

COVID-19 BAME Advisory Group - Potential impact of COVID-19 evidence paper

Welsh Government is in receipt of a great deal of information/reports/briefings/insights in relation to the potential impact of COVID-19 on people with protected characteristics in Wales, which are kindly and very usefully being sent to us by the many stakeholders we work collaboratively with. We are working to collate, log and analyse everything we receive so we are in a position to ensure that the potential equality impacts of COVID-19 in Wales are understood, considered and mitigated where necessary.

The table below provides a high level summary of the information/reports/briefings/insights sent to Welsh Government that detail the potential impact of COVID-19 on ethnic minorities. This has been used to develop an evidence base from which to inform the development of the report of the BAME COVID-19 Socioeconomic Subgroup. Both quantitative and qualitative evidence on socioeconomic and social influences on BAME health, social care and wellbeing outcomes has been reviewed. Sources includes peer reviewed research papers and reports as well as grey literature including blog posts and unpublished observations.

It is important to be aware that this is not a comprehensive literature review involving searches of all available evidence on the impact of COVID-19, with the focus instead being on capturing the key findings from the many evidence sources provided to Welsh Government by the many stakeholders we work with on a daily basis. In addition, it must be noted that no appraisal of the robustness/quality of the evidence provided has been undertaken and so caution must be exercised when interpreting the findings. More, high quality research is needed before any conclusions can be reached.

Title / Date / Link	Author	Type	Protected characteristics covered	Policy areas covered	Key findings (in relation to ethnic minorities)
ICNARC report on COVID-19 in critical care / Ongoing / https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports	Intensive Care National Audit & Research Centre	Research report (being updated weekly)	Age; Sex; Race	Health	The Intensive Care Audit and Research Centre (ICNARC) has been reporting weekly on cases in critical care units in England, Wales and Northern Ireland. Since April, these have regularly shown that of the cases admitted to critical care with confirmed COVID-19, a third of those whose ethnicity is recorded were recorded as being from Black, Asian or minority ethnic (BAME) backgrounds.

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<p>Crises Collide: Women and Covid-19 / 09 April 2020 / https://wbg.org.uk/analysis/reports/crises-collide-women-and-covid-19/</p>	<p>Women's Budget Group</p>	<p>Briefing</p>	<p>Sex; Age; Race; Disability; Pregnancy and Maternity</p>	<p>Health; Social care; Employment; Poverty; Education; Childcare; Social Security; Housing; Violence Against Women and Girls; Justice, human rights and democracy</p>	<p>This briefing outlines issues relating to women and COVID-19 in the UK and makes recommendations for gender-sensitive improvements to the UK Government's response.</p> <p>The key challenges for Black, Asian and Ethnic Minority Women are listed and include being:</p> <ul style="list-style-type: none"> - three times more likely to be in precarious work, so they are less likely to qualify for furlough or Statutory Sick Pay. - more likely to be low paid and already living in poverty, as well as having lower levels of savings to cope with a fall in earnings. - overrepresented in the health service where they face increased exposure and shortages of or unsuitable PPE. - statistically more likely to have more than 3 children, which means they face additional costs of school closure and struggle with the two-child limit on benefits within Universal Credit <p>In addition, the briefing suggests that:</p> <ul style="list-style-type: none"> - VAWG services led 'by and for' BAME women already face funding difficulties,

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					<p>and a fall in donations will be disproportionately felt by these services.</p> <ul style="list-style-type: none"> - Fake news about the inception of Covid-19 has seen incidents of racist hate crime and xenophobia.
<p>All in it together? The impact of Coronavirus on BAME people in Wales / 10 April 2020 / https://www.bevanfoundation.org/commentary/all-in-it-together-the-impact-of-coronavirus-on-bame-people-in-wales/</p>	<p>Rocio Cifuentes, EYST Wales</p>	<p>Blog</p>	<p>Race</p>	<p>Health; Employment; Pay; Education; Housing; Digital Inclusion</p>	<p>This blog reflects on the implications of COVID-19 for BAME people in Wales. The author states that both the virus itself and the measures taken to contain the threat are having disproportionate negative impacts on BAME people and look set to escalate and exacerbate inequality. Reference is made to one third of those hospitalised so far from the virus across the UK being BAME. The reasons cited for this include BAME people representing a higher proportion of lowest paid workers – shelf-stackers, bus-drivers, food packers, delivery drivers and NHS workers, they are more exposed to the risk of catching the virus. They are also in the most precarious employment conditions, on insecure contracts, being pressured to work, often in places which do not respect the 2 metre distancing rule, and without adequate PPE.</p>

