APPG Africa- Policy submission for review on the impact of Covid 19 on BAME groups

This submission has been prepared by Henrietta Bailey-Morgan, Policy & Advocacy Coordinator at the Royal African Society, drawing on the minutes prepared by Paul Asquith of AFFORD-UK from a webinar held by the APPG for Africa together with the Royal African Society and AFFORD-UK.

The webinar was held on 17th June 2020 and explored why Covid 19 was having disproportionate impacts on BAME and African diaspora communities. The meeting was chaired by Chi Onwurah MP, Chair of the APPG for Africa and the contributing panellists were Dr Titi Banjoko (Senior NHS Healthcare Professional), Kadra Abdinasir (Head of Children and Young People's Mental Health, Centre for Mental Health) and Arike Oke (Managing Director at the Black Cultural Archives). Over 400 participants registered for the webinar.

Covid 19 has exposed longstanding structural racial inequalities in the UK- these inequalities have exacerbated the impact of Covid 19 on BAME people. In addition, the recent BLM protests have challenged the establishment to recognise the systemic racism that BAME communities live with every day.

Public Health England's (PHE) report recognised major inequalities in the impact of Covid along racial lines, with mortality risk higher among BAME people. Those of Bangladeshi origin faced the highest risk of dying – twice that of white Britons – while people of Chinese, Indian, Pakistani, other Asian, Caribbean and other black backgrounds faced an extra risk ranging between 10% and 50%. On BAME health workers in particular that have been at the frontlines tackling the virus, the British Medical Association found that 44% of all medical staff are BAME and yet 95% of the NHS Doctors that have died from Covid 19 were from a BAME background. Further, 21% of all NHS staff are from BAME backgrounds yet they make up 63% of NHS staff deaths from Covid.

Societal inequality along racial lines is deep rooted and multi-faceted and this submission is not intended to be exhaustive but will drawer on the webinar to summarise some of the factors, impacts and underlying issues that were identified which resulted in BAME groups being disproportionately impacted by Covid 19. The submission will conclude with an overview of policy recommendations disused during the webinar.

Factors which make BAME communities more vulnerable to the virus

Large portion of BAME are in keyworkers jobs: Across the UK, many members of BAME communities were not in lockdown from the end of May but were serving the broader communities as keyworkers and therefore increasing their risk of exposure to the virus. Keyworker jobs are often some of the most precarious jobs with less job security and less likely to have statutory sick pay. Therefore, keyworkers are often in positions where they are unable to take time for sickness and more likely to feel pressured to work if unwell, which increases opportunity for contagion.

Reliance on public transport and exclusion from testing: Keyworkers, especially in urban areas, also rely more heavily on public transport to get to and from work. This again led to greater exposure and as consequence, excluded many from "drive through" testing centres which were inaccessible.

Overcrowded living conditions: Poverty rates vary significant by ethnicity, but according to the Runnymede Trust, all BAME groups are more likely to be living in poverty. This is due to lower wages, higher unemployment rates, higher rates of part-time working, higher housing costs and slightly larger household size. The endemic shortage of social housing and rising and unattainable rents, especially in urban centres, has led to serious overcrowding problems which means BAME families are often living in cramped conditions, often without access to private outside space means the risk of exposure and spread within family units is higher.

Multigenerational households: It is common amongst many BAME communities for the older generations to co-habit with the younger members of the family and so it is more likely for BAME households to have clinically vulnerable people co-habiting with keyworkers with increased exposure risk.

Less likely to access healthcare: A lack of culturally sensitive services and the subsequent cultural barriers can inhibit BAME groups from seeking out treatment when needed. This coupled with mistrust of hospital settings, fuelled by policies where hospitals were asked to report suspected irregular migrants to immigration officials under the Government's 'hostile environment' policy, has caused suspicion and fear over seeking medical treatment.

Different presentation of symptoms: According to feedback to Dr Banjoko from NHS colleagues on the clinical frontline, BAME communities can display different symptoms and this was not picked up early enough. Initial symptoms according to feedback from her colleagues on the clinical frontline were pain in muscles, headaches, followed by fever, like malaria – a cough came a lot later; this leads to late presentation which worsens prognosis.

