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University

Lessons from the pandemic: A toolkit for coordinating public health interventions in Muslim communities in post-Covid Britain

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Acknowledgements:

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Disclaimer

Due to the requirements for providing confidentiality in the research process, all organisations and participants referred to throughout this toolkit are done so via pseudonyms and/or generic descriptions intended to describe organisations or the roles people have within them without providing any identifying information.

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Background

Covid-19 led to the 'othering' of local Muslim communities in places such as Birmingham and created an element of uncertainty and fear that intensified elements of structural racism. The pandemic also led to elements of exclusion and barriers for communities within the health sector. It created a polarisation with dynamics of in-group and out-group formation and were particularly around elements such as testing, vaccine in-take and other health support mechanisms. For communities having to face challenges of self-isolation alongside care for vulnerable individuals and economic pressures all helped to expose divisions within local communities. The outcomes of this project recommend local authorities and key stakeholders to build community relations and produce effective local capacity building initiatives that can bring about more accountability and, also confidence. During the Covid-19 pandemic in places such as Birmingham, we argue that local Muslim communities have been stereotyped and stigmatised leading to negative impacts on communities. These strategies whether inadvertently or not have also fuelled suspicion and created suspect communities who during Covid-19 have been used as a political tool to stigmatise an entire population.

Summary

- The Covid-19 pandemic led to blame narratives that divided local communities in Birmingham and across the UK. The narrative of Muslims as 'super-spreaders' of the virus and those who might be vulnerable to spreading the virus became a prominent feature during the pandemic.

- This created divisions within local communities and led to increased stigma and prejudice in areas bearing the strain of long-term regional lockdowns and economic disadvantage such as Birmingham.

- These narratives also created opportunity for structural forms of racism and misinformation about local communities in places such as Birmingham in response to Covid-19.

- This was prevalent in the highly toxic discourse around localised mass testing and the vaccine roll-out which significantly impacted social cohesion in places such as Birmingham.

- The 'othering' processes led to Muslim communities in places like Birmingham and around the country as being stereotyped because of their perceived links with the Covid-19 disease.

- The overall impacts led to increased forms of policing and a negative perception of Muslims in cities such as Birmingham which undermined aspects of social cohesion and created a suspect community.

Key recommendations

- To combat the blame narrative and address the racial inequalities arising from Covid-19 in Birmingham.

- To reach hard-to-reach communities in Birmingham and build long-term partnerships between communities, local authorities, and key stakeholders.

- Creating community champions who become a voice for local communities

- Creating new consultation hubs and regional community workshops where close collaborative work can take place between different stakeholders during times of crises.

- Using social media and localised digital platforms to share information and create positive counter-narrative stories.

Theme 1: Identifying community impacts, needs and barriers to accessing help and support during Covid-19?

Key Questions to consider:

- What specific barriers were there for local communities accessing support and help during Covid-19?

- Can you identify the key community impacts during Covid-19 on local communities?

- How can communities become partners in helping to tackle issues arising from the Covid-19 pandemic?

- What are the key drivers in relation to targeted hostility towards local communities in Birmingham?

Recommendations

To combat stigma and the circulation of blame narratives we recommend the following actions from government, local authorities and local public health officers and Public Health England:

Local councils, local authorities and key stakeholders should:

1. Develop an evidenced-base action plan for reaching out to local organisations in the community.

2. Building partnerships so that regional guidance can be mediated by trusted gatekeepers from local communities.

3. The need for close collaboration and the building of mutual trust between authorities and community organisations and leaders in times of crisis.

4. Mobilising local communities and social volunteers in addressing the needs of communities.

5. Supporting communities through outreach work and activities that help socially isolated and vulnerable individuals by delivering food packages and medicine.

Case Study: Local Islamic Aid Organisation:

One approach taken by a local Islamic Aid Organisation (IAO) involved the preparation of food packages for door-to-door delivery for those in need during periods of lockdown or shielding during the pandemic. This service was also provided by a number of Mosques in the city to accompany pre-existing provision of foodbanks.

"...it was more about delivering food for these people, people on their own. But I also sensed that there were a few people that were too embarrassed to call or ring...you just go knock their door and give food, like a food pack. So, we gave the food pack, and I just remember seeing the smile on this person's face and thought `you know what? We could do it everyday, but change up the person, so they feel like they're getting help, or [that] we're giving help. So, it just feels like, it's just something we're doing from the Mosque... we even gave out personal hygiene products and stuff." (Food pack coordinator, local IAO)

"We launched a foodbank service and delivery service seven days a week. So, we had volunteers coming out to collect the food parcels and delivering them across the city, so we initiated that straight away... As elders who would go and collect medicines and all sorts of things, we had to go out and support them. It was panic, people panicking, [they] weren't sure what was going to happen." (CEO, `Heath Walk' Mosque)

Theme 2: Strategic and coordinated solutions within local communities in tackling the impacts of Covid-19

Key questions to consider:

- How to access local community groups and disseminate key messages?