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					<p>The blog goes on to mention the children of these key workers being equally exposed to risk, attending repurposed schools as childcare providers, and living with the stress their parents are going through on a daily basis. BAME children, it states, are now facing predicted grades fearing that unconscious bias from teachers will affect their grades and therefore their prospects in life. Those still trying to get an education have to do so in cramped living conditions, with poor access to laptops and broadband, and without the luxury of parents who can support their children linguistically, and financially to achieve their potential.</p> <p>The author refers to the higher levels of existing health conditions among BAME people, such as diabetes, the fact they suffer from mental ill health and face barriers to accessing health information and support due to language barriers and now digital exclusion.</p>
<p>Exclusive: deaths of NHS staff from covid-19 analysed / April 2020 / https://www.hsj.co.uk/exclusive-deaths-</p>	<p>Tim Cook, Emira Kursumovic, Simon Lennane –</p>	<p>Research report</p>	<p>Sex; Age; Race</p>	<p>Health</p>	<p>This research report analyses the characteristics of 106 cases of deaths of UK health and social care workers from coronavirus as reported in the media up to 22 April 2020.</p>

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of-nhs-staff-from-covid-19-analysed/7027471.article	HSJ website				<p>Ethnicity was described for most (96 per cent) cases and most were accompanied by pictures of the individual. In 63 per cent of cases the individual was of BAME background. Further, many of the individuals were born outside the UK.</p> <p>The report goes on to state that among all staff employed by the NHS, BAME account for approximately 21 per cent, including approximately 20 per cent among nursing and support staff and 44 per cent among medical staff. In comparison, the research finds BAME individuals account for 63 per cent, 64 per cent and 95 per cent of deaths in the same staff groups.</p>
Risky business – Economic impacts of the coronavirus crisis on different groups of workers / April 2020 / https://www.resolutionfoundation.org/app/uploads/2019/10/Risky-business.pdf	Maja Gustafsson & Charlie McCurdy – Resolution Foundation	Briefing	Sex; Age; Race	Health; Employment; Pay; Education; Housing	<p>This briefing provides information on the distribution of workers with different characteristics across specific job groups.</p> <p>The results presented indicate that:</p> <ul style="list-style-type: none"> - 19% of White workers are employed in shutdown sectors compared to 28%, 22%, 20%, 24% and 28% of Mixed, Asian or Asian British, Black or Black British, Chinese and Other ethnic group workers, respectively.

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					<ul style="list-style-type: none"> - 26% of White workers are key workers facing biggest health risks compared to 25%, 29%, 38%, 21% and 25% of Mixed, Asian or Asian British, Black or Black British, Chinese and Other ethnic group workers, respectively. - 35% of White workers work from home compared to 34%, 37%, 29%, 47% and 32% of Mixed, Asian or Asian British, Black or Black British, Chinese and Other ethnic group workers, respectively. - 20% of White workers work outside the home compared to 12%, 12%, 13%, 9% and 14% of Mixed, Asian or Asian British, Black or Black British, Chinese and Other ethnic group workers, respectively.
<p>Are some ethnic groups more vulnerable to COVID-19 than others? / 01 May 2020 / https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-</p>	<p>Lucinda Platt & Ross Warwick - Institute for Fiscal Studies</p>	<p>Briefing</p>	<p>Age; Disability; Race</p>	<p>Health; Employment; Living Standards</p>	<p>The briefing suggests the impacts of the COVID-19 crisis are not all similar across ethnic groups, and combining all minorities together misses key differences.</p> <p>Per person hospital deaths from COVID-19 are highest among the black Caribbean population and three times those of the white British majority.</p>

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vulnerable-to-covid-19-than-others/					<p>Once age and geography has been accounted for, most minority groups 'should' have fewer deaths per capita than the white British majority.</p> <p>Yet, even after accounting for the age, gender and geographic profiles of ethnic groups, inequalities in mortality relative to the white British majority are actually worse for most minority groups than first glance. After stripping out the role of age and geography, Bangladeshi hospital fatalities are twice those of the white British group, Pakistani deaths are 2.9 times as high and black African deaths 3.7 times as high.</p> <p>These disparities cannot currently be accounted for by non-hospital deaths (e.g. care homes). Occupational exposure may partially explain disproportionate deaths for some groups. At-risk underlying health conditions are also particularly prevalent among older Bangladeshis, Pakistanis and black Caribbeans.</p>
Citizens Advice – Wales summary / week commencing	Citizens Advice Cymru	Summary report	Age; Sex; Race; Disability	Social security; Employment;	The report indicates that during the period considered, the ethnicity profile of the clients Citizens Advice Cymru has helped remained

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13 April 2020 / Not published				Debt; Housing	similar to the previous period. In the w/c 13 April, 6% of Welsh Governments funded Advicelink project clients identified as BAME, compared with 5% of clients in the w/c 2 March. This figure discounts cases where ethnicity was not recorded, cases where ethnicity was unknown and when clients preferred not to say.
BAME COVID-19 DEATHS – What do we know? Rapid Data & Evidence Review / 05 May 2020 / https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/	Abdul Razaq, Dominic Harrison, Sakthi Karunanithi, Ben Barr, Miqdad Asaria, Ash Routen, Kamlesh Khunti	Literature review	Race	Health	The evidence review indicates markedly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but deaths are not consistent across BAME groups. Similarly, adverse outcomes are seen for BAME patients in intensive care units and amongst medical staff and Health and Care Workers. The exact reasons for this increased risk and vulnerability from COVID-19 in BAME populations are not known. There may be a number of contributing factors in the general population such as overrepresentation of BAME populations in lower socio-economic groups, multi-family and multi-generational households, co-morbidity exposure risks, and disproportionate employment in lower band key worker roles. For Health and Care workers, there are increased health and care setting exposure risks.

