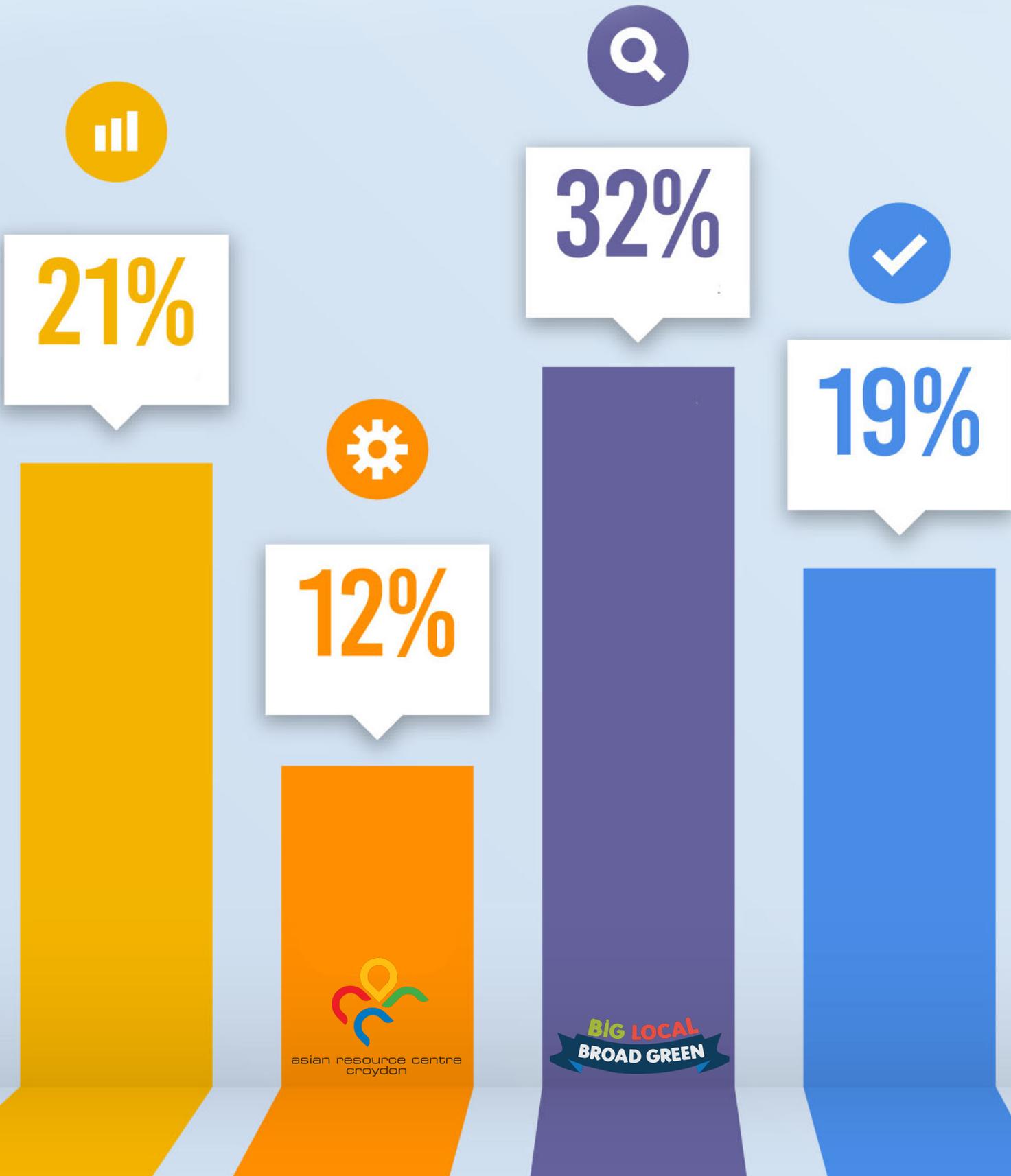


COVID-19 Community Survey Report

By Asian Resource Centre of Croydon
in partnership with Big Local Broad Green



Acknowledgement

This report has been produced by Asian Resource Centre of Croydon (ARCC) in partnership with Big Local Broad Green (BLBG).

COVID-19 Community Report covers the period between end of January 2020 when global reports about coronavirus became widely reported in the UK media; and the core period of our work in the first 8 weeks of a nationwide lockdown.

We would like to thank and acknowledge the support and contributions of our partners, volunteers, donors, funders and other stakeholders.

We would like to give particular acknowledgements to Croydon Council, TNL (The National Lottery), Local Trust for their continued support in our Covid-19 relief work as well as all our volunteers for their dedication.

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Purpose of the Community Survey

In order to understand the feelings, expectations and what level of help is needed within the community during the COVID-19 health crisis, Asian Resource Centre of Croydon (ARCC) surveyed members of the general public and individuals on ARCC and Big Local Broad Green (BLBG) Databases.

The aim of the survey was to understand the differences across a range of demographics including ethnicity, gender and age. The data will also help us to understand how we should shape our service during the pandemic.

The survey was open from 1st April 2020 to 5th May 2020 and received a total of 360 responses. The survey was sent out via email campaigns, Instagram, LinkedIn, Facebook, Twitter, Website as well as direct phone calls.

Responses were received from all targeted communities and age ranges covered by the survey. ARCC primarily serves Asian communities, however the survey was intended to reach all communities for a comparative study.

How was the survey answered?

Respondents were asked to answer for their own personal circumstances and outlook.

Some surveys were completed by staff on behalf of clients during befriending calls as we found there was a tendency for people to delay or forget to complete the survey once they had been left to complete it in their own time. Assisted surveys were strictly completed whilst on the phone with clients staff and volunteers did not want to act as the voice of individuals or communities which may have differing opinions, even if they came from a similar background, heritage or spoke the same native language.

For some questions such as *what is your biggest need at this time* and *What do you think the Government's priority should be after the COVID-19 crisis?* Respondents were allowed to select a maximum of 3 choices which means the percentage response does not always add up to 100.

This survey has been done in tandem with other modes of research including, one to one conversations, group interviews, case studies and observations from over 1000 befriending calls.



Summary of findings

It became apparent very quickly that there were varying differences based on individual circumstances and peoples outlook on what responsibilities the government has during national emergencies. There are direct correlations between people's ethnic background, their outlook and their needs and expectations during the COVID-19 pandemic, there is also some learning to be drawn from the comparisons we can make between BAME and white communities.