BAME NHS staff more likely to feel pressured to work without PPE: The BMA found evidence that PPE shortages were disproportionately affecting BAME Doctors. Only four out of 10 BAME doctors in general practice said they had sufficient PPE for safe contact with patients with possible or confirmed COVID-19 compared to seven out of 10 doctors who identified as white. Further, 64% of BAME doctors felt pressured to work in settings with inadequate PPE compared with 33% of doctors who identified as white. In addition, according to Dr Banjoko feedback from BAME NHS staff was that some PPE – which is made to measure – did not fit properly as what was available had been based only on Caucasian faces and inappropriate for Seek men.

Senior management within the NHS is very much white dominated despite the huge diversity and large portion of BAME staff within the workforce, Dr Banjoko asserted that as a consequence the NHS does not serve all its staff equally. Dr Banjoko said the culture often casts doubt of BAME staff experiences of inequality and racism despite it being reported which means that BAME staff are more reluctant to report concerns more broadly including over inadequate PPE. This is also true of incidents where staff experience racial abuse from patients. According to BMA- BAME doctors said they were almost twice as likely to not feel confident raising concerns than white doctors.

Impacts of Covid on BAME communities

Financial: Many BAME people that have contracted Covid 19 whilst working and delivering frontline services are their household breadwinners. The impacts of losing such family members or them losing their jobs has financially devastating impacts of their families. Further, insecure employment contracts, including zero hours contracts are also common in industries that have been badly affected- many have lost their jobs and some with no recourse to public funds. Further, BAME workers are more likely to participate in the 'gig' economy – Runnymede Trust found up to 25% compared to 14% of the general population. In addition, research from Liberty showed BAME people are 17 times more likely to be fined during the pandemic.

Remittances: Due to the complex financial struggles the pandemic is causing for BAME groups, there are knock on implications for extended family and dependents living in countries of origin who are supported by UK diaspora as remittances. Further, this reduction is remittances has wider implications for financial flows to remittance receiving communities and countries with wider social and economic consequences.

Mental Health & Wellbeing: Kadra Abdinasir referred to a recent report by the Centre for Mental Health that Covid 19 had exacerbated mental health inequalities on BAME communities. This is partly due to a lack of funding for mental health services but also due to cultural barriers which means mental health services are not as accessible to BAME communities.

As a direct consequence of lockdown and social distancing, isolation and loneliness has increased, as has grief and bereavement. Many people have wanted to be buried in their country of heritage, this has not happened, and the wishes of the family were not able to be honoured; for many BAME communities death is also an important part of life and not being able to follow such practices will be deeply unsettling for many.

In addition, anxiety, anger and fear, especially for NHS and social care workers aware of their exposure and increased risk which is exacerbated by misinformation about the virus and lack of risk assessments for those with underlying health conditions.

Indirect impacts on mental health include the increase domestic violence, as well as racial trauma associated with the death of George Floyd and the Black Lives Matter movement. In addition, there is depression and anxiety linked to financial insecurity with some evidence of increased levels of suicidal thoughts especially among men and breadwinners in BAME households.

Children and Young People: mental health support for young people is not easily accessible or available however, young black men are over-represented in mental health settings, due to social care or probation issues. There has been a lack of child friendly communications during the pandemic, children in the shielding group have received letters worded to adults, they are fear inducing and have caused anxiety amongst young people. As such, young people overall are reporting distress, high levels of calls to Childline, insomnia, and anxiety due to Covid 19. In addition, schools being closed has also reduced referrals to mental health services for example in Birmingham by 50%. Further, school closures are compounding the widening inequalities in educational attainment seen along racial lines.

Additional factors that have amplified the impacts of the pandemic on BAME people

Racism is an ongoing public health crisis:
Arike Oke recognised that racism is a public health crisis with longer-term historical factors continuing to play out and underpin structural inequality in the UK which has exacerbated the impacts of Covid 19 on BAME people.

The history of African people in the UK goes back 2000 years and Britain is a multicultural society, but despite that, decision making, cultural life and teaching takes a monocultural approach. The contextual implications of the UK's 300 year old slaving and colonial history are not widely understood. The result of history is that for black people living in the UK, their labour was more valued than their human rights and wellbeing. For the generations of BAME British citizens, many that that served in British forces in WWI and WWII and responded to calls to rebuild the mother country, faced racism exacerbated by tensions over who gets to do certain types of work. The race riots of 1919 in British ports cities that led to the lynching of a black sailor and for the Caribbean British Citizens of the Windrush generation after World War II, who worked in the new NHS, the Post Office and other services, tensions with white people led to a colour bar on Bristol buses.

