RUNNYMEDE

A Runnymede Trust and ICM Survey

Over-Exposed and Under-Protected

The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain

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Introduction

Black and minority ethnic people are over-represented in COVID-19 severe illness and deaths. This is according to almost every analysis of COVID-19 hospital cases and deaths in the UK by ethnicity carried out by the Intensive Care National Audit and Research Centre (ICNARC), Office for National Statistics, Institute for Fiscal Studies and Public Health England, among others. COVID-19 has had a devastating impact on ethnic minority communities.

Pre-existing racial and socioeconomic inequalities, resulting in disparities in co-morbidities between ethnic groups, have been amplified by COVID-19. Our survey findings unequivocally show that COVID-19 is not just a health crisis; it is also a social and economic crisis. And the ability to cope, to protect and to shield oneself from coronavirus, is vastly different for people from different ethnic and socioeconomic backgrounds.

Our survey shows that black and minority ethnic (BME) people face greater barriers in shielding from coronavirus as a result of the types of employment they hold (BME men and women are over-represented among key worker roles); having to use public transport more; living in overcrowded and multigenerational households more; and not being given appropriate PPE (personal protective equipment) at work. In all of these areas, most BME groups are more likely to be over-exposed and under-protected compared with their white British counterparts.

Key findings

Mental health, childcare worries, home-schooling and relationships

- Just under four in ten (36%) adults in Britain reported that during the coronavirus crisis and lockdown they have experienced an increase in stress or anxiety. Two in ten (21%) said that they have been finding lockdown difficult to cope with, while 14% said that social isolation was making 'relationships at home more difficult than usual'. This last figure rose to one in five (19%) for BME groups.

Health and coronavirus infection

- BME people are more likely than white people either to have received a positive test result or to have experienced symptoms (17% of BME people vs 11% of white people). One in twenty BME people (5%) have been hospitalised with the virus, compared with one in a hundred white people (1%).
- 15% of black people say they personally knew someone who had died with the virus, with this figure rising to 19% for people of African Caribbean backgrounds.

Households and overcrowding

- Black and minority ethnic households are, on average, larger than white British households. The most common household size in Britain among adults is two people (34%); by contrast, the most common household size among adults from a BME background is four people (25%). BME groups, on average, are more than twice as likely as white people to live in households of five people or more.
- BME people, despite living with more people in the same household, are more likely than their white British counterparts to live in households with fewer rooms than occupants.
- BME people are also more likely than white people to live with someone (including children) who may be vulnerable to coronavirus due to a disability or health condition (38% of BME groups vs 31% of white groups).

Occupation and employment status during COVID-19

- Black and minority ethnic people are more likely than white people to be working outside of their home at the current time. A third of BME people (33%) are in this position, compared with closer to a quarter of white people (27%). People of African origin are particularly likely to be working outside of their home (41%).
- BME people are also more likely than white people to be classed as key workers. Just under three in ten BME people (28%) are key workers, compared with closer to two in ten white people (23%).
- Black groups are particularly likely to be classed as key workers (34%), with the highest percentage among people of African origin – nearly four in ten of whom are key workers (37%).

- Among Chinese, Bangladeshi, Black African and Black Caribbean groups, women are more likely than their male counterparts to be working as key workers. Bangladeshi women, in particular, are more than two times more likely than their male counterparts (43% vs 19%) to be working in a key worker role.
- Greater proportions of BME key workers (32%) reported that they were not given adequate PPE compared with their white counterparts (20%). Among those in this position, 50% of Bangladeshi, 42% of Pakistani and 41% of Black African respondents reported that they had not been given adequate PPE.

Finances

- Black and minority ethnic people are consistently more likely than white people to have experienced negative financial impacts due to the coronavirus crisis and lockdown. For all but two of the experiences tested, BME people are more likely to have experienced them than white people.
- Bangladeshi (43%) followed by Black African groups (38%) were the most likely to report the loss of some income since COVID-19, compared with 21% of Black Caribbean groups and 22% of white British people.
- While over half of white groups reported that they had not been affected financially by the coronavirus crisis and lockdown, and that they don't struggle with paying bills or paying for essentials (54%), the proportion of BME people who said the same stood at 35%.
- BME people are more likely than white people to have had to start using savings for day-to-day spending (14% BME vs 8% white British); to have found it harder than usual to pay for essentials and meet basic needs (12% BME vs 8% white groups); to have found it harder than usual to pay bills or rent (15% BME vs 8% white groups); to have had to start borrowing money from friends and family (6% BME vs 3% white); and to have had to start skipping meals, or doing so more often than usual, due to financial difficulties (7% BME groups vs 2% white British group).

