



Test and Trace Programme and the needs of BAME Communities

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In collaboration with



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INTRODUCTION

The BAME community has justified reasons to be concerned about test and trace and any new service which is established in relation to the Coronavirus epidemic. As data shows, BAME communities are disproportionately affected by COVID-19, making up some 14% of the UK population, and being impacted at some 35% (Intensive Care National Audit & Research Centre, 4 April 2020).

The Public Health England (PHE) report shows that people of Bangladeshi ethnicity had around twice the risk of death as people of white British ethnicity, while people of Chinese, Indian, Pakistani, other Asian, African, Caribbean and black ethnicity had between a 10% and 50% higher risk of death. This has already been reported in the ONS data released in May.

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DESCRIPTION OF PROCEDURES

The Ubele Initiative hosted a range of invited speakers and stakeholders organised into three distinct panels to explore the impact and effectiveness of the Coronavirus Contact Tracing and Advice Service and the role of contact tracers in meeting the needs of Black and Minority Ethnic (BAME) communities across the UK. The event was organised in collaboration with NHS Test and Trace and chaired by Patrick Vernon who is Chair of Citizens Panel, Healthcare Investigation Branch (HSIB). A live Poll was also carried out gauge the mood of respondents and add more data to what was already being discussed. The audience were also invited to pose questions to the panel and these were responded to in turn.

PANEL PRESENTATIONS AND DISCUSSIONS

Panel 1

Will Test and Trace meet the needs of the BAME communities in tackling Covid-19?

Baroness Dido Harding Executive Chair, NHS Test and Trace

Baroness Dido Harding stated her appreciation of the opportunity to have this conversation hosted by The Ubele Initiative and Chaired by Patrick Vernon, OBE and outlined a definition of the new Test and Trace Service, her challenges, hopes and expectations.

Aims of NHS Test & Trace

- Build an integrated world class COVID-19 Test and Trace service.
- The purpose of this is to control the spread of the virus.
- Enable as many people as possible to get back to living a safer and more normal life.

How will NHS Test & Trace possibly work?

- The virus will be contained by rapid testing, allowing us to identify anyone who has got the disease
- .Provide the support that they need.
- Make sure that they do not infect anyone else.
- Identifying anyone that those infected might have been close to that they could have potentially infected.

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Tracing is:

- The ability to alert and support those people
- Break the chain of infection
- Enable those people to self-isolate
- Ensure they do not go on and infect anyone else
- Spot flare ups or outbreaks as they emerge
- Over time, before they have even emerged, so that at a local level, we can contain any outbreaks.

We want to prevent the need for the country to go back into a national lockdown

- Manage small local action to stop the virus spreading.

Scientific Knowledge in the future

The testing does not enable us yet to do antibody testing to know that we have antibodies. Over time, the science will improve. When people who have had the disease and are no longer infectious anymore, and are becoming increasingly immune, there will be more freedom as a result. In the meantime, we will provide protection by asking a small number of people at any one point in time, to stay at home in order to protect themselves, our families, and our communities.

We want

- To make sure that we are building an NHS Trust Test and Trace service that really meets the needs of our BAME communities
- To build a service that is accessible
- A service that is trusted and is equitable
- Everyone's input and feedback on what we are missing and how we can do this better
- To listen, to hear your views and insights
- To understand the barriers and the opportunities
- To co design with communities
- To build an end to end service that actively addresses inequalities, recognises the inherent unfairness in our society today, and build a system, and a service that addresses that.

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We know that it means

- We need to build a genuinely diverse organisation
- We need to train our staff properly about racial inequality, the lived experience of our BAME communities
- Consistently and continually evaluate and improve the Test and Trace Service.

Patrick Vernon asked Baroness Dido Harding what she thought were the kinds of barriers or challenges facing the service that she is launching and leading now?

