A REVIEW BY

BARONESS DOREEN LAWRENCE

AN AVOIDABLE CRISIS

The disproportionate impact of Covid-19 on Black, Asian and minority ethnic communities

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ACKNOWLEDGEMENTS

In April, Keir Starmer appointed me as race relations adviser and asked me to launch a review into the impact of coronavirus on black, Asian and minority ethnic communities.

Since the launch of the review in April 2020, we have received over 200 submissions and met with over 300 people as part of a programme of online roundtables. I have met with frontline workers including doctors and nurses, trade unions, local government, faith leaders, high profile campaigners, SMEs, think tanks, voluntary sector organisations and bereaved families. The submissions have been wide ranging and included reports, studies, recommendations and personal testimonies.

I would like to thank everyone who has taken the time to contribute to this report, and everyone who has helped shape it. In particular, I would like to thank Sir Keir Starmer MP and Marsha De Cordova MP for their support throughout.

BARONESS DOREEN LAWRENCE

I FOREWORD

In the early weeks of the Covid pandemic, as mounting evidence began to show that Black, Asian and minority ethnic communities were dying at a disproportionate rate, I was asked by the Leader of the Labour Party, Sir Keir Starmer, to lead a review to investigate the reasons.

It was immediately apparent that the impact on people's health was inseparable from economic prospects and experiences of discrimination.

It is often said, but perhaps not fully appreciated, that behind each statistic is a human story. For me, amplifying the voices of those who are all too often invisible has been the driving force behind my many years of campaigning.

So this review is not mine. It belongs to the hundreds of people I have spoken to: doctors, nurses, parents, teachers, faith leaders, councillors, activists and, most importantly, those who have lost loved ones. It is based on hundreds of submissions, full of expert opinions, recommendations and heart-wrenching stories.

The overwhelming message was that this must be a watershed moment for change. Black, Asian and minority ethnic people have been overexposed, under protected, stigmatised and overlooked during this pandemic – and this has been generations in the making. The impact of Covid is not random, but foreseeable and inevitable – the consequence of decades of structural injustice, inequality and discrimination that blights our society. We are in the middle of an avoidable crisis. And this report is a rallying cry to break that clear and tragic pattern.

It will require systemic solutions to systemic problems. It is not enough for policymakers to know that ethnic inequalities exist. We need to honestly confront how inequalities at all levels of society have come to exist and the intersectional impact it has on each ethnic group. This means recognising the interaction of faith, class, gender, disability, sexuality, ethnicity and culture in order to truly understand that no community is ever one homogeneous group.

Only then will we be able to respond effectively. We need bold, joined-up policies and an approach that encompasses tackling ethnic disparities, from housing to employment and health.

This report gives just a snapshot of the impact of Covid-19 so far and the structural inequalities faced by Black, Asian and minority ethnic people. It makes immediate recommendations to protect those most at risk as the pandemic progresses and presents next steps for beginning to tackle the underlying causes.

I first met Keir campaigning on these very issues decades ago, and I would like to thank him for commissioning this important review. I would also like to thank Marsha de Cordova MP, Labour's Shadow Secretary of State for Women and Equalities, for her tireless support over the last few months, hosting roundtable discussions, pressing the Government to go further and faster on protecting those most at risk from this virus, and for her friendship and wise counsel.

The coronavirus crisis has brought us all together in many ways. But it has also exposed our faults.

This must be a turning point. We have heard enough talk from the Government. It is now time to act. In the words of one submission we received: we created this system; we need to fix it.

BARONESS DOREEN LAWRENCE

EXECUTIVE SUMMARY

Covid-19 is having a disproportionate and devastating impact on ethnic minority communities. Not only are Black, Asian and minority ethnic people dying at a disproportionate rate, they are also overexposed to the virus and more likely to suffer the economic consequences. Despite repeated warnings, the Government has failed to take sufficient action.

Covid-19 has thrived on inequalities that have long scarred British society. Black, Asian and minority ethnic people are more likely to work in frontline or shutdown sectors which have been overexposed to Covid-19, more likely to have co-morbidities which increase the risk of serious illness and more likely to face barriers to accessing healthcare. Black, Asian and minority ethnic people have also been subject to disgraceful racism as some have sought to blame different communities for the spread of the virus.

This virus has exposed the devastating impact of structural racism. We need immediate action to protect people this winter, but we must also fix the broken system that has left ethnic minority people so exposed.

THE URGENT NEED FOR ACTION

Despite being aware of the disproportionate impact of Covid-19 on the UK's Black, Asian and minority ethnic communities, the Government has not done enough to protect people ahead of the second wave. As transmission surges once again across the country, the need for this action could not be more urgent.

> The Government must set out an urgent plan for tackling the disproportionate impact of Covid on Black, Asian and minority ethnic people this winter.

TIME TO TACKLE HEALTH INEQUALITIES

Black, Asian and minority ethnic people face significant barriers to accessing healthcare. These barriers include a lack of cultural and language-appropriate communication; not being taken seriously when presenting with symptoms; a lack of clinical training on the presentation of different illnesses across communities; and the 'no recourse to public funds' rule which prevents migrants accessing state assistance. Black, Asian and minority ethnic people are also under-represented across the senior leadership of the NHS.

> Suspend the 'no recourse to public funds' rule during the pandemic and initiate a review on its impact on public health and health inequalities.

OVEREXPOSURE TO COVID-19

Black, Asian and minority ethnic workers have suffered disproportionately from the Government's failure to facilitate Covid-secure workplaces. Many respondents told us about inadequate PPE, failures to implement and access risk assessments and insufficient government guidance on their protection.

Ensure Covid-19 cases from the workplace are properly recorded by confirming that employers must report occupational infections of Covid-19 in line with health and safety law.

The Government should introduce a legal requirement for employers to publish their Covid-19 risk assessments on a central Government portal.

The Government should improve access to PPE in all high-risk workplaces where a risk assessment requires it and advise employers that they should provide PPE that is appropriate for all staff, such as those who wear hijabs, turbans or have beards for religious reasons.

Black, Asian and minority ethnic people are more likely to live in poor quality and overcrowded housing. Both are significant risk factors for Covid and also affect the ability to self-isolate. Poor-quality housing has not been sufficiently considered when providing guidance for minimising transmission, nor has adequate support and resources been given to local authorities to tackle this problem.

Give targeted support to people who are struggling to self-isolate at home, including a package of resources to enable local authorities to identify and support people who may not be able to self-isolate. The Government should also review the current financial support package for those who need to isolate to ensure it supports all those who need help.

The Government's decade-long failure to build social rented housing has pushed many families into the less regulated and less secure private rented market. Black, Asian and minority ethnic households are also disproportionately affected by the affordability crisis in housing.

Research by Shelter has found that four in 10 landlords admitted that "prejudices and stereotypes" come into letting decisions.[1] This is exacerbated by the Government's right to rent policy, which has been found to lead to discrimination in the housing market.[2]

The Government should urgently bring forward emergency legislation to protect renters in this crisis, and ensure that its Renters Reform Bill includes measures to tackle racial discrimination in the private rental market.

The Government should raise the local housing allowance to the level of local average rents, to ensure low-income households are not forced into debt eviction and homelessness during the crisis.

The economic impact of the pandemic is disproportionately affecting ethnic minority communities. Black, Asian and minority ethnic workers are over-represented in shutdown sectors, and Pakistani and Bangladeshi workers are also overwhelmingly more likely to be self-employed.

Conduct and publish equality impact assessments on the Government's support schemes to make sure Black, Asian and minority ethnic people are able to access the support they need.

[1] https://england.shelter.org.uk/__data/assets/pdf_file/0004/1236820/Landlord_survey_18_Feb_publish.pdf

[2] https://www.jcwi.org.uk/passport-please

END THE STIGMATISATION OF COMMUNITIES

The Covid-19 pandemic has fuelled racism as some have sought to blame Black, Asian and minority ethnic communities for spreading the virus. Despite SAGE having warned the Government in July of a risk that local restrictions could lead to racial stigmatisation and discrimination, little has been done to counter these narratives.