Awareness of government measures

- Black and minority ethnic people are consistently less likely than white people to have heard of UK government social and economic measures to tackle the coronavirus crisis and provide financial support to people and businesses. Awareness of these measures was particularly low among Bangladeshis, with three in ten (29%) reporting that they were not aware of *any* of the measures.
- While around nine in ten white people (88%) had heard of the furlough scheme, only around seven in ten BME (69%) people had. People of Bangladeshi origin were the least likely (at 61%) to be aware of any of the government's economic measures during COVID-19.
- Similarly, while just under nine in ten white people (87%) had heard of the request for people to 'Stay Home, Protect the NHS, Save Lives', the proportion among BME people was seven in ten (69%). The same pattern holds for the request to 'Stay Alert, Control the Virus, Save Lives' (84% vs 66%).
- Fewer than half of BME people were aware of the measure to allow those out of work due to the crisis to claim Universal Credit (44%, vs 62% of white people). Equally, only around a third of BME people had heard of the measure making Statutory Sick Pay (SSP) available from the first day of self-isolating (34%, vs 52% of white people).

Methodology

In the summer of 2020, the polling company ICM administered a survey on behalf of Runnymede Trust with 2,585 adults (aged 18+) in Great Britain. The survey covered people's experiences of the coronavirus pandemic and lockdown, and explored the impact of COVID-19 on physical and mental health, work, finances, relationships, childcare and schooling, and understanding of the government's COVID-19 social and economic measures.

The 2,585 people sampled included a 'boost' sample of 538 BME adults, taking the overall sample of BME respondents to 750 in the whole survey. To ensure a representative sample, demographic quotas were set, which included taking into account the socioeconomic profile of the adult BME population in Great Britain. Further details of the ICM survey methodology are outlined in Appendix A.

Ethnicity was measured using the 18-category variable from the 2011 UK Census. Due to the small sample sizes of some of the groups, we can only present reliable data for the White English/Welsh/Scottish/Northern Irish/British, Chinese, Indian, Pakistani, Bangladeshi, Black Caribbean, and Black African ethnic groups.

In this report, 'black and minority ethnic groups' represents the Chinese, Indian, Pakistani, Bangladeshi, Black Caribbean, and Black African ethnic groups. Unless specified, 'white' includes all white groups (including White English/Welsh/Scottish/Northern Irish/British and White Other).

1. Common challenges

COVID-19 impact on mental health, childcare and home-schooling

While the ICM survey clearly shows that people from different ethnic groups are experiencing the coronavirus pandemic differently, there were some areas – mental health, childcare and schooling – where groups across the spectrum are facing some of the same challenges.