- One of the big barriers that we face is building both awareness and trust in the programme.
- We know from research that people from BAME communities are much less likely to know that they can be tested if they have symptoms of Coronavirus.
- BAME have a much lower level of trust, in the service, and nervousness about sharing contacts.
- How do we build a deeper understanding of what we need to change in order to reach people and earn that trust?
- We are recruiting people into Tests & Trace who will have specific responsibility to deliver against these.
- I'm really interested in getting people's advice and input into how we build awareness and trust within your communities.
- Working out how we target testing and make it easy and available to people who are most likely to be at risk beyond care home staff.
- Understanding and managing the impact of test and trace policies.
- We know that changes to guidelines for self-isolation will be difficult for many people.
- People who have been in close contact with someone who's tested positive for COVID-19 will need to self-isolate for 14 days, even if they don't have symptoms themselves.
- Isolation is incredibly challenging for people on their physical and mental health and financial situation.
- We have addressed our mental health councils developing services to meet local needs.

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- The government announced £300m of additional funding to support local community Test and Trace services.
- Statutory sick pay is available to people who need to self-isolate.
- I would like to hear more about what steps we could take that would make it easier and enable people to feel more supported when they're in isolation.
- We need to learn how to ensure that we take the BAME communities views into account in how we engage. I'd really like to get input regarding how we make a very conscious effort to build, in listening and learning with communities going forward.

Shahana Ramsden Head of Workforce Transformation for the South East Region of NHS England and NHS Improvement

- COVID-19 is having a disproportionate impact on BAME communities, and that is affecting my family and is affecting my friends. It is affecting my community.
- This pandemic has heightened the latent information in many published reports which address inequalities: Snowy White Peaks by Roger Klein, McPherson, Rocky Bennett inquiry and the Race Disparity Audit.
- This pandemic could be a lever for reducing the risk presented by decades of inequalities. Consider Test and Trace, alongside effective PPE, fit testing, and robust risk assessments for staff.
- In the context of socio-economic inequality, households of Pakistani, and Bangladeshi can be the ones more likely to be shut down as a result of COVID-19.
- Seeks dialogue and co-production with our communities, BAME community's views are considered in the way we design and deliver the test and trace programme.

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Raghuv Bhasin Chief of Staff to Baroness Harding

- To almost work against the systems and structures that have been designed over the past couple hundred years is a good opportunity to do things differently.
- We are committed to being responsive to the needs of the public.
- The service needs to be accessible and trusted by everyone.
- Our future success lies in working with colleagues like yourselves and others to make sure that we understand the needs of everyone in the country, wherever they are, whatever they need, we will try to cater to those with what we're doing.
- We're building an organisation that's continuously learning and improving, and we're able to make changes, we want to make changes.

Kerry Edwards Chief Customer Officer NHS Test and Trace

Her role on the team is to bring about a level of systemic listening skills.

- Make sure that we build and design our service based on the needs of everyone.
- To think about how we hear about those requirements.
- How we build what we hear into our design.
- Make sure that we can measure our performance against those promises.
- Important to hear some of the most important and pressing requirements that we need to adopt and take on board now.

Q. Why does data need to be kept for twenty years?

A. Standard Patient Data Protection applies as with all GP records health data. There is restricted use in line with other Health Data.

Q. The App might not work in crowded residential units such as tower blocks, until at least autumn. BAME communities are more likely to live in crowded residential units, how do you plan to serve that community in both the test and trace programme and beyond in this interim period?

A. The app is only a small portion of the test and trace service.

Test and Trace Programme and the needs of BAME Communities

1. We are up and live with test and trace but not with an app.
2. There is no App live across the country.
3. Electronically by ordering a test online and
4. Going physically getting their tests done and getting the result back through email and a text message or a phone call.
5. Then they're going through the contact tracing process, either by giving their contact details through an online form, or through talking to one of our health professionals from our Contact Tracing team.
6. People who were contacted are either being contacted electronically or they're being contacted on the phone.
7. All of that data on test results then goes back to the GP.
8. We've got a lot of work to do to make it easier for people to get tested, if they don't have a car, or don't have smartphones, if English isn't their first language if they're scared of the consequences of going through the process.
9. The App is just one of the channels that will enable us to reach everyone and I think across all of those channels, we've got to improve our outreach into communities.
10. It is a priority to make the system work for everybody regardless of abilities.

Q. Tracers have not been told what to do if people do not speak English. Is this guidance on its way?

A. There is guidance and translations services are available. As we launched quickly with a large workforce, quite likely we have more work to do in training and supporting all our contact tracers so that they are all aware of the support that they can pull on. Plus reading / hearing impairment.

