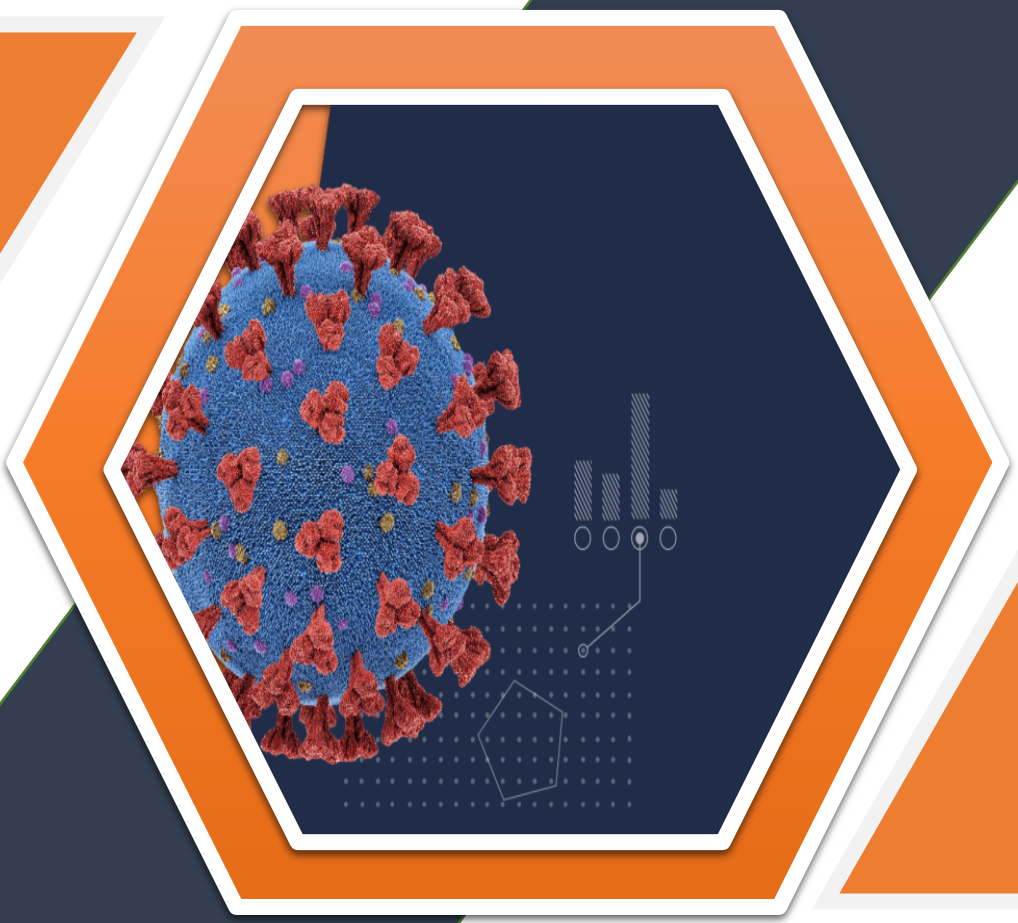
Impact of COVID-19

On Somali Community in Bristol.

Report 2020.



BSYV & BSF

This report is joint product of

Bristol Somali Youth Voice & Bristol Somali forum

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Impact of COVID-19 on Somali Community in Bristol.

This report presents findings from a survey conducted in June, July and August of 2020.

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Impact of COVID-19 on the Somali community in Bristol.

This report presents findings from a survey we conducted between June and August 2020

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1) Acknowledgments

This report is written by Mohamed A Sayaqle from Bristol Somali Youth Voice with input from Abdul Ahmed, chair of Bristol Somali Forum, Saed Burale and Dr Natasha Carver, volunteer with Bristol Somali Forum. We would like to thank all the participants who gave up their time and contributed to this report. We hope that the report will contribute to improving lives and outcomes for everyone in the city.

Bristol Somali Youth Voice (BSYV) is an organisation that advocates and empowers disadvantaged young people in Bristol predominantly from ethnic minority communities including Somalis.

Bristol Somali Forum (BSF) is an umbrella organisation representing 19 Somali-led organisations in the city of Bristol.

2) Overview

The report comprises of survey data and case studies conducted with participants from the Somali community from June-August 2020. All the respondents are from a Somali background with different genders, age groups and professions.

The report examines the impact of COVID-19 within the Somali community in Bristol and how it has affected social, mental, and physical wellbeing, including household income, financial situation and employment. It also considers levels of support received during lockdown.

