healthwatch Manchester

COVID-19 3 Communities – What has changed?

Investigating the effectiveness of safety information around COVID-19 for Chinese, Deaf and South Asian communities

A comparison between 2020-2021

June 2021

Contents

Recommendations

1. An open and ongoing dialogue needs to be created and maintained between statutory providers and the local community and cultural independent sector around COVID-19 safety information. The aim of the dialogue should be to improve the capacity for the local community and cultural independent sector to manage this information successfully. There are resourcing implications associated with such capacity building but these should not preclude a constructive dialogue such as this.

2. There needs to be a greater focus on the accessibility of information to ensure that it reaches all of our communities. A review of how information is rapidly made accessible by our local statutory partners needs to take place.

3. The role of pharmacy in ensuring a rapid and accessible avenue for safety information needs to be explored further. Healthwatch Manchester, with its track record of collaborative partnership with local pharmacies, is in an ideal position to take this work forward.

1. Introduction

1.1 In June 2020 Healthwatch Manchester began a survey investigating the effectiveness of safety information around COVID-19. This report can be viewed here.

1.2 With the UK vaccination process underway, we decided to repeat the survey to see if anything had changed since we originally sought the public's views back in the summer of 2020.

1.3 As with our previous survey, two groups of people were identified as requiring this investigation due to their disadvantage in accessing standard safety information around COVID-19 infection. These communities are:

- People for whom English is a second language
- People with a disability

1.4 Both communities share the commonality of having English as their second language, in that BSL is the primary language for deaf people. For this reason, people from Manchester's Deaf community were targeted for their response.

1.5 Members of the Healthwatch Manchester trustee board directed the original investigation toward the South Asian and Chinese communities as priority areas for engagement, and we continued with this focus during our work for this follow-up report.

2. Background & Rationale

2.1 People from disadvantaged communities often face pronounced health inequalities, particularly around accessing information. This is pronounced in those communities for whom English is a second language.

2.2 Our initial report from last year highlighted gaps in the quality and accessibility of COVID-19 information accessed by these communities. We concluded that the best way to measure if any improvements had been made was to repeat our original survey.

2.3 In June 2020 at the Healthwatch Manchester trustee board meeting, the issue of poor access to safety information around the transmission of COVID-19 was identified as a priority area of work for immediate effect. Three communities were identified as facing particular disadvantage:

- Deaf
- South Asian
- Chinese

2.4 Healthwatch Manchester is in a strong position to conduct an investigation into the issues facing these three communities around accessing COVID-19 safety information.

3. Methodology

3.1 A questionnaire/survey was designed to allow the public to express their thoughts and opinions about the standard and accessibility of information regarding COVID-19.

3.2 Based on feedback which we received from our original survey, a small number of minor changes were made to the layout in order to improve the user experience. Furthermore, with the UK vaccination process having begun in late 2020, we also decided to add new questions exploring people's attitudes towards the vaccines.

3.3 As with the original survey, this was deployed through Healthwatch Manchester's established distribution channels to the wider public. This was also strongly promoted to the three communities via the board members who champion those communities.

The other primary distribution route was through our social media channels. We promoted the survey through our Twitter and Facebook accounts and we also paid for Facebook advertising to ensure that the survey reached as many people as possible.

3.4 In order to ensure the accessibility of the survey, it was translated into language specific versions and deployed through the distribution channels of local voluntary community service providers of health and social care services to those communities. The survey was translated into Urdu, Simplified Chinese and Gujarati.

3.5 The survey was launched at the end of January 2021 and ran until the end of March 2021.

3.6 The responses were analysed and the findings used to produce the recommendations found in this report.

4. Key Findings

4.1 For ease of reporting, three groups of people have been chosen which best identify the issues faced by their disadvantaged communities:

- Group A – general public
- Group B – people for whom English is a second language, including Chinese and Urdu speaking communities in Manchester
- Group C – people with a disability, including people from the Deaf community in Manchester

4.2 To begin with, we asked people which activities they found most useful in helping them to cope during the pandemic.

Across all groups, communicating with friends and family, exercise and reading were the preferred choices. These top 3 choices for each group remained the same from our earlier survey.

4.3 We asked people if they had been self-isolating during the pandemic. In total, 33% of all respondents reported that they had been self-isolating, whilst 67% said that they had not.

This represents a clear shift from our previous survey, in which 52% of respondents stated that they had been self-isolating against 48% who said that they had not.

Figure 1 – Percentage of respondents who had been self-isolating during the pandemic (2021 survey)