Q. Why would people from BAME backgrounds trust the service? When recent reports cite that BAME have been susceptible to COVID-19 due to racism, and discrimination?

A. The first thing is by us being humble enough to admit that there are extreme inequalities in this country, and we need to all play our part in trying to rectify that. And my heart goes out to anyone in the country who has lost loved as a result of COVID, but particularly to our BAME community who have been so much more affected.

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We would like to encourage and implore you to help us make this new service work. It's one of the ways that we can protect our friends, our families and our local communities by working together, to test and to trace and then to contain the virus, and it would be just so awful not to do that because we haven't convinced people from the BAME communities that this was something that was in their power to shape.

Raghuv - The service that we are building is an NHS service and does not discriminate the NHS was built over years and we have a short time to implement this service so that it is effective.

Shahana – Really important to include people from the community to participate in the decisions that are made around testing. Patients in communities often have most of the answers, so It is important to hear some of the uncomfortable feedback that we might be getting, because there's always a gap between our aspirations as an organisation, and the reality of services being delivered on the ground.

Contact Tracing Teams - Three tiers

Tier One are a specialised team who are local health protection teams in Public Health England. They escalate anyone who tests positive and works and lives in a complex environment such as in health and social care, in prisons or in schools. Those cases will be immediately escalated to T1.

Tier two are clinical professionals recruited by the NHS, who you will speak to if you test positive. Firstly, to make sure that you've got the clinical support that you need, and they will help guide you through identifying who your close contacts are.

Tier three contact tracers make contact with those people identified as close to the person who tested positive. They are not clinically trained, and they've been recruited and are managed by our outsourced partner Serco Group.

The workforce in tier two and three are roughly 25% non-white. 25,000 people signed up to be a part of our contact tracing workforce. No data yet for the breakdown of ethnic profiles.

Engagement of Black Men

The engagement of Black African Caribbean people would require their participation as tracers within their communities in order to engage Black men in particular. The use of localised community outreach teams to extend the ecosystem and how T&T might reach some communities that otherwise they would not be able to reach.

Panel 2 Technology and Communications

Yvonne Field CEO/Founder, The Ubele Initiative

This was probably one of the most challenging events that they have co-designed. At the beginning of the COVID-19 outbreak, they had lots of heated discussions regarding the testing programme and the implications for BAME communities. The questions raised in the first part of this event were the comments and questions that they had heard over the last 10 to 12 weeks and were the same as those asked amongst themselves. They felt that it was really important to open up a space for honest dialogue, and to see if there was an opportunity engage the community in this kind of conversation and to see how they might respond to this kind of national initiative with a clear objective. In some senses it presented them with a number of dilemmas and concerns and questions.

Yvonne Field reported on her intention, with some trepidation to participate in a COVID-19 Testing research study by Imperial College and Ipsos Mori, she thought that it was important for them to take some leadership around it and to see what would happen.

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- There's a huge amount of work that needs to be done around the language that is used and how we can communicate with our communities to build trust.
- If you're 'hunting down the virus', it feels like I'm being hunted., and as a black woman with a history of being enslaved as Africans, brings fear to the surface regarding incarceration.
- Are BAME organisations in the supply chain as sub-contractors?
- BAME companies can do communications, and digital software that can support this initiative.
- It's really important that communities are engaged and fully financially compensated.
- Some testbed, and pilots needed in particular BAME communities run by BAME community organisations themselves.
- We can provide specialist support within our communities for our communities, led by us.
- We have this expansive knowledge about how to engage with communities, which is not valued as social capital, nor valued as having a financial worth to those that require this service.

Ghalib Khan Founder & Director of Written Medicine

He has been speaking to NHS England and NHS x and other public health departments since March before the data that came out regarding BAME communities because of his work in Written Medicine and noticing that the message was not reaching communities.

- We provide accessible medication content to the NHS. In response to hearing of excess deaths of ethnic minorities in critical care, we approached them about the right communications and as yet no result.
- The messaging that comes from the government on TV/Sky channels which only broadcast in Urdu, Hindi or Punjabi are in English.
- The team is looking actively at resources, as to how they can make the Testing Trace more accessible for the communities.
- There is much mistrust regarding the public health report by Prof. Kevin Fenton.

