



Extended Research Article

Intersecting factors of disadvantage and discrimination and their effect on daily life during the coronavirus pandemic: the CICADA-ME mixed-methods study

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Plain language summary

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Plain language summary

Many disabled people from minoritised ethnic groups face barriers to accessing appropriate support, health and social care or vital 'resources', such as medicine and food. We wanted to understand how to improve these experiences, considering how different combinations of ethnicity and disability interacted with factors such as citizenship and income during the COVID-19 pandemic. This is known as an intersectional approach.

We summarised relevant articles and data from existing surveys, and surveyed 4326 United Kingdom and Republic of Ireland residents three times over 2021–2. In 2021–2 we interviewed 231 disabled Arab, South Asian, African or Central/East European migrants across England, Scotland and Wales, 20 who were not disabled, and 20 disabled/non-disabled White British people (total $n = 271$). In group work 5 and 10 months later, interviewees, lay and central team members and partners shared knowledge and discussed post-interview changes. We co-designed simple solutions to issues in workshops with charity, health and social care staff, community leaders and participants. We asked policy-makers, general practitioners and community leaders how to put these into immediate practice.

We found challenges greatest in: those with economic, mental health, hand loss or mobility issues; undocumented migrants; or people living alone or in substandard accommodation. Participants mistrusted National Health Service and social care, preferring informal support from friends, family and neighbours, and private care even when not affordable. Most issues could be reduced if people felt more empowered, had better technology access and were supported in self-care, and if health and social care professionals improved their communication and their understanding of people's day-to-day needs and beliefs.

Our study is unusual because we used an intersectional approach, successfully involved lay (community or peer) co-researchers, initiated a professional 'community of practice' to exchange ideas, and dramatised our data for a public theatre show. We showed that, with appropriate approaches, minoritised groups, including migrants refused visas, can easily be involved in policy and practice decision-making, with better care and outcomes for all.

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