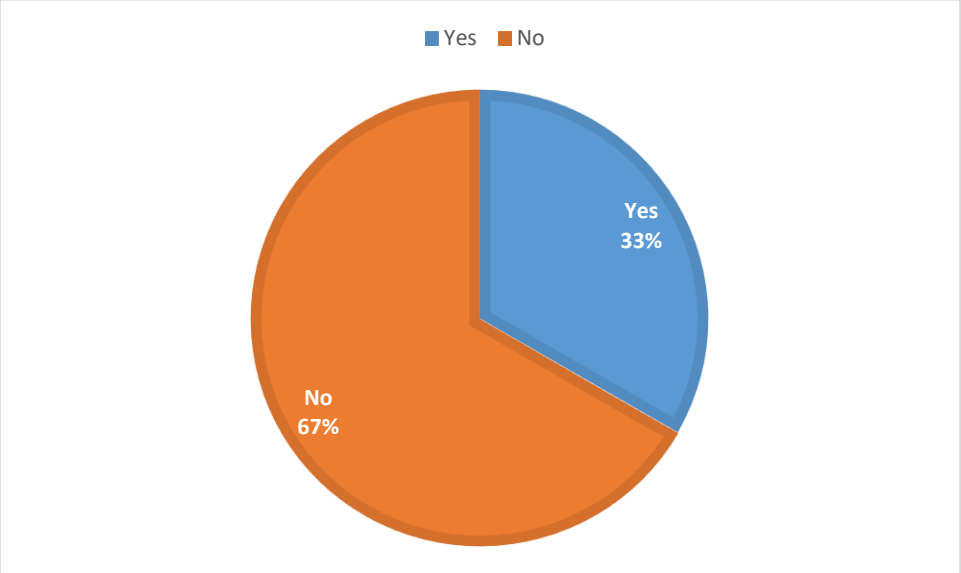
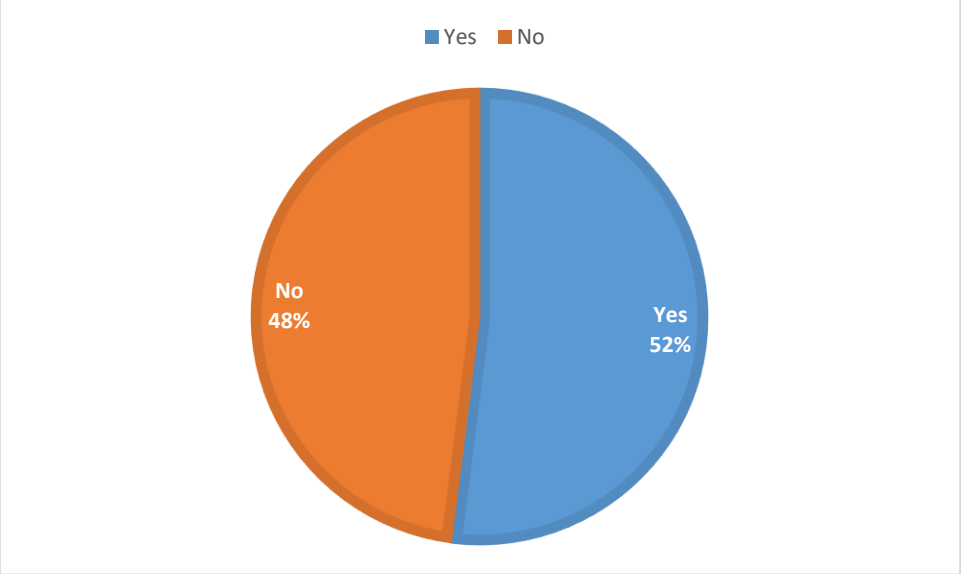


Figure 2 – Percentage of respondents who had been self-isolating during the pandemic (2020 survey)



The only cohort which reported a majority who had been self-isolating was group C, with 54% of respondents stating that they had been self-isolating. This figure is consistent with that recorded during the previous survey.

4.4 We then asked those people who had been self-isolating to specify the reason why they had been doing so.

Similar themes appeared in the comments through all groups as in the previous survey, with the most popular reasons for self-isolation being as a consequence of an existing medical

condition, medical advice to do so, testing positive for COVID-19 or experiencing COVID-19 symptoms.

The only noticeable increase was regarding the number of people who said that they had contracted COVID-19 or had COVID-19 symptoms. However, given the time that had elapsed since our initial survey, this is as we would have expected.

Below is a sample of the comments which we received:

- "Medical [sic] advice off GP telling me to isolate"
- "I have asthma and can get annoyed with people who are not adhering to the guidelines so i only go out when i have to."
- "Classed as vulnerable due to age"
- "I live in a shelter accommodation [sic] for over 55s. Needed be careful many people around and some not taking lockdown serious"

4.5 We asked if people felt well informed about the risks posed to their health from COVID-19. Two groups, A & B, reported with a clear majority that they felt that they had been well-informed about the risks to their health from COVID-19.

Figure 3 – Percentage of respondents who felt well informed about the risks posed by COVID-19 to their health (2021)