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<p>It is not enough to talk about the disproportionate number of Covid-19 BAME deaths – we need action / 01 May 2020 / https://www.prospectmagazine.co.uk/politics/uk-bame-deaths-coronavirus-covid-19-why-nhs</p>	Sharan Dhaliwal	Blog	Race	Health; Employment	<p>The blog refers to COVID-19 disproportionately affecting BAME people, referencing the higher number of deaths among this community compared to their make up of the general population and compared to the deaths observed amongst the white population.</p> <p>The author mentions nurses from BAME backgrounds feeling they are asked to work on COVID-19 wards more often than their white counterparts. Reference is made to the high proportion of BAME among all key workers not just healthcare workers. It is suggested that many ethnic minorities have immigrated with large family groups, that they stay in family homes and spend much of their time attending religious gatherings, all of which make them more vulnerable to the virus.</p> <p>Reference is made to an overwhelming feeling among BAME communities of disrespect and lack of communication from the government, with the author calling for BAME people to be listened to and supported more.</p>
NHS Covid 19 and health care worker	Roger Kline,	Blog	Race	Health	The blog references the substantial proportion of those dying from COVID-19 being from

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<p>deaths: questions that need asking / https://raceequalityfoundation.org.uk/health-care/nhs-covid-19-and-health-care-worker-deaths-questions-that-need-asking/</p>	<p>Research Fellow, Middlesex University Business School</p>				<p>Black and Minority Ethnic (BME) backgrounds. The author refers to the questions that should have been asked:</p> <ul style="list-style-type: none"> - Where were the risk assessments for key workers? - How important is the disproportionate presence of BME staff on the front line staff? - Is the inner circle of Government leaders and key experts sufficiently diverse? - Once the pattern of disproportionate BME deaths started shouldn't an urgent investigation have started? - Have diversity and inclusion been discarded at the first sign of crisis?
<p>Coronavirus-related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 / 07 May 2020 / https://www.ons.gov.uk/releases/coronavirusrelateddeathsbyethnicgroupengland</p>	<p>ONS</p>	<p>Publication</p>	<p>Age; Sex; Race</p>	<p>Health</p>	<p>ONS published an analysis of deaths involving COVID-19 by ethnic group. This covers deaths occurring between 2 March to 10 April 2020 that were registered by 17 April. Results are for England and Wales combined due to the relatively small numbers involved.</p> <ul style="list-style-type: none"> - This provisional analysis has shown that the risk of death involving the coronavirus (COVID-19) among some ethnic groups is significantly higher than that of those of White ethnicity.

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dandwales2march2020to10april2020					<ul style="list-style-type: none"> - When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females. - After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity. - Similarly, males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a COVID-19-related death than White males when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for females, the figure was 1.6 times more likely. - These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of

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					the difference has not yet been explained.
OpenSAFELY: factors associated with COVID-19 related hospital death in the linked electronic health records of 17 million adult NHS patients / 07 May 2020 / https://www.medrxiv.org/content/10.1101/2020.05.06.20092999v1	The OpenSAFELY Collaborative; Elizabeth Williamson, Alex J Walker, et al	Journal article	Age; Sex; Race	Health	People from Asian and black groups are at markedly increased risk of in-hospital death from COVID-19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors or deprivation; further research into the drivers of this association is therefore urgently required.
Coronavirus will increase race inequalities / 26 March 2020 / https://www.runnymedeTrust.org/blog/coronavirus-will-increase-race-inequalities	Zubaida Haque – Runnymede Trust	Blog	Race	Health; Housing; Employment	<p>This blog refers to Black and ethnic minority (BME) groups in the UK being among the poorest socio-economic groups, with reference to structural inequalities that place BME groups at much higher risk of severe illness from COVID-19, as well as experiencing harsher economic impacts from government measures to slow the spread the virus.</p> <p>The author suggest there is substantial evidence to show that BME communities</p>

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					<p>experience high rates of child poverty and ill-health, and that they are also more likely be employed in precarious work and live in poor housing conditions compared to their white British peers.</p> <p>The blog mentions the underlying health conditions that are more likely to be present within BME people, such as heart disease, hypertension and diabetes.</p> <p>Reference is made to ethnic minorities being more likely to live in overcrowded housing as well as multigenerational households, together with being less likely to own their own home and more likely to be renting from private landlords than white British groups.</p> <p>The significant inequalities and disadvantage experienced by ethnic minority groups at every stage of their careers in the UK labour market are highlighted. These labour market inequalities, the author suggests, explain the substantial poverty rates among BME households, together with telling us that BME groups in Britain will be less likely to weather the economic fallout from the COVID-19 crisis.</p>

