

# ~~#CHARITYSOWHITE~~

RACIAL INJUSTICE IN THE COVID-19 RESPONSE  
COVID-19 IS NOT A SOCIAL EQUALISER. IT IS DISPROPORTIONATELY IMPACTING BAME  
COMMUNITIES AND WE NEED URGENT ACTION

**A LIVE POSITION PAPER**

LAST UPDATED: SUNDAY 31<sup>st</sup> MAY 2020

## ENSURE COVID19 RECOVERY PLANS CENTRE-BAME COMMUNITIES

**1st June 2020: We have now wrapped up our live position paper [Racial Injustice in the Covid-19 Response](#). We will now be shifting our focus towards tackling the systemic racism that led to this tragedy.**

Over a period of 8 weeks we have collected and collated evidence, data, and case studies to showcase all the ways that the impacts of this pandemic were disproportionately impacting BAME communities. But it has become increasingly clear that the reason for lack of action on tackling these injustices and protecting our communities is not due to a lack of data, it is due to deep seated systemic racism across our institutions that denies the suffering and experiences of BAME people.

On 5th April 2020 we released the paper, which set out key principles to ensure that racial justice would be at the heart of the charity sector's response to the pandemic. We also set out five key areas where BAME communities could be badly impacted by the pandemic. We updated it on a weekly basis for eight weeks to keep track of developments and impact of the pandemic on BAME communities. We have now brought it to a close.

Throughout the pandemic, narratives have emerged within the charity sector calling for evidence of the impacts of Covid-19 on BAME communities, seeking to 'understand' why this is happening. This has not led us any closer to finding answers or to protecting our communities. It is not because of a lack of data or a lack of understanding, but the systemic racism across our institution and wider society that has led to the reluctance for action that we are seeing. It is because the sector is not ready or willing to face up to and uproot these systems of oppression.

**You can read our full rationale behind closing our live position paper [here](#).**

Over the next few weeks, Charity So White will shift our focus to recovery, in line with a vision for a charity sector that is racially just and tackles systemic racism and unequal power structures. **Keep an eye on our twitter account and website for updates.**

This paper was last updated on 1st June 2020. It still holds relevance and the recommendations are vital for the sector going forward.

# RACIAL INJUSTICE IN THE COVID-19 RESPONSE

COVID-19 IS NOT A SOCIAL EQUALISER. IT IS DISPROPORTIONATELY IMPACTING BAME COMMUNITIES AND WE NEED URGENT ACTION

#CHARITYSOWHITE want the charity sector to take the lead in rooting out racism from within the sector and in our society. We are a group of volunteers from BAME backgrounds, all working in the charity sector. You can find out more about us at [www.charitysowhite.org](http://www.charitysowhite.org) and @charitysowhite

This position paper provides an overview of the risks and impact of COVID-19 on racial inequalities within the UK. Over a period of 8 weeks this paper was updated to document emerging evidence of the disproportionate impact of COVID-19 on BAME communities. It outlines an urgent call to action, including specific recommendations for civil society and its funders, to put BAME communities at the heart of their response to ensure it addresses root issues and maximises impact.

## THE IMPACT OF COVID-19 ON THE BAME COMMUNITIES

Without a purposeful, intersectional approach centring Black, Asian and Minority Ethnic (BAME) communities, the current outbreak of COVID-19 will lead to severe consequences and will further entrench racial inequalities in our society. We have identified the following key issues in relation to this:

1. **Health inequalities** - BAME groups remain over-represented in the “at-risk” communities identified by the Government, which is concerning given the racialised access and treatment within the UK health system
2. **Emergency measures legislation** - The lack of guidance around emergency measures, such as police powers and school closures is already leading to local variation and disproportionate impact on BAME communities
3. **Risk of destitution** - BAME communities are over-represented in key worker categories, as well as over-represented in low income groups with lower rates of home ownership
4. **Hostile environment** - The Hostile Environment, and particularly No Recourse to Public Funds, is preventing migrants from accessing basic rights during the crisis
5. **Protection and Enforcement** - The concern about increases in domestic violence, the rights of those currently in prison or detention, and increased attacks against East Asians

## FIVE KEY PRINCIPLES TO GUIDE OUR SECTOR’S RESPONSE TO COVID-19

1. **Now is the time to address racial inequalities in our sector.** This is not about choosing between tackling racial injustice and mitigating the impact of COVID-19. The sector should respond with an intersectional approach, taking racial injustices in our society into account, in order to be effective
2. **Acknowledge the power you hold, don’t distance yourselves from it.** We hold more power as a sector than we admit. It’s time to use that power and to recognise that current models of funding and delivery are struggling, while others which don’t meet our standard metrics are taking the lead
3. **Actively value lived experience and centre “at risk” communities.** Account for the different lived experiences of marginalised communities and prioritise coordinated action to centre them in delivery and funding
4. **It’s time to trust the BAME voluntary sector.** To best reach those most impacted by the crisis, we need to work with organisations closest to them. We urge organisations to avoid knee-jerk relief efforts and ensure they have built in the mechanisms to work directly with community leaders
5. **Recognise and support BAME staff and volunteers.** BAME employees will be disproportionately impacted by the pandemic as they tend to be more junior or on temporary contracts. Senior leadership should account for this, as many employees are at risk of staff cuts and hiring freezes.

## RACIAL INJUSTICE IN THE COVID-19 RESPONSE

**Now more than ever, the charity sector must put marginalised communities at the heart of their work.** As we get to grips with the full impact COVID-19 will have on our society, we are already seeing the effects this pandemic is set to have on Black, Asian, and Minority Ethnic (BAME) communities.

From the identified list of people 'vulnerable' to COVID-19, BAME communities are likely to be overrepresented amongst the groups at-risk of facing serious complications if they contract the virus. To truly reach those most at-risk, not just today but looking ahead to the lifelong impact of this new normal, we as a sector must immediately commit to an intersectional approach to tackling the crisis.

The world can't be simplified into 'BAME' issues and pandemic issues. We must look past the headlines and drill down to the detail. **It is easy in a crisis to revert to familiar ways of working, but in doing so we risk not only reinforcing existing structures of racial inequality, but further imbedding them.** We ask civil society to urgently mobilise and take the lead in centring racial inequalities as they support communities most hard hit by this public health crisis.

It's unlikely that we will ever return to 'normal'. **The choices made by us today will have a lasting impact for generations to come.** We need to work together, openly acknowledging the power and racial imbalances inherent in our sector and seize the opportunity to set a new precedent for the future.

We are #CharitySoWhite - a group of volunteers from BAME backgrounds, all working in the charity sector. We want the charity sector to take the lead in rooting out racism from within the sector and in our society.

**We have developed a set of guiding principles to support civil society's response efforts.** We have also identified a number of key issues we believe will disproportionately impact on BAME communities during this outbreak and have made recommendations to help mitigate against these.

We released this paper on the 5th April 2020 to highlight the risks that the COVID-19 pandemic posed for BAME communities. Over a period of 8 weeks we maintained this as a live paper collecting and collating evidence, data, and case studies on the ways that the pandemic was disproportionately impacting BAME communities. As of the 14th June 2020 we have stopped updating this paper. We know the effects that the pandemic is having on BAME people, now is the time to do the work to help our communities recover and tackle the systemic racism and oppression that have caused these disproportionate impacts.

Our work does not sit in a vacuum. We stand on the shoulders of the many individuals, organisations and movements who have come before us and we work today in solidarity with a number of anti-racist groups across the UK and all those who fight oppression in our society. This is why we are part of the BAME COVID-19 Emergency Planning group and have co-signed this [urgent call to action to central government](#).

We encourage readers to continue to read papers on the issues that we have raised. Throughout this document we have highlighted reports from others and urge everyone to read them. You can find a summary of some of the brilliant work happening in response to COVID-19 at our website [www.charitysowhite.org](http://www.charitysowhite.org).

## OUR APPROACH AND OUR USE OF LANGUAGE

- **Challenging the traditional hierarchies of knowledge and research:** We are doing an open callout for evidence for the paper, including accounts and evidence informed by lived experience. We do this to challenge traditional hierarchies of knowledge and research processes that dismiss lived experience and are rooted in methods that are structurally violent, often furthering injustice for BAME communities. We endeavour, through the development of this paper, to begin to explore and practice models for research that challenge these structurally racist models and envision a better future. Go to our 'On Our Radar' section to find out more about how you can contribute.
- **Accessibility:** We are working to make our campaigning work and this paper as accessible as possible. Along with the online paper we provide a downloaded word version of the report [here](#). To keep up with developments the online paper will be updated weekly. If you have any concerns or suggestions for how we can make the paper more accessible please let us know on [charitysowhite@gmail.com](mailto:charitysowhite@gmail.com).
- **Use of the term "BAME":** The language we have to hand is not perfect. Throughout this report we have chosen to use the term 'BAME' as this allows us to make best use of existing research and we feel best captures the range of groups that are affected by structural racism in the UK. We aim to tackle some of the shortcomings of this term and prevent lazy generalisations/assumptions we often see associated with it by breaking it down wherever possible to drill down to evidence and impacts on specific groups.
- **Use of the term "vulnerable":** Where we use the term 'vulnerable' in this paper it is in line with public health guidance, referring to groups who are more at risk of contracting and deteriorating due to underlying health conditions. We are aware of the problematic and paternalistic use of this term and endeavour to be careful in our language and framing of the issues. You can read more about this issue in a [recent blog](#) by the Frameworks institute.
- **Our definition of the term racism:** You can read about the definition of racism we use [here](#).
- **Use of the word "power":** When we speak about power and people who hold it we are speaking about decision makers in the Third Sectors organisations e.g., Regulatory bodies, Boards of Trustees, CEOs, Senior Management. It is also important to note that a decision maker in a larger older institution like Oxfam will have more power than one in a smaller BAME led or community organisation.

## FIVE KEY PRINCIPLES TO GUIDE OUR SECTOR'S RESPONSE TO COVID-19

This is a rapidly evolving crisis, and each area of the charity sector is developing responses tailored to their communities and their expertise. We ask the sector to hold the following principles in their decision making.

To support each area, we have provided a list of resources and case studies to demonstrate how these principles apply in practice. We have also provided some prompts to use in decision-making to support implementation.

### 1. NOW IS THE TIME TO ADDRESS RACIAL INEQUALITIES IN THE SECTOR

We have received reports from within civil society that individuals and organisations are refusing to work on racial injustices in the sector, stating that these issues do not hold the same priorities during this scale of a national crisis. **This is a false binary that is rooted in a misguided and oversimplified understanding of racism.** Racism is deeply embedded in our society. Beyond the sanitised sensitivity training and the too often tokenistic diversity hiring, **we must be watchful and concerned about the biases that lead to ineffective programme design and implementation.** By taking race out of the equation we are denying the lived experience of racism from the communities we are trying to reach. This is not an issue to be deprioritised but is central to an effective response to the crisis.

So many of our decisions during this crisis will have a lasting impact for generations to come. If we take race out of the conversation, we are damning communities for years to come.

#### RESOURCES AND CASE STUDIES

- [ACEVO webinar](#) on developing an equitable response to the crisis
- Karl Wilding, CEO of NCVO, highlighted the impact of #COVID19 on BAME organisations at [DCMS enquiry](#) on 31st March noting that BAME led organisations were in trouble before the crisis. Since these organisations are helping those furthest away from state, he noted it is critical we get support for them during this time

#### PROMPTS FOR DECISION MAKING

- FOR FUNDERS: Are we engaging with and supporting grantees to look at how any response acknowledges and champions tackling racial inequality?
- FOR ORGANISATIONS: Is our approach truly intersectional? Have we considered and taken into account the impact of racial bias in our design and implementation?