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The 1948 British Nationality Act, enshrined the rights of British subjects to move and settle and within the Commonwealth, which was what encouraged the Windrush migration but with this Act the lines of British nationality began to be delineated along racial lines in policy development over time. In 1971 Indefinite Leave to Remain was granted to British subjects in the UK but no new people were allowed into the UK, this pattern of increasing restrictions of movement continued up until more recently where we have seen the implementation of the "hostile environment" policy woven into the fabric of public institutions which has in part weaponised some services. This creates structural barriers which lead to negative outcomes for BAME people and feeds wider racist attitudes (conscious and unconscious) across all sectors of society and also compounds the fear and anxiety felt by BAME communities in seeking services.[1]

Lack of support for BAME community groups and initiatives:
Community organising has improved the lives of BAME groups in the UK and mitigated some of the impacts of structural racism. For examples, the establishment of BAME Housing Associations after WWII to prevent London workers from sleeping in tube stations, establishment of the Sickle Cell Society to increase understanding of the disease and access appropriate treatments for affected communities and mental health services such as Black Thrive and Black Minds Matter to overcome cultural barriers in mental health services. However, historically BAME 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. A deficit in support has resulted in a lack of trust amongst BAME communities in the Government to act to dismantle structural racism.

<u>Conclusion</u>

Covid has shone a light on the structural racism that persists across society and institutions, not just within the policing and criminal justice system and urgent action is needed by Government to begin to dismantle deep rooted structural racism which exacerbated the impacts of Covid 19 on BAME groups.

The Public Heath England report directly points to racism and discrimination as an underlying cause for increased exposure risk and disease progression in BAME groups and made seven broad policy recommendations which should be urgently implemented. In addition to the PHE recommendations there have been over 200 prior policy recommendations made by the 1999 Macpherson and 2017 Lammy reviews to tackle racial inequality in the UK and in Policing and Criminal Justice System in particular. Many of the Macpherson recommendations which were initially implemented, for example within the police force, but were not monitored in a way that sustained positive change and many of the Lammy recommendations have not been implemented. This needs to be urgently rectified and we welcome the parliamentary select committee inquiries into this issue from the Women and Equalities Committee[2] and the Home Affairs Select Committee[3].

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[1] The Runnymede Trust, The Colour of Money, 27th April 2020 provides more analysis of the role of history in understanding the impacts of the epidemic on BAME groups.

[2] The Women and Equalities Committee: 10th June, Unequal impact? Coronavirus and BAME people
https://committees.parliament.uk/work/318/unequal-impact-coronavirus-and-bame-people/

[3] Home Affairs Select Committee: 5th June, new inquiry- The Macpherson Report 21 years on
https://committees.parliament.uk/work/347/the-macpherson-report-twentyone-years-on/

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The Prime Ministers decision to subsequently commission yet another review on racial inequality has been met with scepticism. **The recommendations already made should be implemented and tied to measurable goals and strategic roadmaps designed in close consultation with BAME groups. Independent bodies reporting to parliament should be established and well-resourced to effectively track timely progress and ensure accountability.**

In addition to the policy recommendations already made, the following recommendations for the NHS were discussed during the webinar:

- The PHE recommendations include **better use of risk assessments for front line BAME staff**. However, according to recent BBC research into risk assessments for BAME doctors, of more than 1,600 doctors asked, 1,040 saying they had not yet had a risk assessment. This needs to be addressed urgently along with ensuring measures taken to protect staff properly serve the workforce (for example providing appropriate and well fitted PPE).

- **Improvements in communicating risks from Covid** to BAME groups is essential, for example making key communications available in community specific languages via a variety of media sources, including popular BAME radio and TV stations.

- Mental and physical health services are crisis-driven, and both areas **need to invest more in prevention** with funding directed at BAME led organisations and third sector to enable them to work more closely with the NHS to bridge gaps in the lack of culturally informed mental and physical health support.

- **Emergency funding for mental health services** is needed to deal with the growing mental health crisis caused by Covid 19.

- NHS frontline staff need **training on cultural intelligence**, to enable better clinical responses for BAME people, especially those with underlying conditions such as sickle cell anaemia that need to access services. Progress in this area has been very slow, and training should be carefully designed in close consultation and collaboration with BAME groups.