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					<p>Concern is raised that many people, including a disproportionate number of ethnic minority people, will not qualify or be sufficiently covered by the government's wage-support scheme, mortgage-holiday package, Statutory Sick Pay or means-tested Universal Credit programmes. Many will earn too little to be eligible for Statutory Sick Pay and others will not meet the means-tested Universal Credit benefits criteria, which also has a two-child limit and 5 week wait before receipt of benefits.</p> <p>There is a call for the government to go further with its economic response to protect low income groups, self-employed people and those in precarious work, plus there is a call for Public Health England to give more guidance on how to protect vulnerable and elderly people within multigenerational households.</p>
<p>Care, poverty and coronavirus across Britain / April 2020 / https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620980/bn-</p>	<p>Oxfam</p>	<p>Briefing</p>	<p>Sex; Disability; Race</p>	<p>Employment; Health</p>	<p>This briefing describes carers' experiences of COVID-19. It suggests that in the UK, women – particularly black and minority ethnic women – have been disproportionately affected by recent cuts to public services and social security due to the 'structural inequalities which means they earn less, own less and</p>

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care-poverty-coronavirus-280420-en.pdf;jsessionid=57EC922865470C65E36D854A66D39EC9?sequence=1					<p>have more responsibility for unpaid care and domestic work'.</p> <p>The briefing claims BME groups are considerably more likely to be struggling financially to make ends meet.</p> <p>It is reported that in 2014, 91% of lone-parent families in the UK were headed by women, and were more likely to be BME. According to Carers UK's evidence, BME carers face additional difficulties in accessing adequate practical and financial support due to language barriers, lack of culturally appropriate services, and stereotypes around care.</p> <p>There is reference to reports suggesting that exposure to COVID-19 may be impacting BME workers more severely, as they are more likely to live in the dense urban areas most affected.</p>
Rapidly Compiled – Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent	End Violence Against Women	Briefing	Sex; Disability; Race	Living standards; Health; Housing; Crime	This Briefing sets out the consequences that COVID-19, and the necessary public health measures being implemented to control it, may have for women and girls who are experiencing or who are at risk of violence.

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<p>Violence Against Women and Girls / April 2020 / https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EV-AW-Coalition-Briefing-on-COVID19-Pandemic-and-Duty-to-Prevent-VAWG-April-2020-FINAL.pdf</p>					<p>It is suggested the experience and needs of BME women and girls are marginalized and made invisible.</p> <p>There is a call for emergency funding for the charities which protect and support survivors, taking into account existing inequalities in sector funding and the need to protect BME “by and for” provision.</p> <p>The briefing claims women in BME communities who face greater barriers to protection and justice are already disproportionately targeted for sexual violence by abusers who calculate that these women have less protection and are less likely to be believed if they report.</p> <p>It is suggested BME women are known to face higher barriers to reporting abuse and to accessing refuges and other support. BME women are over-represented in ‘at higher risk from’ COVID-19 groups, and are already impacted by racial inequalities in our healthcare system.</p> <p>Further reference is made to the ‘by and for’ support services across the UK, which are</p>

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					<p>expert in understanding and responding to the specific needs of different BME women. It is claimed many BME women do not approach mainstream support services and only seek support from these 'by and for' services; they are trusted, the nature of their provision is culturally specific, and they have uniquely high rates of self-referrals. These services are vital for BME women during this crisis, and they are the best chance of tracking what is happening for different BME women.</p> <p>There is a call for the immediate abolition of the "no recourse to public funds" rule which both discriminates against and harms many migrant women, and has a punitive effect on domestic abuse services, and especially BME women's support services, who try nonetheless to support these women and their children.</p> <p>The suggestion is made that because there is a history of racialized policing of some BME communities, there needs to be clear guidance to police that the right to leave home when you are not safe will always supersede any question related to isolation/distancing enforcement. BME children and their mothers must not face disproportionate sanctioning</p>

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					related to police powers to take young people home.
<p>How COVID-19 is affecting LGBT communities / 21 April 2020 / https://www.stonewall.org.uk/about-us/news/how-covid-19-affecting-lgbt-communities</p>	Stonewall	Blog	Age; Sex; Race; Sexual orientation	Education; Employment; Health; Living Standards; Participation in Society; Justice / Security	<p>This blog cites LGBT Traveller Pride, a community-led LGBT Traveller collective in the UK, which says this is a particularly difficult time for Gypsy, Roma and Traveller (GRT) communities due to them not having a home that is recognised.</p> <p>Reference is made to LGBT people of colour who are more likely to experience discrimination. In addition, while they're twice as likely to attend LGBT-specific venues or events as white LGBT people, they have now lost vital safe spaces.</p> <p>It is suggested that some LGBT communities are disproportionately impacted, with reference to Guardian analysis showing that Asian and Black patients account for a third of patients in hospital, despite making up only a quarter of the population in the same areas.</p> <p>The blog refers to the Chair of the British Medical Association who has called on the UK Government to include 'daily updates on ethnicity, circumstance and all protected characteristics of all patients'. Until we have</p>