### 2. ACKNOWLEDGE THE POWER YOU HOLD, DON'T DISTANCE YOURSELVES FROM IT

3 years on from Grenfell Tower, the government is still failing in crises that disproportionately affect displaced, low-income BAME communities. As a sector, we need to ensure that we are offering these communities the support they need. Power is concentrated in the hands of well-meaning Boards and Executives, but this power structure does not effectively support beneficiaries. With power comes responsibility, responsibility to take action. While the charity sector has plenty of power, there has been very little action done with it, especially on racial inequalities. It is beyond time for the sector to acknowledge its ability to have a wide-reaching and lasting impact across society. Too often we distance ourselves from accountability by chasing a societal ideal we aren't living up to. The social issues our sector tackles are not the problems themselves, they are symptoms of the colonial power structures of society. If we continue to position our ambulances at the bottom of the cliff, we are overlooking our ability to build a fence at the top. Focusing our conversations on 'risk' instead of power is shortcutting to the bottom of the cliff. While it may appear to be a well-intentioned solution, the impact of this low-effort option will continue the cycle of social issues instead of fixing the society itself.

Traditional models of grant giving, and programme delivery didn't adapt to the COVID-19 pandemic, and left communities further disadvantaged. In lieu of funders and the government offering the necessary support, local community organised groups and unregistered voluntary organisations created their own safety nets. To ensure we don't return to the 'normal' which created these social issues, we need to reflect on our sector structures and create space and resources for new models of community support.

Key workers are still risking their lives and livelihoods to prevent further COVID-19 fatalities, with their risks also being reflective of a broken society. Our calls to support the NHS can be backed up with tangible action, and taking risks ourselves too. We can utilise and challenge our sector power to support communities by listening to what they need to create impactful change.

#### RESOURCES AND CASE STUDIES

- The Social Change Agency provided [fiscal hosting](#) for COVID-19 community groups to allow local groups to easily receive donations and pay expenses
- Peace First launched a rapid response coaching and grants process to help young people around the world lead projects that address the community impacts of COVID-19

#### PROMPTS FOR DECISION-MAKING

- FOR FUNDERS: What power do we hold in the sector? What do we need to do differently to support the current crisis response? What aspects of our governance or traditional policies and processes need to be adapted? Who in our communities holds the information needed to make effective decisions?
- FOR NATIONAL CHARITIES: What power do we hold in the sector? Are we best suited to respond to the crisis? What is the minimum we need to withstand the crisis? How can we provide our supporters direct access to our local partners?

### 3. ACTIVELY VALUE LIVED EXPERIENCE AND CENTRE AT-RISK COMMUNITIES

Lived experience has fast become a buzzword in the sector. It should counterbalance the lack of diversity in the charity sector, give our programmes integrity and ensure their success. However, as a sector, we rarely do more than play lip service to the idea. **Those with lived experience are often put on a pedestal and tokenised if they get past the case study at all. They aren't actually at the decision table.** Our favourite buzzword has fast become a shield to continue to make the same choices we would have made before. Actively acknowledging lived experience brings groups into the decision making, it acknowledges past failings - it [widens the circle of "we"](#).

There is a sense of urgency to release new programmes, new funds or new legislation. How much lived experience is being held in this design? Are we truly centring the communities we want to support? **Whilst it is important to reach quickly, we shouldn't take shortcuts on the path to implementation.**

#### RESOURCES AND CASE STUDIES

- Ubele Initiative are conducting an [ongoing live survey](#) to measure the impact of COVID-19 on BAME VCS organisations and inform funders, civil society leaders and policy makers on how they may respond.
- [Synergi is due to launch an online survey](#) to gather and document the lived experience of ethnic minority groups who have experienced severe mental illness. They also want to collate carers experiences regarding how they are coping during the COVID-19 lockdown. The findings will inform a new online journal platform and community.

#### PROMPTS FOR DECISION MAKING

- FOR FUNDERS: Are we behaving and seeing ourselves as equal partners? Are we valuing what communities are bringing to the table?

- FOR POLICY MAKERS AND PROGRAMME LEADS: How do we know for sure what is and isn't working? How can we ensure that lived experience is informing and directing our policy/ programme design?
- FOR CHARITIES: Are we identifying, building trust and working directly with local community leaders to deliver emergency responses, and structuring their response in relation to this information?

#### 4. IT'S TIME TO TRUST THE BAME VOLUNTARY SECTOR

Civil society is at its best when we work to support and advocate those who are most at risk and those who are overlooked by the state and policymakers. In the midst of this crisis we are seeing that it is local community groups, newly formed mutual-aid cooperatives, and local faith groups (the organisations overlooked by the charity sector and not easily accessible by policymakers), who are quickly providing the most meaningful opportunities for communities to feed into local emergency response plans.

In addition [it is estimated](#) that there are between 9,000 -10,000 BAME charities and community groups operating nationally, 65% of which have an average turnover of less than £10k annually. Over the last decade we have seen the decimation of the BAME voluntary sector. This is in part due to funding approaches that do not recognise or trust in the expertise of marginalised communities including those who are BAME. Most existing BAME led organisations are small, community-based charities working directly with those with the greatest needs. They have limited resources to showcase their value to funders or tick the boxes needed. These same groups are seeing rising demand for their services. Many are on the brink of closure, lacking reserves due to years of under-funding. This would leave many communities without essential and trusted specialist support and infrastructure.

Previous crises have shown that larger charities are more resilient and more able to effectively raise funds during emergency situations. BAME VCS groups need an urgent and adequate injection of funds to ensure their continued existence but will not be able to compete unless larger charities cede their ground, and funders actively seek their inclusion.

##### RESOURCES AND CASE STUDIES

- Future Foundations UK [shared a powerful statement](#) in late March, offering a vision for how funders can deliver radical change in solidarity with those most harshly affected. Two months later, they released a [briefing paper](#) reflecting on the limited effort and success in delivering on the necessary changes where racial justice is concerned, along with a renewed call to action and set of practical recommendations for the sector
- Small Charities Coalition have developed a [resource hub](#) to guide small charities in their response to COVID-19

##### PROMPTS FOR DECISION MAKING

- FOR FUNDERS: How can we actively target, have conversations with local leaders or fundamentally change traditional applications? Is there a pilot to reach community groups that could be trialled now? What policies and processes do we need to implement to support small charities and grassroots groups to access funding? How do we hold ourselves accountable to this? How can we use our power in the sector to remove the red tape? How can we ring-fence funding for organisations led by BAME and other marginalised groups?
- FOR NATIONAL CHARITIES: How can we actively listen to and understand the needs of our local partners? How can we share resources and divert funding to smaller grassroots charities who might struggle to meet funding requirements or compete against larger charities for grants, including staff and resources?

#### 5. RECOGNISE AND SUPPORT BAME STAFF AND VOLUNTEERS

BAME individuals and their families continue to be disproportionately impacted by COVID-19, across a wide variety of factors including their employment. Evidence by the Resolution Foundation showed that BAME employees are more likely to work in low-paid sectors and be in more junior positions. This



hierarchy meant that BAME staff made up a higher proportion of those furloughed, experiencing salary reductions or job loss. It is important that senior leadership teams and Boards acknowledge and account for this when planning how to provide adjustments and support for their teams.

#### **A Note on the Whitewashing of the Coronavirus response**

When reflecting on the crisis, we must remember the BAME staff and volunteers that led our collective response. BAME communities have always been the backbone of the NHS and wider health and social care services. Around 1 in 5 NHS employees come from BAME backgrounds based on current [reported figures](#) and BAME medics make up [43% of senior NHS doctors and 47% of junior doctors](#). Before the crisis these individuals were commonly treated as '[outsiders](#)' and their efforts overlooked.

We rely on our health and social care professionals, and are grateful to them for putting their lives at risk to save lives. They deserve support and recognition. Yet the faces of those on 'frontline' in the fight against coronavirus were portrayed by the media and the NHS as exclusively white. This inaccurate representation reinforces the message that BAME NHS workers are seen as outsiders. This is despite the fact that we know the [first four doctors to die](#) after contracting COVID-19 were all Black and Muslim.

#### **RESOURCES AND CASE STUDIES**

- Equalities Expert, Pari Dhillon [shared a list of questions](#) that senior leadership should ask themselves as they make decisions regarding furloughing, redundancies and salary cuts.
- [#POCIMPACKT](#) worked to develop a COVID-19 response to keep PoC staff connected and supported during this uncertain period.

#### **PROMPTS FOR DECISION MAKING**

- FOR BOARDS/SENIOR LEADERSHIP re. BAME NETWORKS: Have you met with them to discuss their specific needs during this time? How are your new working policies and practices impacting BAME staff and volunteers? How can you provide additional support during this time?
- FOR BOARDS/SENIOR LEADERSHIP re. WORKFORCE PLANNING: Have you made an assessment of workforce planning around the crisis to ensure that it does not have a disproportionate and negative impact on their BAME employees and volunteers? This includes staff that are contracted by organisations, such as cleaning staff.
- FOR MARKETING AND COMMUNICATIONS OFFICERS: Have you checked your materials and language to ensure it is inclusive? How can your campaigns avoid reinforcing racial stereotypes?

## KEY AREAS FOR URGENT AND COORDINATED ACTION

Over the last month civil society has shown its ability to coordinate and enact pressure on government through the #EveryDayCounts campaign and call for urgent funding. We know that many of the challenges that BAME communities face will not be solved solely through civil society funding, and we call for solidarity in holding policy makers accountable on these issues. We need every person to act in the spirit of the social impact sector and support those who are marginalised by government policy.

Based on our current understanding we have outlined the following key areas for investment and action. We recognise that this is an evolving crisis and will update these areas as needed. We also acknowledge that we do not hold deep expertise across all these areas and will continue to work with our allies and peers to develop them. We will continue to work to elevate the voices of those closest to tackling these issues and provide updates on issues as they arise.

### AREA 1: HEALTH INEQUALITIES

- Invest in developing culturally sensitive, accessible, and translated advice and information about the services you are providing to support BAME people affected by the crisis
- Invest and increase access to phonebank translation services to mediate conversations. As COVID-19 testing expands, campaign to prioritise testing family members and those who can provide translation services and lift restrictions of no visitor policies for those who have recovered to provide this support
- Work alongside BAME grassroots organisations to design campaigns and implement recruitment of key people in communities. Where possible, share staff, resources and funds to enable them to reach their communities
- Campaign and develop support services to ensure access to palliative care, advice and autonomy over decision-making for the end of life care for BAME communities
- Campaign for the provision of alternative accommodation for key workers to prevent higher risk to their family's health, prioritising those living in multi-generational households or with people at higher risk.

### AREA 2: EMERGENCY MEASURES AND LEGISLATION

- Campaign for the introduction of a national monitoring process to track the use and impact of COVID-19 emergency measures on BAME communities.
- Prioritise funding and building capacity of groups tackling racial disparities in application of emergency police powers.
- Develop guidance around the implication of the emergency measures on BAME communities.
- Support the [recommendation](#) called for by the Runnymede Trust and other key experts that an Equality Impact Assessment should be undertaken on the final GCSE and A-Level grade predictions.
- Gather evidence of where emergency measures will cause educational disadvantage and share with the education select committee as part of their [parliamentary inquiry](#) into the impact of COVID-19 on education and children's services.
- Coordinate work with government, parents and community leaders to develop and disseminate appropriate resources to support home education requirements, considering issues such as language requirements, parental literacy rates and internet accessibility.