There seems to be specific needs and expectations from particular communities depending on their household situation and ethnic background. i.e. Black African communities needed more mental health support and expected the Government to place health and mental health at the top of their agenda. Bangladeshi communities report bigger households and require more shopping and food support, they wanted the government to prioritize health, poverty and employment.

There is a need to reach out to these communities at a grass root level in a culturally specific and personalised way by using mechanisms within the community such as Bangladeshi/ African community guides and social workers who can directly connect and communicate important health messages to these communities.

Along with the survey we have been collecting data through one to one conversations with BAME communities throughout lockdown. Longer conversations with individuals, families and community leaders revealed that co-factors and multiple deprivation may be the cause of poor quality of life, health inequalities and for the Coronavirus to affect certain communities badly and disproportionately. These factors include long health term conditions and multiple occupation households especially where there is overcrowding and several generations living together. Also BAME communities living more hand to mouth lives and working lower skilled and front line jobs.

We have evidence from case studies and conversations about cross generational concerns with older people worried about younger people and younger people feeling the government needs to do more for older people; this is possibly due to communities having more time to reflect about one another. A lack of knowledge on how

others are affected, and more community spirit are resulting in an acknowledgement that this is a collective problem.

Younger people still feel they are more likely to survive or be less affected health wise, but more affected economically and socially. Older people are genuinely worried about their grandchildren, education and employment prospects.

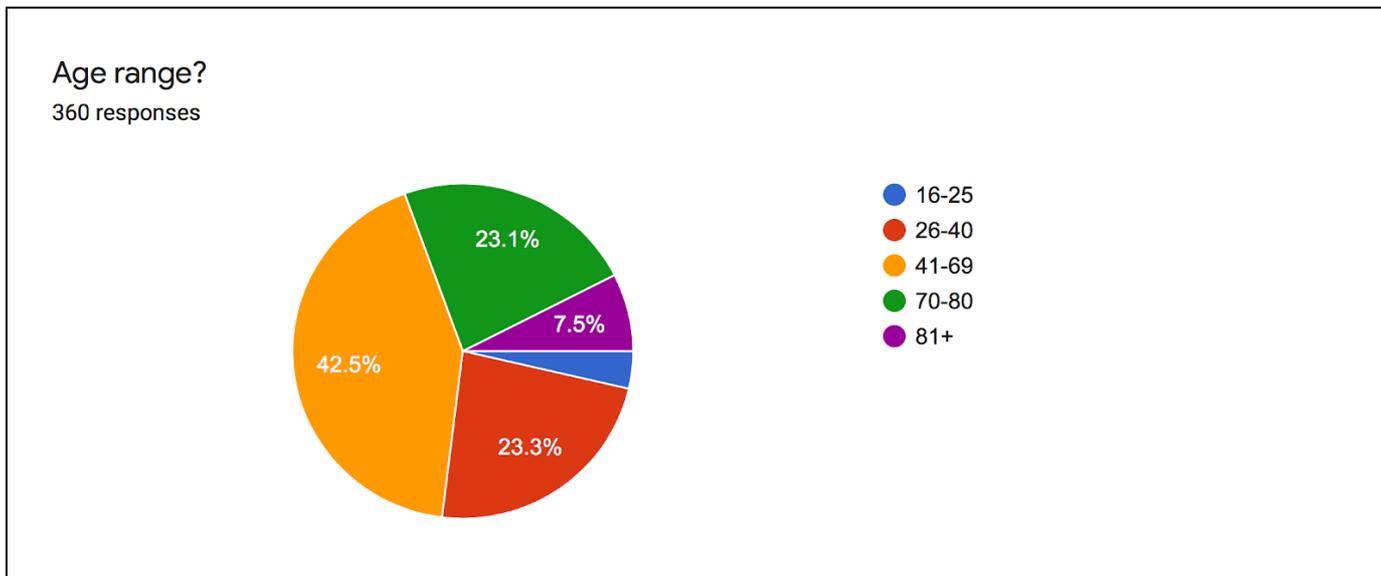
We received some reports during the first few weeks of lockdown about the price of goods rising extortionately especially in ethnic shops including fish, halal meat and dry goods. The Bangladeshi and Pakistani community in particular reported they felt shop owners were exploiting the situation. These reports have lessened in the second half of the strict lockdown period, possibly through fair competition, policing interventions or local lobbying.

We have seen a rise in the latter weeks from refugee and asylum seeking communities approaching us for support and through conversation it is possible that some of these families may have been supporting themselves through the odd cash in hand jobs and borrowing money from others.

Given that the mass closure of workplaces and restrictions on home visits has meant that work and money has dried up; so along with refugee and asylum seekers, families and individuals living in hostels, temporary housing and shared housing HMO's are bearing the brunt which is financially impacting on their ability to sustain themselves. In some cases some are struggling for the next meal on a daily basis.

Whilst these socioeconomic and health inequalities have been highlighted by covid-19 and the lockdown, BAME organisations and campaigners have been raising these issues for many years, ARCC has been addressing these concerns at borough level for several decades.

Question 1



Findings

3.5% of people who responded were 16 -25 years old. 23% of respondents were people aged 26-40 years. The majority of respondents; 43% were aged between 41-69. 23% were aged 70-80 and 7.5% were aged 81+.

All white 16-25 year olds said one of their biggest needs currently is IAG (Information Advice and Guidance) whereas Black and Asian respondents said their biggest need was shopping and food bank.

Black 26-40 year olds said that their biggest need was shopping, IAG and finance. Specifically, the Black African community identified finance as a big need. There also seems to be a connection to mental health support by this group.

Table (1.0) showing Breakdown of Needs for 41-69 year olds

Biggest Need for 41-69	Percentage
Shopping	41%
IAG	31%
Food Bank	22%
Education	28%
Finance	28%
Medicine	17%

Almost all who said they needed mental health support said the government's priorities should be around health and mental health support. In this particular group there seems to be a link between financial need and mental health.

Of the 26-40 year olds who identified as Asians, the majority need shopping followed by food bank and then medication and education. Of those who said a food bank was their biggest need also felt strongly that communities and health should be a government priority. This group also indicated the need around young people, poverty, housing and employment.