- What types of resources are required in order to, create positive outcomes?

- How can communities help to drive these solutions and action points?

- What could be problems or drawbacks to the solutions and how would you address these?

Recommendations

Using a platform to link up with different communities though broadcast and social media. Supporting local communities though financial capabilities and signposting governmental and public health agreements. Using public announcements as a means to address some of the shortcomings.

Case Study: Working with community interest organisations.

In the case of Birmingham, the UK's largest national Islamic Governance Organisation were developing their own initiatives around how to respond to the pandemic when they were approached by the Local Public Health Authority. The two organisations were then able to work in partnership to deliver community-focused interventions which drew heavily upon consultation with Muslim voices as stakeholders:

"And that is that trying to give a voice to the local community in different forums to enable people to get a fair crack, either it's about access, it's about their voices being heard… So we issued in early mid-March 2020 a recommendation and that's all it was to encourage Mosques to close literally the next day. And although we sent it out, we were individually trying to have conversations at our local Mosques…" (Senior member, national Islamic Governance Organisation)

There were a number of areas where Mosques helped to mediate interventions where they were needed:

"So you had weddings, you had funerals, there was a whole host of things that needed managing and it wasn't just agreeing the rules, but it was then disseminating the information back out. And that's where the Mosques came in really handy, because (the national Islamic Governance Organisation) had a special Mosque committee and what we were doing, we were preparing the comms, posters, WhatsApp messages, infographics with BIMA (British Islamic Medical Association) and then the specialists like the funeral directors, funeral services. And so we would disseminate that information through our networks and it proved to be really effective because people were hungry for information." (Senior member, national Islamic Governance Organisation)

Interventions also extended to providing access to information and support online:

"We put it on our website as well, advising people. So I think early days, the focus was on health. Then it morphed into more around the spiritual side of people's access to, mental health [support], access to the Imam, the services that a Mosque normally provides, switching things to online. So the madrassas got converted to online zoom teaching. The Imam would do a short video, post it. And so he was talking, advising communities." (Senior member, national Islamic Governance Organisation)

The national Islamic Governance Organisation and the Local Public Health Authority also worked together to encourage vaccine uptake in the community:

"And then the take up of the vaccine, I mean, that was a massive exercise where the amount of misinformation that was out there, we were getting little video clips of doctors who worked at Queen Elizabeth [hospital]… and we were then we were asked, the [Local Public Health Authority] were asking us as a Mosque to set up vaccination centres on our premises to encourage people to come because we were seen as trusted. And also in our Friday sermons to relay the message to encourage people, to take up the vaccine, donate blood, where people had been infected already with the virus so that they could develop antigens." (Senior member, national Islamic Governance Organisation)

Theme 3: Mosques and trusted community leaders mediating between authorities and community

Key questions to consider:

- How can Mosques be used as a means to bring community groups together?

- How will Mosques be informed about the latest guidance related to Covid-19 and who will approach them?

- How can Mosques be used to create safety precautions and also be a service for funeral arrangements?

Recommendations

Connecting with local communities through engagement and turning Mosques and places of worship into venues where people suffering from Covid-19 can be accommodated.

Case Study: First Mosque in the country to become a vaccination centre

The first Mosque to become a vaccination centre in the UK was located in Birmingham and was set up under the initiative of a well-respected Sheik within the community. Public health information was shared with community members in ways which drew upon Islamic scripture through a series of sermons which outlined themes relevant to encouraging vaccination uptake in the community.

"We worked with them on messaging. [A well respected] Sheikh did a series of brilliant sermons around responsibility within the context of the Qur'an and using scripture to reinforce people's responsibilities to each other and not spread falsehood, which is an important principle." (Director, Local Public Health Authority)

Trusted voices in the community were integral to encouraging vaccination uptake:

"Mosques and the faith leaders, they're the trusted voices. So in terms of trying to get people to get vaccinated, [it] was a lot easier because we were doing it through the faith leaders. And also things like, two Mosques were vaccination centres, they still are vaccination centres in Birmingham. One Mosque was the first Mosque in the whole of the UK to be a vaccination centre. When we were talking about the vaccination programme and that programme was introduced, I think with the elderly community there wasn't that much... but in terms of the younger community they were really sceptic, just like any other community in terms of some of the questions... How was it produced? How was it developed so quick?" (Lead Community Engagement Officer, Local Public Health Authority)

"So we worked with the Masjids to pump out information, we did presentations for them, which they then shared with the congregations. When lateral flow testing came along, they said, "well, the problem is that people, you know, the booklet's 17 pages long and it's in English. We need more, can you help us?" So we worked with them on some videos for example." (Director, Local Public Health Authority)

Useful links

[NHS general Covid-19 advice](#)

[British Board of Scholars and Imams (BBSI) latest guidance](#)

[National (Muslim) Burial Council latest advice](#)

[Council of British Hajjis UK latest advice to Hajj and Umrah Pilgrims](#)

[World Health Organisation (WHO) Covid-19 dashboard](#)