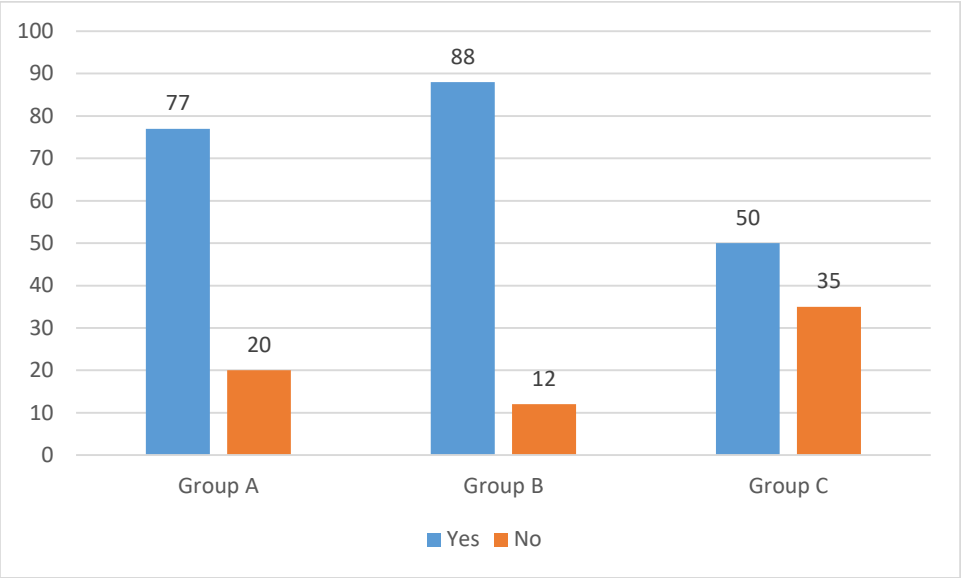
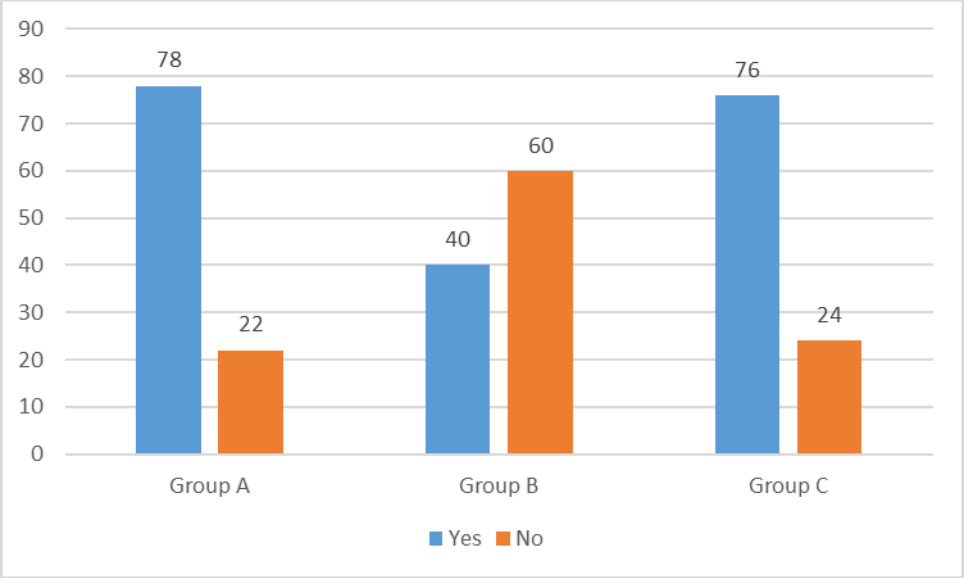


Figure 4 – Percentage of respondents who felt well informed about the risks posed by COVID-19 to their health (2020)



There are two notable changes which arise from the comparison of the two survey results. Firstly, in group B there was an increase of 48% in the number of respondents who reported feeling well-informed about the risks posed to their health in comparison to our earlier survey.

Secondly, group C recorded a drop off 26% in those who felt well-informed, with only half of our group C respondents responding positively.

The comments that we received from group C respondents highlighted one main area which could explain the drastic difference in results. Some respondents stated that the information was not accessible, as they needed it to be provided in an easy read format, whilst others said that online only information was not accessible due to a lack of internet access.

Below is a sample of comments received from group C respondents:

- “Easyread info in plain english simple text can help me understand”
- “some people [sic] don’t understand [sic] what is going on we need easy read info and keep it simple.”
- “Give us info in a way I understand, easy read, large print and guidance of what to do and not do in lockdown”
- “call people via phones and send info in the post as I’m not online”

4.6 We then asked people to rate the standard of information regarding the COVID-19 pandemic on a scale of 1 (bad) to 5 (good). The average score in group A was 2.7, group B was 3.05 and group C 3.9.

Figure 5 – Average rating (out of 5) for the standard of information received (2021 survey)

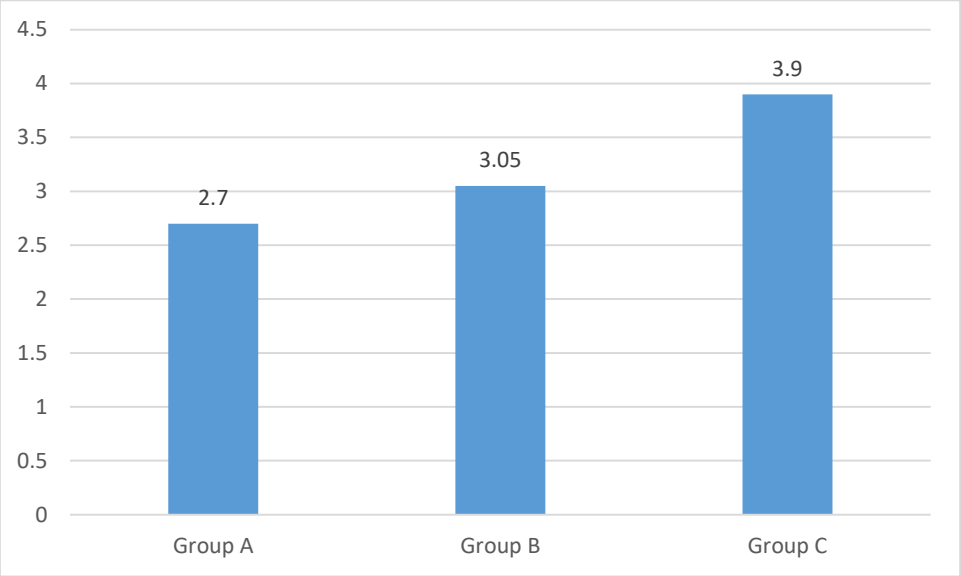
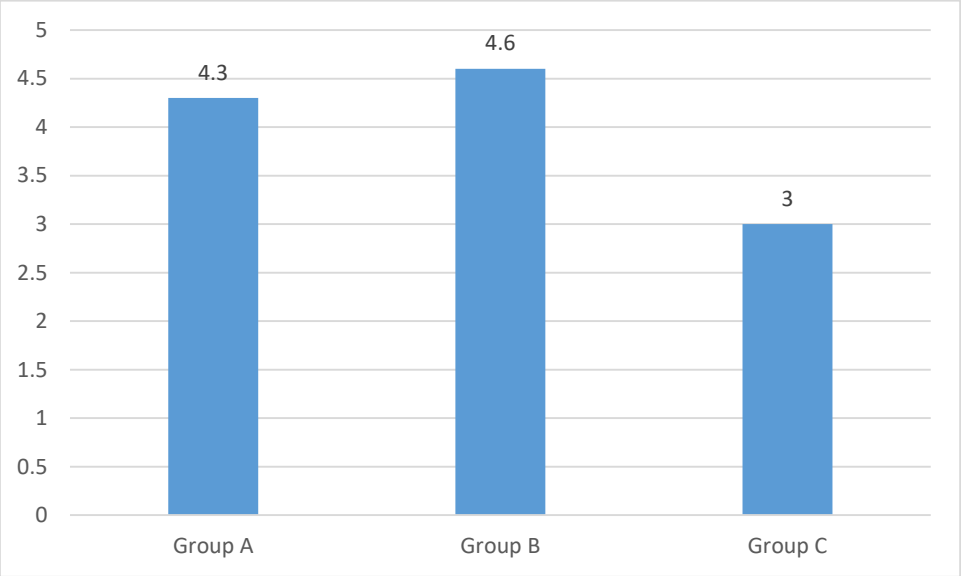