This also appears to be feeding into the enforcement of restrictions by public authorities. Liberty has found that police forces in England and Wales are up to seven times more likely to fine Black, Asian and minority ethnic people for violating lockdown rules.[3]

The Government must develop a clear plan to combat stigmatisation of communities during the Covid-19 crisis.

Urgently legislate to tackle online harms by bringing forward the much-delayed Online Harms Bill.[4]

IMPROVE COMMUNICATION AND ENGAGEMENT

The Government has been criticised for its poor communication during this pandemic. To date there have been few community-specific awareness raising campaigns or materials distributed by local and central government.

We also heard that the use of the term BAME can mask the ethnic identities and realities of the very people it seeks to represent, and it is important that Government communication and engagement recognises this.

The Government should remove linguistic, cultural and digital barriers to accessing public health information. The Government should work with all relevant bodies, including faith and community groups, to identify effective channels to disseminate information and provide support.

PLUG THE GAPS IN DATA

A recurring and frustrating theme of this review has been the lack of reporting of ethnicity data, not just in relation to Covid-19 but more widely.

The Government should take immediate action to ensure comprehensive ethnicity data collection across the NHS and social care. The Government should also ensure all appropriate data collected and released by Government and public bodies is disaggregated to include a demographic breakdown.

[3] https://libertyinvestigates.org.uk/articles/police-forces-in-england-and-wales-up-to-seven-times-more-likely-to-fine-bame-people-in-lockdown/

[4] https://committees.parliament.uk/publications/1954/documents/19089/default

END STRUCTURAL RACISM

There have been positive steps towards racial equality in recent decades. But racism and structural inequality still persist and some indicators have worsened. For example, the Lammy Review found that the proportion of Black, Asian and minority ethnic young offenders in custody rose from 25 per cent to 41 per cent between 2006 and 2016, despite the overall number of young offenders falling to record lows.[5]

In response to the Black Lives Matter movement, the Prime Minister announced yet another Commission on Race and Ethnic Disparities, and chose as its chair a man who has cast doubt on the existence of institutional racism.[6] This only adds to the feeling among some communities that this Government is simply not serious about tackling racism and persistent racial inequalities.

Implement a Race Equality Strategy, developed with Black, Asian and minority ethnic communities and with the confidence of all those it affects.

The Government should implement a national strategy to tackle health inequalities, with ministerial accountability and targets.

Equality impact assessments should be used much more effectively to shape and inform policy, and policymakers should seek to tackle structural racism with their decisions. The Government should also enact section 1 of the Equality Act which covers socio-economic disadvantage.

The publication of ethnicity pay gaps should become mandatory for firms with more than 250 staff, to mirror gender pay gap reporting. The Government has been consulting on this change for years but has failed to make any progress.

Since 2010 the Conservatives have implemented a range of policies to intentionally and openly create a 'hostile environment' for undocumented migrants in the UK, from blocking access to public funding to making employers, landlords and NHS staff, among others, check people's immigration status. This aggressive policymaking infamously culminated in the Windrush scandal, which saw people who had the right to be in the UK left in terrible circumstances. This has also contributed to the systemic discrimination experienced by migrants and the UK's Black, Asian and minority ethnic population.

The Government must commit to stopping the 'hostile environment', and reforming our immigration system so that it is fair and effective.

Societal prejudices are learned from a young age and fester when left unchallenged. The Macpherson Report called for improved diversity in the school curriculum, and the Windrush 'Lessons Learned' Review called for better understanding of Black British history, yet little progress has been made on diversifying the national curriculum. Action is also required to tackle the attainment gap.

The Government, working with the Devolved Administrations, should launch a review into the diversity of the school curriculum to ensure it includes Black British history, colonialism and Britain's role in the transatlantic slave trade.

The Government should implement a national strategy with clear targets to close the attainment gap at every stage in a child's development, enforced through an independent body, such as the Children's Commissioner.

[5] http://www.russellwebster.com/lammy-review-final/

[6] https://www.theguardian.com/world/2020/jun/15/dismay-over-adviser-chosen-set-up-uk-race-inequality-commission-munira-mirza
https://www.theguardian.com/world/2020/aug/11/race-equality-chief-tony-sewell-faces-legal-challenge-over-appointment

THE URGENT NEED FOR ACTION

> *"The impact of Covid on Black, Asian and minority ethnic [people] has been literally unimaginable… We need to find out why the BAME community has been so affected. We also need to put proper planning [and policies] in place for the future."*
>
> **Individual submission**

The coronavirus crisis has had a significant and often heart-breaking impact for everyone in this country. All aspects of life and work in the UK have had to adjust to new and unprecedented circumstances. But it was clear from the early stages of the pandemic that the crisis was taking a disproportionately high toll on ethnic minority groups in the UK.

On 10 April 2020, less than three weeks after the national lockdown was declared, the British Medical Association warned that the first 10 NHS doctors to die from the virus were from Black, Asian or ethnic minority backgrounds.[7] A subsequent analysis revealed that 68 per cent of the NHS staff that had died were from ethnic minority backgrounds.[8] Evidence of significant disparities in health outcomes continued to emerge over the following weeks, including the shocking revelation that over one third of patients in intensive care were from ethnic minority backgrounds.[9]

The hugely significant role of key workers in tackling the crisis and keeping the country going became increasingly obvious, with public transport and healthcare among those on the frontline. Both sectors include a significantly high number of workers from ethnic minority backgrounds – official data from 2019 indicated 20 per cent of over 1.2 million NHS staff were Black, Asian and minority ethnic, compared with 14 per cent of the general population of England and Wales. This increases to 44 per cent of medical staff.[10]

Research from organisations such as the Institute for Fiscal Studies, healthcare professionals and the Office for National Statistics further revealed the extent of both the health and economic implications on ethnic minority groups. This included the revelation that Black men are 4.2 times more likely to die from Covid-19 and Black women are 4.3 times more likely than white men and women.[11] In a recent report the Institute for Public Policy Research and the Runnymede Trust estimated that:

> "Over 58,000 and 35,000 additional deaths from Covid-19 would have occurred if the white population had experienced the same risk of death from Covid-19 as the Black and Asian and populations respectively."[12]

The Government published a review of the impact of Covid-19 on Black, Asian and ethnic minority groups in June.[13] It was hoped that Public Health England's review would provide a major insight into ethnic disparities of Covid-19 and put forward recommendations for action, but it did not. The report set out the disproportionate impact of Covid – the facts of which were already acknowledged and provided the basis for the review being commissioned in the first place – and made few recommendations for action. In doing so, the report failed to fulfil its terms of reference, to "suggest recommendations for further action that should be taken to reduce disparities in risk and outcomes from Covid-19 on the population".[14]

[7] https://www.theguardian.com/society/2020/apr/10/uk-coronavirus-deaths-bame-doctors-bma
[8] https://www.theguardian.com/world/2020/apr/16/inquiry-disproportionate-impact-coronavirus-bame
[9] https://www.icnarc.org/About/Latest-News/2020/04/04/Report-On-2249-Patients-Critically-Ill-With-Covid-19
[10] https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest
[11] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020
[12] https://www.ippr.org/blog/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them
[13] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes
[14] https://khub.net/documents/135939561/287909059/COVID-19+Impact+Review+ToRs.pdf/611bea2c-0cbe-4c71-57fe-abfeccdbf273?t=1588688788954

In addition, there was a highly unusual process of publication, with confused briefings about decisions to delay or publish the report. It was then rushed out with no public comments from Public Health England or the health experts. After publication it became clear that significant sections from the report, including key stakeholder and community voices and a list of recommendations, had been removed. The Government was then forced to publish the missing information in a subsequent PHE report.[15]

Zubaida Haque, then Interim Director of Race Equality at the Runnymede Trust, told the British Medical Journal that:

> "People are upset, angry, astonished, and appalled. It's completely lacking in any plan of action on how to save lives."

