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Submission of evidence on the disproportionate impact of COVID-19, and the UK government response, on ethnic minorities in the UK

DR. KAVERI QURESHI*, DR. BEN KASSTAN**, PROF. NASAR MEER*** AND DR. SARAH HILL*

* University of Edinburgh, Global Health Policy Unit (GHPU)

** University of Sussex, School of Global Studies; Hebrew University in Jerusalem

*** University of Edinburgh, School of Social and Political Science

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In this submission we outline and discuss how ethnic minorities in the UK are likely to be disproportionately affected by COVID-19 and the UK government response. We set out why physiological risks associated with the virus cannot be separated from their social exposures. Finally, we make recommendations for immediate and more long-term interventions.

1. Equality and Disproportionality

In its aim of supporting the public with Coronavirus Act 2020, the UK Government has not considered all relevant equality impacts. This is especially the case for the intersection of ethnic minority status - which is a protected characteristic under the Equalities Act – with socioeconomic disadvantage and migration status, which are not.¹ The ethnic minority category in the UK includes long-standing populations of Black African, Black Caribbean,

Pakistani, Indian, Bangladeshi, Chinese, Roma, Gypsy, Traveller minorities, as well as ethno-religious minorities such as Jews, and smaller, more diverse populations with more recent migration histories. All these minority groups face nuanced vulnerabilities to COVID-19 but are consistent with an established pattern in which ‘intersections between socioeconomic status, ethnicity and racism intensify inequalities in health for ethnic groups’.²

1.2. Current data from the Intensive Care National Audit and Research Centre indicate that people from Mixed, Asian, Black and Other ethnic groups make up a third of intensive care patients, whilst only constituting 14% of the general population in England and Wales.³ Meanwhile, Black, Asian and Minority Ethnic groups made up a fifth of England’s hospital fatalities from COVID-19 up to 19th April.^{4 5} The disproportionate burden of COVID-19 within the UK’s BAME communities mirrors the picture emerging elsewhere, including Sweden,⁶ the United States⁷⁻⁸ and Spain.⁹ This over-representation of BAME partly reflects the geographical concentration of the epidemic

¹ A forthcoming summary of the intersection between socio-economic status and racial and ethnic inequalities details how one quarter of Black and Asian children, compared with one tenth of White children, are likely to be in persistent poverty, and that the unemployment rate for Black-African and Black-Caribbean groups across the UK is more than twice the national average, while Pakistani and Bangladeshi groups have an unemployment rate of 10 per cent compared with 4 per cent for white groups. See Meer, N. 2020. Race and Social Policy: challenges and contestations. *Social Policy Review*, 32: 5-23.

² Marmot, M., et al. 2020. *Health Equality in England: The Marmot Review 10 Years On*. London: The Health Foundation. p. 23.

³ Intensive Care National Audit & Research Centre (ICNARC). 2020. COVID-19 Report, p.8, last updated 17th April: <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

⁴ Barr, C. et al. 2020. Ethnic minorities dying of Covid-19 at higher rate, analysis shows. *The Guardian*, 23 April <https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19>

⁵ Racial Equality Foundation. 2020. Why are more black and minority ethnic people dying from Covid-19 in hospital? 24 April. <https://raceequalityfoundation.org.uk/health-care/why-are-more-black-and-minority-ethnic-people-dying-from->

[covid-19-in-hospital/](#) Actual and expected deaths by ethnic group are calculated using hospital COVID-19 deaths by 21 April and 2011 census population data, and population projections to 2019; using 2019 projections indicates marked excess mortality for Mixed, Asian, Black and Other ethnic groups.