Figure 6 – Average rating for the standard of information received (2020 survey)



Most notably group A recorded the largest drop of 1.6, whilst group C was the only cohort to record an increased score, which was 0.9.

4.7 Following our previous question, we then asked the participants what could have improved the standard of information which they received. Below is a selection of the comments received:

- "[information] only provided [sic] in English"
- "The news/social media have not done well for providing accurate information. If I couldn't read a scientific paper I would have struggled"
- "Greater clarity, less conflicting messages, simple to follow statements"
- "Consistent, up to date advice, not based on scaring the general public. Explanation behind decisions & sharing of the "science" they've been following. Full community involvement as opposed to reaching those with digital access."

- "Simple straight uncomplicated advice"
- I think it was fine, just a matter of listening and using your common sense and respect for others"
- "Stop saying one thing then changing your minds."

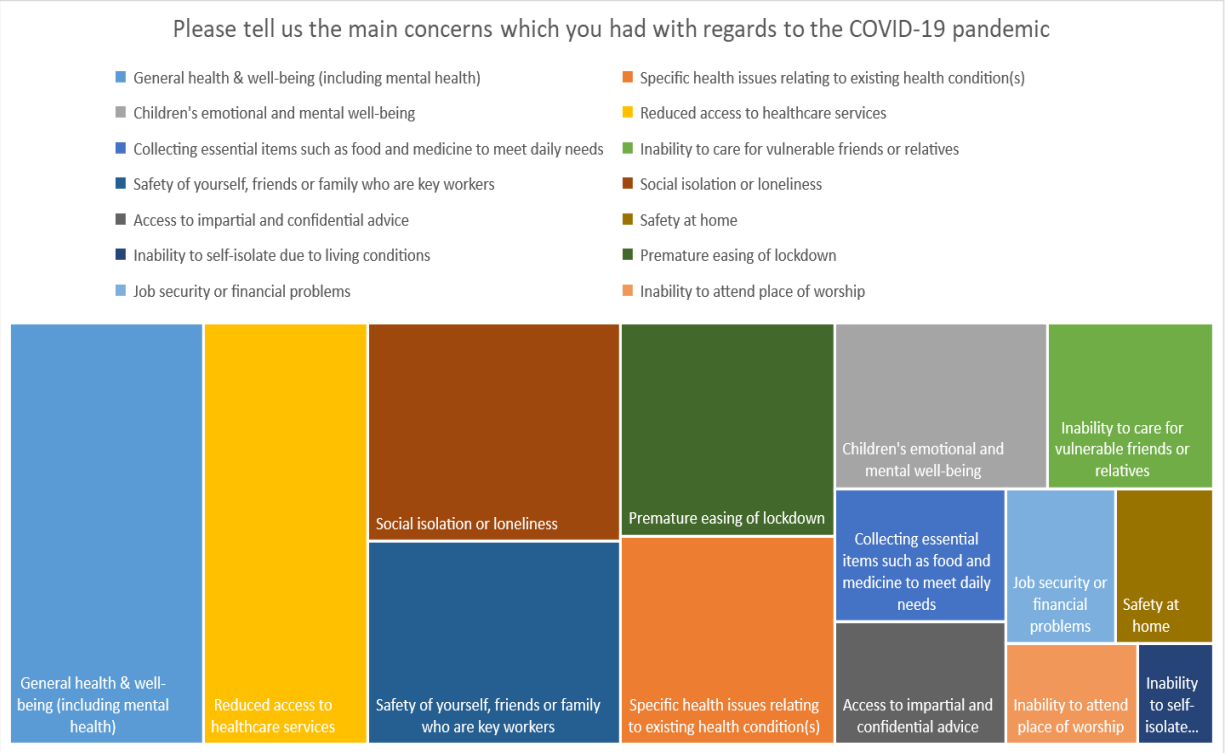
The themes which appeared were broadly consistent with those which were raised by respondents in our original survey. Those comments which were most commonly received were regarding the need for simple and straightforward communication messaging, avoiding conflicting advice as much as possible. This was also one of the main themes recorded in our original survey. It is also worth noting that we did receive a number of comments from people who were unhappy with the information which was provided by the news and established media outlets.