### AREA 3: RISK OF DESTITUTION

- Prioritise providing advocacy and legal advice for individuals facing redundancy, furlough or unlawful action from employers, not just to the employers
- Develop a pooled fund to directly support individuals falling through the gaps of government support for self employed
- Coordinate action to develop targeted guidance and support for those living in overcrowded housing
- Coordinate pressure on the government to provide better support for renters including rent holidays and a ban on all evictions in rented properties and traveller camps

- Ensure adequate consideration and funding for culturally appropriate food poverty strategies

#### AREA 4: HOSTILE ENVIRONMENT

- Support #PatientNotPassports campaign to put pressure on government to develop a firewall between NHS and Home Office to ensure undocumented migrants that need healthcare and welfare support can access without risk of arrest, detention or deportation.
- Campaign for the immediate suspension of no recourse to public funds condition, [Portugal](#) announced they will migrants as residents during the virus crisis.

#### AREA 5: PROTECTION AND ENFORCEMENT

- Increase investment in local and BAME-led domestic violence services.
- Take the lead in rooting out racism in our society by tackling hate crime and prejudice within their organisations and support beneficiaries who may be impacted by it, for example, reporting hate crime incidents to the police and providing or signposting to hate crime support services.
- Uphold the rights of all prisoners and detainees during the COVID-19 response, including granting early release to those whose sentences are nearing an end. Coordinate with and invest in local community organisations and probation services to support the transition.

## THE IMPACT OF COVID-19 ON BAME COMMUNITIES: WHY WE MUST FOCUS ON THIS NOW

If we do not act now, the current outbreak of COVID-19 will lead to devastating consequences for BAME communities in the UK and will further entrench racial inequalities in our society. We have [already expressed our concerns](#) about how our response to the crisis may further deepen these inequalities. Below we have outlined five areas that need direct, immediate attention.

In outlining these areas, we have begun to summarise a wide range of resources including research papers, industry surveys and anecdotal reports through our own channels. **We recognise that much of this information will be incomplete and potentially out of date, particularly as we have now stopped updating this paper when in many cases the evidence and information surrounding these issues will continue to develop.**

It is important for us to note that much of the evidence we are drawing from comes through structurally violent or procedurally unjust methods. Where possible, we have tried to parse through this, but we recognise that there will be limitations, including breaking down 'BAME' and understanding impacts on specific ethnic groups. We welcome any input to develop our understanding further.

### AREA 1: HEALTH INEQUALITIES

Racial bias exists within a number of public institutions in the UK and the [health service is no exception](#). In our battle against Coronavirus, we must ensure we don't overlook the impact this can have in our response. The disproportionate representation of BAME people among Coronavirus cases relative to their share of local populations is troubling and must be explored and addressed.

#### **BAME GROUPS ARE OVER-REPRESENTED IN "AT RISK" COVID-19 GROUPS**

BAME communities are facing barriers to [health care access](#) and are at greater risk of developing serious and long-term [health conditions](#). BAME groups are, as a result, overrepresented across many of those identified as 'vulnerable' to COVID-19 by the Government. For example, [South Asians have a higher prevalence of diabetes](#) and [Black Africans are disproportionately affected by HIV and hypertension](#), conditions which categorise them as vulnerable and increase their risk of developing a critical case of coronavirus. It is important to note those with disabilities are likely to fare worse outcomes. There are real concerns at the moment around people with disabilities not getting the treatment they need for COVID-19 due to discrimination in the health system.

When discussing comorbidities, however, it is crucial to recognise that this is a nuanced issue and we must be cautious not to engage in [biological racism](#), for example the assumption that individuals from black and south asian groups are inherently more likely to have diabetes, despite limited evidence that links genetics to likelihood of diabetes and which instead points to social factors. Assertions made about BAME communities being inherently susceptible to illness erase the important intersection of poverty and race in generating health inequalities and the likelihood of disease, thus preventing an effective response in tackling the root causes of poor health.

Evidence points to the virus' worse effects being the result of people being racialised into categories that are more vulnerable. Professor in cultural and social analysis [Alana Lentin](#) writes that "The pandemic shows us that race is not a biological fact, as the "race realists" believe, since there is no meaningful biological explanation for the BAME experience of COVID-19. Instead it is a technology of governance that shapes the life chances of many racialised people and maintains white supremacy".

What is growing increasingly clear is the need for BAME-centred research. BAME patients are under-represented in health research and this must be rectified in order to understand why minority ethnic communities are experiencing this disease burden.

#CharitySoWhite has lifted the lid on the level of structural racism still in the charity sector – healthcare charities are no exception. As provisions become increasingly stretched, the importance of an approach rooted in lived experience and an intersectional understanding of needs is critical.

### **RACISM AND POVERTY ARE PUBLIC HEALTH ISSUES**

Research in race and poverty has found that the UK poverty rate is twice as high for BAME communities than for white groups. Combined with the increased likelihood of employment in low-paid, precarious, and public-facing work, such as bus and taxi drivers, care workers, NHS workers and security guards as well as living in multigenerational households where social isolation may not be possible, we can see why there is a corresponding higher risk in contracting the virus amongst BAME communities.

Government figures confirm that overcrowded housing is far more likely to pose an issue for BAME communities. For example, 30% of the UK Bangladeshi population are considered to live in overcrowded housing compared with 2% of the white British population.

This heightened exposure is reflected in new data indicating that BAME groups could also be at greater risk of developing critical Coronavirus. The Intensive Care National Audit and Research Centre found that 35% of critically ill Coronavirus patients are from BAME backgrounds, nearly triple the 13% proportion in the UK population as a whole. A study by Imperial College London has found that a third of patients who are admitted to hospital in the UK with COVID-19 are dying. The team who carried out the study are also looking closely at why a disproportionate number of admissions and deaths are seen in [Black People and those from south-east Asian backgrounds](#).

[A mosque in central England](#) has converted its car park into a morgue for those who have died from COVID-19. This volunteer-run mortuary has spaces for 150 bodies, and is evidence of the toll that the virus is having on British Muslims and the ethnic minority community.

[Analysis done by the Institute of Fiscal Studies](#) has found that the death rate of British Black Africans and British Pakistanis in English and Welsh hospitals is more than triple that of the white population. It was also found that the number of deaths of people from a Black Caribbean background were 1.7 times higher than for White British people. Disparities based on underlying conditions of BAME people and regional areas they live in cannot currently be accounted for by non-hospital deaths.

The latest statistics from the Office for National Statistics (ONS) have found that even when geography, age, health and wealth are recognised as factors, Black People are still 1.9 times more likely to die once contracting COVID-19 than white people. Marsha de Cordova has said that as we move through the crisis, we must use the data to [“address the structural inequalities”](#) in our society, and continue this conversation after the pandemic too.

Research from Oxford University shows that while previous assumptions were the BAME groups were at higher fatalities due to underlying health conditions, deprivation is a key factor “it is very concerning to see that the higher risks faced by people from BAME backgrounds are not attributable to identifiable underlying health conditions”. The investigations have analysed the data of 17,425,445 adults who were registered with a GP, linking it to the patient information of those hospitalised with COVID-19. The initial observations highlight that deprivation and being from a [BAME background are major risk factors](#) for COVID-19 fatalities. This also highlights the need for data to improve the patient care and mitigate those at highest risk.

### **THE HEALTH OF CHILDREN AND YOUNG PEOPLE**

BAME children and young people experience the health consequences of these comparatively higher rates of poverty even more acutely in light of the crisis. For example, the rapid school closures will hit families who depend on free school meals for their children. Given the higher poverty rate for BAME communities, we know these children will be particularly affected. The increased rates of overcrowding in BAME households will

invariably mean that children and young people have less space to play and exercise, this is compounded by a comparable lack of access to parks and green spaces.

The COVID-19 crisis has had a huge impact on the mental health of children and young people, with NSPCC delivering over 900 counselling sessions about the virus, and over 50 with children having suicidal thoughts in light of the crisis. Since the outbreak, Muslim Youth Helpline has experienced a 300% increase in calls, web chats and emails from distressed young people, including a spike on Eid weekend. With BAME children and young people often living on the sharper edges of inequality, they face considerable risk regarding their mental health.

### **BAME GROUPS ARE AT HIGHER RISK OF DEVELOPING MENTAL ILL HEALTH**

BAME communities are at higher risk of developing serious mental ill health as they are disproportionately impacted by the social determinants associated with mental illness, such as poverty according to analysis by the [Racial Equality Foundation](#). Findings from their research also shows that BAME individuals are 40% more likely to access mental health support via a criminal justice route rather than voluntarily seeking and accessing support. This can lead to their rights, liberties and autonomy being temporarily limited. We are concerned that the new measures introduced to loosen the safeguards around the use of the Mental Health Act may lead to an increase in this trend during the crisis.

It is also well-documented that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression; this can interlink with the current need to self-isolate as well as existing forms of oppression to detrimental consequences.

A recent [Survey of Londoners](#) showed that loneliness and social isolation is more common amongst those facing wider disadvantage, with Black Londoners indicating particularly high rates of social isolation. With closure of cultural spaces and places of worship, particularly as important religious festivals like Ramadan, Passover, Vaisakhi and Easter approach – we expect risk of isolation and loneliness to be further compounded. We have already heard of [numerous anecdotal examples](#) of elderly and disabled BAME people who live alone struggling to access support and basic amenities.

[Spark](#) have launched a resource hub with curating links to organisations and information designed to help those from BAME backgrounds. A new free text service has been created by a group of trans activists to support the non-binary and transgender community. [The Validation Station](#) has over 500 signups and sends out daily reminders reinforcing their identity and reminding them how great they are.

### **THERE IS NO EQUAL ACCESS TO HEALTHCARE AND SUPPORT**

Quality of healthcare provision and access is a postcode lottery. BAME people are much more likely to live in densely populated and deprived areas where NHS services are already overstretched, and this comparative lack of access to healthcare services compounds the risks they face.

It is also critical to bear in mind that the top ten areas in England hit hardest by COVID-19 are all in London, where 40% of the population are from minority ethnic backgrounds. [60% of all British Jews](#) live in or around London for example.

The London borough of Brent has had 450 coronavirus cases for every 100,000 people, the highest proportion in the capital and one of the highest in the country. The borough is also one of the most densely populated in outer London and has the second highest percentage of populations from BAME backgrounds. During this crisis, anticipating a disproportionate number of BAME people needing healthcare support, their ability to access services will be even more challenging.

Language barriers also provide a restriction to access. These issues will be compounded by the COVID-19 no visitor policy, individuals will be less able to communicate symptoms and needs. For example, the assessment

of pain scales can be culture-dependent; the horizontal pain scales used in the UK may be confusing for those originally from China, as Chinese languages are traditionally written and read vertically. Powerful anecdotes have emerged from the front lines of the crisis documenting the scale of impact of this unmet need.

The government must prioritise health funding for the most deprived regions in the aftermath of the coronavirus crisis, politicians and public health experts have demanded, after new data analysis revealed the devastating scale of the death toll in the poorest parts of England and Wales.