⁶ Rothchild, N. 2020. The Hidden Flaw in Sweden’s Anti-Lockdown Strategy, *Foreign Policy*:

https://foreignpolicy.com/2020/04/21/sweden-coronavirus-anti-lockdown-immigrants/?fbclid=IwAR3eDMPf1xshXAoQcTH142fy_n31J8s3eOZ38yyUEW_xXJG7iQxHq4h4S-tY

⁷ Malone, C. 2020. New York’s inequalities are fueling COVID-19. *FiveThirtyEight*, 10 April:

<https://fivethirtyeight.com/features/wealth-and-race-have-always-divided-new-york-covid-19-has-only-made-things-worse/>

⁸ Johnson, A., and T. Buford. 2020. Early data shows African Americans have contracted and died of coronavirus at an alarming rate. *ProPublica*, 3 April. <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>

⁹ Blasco, Paloma G. and M.F. Rodriguez Camacho. 2020. COVID-19 and its impact on the Roma community: The case of Spain. *Somatosphere*, 31 March: <http://somatosphere.net/forumpost/covid-19-roma-community-spain/>

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in areas with a higher proportion of ethnic minority populations,^{10 11} such as London, the Midlands and the North West¹². But ethnic minority populations are clearly at higher risk from COVID-19 over and above this geographical patterning, since the younger age-structure of the BAME population should confer a protective effect¹³ and they have lower representation among critical care patients with other (non-COVID) forms of viral pneumonias¹⁴.

1.3 Data further disaggregated by geographic area, age, ethnicity, and other key factors are urgently needed to understand the extent of representation among critical COVID-19 patients and map out underlying factors.¹⁵ For this reason, we welcome the news that Public Health England has committed to recording COVID-19 cases and deaths by ethnicity¹⁶ and that NHS England and Public Health England have been charged with conducting an inquiry into the disproportionate impact of COVID-19 on Black Asian and Minority Ethnic communities.¹⁷ Nonetheless, we are concerned

that, before answers are forthcoming from this investigation, more urgent action needs to be taken. We already have evidential grounds to expect that ethnic minority populations in the UK will bear disproportionate health and economic impacts from COVID-19, and particularly those members of minority groups who are subject to immigration control and have No Recourse to Public Funds (NRPF).

1.4. At the most proximal level, the pronounced COVID-19 vulnerabilities of ethnic minority groups reflect greater levels of pre-existing chronic health conditions, such as cardiovascular disease, hypertension and diabetes, which are the most common co-morbidities observed in COVID-19 fatalities¹⁸ (as shown by data from the Health Survey for England¹⁹ and The Scottish Diabetes Survey²⁰). These conditions are not only more prevalent in many UK ethnic minority groups than in the ethnic majority, but manifest at an earlier age of onset: a striking finding from the Health Survey for England is that the health of White English people aged 61-70 is comparable to that of

¹⁰ ICNARC COVID-19 Report on 5578 patients critically ill with COVID-19, p.6 and 8, 17 April.

<https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

Figure 6 (p.8) shows that the distribution of ethnicity among patients critically ill with COVID-19 closely follows the distribution of those ethnic groups in the local population, matched on 2011 census ward. Table 1 (p.6) shows the proportion of critical care patients of Mixed, Asian, Black and Other ethnicity is much greater (around 2-4 x higher) for COVID-19 than for other forms of viral pneumonia.

¹¹ Barr, C. et al. 2020. Ethnic minorities dying of Covid-19 at higher rate, analysis shows. *The Guardian*, 23 April <https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19>

Presents analysis based on COVID-19 fatalities up to 3rd April and population data (including ethnicity) at Local Authority-level, showing that for every 10% increase in ethnic minority residents there were 2.9 more COVID-19 deaths per 100,000 people.

¹² BBC News. 2020. Coronavirus UK map: How many confirmed cases are there in your area? 17 April: <https://www.bbc.co.uk/news/uk-51768274>

¹³ Shankley, W., T. Hannemann and L. Simpson. 2020. The demography of ethnic minorities in Britain. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p. 26.

¹⁴ ICNARC COVID-19 Report on 5578 patients critically ill with COVID-19, 17 April.