Table (1.1) showing the Biggest Priorities of 41-69 year olds

Biggest Priority for 41-69	Percentage
Health	70%
Employment	69%
Communities	43%
Business	36%
Poverty	35%
Education	33%
Mental Health	33%
Elderly	29%
Housing	17%

Table (1.1) 41 -69 year olds are a part of the actively working population; therefore business and employment concerns are higher than in the older groups. It also seems that this age group's expectation of the Government's priority is linked with their individual situation around finance and shopping needs. This group also falls into poverty more than the other age groups.

Table (1.3) showing Breakdown of Needs for 70 to 80 year olds

Biggest Need for 70-80	Percentage
Shopping	52%
IAG	41%
Befriending	29%
Food Bank	25%
Finance	18%
Medicine	17%
Education	6%

Table (1.4) showing the Biggest Priorities for 70 to 80 year olds

Biggest Priority for 70-80	Percentage
Health	77%
Elderly	49%
Employment	42%
Communities	23%
Education	19%
Business	19%
Mental Health	16%
Poverty	13%
Housing	5%

(70-80 year olds) This age group said the biggest needs for them was shopping followed by IAG, befriending and food bank.

This group was also worried about media reports and COVID-19 affected older people.

For them the biggest priorities were overwhelmingly health followed by elderly.

Surprisingly the third biggest priority for them was employment.

Table (1.5) showing Breakdown of Needs for 81+ year olds

Biggest Need for 81+	Percentage
Shopping	77%
Food Bank	33%
IAG	22%
Befriending	22%
Medicine	7%

Table (1.6) showing the Biggest Priorities for 81+ year olds

Biggest Priority for 81+	Percentage
Health	77%
Elderly	40%
Employment	29%
Communities	29%
Business	26%
Poverty	19%
Housing	19%

(81+) Three quarters of this age group identified as requiring shopping assistance, this is to be expected given the early warning from the government about COVID-19 impacting this age group more than other groups. This group was required to self isolate sooner and more strictly and also where possible to put them on the governments shielded list.

Being directly affected; this group felt that the government should do more for elderly communities. From conversations and befriending calls we know social isolation and loneliness as well as health and well being are major factors that affect this group and the survey findings strongly suggest that more than 75% of this age group want more focus on health from the Government.

Question 2

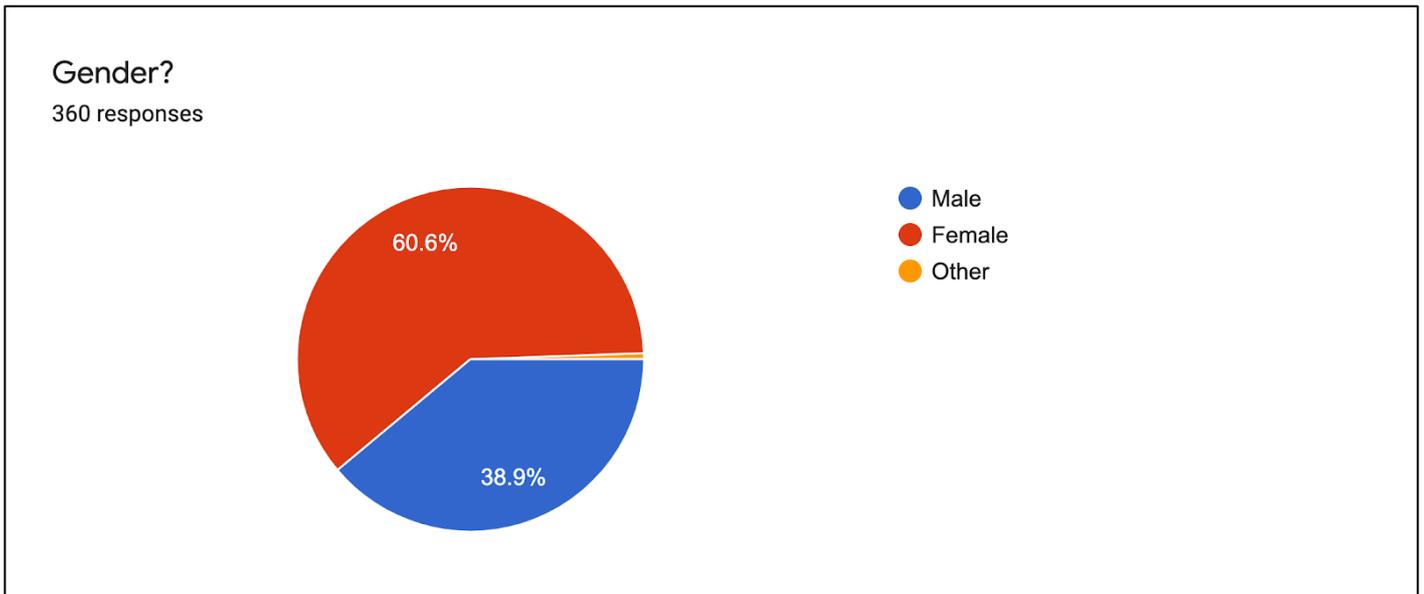


Table (2.0) showing Household occupancy levels for male and female

Number of people in a household	Male	Female
1	19 (13%)	54 (25%)
2	34 (24%)	61 (28%)
3	27 (19%)	35 (16%)
4	28 (20%)	33 (15%)
5+	33 (23%)	35 (16%)

The above survey results indicate that there are considerably more females living in 1 and 2 family households as opposed to males. In terms of households with 3,4 and 5+ the number of males and females living in these households are fairly evenly split, although there still seems to be a little bit more females in these types of households also.

Table (2.1) showing how people feel about the future according to gender

Gender	Optimistic/Hopeful	Hopeless/Scared
Male	57 (75%)	19 (25%)
Female	91 (67%)	44 (33%)

In general we had more females that partook in the survey and as a consequence we had more females in general that were optimistic/hopeful (91) as opposed to males (57), however we had more females that were also hopeless/scared (44) as opposed to males (19). If we break down this into a percentage comparison we actually notice that in fact more males are optimistic (75%) as opposed to females (67%) and less males are hopeless/scared (25%) as opposed to females (33%).

Question 3

How many people live in your household?