In findings one expert said highlighted the fact that COVID-19 “is not a leveller” as politicians have repeatedly claimed, the Office for National Statistics (ONS) said that those living in the poorest parts of England and Wales were dying at twice the rate of those in the richest areas.

The lack of equal access to the NHS and higher death rates of BAME people are an issue that has been highlighted by this crisis. The [NHS must be rebuilt](#) with these barriers in mind, to provide a healthcare system that is equitable and accessible.

In addition to affecting BAME communities disproportionately, the extra pressure is seeing [GP visits rise](#) as routine tests, smears, immunisations are cancelled by hospitals. The deprioritisation of these appointments can result in A&E admissions for issues which escalate beyond being manageable if treated early enough.

### **BAME COMMUNITIES HAVE POORER DIGITAL ACCESS AND LITERACY**

Even in 2020 access to internet and digital skills is not universal, [evidence shows](#) that marginalised ethnic groups have worse internet access. This has wide ranging impacts in the current context including higher likelihood of isolation and being less able to access important public health guidance and key services such as online food ordering.

People from BAME communities are more likely to face digital exclusion which further compounds social isolation and poor mental health as we increasingly rely on technology for social connection. [ONS data from 2018 suggests](#) 5.3 million UK adults (10% of the adult population) do not use the internet, 18% of adults did not have access to a smartphone (Newzoo’s Global Mobile Market Report 2018). 12% of those aged between 11 and 18 years (700,000 children) reported having no access to a computer or tablet at home (Lloyds Banking Group 2018) 22% of the adult population – 11.9 million people – lack some or all of the five basic digital skills. Six million people cannot turn on a device and 7.1 million people cannot open an app. (Lloyds Banking Group 2018).

For example, [specific concerns](#) were raised recently by Jewish Leaders that public health guidance was not being effectively disseminated to ultra-Orthodox communities. It is important for charities to consider this as they move services online.

### **UNCONSCIOUS BIASES LEAD TO UNEQUAL CARE AND TREATMENT**

There are false, racialised perceptions surrounding pain tolerance and subsequent treatment. Many of these are rooted within racist beliefs that have been long embedded within various schools of medicine, some of which have been institutionalised within modern day practice. For example, BAME women tend to be taken less seriously and therefore see their choices limited, and their lives endangered, as a result of this when accessing maternal care; the most recent figures indicate that black women are 243% more likely to die of complications in pregnancy and childbirth. Research has demonstrated that black women are 22% more likely to die of heart disease than white women.

Between 1 March and 14 April, [BAME women made up 55%](#) of the pregnant patients admitted with COVID-19. Maternal health disparities have been long publicised, and this study suggests that being from a BAME background is a higher risk factor in pregnant women’s hospitalisation with COVID-19 than age and obesity. When researchers excluded London, the West Midlands and the North West from the research, the inequalities were still present in the data. The Royal College of Midwives (RCM) acknowledges that these

increased risks require BAME patients to be offered extra care and support, and have developed new guidance for midwives and maternity support staff to be “particularly vigilant” to mitigate these risks. The RCM is targeting a campaign at BAME women to raise awareness of this risk, and reiterate that help is available. One in five babies born to mothers hospitalised with COVID-19 were born prematurely (less than 32 weeks), requiring admittance to neonatal care. One in 20 babies born to mothers admitted to hospital subsequently had a positive test for COVID-19, and five women who were admitted and tested positive for COVID-19 have died. The maternal deaths include BAME women Salina Shaw (37) and Nurse Mary Agyeiwaa Agyapong (28).

Studies show that these false beliefs about the perceived biological differences between black people and white people abound. For example, the false ideas that black skin is thicker than white, and that black people are inherently stronger than white people. The health gap has been described as '[Disparity by Design](#)', and an example of eugenics, blaming Black people for being victims of systems they didn't create.

Medical professionals are using a scoring system called [NEWS2](#) to check suspected COVID-19 patients. Ultimately, medical professionals are human, and as such, are not immune to their own racial bias, especially in times of heightened pressure and stress. We are concerned that some of these beliefs and practices will be magnified during the crisis, meaning many BAME people with Coronavirus will not receive access to timely support. This has been highlighted in the recent [tragic passing of Kayla Williams](#) who died from a suspected case of COVID-19 and the family of Anand who [recounted the trauma](#) of having to plead with paramedics to admit him to hospital.

We must acknowledge that the prejudice BAME individuals face from healthcare professionals who are simply not listening or not willing to believe what they are hearing due to racialized perceptions can have fatal consequences.

### **FUNERAL CEREMONIES**

Guidance about funeral ceremonies was published on March 23rd, restricting the numbers of people who can attend funeral ceremonies. Some councils have gone as far as to ban all funeral ceremonies. Many people are not able to attend the funerals of their loved ones. Furthermore, there are delays and backlogs burials, meaning that Muslim and Jewish burials may not be able to take place in timings that are in accordance with their religious beliefs. The Inter Faith Network has provided some [guidance](#) from faith communities and organisations on funeral rites and practices in light of the Coronavirus pandemic.

### **BAME COMMUNITIES MISS OUT ON ADEQUATE PALLIATIVE CARE SERVICES**

There is [evidence](#) that when it comes to making decisions between saving a life or preserving quality of life, BAME communities are more likely to opt for life saving measures. Existing evidence indicates that minority ethnic groups may have more unmet palliative care needs than people from white backgrounds and experience a number of barriers to accessing high quality end of life care.

The Care Quality Commission has documented that BAME groups, who may have specific end of life care needs, are often less considered in published care strategies. This lack of consideration will invariably be magnified in the midst of this crisis, where healthcare professionals are having to make difficult decisions at an increased rate.

The lack of culturally sensitive approaches and translated resources is likely to impact the quality of palliative treatment that people receive and support their bereaved families and loved ones will be offered.

### **BAME HEALTH AND SOCIAL CARE WORKERS FACE HEIGHTENED RISK IN THE COVID-19 RESPONSE**

Health and social care staff, who are particularly exposed to the virus, are disproportionately drawn from minority ethnic communities.



As previously stated, 1 in 5 NHS employees come from BAME backgrounds. This number rises acutely in London, the virus' UK epicentre, where BAME staff represent 44% of the entire NHS workforce. Over [75% of BAME doctors](#) fear they will contract COVID-19, and almost two-thirds are concerned about passing the virus on to people they live with.

This has tragically translated into the disproportionately high number of deaths of BAME health and care staff. The first 10 doctors and [70%](#) of the nurses in the UK named as having died with the virus all coming from BAME backgrounds, numbers so troubling that the British Medical Association has called on the government to investigate BAME groups' vulnerability to the Coronavirus. By 23 April, [official figures showed](#) that 111 health and social care workers had died from the virus, and an analysis by Sky News found that 72% of these were from BAME communities. The latest figures show that [27 of the 29 doctors](#) who have died from COVID-19 are BAME.

BAME Nurses comprise 20% of the workforce, but only make up 7% of senior management. [Saharia Musa says](#) "Nursing, especially for black, Asian and ethnic minorities has become a job of two extremes: extreme low pay and extreme risk to life and limb". She calls for an inquiry into the effects on BAME healthcare staff and action taken to fix the racial inequality in nursing, and society.

4,000 BAME medics responded to a call from ITV for anonymous accounts of COVID-19, with key themes emerging that [BAME staff feel discriminated against](#) and under pressure when complaints are met with warnings of investigation. For migrant BAME NHS workers, the fears of losing their jobs are also tied to fears of deportation, especially when visas are tied to their employment.

Carol Cooper, Head of equality, diversity and human rights at Birmingham Community Healthcare NHS Trust, spoke to the [Nursing Times](#) about how BAME staff feel they are being put to work on COVID-19 wards more so than their white colleagues. She spoke about how some staff were taken from the wards they usually worked in and placed in COVID-19 wards, and how staff felt there was a bias – "the same bias that existed before".

Then there is the impact that the COVID-19 pandemic is having on the Filipino community in the UK. [At least 23 Filipino people have died in the UK](#) since the beginning of the pandemic, many of them healthcare workers. 18,000 Filipinos work in the NHS, the community providing the backbone of the NHS. An [anonymous Filipino nurse](#) said that many Filipino and Indian nurses are placed in situations they're not prepared or trained for, but fear saying no. The Philippines' ambassador to the UK has called for key workers to be 'properly protected'.

Given the heightened risk they face daily, health and social care professionals deserve recognition and protection. A recurring complaint among healthcare workers has been inadequate personal protective equipment (PPE). With BAME staff twice as likely not to raise concerns over fears of recrimination and as they face higher levels of bullying and harassment, this could be having fatal consequences. This need for protection is all the more urgent in light of Dr Abdul Mabud Chowdhury's appeal for appropriate PPE just five days before being admitted to hospital, before ultimately dying with the virus.

As well as a lack of availability, feedback from BAME NHS staff highlighted that some forms of PPE are not suitable for some minorities. Some health and care workers wear hijabs or have beards for religious and cultural reasons, this impacts the fit of PPE. A [Sikh doctor at Wolverhampton hospital](#) was told to shave his beard to fit PPE, and was relegated to 'background work' for refusing, despite PPE being adaptable to beards. This highlights further how the medical system is designed for and by colonial powers, with BAME forced to assimilate and sacrifice further as they already risk their lives to work.

NHS improvement's chief operating officer, Amanda Pritchard, [sent a letter](#) on 30<sup>th</sup> April 2020 to hospital trusts, providers of mental health care, ambulance services and organisations providing community-based healthcare. It stated that NHS staff from BAME backgrounds will be "risk-assessed" and could be given different roles away from the frontline. We will continue to assess how this is incorporated into specific NHS

trusts. Somerset NHS foundation trust has begun asking BAME staff if they feel safe at work, giving them priority for testing and ensuring that they undergo a “fit-test” in order to wear an FFP3 ventilator mask.

The British International Doctors Association is urging [NHS Trusts to take action](#) and support their BAME staff. In a letter, they outlined steps NHS Trusts could take in support. These steps include: Ensuring all BAME staff wear well-fitted FFP3 masks in hospitals; making accommodations or redeploying to relieve anxieties; prioritising testing for them and their families; and ensuring any sickness absence as a result does not impact their finances or career progression.

Lord Adebowale, the chairman of the NHS Confederation, has warned that [a lack of diversity](#) in decision making rooms could be leading to mistakes. He believes a “listening culture” needs to be fostered, where ethnic minority staff feel free to express concerns and have their religious needs catered to as well.

The ninth male GP to die from COVID-19, 84-year-old [Dr Karamat Ullah Mirza](#), is also the fourth Essex GP to die from the virus. [British Asian GP Zara Aziz](#) also calls for robust measures to protect BAME staff, with more “more effort and care than platitudes and a tickbox tool”. Durham GP [Dr Poornima Nair](#) is also believed to be the first female GP to die from COVID-19 too.

[Milton Keynes Hospital](#), where COVID-19 has ‘peaked’ and is declining, have acknowledged the disproportionate BAME NHS deaths. Hospital chiefs have also been speaking to 100 BAME staff about their concerns and setting up a network to address these.

### **NATIONAL RESPONSE TO HEALTH INEQUALITIES FOR BAME COMMUNITIES**

The disproportionate number of BAME people with critical cases of coronavirus has been so troubling that the British Medical Association has called upon the Government to investigate BAME groups’ vulnerability to the Coronavirus. There has also been a [call for research](#) investigating the emerging evidence of the association between ethnicity and COVID-19 incidence and adverse health outcomes from National Institute of Health Research and UK Research and Innovation, who are seeking to [fund](#) this research.