Many stakeholder organisations, including representative bodies, have emphasised the need for a clear action plan, which has not been delivered. The British Medical Association stated that: [16]

> "The Government who commissioned this review must now produce a clear action plan with timescales of how these recommendations will be implemented. The time for reviews, reports and commissions is over."

Throughout this pandemic, the Government has shied away from taking action to mitigate against the impact of Covid-19 on Black, Asian and minority ethnic groups and the recent statement from the Minister for Equalities risks being too little too late. It also fails to address the systemic and structural drivers of the inequalities we have seen.

Recommendation 1: The Government must go further and set out an urgent plan for tackling the disproportionate impact of Covid on ethnic minorities this winter

Despite being aware of the disproportionate impact of Covid-19 on the UK's Black, Asian and minority ethnic communities, the Government has not done enough to protect people ahead of the second wave or account for the significant disparities we've seen. As the country now faces rising Covid cases, hospital admissions, and deaths, the need for this action could not be more urgent.

The Government should set out a wider package of immediate measures to tackle the disproportionate impact of Covid on Black, Asian and minority ethnic people. This should include further steps to protect frontline staff and improve public health communication.

[15] https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities
[16] https://www.bma.org.uk/bma-media-centre/bma-calls-for-tangible-and-urgent-action-in-response-to-public-health-england-s-latest-review-into-covid-19-impact-on-bame-communities

TIME TO TACKLE HEALTH INEQUALITIES

"I, like other members of the Black community, am waiting for the next wave of the virus to hit and wondering how many more family members will be lost."

Submission from a member of Wolverhampton Caribbean Community Memorial Trust

Unsurprisingly, health inequalities are a key driver of the disproportionate impact of Covid-19. Some ethnic groups are more likely to have underlying health conditions and find it more difficult to access medical care. Evidence also suggests that the social and economic inequalities faced by ethnic minorities can lead to poor health outcomes. The Marmot review describes this as the "social determinants of health". [17]

Public health challenges such as high levels of obesity, cardiovascular disease and diabetes disproportionately fall on some of the UK's Black, Asian and minority ethnic communities, and it is important for these differences to be understood.[18] There has also been considerable attention given to possible biological explanations for the disproportionate effect of Covid, but a recent paper from the ethnicity subgroup of SAGE argued that these are "unlikely to explain the ethnic inequalities".[19] As the Royal College of Nursing highlighted in a submission to this review:

> "Biology can also be a distraction and discussions around Vitamin D deficiencies do not fully explain the disparities between Black, Asian and minority ethnic groups contracting and dying from Covid-19; the true picture will not be understood by biology alone."

IPPR and the Runnymede Trust estimate that co-morbidities lead to the Black population being only five per cent more likely to die from Covid-19 than the white population, arguing:

> "The majority of the additional risk of death from Covid-19 experienced by minority ethnic communities is unexplained… Genetics cannot explain why every minority ethnic population, given huge genetic diversity within and between these groups, has a higher risk of death from Covid-19 than the white ethnic population. Instead, this inequality is likely to be driven by structural and institutional racism… and differential access to healthcare."[20]

One of the drivers of health inequality is the Government's failure to implement targeted public health strategies. Since 2015, £800 million has been taken out of public health grants to local authorities and this summer the Government announced Public Health England would be scrapped. These cuts have fallen most heavily on areas with high levels of deprivation and the negative relationship between deprivation, ethnicity and health outcomes is well documented. We consistently heard that targeted, culturally appropriate public health strategies to combat chronic conditions such as obesity, heart disease and diabetes, which feed more serious health complications, should be a priority for Government.

The NHS is our most treasured institution, and the heroism of doctors and nurses during this pandemic has cemented this fact in the hearts of people across Britain. The NHS was founded 75 years ago, as the Windrush arrived, and its story has always been entwined with Britain's growing diversity. Today, Black, Asian and minority ethnic people make up 20 per cent of its workforce.

[17] https://www.health.org.uk/news-and-comment/news/health-equity-in-england-the-marmot-review-10-years-on

[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925135/S0778_Drivers_of_the_higher_COVID-19_incidence__morbidity_and_mortality_among_minority_ethnic_groups.pdf

[19] https://www.gov.uk/government/publications/drivers-of-the-higher-covid-19-incidence-morbidity-and-mortality-among-minority-ethnic-groups-23-september-2020

[20] https://www.ippr.org/blog/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them

But despite the huge contribution of our NHS, 64 per cent of Black Britons think the NHS does less to protect their health than that of white people, a perception substantiated by the health outcomes they experience.[21] Maternal mortality is five times higher for Black women than white women, and twice as high for Asian women. Black mums-to-be are eight times more likely to be admitted to hospital with Covid-19 than white pregnant women.[22]

We also heard that Black, Asian and minority ethnic people often experience barriers to accessing healthcare, including mental health services. This can often be caused by a lack of cultural and language appropriate communication, as well as digital exclusion. One submission reported the remarks of a junior doctor working in intensive care:

> "Language barriers for people who can't speak English, especially when you can't say if you're in pain or short of breath, can have a huge impact."

For migrants, requirements to show passports when seeking care and information passing between the NHS and the Home Office has created a significant barrier to accessing even emergency healthcare.[23] We heard that the 'no recourse to public funds' condition that prevents many migrants accessing social security and other state assistance was a factor in health inequalities experienced by many. In the context of Covid-19, the Coalition of Race Equality Organisation's submission highlighted that the vast majority of migrants were unaware of the Covid-19 exemption from charging and immigration checks, meaning many were avoiding seeking medical care out of fear.

Many submissions raised the lack of training for healthcare practitioners to enable them to fully understand inequalities in health outcomes, cultural differences and any unconscious bias. We heard that some Black, Asian and minority ethnic people are not being taken seriously when seeking care, or facing untrue stereotypes about pain thresholds which affect clinical decisions. Black Ballad highlighted some examples:

> "We've spoken to doctors and midwives who don't even know that Black women are five times more likely to die from pregnancy complications. If there is no awareness in the first place, and people don't know about it, then what can be done?"[24]

There is also a lack of medical training on the different presentation of medical conditions among different ethnicities, and a lack of Black, Asian and minority ethnic participants in medical trials. Scientists for Labour reported to us, for example, that:

> "Medical professionals have reported a lack of training on diagnosis of conditions for those with darker skin tones."

Finally, there is a lack of diversity in senior levels of the NHS. Black, Asian and minority ethnic staff make up around 20 per cent of the overall NHS workforce but just 6.5 per cent of senior managers. In London, almost half of NHS employees are Black, Asian and minority ethnic, but 92 per cent of NHS Trust Board members are white.[25] During a roundtable with NHS providers, Trust leaders highlighted the "critical need" for more diversity in decision-making positions, with nursing and management structures being particular examples of where the 'glass ceiling' needed to be broken.

Several respondents mentioned the NHS Workforce Race Equality Standard (WRES), which was introduced in 2015 to improve the diversity, progression and treatment of Black, Asian and minority ethnic staff. The

[21] https://www.theguardian.com/world/2020/sep/07/two-thirds-of-black-britons-believe-nhs-gives-white-people-better-care-finds-survey
[22] https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf
https://www.bbc.co.uk/news/health-53191235s
[23] https://www.medact.org/wp-content/uploads/2020/06/Patients-Not-Passports-Migrants-Access-to-Healthcare-During-the-Coronavirus-Crisis.pdf
[24] https://www.huffingtonpost.co.uk/entry/shocking-healthcare-racism-endangering-black-mothers_uk_5f2d3a2dc5b6b9cff7f0a3ba
[25] Pg. 13 https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf; https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf

Seacole Group, the network for Black, Asian and minority ethnic non-executive directors in the NHS, told us that the requirement for healthcare organisations to provide WRES data was an important first step to reveal the scale of inequality and discrimination. However despite five years of data there has been no substantial change. They suggested improvements must be made to hold senior management to account on progress. A respondent said:

> "We have the data to prove inequality but we are not moving forward to see tangible improvements. As we approach the second wave it will be unforgivable if we have the same level of deaths."

