendations

### Process

- i) Public Health to use methodology ('Train the Trainers') for health issues affecting BAME communities.
- ii) Fund organisations that have trusted and good working relationships to deliver projects and/or interventions to tackle health inequalities for targeted communities.
- iii) To continue to build on the good work and methods of this community conversations model using the structures and resources in place *"take learning from all the good work that you have done [on this project] at Manchester Settlement"* (facilitator-Covid-19 Conversation).
- iv) Paying community groups for their time to deliver interventions.

### Access to services

- v) Secondary Schools to have more access to readily available information for 'specialist' Mental Health support services for signposting purposes (including Bereavement Services).
- vi) The voluntary sector to be provided with Covid-19 information and resources for identification.
- vii) The voluntary sector to be provided with information on available support services (mental, physical and financial).

### Covid-19 Conversation

- vii) Undertake further engagement with young people in Secondary Schools and LGBTQ+ communities
- viii) Engage with community leaders to disseminate information to BAME groups.
- ix) Continue the Covid-19 Conversations.

### Information

- x) To identify barriers to 'grassroot' organisations receiving Covid-19 information.
- xi) Co-ordinated approach to the dissemination of resources and information to grassroot organisations.
  - Delivery of educational health and wellbeing workshops to BAME communities



## 7. Next Steps

- i. Report to be disseminated to relevant organisations and groups.
- ii. Report to be disseminated to interested organisations i.e. Nuffield Health, Manchester City Council.

## 8. Acknowledgments

- We would like to thank all the people who took part in the Manchester Settlement CHEMS Covid-19 Health Equity Project, your views will help to shape future services, improve the health and wellbeing of the local community and reduce inequalities for all communities.
- Thank you to Viola Robinson, Project Officer, Manchester Council for inviting Manchester Settlement to help gather people's views.

*"The session is well appreciated for the fact that certain organisations wanted to know and act to help people during post-covid period" (Facilitator-Covid-19 Conversation)*

## 9. Dissemination

The report will be disseminated to the organisations involved and interested parties (see below):-

- Inspirational Women
- Delivering Lifelong and Motivating through Training
- Equal Education Chances
- Newleaf Foundation
- CDM
- Caribbean and African Health Network (CAHN)
- New Testament Church of God
- Across Ummah
- Women Arise
- Nuffield Health
- Manchester City Council

## 10. Appendices

### Appendix i) Workshop Information

<b>COVID Impact Exercises:</b> <b>Facilitator to choose which activity will work best with groups</b> <b>(COVID - 19 Health Flipchart Impact Activity (No 1)</b> <b>or Focus Group (No 2)</b>		
<b>COVID-19 Health Factors - Flipchart Impact Activity (No 1)</b>		
<ul style="list-style-type: none"> <li>• 1) Explain how the session will run</li> <li>• Split attendees into groups (4 on each table).</li> </ul> <p><b>Activity (22 mins)</b></p> <ul style="list-style-type: none"> <li>• Ask attendees to discuss how COVID-19 has affected them in the past and write on <b>Resource Sheet: Covid-19-past impact</b> in pairs (4 mins)</li> <li>• Ask attendees to feed back (voluntary) (3 mins)</li> <li>• Summarise feedback (1 mins)</li> <li>• Explain that next doing an exercise to find out what attendees concerns our NOW (reiterate the change in regulations as a reminder, and remind that not just looking at physical and mental health (2 mins)</li> <li>• Place 1 flipchart 'Heading' on each table and go through each one with an explanation of what it means (2 mins)</li> <li>• Ask each table group to go round each 'table' and fill out how COVID is affecting them NOW with regards to each 'Heading' and to write this on their 'sticky pad' and stick this onto the flip chart (10 mins)</li> </ul> <p><b>3) BREAK (10 mins)</b> – During the break group sticky notes on each 'flipchart Header' into themes.</p> <p><b>4) Discussion – 10 mins (whole group)</b></p> <ul style="list-style-type: none"> <li>• Feedback the themes to the group</li> <li>• On 'Needs' flipchart focus on what 'services' people think are needed to improve their 'health and wellbeing' (can be derived from feedback above).</li> </ul>	<ul style="list-style-type: none"> <li>• Resource Sheet: COVID-19-past impact</li> <li>• 5 flipcharts with 'Heading' in centre of each flipchart. (Headings: physical health, mental health, financial/work/benefits, other, needs).</li> <li>• Stick on pictures.</li> <li>• Thick felt tip pens/marker pens</li> <li>• Sticky notes – 5 notes split into 4 for each group.</li> <li>• Public Health safety messages leaflet</li> <li>• Evaluation Form</li> </ul>	11
<p><b>5) Safety and Regulations (5 mins)</b></p> <ul style="list-style-type: none"> <li>• Hand out COVID -19 'Public Health' messages and leaflets ensuring each group has at least one.</li> </ul>	<ul style="list-style-type: none"> <li>• Leaflets</li> <li>• <b>Websites for leaflets</b></li> <li>• Powerpoint Slide</li> </ul>	11