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Asad Dhumma Founder, The Unmistakables

The focus is on diversity and working with mainstream organisations to try and get to the nuanced position they require in order to get to underrepresented or minority audiences.

- There is a dire lack of representation for many possible reasons
- There's a bigger opportunity as commercial companies, are starting to wake up to the Muslim pound, the Black pound, the LGBT pound
- The use of technology is varied
- Older communities at the intersection of age and ethnicity, how does an elder get the right support in the right language at the right levels?
- Cultural competency is lacking within the current approach
- Language has a big impact in the way people feel included in something that's as important as the virus right now.
- The term BAME help or hindrance?

Can we get rid of the term 'BAME'?

- There needs to be a national dialogue.
- We need to find ways to define ourselves as opposed to having ourselves being defined.
- Reclaim the term that you want to be known as.

Panel 3 Community Response & Engagement

Kahiye Alim Director, Council of Somali Organisations

- We are one of the early, uniquely placed secondary tier, umbrella organisations representing Somali voluntary and community sectors by offering culturally appropriate support.
- We have over 100 plus membership and we support the community organisations in terms of core areas of health, wellbeing criminal justice, education, poverty reduction and economic empowerment.
- Our mission is to influence, advocate for, and strengthen the Somali voluntary sector, build bridges with other sectors and other communities, and influence national local policies through our membership.
- Between 350,000 to 500,000 people of Somali origin in the UK, [2011 census].
- Particular issues derived from different waves of migration. Somalis arrived in the UK over 200 years ago, as a merchant shipping in the British Empire, and they've settled in places like Cardiff and Liverpool.
- People with refugee backgrounds and the older population are always going to be suspicious of their data being held.
- One of the things people need to think about when they're trying to reach communities, like Somali communities, is how the data is held, as that is a big issue.

Michael Hamilton Programme Director, The Ubele Initiative

- People can be reached because we know where they are.
- We know what languages they speak and what shops they go to.
- We know which doctors they go to, which schools, and so people aren't hard to reach They're actually quite easy to reach because most people in this country are very, very visible, but what they might be is hard to engage.

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- If we used the word 'engage' rather than 'reach', it starts giving us a clue about what is the relationship between people I call black people some people call 'BAME' people other people call 'People of Colour'.
- It begins to give us a clue as to what is happening in the relationship between us, what then is making it difficult for them to have conversations with us that we can trust.
- They've created a hostile environment to deal with us.
- We know that they are treating our children badly we know that they are treating our adults badly we know that all sorts of things are going on for black people in this community.
- That makes it hard for us to engage with the people who are doing those things to us.
- It is quite important what we 'call ourselves', and not just in terms of our ethnicity, otherwise we miss the problem of the relationship that we have with power in this country, and we allow people to talk to us as if we have an ethnic problem; that makes us particularly hard to reach or particularly difficult to talk to, as if we have some kind of genetic problem of understanding, and we don't.
- What we have had to do is survive with the racism of this country, and the nature of that racism, renders it hard for us to trust and engage with people who are racist.

Jake Ferguson Chief Executive, Hackney CVS

Hackney CVS, is the umbrella body for local charities and community groups in Hackney with over 1500 organisations locally, and a large proportion of them representing different diverse communities.

- Hackney alongside Camden and others are pilot areas for Test and Trace. The Public Health Department in Hackney have been given £3m to help with the rollout of testing.
- Hackney public health department engages with communities in order to overcome the issues of mistrust.
- Test and Trace is one of the most important mechanisms we've got, whether we trust it or not, to protect our communities, we want to engage with it.

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- We've been working with the public health team to effectively create a grant programme locally so that local groups will be able to apply to for funding to help with an aspect of the rollout
- Grants will be available to the communities to hold their own workshop or similar zoom type events. Volunteers will be recruited, who are already embedded in communities.
- A video will explain things, so they are understandable.
- When you hear it from another human who you trust, you're more likely to then respond to it.
- With investment from Public health we will demonstrate the value of a community led approach, and the role that local community organisations can play.
- One of the ways around this issue about trust is that if you test positive, you'll be called and asked to give the details of anybody you come into contact with in the last two weeks. People will be given a letter that they can then hand over to people that they came into contact with, so it feels less like a centralised approach and the onus is on the person who's tested positive to then contact people, rather than data going through a national system.
- We will be launching the grants next month.
- What is the support available to Community organisations who are re-opening? We would like to see guidance and support in line with that being given to the business community regarding safety.
- Money to be made available to buy additional cleaning materials and PPE for community groups.