<https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

¹⁵ Haque, Z. 2020. A glaring omission in coronavirus data is how BAME people are affected. *Huffington Post*, 9 April:

https://www.huffingtonpost.co.uk/entry/coronavirus-bame-bme-data-deaths-poverty_uk_5e8dc720c5b6359f96d06c0a

¹⁶ BBC News. 2020. Coronavirus cases to be tracked by ethnicity, 18 April: <https://www.bbc.co.uk/news/health-52338101>

¹⁷ Siddique, H., and M. Marsh. 2020. Inquiry announced into disproportionate impact of coronavirus on BAME communities. *The Guardian*, 16 April <https://www.theguardian.com/world/2020/apr/16/inquiry-disproportionate-impact-coronavirus-bame>

¹⁸ Herrick, C. 2020. Syndemics of COVID-19 and “pre-existing conditions”, *Somatosphere*, 30 March: <http://somatosphere.net/2020/syndemics-of-covid-19-and-pre-existing-conditions.html/>

¹⁹ Chouhan, K., and J. Nazroo. 2020. Health inequalities. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p. 76.

²⁰ Scottish Diabetes Survey. 2018. Scottish Diabetes Data Group: <https://www.diabetesinscotland.org.uk/wp-content/uploads/2019/12/Scottish-Diabetes-Survey-2018.pdf>

Caribbean and Indian people aged 46-50, Pakistani people aged 36-40 and Bangladeshi people aged 26-30.²¹ This makes ethnic minority populations more susceptible to critical complications if they contract COVID-19, not because ethnic and racial categories are themselves a causal factor but because they map on to underlying social determinants which generate these conditions.

1.5. In spite of the vulnerabilities outlined above, we are concerned that public health messages concerning COVID-19 prevention and social distancing has not been consistently made available to ethnic minorities. Ethnic minority groups such as ultra-Orthodox Jews report difficulties in access to Yiddish and Hebrew translation and interpretation services when engaging with NHS services, and they view this as a barrier to equitable care.²²

2. Migration Status and Rights to Health

Presently there are members of ethnic minority groups who are subject to immigration controls, and who are only able to access NHS services through health charging arrangements. The current NHS charging policy, introduced in 2018 as part of the Hostile Environment approach, now also requires hospital staff to demand proof of entitlement to free healthcare. Medical representative groups including the British Medical Association and Doctors of the World UK have therefore called on the government to suspend NHS charging regulations and data sharing, which they say risk ‘undermining national efforts to stop the spread of Covid-19’.²³ Even if charging arrangements were lifted, however, migrants

without a formal status will continue to face barriers in accessing NHS services because of understandable concerns about the sharing of patient data between the NHS and the Home Office. Refugees and migrants should therefore be given access to the NHS with no financial or legal penalty, pursuing a whole society approach that recognises that it is impossible to maintain ‘public health without refugee and migrant health’.²⁴

2.2. In this regard the recent death of 44-year old Rajesh Jayaseelan is salutary. Jayaseelan was an Uber driver who had migrated from India a decade ago, and for whom life-saving care was delayed as he remained alone and starving for several days in his bedroom in rented lodgings in fear that others should find out that he had COVID-19 and evict him. Upon news of Jayaseelan’s death, the General Secretary of the United Private Hire Drivers’ Association commented how ‘migrant workers in particular are vulnerable because they feel forced to work because they are not entitled to government benefits’.²⁵ EU countries are showing that alternative approaches are possible. In Ireland, undocumented foreign nationals can access essential healthcare related to COVID-19 without fear of immigration services being informed, and also access Pandemic Unemployment Payment if they lose

²¹ Chouhan, K., and J. Nazroo. 2020. Health inequalities. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p. 76.

²² Kasstan, B. 2019. *Making bodies kosher: The politics of reproduction among Haredi Jews in England*. Oxford and New York: Berghahn Books.

²³ Bulman, M. 2020. Coronavirus: Doctors call for suspension of NHS charging regulations as vulnerable groups ‘effectively denied’ healthcare. *The Independent*, 14 April

<https://www.independent.co.uk/news/health/coronavirus-nhs-charging-migrants-public-health-bma-doctors-of-the-world-a9464626.html>

²⁴ Kluge, H., et al. 2020. Refugee and migrant health in the COVID-19 response. *The Lancet*, 395(10232): 1237-1239.