The government appointed Trevor Phillips and [Richard Webber](#) to review the impact of coronavirus on BAME communities. Phillips’s appointment has sparked a [great deal of criticism](#) from BAME communities, with many calling the choice ‘alarming’ and ‘shameful’ in light of his suspension from the Labour party for Islamophobia and other racist comments. The Muslim council of Britain has described the move as ‘wholly inappropriate’ given that so many doctors who have died during this pandemic are Muslim. The reactions are unsurprising in light of Phillips’ comparison of Grenfell Tower (another disaster disproportionality affecting working class BAME people) to a ‘Tower of Babel’. Public Health England (PHE) have [since backtracked](#) on this, stating that rather than leading the review, his research company, Webber Phillips, “is one of a number of stakeholders who have offered assistance for contributing to further research on the relationship between Covid-19 and BAME communities”.

Labour leader, Keir Starmer, has appointed Baroness Doreen Lawrence, campaigner and mother of Stephen Lawrence who was murdered in a [racist hate crime](#) in 1993, as the party’s race relations adviser. She will [lead a review](#) into the impact of coronavirus on the BAME community. The launch of the review was attended by Lawrence, Marsha de Cordova, Muslim Council of Britain, Operation Black Vote, Royal College of Nursing and the Sikh Network - key organisations that work with communities of colour.

[The Mayor of London](#) and [a coalition of Bishops](#) have both called for an inquiry into the disproportionate deaths of BAME people from COVID-19. [Tower Hamlets Mayor John Biggs and Poplar & Limehouse MP Apsana Begum](#) believe urgent government action needs to be taken to support BAME communities, and additional resources must be allocated. In addition to the health consequences, there are serious concerns of the secondary impacts that include poor mental health and loss of employment and earnings.

The [Coalition for Race Equality and Rights](#) is also calling for the Scottish Government to publish the numbers of BAME hospital admissions and deaths from COVID-19, alongside the data on health and social care staff affected. No data aggregated for ethnicity has been released for Scotland as yet. Scotland records ethnicity on death certificates, but England and Wales do not. [Collecting data is vital](#) to addressing health inequalities immediately and in the aftershocks of the pandemic and recovery. The collection, or lack of collection, of data is inherently political as it shines a light on which parts of society are of most concern.

There are [concerns](#) that the government's recently launched contact tracing programme is unfit for purpose. As lockdown restrictions are eased and businesses start to reopen, we fear for what this will mean for the communities already at grave risk from contracting the virus. The Ubele Initiative will be hosting a [conversation](#) on 17th June to explore whether this programme will meet the needs of BAME communities across the UK.

### **PUBLIC HEALTH ENGLAND'S REVIEW LACKS TRANSPARENCY AND ACCOUNTABILITY**

On May 4th, PHE [announced their review](#) will be taking place with results expected at the end of May. The aims of this review were to identify and present disparities in infection, hospitalisation, and mortality; describe the impact of age and sex on cases and outcome; quantify disparities in excess mortality; assess the underlying health conditions' impact; analyse the link between occupation and infection; recommend further action to reduce disparities. The Chief Medical Officer for England, Professor Chris Whitty, asked for a targeted focus on the disparities for BAME people, but PHE have insisted they look broadly at all disparities. However, we know from history that if disproportionate relief is not given to those disproportionately affected, the problem will not be addressed. Having concrete data that highlights the disparities would be the first step to understanding and mitigating the disproportionate rates. It is also of note that the objectives of the review do not make reference to the difference in treatment and care given to BAME patients.

The government released the review without press alert after an initial delay, which they cited was due to fears that its findings on BAME communities would further stoke racial tensions in the wake of recent Black Lives Matters demonstrations. This rightly drew significant criticism, as did the review itself, for producing information that is already known to BAME communities and experts on the disproportionate impact of the virus, with no recommendations or action plan to address these whilst the risks to people's lives are ongoing. Ahead of its publication, we had concerns that structural racism and socioeconomic inequalities that disproportionately affect BAME communities would be left out of the report, which they were. Our full response and thoughts on what the charity sector should take away from the review can be read [here](#).

Since then, it has emerged that [additional elements](#) to the report have been withheld, including evidence from 4,000 parties containing first-hand experience and the recommendations resulting from this engagement, such as calls for culturally competent occupational risk assessment tools for key workers, and that recovery strategies actively seek to reduce racial inequalities. Rehana Azam, GMB union's National Secretary for Public Services, has [described](#) the handling of the review as "going beyond mismanagement of the crisis and has stepped into institutionalised racism". Public Health England have said that this information will be belatedly published the week commencing 15th June.

The [We Need Answers](#) campaign is calling for an independent public inquiry, which would cast a wider net than the PHE review to consider the longstanding structural injustices that continue to negatively impact BAME groups in the UK and which have contributed to their increased likelihood of contracting and dying from the virus.

## **AREA 2: EMERGENCY MEASURES AND LEGISLATION**

[The Coronavirus Act 2020](#) sets out sweeping emergency measures to support the nation's response to the COVID-19 outbreak. However, there are concerns that many of the measures set out on the Act will disproportionately affect BAME communities. This includes the measures to 'relax' legal duties such as the

completion of Care Assessments, temporary amendments to Mental Health Act, and increased police and immigration officer powers to contain the spread of the virus.

Currently, there is a lack of clear guidance on how these changes should be applied in practice and this therefore risks local variation as well as the potential abuse of power. Furthermore, the legislation, though time-limited, gives the government enabling powers that will go unchallenged for potentially up to two years. We will continue to monitor the use and impact of these new measures on BAME communities as the crisis goes on.

### **ENHANCED POLICE POWERS AND UNCLEAR GUIDELINES OVER THEIR USE**

The Coronavirus Act 2020 gives police and immigration officers new powers to enforce social distancing and isolation measures. This includes enhanced powers to stop and search people believed to be breaching public health advice, including detaining people suspected to have the virus who are out in public or socialising. In the financial year 2018-19, there were four stop and search cases for every 1,000 White people, compared with 38 for every 1,000 Black people, finds [government figures](#). Increasing stop and search powers raises concerns for even further disproportionately in their application.

[Guidance](#) produced by the College of Policing and the National Police Chiefs Council in response to the Coronavirus Act 2020 has caused both dismay and confusion. For example, while the guide stresses enforcement actions such as fines and arrests be used as a last resort, there are a number of areas that require officers to ‘use their own judgement and common sense’. This includes determining whether a vehicle that has been stopped is travelling to an exercise site that is deemed within reasonable distance. There is a risk that these new powers will be used inconsistently leading to disproportionate use and criminalisation of BAME communities.

### **DISPROPORTIONATE USE OF FORCE IN ENFORCEMENT OF SOCIAL DISTANCING**

Evidence of police officers using disproportionate force in the enforcement of social distancing and government guidelines is starting to emerge as the lockdown continues. For example, [on 10<sup>th</sup> April in Manchester](#) a police officer repeatedly threatened a BAME man with pepper spray, handcuffing him, and leaning him against a car. His crime? Dropping off a parcel of food to vulnerable family members.

Police officers now also have the power to use reasonable force to remove a child or young person from outside and either take them home or arrest them. They can fine parents and carers who are not able to keep their children at home, despite many parents and carers reporting already struggling to juggle work, home education and family life. Given the evidence of racialised policing in the past and data that is starting to emerge in other [nations](#), we anticipate that this will disproportionately be used against BAME children and young people. We support the [youth justice charities bodies](#) call for the limited use of arrests; avoiding the use of police cells to hold children while COVID-19 is a risk and the suspension of overnight detention in police custody.

### **UNLAWFUL PROSECUTIONS AND ABUSE OF POWER**

The Crown Prosecution Service (CPS) has revealed that all 44 prosecutions under the Coronavirus Act are unlawful and have [launched a review](#) of all prosecutions under coronavirus laws. This confirms our fears that police using their ‘judgement and common sense’ can translate into abuses of power and unlawful arrests. Guidance issued to police in April called powers under coronavirus ‘exceptional’ and that police are not expected ‘to use these powers in the course of ordinary duty and you really shouldn’t unless asked by a public health officer.’ CPS director of legal services, Greg McGill said that the wrongful charges ‘didn’t relate to potentially infectious people who refused to cooperate with police or public health officers requiring them to be screened for COVID-19.

More than 14,000 fines have been handed out since March 27th and there is no route to appealing the fines without risking prosecution by refusing to pay.

## **BLACK MEN ARE BEING DISPROPORTIONATELY TARGETED BY POLICE**

The negative experiences and treatment of Black Men by the Met Police has been highlighted throughout the lockdown period, and the detainment of 32-year-old [Dwayne Francis in Lewisham, London](#) is another example of the dangerous racial profiling Black males are subjected to. A school pastoral support worker, he was stopped by officers as he waited in his car for a post office to open while en route to work. The officers insisted he exit the car and handcuffed him, while Francis “remained calm and explained why [he] was being unfairly treated and profiled”, to which the officers reacted with false claims of cannabis droplets in his vehicle. His education and support of young people from the area ensured Francis was aware of his rights, and his request for the officers’ badge numbers and a police report were denied. Francis’ primary concern, shared by residents of the area, is the “lack of regard” shown to a respected figure in the community, and how Black teenagers would both be treated and feel in that situation. A spokesperson for the police said the officers followed protocol, but the Green party’s London Mayoral candidate has pledged to raise the issue with Scotland Yard. The misuse of stop and search and targeting of Black people by the Met Police is a long-standing issue, which has been further exacerbated by the wider powers given to Police.

The use of tasers against Black men has risen too, with incidents across the UK being recorded during lockdown, including an incident on the [4th of May](#) leaving a man paralysed from the waist down. [One in five instances of Taser usage](#) by police involve Black People, despite them only making up 3.3% of the population. The Independent Office for Police Conduct (IOPC) is currently investigating four recent incidents, as concerns grow of “disproportionate use against Black Men and those with mental health issues”. A representative of the Association of Police and Crime Commissioners has asked for an urgent review of Taser training, and to meet with the IOPC to discuss “concerns at the police use of Taser in contentious circumstances, including in relation to levels of disproportion with BAME communities”.

## **SCHOOL CLOSURES ARE IMPORTANT BUT WILL DISPROPORTIONATELY IMPACT BAME STUDENTS**

We welcome the introduction of school and college closures to help stem the spread of COVID-19. However, the announcement was met with huge confusion and uncertainty. Plans for examinations to be replaced by teacher assessments, ranking and predicted grades rightly ring alarm bells, particularly as [recent studies](#) have shown there is systematic undermarking of BAME children, particularly Black Caribbean boys and [Gypsy, Roma and Traveller students](#). Education [thinktank LKMco’s found](#) that non-black teachers (85.9% of teachers in English state schools were white British in 2018) tend to have lower expectations of black British students and severely punish ethnic minorities. In examination, the gap between Black British pupils of all three categories, Caribbean, African or Other (within the 2009 cohort) are predicted A grades a minimum 12% less than white students (this trend is similar for Bangladeshi and Pakistani pupils).