The report highlights how Bristol-Somalis have been affected by the virus and lockdown, particularly with regard to becoming ill with the virus, the economic impact, housing, education and mental health. Most of the BAME community in Bristol include Somalis live in most deprived areas in the city like Easton, St Puals and Lawrence hill which is most deprived areas in whole country, Many Somalis live in large family groups and in accommodation which is overcrowded or otherwise unsuitable. Many of young people work in low-paid precarious jobs. The report shows how COVID-19 exacerbated existing structural inequalities which have long been an issue for our community. Using a mixed-method approach involving survey data and some qualitative case studies, the report provides insight into how these structural inequalities are experienced.

3) Context

The Coronavirus 19 (COVID-19) pandemic has caused huge challenges in our communities and across the globe. It has impacted on global health care systems, economies and our way of life. On 31st December 2019 the first official report to the World Health Organization (WHO) office in China described 44 cases of pneumonia of unknown ethology detected in Wuhan City, China.(1) As of 30th April 2020, more than 3.2 million cases of COVID-19 have been reported across 186 countries and territories, resulting in 228,000 deaths.

According to data from the Centre for Disease Control and Prevention, COVID-19 has a disproportionate impact on particular groups of people. An analysis by the *Washington Post* reports that that counties with black majorities have three times the rate of covid-19 cases, and almost six times the rate of deaths, compared with counties where white residents are in the majority.6 A recent report found an overrepresentation of Black people among hospitalized patients (33%) in the United States compared to the general population (18%). The death rate among Blacks/African Americans was also substantially higher (92.3 deaths per 100,000), when compared to Hispanic/Latino (74.3), White (45.2) and Asian (34.5) ethnicities.(4) However, it is difficult to extrapolate this to other countries given differences in populations, social factors and healthcare systems. In addition, the US experience may be influenced by the lack of universal healthcare, unlike in the UK.

Concerns about a possible association between ethnicity and outcome were raised after the first 10 doctors in the UK to die from covid-19 were identified as being from ethnic minorities. These concerns were confirmed by observational data from the Intensive Care National Audit and Research Centre, showing that a third of covid-19 patients admitted to critical care units are from an ethnic minority

background.4 Of 2249 patients admitted to 201 critical care units in England, 64.8% were white, 13.8% were Asian, 13.6% were black, and 7.8% were from other or mixed ethnic groups. An updated report, on April 23rd, 2020, continued to highlight that Asians (15.4%) and Blacks (10.7%) form a higher percentage of those admitted in comparison to their representation in the UK population. An early outcome from research conducted by different organizations revealed that ethnic minorities in England are dying in disproportionately high numbers compared to others. Minority groups appear to be over-represented among coronavirus deaths by as much as 46%. Disparities in the risk and outcomes from COVID- 19 has also indicated that the impact of COVID-19 has replicated existing health inequalities.

COVID-19 has also severely affected the regions of the UK where the largest BAME communities are living include London and West Midlands. The potential that COVID-19 has to cause a more severe illness in those with a BAME background has understandably caused significant concern, especially among health and care workers, a substantial proportion of whom are from ethnic minority backgrounds. (7)

The target group of this survey, who are largest ethnic minority community in Bristol and one of the largest in UK, can be considered as an at-risk group.

The disproportionate BAME mortality and infection has caused huge concern for ethnic minority communities and has impacted their financial and mental wellbeing. Bristol Somalis in particular have suffered economically. This is in part as a result of a predominance of people who are self-employed or in temporary or casual work which meant that they didn’t qualify for support from government, as, For example, many of the respondents in this survey who recently become self-employed had no previous tax return and don’t qualify self-employment income support scheme. It is

also due to a significant number of young people working on zero-hour contracts, and thus losing their income.

The Somali community, who are major minority in Bristol, are top on the list of those BAME communities who are disproportionally affected by COVID-19. This survey will reveal the impact of that.

4) Aim of the report

The aim of the report is to provide insight about the impacts of covid-19 on the Somali community in Bristol from individual, family and Somali businesses. It will provide understanding about the challenges, lack of services and unmet social needs that the community faces. It intends to reflect the impact of COVID-19 on social, health and economic inequalities and how inequalities are exacerbated due to this unprecedented situation.

The report aims to shed light on the impact of COVID-19 on issues such as social and mental wellbeing, household economy, employability and housing issues. The aim is to provide data which can generate better understanding of the service needs of the community in order to lead to affective and appropriate responses.

The survey comprised of 49 participants of which 36 (73.5%) were male and 10 (20.4%) were female, and 3(6.2%) preferred not to say, the age range was as follows

Age Range	*Number*	*Percentage*
16-24	10	20.4%
25-39	16	32.6%
40-64	14	28.6%
65+	9	18.4%

In order to strengthen our analysis, we also conducted a handful of interviews in order to provide case studies. This allows for deeper understanding of the issues, thereby adding depth to the data in this report.