²⁵ Booth, R. 2020. Uber driver dies from COVID-19 after hiding it over fear of eviction, *The Guardian*, 17 April. <https://www.theguardian.com/world/2020/apr/17/uber-driver-dies-from-covid-19-after-hiding-it-over-fear-of-eviction>

their job or are laid off due to COVID-19,^{26 27} and the Portuguese government has committed to treating asylum seekers as permanent residents with access to health care, at least for the duration of the public health crisis.²⁸ The UK government could take similar action to regularise health care access notwithstanding people's migration status.

3. Compounding Determinants

The higher levels of chronic ill health manifest in ethnic minority groups are to a considerable extent the product of socioeconomic disadvantage. This disadvantage is itself a legacy of racial discrimination from the earliest stages of the migration process through to when newly immigrated populations began to be incorporated into the lowest rungs of the UK's segmented labour market.²⁹⁻³⁰ Racial discrimination continues to play a key role in predisposing ethnic minority groups to chronic ill health,³¹ including the pervasive effects of institutional racism whereby policies 'unwittingly' permit White people to gain more from education, the labour market, and health systems - as is reflected in the marginal

attention given to the racial-ethnic dimensions of health inequality in policy responses.³²⁻³³

3.2. Here, COVID-19 and the UK Government response, has the potential to amplify the existing socio-economic disparities and racial discrimination that undergird ethnic health inequalities. The same factors that predispose people from ethnic minority groups to live and work in circumstances that engender chronic ill health are those that will make it harder for people from ethnic minorities to protect themselves from COVID-19 through social distancing³⁴.

3.3. Since the loss of industrial employment in the 1980s, non-White workers have shifted to the private service sector, on the one hand – an issue we return to below – and on the other, to public sector employment.³⁵ Non-White groups comprise 18% of NHS staff³⁶, who as keyworkers are continuing to go to their workplaces, where they face exposure to the virus. BME health workers have been first among the COVID-19 fatalities, leading to Dr Chaand Nagpaul's call, as Chair of the British Medical Association, for a review into the disproportionate numbers of deaths among

²⁶ Department of Justice and Equality. 2020. Immigration service delivery: Impact of COVID-19 on immigration and international protection. Government of Ireland: <http://www.inis.gov.ie/en/INIS/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf/Files/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf>

²⁷ Migrant Rights Centre Ireland. 2020. Rights of undocumented workers to access social welfare supports during COVID-19. 22 April

<https://www.mrci.ie/2020/04/22/rights-of-undocumented-workers-to-access-social-welfare-supports-during-covid-19/>

²⁸ Publico. 2020. Governo regulariza todos os imigrantes que tenham pedidos pendentes no SEF, 28 March: <https://www.publico.pt/2020/03/28/sociedade/noticia/governo-regulariza-imigrantes-pedidos-pendentes-sef-1909791>

²⁹ Meer, N. 2020. Race and Ethnicity. In N. Ellison, and T. Haux (eds), *Handbook on society and social policy*, London: Edward Elgar

³⁰ Qureshi, K. 2019. *Chronic illness in a Pakistani labour diaspora*. Durham: Carolina Academic Press.

³¹ Chouhan, K., and J. Nazroo. 2020. Health inequalities. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, pp. 73-92.

³² Hill, S. 2015. Axes of health inequalities and intersectionality. In K. Smith, C. Bamba and S. Hill (eds) *Health inequalities: critical perspectives*, Oxford: Oxford University Press.

³³ Salway, S. et al. 2020. Transforming the health system for the UK's multiethnic population. *BMJ*, 368.

³⁴ Haque, Z. 2020. Coronavirus will increase race inequalities. 26 March. London: Runnymede Trust. <https://www.runnymedetrust.org/blog/coronavirus-will-increase-race-inequalities>

³⁵ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, pp. 127-148.

³⁶ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, pp. 127-148.