This review also heard concerns about the impact on mental health as a result of the pandemic, particularly in light of the poor mental health outcomes Black people face and the barriers to accessing mental health services. For instance, a 2018 review into modernising the Mental Health Act found that "those of Black African or Caribbean heritage are over eight times more likely to be subjected to Community Treatment Orders than those of white heritage".[26] Dr Jacqui Dyer, Chair of Black Thrive, a London based partnership for improving Black mental health, stressed that "post treatment and bereavement counselling to support individuals in our community will be key".

To understand the disproportionate impact of Covid-19 on the UK's ethnic minority communities, we must look beyond Covid-19 to longstanding health inequalities and their causes. A number of organisations, including the Royal College of Nursing and the British Medical Association, called for a cross-governmental strategy to tackle health inequalities in their submissions to us. As the British Medical Association argued:

> "Over the longer term there must be a determined focus on interventions to narrow the longstanding health inequalities that Covid-19 has brought to the fore."

But the truth is the Government already knows this. Ten years ago the Marmot Review warned that a strategy was needed to reduce healthcare inequalities, but the Conservatives' record has been shameful. Austerity and a failure to provide for ever-increasing demand has seriously undermined our health service. The 2020 Marmot Review into Health Inequalities found that:[27]

> "Austerity has taken its toll in all the domains set out in the [first] Marmot Review. From rising child poverty and the closure of children's centres, to declines in education funding, an increase in precarious work and zero hours contracts, to a housing affordability crisis and a rise in homelessness, to people with insufficient money to lead a healthy life and resorting to food banks in large numbers, to ignored communities with poor conditions and little reason for hope. And these outcomes, on the whole, are even worse for minority ethnic population groups and people with disabilities."

[26] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf

[27] https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

Recommendation 2: A national strategy to tackle health inequalities

The 2010 Marmot Review set out six policy objectives to reduce health inequalities. Ten years on no action has been taken and the recently published updated Marmot Review has argued that many Government policies have run counter to its recommendations.

The Government should implement a national strategy to tackle health inequality as a matter of urgency. This strategy should be implemented in tandem with communities, and should include:

- Clear ministerial accountability and clear targets to close the gaps in negative health outcomes, such as the difference in mortality between Black and white women in pregnancy and childbirth
- Targeted public health action to help reduce instances of conditions such as diabetes and cardiovascular disease
- A review of clinical training to ensure all ethnicities get the best medical care
- Improved training for all health and care staff to tackle racism, challenge any unconscious bias and ensure good understanding of cultural differences
- Targets to improve the diversity of NHS governance, with clear ministerial accountability
- Improve the Workforce Race Equality Standard so that managers and the boards are held to account for a failure to make progress
- Support for every Trust to develop their own race equality strategy
- Steps to address racial inequality in mental health services, to ensure provision is widely accessible and support is culturally appropriate. Action should also be taken to address inequality in the detainment of people in crisis under the Mental Health Act
- A commitment to engage with staff on how the lessons from the pandemic can be applied to the future of the NHS

Recommendation 3: Suspend 'no recourse to public funds' rule during the pandemic and initiate a review

The Government should suspend 'no recourse to public funds' for the duration of the Covid-19 pandemic, and conduct a review of the impact of NRPF on public health and health inequalities.

OVEREXPOSURE TO COVID-19

There are many ways in which the UK's Black, Asian and minority ethnic people have been overexposed to the impact of Covid-19 – from being over-represented in industries that are overexposed to the health and economic impacts of Covid-19, through to environmental factors such as overcrowded housing and air quality.

OCCUPATIONAL EXPOSURE TO COVID-19

"I didn't come to work to die."

A nurse who contributed to the review

Black, Asian and minority ethnic workers are disproportionately represented in sectors where home working is not possible or in jobs that are low paid and insecure. This means ethnic minorities are more exposed to catching the virus and less able to self-isolate if they do catch it. Black, Asian and minority ethnic workers have suffered disproportionately from the Government's failure to facilitate Covid-secure workplaces.

The British Medical Association found in April that 64 per cent of Black, Asian and minority ethnic doctors had felt pressured to work in settings with inadequate PPE compared with 33 per cent of their white counterparts.

In the same survey a respondent said:

> "I am the only Muslim anaesthetist with a beard in my department…I am being forced to shave my beard due to unavailability of hood masks with respirator, and a bearded doctor can't pass a fit mask test."

Similarly, the Royal College of Nursing highlighted in its submission that:

> "Seventy per cent of Black, Asian and minority ethnic respondents said that they had felt pressured to care for a patient without adequate protection as outlined in the current PPE guidance, almost double the 45 per cent of white British respondents who had felt this pressure."

Alongside inadequate PPE we heard that for many Black, Asian and minority ethnic workers there has been a failure to implement and access risk assessments, insufficient Government guidance for their protection and for groups that have historically faced discrimination or feel like outsiders in UK workplaces[28], it can be particularly hard to raise health and safety concerns. The Seacole Group highlighted the need to equip managers with tactics and tools for how to protect all staff with high risks; to identify and plan for how Black, Asian and minority ethnic staff and those with underlying conditions can be redeployed; and to allow higher level of PPE for staff if they feel they need it. During a roundtable with trade unions as part of this review, we heard several accounts of the lack of protection for at-risk employees:

> "A survey carried out by the union has shown 80 per cent of members say no one has spoken to them about risk assessment." – Unison

> "There is a lot of anxiety and uncertainty for Black staff. There is not enough guidance and information out there for schools. Many Black staff are also community leaders and have double burden and responsibility." – NASUWT

> "Risk assessments need to be enhanced for Black, Asian and minority ethnic workers and it's been very difficult to get employers to understand this and approach it in that way." – Unite

[28] E.g. see GMC Fair to Refer report which identifies overseas-qualified doctors, locums and SAS doctors, all of whom are mainly BAME as being most likely to be 'outsiders' and lacking support at work and the BMA's findings from its survey of disabled doctors and medical students referenced below.

The TUC and other unions also raised the over-representation of Black, Asian and minority ethnic workers in low-paid and precarious work. These workers were the ones often overlooked in decisions about workplace protection, and many have felt unable to self-isolate due to the risk of financial loss.

These workers may also feel least able to raise concerns in the workplace and throughout this pandemic we have seen some horrifying examples of non-unionised and rogue businesses exposing their workforces to danger against government advice and, at times, the law. For instance, garment factories in Leicester were reportedly forcing people into work, even those with Covid-19, and locking the doors behind them to give the impression of compliance.[29]

Several NHS respondents told us about the importance of Black, Asian and minority ethnic networks in their workplace. Throughout the pandemic these groups have been a valuable means of communicating across the organisation and many expressed the need for them to be given more support from the top of the organisation. Trade unions also told us about the importance of creating a safe space for Black, Asian and minority ethnic staff members to express their concerns and advocate for change.

Recommendation 4: Ensure Covid-19 cases from the workplace are properly recorded

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) employers are legally required to report cases of diseases and deaths caused by occupational exposure.

However, employers have been advised by the Government not to register many occupational cases or deaths during the pandemic because it claims contact with the public is not "sufficient evidence" they could have resulted from the virus.[30]

As well as making it harder to track and tackle the spread of the virus, this will potentially deny workers and their families clarity, closure and justice. It will also undermine the Government's efforts to understand the impact on Black, Asian and minority ethnic communities, who are among those more likely to be exposed to the virus at work.

The Government should confirm that employers have a duty to report occupational infections of, and deaths from, Covid-19 in line with RIDDOR requirements. It should further take action to increase awareness of these requirements and call on the Health and Safety Executive to take action against employers failing to comply with them.