The participants have been anonymised to protect their identities and wellbeing. The impact of COVID-19 is not easy information that can easily be collected and assessed. Sometimes it is very sensitive specially talking with people about mental

health issues where there is stigma and embarrassment associated with mental health problems. Volunteers and BSYV team have made concerted efforts to reach out disengaged community members from deprived areas including target groups to conduct and develop this report which will provide important information which can be useful both understanding and designing cultural appropriate service after this gloomy period.

5) Findings: Covid-19 and Bristol-Somalis

5.1 Hospitalization

As suggested by other researches on the disproportionate number of BAME communities being hospitalized as a result of Covid-19, Bristol-Somalis reported a very high personal experience of hospitalization as a result of the virus. 18 (37.5%) of respondents reported that they or a member of their family or close friend had been hospitalized as a result of Covid-19.

Why this is the case is as yet unclear, but some have been concerned about whether the right information is reaching vulnerable groups including those from BAME background who may be more disengaged from services, less trusting of government information and/or for whom English is a second language. Around 60% of respondents stated that they were either not clear or at best somewhat clear of government guidelines, suggesting that comprehension and/or circulation of the message may be low. This is an area which needs further research, especially to consider whether age is of particular significance as it may compromise access to advice as well as ability to understand advice.

Q. How clear did you or your family members find the government guidelines?		
	Number	*Percentage*
Extremely clear	8	17.0%
Very clear	11	23.4%
Somewhat clear	14	29.8%
Not so clear	9	19.2%
Not at all clear	5	10.6%

Hint: 2 respondents out of 49 skipped this question

The case study below illustrates experience of hospitalisation, factors which negatively impact on access to medical services, and the relationship between these things.

Case Study-1: Being in Hospital

"*I was hospitalised. My wife was hospitalised. And my child was hospitalised. It was difficult. Only two of our children didn't have any problem.*

Just before lockdown started, I got sick. I had a headache, no appetite, vomiting and I can't sleep. My wife called an ambulance for me. The first time they gave me a prescription for antibiotics and codeine, and some towels to put on my head because I had a fever. Then they went. The next day I did feel a bit better but the day after I got worse again. My wife called again and they came and took me to the hospital. They did lots of tests. I was in hospital for 10 days and my wife for three days, and my child for one night. But thankfully we have all recovered although we are still suffering from fatigue.

I feel there is inequality. And there are many reasons for this.

KNOWLEDGE

The first thing is knowledge. We knew too little and what we knew we knew too late. I think there should have been better communication from the government.

FEAR

The second thing is fear. There are rumours about hospital. Somali people say that if you go in, you will never come out. That is what many people believe. So they think it is better to stay at home. They are so afraid of going to hospital that they play down their symptoms. They want to see the doctor to get some medication, but not to say that they are so bad in case they say you must go to hospital. When I see people now, they say to me, "What? Are you

COMMUNICATION

alive? We thought you must be dead because we heard you had gone in the hospital."

The third thing is communication. The doctors and nurses have a good intention, but they don't always know how to hear what people are saying. Many people aren't able to express the way they are feeling properly, but this is made more difficult for those in busy, inner-city wards. For example, my GP is in Easton, and my wife and children have a GP in Fishponds. If they call in the morning, they get an appointment that day, but if I call and say I am really sick, then all I will get is a phone call from the doctor. And then there will be no interpreter, so there may be further delay. But if I speak even basic English there will not be an interpreter, and then miscommunication occurs, because you are on the phone, and you are trying to explain about the symptom or feeling and even if you speak good English, you may not know the right word or be able to explain exactly. And even if you have an interpreter it can be difficult for these things to be explained. Sometimes maybe the way we express our pain, our sickness, is cultural, so there is an extra dimension and being on the phone makes it extra difficult. I think if you meet in person then the communication has more chance of success.

I have helped many people at the hospital and at doctor's appointments, and it seems to me that it takes longer for Somali people to get a diagnosis. And then they come out with a long list of tablets that they don't know how to take. And the doctors leave you taking medication for longer than you need to, because no one is really checking. I have been on tablets for 7 years, but after this experience, I have to ask, how effective are they?

FUNDING CUTS

And then there are the cuts. Before, we had set up some programmes to help people with their health and fitness, like swimming for example. But the funding was cut, so the programme stopped, so now people are more unhealthy." .

This is individual experience and what respondent said, but it is not conclusion but part of findings which will build understanding about COVID-19 in Somali community.