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doctors from ethnic minority backgrounds.³⁷ This excess mortality among non-White health staff reflects the concentration of ethnic minority staff in healthcare roles within the NHS, with non-White workers constituting 41% of all doctors.³⁸ Yet, we need further consideration of whether racial discrimination might affect deployment on COVID-19 wards, as has been claimed in certain media reports³⁹ and which would align with the General Medical Council and British Medical Association's prior findings concerning BME doctors' reluctance to complain about workplace safety.⁴¹

3.4. Moreover, we anticipate extremely disproportionate economic impacts from the lockdown that will compound social inequalities even further⁴². As noted above, ethnic minorities have been incorporated into the UK's segmented labour market in ways that direct them predominantly towards sectors

offering few job protections, including provisions for sick leave and sick pay.⁴³⁻⁴⁴ Compared with White British workers, ethnic minority workers are more likely to be on agency contracts or zero-hours contracts and more likely to be in temporary work.⁴⁵ Larger percentages of some ethnic minorities, notably Pakistani men, are self-employed and thus likely to forego income during the lockdown.⁴⁶ Similarly, Pakistani and Bangladeshi workers are particularly likely to be employed in the distribution and transport sectors, where as key workers they are obliged to remain at work and risk personal exposure.⁴⁷⁻⁴⁸ From the gender-disaggregated data, ethnic minority women, particularly Black African and Caribbean women, are particularly overrepresented in social care work.⁴⁹ Most ethnic minorities, particularly Pakistani, Bangladeshi and Black African groups, have significantly lower earnings, are more likely to be paid below the statutory minimum⁵⁰ and are already in

³⁷ Siddique, H. 2020. UK Government urged to investigate coronavirus deaths of BAME doctors. *The Guardian*, 10 April.

<https://www.theguardian.com/society/2020/apr/10/uk-coronavirus-deaths-bame-doctors-bma>

³⁸ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p.143

³⁹ Ford, M. 2020. Exclusive: BME nurses 'feel targeted' to work on Covid-19 wards, 17 April: <https://www.nursingtimes.net/news/coronavirus/exclusive-bme-nurses-feel-targeted-to-work-on-covid-19-wards-17-04-2020/>

⁴⁰ Younis, J. 2020. BAME doctors like me are expected to put up and shut up – I fear that's the real reason we're dying. *The Independent*, 20 April

<https://www.independent.co.uk/voices/coronavirus-nhs-doctors-nurses-ppe-bame-deaths-discrimination-a9473741.html?fbclid=IwAR3G1aRMR6m5r36cJHUXNfWcqKInZWg1tPlz6YDQdqMlxwWbl8ZmS9UyqTI>

⁴¹ Nagpaul, C. 2020. The disproportionate impact of covid-19 on ethnic minority healthcare workers. *BMJ*, 20 April <https://blogs.bmj.com/bmj/2020/04/20/chaand-nagpaul-the-disproportionate-impact-of-covid-19-on-ethnic-minority-healthcare-workers/>

⁴² Joyce, R. and Xu, X. 2020. Sector shutdowns during the coronavirus crisis: which workers are most exposed? IFS Briefing Note BN278. London: Institute for Fiscal Studies. <https://www.ifs.org.uk/publications/14791>

⁴³ Qureshi, K., et al. 2014. Long-term ill health and the social embeddedness of work: a study in a post-industrial, multi-ethnic locality in the UK. *Sociology of health & illness*, 36(7), 955-969.

⁴⁴ Qureshi, K. 2019. *Chronic illness in a Pakistani labour diaspora*. Durham: Carolina Academic Press.

⁴⁵ Trade Union Congress. 2019. BME workers far more likely to be trapped in insecure work, TUC analysis reveals, 12 April: <https://www.tuc.org.uk/news/bme-workers-far-more-likely-be-trapped-insecure-work-tuc-analysis-reveals>

⁴⁶ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p.132

⁴⁷ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, pp. 127-148.

⁴⁸ UK Government. 2018. Ethnicity facts and figures: employment by sector, 10 October: <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/employment-by-sector/latest#by-ethnicity-and-sector>

⁴⁹ Hall, S.M. et al. 2017. *Intersecting inequalities: the impact of austerity on Black and Minority Ethnic women in the UK*. Women's Budget Group and the Runnymede Trust with Reclaim and Coventry Women's Voices. p.47. <http://wbg.org.uk/wp-content/uploads/2018/08/Intersecting-Inequalities-October-2017-Full-Report.pdf>

⁵⁰ Clark, K., and W. Shankley. 2020. Ethnic minorities in the labour market. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p.142

financial poverty. Levels of unemployment and economic inactivity are higher across the board, and particularly for certain groups of ethnic minority women,⁵¹ creating an ominous context for the months ahead.