This is evident when we look at SEND (Special Educational Needs and Disability) and behaviour. Black British Caribbean pupils are twice as likely to be diagnosed with a SEMH need. Black British Caribbean pupils’ education is severely impacted as they are ‘suffering an inappropriate and narrowed curriculum, from unwarranted over-identification, particularly [in] secondary schools.’ Teacher’s expectations and [perceptions](#) of behaviour heavily influence their assessment of special educational needs and are prone to racial bias. We see that a black British boy receiving free school meals and special educational needs is [168 times more likely](#) to be excluded than a white girl without free school meals or those needs.

## **BIAS IN TEACHING WILL IMPACT BAME STUDENTS FINAL GRADES**

This level of bias can have a significant impact on young people’s life chances, particularly those going on to apply for further and higher education. There is now significant risk that these biases will impact BAME pupils’ futures as cancelled GCSE and A-Level exams are replaced by teacher assessed grading. Teachers across the country are being asked by [Ofqual](#) to “make a fair and objective judgement” of the grades they feel pupils would have achieved had the exams not been cancelled. Yet Ofqual has rejected calls to delve into school level GCSE and A-Level grades to correct for bias. Worse still pupils will not be able to appeal against their teacher assessed grades for their performance, instead Ofqual recommend appeals are made to exam boards by centres on behalf of one or more pupils. This could make it harder for BME pupils to highlight and challenge potential teacher bias.

We echo the concerns [raised by a group of race equality experts](#) that these proposals will fail a generation of young people as BAME pupils are more likely to have their final grades [under-predicted](#) in comparison with their more advantaged peers. We urge the Department for Education to issue clear and comprehensive guidance on how teachers will accurately assess and reduce inconsistencies between different groups of pupils.

### **TECHNOLOGY INEQUALITY IS IMPACTING BAME STUDENTS QUALITY OF EDUCATION**

The current emphasis on home learning to compensate for pupils missing time from school is a justifiable measure. However, having access to a computer and high broadband is an issue for many BAME pupils. [One of the seven](#) disadvantages in education is access to this technology. This lack of technology has the 2nd highest attainment penalty behind SEND and will further compound inequality in our education system.

Patrick Roach, the general secretary of the NASUWT teaching union, said that the government's proposed plans to reopen schools early is driven by economics, not the benefit of the children's education. [He says](#): "We have witnessed in the UK and elsewhere how the coronavirus has impacted disproportionately adversely on the poorest, and especially on black and minority ethnic communities. It would therefore be a highly regressive measure to insist that the children of the poorest should be those who should be put at greatest risk by prematurely reopening schools when it is not safe to do so."

### **THE CORONAVIRUS ACT FURTHER EXCLUDES YOUNG PEOPLE**

[MAC UK](#) outlines four key areas where they believe excluded young people are at increased risk of further exclusion or psychological distress by the measures put in place by the Coronavirus Act. They recommend ways in which the government and public institutions could prevent this. Recommendations include statutory services connecting with organisations that hold strong relationships with excluded young people and making sure their experiences are heard. Issues for concern include:

- The ability to maintain social connection remotely, via telephone or internet communication, is a privilege - for example approximately 12% of 11-18-year olds for example report having no internet access at home.
- The young people who are most excluded from society are often the same young people who might become involved in the criminal justice system, have insecure home lives, and potentially be those who are least able to follow the new government guidelines. It is important that we do not criminalise these young people, and that every effort is taken to understand the context in which they are living before any action is taken to arrest them.
- Young people in care are particularly vulnerable to having their support networks diminished and yet we know require as much support and interaction with others as possible, especially in times of high levels of anxiety.

We echo their call for local and national governments to include young people in the decision-making processes so that their needs are taken into consideration while addressing the challenge faced by the nation.

### **AREA 3: RISK OF DESTITUTION**

[Evidence shows](#) that BAME individuals and families are overrepresented in low income groups and are more likely to be living in poverty than their white counterparts. We know that poverty is a powerful predictor of homelessness, and there is a significant risk that these inequalities will be exacerbated as a result of COVID-19 as many BAME individuals and families lose their livelihoods and struggle to access social security.

### **BAME EMPLOYEES FACE CHALLENGES IN ACCESSING EMPLOYMENT**

[Recent research](#) highlighted that BAME young people are more likely to be in precarious work, and [government statistics](#) show particularly high rates of unemployment amongst Pakistani and Bangladeshi

groups. Now as the economic impacts of lockdown are coming into sharp focus we can see further risks for BAME young people as [entry level jobs have been cut by almost a quarter](#) due to the coronavirus crisis, according to the Institute of Student Employers.

It's important to note that whilst job vacancies have collapsed at all levels across the jobs market, the sharpest fall in vacancies has been seen in low-paid jobs where BAME people are disproportionately represented. [According to the Institute of Fiscal Studies](#) new job postings on 25 March were down 92% on 2019 levels. Whilst their study did see the beginnings of a recovery in the Health and Social Care sector the IFS also found that recovery concentrated in more affluent areas.

Fewer jobs and a more competitive market will mean that the well documented biases and discrimination that BAME people face in recruitment will be amplified over the next few quarters. It is more important than ever for employers to put racial justice at the heart of their recruitment policies and practices. To avoid not just an unemployment crisis amongst BAME communities but to avoid organisations becoming whiter and less diverse as a result of this crisis.

### **BAME EMPLOYEES ARE FALLING THROUGH THE GAPS**

Many individuals are still falling through the gaps of government support for self-employed because they do not earn enough from self-employment to be eligible; earn more than the £50,000 threshold; or only started out working for themselves within the past year and therefore missing the threshold to prove their past income to receive wage subsidies. BAME led businesses have seen a significant downturn in income, with 67% having had to close their businesses according to research by the [Black South West Network](#).

It is worth noting that BAME communities are less likely than their white counterparts to be paid the living wage. It has been [documented](#) that the ethnic group least likely to be paid below the minimum wage was white males (15.7%); and that which was most likely was Bangladeshi males (57.2%). This will undoubtedly contribute to the financial difficulties that minority ethnic communities will experience facing this crisis.

As highlighted earlier in our paper, BAME people are at greater risk of experiencing issues related to their employment and workplace during the COVID-19 crisis. This risk of redundancy and unemployment is likely to push many of these individuals into poverty.

### **BAME EMPLOYEES ARE OVERREPRESENTED IN KEY WORKERS CATEGORY**

BAME workers are likely to make up a high proportion of our ['key workers'](#), particularly in more urban areas, and are unable to work from home. They, as well as their families, are subsequently more at risk of exposure to the virus.

The Office for National Statistics has released a tool that highlights the occupations with the [highest potential exposure to COVID-19](#). "One in five workers in these occupations are from black and minority ethnic groups, compared with 11% of the working population. These workers make up around just over a quarter of the workers who are dental practitioners (28%), medical practitioners (28%) and ophthalmic opticians (27%). Additionally, they are over-represented in four other occupations – nurses, medical radiographers, nursing auxiliaries and assistants, and medical and dental technicians".

### **BAME EMPLOYEES ANXIETIES OVER WORKPLACE SAFETY**

England's easing of lockdown causes fears for [BAME employees](#), with the return to work being concentrated in sectors that can't work from home, such as manufacturing, in the interests of supporting the economy. [Labour MPs Diane Abbott and Bell Ribeiro-Addy](#) both have said the government and employers need to support workers better if they are expected to return to work, and that this return is going to hit BAME communities disproportionately.

It is clear that the easing of lockdown restrictions and Boris Johnson's insistence that those who can't work from home should return to work will disproportionately see BAME people having no choice but to further

risk their lives. Although Johnson has asked people returning to work to avoid public transport, that simply is not an option for many who live in large cities or who do not have another mode of transport available to them due to low incomes and poverty. [Race equity campaigners](#) have described the government's new return to work policy, 'herd immunity by stealth', 'premature' and 'reckless.' The government's revised 'Stay Alert' slogan takes the responsibility off the government and places it onto individuals to protect themselves against coronavirus while more people are having to choose between their physical health and economic survival.

The Independent Workers Union of Great Britain (IWGB) is preparing to mount a legal challenge on behalf of its members saying it is crucial that workers such as couriers, cleaners and delivery drivers are properly protected from coronavirus. In one particular case that IWUGB are pursuing, [a cleaner was fired after refusing to go into work without Personal Protective Equipment](#) (PPE). Gustavo Mateus Acosta, 61, spoke about how he felt "extremely unsafe" at work and was calling on his employer to provide masks and gloves for two months. BAME employees are being [urged by unions](#) to take note that they are still protected by official legislation that allows workers to remove themselves from a dangerous workplace without recrimination or repercussion.

### **BAME HOUSING AND FOOD CONCERNS ARE NOT SUFFICIENTLY ADDRESSED**

Prior to the COVID-19 outbreak, we knew that BAME communities were disproportionately affected by homelessness. [Government publications](#) and independent research have documented that 1 in 3 [homeless households](#) are BAME compared with 1 in 7 of the general population. [Institutional racism](#) has played a continuing role in perpetuating racial discrimination and disadvantage in housing, and we are concerned these will be further magnified amidst this crisis.

Government guidance does not sufficiently cover the specific challenges some BAME groups may face in adhering to public health guidance regarding social distancing and isolation. As stated earlier in our paper, high proportions live in multi-generational households. BAME households are more likely to [experience housing stress](#), such as overcrowding, poorer quality housing, and fuel poverty. [Evidence shows](#) that Black African and Bangladeshi groups face particularly serious issues of overcrowding.

[Lower rates of home ownership](#) amongst BAME groups (particularly Black African groups at 20%), mean that these communities lack stability and are not eligible for government support announced for home ownership in the form of mortgage holidays. Increasing reporting of evictions compounds these concerns. Increasing reports show that many fear that if they are infected by COVID-19 they could be evicted by landlords to avoid contagion.

The tragic case of [Rajesh Jayaseelan](#), a Bengaluru Uber driver who died of COVID-19 on 11<sup>th</sup> April, shows the perilous situation that some BAME renters face within the COVID-19 pandemic. Rajesh hid in his room for days when he fell ill because he was fearful that if his landlord discovered that he had COVID-19 he would be evicted. His fear was founded on his experience, as just weeks before he was evicted by his landlord as they feared that as an Uber driver he posed a risk of contracting COVID-19 and infecting him and his family. His wife Mary, who lives in Bangalore with their two children, [shares her traumatic experience](#) of hearing how her husband got ill and died.

Gypsy, Roma and Traveller groups may face immediate risks from [evictions of traveller camps](#), [concerns](#) have also been raised regarding the lack of appropriate public health guidance on sanitation. White Gypsy and Irish Traveller households are [seven and a half times](#) more likely to experience housing deprivation than White British households

With the overrepresentation of BAME groups amongst the key worker population, they face heightened risk of arbitrary evictions and harassment due to the fear that they are putting other people in their buildings at risk of infection. Anecdotal evidence of this has been documented in both [traditional](#) and [social](#) media, indicating that this could disproportionately affect BAME communities.



Ethnic minority groups in the UK are also more at risk of food insecurity. Organisations tackling food poverty must consider culturally appropriate food, beyond halal and kosher provisions this will mean considering what constitutes as essential foods to different communities.

[Given the link](#) between healthy diets and good immune systems this is an essential part of the strategy to directly reduce risk of contracting COVID-19.

