

## ANNEX A

Scottish Government  
C-19 LOCKDOWN RESTRICTIONS RESEARCH- BAME  
Insight Gathering- Summary Paper FINAL



### Methodology and Sample

- A series of 6 one to one online depths were undertaken with members of the Scottish BAME population
- Each interview lasted between 45 minutes and 1 hour

<b>TOTAL</b>	<b>Number</b>
<b>Gender</b>	
• Male	2
• Female	4
<b>Age</b>	
• 18-25yrs	1
• 36-45yrs	4
• 46-55yrs	1
<b>SEG</b>	
• ABC1	3
• C2DE	3
<b>Financially Vulnerable (Personal Perspective)</b>	
• Very or quite	3
<b>Key Group</b>	
• BAME- South Asian	4
• BAME- African	2
• Living alone	1
• Carer (for someone with relevant underlying health condition)	2
• BAME- Muslim	4
• Essential worker	1
• Multigenerational household	2
<b>Lifestage</b>	
• Young family (children under 12 years at home)	3
• Older family (children 14-17 years at home)	3
<b>OTHER NOTES OF RELEVANCE TO THE SAMPLE e.g. living or work situation:</b>	
- Mix in urban, rural and semi-rural	
- Mix- with garden and no garden	

### Each interview was split into two parts:

- The first part in most of the interviews concentrated on development of creative concepts that had been developed by the Leith Agency to target BAME communities in Scotland. The findings from this part of the research were presented verbally immediately following the research

- The second part of each interview was more broadly used to gather insight into attitudes to Covid-19 and the related restrictions across BAME communities in Scotland. This paper focuses on the findings from this part of the research

### **General Attitudes to Covid-19 And Levels of Concerns About the Illness**

Concerns about C-19 across the BAME sample generally reflected those heard across all the research undertaken by JRS for the SG during the period of the crisis.

Respondents across the sample were clearly taking the virus and its risks seriously. That said, as heard within the general population research, there was a sense that respondents attitudes fell into different categories at this time:

- One respondent generally felt that the major levels of concern, which she had sensed across society, were reducing- and that the crisis was moving towards the end of its lifecycle
  - o This was picked up via social media, talking with friends and family; and through, primarily, UK Government announcements about how the peak had been reached and passed
  - o *'It is all died down a bit now I think' (W 18-25 years)*
- Most respondents fitted into a middle category where their levels of fear remained steady
  - o This part of the sample acknowledged that there is a real ongoing risk presented by C-19 and as such, it needs to be taken seriously
  - o *'The government (UK Government) seems to be saying that we might be coming out of lockdown, but I'm still very worried...they were late introducing it and did it very abruptly when they did'. (M 36-45)*
- And finally, there was an indication that some respondents fear was growing
  - o This was primarily because of a concern that society is beginning to relax too soon
  - o Within this segment, one respondent highlighted the ongoing concern felt within his household, by relating a concern about his elderly mother, who lived with him and his teen sons, and who suffered from chronic illness. He explained that his mother was experiencing some extreme pain in relation to her condition that in normal times would have led her to go to see her doctor. But at this time, she was too fearful to access the NHS because of concerns about contracting C-19

### **Awareness of and Attitudes Towards the Increased Levels of Risk in Relation To C-19 Amongst BAME Communities**

Levels of awareness and attitudes towards the reported increased levels of risk presented to members of the BAME community varied significantly across the sample. Respondents fell into one of three categories:

- Not aware of the increased risk
  - o Two respondents were not aware of the increased levels of risk reported across the BAME population
    - These respondents were generally surprised by the information provided during the interviews (e.g. that one third of those in intensive care in England were from the BAME population while only 14% of the population are made up by ethnic minority groups)
- Aware but do not believe the information provided about increased risks within the BAME community
  - o *'Fake News!'* (M 36-45 years old)
  - o One respondent was very cynical about what he had heard about the increased rates of infection and deaths amongst BAME communities and broadly felt that this information was being circulated out of ignorance or out of malice
- Three respondents were generally aware of the reported increased levels of risk across the BAME community and accepted that these reports were generally based on some truth
  - o All three of these were concerned about the increased risks to BAME community members
  - o All three respondents had, at least at some level, theories as to why BAME communities had higher levels of infection and death