Case Study-2: Being Sick

"I got sick right at the beginning and I was very ill for two weeks. I think I caught it on the train. The government were too late to go into lockdown and too late to share information. I called the NHS many times. The worst thing about the whole experience was the lack of information at the beginning. I was so sick, I just kept thinking, 'What will happen if I die?' When I got more and more sick, and they still kept telling me just to stay home, I thought, would the situation be different if I didn't have a foreign accent? Maybe I should just turn up at the hospital? But most of the doctors and nurses that I spoke to were themselves foreign, so I don't think that was the case. But as a BAME person, your doubt in the system is ingrained. People are not confident because of their experiences with the health service. For example, there have been Somalis with serious mental health problems who are a threat to themselves and others. But when their family call the GP for help, they are told there is nothing that they can do. If they go to the police, the police just say, 'have you talked to the GP?' And we all suffer the consequences when someone is killed."

"The worst thing about the whole experience was the lack of information."

"As a BAME person, your doubt in the system is ingrained."

These case studies highlight that trust in health provision is low, with racism and/or perceived racism being a major impeding factor. Experience of inaction over mental health inequality – as highlighted in our previous report (BSYV-BSF, 2019) – has damaged confidence in the health service. They also reveal how health care can be unequal even in adjoining communities, and suggest that inner-city health practices

need to do more to engage with local communities, for whom written notices and/or internet messages may be irrelevant. Structural inequalities play a role in communication deficits, as can bracketing non-white people together under the label 'BAME'.

5.2 Economic Impact

There was an estimate that in the weeks from April 6 to 19, 2020, around 22 percent of the United Kingdom's working-age population, or nine million people, had been furloughed. At that time less than 1 percent of businesses reported ceasing to trade permanently or having laid off people. However, the knock-on consequences of the lockdown are anticipated to result in significant job losses down the road. At the local level, a lot of small Somali-led business in Easton were closed, and a significant number of community members lost their jobs and income.

Q: Has the lockdown affected your employment status or household income and financial situation?		
	Number	*Percentage*
Yes	27	56.4%
No	19	38.6%
Not sure	3	6.1%

The table shows that 56.25% of the respondents has said the lockdown and COVID-19 has affected their employment status or household income and financial situation.

Unfortunately, in the COVID-19 crisis, there is a strong correlation between the likelihood of a worker being furloughed or laid off and those having previously been on a low income. And this was huge challenges of disadvantaged young people and community members from deprived areas, which is where most of the BAME community live, For example, Lawrence Hill ward, which is one of most deprived

areas in Bristol and whole country (Bristol City Council, Deprivation Report, 2015), is home to one of the largest BAME community including Somalis.

The implications for workers go far beyond those furloughed or laid off, however. According to research by the London School of Economics, increased unemployment creates significant anxiety among those who retain their jobs; the negative impact on well-being experienced by the whole community is four times the effect on the individual alone. This is similar to the situation of young people and working labour force from BAME background include Somalis.

Large number of young people from Somali background, especially unskilled ones, work zero-hour contracts, which means, they can be laid off without too much difficulty. This has affected young people in particular, who find that they cannot get jobs.

Case Study-3: A Graduate

"I've been studying marketing management for the last five years. 2019-20 was my final year and was meant to include work experience. Before lockdown, I'd been talking to two companies about possible internships, one in London for six months and one in Bristol for three months. I was choosing whether to move to London and become independent, or whether to stay at home and contribute financially to help my Mum out. I was really looking forward to either and I was already looking at companies and jobs for after the internship. I've always believed in myself. I've got new, fresh ideas, and I was ready to start my career.

Then lockdown happened and I had to put all that on hold. Now I'm just looking for a job, any job, really anything at all that pays the bills. I've had no success at all, just a lot of rejections. I know that I have to rethink my career. To be honest, I'm trying not to do that at present because it's one hundred percent depressing. I need to change my

> *"I need to change my whole future."*

whole future. I think it's worse for those who finished the year before me – some of my friends had just got a job, and now they're having to start again from scratch. It's weird for everyone of my generation. We feel stuck."

Case Study-4: Low-paid work

"My mother and my sister both work in low paid jobs. That is the real difference for health inequalities. They both got COVID because they had to carry on working. There is no safety for them. If you're in a low paid job you don't have the option of working from home. If you don't go to work, you don't get paid and then you don't get money to pay the rent, and you have to go on benefits which takes so long to sort out and in the meantime you risk losing your house and everything. It's not easy when you're in a position when everything depends on that job.

"If you're in a low paid job you don't have the option of working from home."

5.3 Housing and Education

COVID-19 has exposed many housing inequalities. Housing is an important social determinant of health. COVID-19, and the actions taken to mitigate its spread, highlight the central role of the home in people's lives. With the country in lockdown people must stay in their homes with very limited exceptions. These unprecedented restrictions mean that people are being forced to stay home, and this was difficult for large families and those waiting rehousing, lockdown exposed inequality in housing and repercussions for health. Homelessness has increased dramatically in recent years, large number of people live overcrowded accommodation and waiting for rehousing, this is affecting their health wellbeing and make difficult for people to practise self-isolation.