<ul style="list-style-type: none"> <li>Ask attendees to feedback what they think about the messages/posters.</li> </ul> <p>Prompt Questions:</p> <ol style="list-style-type: none"> <li>Are the messages clear/easy to understand?</li> <li>Do you know what the new rules are?</li> <li>Do you feel safe with the new rules?</li> </ol>	<p><a href="https://www.gov.uk">COVID-19 vaccination: easy-read leaflets - GOV.UK (www.gov.uk)</a></p> <ul style="list-style-type: none"> <li>Department of Health website (download and order online)</li> <li><a href="https://www.gov.uk/government/publications/home-health-publications-leaflets-coronavirus-resource-centre">Home - Health Publications Leaflets - Coronavirus Resource centre (phe.gov.uk)</a></li> </ul>	
<p><b>6) Frequently Asked Questions (5 mins)</b></p> <ul style="list-style-type: none"> <li>Ask attendees to pick cards, read the question and if no one knows the answer, read the answer on the back of the card.</li> </ul>	<ul style="list-style-type: none"> <li>FAQ's Card Pack</li> </ul>	12
<p><b>7) Ice-breaker feedback – 5 mins</b></p> <ul style="list-style-type: none"> <li>Go back to the responses from the icebreaker and see if peoples' expectations/questions have been answered (if not, provide time at the end of the session for 1-1 conversations).</li> <li>Make notes on original flipchart</li> </ul>	<ul style="list-style-type: none"> <li>Original flip chart</li> </ul>	
<p><b>8) Feedback form – 5 mins</b></p> <ul style="list-style-type: none"> <li>Ask attendees to complete the evaluation/feedback form</li> </ul>	Feedback Form	12
<p><b>9) Concluding – 2 mins</b></p> <ul style="list-style-type: none"> <li>Thank attendees for participating</li> <li>Inform attendees that they can contact Maqbul Rose and/or Adrian Ball at Manchester Settlement if they want a copy of the final report (ready by August 11<sup>th</sup> 2022).</li> </ul>		
<p><b>Optional - Active Listening Activity (TTT) – 10 mins</b> (This activity is for the Train the Trainer Session only)</p> <p><u>Role Play (2 mins)</u></p> <ul style="list-style-type: none"> <li>Invite volunteer from organisation to conduct a role play and ask them to talk to you for 30 seconds about a topic.</li> <li>Facilitator actively does NOT listen by looking at watch, phone, interrupting with own conversation, yawning.</li> </ul> <p><u>Flip chart activity</u></p>	<ul style="list-style-type: none"> <li>PowerPoint Slide – Active Listening definition</li> <li>3 flipcharts with each question on (What are the benefits of Active Listening?</li> <li>What are the non- verbal and verbal signs of Active Listening?</li> <li>What are the barriers to active listening?)</li> </ul> <p>Flipcharts</p>	12