### **BAME COMMUNITIES WITH NO RECOURSE TO PUBLIC FUNDS (NRPF)**

NRPF is a condition imposed on individuals due to their immigration status; a person will have NRPF if they are [“subject to immigration control.”](#) This [includes](#): people who are appeals rights exhausted, EU and EEA migrants, people with existing visas, those whose status is not regularised, domestic workers and other migrant workers, and victims of trafficking and torture. This disproportionately affects BAME communities and will compound the [healthcare and housing insecurity](#) risks that they face.

[In real terms](#), having NRPF means individuals cannot access benefits, healthcare, homelessness assistance from the council, or an allocation of social housing through the council's register, this can lead to extreme vulnerability to homelessness. Those who have NRPF might not even have access to basic food and sanitation, heightening the risk they face of contracting COVID-19.

In a [case brought against the Home Office by an 8-year-old](#) (only noted as W for his safety), judges heard of the extreme poverty W has endured because of his mother not being allowed access to state support under Hostile Environment measures. The lack of social welfare support had caused him to move schools five times, experience homelessness, and his mother was driven into debt and serious anxiety. The decision to deny benefits to migrant families was ruled to be unlawful by senior judges. This ruling is expected to provide a lifeline to people unable to work during the COVID-19 pandemic who are blocked from accessing essential state support.

### **RACIAL INEQUALITIES IMPEDE A FAIR AND RESILIENT ECONOMY**

The Runnymede Trust's report [The Colour of Money](#) released in April 2020, exposes shocking levels of economic and racial inequality in Britain. An example top line is how white British people have 10 times more wealth than black African and Bangladeshi households.

The report lays out several recommendations including a need to target policies to tackle longstanding inequalities, stronger discrimination laws, and ensuring racial inequalities are fully considered when creating a fair economy.

Significant racial inequalities were found in the following areas:

- **Savings:** BAME people generally had much lower levels of savings or assets than white British people.
- **Poverty:** poverty rates varied notably by ethnicity; however, it was found that all BAME groups were more likely to be living in poverty.
- **Education:** BAME people are more likely to have a university degree, but the monetary value of that qualification is seen to be worth less in the labour market when compared to white people.
- **Employment:** findings revealed that Black and minority ethnic men have much higher unemployment rates than white British men.

### **MUTUAL AID GROUPS**

With the rise of mutual aid groups offering much-needed grassroots support across the UK, it is also important to recognise the origins of these groups that lie in [support networks of marginalised people](#). It is crucial to respect these origins, and have leaders take care to acknowledge the leaders that have come before, and actively ensure they do not co-opt the movement with 'white saviour complex' that prioritises the feelings of people delivering the aid over the people in need of it.

[BAME led community groups serving BAME communities are battling to stay afloat](#), needing more funding and resources. Organisations such as Sickie Cell Society and Southall Black Sisters are in strong demand by ethnic minority groups in light of COVID-19, but they lack the digital infrastructure and do not have enough resources to meet demand. More funders are unlocking pots of money to support community groups, but it is still not currently enough.

#### AREA 4: HOSTILE ENVIRONMENT

The impacts of the current healthcare pandemic are compounded by the government's hostile environment. The Home Office's response makes clear the government has not learnt lessons from the Windrush disaster and continues to show a lack of respect for the investment that migrant communities have made in the UK. A number of migrant rights organisations [continue to raise urgent concerns](#) that inadequate steps have been taken to protect migrant populations at risk of COVID-19.

##### **DATA SHARING BETWEEN THE NHS AND THE HOME OFFICE PREVENTS ACCESS**

There is [evidence](#) that NHS charging and data sharing between the NHS and Home Office is a deterrent to access healthcare - despite exemptions for COVID-19. There is increasing evidence that migrants are dying of COVID-19 because they are too afraid to seek help and treatment. [60 cross party MPs](#) have written to Health Secretary Matt Hancock calling on the government to suspend all charging of migrants and end data sharing with the home office. They highlight the case of Elvis, a Filipino man who died at home of suspected COVID-19 after not accessing healthcare over fears of being reported to the Home Office.

This lack of protection for migrants and the blocking of access to healthcare has already had devastating consequences for the Windrush Generation, and the lack of response and cooperation of the Home Office to mirror Ireland's firewall is [risking BAME lives](#). Not only are undocumented migrants, asylum seekers, and refugees without visas afraid of detainment or deportation from visiting the NHS, the NRPF policy has enforced a message to them that are excluded from social security and support. The government ultimately bowed to pressure and scrapped [the surcharge for NHS workers](#), now campaigners are [calling on the government to extend](#) the NHS surcharge waiver to all migrant workers, including teachers, bus drivers and charity workers.

##### **ASYLUM ACCOMMODATION AND DETENTION FACILITIES ARE NOT FIT FOR PURPOSE**

Overcrowding and lack of sanitation at both asylum accommodation and detention facilities leads to high risks of infection spreading quickly. Alarm has been raised as [reports emerge](#) of asylum seekers forced to eat in communal areas in breach of public health guidance.

##### **THE HOSTILE ENVIRONMENT IS PREVENTING FUNDS REACHING THOSE IN THE GREATEST NEED**

The impact of having No Recourse to Public Funds (NRPF) is compounded in the current environment where individuals are more likely to lose employment without safety nets of government support. This leaves many families facing an impossible situation when required to self-isolate and many are at higher risk of destitution. There have been concerns raised about the lack of consideration of NRPF conditions in responses to the crisis, for example in protection and support of rough sleepers. The [NRPF Network factsheet](#) provides more detail on these issues.

##### **MIGRANT WORKERS ARE ALLOWED TO STAY AT LEAST UNTIL THE CURRENT CRISIS IS OVER**

The fight for rights of migrant workers under the hostile environment which imposes undue stress and financial burden has been going on for years. The [current approach](#) to supporting migrant workers, particularly those classified as 'key workers' shows continuation of contempt for the investment that migrant communities have made in the UK. The Joint Council for the Welfare of Immigrants has written an [open letter](#) to the Home Secretary calling for urgent changes to ensure the safety of migrants in light of the COVID-19 pandemic. Charities and church leaders [call](#) for all migrants, asylum seekers and refugees to be given temporary leave to remain in Britain to decrease their risk of exploitation, destitution and homelessness in an open letter to the government.

### **PUBLIC HEALTH EXPERT HIGHLIGHTS THE RELATIONSHIP BETWEEN HEALTH AND INEQUALITY IN BRITAIN**

Harmful and unfounded eugenics-led discourse is creating narratives of genetic differences causing the disproportionate deaths of BAME communities from COVID-19, ignoring the very [real areas of vulnerability](#) for these communities. BAME communities are more likely to live in low-income and over-crowded housing; overrepresented in the prison and homeless populations; more reliant on 'gig economy' roles and zero hour contracts; and ignored by the policies designed for public safety such as domestic violence support, access to information, and access to the NHS. Closing the disparity between health and inequality will create greater progress for UK society.

### **COVID-19 CRISIS IN THE UK CAUSING FINANCIAL WOES FOR EXTENDED FAMILIES IN SOMALIA**

The [Somali community of the UK](#) is being hit hard by COVID-19 itself, being disproportionately affected health-wise while also being left [financially vulnerable](#). London's community of Somalis is one of the largest in our diaspora and a regular ritual for its members is to send money to their families back home. Cuts to income and the closure of these shops have left families unable to send back vital funds for living expenses, with older residents unsure how to use digital transfer services. Somalis in London often work in vital, but low-paid jobs, and are part of London's migrant workforce: the care workers, nurses, bus drivers and cleaners who work in the most precarious jobs, often on insecure contracts. The closure of businesses and job insecurity will leave many Somalis in London jobless for a long time, in debt and facing serious financial woes for years to come.

### **CHILDREN DENIED CANCER TREATMENT DUE TO IMMIGRATION STATUS**

Calls for NHS charging regulations to be revoked have strengthened as a report found [children were having treatments](#) delayed or denied due to the policy requiring hospital staff to demand proof of entitlement to free healthcare. The report also found that pregnant women were deterred from seeking medical assistance, leading to intrauterine deaths. The report links both scenarios to the fear of accessing the NHS, and are making conditions that could be treated with early intervention emergency cases. The study was conducted prior to the COVID-19 outbreak, but its findings are being demonstrated with migrants dying from suspected cases out of fear of accessing the NHS.

## **AREA 5: PROTECTION AND ENFORCEMENT**

We are concerned about increases in domestic violence, the rights of those currently in prison or detention, and increased attacks against East Asians and other minoritised groups.

### **RISK OF INCREASED DOMESTIC ABUSE**

[Concerns have been raised](#) of a likely increase of domestic violence cases during this period of lockdown and social distancing. We have seen that calls to the National Domestic Abuse Helpline increased by [120% overnight](#) and visits to the [online helpline have increased by 700%](#) since the COVID-19 outbreak. BAME women have been [shown](#) to be less likely to access and receive support due to racism and the barriers it perpetuates. Migrant women with unsettled immigration status are particularly underprotected as existing safeguards [already fail to recognise](#) their specific needs. Many of these women are unlikely to seek support from authorities for fear of persecution and deportation. Prior to COVID-19, BAME and migrant women experience higher rates of domestic homicide, and are three times more likely to commit suicide, with only 37% making a formal report to the police. Organisations have had to [turn people away](#), highlighting the urgent need for more unrestricted funding.

### **THESE DANGERS ARE COMPOUNDED FOR MIGRANT WOMEN**

The past eight weeks have seen VAWG services report tripling in violence and abuse cases, with experts pointing out that figure only reflects the cases which have been reported to the authorities. [Migrant BAME victims are less likely to report assaults](#), due to more than half of the police forces in the UK working under a policy to arrest migrants facing domestic violence and report their locations to the Home Office. Aisha Gill reports that an Asian woman she has been supporting shared her fear that she would die at the hands of her

partner who would in turn blame her death on COVID-19, and that this scenario would be enabled by a government and police who have no interest in protecting immigrants.

[Latin American Women's Rights Service](#), Amnesty International UK and more than 20 BME specialist frontline services, migrant and human rights organisations have written to the Home Secretary calling for emergency support to help migrant victims of domestic abuse amidst the COVID-19 crisis.

In order to ensure a truly inclusive service, money must be invested into services that increase communication and support access for survivors, like translation services, ensuring that people have phone's with credit on them, access to telephone or video counselling and [free transportation services](#) to refugees.

The Home Secretary has stated that anyone who is at risk of, or experiencing, domestic abuse, is [still able to leave](#) and seek refuge. We are concerned about the police making a judgement about who is a victim of abuse and who isn't. Given the increased 'discretionary' powers it is a genuine worry that these exceptional measures may not extend to BAME women.

A group of MPs have demanded an urgent cross-government action plan on how to tackle increasing levels of domestic abuse under the lockdown, with a warning that without intervention, ["society will be dealing with the devastating consequences for a generation"](#).

A recent report published, shows that the home affairs select committee has called for increased measures from the government, which includes an emergency package of funding to support services for domestic abuse victims and vulnerable children. Recommendations from the cross-party committee include a call for the government to remove a time limit on prosecuting certain offences, and that the government should sponsor a broadening of 'safe spaces' so that victims can access support through supermarkets or retailers.

### **RESPONSE FROM THE VAWG SECTOR**

Over 30 charities, including [Southall Black Sisters](#) and [Compassion in Politics](#) have joined together to issue a call to the government and hotels to support survivors and their children with accommodation. They are also pushing for this to be offered together with specialist support to ensure women are safe and are unable to be located by perpetrators.