Q: Has the lockdown and isolation caused housing problems for you and your family?

	Number	*Percentage*
Yes	23	50%
No	20	47.8%
Not sure	1	2.2%

Hint: 5 of the respondents has skipped this question.

A significant proportion of parents (76%) reported that their children's behaviour had become bad, difficult or extremely difficult during lockdown. Some of this may be attributable to poor housing, parental stress, economic disadvantage, and illness, as already outlined. However, school is an incredibly important factor which can alleviate or soften the impact of many such disadvantages. However, schools were closed during lockdown, arguably increasing the burden on parents and families.

Q: How has the lockdown affected your children's behaviour?		
	Number	*Percentage*
Extremely difficult	8	15.4%
Difficult	16	32.9%
Bad	14	28.2%
No problem	7	14.6%
Not sure	4	8.9%

Children are an often-forgotten group when it comes to discussions around housing, perhaps given their perceived detachment from housing issues. However, housing problems have affected young people's welfare more than others specially during the lockdown, large number of families from BAME background include Somalis live flats, where there is no possibility of garden and almost no space for young people to do anything, this was also difficult for homeless young people and those with overcrowded families, Some of the respondents of the survey of this report referred to lockdown as being like prison for them and their children.

Case Study-5: Imprisoned

"We are a family of five. Our youngest child is 3 and the oldest is 8. We live in a one-bed flat with no access to any garden space. We have been on the waiting list to be rehoused for seven years.

The lockdown was extremely challenging. We had plenty of time with each other which was nice, but it was so difficult for the children. They were used to going outside and playing. They were used to going to school, meeting their friends and their teacher, learning, playing and living. We could reason with our heads, but they didn't understand. For them, lockdown was like being in a prison. They kept asking us, 'why can't we go outside?' They didn't really understand our explanations. Their behaviour changed. They became angry, upset, despondent. It was very difficult. They lost their appetite for any kind of schoolwork. I think getting fresh air is so important for their ability to concentrate. At school, the activities are varied. They play, then they learn, then they play again. It is structured to maximise their ability to learn.

> *"For the children, lockdown was like being in a prison."*

But we were privileged in many ways. We had a laptop and a tablet and we speak good English and are educated. We could help them with their learning. But there were many parents who couldn't understand the instructions from the teacher and so couldn't help their children. We took them out for walks, for bicycle rides, but it was difficult because we only had the cycle path, and it is very narrow and got very busy. There is a park nearby, but it was closed during lockdown. We gave the kids a lot of screen time.

We have been waiting to be rehoused for 7 years. I do not know why it's been so long. Maybe there is somebody who doesn't like us. It's been difficult, but we don't have any choice other than to wait. Renting is too expensive for us. We don't have

any problems with the area. Some people might not feel safe here, but here we are part of the community. It's just the size of the house: we can't meet the needs of our children.

I am studying at university full time, and the situation severely affected my ability to study. The university was understanding in the beginning. I tried to study when they had gone to bed, but often I had no energy. If you have spent all day in one room trying to amuse a three-year-old, or occupy and educate primary school children, you are exhausted. Luckily, we had been on a parenting course not long ago and this was so helpful for us. We tried to be mindful of their ability to comprehend and imagine what it felt like for them. But even so, it was exhausting. One hour of schoolwork was the best we could manage before they had had enough or were struggling with the noise of the other kid. With a three-year-old you have to play all the time and in a small space and that is hard.

"If you have spent all day in one room trying to amuse a three-year-old, or occupy and educate primary school children, you are exhausted."

If there was a second lock down? Oh My God, please don't say that! That would be really really terrible. It would be devastating not only personally but for the whole country."

Case Study-6: Schooling

"My biggest worry is the impact on our children in terms of inequality in education. I have one child at secondary school and two at primary school. The lessons they get are very short and limited. It takes them only half an hour to complete. I try to teach them myself, but it is very difficult because I have to work as well, and they are at three different levels, and I am not trained as a teacher. I'm worried about my own children – how will they catch up? How will they compete with children from private schools? And I'm also very worried about others less fortunate than our family. My children go to the lowest school in the city because I can't afford to send them to the private school and we cannot get into other schools because they are further away. It makes me really angry when I think that privately educated children haven't missed anything and have been getting a full day of lessons, when my children get half a page. The inequalities between the children at their school will be greater after this, but the inequality between their education and the education of the rich will be even worse. This is what needs to change – our society as whole needs to change.

"It makes me really angry when I think that privately educated children haven't missed anything and have been getting a full day of lessons, when my children get half a page."

This has shown us how weak we are, as humans, and as a nation."