3.5. Housing precarity is also concentrated in ethnic minority households. Almost all ethnic minority groups in the UK are more reliant on private rented housing than the White British majority – and particularly new migrants, who are overwhelmingly reliant on private rented accommodation⁵² and thus more at risk of being unable to pay rent following the lockdown. UK government support for renters recommends discussing financial hardship with landlords as a strategy to prevent homelessness during the crisis,⁵³ but this does not afford sufficient protection to ethnic minorities who are more likely to be living in rented accommodation, to have tenuous relationships with their landlords and to fall foul of the justice system.

3.6. Overcrowding in households is another important factor prevailing against effective social distancing. Overcrowding is more common in all ethnic minority groups than in the White British majority. Whereas 1 in 20 White British households are classed as overcrowded, this characterises a third of Bangladeshi, Pakistani and Black African households in the UK.⁵⁴ Average household size is larger for Indian, Pakistani, Bangladeshi

and Black African groups, including multi-generational households⁵⁵ in which older people are more likely to be living with younger adults and hence at risk of cross-transmission within the home (especially if household members feel forced to continue working outside the home). Ethnic minorities are also grossly overrepresented in certain institutional settings such as prisons, youth custody, mental health inpatient units, homeless accommodation and immigration detention centres,⁵⁶ where living conditions make social distancing impracticable and ineffective. As ethnic minorities, particularly Black men are overrepresented among those with a diagnosis of severe mental illness,⁵⁷ they will experience disproportionate impacts from the Coronavirus Act's temporary changes to mental health and mental capacity legislation.

4. Intersecting Vulnerabilities

With these contextual factors in mind, ethnic minority women are especially vulnerable from the economic impacts of the COVID-19 response. In recent years it has also been the case that ethnic minority women – particularly women from British Asian and Black British groups – have lost a greater share of income than other population groups due to loss of employment, changes to social security benefit payments, and public spending cuts during the previous recession and roll-out of austerity.⁵⁸

⁵¹ *Ibid.*

⁵² Shankley, W., and N. Finney. 2020. Ethnic minorities and housing in Britain. In *Ethnicity, race and inequality in the UK: State of the nation*, edited by B. Byrne, C. Alexander, O. Kahn, J. Nazroo, and W. Shankley. Bristol: Policy Press, p.149 and 158.

⁵³ Ministry of Housing, Communities and Local Government (2020) *Coronavirus (COVID-19) Guidance for Landlords and Tenants*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876500/Consolidated_Landlord_and_Tenant_Guidance_COVID_and_the_PRS_v4.2.pdf

⁵⁴ Shankley, W., and N. Finney. 2020. Ethnic minorities and housing in Britain. In *Ethnicity, race and inequality in the UK: State of the nation*, edited by B. Byrne, C. Alexander, O. Kahn, J. Nazroo, and W. Shankley. Bristol: Policy Press, p.149

⁵⁵ Shankley, W., T. Hannenmann and L. Simpson. 2020. The demography of ethnic minorities in Britain. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p.28

⁵⁶ Lammy, D. 2017. An independent review into the treatment of, and outcomes for, black, Asian and minority ethnic individuals in the criminal justice system: www.gov.uk/government/publications/lammy-review-final-report

⁵⁷ Chouhan, K., and J. Nazroo. 2020. Health inequalities. In B. Byrne C. Alexander, O. Khan, J. Nazroo, and W. Shankley (eds), *Race and inequality in the UK: State of the nation*. Bristol: Policy Press, p.85

⁵⁸ Hall, S.M. et al. 2017. *Intersecting inequalities: the impact of austerity on Black and Minority Ethnic women in the UK*. Women's Budget Group and the Runnymede Trust with Reclaim and Coventry Women's Voices. p.21 and 28. <http://wbg.org.uk/wp->