4.8 We asked the respondents what has been their main source of information about the COVID-19 pandemic. Across all groups, television and the internet (predominately social media sites such as Twitter) were the two main sources of news cited.

A significant number of respondents from group B and group C highlighted local community/voluntary organisations as one of their main sources of information. The number of comments referring to these organisations represented a noticeable when compared with our original survey.

4.9 We then asked people what their main concerns were with regards to the COVID-19 pandemic. The TreeMap below highlights the predominance of each concern across the total pool of respondents. General health and well-being (including mental health) was the most commonly identified concern (this was the case for all groups), followed by reduced access to healthcare services.

The main concerns highlighted were the same as recorded in our previous survey.



However, it is important to note that for group B respondents the most common concern raised was reduced access to healthcare services. Again, this also was raised by group B respondents as one of their major concerns during our initial survey.

4.10 We asked respondents if they were aware of the available service to help support with their main concerns. The responses differed somewhat to our earlier survey.

Overall, a majority of our respondents within all groups reported that they were aware of the services available to support them with their main concerns. However, whilst groups B and C reported a healthy increase in the numbers of people reporting positively (19% and 15% respectively), group A saw a decrease of 12%.

Figure 7 – Percentage reporting positively to being aware of the services available to support them with their main concerns (2021 survey)

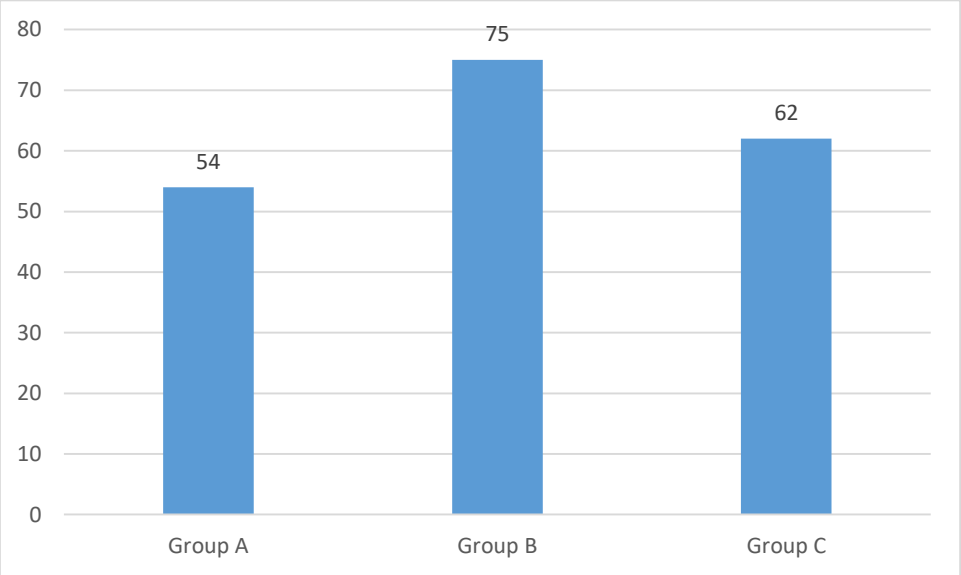
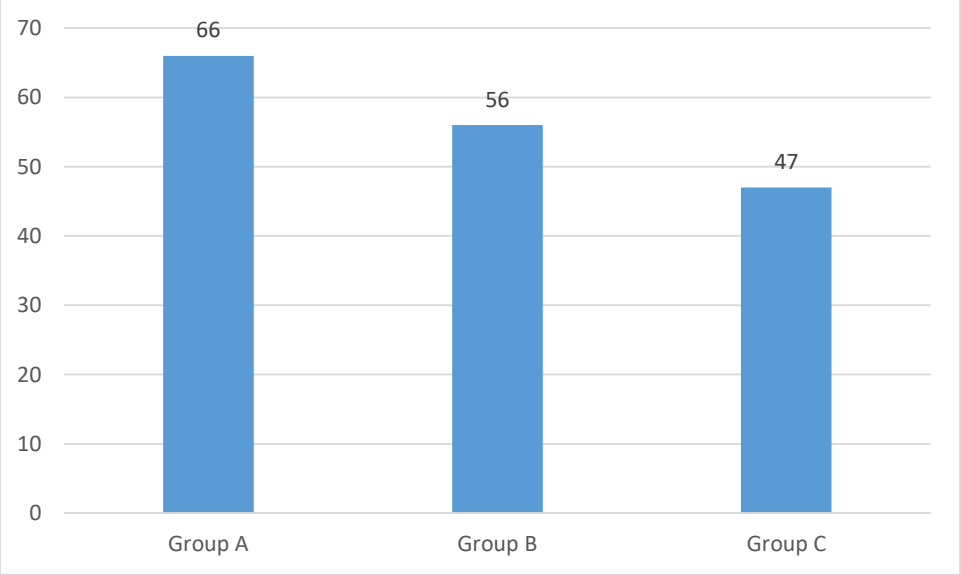


Figure 8 – Percentage reporting positively to being aware of the services available to support them with their main concerns (2020 survey)



The group which reported the highest percentage of people reporting that they were aware of the available services was recorded in group B, with 75% reporting positively. This represents a 19% increase on our previous survey and was the largest increase out of the three groups.