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					this data, it is claimed, we won't truly understand the impact on all LGBT communities, or how we can respond and save lives.
Homes, health and COVID-19: how poor housing adds to the hardship of the coronavirus crisis / 2 April 2020 / https://www.iser.essx.ac.uk/blog/2020/04/02/homes-health-and-covid-19-how-poor-housing-adds-to-the-hardship-of-the-coronavirus-crisis	Amy Clair	Blog	Age; Disability; Race	Education; Employment; Health; Living standards; Housing	This blog refers to inequalities in housing and repercussions for health. It is claimed that racism persists, limiting the housing options of people from ethnic minorities and that racist incidents associated with COVID-19 have also been reported.
New Food Foundation data: food insecurity and debt are the new reality under lockdown / May 2020 / https://foodfoundation.org.uk/new-food-	The Food Foundation	Online survey	Disability; Race	Living standards; Food security	The Food Foundation present results from an online survey of 4352 adults in the UK conducted on 14-17 May by YouGov (fourth in series). It is reported that households which face at least 1.5 times greater than average levels of food insecurity include households with a

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foundation-data-food-insecurity-and-debt-are-the-new-reality-under-lockdown/					BAME adult (compared to respondent of white ethnicity).
COVID-19 is a greater health risk to people on low incomes: we can give a life-line / 15 April 2020 / https://www.jrf.org.uk/blog/covid-19-greater-health-risk-people-low-incomes-we-can-give-life-line	Rachel Casey - Joseph Rowntree Foundation	Blog	Age; Sex; Disability; Race	Employment; Health; Living standards; Housing	This blog refers to the Runnymede Trust's state of the nation report on Ethnicity, Race and Inequality in the UK which shows that poverty, health inequality and poor housing conditions impact BAME communities who are among the poorest of socioeconomic groups and who are more likely to be at the frontline of this crisis in low-paid and precarious work picking up waste, driving buses and looking after the sick.
Racial injustice in the COVID-19 response / 17 May 2020 / https://charitysowhite.org/covid19	Charity So White	Call for action	Race	Health; Living standards; Housing; Crime / Justice; Immigration	This article is a call for action from Charity So White. It highlights the impact of COVID-19 on BAME communities and outlines 5 areas that need direct, immediate attention. (i) Health Inequalities: BAME groups remain over-represented in the "at-risk" communities identified by the Government, which is concerning given the racialised access and treatment within the UK health system; (ii) Emergency Measures and Legislation: The

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					<p>lack of guidance around emergency measures, such as police powers and school closures is already leading to local variation and disproportionate impact on BAME communities; (iii) Risk of Destitution: BAME communities are over-represented in key worker categories, as well as over-represented in low income groups with lower rates of home ownership; (iv) Hostile Environment: The hostile environment and particularly No Recourse to Public Funds is preventing migrants from accessing basic rights during the crisis; (v) Protection and Enforcement: The concern about increases in domestic violence, the rights of those currently in prison or detention, and increased attacks against East Asians.</p>
<p>COVID-19: Guidance for supporting people living on traveller sites, unauthorised encampments and canal boats / 18 March 2020 / https://www.gypsy-traveller.org/news/covid-19-guidance-</p>	<p>Friends, Families and Travellers</p>	<p>Guidance</p>	<p>Race (Gypsy and Travellers)</p>	<p>Health</p>	<p>This guidance has been produced to assist local authorities, Traveller site managers and organisations managing canals and waterways in addressing coronavirus (COVID-19) within home settings for people living on unauthorised encampments, people living on Traveller sites and people living on canals. As part of the guidance the impact of COVID-19 on Gypsy and Traveller communities is discussed. It is suggested that these communities are known to face some of the</p>

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for-supporting-people-living-on-traveller-sites-unauthorised-encampments-and-canal-boats/					<p>most severe health inequalities and poor life outcomes amongst the United Kingdom population, even when compared with other socially deprived or excluded groups, and with other ethnic minorities. Reference is made to research undertaken by Parry et al which found that Gypsies and Travellers were significantly more likely to have a long-term illness, health problem or disability, which limits daily activities or work; experience higher overall prevalence of reported chest pain and higher levels of respiratory problems. As a consequence it is suggested within Gypsy and Traveller communities, there is a disproportionately high representation of people who are at increased risk of severe illness from coronavirus (COVID-19), and as such there is a call for responses from local authorities, Traveller site managers and organisations who manage waterways to mirror the level of risk experienced by these groups.</p>
<p>The state of girls' rights in the UK - Early insights into the impact of the coronavirus pandemic on girls /</p>	<p>Plan International UK</p>	<p>Report</p>	<p>Age; Sex; Disability; Race</p>	<p>Education; Employment; Health; Living standards; Crime / Justice</p>	<p>Plan International UK undertook a representative survey of more than 1,000 girls aged 14-21 across the UK. This report provides an initial overview and analysis of some of the wider issues facing girls during</p>