<p>Ask attendees each question on each flip chart (1 min each/chart) answering questions below:</p> <p>What are the benefits of Active Listening?  What are the non- verbal and verbal signs of Active Listening?  What are the barriers to active listening?</p> <ul style="list-style-type: none"> <li>• Give out Resource Sheets 1,2 &amp; 3 and go through (4 mins)</li> <li>• Show 'Active Listening' image.</li> </ul>	<p>Sheet 1: Active Listening Benefits and answer sheet</p> <p>Sheet 2: Non-verbal signs of active listening and answer sheet</p> <p>Sheet 3: Verbal Signs of active listening and answer sheet</p> <p>Sheet 4: Barriers to active listening and answer sheet</p> <p>Powerpoint Slide – Active Listening Image</p>	
<b>COVID Impact Activity -Focus Group (No 2)</b>		
<p><b>Conduct agenda items 1, 2 and as above (Introduction, Ice Breaker, Covid-19 Timeline)</b></p>	<p>Resource Sheet: Covid-19 Timeline</p>	
<p><b>Ask the following questions giving attendees time to respond and as above – highlighting that we are now focusing on the impact on 'COVID' now and peoples' needs</b> (ensure consultation with everyone by asking 'quiet' attendees if they have anything to add).</p>	<ul style="list-style-type: none"> <li>• Dictaphone/Personal phone</li> <li>• Or note taker</li> <li>• Focus Group Forms</li> </ul>	
<p><b>Q1: What is Health?</b>  <b>Q2. What do we mean by 'Inequalities in health'?</b>  <b>Q3. Do you feel that the coronavirus/COVID-19 pandemic has affected your health &amp; wellbeing?</b>  Remember that using the term 'health' in a holistic sense (includes, physical, mental, social health).  Ensure are aware of Long Covid health effects.  <b>Q4. Have you been able to access support for your health and wellbeing during the pandemic?</b>  e.g., Psychotherapy, Community Mental Health Team, Support groups, Physiotherapy, Long Covid Clinic etc).  e.g., unable to get GP appointment, delay in hospital operation, cancellations  <b>Q5. Do you feel that the coronavirus/COVID-19 has affected your access to healthcare for other conditions?</b>  <b>Q6. What would help you maintain a better level of health &amp; well-being now?</b>  Aim of the question is to determine what services attendees need/want?  <b>Q7. Now that the regulations have been eased are you anxious about 'living with Covid'?</b>  <b>Q8. What aspects worry you about Long Covid?</b></p>		18

<p><b>Q9. Are you worried about friends or family?</b></p> <p><b>Q10. Are you aware of the guidance and rules now?</b></p> <p><b>Q11. Is there anything else that is worrying you about 'Living with Covid'?</b></p> <p><b>Q12. Anything else that you would like to tell me with regards to this topic?</b></p>		
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Appendix ii) – Feedback Forms  
a) Monitoring Form



**Covid-19 Health Equity Project  
(CHEMS) Monitoring Form**

**1) About you**

The reason we collect the following data is to ensure that we include people to have their say from a wide range of backgrounds and different parts of the community. Everyone matters and everyone deserves a platform to have their say. Information supplied will remain strictly confidential under the Data Protection Act (2018).

**2) Postcode (only the first part of your postcode is sufficient) \_\_\_\_\_**

**3) What is your age? Please tick appropriate box**

- 16 years old or younger
- 17-29 years old
- 30-49 years old
- 50-64 years old
- 65 years +