4.11 We then asked participants where they would have preferred to have accessed support from during the pandemic.

The main change from our previous survey was a significant increase in the number of respondents selecting a voluntary/cultural specific community group as a preferred source of support. The change was particularly driven from our group C respondents, which saw a significant increase.

Please note that for the 2021 survey, following feedback on our initial survey, we altered the response options to allow respondents to select more than one service.

Figure 9 – Percentage reporting where they would have preferred to access support during the pandemic (2021 survey)

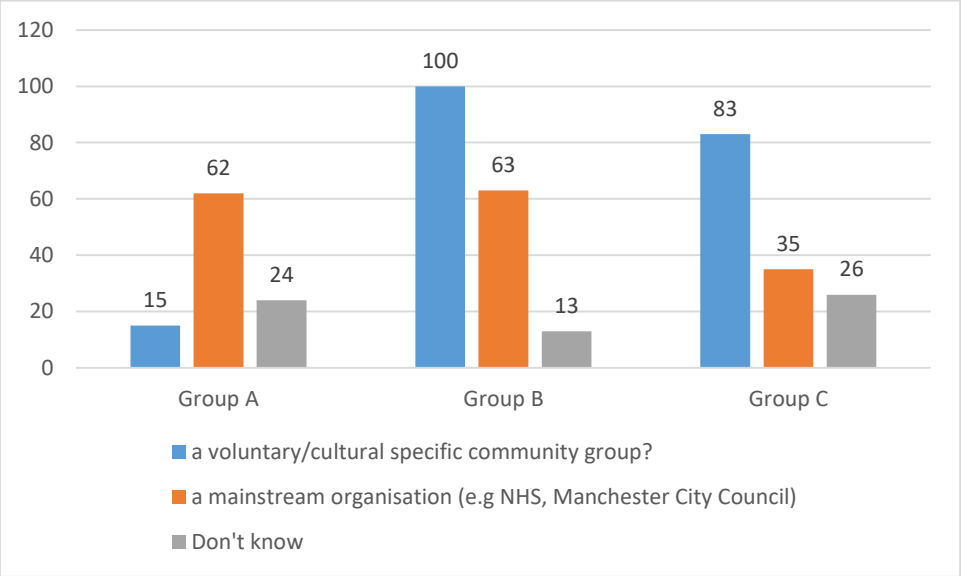
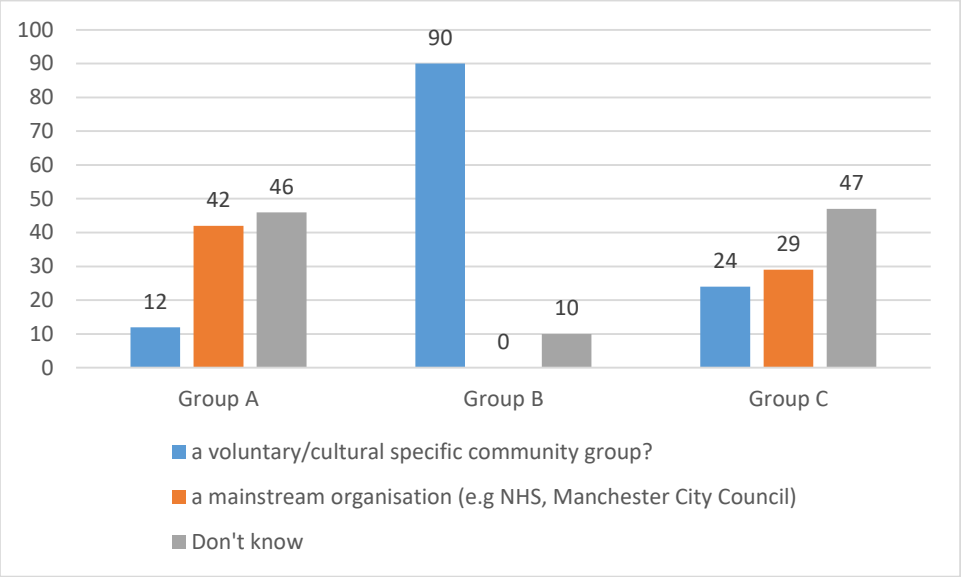


Figure 10 – Percentage reporting where they would have preferred to access support during the pandemic (2020 survey)



As stated above, the option of 'a voluntary/cultural specific community group' was the most commonly selected choice made by our respondents. It is clear that for groups B and C voluntary/cultural specific community groups have played a vital role in supporting them through the pandemic and have taken on an increased role since our initial survey, particularly for those respondents from group C.

However, it should also be noted that for group A the most common option selected was support via a mainstream organisation. This was consistent with the results from our earlier survey.

4.12 We then asked participants where they would prefer to access support from in future. The results almost exactly mirrored those from the previous question.

Figure 11 – Percentage reporting where they would prefer to access support in future (2021 survey)

4.13 We asked the respondents which healthcare services they had used during the pandemic

As with our previous survey, throughout all groups the most common services used was a pharmacy followed by that of a GP. This was consistent across all groups.

