

Evaluation of Sheffield's COVID-19 Vaccine Taskforce for people from ethnic minority backgrounds



Summary of Key Findings

June 2022

1. Introduction

The BAMER5 are a group of Sheffield-based voluntary, community and faith (VCF) organisations whose work is focussed on supporting people from different Black, Asian and Minority Ethnic (BAME) communities and refugees (R).¹ In early 2021 the BAMER5 received £95,000 from local public sector partners to establish a 'Vaccine Taskforce' to raise awareness of the COVID-19 vaccine and to support vaccine uptake in communities known to have higher levels of vaccine hesitancy. This summary provides the key findings from an independent evaluation of the Taskforce undertaken by the Centre for Regional Economic and Social Research. The evaluation addressed a number of objectives:

- To understand the work undertaken to deliver the Taskforce.
- To identify why the BAMER5 were well placed to deliver this work, and the added value they brought.
- Where possible, to assess the outcomes and impact of the Taskforce, including the contribution to increasing COVID-19 vaccine uptake amongst people from ethnic minority backgrounds.

A mixed methods research strategy was developed covering qualitative interviews with representatives of the BAMER5 (n=5) and key public sector stakeholders (n=4) alongside secondary analysis of data about local vaccine uptake accessed via NHS sources.

2. What they did: the delivery of the Vaccine Taskforce

People from ethnic minority backgrounds have been disproportionately affected by the health, social and economic impacts of the COVID-19 pandemic. The **Sheffield COVID-19 Vaccine Taskforce for people from ethnic minority background communities was established to help overcome a number of barriers to uptake** including awareness, understanding, misinformation, language and a lack of trust in the health system.

The Vaccine Taskforce developed a core strategy based on communication, community engagement and outreach and used their existing reach into and understanding of their communities to deliver a range of activities including:

- Setting-up a **helpline** local people could call to access information in relevant languages about the vaccine and / or be signposted to other websites.
- Developing and distributing a '**Don't hesitate, Vaccinate**' leaflet in a number of languages that tackled myths and provided information about available support.
- Using local **community radio** to share information in audible formats.
- BAMER5 staff and volunteers maintained ongoing dialogue with local communities, drawing on counter narratives that were socio-culturally and faith relevant.

¹ The five organisations are: ISRAAC Somali Community Association, Sheffield and District African Caribbean Community Association, Aspiring Communities Together, Pakistan Muslim Centre, Firvale Community Hub.

- Holding **conferences in community settings** where people could hear about the vaccine benefits and risks first-hand.
- **Leading by example** by getting vaccinated themselves, and publicising it, to offer reassurance to anxious members of their communities.
- Using **a range of social media channels** to share information with community members.
- Organising **vaccine drop-in sessions** in appropriate community settings.

3. How they did it: the BAMER5's approach and position

Many VCF organisations led by ethnic minority groups such as the **BAMER5 have rich histories and long track records of working with local communities**. This is particularly important for work with people from ethnic minority backgrounds whose needs and circumstances, and the strategies that best support them, may **be different from the (mainly white) populations** that mainstream services are designed support.

Some of the key 'mechanisms of change' that underpin their work include:

- In depth **knowledge of their communities** enabling them to identify the most appropriate strategies for promoting health messages.
- An approach to **community engagement and communication** based on an understanding of how best to reach and share information with different population groups.
- **Embeddedness in key communities of people from ethnic minority background communities** where they act as hubs for culturally tailored information, advice, guidance and support.

The combination of these factors enabled the BAMER5 and partners to deliver a Vaccine Taskforce that was 'greater than the sum of its parts'.

4. Understanding the impact of the Vaccine Taskforce

Sheffield is a COVID-19 vaccine 'success story': it has the **highest vaccine rates of all of the core cities** in England. Vaccine uptake (first dose) increased across the whole of the Sheffield population between March and November 2021 but during this period **the gap between the majority white population and ethnic minority population narrowed significantly**.

Although it is not possible to establish causation, these data, along with numerous positive qualitative insights, indicate that **the Vaccine Taskforce did make a positive contribution to higher levels of vaccination** amongst key BAMER populations in Sheffield.

It seems likely that **the Vaccine Taskforce saved many lives and prevented many more cases of serious illness**. Given that the amount of money invested was relatively small it should be considered **extremely good value for money**.

5. Implications for the future

There are a number of lessons from the Vaccine Taskforce that could be taken forward in future partnership work between the public sector and the BAMER-led VCF sector to ensure that it is more equitable. Key stakeholders recognised that, prior to the pandemic, these relationships had been far from ideal but that there was now an opportunity to make changes that would be of real benefit to the health of BAMER communities.

- 1) Maintaining a **commitment to partnership working between the public sector and VCF organisations led by ethnic minority groups**, based on trust and understanding of each other's strengths and challenges.
- 2) **Supporting VCF organisations led by ethnic minority group organisations to be more sustainable** through more equitable funding practices and wider support.

- 3) **Commissioning services differently** so that the needs and circumstances of people from ethnic minority backgrounds are considered along with the strengths of VCF organisations led by ethnic minority groups organisations.
- 4) Recognising the **added value that VCF organisations led by ethnic minority groups can provide for the health system** due to their reach into, and knowledge and understanding of, communities of people from ethnic minority backgrounds.
- 5) Encouraging and **enabling VCF organisations led by ethnic minority groups to work together in partnership** rather than in silos or in 'competition' with each other.
- 6) **Minimising the bureaucracy associated with funding** so that it doesn't become a burden or detract from frontline delivery.

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