## Thoughts and Attitudes to Potential Reasons for Increased Levels of Infections Amongst BAME Communities

- Two respondents (one who was aware of the increased infection rates amongst BAME community members and one who was not) stated that they had heard a theory that people with darker skin were less likely to contract BAME
  - o For the respondent who was not aware of the current statistics- the fact that BAME community members have higher levels of infection was a real surprise and a concern
  - o For the respondent who was aware of the current statistics- she had quickly dismissed the theory about people with darker skin being less likely to contract C-19 as 'ridiculous' and a theory based on 'fake news'. From this, she suggested that it was possible that some people from BAME communities may have been less likely to follow the restriction rules based on a belief that they were less at risk.....and in turn, this had made them more vulnerable
- As noted above, those respondents who were aware of the situation across the BAME community all generally stated that while they were not certain why there were higher infection rates, they had their theories. These theories, across the respondents focused on:
  - o Greater numbers of BAME community members undertaking front line/ essential work that put them at risk of exposure to C-19 (whether that be in shops or in the health service)
    - *'Yes, I was aware of the higher rates, but it's not because of peoples' genes, but because of the jobs they do. Like working in the care industry.' (M 36-45 years old)*
  - o Higher proportions of the BAME community living in multigenerational homes and or higher levels of relative poverty across the BAME population that meant there were potentially more people per room, on average, in BAME homes....and from this, a greater chance of cross infection within family units
  - o Finally, and typically only after prompting, respondents acknowledged that with higher than average levels of diabetes and heart disease across the BAME population, there would be higher levels of vulnerability
- Either spontaneously (amongst respondents who were aware of the higher levels of infection across the BAME population) or when prompted for those who were not aware, most respondents accepted that these three core issues were likely to be the reasons why there are higher levels of C-19 infection and mortality across BAME population groups when compared with the population in general
- Beyond this, two issues were broadly rejected as potential reasons for the situation:
  - o Language barriers- respondents were generally dismissive about the idea that language barriers were, in any meaningful way, a reason for increased infection rates across the BAME population
    - This was primarily because it was felt that there are likely to be very few people living in Scotland who are so isolated that they don't have any help from people or other resources to explain the situation regarding Covid-19 and how to stay protected
      - As an example, it was stated that younger members of larger family groups are communicating information about the virus and providing updates on the state of play to older family members
  - o Not understanding, believing in or not following the restrictions that have been imposed by Government
    - While respondents acknowledged that there are BAME community members who do not fully understand or follow the restrictions, it was widely felt that this is likely to be the case across all parts of the Scottish population. As such, it was felt that this issue, on its own, was not likely to be a reason for increased infection levels amongst BAME community members

In summary, it was generally accepted that the higher levels of infection across the BAME community were situational based rather than anything, directly, to do with ethnicity.

- *'I am on my own and I don't have any of these (diabetes or heart disease), and I am not working just now.....and I don't feel any more at risk than anyone else is' (W Black African Ethnic Group)*

Note- as a result of this finding (and as presented as part of the communications development research) it is generally felt that communications, while targeting those most at risk most efficiently (whether that be BAME

members or not), should focus on what is most likely to make people vulnerable- whether that be the work they do, underlying healthy conditions or their living situation.