**4) Do you identify (please tick)**

- As a man
- As a woman
- Other
- Prefer not to say

**5) What is your ethnic group? (please tick)**

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background \_\_\_\_\_

**Black, Black British, Caribbean or African**

Caribbean

African

Any other Black, Black British, or Caribbean background \_\_\_\_\_

**Mixed or multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background \_\_\_\_\_

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background \_\_\_\_\_

**Other ethnic group**

Arab

Any other ethnic group

**6) Have you had Covid-19? (please tick correct answer)**

Yes

No

**7) Are you currently diagnosed with Long Covid?**

Yes

No

**8) Have you had any of the vaccinations or booster?**

Yes

No

**9) What is your religion?**

- None**
- Christian**
- Buddhist**
- Hindu**
- Jewish**
- Muslim**
- Sikh**
- Other** \_\_\_\_\_



**b) Consent Form**



**Covid-19 Health Equity Project  
(CHEMS)  
Focus Group Participant Consent Form**

I agree to participate in the Covid 19 Conversation carried out by (Organisation name.  
I understand the aim is to seek my views on Covid 19.

- I am aware of the topic to be discussed in the session.
- I am fully aware that I will remain anonymous throughout data reported and that I have the right to leave the session at any point.
- I am fully aware that data collected will be stored securely, safely and in accordance with the Data Protection Act (2018).
- I am fully aware that I am not obliged to answer any questions, but that I do so at my own free will.
- I agree to have the session recorded (video or Dictaphone), so it can be transcribed after the session is held.
- I am aware that I have the right to edit the transcript of the session once it has been completed.
- I am aware that I can make any reasonable changes to the consent form.
- I agree for quotes I make to be included in the report as long as they are not attributed to me, unless I consent to include my name.

Participant Name: Please Print.....

Signature .....

Researcher/Host Name: Please Print.....

Signature .....

Date .....

If you have any further questions or concerns about this study, please contact:

**Maqbul Rose - CHEMS Project Lead**

If you are worried about this research, or if you are concerned about how, it is being conducted,  
you can contact:

[Maqbulrose@manchestersettlement.org.uk](mailto:Maqbulrose@manchestersettlement.org.uk) or telephone 07934-937339

c) Feedback Form



## Covid-19 Health Equity Project (CHEMS) Conversation Feedback Form

1) Name of Facilitator: \_\_\_\_\_  
2) Name of Organisation: \_\_\_\_\_  
3) Contact Details: (Email) \_\_\_\_\_  
4) Type of Session (Focus group/Flipchart Activity) \_\_\_\_\_  
5) Target Group: \_\_\_\_\_  
6) No of participants: \_\_\_\_\_  
7) No of volunteers: \_\_\_\_\_

### Session Feedback Questions

Q1a) What top 3 Covid-19 past concerns were identified with regards to 'health' in the broadest sense?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q1b) Any other concerns identified?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q2a. What top 3 Covid-19 current concerns were identified with regards to 'health' in the broadest sense?

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**Q2b) Any other concerns identified?**

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**Q3. What was identified by participants that could have been done better to help reduce the spread of Covid-19 in their communities?**

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**Q4. Were participants clear about 'how to keep safe 'whilst living with Covid-19?' (please state any concerns below).**

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**Q.5 Were participants clear about the 'rules and guidance' now? (please state any concerns below).**

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**Q6. Was participant access to services affected by Covid-19? (please state services below).**

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**Q7. Were participants worried by Long Covid and its impact on health and well-being?**

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**Q8. Please tell us below about any 'other' pertinent points you feel will be important for us to know about.**

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**Q9. If possible, could you please write an interesting quote below from your session which will become part of the report (anonymous please).**

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The completion of this form will enable the payment of monies to your organisation

**Thank you for completing this form and participating in our project.**

Please email to [maqbulrose@manchestersettlement.org.uk](mailto:maqbulrose@manchestersettlement.org.uk)