- **The NHS is beginning to take positive action to tackle racism and ensure BAME staff are better represented in management but it needs financial and political support to move in this direction.** NHS London issued a personal message regarding the BLM movement of their website and in response launched the NHS Race and Health Observatory; as well as introduce NHS workforce indicators and mandatory reporting. However, the pace of change is slow and a plan with benchmarks and goals is needed coupled with independent oversight to ensure accountability and constant progress. Further, as part of this process the **NHS should be supported to conduct more independent reviews, especially following staff complaints**- an independent internal report leaked to the press identified serious racism within the NHS Blood and Transplants Teams.

Recommendations discussed beyond the NHS included:

- **BAME initiatives should be better funded** and represented at strategic and policy fora and form a part of a wider plan to tackle structural racism. There is a pressing need to prioritise implementation and BAME community voices need to be shaping this both locally and nationally.

- Recession is expected and BAME communities in insecure work will face higher unemployment. **Action needs to be taken to ensure BAME groups do not find themselves casualties of the recession** or even being deported as the main breadwinner of their family has died.

- The pandemic has exposed how undervalued keyworkers are despite their crucial roles in keeping society functioning. The **employment and job security of keyworker jobs should be reviewed** to ensure better quality employment conditions and pay.

- The monoculture of school curriculums often writes BAME communities out of UK history and should be reviewed. There are various 'decolonise' movements across the education sector and there are third sector actors trying to address these holes in school curriculums. More support is needed for these initiatives as well as a Government term plan **update the national curriculum so it is better representative of BAME British history and contemporary culture**.

- The role and value of culture is underestimated in the UK and museums and cultural organisations will be badly affected by the Covid 19 recession. Many organisations will need longer term support to survive this period and speedy investment in this sector is crucial now as it will be important for sustained economic recovery. **The cultural sector does however have diversity issues and there needs to be better monitoring of how resources are allocated.**

Overall, there was consensus that for action to be taken the Government first needs to see tackling structural racism as a real priority. There was deep concern that that any new policies that result will not be properly implemented, tracked or monitored. The 18th June House of Commons debate on this matter saw strong calls from across the house for immediate action to be taken, however, the Government response would suggest more political buy in is needed. It has taken a global pandemic to alert all of society to the deep rooted racial inequality in the UK that has become a matter of life and death and can no longer be ignored or trivialised. Now is the time for push for the implementation and oversight of policies that will begin to dismantle racial structures.

Bibliography

A recording of APPG Africa webinar from 17th June is available here-
https://www.facebook.com/watch/live/?v=870554866786879&ref=watch_permalink

APPG Africa- Policy submission for review on the impact of Covid 19 on BAME groups

BBC News, Coronavirus: Report on BAME Covid-19 deaths sparks call for action, 16th June 2020 [https://www.bbc.co.uk/news/uk-53065306]

BBC News, BAME Doctors feel "let down" over risk checks, 13th June 2020 [https://www.bbc.co.uk/news/health-53021628]

British Medical Association, COVID-19: the risk to BAME doctors [Accessed at https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-the-risk-to-bame-doctors 18th June]

Back Thrive (https://www.blackthrive.org.uk/)

Black Minds Matter (www.blackmindsmatteruk.com)

Centre for Mental Health, Covid-19: understanding inequalities in mental health during the pandemic, 18th June 2020 [https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health]

Liberty Investigates, BAME people disproportionality targeted by Coronavirus fines, 25th May 2020 [https://libertyinvestigates.org.uk/articles/bame-people-disproportionately-targeted-by-coronavirus-fines/]

NSO, The Lammy Review: An independent review into the treatment of, and outcomes for Black, Asian and Minority Ethnic individuals in the criminal justice system, 7th September 2017 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf]

Public Health England, Beyond the data: Understanding the impact of COVID-19 on BAME groups, June 2020 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf]

The Guardian, NHS blood unit systemically racist, internal report finds, 9th June 2020 [https://www.theguardian.com/society/2020/jun/09/nhs-blood-unit-systematically-racist-internal-report-finds]

The Home Office, The Stephen Lawrence Inquiry: The Macpherson Report, February 1999 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf]

The Runnymede Trust, The Colour of Money, 27th April 2020 [https://www.runnymedetrust.org/blog/the-colour-of-money-race-and-economic-inequality]