CONCLUSIONS

Investment in Community Organisations

- There is an over professionalisation of community services for small unsophisticated services that have great impact and can prove that they have track record for delivering services.
- We have precedent for delivering community health initiatives and can reference HIV.
- People might have good intent to engage with wider communities, but agencies do not think about the how, how they can engage. The centre needs to change to fit. If they thought about the 'HOW' they would automatically include community organisation at the point of inception.
- I think CVS is more broadly have a role to play in that we are regularly engaging with our sector and know all these challenges to getting people part of delivery pathways.
- So I think if there's anything that we need to do collectively is to say strongly to government involve as at the start of your thinking and therefore the implementation will be a lot easier to manage.
- We will work with you public health to help you understand 'the how' in relation to your delivery, this will enable the sustainability of what already exists Kevin Fenton on a roll out of the recommendations an opportunity to set out collectively what we think needs to happen in response to that report so that we can distinguish from an 'all population' focus.
- Need for longer term funding for the BAME Voluntary Sector as a whole in the creation of our own foundation or endowment for BAME communities which would allow sustainable long term pot of funding to be there to deal with crises in the future, and also to encourage other funders to do more in this regard.

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- Racism and what is happening to us now is not incidental not an accident of history, it is a series of purposeful actions designed to impact us in a particular way.
- We have to be careful that we do not become the gatekeepers and an alternative focus for BAME people's anger. Should we choose to hand their money out on their behalf. We must be very, very purposeful, because I think that there are real dangers.

Kerry Edwards - The emergence of 'Six Big Themes'

She felt a little bit overwhelmed and humbled by it all. The chat conversation has been incredibly meaningful alongside the voice led presentations. She will make a commitment to thinking about how we could keep each other up to date and re-join the conversation.

- Workforce representation from a leadership perspective, but also all the way through to how do we reach out to certain members of the community of Black men for example.
- Trusted Partners - how do we make sure we've got trusted partners.
- The local ecosystem of how we financially support and then link in with the grassroots organisations that really will make this work.
- Accessible help with their translation, and translators, and how we think about the communication style that we use.
- What data do we need? Why do we need it? Where is it kept, and how long for and Why? We need to be really transparent as the trust of this organisation is the most important thing. We need to build that trust by sharing with you what we're doing.
- Engagement in thinking of the words we use and having it played back to us and seeing and hearing Yvonne talk about feeling hunted, and trapped. We use words which are warlike. There's something we can really think about together, as to why these words matter, and what would we rather use instead?

Patrick closed the conversation by thanking everyone that participated and reported that there were 111 people still with us.

APPENDIX

The questions

Representation / not race equality training

- Instead of training your staff about race inequality - ensure that your staff properly represents the communities it seeks to serve.
- How many Black staff do you have at the top management decision-making level of the track and trace – it's important for coproducing a service that meets the needs of the black community
- What percentage of these contact tracers and professional are from African/Caribbean community
- Was the ability to deliver to BAME communities a key criterion when developing the contract terms/outcomes and how were providers assessed against these requirements?
- Also, it is important to have members of the Govt team from BAME backgrounds, to ensure there is a diversity of perspective when key decisions are being made.

Digitisation as exclusion of some vulnerable people

- Important that new services for example for mental health can be accessed widely NOT JUST THROUGH the internet. Digitisation can result in exclusion. My local IAPT is only accessed on line - I know many people who have no access to the internet, including older family members who often need it most.