Recommendation 5: Strengthen Covid-19 risk assessments to ensure consistency and to give workers more confidence

All employers with more than five staff are required to produce written risk assessments and employers with over 50 staff are expected to publish their risk assessments on their own website. However, many employers failed to publish risk assessments on their websites despite having staff working onsite.

The Government should introduce a legal requirement that employers publish their Covid-19 risk assessments on a central Government portal, giving staff greater confidence in their safety at work.

Recommendation 6: Improve access to PPE in all high-risk workplaces

The Government should advise employers in high-risk settings that they should provide PPE for staff where a risk assessment requires it. The Government should also advise employers that they must provide PPE which is appropriate for all staff, for example for those who wear hijabs, turbans or have beards for religious reasons.

[29] https://labourbehindthelabel.net/wp-content/uploads/2020/06/LBL-Boohoo-WEB.pdf
[30] https://www.mirror.co.uk/news/politics/government-turning-blind-eye-workplace-22681684

ENVIRONMENTAL EXPOSURE TO COVID-19

Environmental factors such as housing and deprivation play a huge role in determining health outcomes. Poor quality and overcrowded housing are significant risk factors for Covid-19.

Between 2014 and 2017, 23 million households in England were overcrowded. While on average only two per cent of white British households experience overcrowding, the percentage is considerably higher for Black, Asian and minority ethnic communities.[31] Not only are Black, Asian and minority ethnic people more likely to live in overcrowded housing, their quality of housing is disproportionately poor as they are more likely to live in polluted areas and without outside space.

We heard that poor housing hampers an individual's ability to self-isolate within a household after being exposed to Covid-19, a particular risk for multigenerational households. Those living in overcrowded housing are also more likely to have existing health issues such as heart and respiratory problems, which exacerbate illness from Covid-19, and studies have suggested that long-term exposure to air pollution before the pandemic is associated with severe symptoms from Covid-19 and a greater risk of death.[32] Moreover, Aston University highlighted the strong association between area deprivation, ethnicity, ambient air quality and Covid-19 related deaths.[33]

We heard overcrowding and poor-quality housing has not been sufficiently considered when providing guidance for minimising transmission, nor has adequate support and resources been given to local authorities to tackle this problem. Friends, Families and Travellers told us shielding and self-isolation was a particular problem for some Gypsy, Roma and Traveller communities in cases where there is lack of access to water and sanitation.

A decade of poor housing policy and longstanding inequalities has left people overexposed to Covid-19. Since 2010, the number of new social rented homes has fallen by over 80 per cent, new homes for affordable home-ownership has fallen by 89 per cent and there are more than 800,000 fewer home owning households aged under 45. [34] With only 20 per cent of Black African households owning their own home, compared to 68 per cent of white households, this failure is particularly acute.

The Government's decade-long failure to build social rented housing has pushed many families into the less regulated and less secure private rented market. Research by Shelter has found that four in 10 landlords admitted that "prejudices and stereotypes" come into letting decisions.[35] This is exacerbated by the Government's right to rent policy, which has been found to lead to discrimination in the housing market.[36]

Beyond outright discrimination, Black, Asian and minority ethnic households are disproportionately affected by the affordability crisis in housing. Before Covid, ethnic minority communities were more likely to say they were "struggling financially" and to live in a household which was behind on bills or housing payments.[37] Black, Asian and minority ethnic people are more likely to have fallen behind as a result of the

[31] https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest

[32] https://www.ons.gov.uk/economy/environmentalaccounts/articles/doesexposuretoairpollutionincreasetheriskofdyingfromthecoronaviruscovid19/2020-08-13

[33] https://publications.aston.ac.uk/id/eprint/41460/1/Submission_of_evidence_for_Select_Committee_Aston_University_pdf.pdf

[34] MHCLG, Additional affordable homes provided by tenure, England, September 2020, https://www.gov.uk/Government/uploads/system/uploads/attachment_data/file/570005/Live_Table_1000.xlsx.; English Housing Survey 2018 to 2019: headline report, MHCLG, January 2020, https://www.gov.uk/government/statistics/english-housing-survey-2018-to-2019-headline-report; MHCLG, Additional affordable homes provided by tenure, England, September 2020,, Table 1000: additional affordable homes provided by type of scheme, England.

[35] https://england.shelter.org.uk/__data/assets/pdf_file/0004/1236820/Landlord_survey_18_Feb_publish.pdf

[36] https://www.jcwi.org.uk/passport-please

[37] https://www.ippr.org/blog/minority-ethnic-groups-face-greater-problem-debt-risk-since-covid-19

Covid crisis, with a shocking one in three Black people behind on their bills as a result of the crisis compared to one in eight white people.[38]

Local government respondents told us that housing benefit caps and the bedroom tax have had a disproportionate impact on Black, Asian and minority ethnic families. The Covid crisis has caused a huge 93 per cent rise in households hit by the benefits cap, from February to May this year.[39]

Black, Asian and minority ethnic households are also disproportionally represented at the most acute end of the housing crisis – homelessness. People who are homeless, including rough sleepers, are acutely at risk of Covid, but Black, Asian and minority ethnic households are over-represented in homelessness figures, in particular Black households who account for one in 10 homeless households, compared to one in 30 of the general population.[40] Rough sleeping has already risen sharply during the pandemic. This combined with the onset of winter and a second Covid spike, the effects of the Tories' job crisis and the end to the evictions ban, threatens to drive a homelessness crisis that will disproportionately affect Black, Asian and minority ethnic communities.

Recommendation 7: Give targeted support to people who are struggling to self-isolate at home

The Government should urgently work with local authorities to co-produce a package of resources to enable them to identify and support people who may not be able to self-isolate. This should include those with no recourse to public funds.

The Government should also review its current financial support package for those who need to isolate to ensure it supports all those who need help. No one should be forced to choose between isolating or putting food on the table.

If the Government or local authorities plan to provide a system of parcels of food and essential amenities during the second spike of Covid-19 then it must build into the contracts measures to ensure these are culturally appropriate and meet the dietary needs of all of our communities.

Recommendation 8: Ensure protection and an end to discrimination for renters

The Government should urgently bring forward emergency legislation to protect renters in this crisis, and ensure that its Renters Reform Bill includes measures to tackle racial discrimination in the private rental market.

Recommendation 9: Raise the local housing allowance and address the root causes of homelessness

The Government should raise the local housing allowance to the level of local average rents, to ensure low-income households are not forced into debt eviction and homelessness during the crisis. The Government's homelessness and rough sleeping strategy must address the causes of homelessness among Black, Asian and minority ethnic communities, and put forward a strategy to address the root causes of housing inequality, including the supply of good quality, secure affordable housing.

[38]https://www.citizensadvice.org.uk/Global/CitizensAdvice/Debt%20and%20Money%20Publications/Excess%20Debts_who%20has%20fallen%20behind%20on%20their%20household%20bills%20due%20to%20coronavirus%20plus%20methodology).pdf
[39] https://labour.org.uk/press/labour-calls-on-government-to-scrap-benefit-cap-to-avoid-evictions-crisis-after-latest-extension/
[40]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923123/Annual_Statutory_Homelessness_Release_2019-20.pdf

Exposure to financial hardship

Not only have Black, Asian and minority ethnic people been overexposed to contracting Covid-19, the economic impact of the pandemic is likely to disproportionately affect these communities too. During this review we heard accounts from a range of people and organisations about the economic hardship affecting Black, Asian and minority ethnic communities alongside the health crisis.