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<p>May 2020 / https://plan-uk.org/file/plan-uk-state-of-girls-rights-coronavirus-reportpdf/download?token=gddEAzlz</p>					<p>the pandemic, with recommendations for action.</p> <p>In relation to education the report suggests children from minority or ethnic groups or refugees and migrants may be locked out of distance learning due to linguistic or cultural barriers. It is also suggested that the fact pupils' futures are now reliant upon less formal assessments complete anonymity of assessed work is required to remove unconscious bias (against the abilities of women and girls, ethnic minorities and disabled children) – which all humans have – and indeed conscious bias from the process.</p> <p>Referring to their State of Girls' Rights in the UK report the authors suggest issues relating to racism within the education system arose for girls.</p>
<p>The Work of COVID: care work and care home mortality / 13 May 2020 / https://autonomy.work/portfolio/careandcarehomes/#158875</p>	<p>Ishan Khurana, Lukas Kikuchi and Will Stronge - Autonomy</p>	<p>Report</p>	<p>Sex; Race</p>	<p>Employment; Health</p>	<p>This study unpacks the gender, ethnicity and working conditions of care workers.</p> <p>The report signifies that the majority of care workers are BAME in London, but in the UK overall 81% are white.</p>

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<p>One in eight British households has no garden / 14 May 2020 / https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14</p>	ONS	Article	Race	Living Standards	This article finds the percentage of homes without a garden is higher among ethnic minorities, with Black people in England nearly four times as likely as White people to have no outdoor space at home
<p>Creation of the BAME categories: a methodological approach in the SAIL Databank / 28 May 2020 / Not yet published</p>	Health Data Research (HDR) UK team, Swansea University	Report	Race	Health	The report explores the coding of ethnicity within routine health and administrative data sources in Wales and finds this to be sub-optimal. However, the authors suggest using the Secure Anonymised Information Linkage (SAIL) privacy protecting system it is possible to bring together ethnic codes from multiple sources and improve the analyses. The report presents the initial findings, with ethnicity found to be not available in 38% of records analysed. The authors request the input of experts from multiple ethnic communities represented on the First Minister's BAME Advisory Group to assist with specifying analyses that would address their concerns.

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Rapid analysis of ethnic variation in Covid-19 outcomes in Wales using Onomap, a name-based ethnicity classification tool / 24 May 2020 / Not yet published	Daniel Thomas, Oghogho Orife, Chris Williams - Public Health Wales Communicable Disease Surveillance Centre	Technical report	Race	Health	<p>Ethnicity is not recorded in routine Covid-19 surveillance data sets. Onomap, a name-based ethnicity classification software package, was used to investigate ethnic variation in SARS-CoV-2 testing, proportion testing positive, proportion attending hospital, and of those attending hospital, the proportion receiving intensive care and those who died. The report warns that Onomap has limitations in its performance, and thus suggests all findings should be interpreted in light of these. Miss-classification of ethnicity is likely to produce more conservative estimates of increased risk in Black, Asian or other minority (BAME) groups. By classifying ethnicity using names, the authors estimate that 5% of the 35,618 SARS-Cov-2 tests carried out in Wales to 3 May 2020 were in BAME groups. This is similar to the estimated proportion of BAME people in Wales. People tested are a mixture of those tested in the community and their families, and those tested when hospitalised. Of those tested, proportion positive for SARS-Cov-2 was similar in BAME and white people. BAME people testing positive for SARS-CoV-2 were less likely to be linked to a hospitalisation but those who did were significantly younger (median age 51,</p>

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					<p>compared to 75 years). BAME people hospitalised with Covid-19 were significantly more likely to attend intensive care units, and were significantly younger than white people receiving intensive care. When specific ethnicities were examined, 'White-other', 'Asian and British Asian – Bangladeshi', and 'Asian and British Asian – Pakistani' ethnic groups were significantly more likely to receive intensive care, even after taking age and gender into account. Male gender and increasing age were strong predictors of death in those hospitalised with Covid-19. BAME and white people living in Wales appeared to have similar risk of death. However, numbers were small and should be interpreted with caution. This was a rapid initial analysis of existing surveillance data using a name-based ethnicity classification software. It appears to confirm that there is ethnic variation in Covid-19 outcomes in Wales. However, it provides little insight into underlying determinants. The report recommends further more in-depth research is carried out on larger data sets, if possible using self-reported ethnicity, to allow a more detailed epidemiological examination of determinants of poor outcome in BAME people in Wales. The authors also recommend that qualitative research is carried</p>

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					out to better understand the social and cultural determinants of ethnic variation in Covid-19 outcomes.
Stereotype threat / 23 May 2020 / https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31139-9/fulltext	Angela Saini	Journal article	Race	Health	This journal article refers to the risk of forgetting that the demographic categories we recognise socially do not in fact have very much biological meaning and betrays a wider problem in medicine when it comes to race. The author suggests it has become routine in medical research and clinical practice to categorise people by race and ethnicity. While this is no doubt important in identifying demographic groups who might be disadvantaged by unequal treatment and to spot any environmental or social patterns affecting disease prevalence, these categories are also sometimes used to guide research, diagnosis, and treatment in ways that are not necessarily useful. At worst, they may be reinforcing damaging myths about biological differences between groups.
BAME nursing staff experiencing greater PPE shortages despite COVID-19 risk warnings / 28 May 2020 /	Royal College of Nursing	Survey	Race	Health	A survey of Royal College of Nursing (RCN) members shows that black, Asian and minority ethnic (BAME) nursing staff are more likely to be left without PPE. The latest RCN member-wide survey shows that for nursing staff working in high-risk environments