**Appendix iii) Table 1. Findings - Participants feedback.**

<b>Concern</b>
People lost their jobs due to organisations making savings
Inequalities in access to health care services for women (limited educational attainment, language barriers which impact on access and trust).
Impact on children's mental health long-term
People lost their jobs due to ill health from Covid-19
People concerned that their physical health would not return to its former state after contracting Covid-19
People concerned that their mental health would not return to its former state after contracting Covid-19
Misinformation about COVID-19 and the vaccine (difficult to identify what to believe and what to disregard)
Impact of long-term isolation on health & wellbeing – Mental Health - anxiety
Impact on mental health- depression
Impact on mental health – Suicide attempts
Impact on mental health - Grief and bereavement
Impact on mental health – Fear of death
Impact on mental health – stress caused by not being able to contact loved ones in hospital and waiting for information (increased worry and expected 'bad' news
Impact on mental health – Lock down prevented people from seeing families and friends abroad. Having to quarantine and pay extra was seen as unfair.
Unable to access GP
Increase in domestic abuse
Fear of accessing hospitals as felt would get Covid-19, especially when cases were so high and therefore, led to not contacting health services
Impact on physical health – leading to obesity
12-16 year olds – Mental Health – boredom and constantly on screens to access lessons and homework
12-16 year olds – Physical Health – not getting enough exercise as could not go out
12-16 year olds – Mental Health – lack of socialising/not being able to meet friends
At start of Covid-19 nobody knew what Long Covid was, and so people were trying anything as a means to ease the pain and discomfort they were experiencing
Longer term impact on health for older people reluctant to leave their homes
Coming into contact with people who have not been vaccinated
Fear of going into hospital and therefore delaying seeking medical attention
Government misleading acts
People getting Covid-19 despite having the vaccine
Food poverty
Debt
Increased job loss and inflation
Children frustrated and depressed

Loss of many friend and family members
Self-diagnosis (due to health inequalities impacting on access to services due to educational attainment and language barriers which impacts on 'trust' of services)
12-16 year olds – stress caused by not being able to access internet at times
12-16 year olds – Education affected as always feeling you are behind (Mental health affected)
<b>Top 3 CURRENT concerns</b>
People still not fully aware of Long Covid, the signs, symptoms and how long a person has to deal with it
Effect on child development due to school closures (young children- Primary School age) – affected development in social skills and speech, increased knowledge gap and felt that there is an increase of children with 'special needs'
Months after the pandemic women still feeling poorly i.e., body aches, loss of breath, numbness, headaches, swollen fingers
People concerned about how many vaccine doses they will need to stay safe now that we are living with Covid-19
People anxious about how long Covid-19 will remain
Health impact of the vaccine in the future
Not being able to access GP as quickly as pre-Covid (having to wait weeks)
Access to health services - Hospital appointments being changed
Access to health services - Long waiting list for hospital appointments
Access to health services – Not aware of many services that are available for support (financially, mentally or physically) – contact GP only if have an issue
Mental health issues – depression, anxiety, fear of the unknown
Mental health – fear of using public transport
Loss of job and therefore homes
Deterioration in physical health
Financial – unable to afford masks
Impact on young children (mothers) – physical and mental health
Difficult to identify if have Long covid and are taking over the counter pain killers
Long Covid has left people with long lasting symptoms – impacting family and work life (advised to seek medical help during session)
12-16 year olds – not achieving grades and/or failing subjects
12-16 year olds – Feel that wealthier people have healthier lifestyles
12-16 year old – If have autism, difficulty in understanding and adjusting to new systems and people think you are being difficult
<b>Other concerns identified</b>
Why 'Test and Trace' system ended abruptly
Cases are rising again but there is not a similar level of seriousness to address the issue compared to last year
Concerned about not receiving information about vaccines affecting health
Confusion over identifying Covid-19 if have cold etc and then can pass onto others
Some believe Covid-19 was a plot.
Ambiguous messages and misleading acts from the Government
Mental health – depression
Physical health – lack of exercise
Over-eating/weight gain