The economic impact of coronavirus has hit some parts of the economy much more than others, and sectors such as hospitality were shut down to control the spread of the virus. Black, Asian and minority ethnic workers are over-represented in these sectors and are therefore likely to be disproportionately affected.[41] This is exacerbated by the fact that workers in shutdown sectors from Black, Asian and minority ethnic backgrounds are less likely to have a partner in paid work and are in general less likely to have savings to cover a period of financial hardship.[42]

Unite the Union highlighted how those who are already disadvantaged and face discrimination in the labour market will find it hardest to retrain and gain employment. BAME Labour highlighted in its submission that:

> "While in the population as a whole, women are more likely to work in the shutdown sectors, this is only the case for the white ethnic groups. Bangladeshi men are four times as likely as white British men to have jobs in shutdown industries, due in large part to their concentration in the restaurant sector, and Pakistani men are nearly three times as likely, partly due to their concentration in taxi driving. Black African and Black Caribbean men are both 50 per cent more likely than white British men to be in shutdown."[43]

Past economic crises have tended to exacerbate existing racial inequalities, with Black, Asian and minority ethnic workers bearing the brunt of job cuts. For instance, employment rates for Black workers fell by over 2 per cent during the 2007-08 financial crisis and by an astonishing 13 per cent during the recession of the early 1990s. There is already evidence of similar effects in this crisis, as some surveys have found Black, Asian and minority workers are more likely to report losing their jobs, losing hours or being furloughed.[44]

Concerns have also been raised around the almost 1.4 million people who do not have recourse to public funds – a high proportion of whom are from Black, Asian and minority ethnic backgrounds. Citizens Advice highlights that some of these people "have faced the impossible choice of returning to work while ill, shielding, or living with someone who is shielding or losing their income".[45]

Financial hardship also has serious consequences for remittances – financial support sent to family members in other countries. We heard from the Filipino community that:

> "Participants also struggled to remit money to the Philippines, at a time when relatives were also undergoing hardships associated with the global pandemic. Eighty per cent of participants supported loved ones abroad, including parents and children. Interviewees explained that relatives would be unable to access healthcare and medication, their children's education would be interrupted, and families would go into debt if remittances ceased."

[41] https://commonslibrary.parliament.uk/research-briefings/cbp-8898/

[42] https://www.ifs.org.uk/inequality/wp-content/uploads/2020/04/Are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others-V2-IFS-Briefing-Note.pdf

[43] BAME Labour submission to the Doreen Lawrence Review

[44] http://cep.lse.ac.uk/pubs/download/cepcovid-19-007.pdf; https://www.sheffield.ac.uk/news/nr/coronavirus-recession-threatens-worsen-racial-inequalities-youth-unemployment-black-lives-matter-1.890568) (https://www.politicshome.com/news/article/bame-brits-twice-as-likely-to-have-lost-their-job-during-furlough-new-study-finds

[45] Citizens Advice (June 2020) Citizens Advice reveals nearly 1.4m have no access to welfare safety net

Pakistani and Bangladeshi workers are also overwhelmingly more likely to be self-employed, with one in four working-age Pakistanis and nearly one in five working-age Bangladeshis in self-employment.[46] This leaves them particularly exposed to a downturn and will leave many who are sole traders struggling to pay back debt build up over the course of the crisis. It also leaves them overly exposed to the large and well-documented gaps in the Government's Self Employment Income Support Scheme, which Parliament's Treasury Select Committee estimates left around 1 million self-employed workers with no financial support.[47]

We also heard from Black, Asian and minority ethnic business owners and self-employed people that they were struggling to access government schemes such as the Coronavirus Business Interruption Loan Scheme for small businesses and the Self Employment Income Support Scheme. During our meeting with small and medium-sized business owners for this review, one said:

> "We did a recent survey which showed that 48 per cent of Black, Asian and minority ethnic-led businesses weren't even applying for government schemes because they didn't think they would qualify. We need to improve diversity data in business. The community urges the major banks, British Business Bank and government to improve their diversity data monitoring and reporting. You can't impact what you don't measure."

Recommendation 10: Urgently conduct equality impact assessments on the Government's support schemes to make sure Black, Asian and minority ethnic people are able to access the support they need

The Government has failed to conduct and publish equality impact assessments for its economic support packages. The Government should urgently conduct and publish equality impact assessments of all Covid-19 business support schemes. The audit should include but not be limited to the Coronavirus Large Business Interruption Loan Scheme, the Self Employment Income Support Scheme, the Bounce Back Loan Scheme, the Job Support Scheme and the Job Retention Scheme.

[46] https://www.ifs.org.uk/inequality/wp-content/uploads/2020/04/Are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others-V2-IFS-Briefing-Note.pdf

[47] https://committees.parliament.uk/publications/1446/documents/13238/default/

STIGMATISATION OF COMMUNITIES

The Covid-19 pandemic has fuelled racism as some have sought to blame Black, Asian and minority ethnic communities for spreading the virus.

At the start of the pandemic we saw shocking acts of hate crime against Chinese and East Asian communities, fuelled by the branding of Covid-19 as the 'Chinese Virus' from senior global figures, taken up by the UK far right. A survey carried out by psychologists at the University of Oxford in May found that nearly 20 per cent agreed to some extent with the statement that "Muslims are spreading the virus as an attack on Western values"[48] and the far right have spread conspiracy theories that mosques were illegally open during lockdown.[49] The Community Security Trust has highlighted an explosion of antisemitic conspiracy theories regarding the virus and we heard that the Gypsy, Roma and Traveller community had been the targets of excessive racialised media scrutiny during the Covid-19 pandemic.

Despite SAGE having warned the Government in July of a risk that local restrictions could lead to racial stigmatisation and discrimination, little has been done to counter these narratives and, in some cases, rather than being challenged by politicians, they have been reinforced. For example, Conservative MP Craig Whittaker tweeted:

> "If you look at the areas where we've seen rises and cases, the vast majority, but not by any stretch of the imagination all areas, it is the BAME communities that are not taking this seriously enough."[50]

This also appears to be feeding into the enforcement of restrictions by public authorities too. Liberty has found that police forces in England and Wales are up to seven times more likely to fine Black, Asian and minority ethnic people for violating lockdown rules.[51] Yvette Cooper, Chair of Parliament's Home Affairs Select Committee raised the fact that young Black men were stopped and searched by police more than 20,000 times in London during the coronavirus lockdown – the equivalent of more than a quarter of all Black 15 to 24 year olds in the capital. 80 per cent of those stopped were found not to have done anything that required any further action.[52]

The disproportionate number of fines and stop and search during this period reflects a broader disproportionality across the justice system. The direct and indirect effects of this disproportionality are to deepen financial hardship and raise employment barriers for ethnic minority groups. This is one of the reasons the Lammy Review recommended introducing a system for sealing criminal records, as used in several US states.

Any stigmatisation or discrimination must be challenged strongly whenever it rears its head. It is the responsibility of all those in positions of power to be absolutely clear that any disproportionate impact of this virus on Black, Asian and minority ethnic communities is not a result of choice but due to structural inequality, inadequate protective measures and Government inaction.

But while there are countless examples of racism and injustice during this pandemic, there has also been much to offer hope. We have seen worldwide solidarity with the Black Lives Matter movement, with people of all races lining the streets in support. In Surrey a hospital was named after Mary Seacole, in tribute to the Black, Asian and minority ethnic NHS employees, following campaigning from Patrick Vernon

[48] Newsweek (May 2020) One fifth of English people in study blame Jews or Muslims for Covid-19

[49] https://www.independent.co.uk/news/uk/home-news/coronavirus-muslim-lockdown-conspiracy-theories-tommy-robinson-katie-hopkins-a9471516.html

[50] BBC (July 2020) Craig Whittaker: MP defends saying some Muslims not taking covid seriously

[51] https://libertyinvestigates.org.uk/articles/police-forces-in-england-and-wales-up-to-seven-times-more-likely-to-fine-bame-people-in-lockdown/

[52] https://www.theguardian.com/law/2020/jul/08/one-in-10-of-londons-young-black-males-stopped-by-police-in-may

OBE and others. The Hindu Forum of Britain told us how temples across the UK provided support in the community and to frontline workers. Moving forward we must do more to publicly recognise Black, Asian and minority ethnic heroes if we are to change the narrative and tackle racial prejudice.