### **Attitudes Towards the C-19 Restrictions and the Government Handling of the Crisis**

- As found in the general 'restrictions' research (presented 270420), respondents within the BAME sample understood the seriousness of the C-19 crisis and did not feel that the restrictions were unfair
- Beyond this, most felt that the bigger issue was that the restrictions were not being taken seriously enough by too many people across the population in Scotland. In addition to this, there was an indication within the BAME research that many people are getting more sensitive and at times angry at the levels of non-compliance that they are witnessing. The research suggested that this was because many felt that the behaviour of those not complying was fundamentally selfish and risked others specifically and risked, in general, the possibility that the lock down would last for longer than it might need to
- This sensitivity was expressed through reference to the fact that all people are missing out on things they enjoy or that are important to them, but they are making sacrifices while others are not
  - o Example of the habits, routines, pastimes and traditions BAME respondents mentioned as missing were very similar to those mentioned in the general population research, as would be expected- missing going to see friends and family, missing going outside as they normally would, missing going to work, missing the gym, missing going to Mosque (for the practicing Muslim respondents)
- Respondents universally stated that they had broad trust in the government (both Westminster and Holyrood) to handle the C-19 situation, as it needs to be handled
  - o *'They've done as well as they could' (W 36-45 years)*
  - o *'They are learning as they go along as well....it is unfair to expect them to know everything' (W 36-45 years)*
- That said, many did state that they feared that there is risk of confusing messages being disseminated about the apparent lower levels of risk that exist now as we have 'passed the peak'
  - o Note- it appeared that most of the confusion was felt to be coming from communications from the Westminster Government (as a result of their greater focus on the idea that we are passed the peak) than the Scottish Government who, it was felt, have put more of a focus on the fact that while progress is being made, we still have a long way to go and that restrictions need to remain to ensure progress is continued
  - o *'Nicola is doing a good job....she's being very careful not to falsely raise confidence....and to get people complacent' (W 36-45 years)*

### **SPECIFIC QUESTIONS TO MUSLIM RESPONDENTS- Attitudes to Restrictions During Ramadan and Eid**

Results across this stage of the research broadly reflected the research undertaken at the beginning of Ramadan in relation to general attitudes to adhering to the restrictions:

- All Muslim respondents stated that they personally would be adhering to the restrictions during Ramadan and Eid:
  - o Because of the general importance of following the rules
  - o And, at a personal level, to ensure that their families are kept safe
- That said, respondents did state that they feared and believed that some Muslims would find it difficult to stick to the rules at this time
  - o One respondent explained that this concern was based on the fact that within the Muslim faith it is felt that there is greater praise from God if fast is broken with other people
    - *'You get more praise from God if you open fast together' (W 18-25 years)*
- When probed on their attitudes to the potential for some Muslims to not follow the rules it was generally felt that this behaviour was misguided and even selfish
  - o *'You need to put the health of your family first' (W 36-45 years)*
  - o *'It is not a choice, you know you just can't do it' (W 36-45 years)*
  - o *'I think the people who are really missing the Iftars (breaking fast parties) are the elders in the family' (W 18-25 years)*

- *'One of my friends was messaging me this morning and we were chatting about how we're finding Ramadan this year....and she was feeling really angry because there is a section of her extended family who are still getting together for Iftars....and we were really angry....it seems quite selfish when there is people like us that are sticking to the rules for the sake of the bigger picture' (W 36-45 years)*

Note- as can be seen, attitudes to the restrictions and to people within the community breaking the rules, are the same for respondents in general terms and in relation to Ramadan and Eid.

### **Specific Exploration of Attitudes to the Video Aimed at the British Asian Community**

As a final part of the research three of the respondents with Asian heritage were shown the video made with Asian celebrities and asked for their opinions. Broadly speaking respondents were very positive about the video. There were four key reasons why the video was appreciated:

- It was made by members of the Asian community within the UK and as such clearly had relevance
- The video used well known celebrities who resonated across the sample- both young and older respondents
- The content in the video was felt to be informative and was delivered in an educational way- but without being patronising
- As a result of the tone and information provided, and as well-known celebrities were used, the video had a trustworthy, believable and credible feel
  - Note- it was felt that the combination of the informative content and the celebrity-based presentation provided a good antidote to any cynicism around the increased levels of C-19 infection amongst BAME community members
  - Beyond this, it was suggested that the sort of credible, relevant and informative context setting provided by this sort of video had the potential to be useful to mitigate against any potential concerns created through explicit or implicit targeting of any minority group in government advertising campaign. That is, that this sort of message, brought from within an ethnic minority group, could have the potential to prepare an audience for why a targeted government campaign may be necessary. And from this, avoid the risk of advertising being socially divisive and causing tension amongst the targeted audience and also sending the wrong message to the non-targeted ethnic groups i.e. that they are OK and don't need to stick to the rules