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https://www.rcn.org.uk/news-and-events/news/uk-bame-nursing-staff-experiencing-greater-ppe-shortages-covid-19-280520					<p>(including intensive and critical care units), only 43% of respondents from a BAME background said they had enough eye and face protection equipment. This is in stark contrast to 66% of white British nursing staff. There were also disparities in access to fluid-repellent gowns and in cases of nursing staff being asked to re-use single-use PPE items. The survey found similar gaps for those working in non-high-risk environments. Meanwhile, staff reported differences in PPE training, with 40% of BAME respondents saying they had not had training compared with just 31% of white British respondents. Nearly a quarter of BAME nursing staff said they had no confidence that their employer is doing enough to protect them from COVID-19, compared with only 11% of white British respondents.</p>
<p>Survey reveals bigger impacts of Novel Coronavirus (COVID-19) and restriction measures on wellbeing of Black, Asian and minority ethnic residents in Wales /</p>	<p>Public Health Wales</p>	<p>Survey</p>	<p>Race</p>	<p>Health</p>	<p>Each week Public Health Wales has been conducting interviews with hundreds of people aged 18 or over across Wales, to understand how Novel Coronavirus (COVID-19) and the measures to prevent its spread are affecting the wellbeing of people in Wales. Public Health Wales has analysed the data from its weekly wellbeing surveys (covering the period of 13 April – 24 May) to better understand how</p>

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<p>29 May 2020 / https://phw.nhs.wales/news/survey-reveals-bigger-impacts-of-novel-coronavirus-covid-19-and-restriction-measures-on-wellbeing-of-black-asian-and-minority-ethnic-residents-in-wales/</p>					<p>Novel Coronavirus (COVID-19) and measures to prevent its spread may be affecting people of different ethnicities. This latest report from Public Health Wales on Novel Coronavirus (COVID-19) shows people from BAME backgrounds reporting higher rates of anxiety and feelings of isolation, with a third (33 per cent) of BAME respondents saying they felt isolated compared with less than a quarter (22 per cent) of those not in the BAME group. However, data also suggested that more BAME people have increased practices such as mindfulness (19 per cent BAME compared to 7 per cent of those not in the BAME group) to address these feelings. Amongst major concerns for BAME respondents were finances, with 22 per cent worrying ‘a lot’ about their financial situation; and 17% about job loss and job availability (compared to 11 per cent of those not in the BAME group). Furthermore, 28 per cent of BAME respondents said they were worrying ‘a lot’ about their own mental health, a higher rate than those not in the BAME group (19 per cent).</p>
<p>Disparities in the risk and outcomes of COVID-19 / June</p>	<p>Public Health England</p>	<p>Report</p>	<p>Age; Sex; Race</p>	<p>Health</p>	<p>This report presents a descriptive review of data on disparities in the risk and outcomes from COVID19. This review presents findings</p>

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<p>2020 / https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf</p>					<p>based on surveillance data available to PHE at the time of its publication, including through linkage to broader health data sets. It confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them.</p> <p>People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. Therefore, the disparity in COVID-19 mortality between ethnic groups is the opposite of that seen in previous years. An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.</p>

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					<p>These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-19, the risk of dying, or both. Other evidence has shown that when comorbidities are included, the difference in risk of death among hospitalised patients is greatly reduced. When this data was analysed, the majority of testing had been offered to those in hospital with a medical need. Confirmed cases therefore represent the population of people with severe disease, rather than all of those who get infected. This is important because disparities between diagnoses rates may reflect differences in the risk of getting the infection, in presenting to hospital with a medical need and in the likelihood of being tested. Some analyses outlined in this review are provisional and will continue to be improved. Further work is planned to obtain, link and analyse data that will complement these analyses.</p>
<p>Racism in medicine / February 2020 / https://www.bmj.com/racism-in-medicine</p>	<p>BMJ</p>	<p>Journal article</p>	<p>Age; Sex; Race; Pregnancy / Maternity</p>	<p>Education; Employment; Health</p>	<p>The BMJ's special issue on racism in medicine reflects the working lives of doctors from ethnic minority backgrounds and the healthcare experiences of ethnic minority patients. This edition focuses on race and its impact on health, highlighting among other</p>