Under-resourcing of BAME groups

- I am really concerned that the test and trace service will contact BAME groups too late - ie once the service has already been designed. As voluntary sector organisations, we are under funded yet regularly asked by statutory services to contribute to the evidence base, facilitate engagement with our service users but without proper resourcing. I am concerned the Test and Trace will follow the same pattern...
- Access to interpreting will the test and trace service ensure equality of access/support through using interpreters? and will they employ staff who speak community languages? It is so important, yet many statutory services deny our service users access to interpreters.
- Q. Some CVSs are not culturally competent – A. important you try and work with them and if not report them to NAVCA the national CVS network/membership organisation.
- The need for financial investment to BAME groups who work and deliver at grassroots level is key. Quite often the funding goes to specific groups that don't have grassroots connections but are 'Safe, and usual partners' a Black group often used as BidCandy to attract funding and then frozen out of decision making. Funders need to get wise.
- In areas like Norwich with lower % of diverse communities, there may not be enough attention given (and funding available) for genuine community engagement. if funding is only for activity costs, then organisations already overstretched because of the impact of Covid-19 on people's finances and job prospects, will not be able to be involved. Will the grants programme in pilot areas cover core costs as well as activity costs for small to medium community groups/charities?
- Would the funding be available in Cumbria? if so, what organisation would distribute?

Trust

- How can BME people be expected to put their trust in any state-led initiative when they recruit someone like Munira Mirza to head up a review into systemic racism? The message this gives to me is that the Prime Minister and those all around him are looking to avoid - at all costs - any genuine critique. I want to put my trust in to such initiatives but cannot as long as racism in the state is not dealt with.
- Serco is also involved in asylum accommodation contracts and many people with refugee status or who are still asylum-seekers may not have had a good experience of Serco as a "service provider". that will not encourage trust.
- We are concerned that workers from a migrant background may be discriminated against if they isolate and will therefore be dismissed.
- I do not mean to sound negative but some of us have been working in racial justice for a long time. There are mountains of research papers and evidence about the health inequalities- lack of access to services- discrimination, turned away from GP surgeries- worsened by the Hostile Environment etc. BAME communities/ individual/groups have been offering help for years- and been ignored. What is different now?
- Were the staff appointed by SERCO tested on issues of race equality/prejudice?
- The Windrush scandal will certainly impact on warranted suspicion of this test and trace service. The resolution of the Windrush compensation payments along with leave to remain decisions being quickly finalised may help build trust.

Competence / Engagement

- Why don't you have local voluntary organisations working with their local Public health service trained and can track residents that know their communities, can respect them and treat them.
- To take that 25% as an average across the UK does not address higher % of BAME in some geographical areas- this could be a real barrier. In order to reach into communities you need to build relationships. Small grass roots groups may be able to help but would need financial resources to do so.
- Qualified interpreters are needed.
- Can I check that when making a call to report symptoms there will be access to interpreters?
- BAME communities are not homogenous and need to be approached as such. The NHS needs to commission the grassroots organisations to who have direct contact and trust of their local communities.
- We know historically call services run by ambulance trusts have low to zero Black employees: how far do 25k call & trace staff reflect the diversity of the communities they serve?

Safety/Vulnerability

- The Windrush scandal has highlighted the vulnerability of people deemed to have unsettled immigration status regardless of which country they originate. How do we reassure people with unsettled status that it is safe to be tested?
- What happens to your details if you are not registered with a GP?
- Up till now, NHSE has resisted developing targeted cultural and language-sensitive comms to BME communities, leaving this work to charities and individuals. Are you going to change your attitude now and how?
- Last but not least....how to guarantee employee rights? already we have seen some of our members (female, single parents) dismissed by their employers on the grounds that they didn't go to work even though they have under 3 children and no access to childcare.

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- The key statutory sector services work with The Bridge Plus+ (the group I represent) in Norwich. They know how to contact us, yet only one person from one statutory service has been in touch with us since lockdown, asking how we and our participants are coping!
- Do we know if the test and trace service has addressed how they will deal with people who have no recourse to public funds? These are an important group first because they are at risk because of their marginalisation and 2nd because if they are not supported with access to treatment and being contact traced they could end up spreading the disease. Thanks.

Language / Communication

- Have you considered how clinical/warlike use of language such as hunt/capture/contain may increase distrust? Would: protect/discover/recover at home (type) terminology increase patient engagement from BAME communities?
- Can we just ensure that translation of the literature is followed by advice and guidance provided in those languages as well? Furthermore, how can you ensure that multilingual signposting is in place? Otherwise all translation is lost and pointless.
- The name 'contact tracing' may be viewed as surveillance by some BAME groups. Can we brand it differently and use a 'another ' name locally?