360 responses

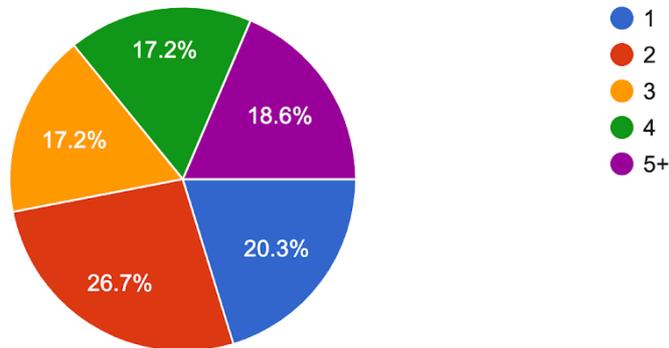


Table (3.0) showing breakdown of number of people living in a household according to ethnic background

Household	Asian	White	Black
1	32 (17%)	23 (27%)	9 (17%)
2	51 (28%)	20 (24%)	11 (20%)
3	23 (13%)	16 (19%)	12 (22%)
4	33 (18%)	18 (21%)	10 (19%)
5+	44 (24%)	7 (8%)	12 (22%)
TOTAL	183	84	54

From the results above it is clear that there are more Asian’s (24%) living in occupancy with 5+ people as opposed to Black (22%) and White (8%). In contrast the number of people living alone is the highest in White (27%) followed by Asian (17%) and Black (17%) equally.

Living in a group setting increases your chances of sharing bacteria and viruses and decreases your possibility of practicing social distancing at home. Large households have a greater demand for supplies and therefore whoever goes out brings back a greater risk of spreading the bacteria to others. This would be exacerbated by the fact that fewer people would venture out in order to reduce the risk of infection and would carry less supplies home. This would increase the number of trips necessary or else more people would need to leave and go out thus increasing risk.

This possibility heightens isolation and vulnerability and could be a slippery slope to forcing people out of a safe scenario or staying in isolation and experiencing loneliness.

The average 16-25 year olds live in a 2.6 person household with 15% of them living in single person households. 31% live in households with 5 or more people all of whom are from black or Asian backgrounds.

58% of 70-80 year olds said that they lived in single person households. 42% of the total number living in single households were 81+ years old and 70% of 81 year olds who responded said they live in single person households.

Question 4

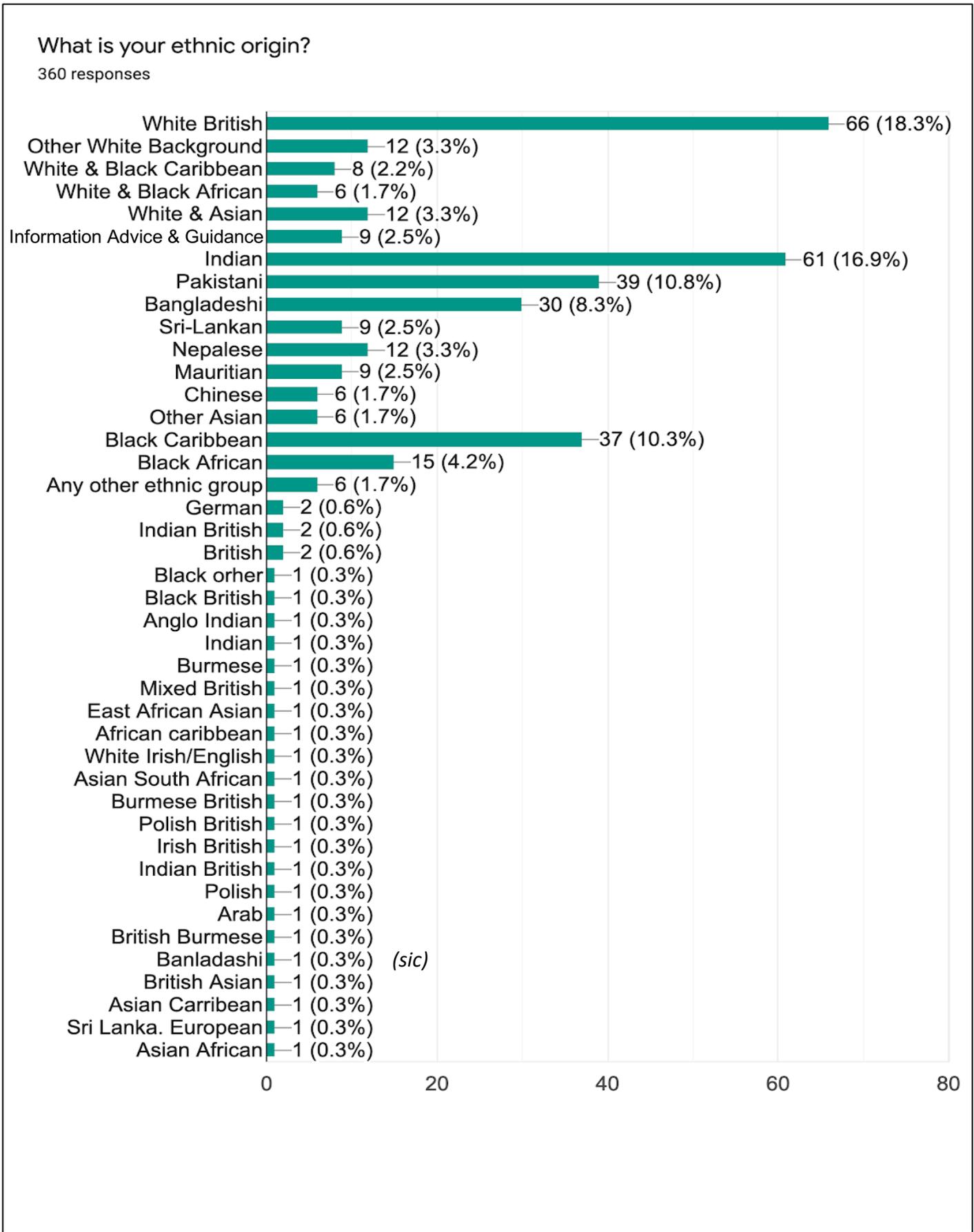


Table (4.0) showing breakdown of ethnic background

Ethnic Origin	% of Total Respondents
Asian	51%
Asian Mixed with other	3%
Black	15%
Black Mixed with other	4%
White	23%
White Mixed with other	7%
Other/non identifiable	4%

Table 4.0 For meaningful analysis respondents were grouped into Asian, Asian mixed with other, Black, Black mixed with other, White, White mixed with other, Other/Non identifiable

Table (4.1) showing breakdown of needs according to ethnic background

Ethnic Origin	Befriending	Shopping	Food Bank	IAG	Education	Finance	Medical
Asian/Asian Mixed with other	22%	58%	26%	29%	19%	26%	21%
Black/Black Mixed with other	10%	43%	15%	11%	11%	33%	7%
White/ White Mixed with other	13%	41%	12%	38%	15%	18%	11%

Asian communities responded with the highest need for befriending services; when looking at this in connection with the household data, it appears that the people who were selecting befriending services came from an average of 2 people households. This confirms our findings from our social isolation project that whilst the vast majority of socially isolated people are older and live with little contact with others, some people feel lonely despite being surrounded by family and friends.