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					things some of the injustices faced by ethnic minority healthcare workers and patients, from the fivefold higher maternal mortality among black women than among white women in the UK, to the gap in performance between white and ethnic minority students and doctors, and the increased likelihood of disciplinary procedures against ethnic minority doctors.
Impact of COVID-19 on the BAME community and voluntary sector: Final report of the research conducted between 19 March and 4 April 2020 / https://static1.squarespace.com/static/58f9e592440243412051314a/t/5eaab6e972a49d5a320cf3af/1588246258540/REPORT+Impact+of+COVID-19+on+the+BAME+Community+and+vo	K Murray - Ubele	Report	Race	Service delivery	<p>This report provides the results of two waves of surveys, which were conducted between 19 – 23 March (Wave 1) and between 27 March and 4 April (Wave 2). From these two phases, 182 responses from organisations and individuals were received, which represented 165 different organisations. The surveys focused particularly on the impact of COVID-19 on the Black, Asian and Minority Ethnic (BAME) organisations who deliver services to the BAME communities. The survey confirmed some areas of general concerns within the charity, community and voluntary sector but also flagged up some areas of concerns that seem to be particular to BAME organisations. Examples of the latter include:</p> <ul style="list-style-type: none"> - Many of the organisations that responded to Wave 2 (n=86) have started to develop new ways of working

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luntary+sector%2C+30+April+2020.pdf					<p>that ensures continuity of support to those vulnerable beneficiaries of their services. As evidenced, the crisis has thrown up new sets of challenges for some organisations in terms of potential domestic violence and mental health support provisions, especially amongst young people, for example.</p> <ul style="list-style-type: none"> - Without support, many organisations may not be able to adapt as quickly as others, and as such, may find that they are at a stage where their work cannot continue; and for those able to adapt, they may find that they are in 'crisis management' mode which becomes their new 'normal'. - Those organisations most affected are micro and small BAME organisations, that largely receive less than £10,000 and upwards to £100,000 per annum (87%). - Due to the size of the majority of those organisations responding (micro and small organisations), it was not surprising that the majority did not therefore have any 'reserves' (68%)

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					<p>with only 19% having reserves covering 3 months. Taken together, if the crisis continues beyond the notional 3 months, given the level of reserves being held, then 87% (or 9 out of 10 organisations) could conceivably cease to operate after three months; and with it, a projected 15,000 to 20,000 users per week unable to access services.</p> <p>A series of recommendations arising from the survey are then listed in the report.</p>
<p>Council with highest COVID-19 death rate brands illness a 'housing disease' / 29 May 2020 / https://www.insidehousing.co.uk/news/news/council-with-highest-covid-19-death-rate-brands-illness-a-housing-disease-66608</p>	<p>Nathaniel Barker and Lucie Heath – Inside Housing</p>	<p>Online news article</p>	<p>NA</p>	<p>Housing</p>	<p>This article references the council with the highest COVID-19 death rate in the country, Newham Council, branding the virus a "housing disease". The authors indicate that their analysis points to a clear pattern between hotspots of coronavirus deaths and housing factors such as overcrowding, homelessness and a lack of social housing. It is suggested that a comparison of official data on COVID-19 age-related mortality rates and housing overcrowding shows that of the 20 local authority areas where COVID-19 has claimed most lives per 100,000 people, 14 also have the highest percentage of households in homes with fewer bedrooms than they need.</p>

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Ethnicity and outcomes from COVID-19: the ISARIC CCP-UK prospective observational cohort study of hospitalised patients / Not yet published	Ewan M Harrison, Annemarie B Docherty, Benjamin Barr, et al, on behalf of ISARIC4C	Journal article	Race	Health	Ethnic Minorities in hospital with COVID-19 were more likely to be admitted to critical care and receive invasive mechanical ventilation (IMV) than Whites, despite similar disease severity on admission, similar duration of symptoms, and being younger with fewer comorbidities. South Asians are at greater risk of dying, due at least in part to a higher prevalence of pre-existing diabetes.
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	Public Health England	Report	Age; Sex; Race; Faith	Education; Employment; Health; Housing; Standard of Living	<p>The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.</p> <p>This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).</p> <p>An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age,</p>

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					<p>deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British</p> <p>Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.</p> <p>Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females</p> <p>These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiring COVID-</p>

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					<p>19, the risk of dying, or both. Other evidence has shown that when comorbidities are included, the difference in risk of death between ethnic groups among hospitalised patients is greatly reduced</p> <p>This report builds upon the PHE epidemiological review by summarising a rapid literature review and external stakeholder engagement.</p> <p>A rapid review of the published literature was undertaken to identify if inequalities exist in how BAME groups are affected by COVID-19 infection when compared to the White British population. The review also sought to understand the social and structural determinants of health that may impact disparities in COVID-19 incidence, treatment, morbidity, and mortality in BAME groups.</p> <p>Engagement was also carried out with a broad range of stakeholders. In total 17 sessions were hosted involving over 4,000 people with a broad range of interests in BAME issues. These sessions provided further insights into the factors that may be influencing the relationship and impact of COVID-19 on BAME communities and strategies for</p>

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					<p>addressing inequalities. PHEs role was to capture the feedback received and were not responsible for confirming the evidence base behind the points raised.</p> <p>The main themes emerging from the stakeholder sessions were as follows:</p> <ul style="list-style-type: none"> - Longstanding inequalities exacerbated by COVID-19 - Increased risk of exposure to and acquisition of COVID-19 - Increased risk of complications and death from COVID-19 - Racism, discrimination, stigma, fear and trust <p>The reports lists a series of recommendations to be taken forward.</p>