Case Study-7: Home Schooling

"It was a bit like a holiday at first for my children, but for me it was horrible. I have four children at primary school, all in different school years with different levels and styles of learning. I am a single parent. I'm not a teacher. Before lockdown, we weren't really a gadget family. The children watched TV but they didn't have

"I am a single parent. I'm not a teacher."

their own devices. I had to buy devices for them on credit. It was so hard. I struggled to teach them and I felt the pressure too much. My mental health was not good at all. I found it hard to process what was going on, the whole thing didn't feel real somehow.

There has been a difference in outcomes for people. Some parents couldn't help their children, they were working themselves, or they don't speak English, or they don't have the devices, or their own mental health was not good enough. Many children just didn't get a chance and schools in poorer areas are affected much worse. I think the children need individual support from their teachers. It's important not to put families in the same box, every family's situation is different, and everyone needs different levels and different types of support."

5.4 Mental Health

Almost half of the respondents of this survey 20 (41.7%) said that lockdown and isolation had affected their physical, social and mental wellbeing. Although the lockdown and isolation might affect different age groups, genders and economic status in different ways, it has undoubtedly restricted our routines and social life, and thus affected our mental wellbeing. As can be seen through the case studies above, people were affected in different ways.

35.55% (17) said their mental wellbeing had deteriorated during the lockdown. Disengaged elders from BAME background, who have been shielding or facing isolation during the lockdown have been top of those vulnerable groups who are affected by the hardship of the pandemic. Some of this might be due to not having the skill and knowledge about technology to maintain and connect with family and wider community, or due to the poor literacy and information gaps. They might not

understand government guidelines and important messages about COVID-19 updates.

Q: My mental wellbeing has deteriorated during the lockdown.		
	Number	*Percentage*
Strongly agree	2	4.4%
Agree	17	35.5%
Neither agree nor disagree	14	28.9%
Disagree	8	15.6%
Strongly disagree	8	15.6%

Around 40% of respondents said that their mental wellbeing had deteriorated during the lockdown. Ethnic disparities and the rate of COVID-19 infections, hospitalizations and deaths which proportionally affected of ethnic minority community has caused significant concern, for example, there was assumption among Somali community, who are largest ethnic minority community in Bristol, that if person hospitalized for COVID-19, there is no going back from it. And this was difficult for the people to continue their responsibility and work, and this also resulted poor mental health for the target group, in the survey findings 67.39% of the respondents said that COVID-19 has caused worry and scary about death like some of the respondents commented as it has proportionally impacted ethnic minority communities.

There are significant evidence to see that COVID-19 cause deterioration of mental wellbeing specially for ethnic minority communities include target group which lockdown and isolation has disproportionally affected them. It is important to highlight the stigma and cultural stereotype around the mental health in certain communities. This prevents vulnerable people to seek help at early stage. So to minimise worse and complex impact of COVID-19 it is important to design

culturally appropriate service and address importance of cultural competence to deliver appropriate services for all community groups. In our report on mental health (BSYV-BSF, 2019), we found that 89.6% said they don't know about CAMHS and OFF THE RECORD who are based in areas where majority of BAME communities include Somalis live.

Q: Have you been able to access any support you needed from Bristol City Council any other organisation during the lockdown?		
	Number	*Percentage*
Yes	12	23.9%
No	28	56.7%
Not sure	9	17.4%

COVID-19 has caused hardship difficulties to our community, and this was proportionally difficult for ethnic minority communities in Bristol, specially Somalis who are largest ethnic minority community in Bristol. The pandemic has exposed different forms of inequalities and quality of services that certain community groups receive. There have long been concerns about the poor quality and lack of services in deprived areas, where unemployment, educational equality, poor housing, and lack of representation during designing the services are and have been an issue. For example, there were information gaps combined with poor literacy and it was difficult for certain groups to understand government guidelines and relevant NHS advice. Misinformation circulating on social media also made it worse. There were no appropriate services for the elders and disengaged groups for whom English is a second language. 56.7% of the respondents said they had not been able to access any support they needed from Bristol City Council or any other organisation during the lockdown.

6) Discussion/Inequalities

Q: COVID-19 has proportionally impacted ethnic minority communities; do you have any worry about that?		
	Number	*Percentage*
Yes	33	67.4%
No	5	10.9%
No sure	11	21.7%

Coronavirus disease 19 (COVID-19) pandemic has disproportionally affected racial and ethnic minority groups, with high death rates in black and Asian ethnic minorities, although the disparities and inequalities are determinant and other factors can contribute and must investigated by other researches and studious. Furthermore, minority communities are more likely to experience living and working conditions that predispose them to worse outcomes.

This report has given an insight into how the pandemic and lockdown has affected Bristol-Somalis showing how those inequalities impact on people in different ways.