4.14 We then asked those respondents who had used healthcare services during the pandemic, to rate how satisfied (on a scale of 1-5) they were with the service. The average score for each reporting group were as follows:

- Group A – 3.4
- Group B – 2.9
- Group C – 3.55

4.15 We followed up the previous question by asking respondents what could have improved their experience.

As with our earlier survey, we received a wide variety of answers, including some which related to a specific provider whilst others offered a more general overview. The main theme which was recorded related to the accessibility of services, with particular regards to booking appointments. Below are a sample of the comments received:

- "On pharmacies, some kind of streamlining to speed up service. One has to spend so much time hanging about in the shop with potential to catch Covid-19 there."
- "Concerns at gp to make appointments"
- "Didn't feel confident with telephone consultation with GP..."
- "More appointment availability at the dentist"
- "Better information"
- "Easyread info and access to services"
- "GP - not very good service, been asked to take a photo of the problem and send it in and get a response 48 hours later. Also what do ppl do if they are not on line and can't use a device (laptop/tablet) also not everyone is online or has access to a smart phone. People who can't read how do they use a service."
-

4.16 We then asked respondents which, if any, services they needed to access during lockdown but which were not available. The most common services named in response to this question was a dentist and GP.

4.17 To follow up on the previous question, we asked respondents to try and identify why they were unable to access these services.

Figure 12 – Group A results

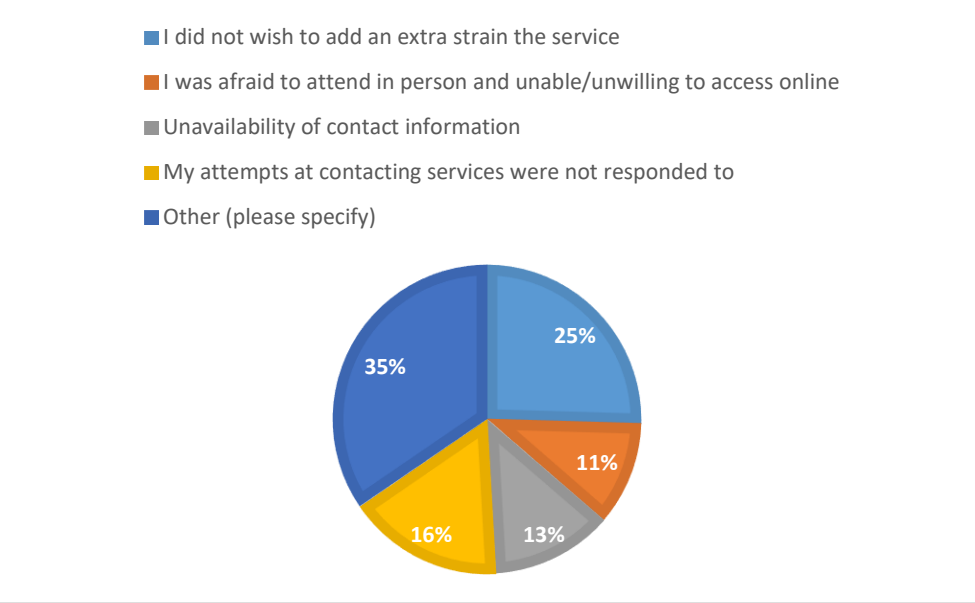


Figure 13 – Group B results

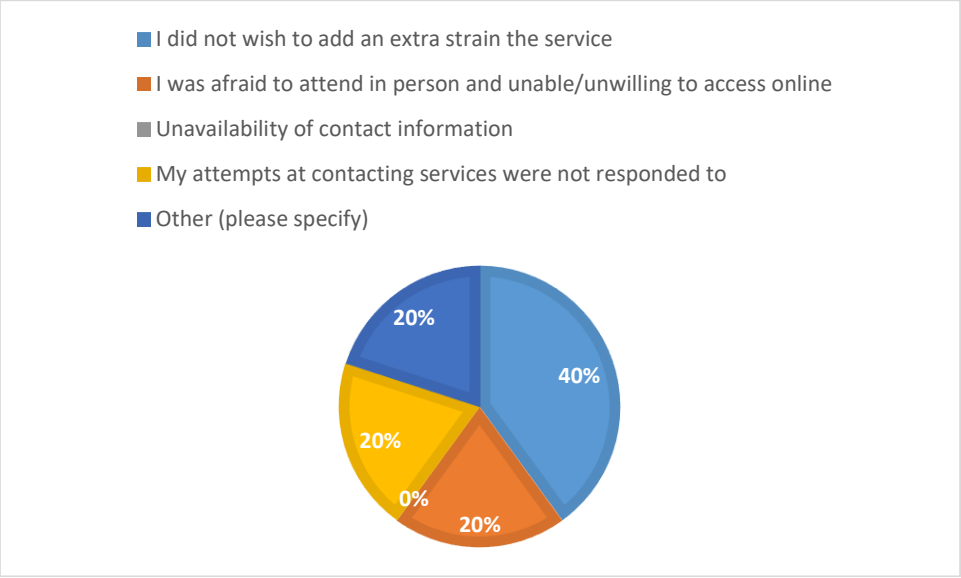
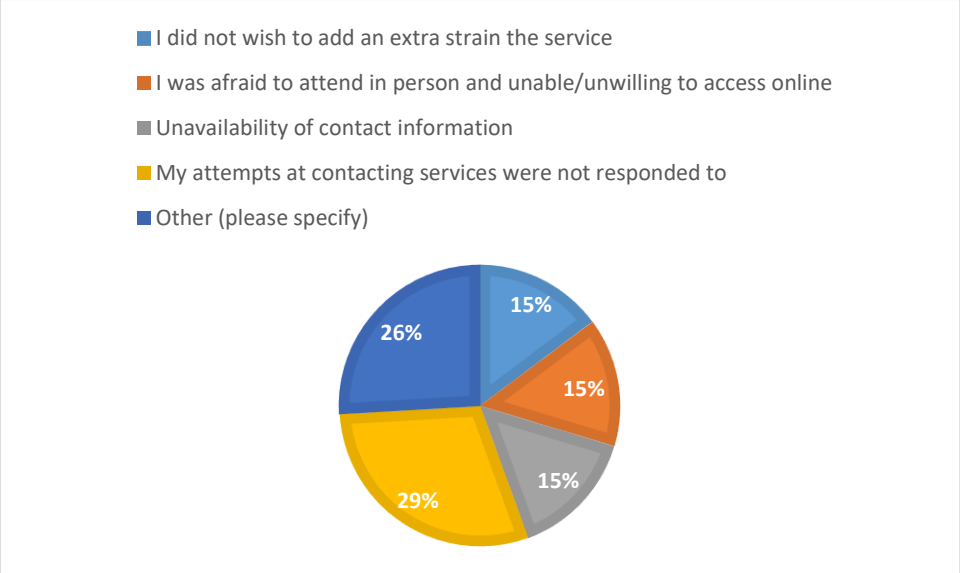