Recommendation 11: Develop and implement a clear plan to prevent the stigmatisation of communities during Covid-19

The Government must develop a clear plan, in conjunction with local authorities, to combat stigmatisation of communities during the Covid-19 crisis. The plan should include action to address the increase in hate crime and scapegoating seen during the pandemic, including online. As part of this plan the Government should provide clear guidance on the application of the law on inciting racial hatred, and political leaders should issue a joint statement to condemn any attempt to pit communities against each other.

Recommendation 12: Urgently legislate to tackle online harms

The Digital, Culture, Media and Sport Select Committee has warned that Covid-19 has "exacerbated online harms before the machinery to deal with them has been put in place". The Government needs to take this issue seriously and must urgently bring forward its much-delayed Online Harms Bill.[53]

[53] https://committees.parliament.uk/publications/1954/documents/19089/default/

IMPROVE COMMUNICATION AND ENGAGEMENT

The Government has been rightly criticised for its poor communication during this pandemic. While this affects everyone, it has been particularly acute for some of the UK's Black, Asian and minority ethnic communities.

During the review, local government leaders, who have consistently been overlooked and excluded from decision making, spoke about the impact this has had in communities, saying:

> "Mixed messages from central Government led to lack of trust from Black, Asian and minority ethnic communities."
>
> "The guidance at the beginning was not clear and many residents got in touch to ask what they should be doing to protect themselves."[54]

We heard from various community organisations that there were few community-specific awareness raising campaigns or materials distributed by local and central government. Many local authorities also highlighted a lack of guidance and support from the Government on how to best use their expertise and local knowledge to communicate national information and priorities. As Hackney Council noted: "We have the experience, expertise and knowledge of our local communities, and know the best channels to communicate with them."

The All Party Parliamentary Group for Africa, among others, said that improvements in communicating risks to Black, Asian and minority ethnic groups are essential, for example making key communications available in community-specific languages via a variety of media sources, including popular Black, Asian and minority ethnic radio and TV stations. We also heard how some groups have exploited this lack of communication from the Government to spread misinformation.

SAGE has highlighted the important role the faith sector had in sharing Covid-19 guidance. For example, it points out that for some Muslim communities public health information shared by a faith-based credible source such as the Muslim Council of Britain was more trusted than information received from the Government.[55]

The Government should do more to engage with and utilise grassroots organisations such as charities and faith groups. To quote the JAN Trust: "We know the importance of engaging with communities to determine what issues concern them, and developing culturally sensitive and appropriate solutions."

We also heard concern about the exclusion of certain faiths and denominations from Government consultation, leading to stress and anxiety and the spread of misinformation within communities, primarily the Jewish and Muslim communities in relation to funeral guidance. The Hindu Council also told us there were concerns in the community that Hindu funeral rituals could not be performed, causing further anxiety and guilt on not honouring the last wishes.

A respondent from Wightman Road Mosque told us:

> "There is…a sense that Government guidance has been lacking in clarity and this is needed urgently for religious groups."

The Evangelical Alliance stated:

[54] Roundtable participant

[55] Pg10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf

> "An enduring lack of religious literacy in Government has also resulted in the smaller forum which consults directly with the Prime Minister not having an evangelical voice in it...who are the fastest growing and most (socially and ethnically) diverse element of the church."

As the pandemic progresses, improving communication and engagement must be a priority for the Government. As part of this, the Government should utilise existing organisations such as Healthwatch England to reach out to communities and involve them in redesigning health and social care structures post-Covid.

Throughout the pandemic, small voluntary organisations have stepped in to support communities and plug the gaps, often ones left by Government cuts to local council budgets. The expertise, knowledge and value of Black, Asian and minority ethnic third sector organisations will be critical for on the ground recovery but many of these specialist charities and grassroots organisations are themselves suffering a lack of funding. Karl Murray, from the Ubele Initiative, a community-based organisation, warned that specialist organisations are lacking reserves and this could lead to their closure.

Research conducted by the Ubele Initiative at the beginning of lockdown also found that nine out of 10 Black, Asian and minority ethnic micro and small organisations were set to close if the crisis continued beyond three months.[56]

While we know this is a problem affecting the whole of the third sector, the APPG for Africa highlighted that:

> ''Historically Black, Asian and minority ethnic groups are promised better funding but there is a lack of transparency and data gathering which makes it difficult to monitor how resources are allocated and how decisions are made.''

Likewise, we heard from the Board of Deputies of British Jews that:

> ''Many charities are concerned about their future viability and are having to seriously consider closing or else seriously reducing their activities and staffing levels.''

It is clear that supporting smaller charities who work at a grassroots level in Black, Asian and minority ethnic communities is vital. As we saw in the aftermath of the Grenfell disaster, small community-led organisations are crucial to community recovery.

Finally, a message we repeatedly heard was about the unhelpful use of the acronym BAME. This wide-ranging term ignores the significantly different impact the virus has had on ethnic minority groups. For example, we heard that there isn't a specific ethnicity classification for Somalis and they can tick up to three boxes when asked for their ethnicity. Labour Latin American Councillors also highlighted concerns that an inquiry into the impact on Black, Asian and minority ethnic people would exclude the Latin American community and stressed the importance of the inclusion of Latin America in future ethnic monitoring. The use of the term BAME can mask ethnic identities and realities of the very people it seeks to represent.

Recommendation 13: Ensure everyone can access Covid-19 communication

The Government should remove linguistic, cultural and digital barriers to accessing public health information including accessing testing, use of the track and trace app and other health and care services. The Government should work with all relevant bodies including faith and community groups to identify effective channels to disseminate information and provide support to local authorities to deliver it on the ground. Communication must have the trust of all communities and be tailored to different communities.

[56] https://static1.squarespace.com/static/58f9e592440243412051314a/t/5eaab6e972a49d5a320cf3af/1588246258540/REPORT+Impact+of+COVID-19+on+the+BAME+Community+and+voluntary+sector%2C+30+April+2020.pdf

PLUG THE GAPS IN DATA

A recurring and frustrating theme of this review has been the lack of reporting of ethnicity data, not just in relation to Covid-19 but more widely. The Government has taken some steps to improve data collection and reporting, with the creation of the 'Ethnicity facts and figures' service, but there is much more to be done.

We know there has been a failure to collect and publish basic data by ethnicity, such as the number of health and care staff who have caught Covid-19 or whether they received treatment after a positive test. We heard from Dr Chaand Nagpaul, from the British Medical Association, who said:

> "Data is crucial. Unless we have the data we won't know what to do. Even within Black, Asian and minority ethnic communities there are different outcomes. Data needs to tell us: ethnicity, religion, job occupation, profile of that job, whether there was exposure, other medical conditions, info on if they had the right PPE – in order to make sense of this in real time, to understand what is going on."

Additionally, the Muslim Council of Britain highlighted the importance of "disaggregated data on Covid-19 mortality rates continu[ing] to be collected to better understand whether there are particular factors that put individuals at higher risk", and recommended that disaggregated data should be collected as standard practice, including data on faith. As well as disaggregated data we heard that multivariate analysis is important because it allows us to more clearly see inequalities.

The All-Party Parliamentary Group for Gypsies, Travellers and Roma stated that failure to include Gypsy, Roma and Traveller ethnicity categories in the NHS Data Dictionary meant that there was insufficient data available to carry out an analysis on the impact of coronavirus on members of these groups as part of the PHE review of disparities in risks and outcomes.

Recommendation 14: Collect and publish better ethnicity data

The Government should take immediate action to implement the PHE recommendation to "mandate comprehensive ethnicity data collection and recording as part of routine NHS and social care data collection systems".[57]

The Government should also ensure all appropriate data collected and released by Government and public bodies is disaggregated to include a demographic breakdown, which enables analysis of particular intersections of ethnicity with other characteristics, such as age or religion.

Part of this will require building trust with communities. The Government should support targeted outreach and consultation activities alongside trusted community leaders to make clear the purpose of data collection to mitigate the perception of risk.