Of particular concern from a health equity perspective are the reports that the lockdown has led to increasing rates of domestic violence⁵⁹⁻⁶⁰. Women from ethnic minority backgrounds can face particularly complex forms of domestic abuse, and vulnerability to domestic violence is compounded by migration status insecurities among those subject to immigration control.⁶¹ Numerous classes of migrants with NRPF remain unprotected by domestic violence rules, including those on student visas, work permit holders and domestic workers, who are denied vital routes to safety.⁶² The additional £2 million recently made available for domestic abuse services is a welcome development,⁶³ although it is unclear how much of this funding will go towards specialist provision for minority groups – a sector that has deteriorated significantly due to austerity policies.⁶⁴⁻⁶⁵

5. Children and Young People

Child poverty follows the patterns of deprivation described above, with Bangladeshi and Pakistani children most likely to live in low-income households.⁶⁶ Children already in poverty are more likely to be impacted by the

economic and job insecurity caused by the lockdown.

5.2. Emerging media reports claim that ethnic minority youth are being disproportionately targeted by police enforcement of the lockdown,⁶⁷ which is in keeping with longstanding inequities in the treatment of ethnic minorities, especially young Black men, by law enforcement agencies.⁶⁸

6. A Reformed Approach

Our submission of evidence indicates that the UK government response, including its emergency legislation, does not fully consider the inequalities broadly experienced by ethnic minority groups. We offer the following suggestions to support the UK government with its commitment to safeguarding ethnic minorities as a key group with protected characteristics.

6.2. *Within the three-week period*, better and disaggregated data need to be examined to identify the extent of over representation of ethnic minorities among severe COVID-19 cases and deaths and to map out underlying risk factors. It is crucial to have inclusive NHS interpretation services in order to support Black

[content/uploads/2018/08/Intersecting-Inequalities-October-2017-Full-Report.pdf](https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus)

⁵⁹ Townsend, M. 2020. Revealed: surge in domestic violence during Covid-19 crisis. *The Guardian*, 12 April <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus>

⁶⁰ Grierson, J. 2020. Domestic abuse killings ‘more than double’ amid Covid-19 lockdown. *The Guardian*, 15 April. <https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown>

⁶¹ Qureshi, K. 2016. *Marital breakdown among British Asians*, London: Palgrave.

⁶² Southall Black Sisters. 2020. The Domestic Abuse Bill & Migrant Women: Briefing Paper 2. <https://southallblacksisters.org.uk/wp-content/uploads/2020/03/DA-Bill-Briefing-Paper-2.pdf>

⁶³ BBC News. 2020. Coronavirus: Domestic abuse services to get £2m amid lockdown, 11 April. <https://www.bbc.co.uk/news/uk-52255092>

⁶⁴ Sandhu, K., & Stephenson, M. 2015. Layers of inequality—a human rights and equality impact assessment of the public spending cuts on BAME women in Coventry. *Feminist Review*, 109(1), 169-179.

⁶⁵ Hall, S.M. et al. 2017. Intersecting inequalities: the impact of austerity on Black and Minority Ethnic women in the UK. Women’s Budget Group and the Runnymede Trust with Reclaim and Coventry Women’s Voices. p.41. <http://wbg.org.uk/wp-content/uploads/2018/08/Intersecting-Inequalities-October-2017-Full-Report.pdf>

⁶⁶ Meer, N. 2020. Race and Social Policy: challenges and contestations. *Social Policy Review*, 32: 5-23.

⁶⁷ Khan, A. 2020. Many black communities have poor experiences at hands of police, 9 April: <https://www.aljazeera.com/news/2020/04/black-communities-poor-experiences-hands-police-200409092651709.html>

⁶⁸ Shankley, W., and N. Finney. 2020. Ethnic minorities and housing in Britain. In *Ethnicity, race and inequality in the UK: State of the nation*, edited by B. Byrne, C. Alexander, O. Kahn, J. Nazroo, and W. Shankley. Bristol: Policy Press

and Minority Ethnic groups to obtain timely medical advice during the pandemic, including over telemedicine services (NHS 111), which are now also crucial conduits for legitimating sick leave and sick pay. NHS services should immediately review whether healthcare and telemedicine services have reported issues in sourcing interpreters to meet the needs of ethnic and religious minority groups. NHS immigration checks, health charging and data sharing between the NHS and the Home Office should be terminated immediately in order to extend the health protection currently offered. Given reports about very acute food insecurity among asylum seekers and others subject to immigration control with NRPF,⁶⁹ it is essential to enable universal access to social security benefits as well as the whole range of health services.⁷⁰ Repealing NRPF-status would be consistent with approaches to public health preparedness in the EU, including Ireland's commitment not to let lack of documents be a barrier or 'firewall' to seeking essential healthcare⁷¹ and Portugal's recent decision to treat asylum seekers and refugees as permanent residents with access to health care, at least during the present crisis.⁷²