Cost of living -food, bedding, furniture, clothing, bills
Inadequate support services
Effect on business – woman expressed that she felt she did not receive support and was discriminated against due to the type of visa that she had; (has a hospitality business). The business could not trade because there were no customers and secondly the business support that the government offered to businesses during the pandemic was only available to British people or those with indefinite leave to remain. She felt so discriminated and hopeless as she is a single parent with two children
<b>What could have been done better to help reduce the spread of Covid-19 in their communities?</b>
NHS is understaffed causing hospitals to be overwhelmed with the high number of Covid-19 cases. Understaffing issue needs to be addressed
Information about how to keep safe, testing and isolating was very convoluted, making it difficult for people to adhere to the regulations
Access to GP's difficult/impossible
Mistrust in information released about who was affected by Covid-19 more
The Black community (Black Africans) want more support to the voluntary community sectors for more enriching and educational engagements which will boost their knowledge about their health and social wellbeing
Appropriate protective equipment in hospitals
Honesty regarding the 'real' dangers from the start
Enough test kits
No 'Eat Out' Scheme as putting elderly at risk (but could not visit care homes!)
Provided information about other services (financial, physical and mental health support) as people unaware of any and could therefore not seek help
12-16 year olds – Clearer information – numbers of people who could meet constantly changing and the tier system
12-16 year olds – everyone should have stayed home (only leave house to collect food)
Lockdown implemented sooner
Allowed to go abroad and not having to quarantine in hotels but in own homes
<b>Were participants clear about 'how to keep safe' whilst living with Covid-19?</b>
Approximately 70% not clear about what to do if they contract Covid-19 (using their own discretion to keep safe).
Confusion about whether one had to isolate or not after testing positive for Covid-19
Not clear on how long to isolate for and what protocol to follow if still unwell after 2/3 weeks
Messages/information was unclear initially so not sure
Not enough information given about the vaccine
Delay in information regarding the cancellation of large public events
Clear about keeping safe – but very disappointed about the cost of testing kits and lack of adequate support to people living with Covid-19
Clear now
Clear as provided with information from employers
12-16 year olds – Government could have set a better example and follow the safety guidelines themselves
12-16 year olds – Received lots of information about what to do

<b>Were participants clear about the 'rules and guidance' now?</b>
Not clear – know that the restrictions have been lifted and no longer legal to wear a mask or isolate after contracting Covid-19
Have had little or no information about where to get testing kits and which group of people could get them for free.
Few people know about the Government website for up-to-date information on travelling and Covid-19
Absence of information now to help you stay safe
Clear now but more support should be readily available as it was in the pandemic
Clear now
12-15 year olds – No – only know that had to isolate from people if have Covid-19
12-15 year olds – Only have to wash hands
12-15 year olds – Not aware of any rules and guidance
<b>Was participant access to services affected by Covid-19?</b>
Very difficult to get access to health care. GP's changed way of working (no appointments made in advance).
Automatic repeat prescriptions difficult to get
Serious operations cancelled (heart bypass) and consultant appointments delayed
Operations delayed
Difficulty engaging with 111 service due to being hard of hearing
Appreciated 111 service for advice as could not access GP services
Fear of going to hospital due to visitor restrictions
Not aware of what support services were available (finance, physical and mental health support)
12-15 year olds – Student had to drop subjects that they wanted to do (school education affected)
12-15 year olds - School closure affected students (should have kept schools opened instead of pubs/restaurants)
<b>Were participants worried by Long Covid and its impact on health and wellbeing?</b>
Anxious about living with Long Covid (research takes 2/3 years)
Affecting employment (cannot do job anymore due to effects of Long-Covid) and how long is going to be affected for
Fear of people not testing themselves and/or isolating and affecting others
Stress caused by employer guidelines for those affected by Long Covid, reduction in wages and potentially losing job
Identification of Covid-19 in a timely manner as so many symptoms (and therefore its treatment)
Length of time one may suffer with Long Covid
Attendees who suffered from Long Covid and worried about dying and it was a very unpleasant experience
Worried about Long Covid and its impact on their health
Worried about Long Covid and its impact on them and their young children
Have Long Covid and are worried about its impact on their families (family members are worried for them)
Participants not heard about Long Covid (when explained to them in session they felt that they or family members might be suffering from Long Covid as many had on-going symptoms such as body aches, hair loss etc)