[57] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

END STRUCTURAL RACISM

"Yes we must organise the immediacy of saving lives. But we must also have a grand plan for medium to long term so it can never happen again. Underlying fundamental elements that have caused this racial impact must be challenged."

Lord Simon Woolley, Founder Operation Black Vote

Covid-19 has thrived on structural inequalities that have long scarred British society. Black and minority ethnic people are more likely to work in frontline or shutdown sectors, more likely to live in poor quality or overcrowded housing and more likely to face barriers to accessing healthcare. Biological factors do not explain the disparity in deaths and infections; Black, Asian and minority ethnic people have been overexposed to this virus.

There have been positive steps towards racial equality in recent decades. Overt racism is now less acceptable than it used to be, and the grandchildren of Commonwealth migrants have wider opportunities than their grandparents and are achieving. But racism and structural inequality still persist and some indicators have worsened.

Between 2011 and 2016, the number of young ethnic minority people in the UK who were long-term unemployed almost doubled. The Lammy Review found that the proportion of Black, Asian and minority ethnic young offenders in custody rose from 25 per cent to 41 per cent between 2006 and 2016, despite the overall number of young offenders falling to record lows.[58] Since the Lammy Review this disproportionality has got worse, with the latest statistics from Her Majesty's Inspectorate of Prisons showing that 51 per cent of boys in young offender institutions are Black or from minority ethnic backgrounds.

Nine per cent of Black people are unemployed, more than double that of white people. Pakistani and Bangladeshi ethnic groups have the lowest hourly pay – £2 less than their white counterparts. And 18 per cent of people living in Asian households have a persistent low income compared with eight per cent of people living in white households.[59]

Many Black, Asian and minority ethnic people face barriers to progression in the workplace across our economy. In the public sector, Black, Asian and minority ethnic staff make up around 20 per cent of the overall NHS workforce but just 6.5 per cent of senior managers. In London, almost half of NHS employees are Black, Asian and minority ethnic, but 92 per cent of NHS Trust Board members are white.[60] Similarly, in the private sector, the Parker Review showed that 37 per cent of FTSE 100 companies had no board members of colour and across the FTSE 350, 59 per cent of companies had no Black, Asian or minority ethnic directors.[61]

Structural inequality is ingrained from a young age. A child's socio-economic status is too often a determinant of educational attainment and life chances. Across all ethnicities, eligibility for free school meals correlates with lower educational attainment, with white children performing the worst followed by mixed race and Black children.[62]

[58] http://www.russellwebster.com/lammy-review-final/
[59] https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits
[60] Pg.13https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf;https://www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf
[61] https://www.ey.com/en_uk/news/2020/02/new-parker-review-report-reveals-slow-progress-on-ethnic-diversity-of-ftse-boards
[62] https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest#main-facts-and-figures

Wider trends show however that as early as primary education white British children are 10 per cent more likely to achieve the expected standard in reading, writing and maths and, at A-level, white British students are more than three times as likely to achieve high grades than Black Caribbean students.[63] By the time they reach university, there is a 13 per cent attainment gap between Black and white students.[64] These existing inequalities will inevitably be exacerbated by Covid-19.

Moreover, we must recognise that societal prejudices are learned from a young age and fester when left unchallenged. The Macpherson Report called for improved diversity in the school curriculum, and the Windrush 'Lessons Learned' Review called for better understanding of Black British history, yet little progress has been made on diversifying the national curriculum.

The Conservatives have also introduced a range of policies to intentionally and openly create a 'hostile environment' for undocumented migrants in the UK, from blocking access to public funding to making employers, landlords and NHS staff, amongst others, check people's immigration status. This aggressive policymaking infamously culminated in the Windrush scandal, which saw people who had the right to be in the UK left in terrible circumstances. This has also contributed to the systemic discrimination experienced by migrants and the UK's Black, Asian and minority ethnic population. As Liberty put it: 'If you seem visibly foreign, these policies create a mandate for racial discrimination against you."[65] Hostile environment policies have also put barriers in the way of access to healthcare, leading to poorer health outcomes.

One submission we received described the impact of structural racism. They argued the system "discriminates against Black people – the compounding effects of lower wages, worse job prospects, worse treatment from health practitioners, experiences of police violence, and others."

Throughout this review, we heard a real sense of frustration that despite the causes of racial inequality being well known, and report after report making recommendations on how to tackle it, little action has been taken. Over the last three years, there have been numerous Government-led reviews, which have cumulatively made over 200 recommendations which could significantly change the experiences of Black, Asian and minority ethnic people in the UK. Yet few of these recommendations have been taken forward effectively.

This sense of frustration is justified. Theresa May commissioned a race disparity audit in 2017 that led to no concerted Government action. In response to the Black Lives Matter movement, Boris Johnson announced yet another Commission on Race and Ethnic Disparities, and chose as its chair a man who has cast doubt on the existence of institutional racism.[66] This only adds to the feeling among some communities that this Government is simply not serious about tackling racism and persistent racial inequalities.

As Labour's Shadow Justice Secretary David Lammy said:

> "We do not need another review, or report, or commission to tell us what to do…It is time for action on the countless reviews, reports and commissions on race that have already been completed'."[67]

[63] https://www.ethnicity-facts-figures.service.gov.uk/summaries/black-caribbean-ethnic-group
[64] https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2019/bame-student-attainment-uk-universities-closing-the-gap.pdf
[65] https://www.libertyhumanrights.org.uk/fundamental/hostile-environment/
[66] https://www.theguardian.com/world/2020/jun/15/dismay-over-adviser-chosen-set-up-uk-race-inequality-commission-munira-mirza https://www.theguardian.com/world/2020/aug/11/race-equality-chief-tony-sewell-faces-legal-challenge-over-appointment
[67] https://www.theguardian.com/commentisfree/2020/jun/16/race-inequality-review-boris-johnson-black-lives-matter-david-lammy

Recommendation 15: Implement a race equality strategy

If we are to tackle the scourge of racial inequality, we need action not reviews from Government. This means the development of a race equality strategy, as called for by the Equality and Human Rights Commission, developed with Black, Asian and minority ethnic communities and with the confidence of all those it affects.

Any strategy should:

- Ensure all departments and public bodies conduct race audits and produce a roadmap to improve the recruitment, retention and progression of Black, Asian and minority ethnic people
- Support the implementation of the public sector equality duty to ensure proper compliance
- Have a strong mechanism for parliamentary accountability and clear milestones to measure success, including related to disparities outlined in previous Government reviews

Recommendation 16: Ensure all policies and programmes help tackle structural inequality

When the Government and political parties develop policies and programmes, racial equality must be a positive aspiration, not an afterthought or a tick-box exercise. Equality impact assessments should be used much more effectively to shape and inform policy, and policymakers should seek to tackle structural racism with their decisions. The Government should also enact section 1 of the Equality Act, which requires public bodies to reduce inequalities that result from socio-economic disadvantage.

Recommendation 17: Introduce mandatory ethnicity pay gap reporting

The publication of ethnicity pay gaps should become mandatory for firms with more than 250 staff, to mirror gender pay gap reporting. The Government has been consulting on this change for years but has failed to make any progress.

Recommendation 18: End the 'hostile environment'

The Government's 'hostile environment' policies have had far reaching consequences for migrants and the UK's Black, Asian and minority ethnic population – far beyond the stated intention of the policies. The Government must commit to stopping the 'hostile environment', and reform our immigration system so that it is fair and effective.

Recommendation 19: Reform the curriculum to fight the root causes of racism

The Government, working with the Devolved Administrations, should launch a review into the diversity of the school curriculum to ensure it includes Black British history, colonialism and Britain's role in the transatlantic slave trade. The school curriculum should include and inspire all young people.

Recommendation 20: Take action to close the attainment gap

The Government should implement a national strategy with clear targets to close the attainment gap at every stage in a child's development, enforced through an independent body, such as the Children's Commissioner.

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