Figure 13 – Group C results



Whilst the most common available selection overall was not wanting to add an 'extra strain to the service', for our group C respondents the option most selected was 'my attempts at contacting services were not responded to'. We also had a significant amount of comments through the 'other' section, the overwhelming majority of which spoke about the required service being closed or appointments being cancelled. Below is a sample of the comments received:

- "services suspended during lockdown"
- "they were closed"
- "Repeated cancellations of appointments and lack of face to face care when there was obviously an urgent issue"

4.18 We then asked a series of questions relating to their thoughts towards the COVID-19 vaccination programme.

4.19 Our first question asked respondents to rate how comfortable they would be of having a vaccine. Group A reported an average score of 8 out of 10, group B had an average score of 6.6 and group C reported an average score of 7.8.

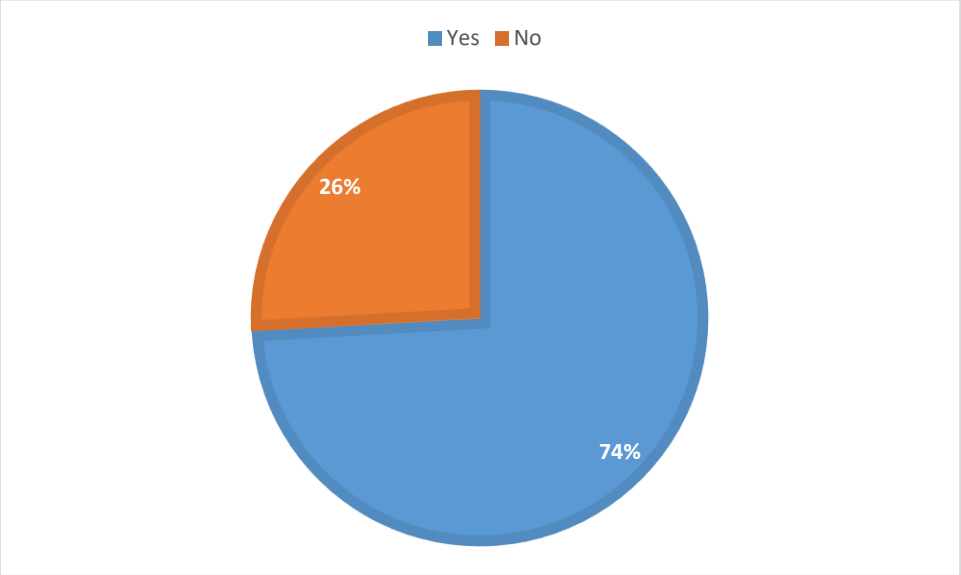
4.20 Following on from the previous question, we asked people to comment and provide a reason for their score. The vast majority of comments which we received expressed support and confidence in the vaccines with only a small number of people indicating any opposition.

Below is a sample of the comments received:

- "There has not been enough research into the vaccine, or the long lasting impact on people's health"
- "I have had my first already and I have to trust the science"
- "Seem the best way forward for everyone to be safe"
- "I was worried and didn't want to have the jab because I thought something strange [sic] was in it due to lack of info and then a professional came and spoke to us on the phone and they answered [sic] all my questions and I was happy (ish) to have my first jab yesterday"
- "I don't fully understand how the vaccine work but I know that if I take it, it will do me good."

4.21 We then asked our respondents if they were aware that it is possible to have COVID-19 and the seasonal flu at the same time. Overall, almost 75% of our total respondents said that they were aware.

Figure 14 – Percentage reporting if they were aware that it is possible to have COVID-19 and the seasonal flu at the same time



4.22 We then asked if people felt well informed about the dangers of co-infection with both COVID-19 and the seasonal flu.

Across all respondent groups, a large majority reported that they did feel well informed about the dangers of co-infection.

5. Conclusion

5.1 It is once again clear that local community and culturally focussed organisations are the most trusted source of COVID-19 safety information in Manchester for these three communities. This presents an immediate requirement for these organisations to be able to meet the demand this brings and to ensure the information that they provide is both accessible and useful.

5.2 There is a lack of readily accessible information around COVID-19 safety for people from vulnerable communities. These include people for whom English is not their first language and for people who require extra support in understanding and adopting safety practices.

5.3 Across all of the groups and communities, the most frequent source of information and support has been their local pharmacy. It is clear that pharmacies are vital community assets when it comes to providing ready and accessible information for local people.

Acknowledgements

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