Human beings have a natural desire to interact and socialise with other people, this very connection aids us to live healthy and happy lives. As we age, however, many of us end up spending more and more time alone, leaving us vulnerable to social isolation and loneliness. Research has suggested social isolation and loneliness is deadlier than heart disease, or the equivalent to smoking 15 cigarettes a day. It is linked to higher risks for a variety of physical and

mental conditions including heart disease, obesity, anxiety and depression, cognitive decline, Alzheimer’s disease, and even death.

Engaging in meaningful activities and socializing with others can help people to maintain their well-being and may improve their cognitive function. It will be important to ensure contact is maintained with these individuals and priority given to engage with them on a face to face level as soon as it’s practically possible.

More than half of Asian respondents; 55% needed shopping during this period followed by just over a third of Black 36% and White 34% respondents.

Again, a higher percentage of Asian people wanted food bank services than other communities.

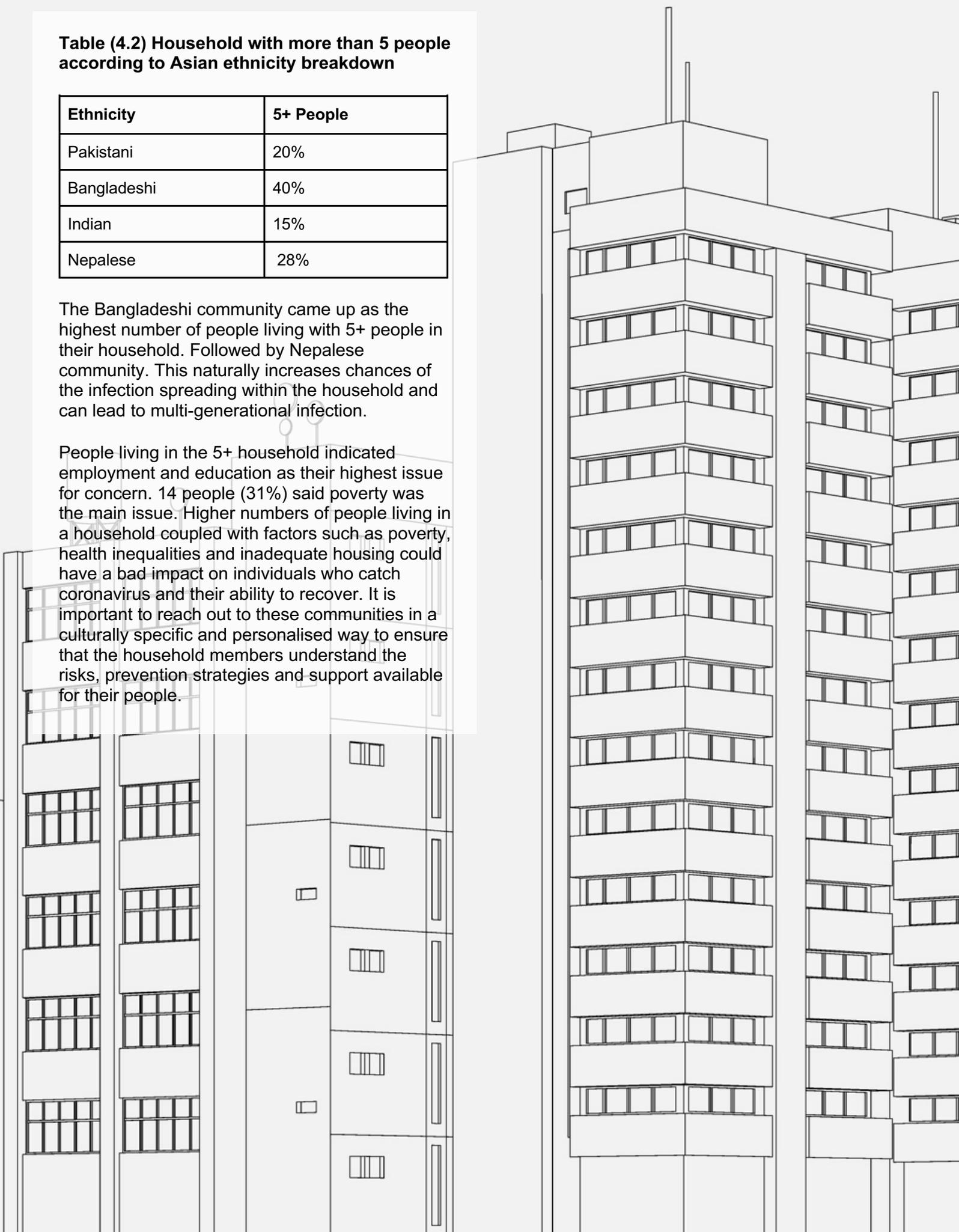
There was a fairly even requirement for IAG with white communities scoring slightly higher than BAME groups.

