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**Local authority:** Cambridgeshire County Council and Peterborough City Council

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**Case study title:** Working with the community to prevent the spread of COVID-19

**The challenge:**

The population of Peterborough is predominantly white British but almost 30% is “non white British” putting it on a par with places like Nottingham, Blackburn and Darwen, Reading and Bedford. There are many different languages spoken including, Arabic, Asian (East, West, South and central), European, Russian and Portuguese. Religious beliefs are also wide ranging including, Muslim, Sikh, Jewish and Hindu. In order to communicate the government messages around COVID, the Council developed its own community led approach, which was aimed at those “hard to try” groups the mainstream messaging did not immediately appeal to.

**The solution:**

The Council had developed a network of trusted community leaders (15-20 community champions) over years of integration work in the area. They took the mainstream messages from the Government and Public Health and distilled it into key messages, agreed with the Director of Public Health. The community champions then translated this information into many languages and produced videos which were shared with the different communities through their usual communications channels, such as Facebook groups, religious networks, Whats App, word of mouth and on the Council website.

The community champions network met regularly in order to review how messages were being received, if there were any issues/suggestions and how to overcome them. The network continued to evolve, and more organisations/groups were linked in to increase its reach. The Faith groups network met fortnightly to discuss how they could help change people’s behaviour. Targeted messages were given to 10-15% of the Asian/Pakistani Muslims in the five city mosques every week at Friday prayers. IN order to reach female members of the congregation, the council joined forces with GLADCA an ESOL organisation working with Asian women in further education.

To target the newly arriving Eastern European arrivals, Council officers, supported by community organisations like PARCA (Peterborough Asylum Seekers and Refugees Community Association) undertook weekly street visits to share information. Likewise, homeless charities provided support to rough sleepers including information, sanitisers and face masks plus details on where they could go to be tested.

**The impact:**

The video messages were hard hitting and targeted because they were made by

trusted, respected people in the different cultural communities. For example, Faith leaders, teachers, community workers and local leaders such as the chair of the Lithuanian group who produced a video for her fellow Lithuanians.

The rate of infection in Peterborough did spike in May/June as did the rest of the country. However, this time round numbers are not rising at the same rate as other places that have a similar demographic e.g. Nottingham and Blackburn and Darwen. Whilst a definite correlation between this work and the rate of infection is hard to make, the targeted interventions must have helped.

The Council is constantly reviewing its approach and work is currently underway to reach the Black population by working with the 11 Black churches to deliver information through sermons and live streaming videos. Again community leaders have been very supportive of this approach. The next group to be targeted is young people.

**How is the new approach being sustained?:**

Initially the council used the public health data to identify those at risk, but this is only split into White British, White other and Asian. The Council has taken this further and used its own household data to identify further groups it wanted to target. An ethnicity “deep dive” is also taking place using a public health analyst to look at each category and break it down by age, gender and geography so that individual streets can be targeted.

The Council is also developing videos and information based on personal stories to target certain neighbourhoods. Using a local driving instructor to share his story of catching COVID and how it changed his view. It is hoped developing more of these with well known local figures will help to make people stop and think about their behavior.

**Lessons learned:**

Start with a few dedicated community champions, maybe just two or three who can make the local connections. It was hard to do this at first (over a decade ago) when the agenda was more about “prevent” but now given that COVID is nondiscriminatory people are more willing to listen and get involved.

The Council needs to own the approach. It is too easy to let the voluntary sector do this when a local authority led approach can ensure all departments, agencies and organisations are joined up.

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