There is clear evidence of a link between economic deprivation and health issues. Systematic inequalities, unemployment, poor health wellbeing, poverty has disproportionally affected certain communities groups, this also has been highlighted by the Runnymede Trust recently. This is very true in Somali community, where majority live one of the most deprived areas in Bristol and also across the country like Lawrence Hill and Easton in Bristol. Many live in flats without ready access to green space which has further limited their health and wellbeing during the lockdown, particularly impacting on families with children.

A significant number of Somalis are self-employed and even young graduates are underemployed, working in low paid jobs and on zero-hours contracts. The pandemic has revealed a profound disadvantage in employment opportunities, with

BAME workforce channelled into low-paid, insecure jobs, which are often public-facing and necessarily undertaken out of the house. A majority of the respondents in this survey confirmed that COVID-19 has negatively impacted their financial and household income. This indicates urgent work is needed to address systematic economic inequalities.

The reality is workers from BAME background are afraid of contracting the illness. Hearing about the deaths of their colleagues and community groups has caused significant concern, but many were not entitled to the support available, forcing them to continue to work in public-facing roles despite their vulnerability. Vital changes are urgently needed.

Our respondents gave their thoughts on Covid, the lockdown and racial and health inequalities, and their powerful words are presented here:

"The virus was a shock. It came out of nowhere, and no one knew how to handle it. There was so much stuff on social media, so much false information, but over time we have learned about it. But the fact that ethnic minority people have suffered disproportionately from the effects of the virus, that wasn't a shock. Health inequalities have always been there. The Black Lives Matter protests weren't a shock either. I always knew about injustice. That was my reality. In a way I didn't really see inequality because it had become so normal to me. I just know I have to work harder, be better, send out more job applications. That's my reality. I've got mixed feelings about it, but my hope is it will change our perspective, create some dialogue. It's going to take time, there's no quick fix. One part of society has never seen racism in action, now I hope they have some awareness and that will lead to change."

"I always knew about injustice. That was my reality."

"As a group, we are talking about the Black Lives Matter movement. In our country the blackness is different. Black is a skin colour. Here the history and culture have racialised it. Here the Irish were black. When you ask a Somali person, who are you? They say. 'I'm Somali.' If you ask them 'Are you black?' they say, 'I'm Somali'. Blackness as a colour we do have, but we don't have this racial conception that you have here. We are still fresh from Somalia and we are proud of our identity. We haven't been exposed to the same history of racism that other black people who have been here for a long time have experienced. Maybe our children think differently. When we have the discussion with our young people, say 19 or 20 years old, when we ask them who they are, they say, 'I'm a Muslim'.

We want to be integrated but we don't want to be this black you have in Europe or America. BAME includes the Polish and Pakistanis, basically everyone who is not white British. We don't want to be put in a box like that. We don't want a box."

> "We want to be integrated but we don't want to be this black you have in Europe. We don't want to be put in a box."

"Inequalities – I was aware of all these difficulties before. We were already at the tipping point. COVID is a trigger. People were talking about the Colston statue for years, but no action was taken. Covid-19 has allowed people to express their frustrations. Like everybody has been really, really frustrated for so many reasons, for so long, and this frustration has come out. Hopefully something good will

> "No class is immune from the social ills we are facing. Inequality runs through everything."

> "The white child who goes to private school, has their own bedroom and a playroom and has had 7 lessons a day on zoom, with a garden to run round in – their destiny is intertwined with that of my children."

come out of it. The people at the top need to change things that they used to take for granted. I'm really optimistic. Hopefully we will get our institutions to reflect on these frustrations and inequalities. There's another layer to all this and that's the economy and how resources are shared. We need to change our priorities. It's not only about black people. White working-class people too. Even for white middle class people – you can see so many mental health problems. No class is immune from the social ills we are facing. Inequality runs through everything. Education, jobs, housing, people working in frontline jobs. It's really deep. We all belong to the same society. The white child who goes to private school, has their own bedroom and a playroom and has had 7 lessons a day on zoom, with a garden to run round in – their destiny is intertwined with that of my children. They are living in the same society. Hopefully the government will reflect on that. This is not an unnecessary noise that people are making."

"This has shown us how weak we are, as humans, and as a nation."

We would also like to take the opportunity to highlight the good work undertaken during the pandemic and the real community spirit that has been present, *Although there has been feeling of fear and concern of BAME people contracting with virus, large number of BAME people were at front line during the lockdown working in different areas include NHS, other key workers like delivery ,supermarkets, and drivers, In Bristol around 7 Somali led organisations has been volunteering to engage and support disengaged community members, include vulnerable groups and elder who are shielding or isolating, by doing shopping and collecting prescriptions.*

For example, Bristol Somali youth voice has set up volunteer group (BSYV Task force) to do shopping and collect prescription for elders and those in isolations, but also to record bilingual message to facilitate the government guidelines and NHS advice to reach out to the community groups specially those English are their second language.