Table (4.2) Household with more than 5 people according to Asian ethnicity breakdown

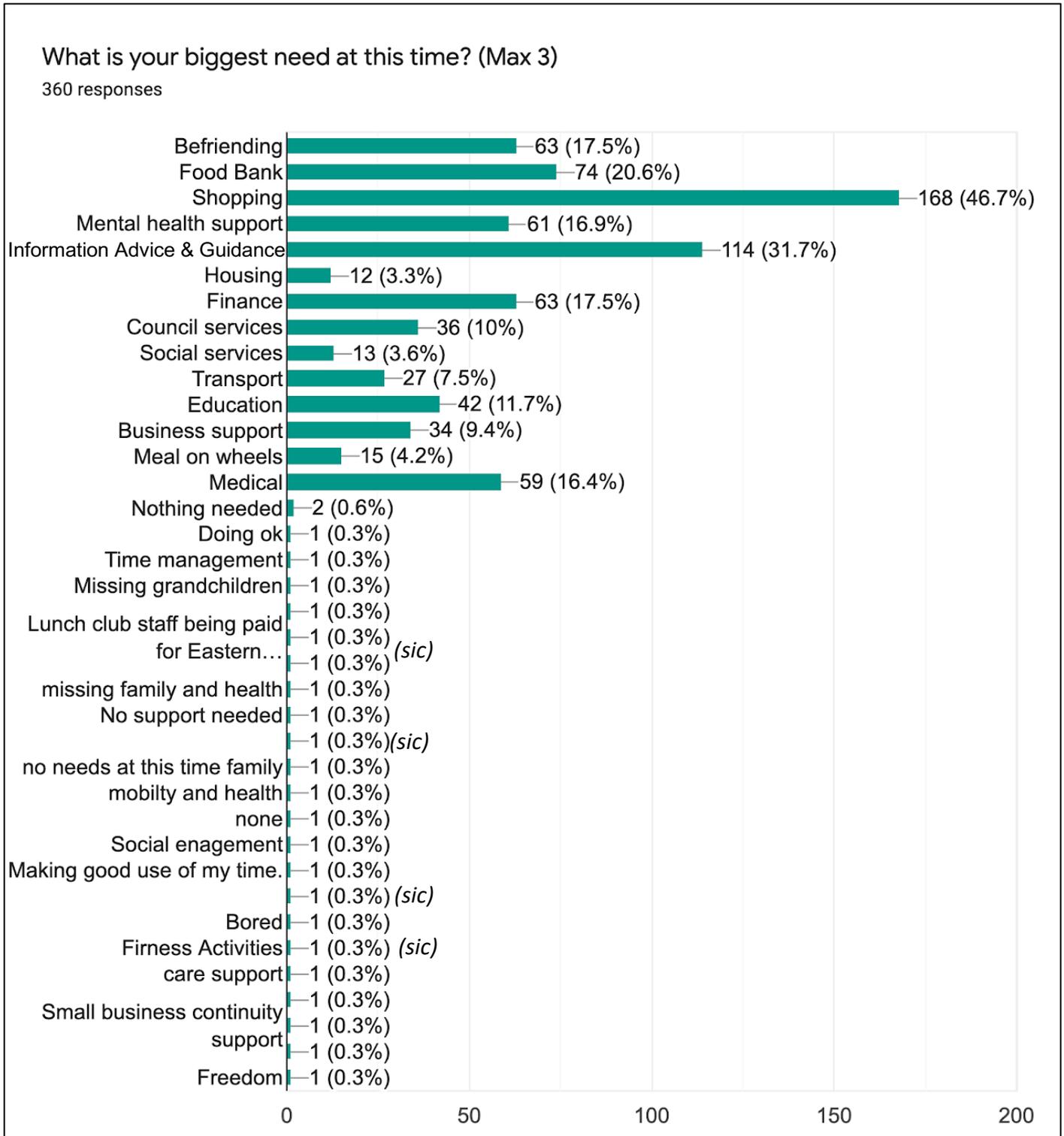
Ethnicity	5+ People
Pakistani	20%
Bangladeshi	40%
Indian	15%
Nepalese	28%

The Bangladeshi community came up as the highest number of people living with 5+ people in their household. Followed by Nepalese community. This naturally increases chances of the infection spreading within the household and can lead to multi-generational infection.

People living in the 5+ household indicated employment and education as their highest issue for concern. 14 people (31%) said poverty was the main issue. Higher numbers of people living in a household coupled with factors such as poverty, health inequalities and inadequate housing could have a bad impact on individuals who catch coronavirus and their ability to recover. It is important to reach out to these communities in a culturally specific and personalised way to ensure that the household members understand the risks, prevention strategies and support available for their people.



Question 5



Of the 74 people who said they needed Food Bank services, 63 said they identified as being Asian or Asian Mixed with others. 13 said they were white or white mixed with others. 9 identified as Black or Black mixed with others. Some people fall into both the categories due to being mixed heritage.

In terms of the gender breakdown just over half of the respondents were females aged 70+. The majority of men who needed food bank services live in a single person household across all ages.

Of the people who selected food banks as their biggest need; 81% said they were scared, hopeless or uncertain about the future.

152 people said their biggest need was shopping. Of this 106 people identifying themselves as Asian or mixed Asian. 45 white or white mixed with others. 29 were black and mixed black. Of all the black people that responded 43% said food banks were the biggest need. 109 people identified as being white or white mixed. 41% of total white respondents said they needed shopping service. 194 Asians or Asian mixed responded to the survey in total. Of that; 54% said they needed shopping.

Table (5.0) Biggest need for 16-25 year olds

Biggest Need for 16-25	Percentage
Shopping	61%
IAG	38%
Food Bank	31%
Finance	31%
Befriending	23%

Table (5.1) Biggest priority for 16-25 year olds

Biggest Priority for 16-25	Percentage
Health	92%
Employment	69%
Education	62%
Elderly	23%
Mental Health	15%

55% of over 70's said shopping was one of their greatest needs and from that age range 67% of 81+ year olds that responded said their biggest need was shopping.