Sisters Uncut released their statement on COVID-19 calling for [six demands to be addressed](#). The statement recognises that staying at home and social distancing does not support those who do not have safe indoor spaces, particularly for domestic violence victims they are in confinement with those who harm them. This problem precedes COVID-19 but is felt more by those who live with intersecting protected characteristics, as women of colour are being turned away from refuges.

The statement also identifies how state sanctioned isolation impacts many marginalised groups. Police enforced isolation has led to increased state surveillance which disproportionately impacts black and brown people. Women and non-binary people continue to be at increased risk of violence in shelters. The impact on sex workers has meant that the industry has evaporated almost overnight. Those with disabilities or chronic illnesses are not able to practice social distancing as they require support from carers.

The [Violence Against Women & Girls sector called](#) for at least £65 million of the £750 million package announced by the Chancellor to be ringfenced for specialist VAWG service providers. They also urged funding to be ring-fenced for specialist VAWG services led by and for BAME women, deaf and disabled women, and LGBT survivors. These services are essential for fulfilling duties under the Equality Act and Public Sector Equality Duty, as well as meeting the specific support needs of survivors who have been marginalised and excluded from existing funding systems. Their inclusion, through a specific ring-fence, is essential for an equitable funding system which does not further entrench inequality and social injustice, which has been exacerbated in this pandemic.

Imkaan released a [position paper](#) on the dual pandemic of gendered violence and Covid-19 and its impact on black and minoritised women and girls, as well as the challenges faced by the organisations supporting them due to long term underinvestment in black and minoritised women's services.

### **RISE IN XENOPHOBIA AND RACIST ATTACKS**

The rise in racist incidents and attacks towards people of Chinese and East Asian descent have been closely associated with the Coronavirus outbreak. Many around the world now [live in fear](#) of abuse and xenophobia, this includes children. The rhetoric surrounding the outbreak and its origins also fuels the idea that China, and the Chinese, are responsible for the virus. There is also a risk that responses to hate crime incidents may be de-prioritised during the crisis.

Police estimates suggest a threefold increase in hate crimes against Chinese people in the UK in the first three months of 2020 compared with the same period last year. These incidents include individuals being spat on and assaulted. Ministers have also told MPs that hate incidents against the "IC4 and IC5 community" have risen 21%, with IC4 referring to south Asia and IC5 to East Asia ethnicities.

Recent polling by the [HOPE not hate Charitable Trust](#) showed 54% of people in the UK blame China for the virus while politicians including Nigel Farage and Donald Trump have stoked up nationalism in the wake of the crisis, directing people's legitimate fears over the pandemic towards Chinese people by blaming China, often labelling it the "Chinese Virus".

Research carried out by academics from the Open University, University of Surrey and Trinity College Dublin shows an [increase in reports of discrimination against Chinese students](#), with 100% of the 22 students interviewed experiencing xenophobic comments, increasing levels of anxiety and researchers warning of longer term effects on global mobility. [Drag artists Sum Ting Wong and Yuhua Hamasaki](#) have also spoken out about the outbreak of Coronavirus sparking a surge of anti-Chinese sentiment, with them facing a double onslaught of homophobia and racism.

Xenophobia related to Coronavirus is also disproportionately impacting on [Chinese and East Asian businesses](#) with many of them being forced to close prior to Government guidance. Many of these are family-run and independent establishments who already struggle to keep their businesses afloat.

More than 60 senior members of the East Asian community have written to the [Home Secretary](#) calling on an independent inquiry into rising levels of hate crimes against the community.

There have also been cases where racist attacks have resulted in deaths, as can be seen in the stories of Belly Mujinga and Trevor Belle who both died of Covid-19 weeks after being spat at by their attackers. [Belly Mujinga](#) was a ticket office worker at Victoria station, on 22nd March a man claiming to have Covid-19 coughed and spat at her and colleague. [Trevor Belle](#) was a taxi driver, on 22nd March he was spat at by a passenger after challenging them for attempting to dodge the £9 fare.

### **RACISM FROM ORGANISED WHITE SUPREMACIST GROUPS**

Racist groups are using technology to further coordinate racist attacks. As we shift to a more digitised way of gathering, racist groups have taken advantage of open online gatherings for Jewish groups through 'Zoombombs'. Pupils in [this LA high school](#), emboldened by the anonymity that comes with having your camera switched off, racially abused a BAME author during a zoom author visit. Racist online trolls are using sites like 4Chan to share links to video conferences with BAME speakers and encouraging people to 'Zoombomb' speakers with racist abuse.

An attack on a Jewish congregation is [being investigated as a hate crime](#). A synagogue in Toronto experienced in the racist incident whilst delivering a service on Zoom, when up to six accounts joined the call and began to scream slurs and use their screens to show pornography. The traumatic incident was reported to the police

and they are working on tracking down these accounts with Zoom. As a result, Zoom has introduced new security features including a function for hosts to remove participants from a call.

Far-right groups have used the coronavirus crisis as an opportunity to stoke [Islamophobic sentiment](#) by falsely accusing Muslims of violating social distancing rules by gathering at Mosque and encouraging others to share these false allegations. High profile accounts targeting Muslim communities during Coronavirus have included Tommy Robinson and Katie Hopkins.

Doctors have also reported being [targeted with abuse](#), as misinformation spreads among communities. The messages include abuse based on conspiracies that NHS staff receive bonuses for each COVID-19 death certificate, forcing patients to sign Do Not Resuscitate forms, and that COVID-19 is a hoax.

On 13th June, white supremacists rioted in central London in backlash to recent Black Lives Matter protests, causing further fears for the safety of black and brown communities in the UK.

### **WE NEED TO DO MORE TO SUPPORT THOSE IN DETENTION AND IN PRISONS**

BAME groups are significantly over-represented in the prison system, with [over a quarter \(27%\)](#) of the overall prison population coming from BAME backgrounds, which is twice that in the general population. Many prisoners suffer from poor health and it estimated that without further action, [around 800 incarcerated](#) people will die as a result of Coronavirus.

While we welcome the announcement to temporarily release pregnant prisoners, the measures announced by the government to date, largely overlook the specific needs and challenges faced by those in prison or detention settings. Prisons and detention centres are often overcrowded and unhygienic which means COVID-19 is likely to spread rapidly, risking the lives of prisoners and staff alike. We can easily infer that these increased stressors, which are known to increase what is known as the [allostatic load](#), will thereby [lower the immune response](#) of such prisoners.

We support calls made by a [coalition of criminal justice charities](#) to temporarily stop short term prison sentences in order to reduce the churn of people vulnerable to COVID-19 coming in and out of prisons and to keep staff and other prisoners safe. We also support advocating for the release of low risk prisoners, and non-imprisonment for the disadvantaged BAME prisoners who are more likely to experience [adverse outcomes](#) throughout the criminal justice system; from sentencing to restrictions within the prison estate itself.

On 4 April the Ministry of Justice stated that the Prison Service would free up to 4,000 prisoners who were within two months of their release date as long as they had passed a risk assessment. However, a [bungled plan](#) meant that instead of a few hundred prisoners being released on April 16, the scheme was suspended because six inmates were mistakenly freed and had to be recalled. Only thirty-three prisoners were released including pregnant women.

In a paper written by the national lead for health and justice in PHE, data suggested that outbreaks of COVID-19 that were expected in prisons did not come to fruition due to a range of restrictive measures including banning all visits and a reduction in prisoner transfers. They have recommended that these measures stay in place until April next year, although this has been [criticised by campaigners](#) who fear this causing rising tensions within jails, as well as long-term damage to the wellbeing of prisoners and their loved ones. MP David Lammy challenged Robert Buckland, the Justice Secretary, on plans to keep prisoners in their cells for 23 hours a day, saying it was not sustainable and breached human rights.

The pandemic further threatens the health and lives of those in immigration detention. The UK has one of the largest immigration detention systems in Europe and the unsanitary and inhumane conditions within them have been [documented](#) long before the added danger of coronavirus. In March, [Detention Action](#) took legal action against the government, challenging the lawfulness and safety of continued immigration detention during the Covid-19 pandemic and calling for release of all detainees. The case was dismissed by the High

Court, though it has led to 350 releases and the Home Office committing to review the cases of all detainees, prioritising those with relevant underlying health conditions. The Government has also been forced to halt new detentions. Nonetheless, there are [reports](#) that those released have not been housed and are therefore being potentially released onto street homelessness.

Whilst we welcome the steps taken to reduce prison populations as a matter of safety, the numbers released have been relatively small and it is clear that not enough has been done for those incarcerated during this pandemic. Looking ahead, drastic change is needed to address the inherent injustices within the prison and immigration systems more broadly and is part and parcel of building a better world for black and brown people who are overrepresented within these violent systems. We stand in solidarity with the campaigners and organisers who are working towards this end.

## OUR WRITERS AND CONTRIBUTORS

This paper has been written and coordinated by the #CharitySoWhite committee who are a team of volunteers:

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Since we launched our call for evidence and desire for this paper to be shaped through a collaborative process that centres lived experience we have been overwhelmed by contributions. Each week this section will be updated to recognise the individuals who have submitted evidence and shared their invaluable expertise.

We strongly encourage you to recognise their contribution and expertise through following, supporting, commissioning and donating to further their work directly.

- Karl Murray, Ubele Initiative
- [Sara Gvero](#), NCVO
- [Pran Patel](#), DecoloniseTheCurriculum.com
- Sue Henry
- [Katie Boswell](#), NPC
- Kushal Sood, InstaLaw



## OTHER RESOURCES AND ORGANISATIONS

### GENERAL

[Race equalities organisations co-signed letter](#)  
[Equally Ours collection of resources](#)  
[Ubele Initiative research on impact of COVID on BAME VCS](#)  
[Future Foundations UK call to funders](#)  
[Runnymede blog](#)  
[Race Equality Foundation briefing](#)

### HEALTH INEQUALITIES

[Doctors of the World translated Public Health guidance](#)  
[BMJ Racism in medicine](#)  
[BAME medics make up](#)

### EMERGENCY MEASURES AND LEGISLATION

[The Coronavirus Act and Health Protection Regulations: Implications for children](#)  
[Coronavirus – Children in police custody](#)  
[African Americans Have Contracted and Died of Coronavirus at an Alarming Rate](#)

### PROTECTION AND ENFORCEMENT

[Joint Statement from VAWG sector on Covid 19](#)  
Revolving doors - [Coalition to prevent the use of short prison sentences](#)

### RISK OF DESTITUTION

[COVID-19 Mutual Aid UK: Guide for Supporting Migrants During Coronavirus](#)  
[Coronavirus Asylum Handbook](#)  
[Migrant Rights: Letter to Local Authorities-Urgent action needed to support vulnerable migrants during the COVID-19 crisis](#)  
[JCWI COVID-19: Briefing to the Home Affairs Committee](#)  
[Supporting people with no recourse to public funds during the coronavirus \(COVID-19\) pandemic](#)  
[COVID-19: GUIDANCE FOR SUPPORTING PEOPLE LIVING ON TRAVELLER SITES, UNAUTHORISED ENCAMPMENTS AND CANAL BOATS](#)  
[Traveller Movement: The needs and rights of Gypsy, Roma and Traveller communities](#)  
[Stay at home: guidance for Gypsy, Traveller and Liveaboard boater households](#)

### EDUCATION

[Race Equality Organisations warn education secretary of 'grave' injustice.](#)