6.3. *Over the six-month timeframe*, we would highlight inadequacies in the Coronavirus Act's regulation of sick pay and National Insurance provisions because these do not benefit either those with insufficient income to qualify for sick pay, or those in the gig economy – both

disproportionately implicating ethnic minorities. Whilst the UK government's position is that such workers should apply for Universal Credit, this is not an adequate response to the problem of pervasive job insecurity and cycles of no-pay, low-pay, since Universal Credit remains hamstrung by its lengthy wait period and monthly assessments. These limitations are particularly dysfunctional in the urgency of the present crisis. Furthermore, there are unaddressed racial inequities in exposure to economic risks, and Universal Credit has disproportionately reduced the social security income of ethnic minorities, not least because larger families and ethnic minority women are unduly affected by the two-child limit, and barriers to applying for Universal Credit - including digital exclusion - are likely to exacerbate the inequities entailed in an expansion of Universal Credit.⁷³ Mindful of the long-term health and economic impacts of the COVID-19 response, the Institute of Fiscal Studies has highlighted that greater investment is needed in terms of out-of-work benefits, with further protection particularly urgent for vulnerable women and children.⁷⁴ Again there are relevant precedents in the EU, such as Spain's recent commitment to a universal basic income. Spanish Deputy Prime Minister Nadia Calvino commented that this new measure would not only mitigate the impact of COVID-19, but they hoped it would become a benefit that 'stays forever' as a 'permanent instrument' of poverty

⁶⁹ Taylor, D. 2020. Million undocumented migrants could go hungry, say charities. *The Guardian*, 23 March. <https://www.theguardian.com/world/2020/mar/23/million-undocumented-migrants-could-go-hungry-say-charities>

⁷⁰ Honeycombe-Foster, M. 2020. Scrap 'no recourse to public funds' or make coronavirus spread worse, Priti Patel warned. Holyrood, 14 April: https://www.holyrood.com/news/view/scrap-no-recourse-to-public-funds-or-make-coronavirus-spread-worse-priti-pa_15366.htm

⁷¹ Department of Justice and Equality. 2020 Immigration service delivery: Impact of COVID-19 on immigration and international protection. Government of Ireland: <http://www.inis.gov.ie/en/INIS/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf/Files/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf>

⁷² Meer, N. 2020. Coronavirus: We are risking a Covid-19 tragedy in Europe's refugee camps. *The Scotsman*, 7 April.

<https://www.scotsman.com/news/opinion/columnists/coronavirus-we-are-risking-covid-19-tragedy-europes-refugee-camps-nasar-meer-2532139>

⁷³ Sandhu, K. 2016. Universal Credit and impact on black and minority ethnic communities. Better Housing Briefing 27, Racial Equality Foundation <https://raceequalityfoundation.org.uk/wp-content/uploads/2017/11/Better-Housing-27-Universal-Credit.pdf>

⁷⁴ Banks, J., Karjalainen, H. and Propper, C. 2020. *Recessions and health: the long-term health consequences of responses to the coronavirus*. The Institute for Fiscal Studies. <https://www.ifs.org.uk/publications/14799>

alleviation.⁷⁵ Such long-term thinking about improving social protection is essential to inclusive public health preparedness, and in planning for the possibility of second wave of COVID-19 outbreaks.

⁷⁵ Ng, K. 2020. Coronavirus: Spain to become first country in Europe to roll out universal basic income. Independent, 6 April.

<https://www.independent.co.uk/news/world/europe/coronavirus-spain-universal-basic-income-europe-a9449336.html>