27% of people aged 70+ said befriending was their biggest need whereas

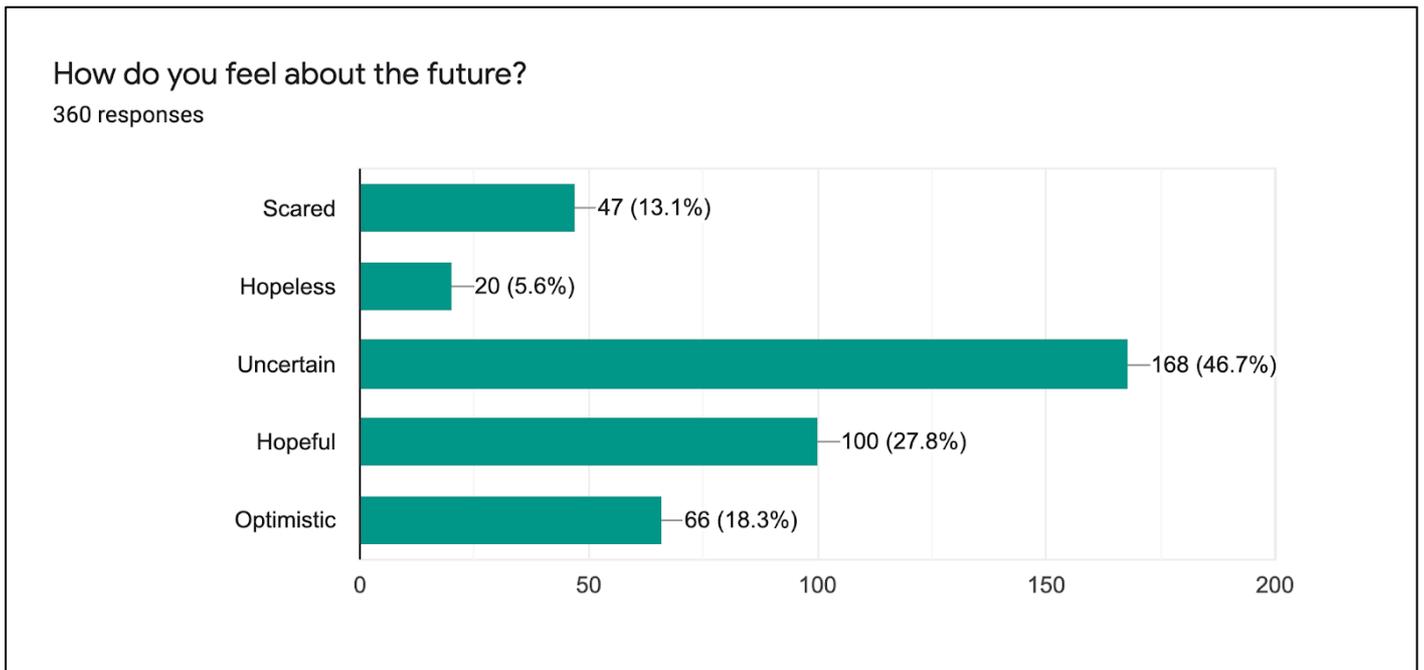
Table (5.2) Food Bank need according to Ethnicity

Ethnicity	Need Food Bank
Asian or Mixed Asians	27%
White or Mixed White	12%
Black or Mixed Black	15%

114 people in total said information, advice and guidance was. 69% of BAME people felt that IAG is one of their biggest needs, whereas 36% were from white or white mixed with others. IAG is required through all age ranges and genders. People who selected IAG were mainly concerned with Employment and Health issues. Around 33% of the people required more IAG.

63 people in total nominated a befriending service as one of their biggest needs and 41% were Asian, almost half were aged 70+, with the majority of them being female and wanting IAG. Also, those people who wanted a befriending service felt that Government priority should be employment, health and elderly people.

Question 6



From the 16-25 year old group the majority of Asians felt hopeful or optimistic about the future whereas almost all black, mixed and white 16 to 25 year olds felt uncertain or hopeless.

166 people responded that they feel hopeful and optimistic about the future, of that group 30% said the Government priority should be business, 57% said it should be health and 49% said employment.

46% of the total of 16-25 year olds that responded said they were hopeful or optimistic about the future and 54% said they were scared, hopeless or uncertain.

Of those aged 16-25 years who were uncertain about the future their biggest concern was employment and health, followed by education and elderly people.

Of all those aged 26-40 years 43% were hopeful or optimistic and 57% said they were uncertain, hopeless or scared. Of those that were uncertain and scared their biggest concern was health and employment, followed by elderly people, mental health and communities.

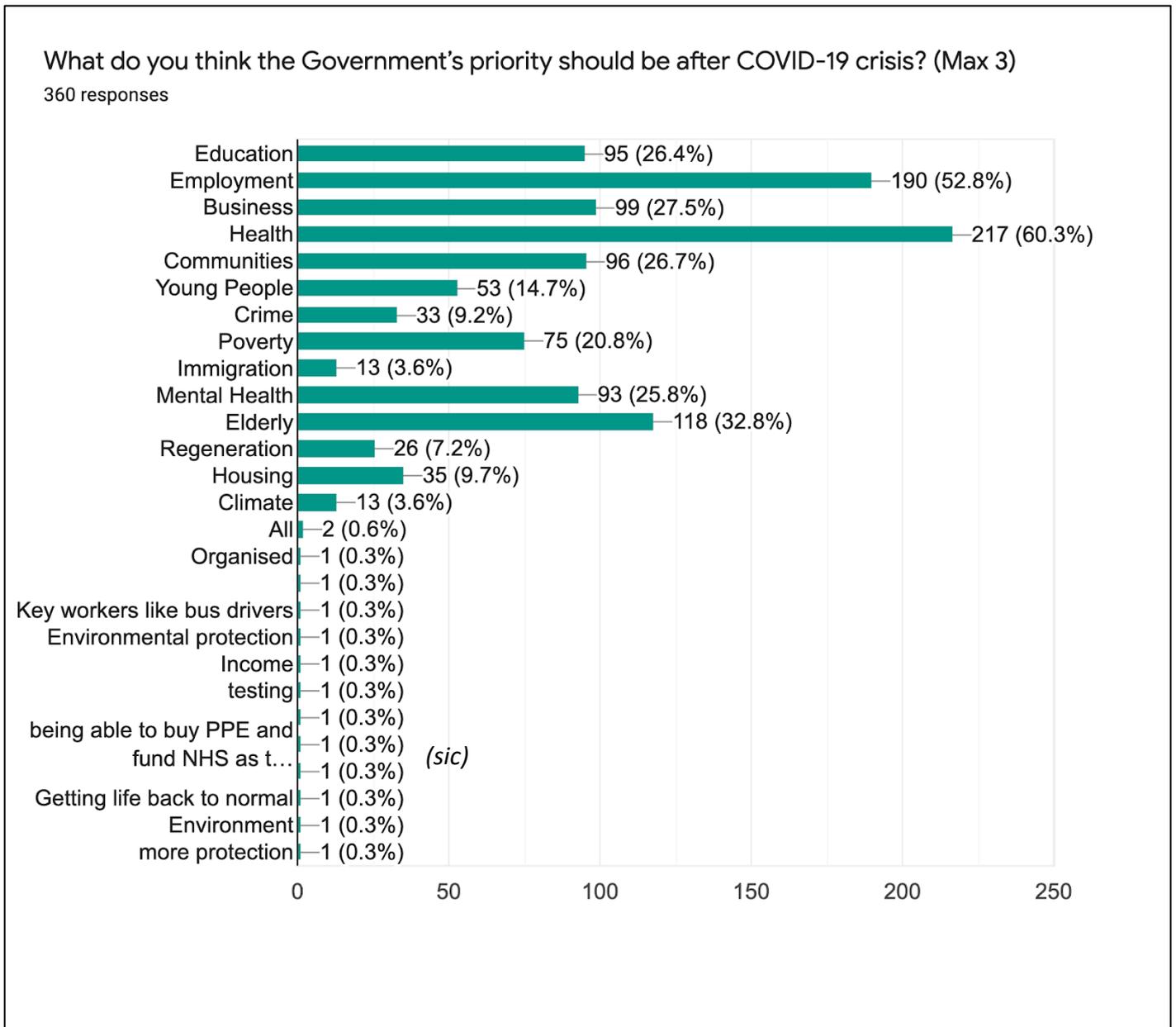
Of the 41-69 age range 52% were hopeful or optimistic and 48% were uncertain, scared and hopeless. Their biggest concern was health and employment, followed by education, communities and mental health.