12-15 year olds – worried about parents if they got Long Covid
12-15 year olds- worried that friends may have Long covid if not see them for a while
12-15 year olds – worried about passing Covid-19 onto vulnerable relatives if they passed it on and then it became Long Covid
<b>Other pertinent points we need to know about?</b>
Not trusting GP’s diagnosis over the phone (appointments) for serious health issues; would have preferred a physical health check-up
Receptionists to be more sympathetic as hang up on you if they can’t hear you (frustrating as waited on phone for over 40 mins)
Need more information about prevention strategies i.e., taking Vitamin D and more exercise etc
More could be done to inform communities with the relevant information which they can pass onto others
More research required to show which communities are being affected more by Covid-19 and let the public know
Unfair treatment for minority groups during Covid-19 pandemic
Requesting Youth bereavement sessions
12-15 year olds - No support for pupils with any Mental Health Concerns
12-15 year olds – Loneliness as unable to see friends
12-15 year olds – Greater anxiety – found it difficult to concentrate and didn’t understand the work being set (education affected)
<b>Needs to keep safe now</b>
Not listening to fake news
Joining social groups that would encourage and help improve your mental state
Eating healthy, keeping fit and looking after yourself
<b>Other</b>
Need for more local organisations to be involved and be at the forefront of these conversations in the communities to implement lasting changes

#### Appendix iv) Demographic Data

The majority of individuals were from BAME backgrounds living in North Manchester (see Table 2. below and Table 3. Ethnic Groups

**Table 2. CHEMS Engagement Wards**

<ul style="list-style-type: none"> <li>• Ashton-Under-Lyne</li> <li>• Bolton (BL2)</li> <li>• Bury</li> <li>• Cheetham Hill</li> <li>• Chorlton</li> <li>• Collyhurst</li> <li>• Crumpsall</li> <li>• Droylsden</li> <li>• Failsworth</li> <li>• Gorton</li> </ul>	<ul style="list-style-type: none"> <li>• Miles Platting</li> <li>• Moss Side</li> <li>• Moston</li> <li>• New Moston</li> <li>• Newton Heath</li> <li>• Oldham</li> <li>• Openshaw</li> <li>• Salford</li> <li>• Stockport</li> <li>• Tameside</li> </ul>	<ul style="list-style-type: none"> <li>• Harpurhey</li> <li>• Longsight</li> <li>• Manchester City Centre</li> <li>• Trafford</li> <li>• Urmston</li> </ul>
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**Table 3. Ethnic Groups**

<p>Arab -1  Blank – 1  German – 1  Jewish – 1  White – 1  White + Other – 1  White + Black Caribbean - 2</p>	<p>Black British – 3  Indian – 3  Other – 3  Pakistani – 5  White + Black African – 6  African Caribbean – 24  African – 71</p>
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## Appendix v) – About Manchester Settlement

### Manchester Settlement

Manchester Settlement has been a community charity for over 125 years. Throughout this time, the charity has supported the community of North East Manchester through "Creating Cycles of Community Change" (see below): -



- The charity ensures we understand community needs and work together to solve problems
- Identify individual strengths and build confidence
- Ensure we deliver ever-changing palette of services to meet the developing needs of individuals, families and communities, providing activities and forming networks with all our stakeholders

In the last 12 years the charity concentrated its impact within Openshaw, Clayton and Gorton areas of North Manchester, these being the areas that surround the fabulous community centre.

The charity delivers a range of services for the local community through embracing the ideas and energies of community members in addressing the needs and potential of all the community. From the vibrant community charity, the following is provided: -

Nursery and Childcare  
Family Support  
Community health and Wellbeing services  
Food Projects  
Volunteering  
Supported and Open Access Youth Services  
Supported Housing for Care leavers