BAME

- What is your current level of engagement with BAME? I am particularly interested in West Midlands region and engagement with Polish Community? What strategies have you used to date to "earn their trust"? Has it worked?
- The Chinese Community Centre-Birmingham. At the moment we are closed - when we reopen, I'm sure we would consider acting as testing hub - but we need to know about resources esp financial support. We have translated materials and produced our own Chinese language posters because the NHS hasn't done it. But we hope the Government will put some £ support in and not keep assuming we can do it for nothing.

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- We are based in Cumbria, with 60 nationalities and 70 languages, all dispersed, with no central centre for any BAME information. this includes 20k-30k BAME. you need to support groups organisations financially to build capacity to enable us to use the contacts and projects we deliver to have an add on service to reach BME. Cumbria is a particularly hard county to penetrate, due to its geography. Is this project willing to do that? People trust people rather than big organisations.
- Intersections, and how does identity manifest in how someone sees themselves. communications vary with social media, and we would like to build a countywide volunteer translation database, yet we can't get any partners to work with us as it is low priority. How can you support this, for your purposes?
- Surely, we need to be asserting our identities and rid ourselves of this odious BAME terminology. You cannot seriously create interventions if you do not know who you are dealing with and to what extent?? BAME is an offensive homogenisation and there is no such thing as the BAME community. Given the Black community has been let down by NICE guidance on engagement, what is the best practice going to be followed here?
- Why should this data make a difference when the Black report, and other health inequality reports have made scant difference?
- The PHE report missed opportunity to model robust Lit Review and integrity of demographic data. Conflagration of Black and BAME unhelpful - but we colluded and so means specific conditions affecting Black people like Keloids is made invisible.
- If we are talking about the political position of people rather than their identity then we should return to black as a political description.
- I think the dialogue about terminology has been going on for decades - historically when Black people define themselves the "host " community decided what they would feel comfortable with using.
- ...BAME is an 'othering.
- 'The issue is the resistance to accept black British when we have not been accepted here.
- Black and Asian - why is one people define by a colour and the other defined by a continent?

Test and Trace Programme and the needs of BAME Communities

- This would allow better description of health inequalities at a more granular level rather than just referring to BAME as a group.
- In relation to people from the Philippines who seem to be underrepresented, even though high numbers of Filipino nursing and care staff have been affected by the virus.
- From our experience of working with refugees in Norwich, we completely agree with comments regarding trust/distrust.

Results from Polls

Prior to Presentation

62 Respondents

Q1 How much do you know about the NHS Test and Trace Service?

Heard about it, but don't have much information	26
Heard about it, and I know how it will be used	19
Have a level of knowledge that could be shared with others	9
People said they knew nothing at all	6
People who have expertise knowledge that could be shared with others	2

Prior to Presentation

62 Respondents

Q2 What's your current impression of the NHS Test and Trace service?

It could be helpful to help reduce the spread of COVID-19 in the BAME community	31
I don't think it will help reduce the spread of COVID-19 in the BAME community	17
I don't know	9
It will definitely help in reducing COVID-19 in the BAME community	4

During the presentation

72 Respondents

Q3 What are your main areas of concern about the Test and Trace service? [Multiple choices]

Sharing personal details of people, you have been in close contact with	51
Having the app on your phone	31
Downloading the app on your phone	17
Taking The test	12
Receiving the results	11

Test and Trace Programme and the needs of BAME Communities

Post to presentation

36 Respondents

Q4 Would you like more information...?

About the service as a whole	17
About what happens to personal data that you share with the service	11
About the App	4
About the location of your nearest testing centre	2
Other	2

Post to presentation

33 Respondents

Q5 What will you do with the information that you have heard today?

Share it with the wider BAME community	
Share it with family and friends	22
Share it with non BAME members	19
Encourage others to have a COVID-19 test	9
Nothing	5
Download the App	2
Encourage others to have a Covid-19 test	3
Encourage others to download the App	5
	4



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