83 people from the age range of 70-80 years old responded and 20% said they were optimistic or

hopeful. 80% were uncertain, hopeless or scared. For this group of people their biggest concern was health, elderly and followed by employment. 17% of this age range were also concerned with education. From conversation with this age group we know this concern was with regard to their grandchildren and young people.

27 people who responded were aged 81+ and of those 48% were optimistic or hopeful, 52% were uncertain, hopeless or scared. Of those who were uncertain, hopeless or scared their biggest concern was health followed by elderly people and communities.

Question 7



The general mood of people at the beginning of the crisis was that of a real concern for jobs and people's careers. This and shopping dominated peoples worry for the duration of this survey. Communities make only one appearance as does education; the need for information advice and guidance was also clearly stated.

As we progressed through the first week to the second week jobs were of primary concern and then by the third and fourth week, we noticed that this was overtaken by shopping / food supplies.

It was also interesting and noticeable in both the befriending calls and the survey, that people became more concerned about health after five and a half weeks of lockdown (week 4 of our survey) and this is clearly telling us something for the post Covid-19 support we offer.

8. Timestamp Analysis (Survey week started 9 days after lockdown)

Between the **1st of April to the 9th of April** respondent's biggest concerns were: -

- **71%** said Employment
- **52%** said Shopping
- **30%** said IAG
- **38%** said Health

In **Week 1** of lockdown people's feelings were: -

- **52%** people felt Hopeful or Optimistic
- **36%** felt uncertain
- **19%** felt scared and hopeless.
- This week the biggest concerns for people were **health, business and elderly**.

From the **10th of April to 17th April** people's biggest needs were: -

- **54%** said Employment
- **43%** said Communities
- **39%** said Education

In **Week 2** of lockdown people's feelings were: -

- **41%** were Uncertain about the future
- **34%** were Hopeful and Optimistic
- **19%** were Scared or Hopeless

Table (8.0) Ranking of people's top priorities over weeks: -

	Week 1	Week 2	Week 3	Week 4
Employment	1	1	2	2
Shopping	2	4	1	1
IAG	3	5	3	5
Health	4	6	4	4
Communities	5	2	5	3
Education	6	3	6	6

18th of April to the 25 April people's biggest concerns were: -

- **77%** Shopping
- **70%** Employment
- **42%** IAG
- **20%** Health

In **Week 3** people's feelings were: -

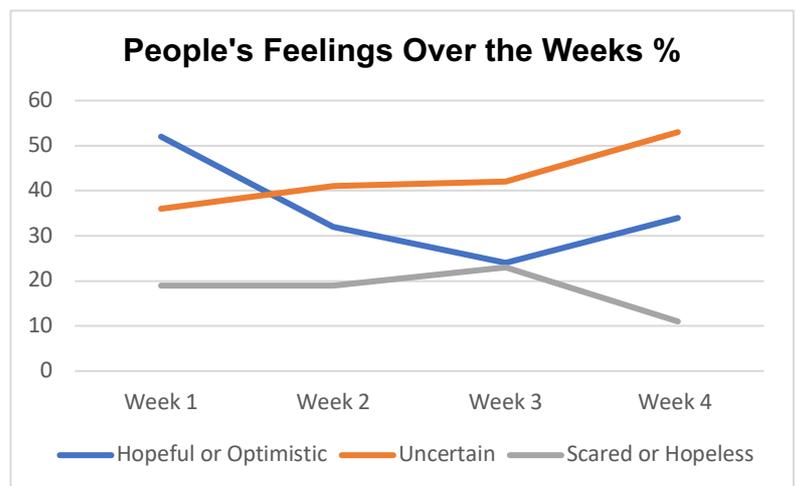
- **42%** felt Uncertain about the future
- **24%** felt Hopeful or Optimistic
- **23%** felt Scared or Hopeless

In **Week 4** people's feelings were: -

- **53%** felt Uncertain about the future
- **34%** felt Hopeful or Optimistic
- **11%** felt Scared or Hopeless

Closing week of the survey people's biggest concerns were: -

- **50%** Shopping
- **42%** Employment
- **40%** Communities
- **30%** Health



Conclusion

Absorbing the findings from the beginning of this report there was a belief that this disease was a leveller meaning that it affected young and old, rich and poor equally; but now in conclusion having digested the report it seems that rather than being a leveller it underlined a painful fact about inequality. It will be important that we as a society we play our part in turning this struggle into something positive going forward armed with the knowledge of what is wrong and what we need to try to fix it.

As a community organisation and infrastructure charity we are fortunate to work in a borough where there has been a collective effort by Local Government departments, VCSE's and businesses to get services to the most vulnerable and most needy people in our area.

The virus put some of our area's difficulties under a magnifying glass and in comparison, to other London and UK wide areas perhaps drew some sympathy. The struggle that our borough went through showed that despite any pre-existing issues and the way Covid-19 hit us hard without warning and it only strengthened our community resolve to move forward positively.

Using the information in this report we recommend that the voluntary and community sector are given leading and critical roles in working with communities on the ground to find person centred and culturally focused solutions using traditional and innovative community development tools we have developed. This can only be achieved through increased long-term commitment to funding into communities and charitable organisations. Also, a serious and coordinated approach by public and third sector infrastructure organisations.

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