Bristol Somali woman's groups, Muslim4bristol and Somali kitchen were supporting and cooking for the families who are economically affected by COVID-19 and difficulties of poverty. They were also cooking for the people at front line like NHS staff and those who work at care home. Autism independence were supporting families with housing problems and have autistic children.

Bristol Somali forum,Somali resource centre, Tallo and others were doing similar work to support disadvantaged community groups.

The report highlights the importance of improving the services in deprived areas where systematic and social inequality is high and importance of inclusion and collective approach to compile affective and practical post COVID-19 recovery strategy. It is evident that in some situations, local community-led responses can be more successful in reaching otherwise isolated people than centralised services. We suggest that both central government and the local authority should improve and strengthen community groups and fund grass root organisation that can reach out to disengaged vulnerable groups. This is/will be vital to deliver culturally appropriate service.

We are very positive that this report and survey findings will be important for service providers in the area as people from BAME background, are not properly involving ongoing surveys and researches which are important to map and provide concise view about the impacts of COVID-19 of disadvantaged communities from deprived areas but also vital for designing solution and affective post COVID-19 recovery strategy.

7) Recommendations

Survey findings and issue identified by the report doesn't mean, racial disparities and difficulties are issue only for Somali community, there are different researches and case studies referred in this report which clearly show that COVID-19 has disproportionately affected ethnic minority communities as whole include Somalis.

COVID-19 has been a learning experience for all of us, but it has clearly exposed and exacerbated systematic and structural inequalities.

1. To get a clearer picture of ethnic disparities in incidence and outcome in the UK, we need detailed national data reported by ethnic groups. This could be done through linking ethnicity data from Hospital Episode Statistics or Public Health England to mortality data from the Office of National Statistics. If the NHS and Public Health England lead wide review of the evidence on why ethnic minority populations seem to be disproportionately affected by covid-19 will be more useful.

2. Perception of illness and disease and their cause are different in various cultures, and culture also influences how people seek health care. More BME people are diagnosed with mental health issues every year and this may be worse during and after the pandemic. BME communities are also facing barriers in terms of accessing culturally appropriate services, including lack of cultural understanding, communication issues, and where and how to seek help. Service providers need to work closely with people from BME communities include target group prior to service design and delivery specially in this period of crisis of pandemics.

3. Many BAME communities do not speak English as their first language specially elders who are among vulnerable groups. Government guidelines and NHS advice has been in English, such vital Information should be made available in appropriate languages to support elders about understanding guidelines, government updates and NHS advice and how they can seek help. Frequent reviews and assessing loopholes could help to compile positive change.

4. Lack of inclusion and representation at decision making level is/has been issue, this is also true in Somali community, there are no enough number of Somali professionals at different senior roles, this is important to design affective services. Service providers need to work closely with people from BME communities specially Somalis who are largest BAME communities in Bristol prior to service design and delivery. Somali community have largest young graduates who are underemployed and don't work in their career and most underfunded organisations that work at grass root level and voluntary sector.

5. The findings of this Questionnaire indicate an urgent need for more work are needed to support disengaged groups include ethnic minority communities from deprived areas (majority are Somalis). There are good number of voluntary Somali led organisations that work at grass root levels, some of the resource should go for these organisations to engage disadvantaged disengaged groups and deliver affective and appropriate service for those who are in need, Service providers should also work with these organisations to reach out the disengaged groups and improve their services.

8) Key Terms

COVID-19: a term frequently used in this report to represent coronavirus disease 2019 which is an infectious disease caused by severe acute respiratory syndrome(SARS-COV-2) it was first identified in December 2019 in Wuhan, Hubei China.

Black Asian Minority Ethic (BAME): This is frequently used throughout the report and is referring to Somali ethnic group or members of other minority groups. The report is based on a survey conducted within the Somali community in Bristol, but it may also be relevant to other BAME groups in Bristol.

Respondents: these are the people who responded to the survey. They all live and reside in Bristol, and they are from different gender, age group and professions.

Social inequality is the extent to which there are differences between groups in society. Social inequality can be related to: ethnicity, gender, disabilities, health issue, age and differences in incomes, (rich and poor).

Health inequality/disparity is used in this report to refer "racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention." And how ethnic minorities tend to receive poorer quality care compared with non-minorities.

Mental health problems: This term is frequently used in the report to refer wide range of mental health conditions/disorders that effect your mood thinking and behaviour, ranging from common problems like stress, depression and anxiety to rarer problems like schizophrenia and bipolar disorder.

Stigma: this is used to describe the shame and strong feeling of disapproval that most people in the community have about being associated with mental health issues, that is rooted cultural stereotype and mental health which precisely mean madness and craziness in Somali context.

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