



**Manchester Local  
Care Organisation**

# Appendix One

## Health Scrutiny Committee Manchester

**Manchester Local Care Organisation case studies: how we engaged with our communities experiencing racial inequalities**

**10<sup>th</sup> November 2021**

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# 1. Community connectors: how we engaged with communities experiencing racial inequality during COVID

Gorton & Levenshulme and Chorlton, Whalley Range & Fallowfield MLCO Integrated Neighbourhood Teams

Across Gorton, Levenshulme & Whalley Range, around one third of our population is non-White British. During COVID, our neighbourhoods were frightened, confused, unsure and hesitant.



Our approach to engagement had to be culturally appropriate, friendly, and in partnership with trusted sources, such as:

- Sending 4000 Eid cards via the Mosques and local schools
- Running an event at Rainbow Haven (charity for displaced people)
- Speaking to people where it was convenient for residents and safe to do so, including: supermarkets, schools, Madina Mosque, outside community venues, in parks and at events including Levenshulme Pride.



We wanted to make sure that information about COVID came from reliable sources that communities knew they could trust. We created the role of COVID Connectors.

We recruited 10 local people from the community to volunteer to be COVID Connectors. They used their local knowledge to lead our engagement strategy, including:

- Planning their own media campaign
- Using their social networks and social media accounts to engage with people
- Sharing their knowledge of the community to suggest places for engagement
- Being photographed for a vaccination campaign, which even had a billboard.

Their local voices and knowledge made an incredible contribution to the team.



## 2. Communities Against COVID

### Hulme, Moss Side & Rusholme and Ardwick & Longsight MLCO Integrated Neighbourhood Teams

Our neighbourhood is ethnically and linguistically very diverse, transient, has precarious employment and poverty, poor housing, digital exclusion and high levels of underlying health conditions.

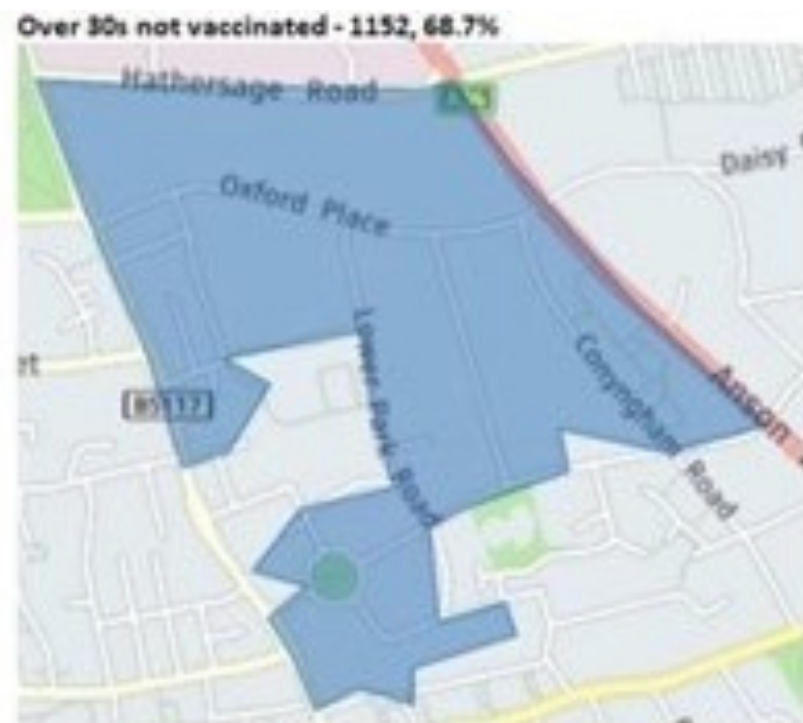
There are some practical barriers to COVID engagement:

- Language and literacy
- Digital exclusion
- Transport and accessibility.

As well as more complex barriers of mistrust and fear of services and fatigue of talking about COVID.

Traditional methods of communication were not working - cases were rapidly rising but vaccination numbers were not increasing. We knew we needed to try something different, with a new approach to the conversation.

In close partnership with Manchester City Council and with support from partners and the VCSE sector, we undertook the mammoth task of visiting over 5000 homes in the areas with lowest vaccine uptake.





When people answered the door, we did not ask people to change their behaviour, but asked **how we could change ours** to address the wider determinants of health:

- What do you think of our services?
- What can we do to support you?
- Do our services meet your needs?
- What is preventing you from taking up the offer of a vaccine?



This approach has provided invaluable insight into the needs of our community and their attitudes towards our services and the vaccine. Some people were in a desperate situation, starving or unable to leave the house.

We were able to signpost people to services and support that could help them and made two urgent referrals.



Door knocking helped to build trust in services with our community and has started a conversation about what we can do differently.

We are planning a listening event in October to keep the conversation going.

# 3.Partnership working: Engaging with our Jewish communities

Cheetham & Crumpsall MLCO Integrated Neighbourhood Team

## Context:

- The Jewish community of north Manchester crosses boundaries with Salford and Bury
- The Jewish community is very diverse, with a range of languages and traditions, one approach does not fit all
- Patient data does not routinely collect information about people's religious beliefs.



## The impact on COVID engagement was:

- COVID messages were not aligned across the boroughs of Greater Manchester
- COVID information was not always reaching the community
- Our data made it difficult to be sure of vaccination uptake in the community.



A partnership working approach was adopted:

- We attended the strategic Jewish partnership network to share information about the Manchester offer around COVID
- We shared communications to ensure consistent messaging across Manchester, Bury and Salford
- Information was translated into Yiddish
- Manchester, Bury and Salford undertook shared commissioning of The Fed (a Jewish-led community organisation) to work with the Jewish community, build on knowledge and support informed choices with the Jewish communities
- We shared intelligence across Manchester, Bury and Salford
- 80 volunteers from The Fed were trained to have COVID Chats - a strengths-based conversation model
- We increased community engagement – 15 volunteers ran nine engagement sessions before the Jewish holidays
- Information was disseminated to 30 Synagogues, schools and Jewish led organisations
- The Primary Care Network recruited Jewish practitioners who spoke Yiddish to work at the vaccination centre.

This approach has resulted in:

- Stronger relationships across partners in Manchester, Salford and Bury
- Improved networks with the Jewish communities
- Greater understanding of the community's needs and concerns relating to COVID
- Trained volunteers from the community able to have strengths-based conversations.