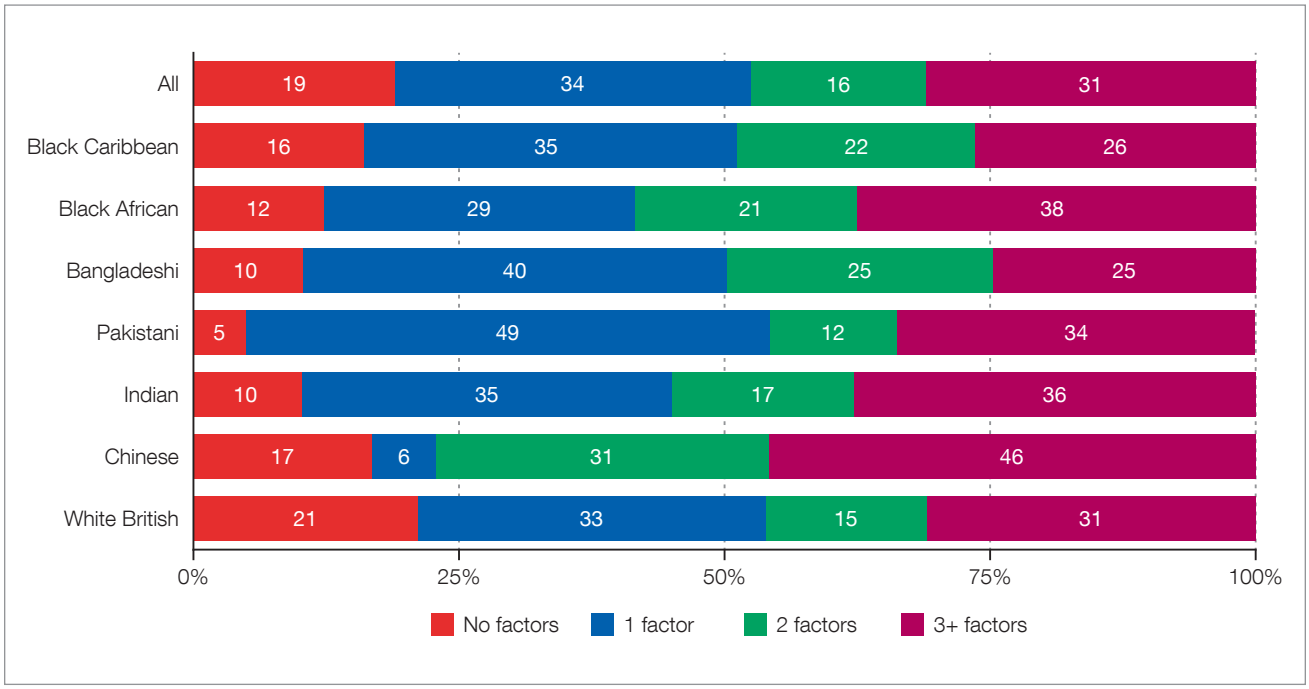
All respondents, including parents/guardians, were asked whether they were struggling with any (or all) of the following factors: balancing paid work and caring for a child at home; home-schooling; doing the majority of childcare at home; concern about their children falling behind with schoolwork; concern that their children did not have access to learning equipment (including computers) to study at home; feeding their children; or going to the shops or doing other tasks at home (see Figure 1).

Figure 1 shows that the detrimental impact of lockdown in terms of childcare and home-schooling affected all groups to a significant extent, with almost half of all ethnic groups admitting to experiencing more than two difficulties with balancing childcare and home-schooling. Notably, however, white British people were the most likely to report no childcare/home-schooling impacts (one in five) compared with one in 20 Pakistani respondents and one in ten Bangladeshi and Indian respondents. Conversely, over half of Chinese, Indian and Black African groups admitted to struggling with more than two issues in relation to balancing work, childcare, home-schooling and shopping.

Our survey also showed that over a third (36%) of adults in Britain experienced an increase in stress or anxiety during lockdown, with one in five people (21%) finding social isolation difficult to cope with. Lockdown also had an impact on relationships, with 14% of all people reporting that 'social isolation is making relationships at home more difficult than usual'. This figure was higher among BME people, at nearly one in five.

Other anxieties or concerns included people being worried that they 'might not be able to get NHS treatment for non-coronavirus issues in the coming weeks and months' (20%) or that they 'might not be able to access medication that they need in the near future' (9%).

Figure 1: Number of detrimental impacts of lockdown by ethnic group (%)



2. Exposure to COVID-19

Disproportionate impacts on health

Our survey also showed that one in ten adults in Britain (12%) have either received a coronavirus diagnosis or experienced symptoms of the virus. Two per cent of adults have received a positive test result and been admitted to hospital as a result, while one per cent have received a positive test result but did not require a hospital admission. Around one in ten adults in Britain (9%) personally knew someone who had died with the coronavirus.

But BME people are more likely than white people to have either received a positive test result or experienced symptoms (17%, vs 11% of white people). And 5% of BME people have been hospitalised with the virus, compared with 1% of white people.

BME adults in Britain are also more likely than white people to have known someone who died with the coronavirus. Over one in ten (13%) BME adults say that they personally knew someone who had died with the virus, compared with 9% of white people. Among black groups this figure rises to 15%, with the highest percentage among people of African Caribbean background – one in five (19%) of whom personally knew someone who had died with the coronavirus.

Co-morbidities are important because underlying health conditions play a strong part in COVID-19 risk. While our survey showed that four in ten people from white groups had underlying conditions compared with three in ten from BME groups, BME populations in the UK have higher rates of particular underlying conditions (e.g. cardiovascular disease, obesity and diabetes) which appear to be strongly associated with COVID-19 mortality. It's important to understand, however, that co-morbidities are linked to numerous factors and are not necessarily just the result of biology or ethnicity.

The Marmot Review (Marmot et al., 2020) highlighted that people living in deprived areas and those from BME backgrounds were not only more likely to have underlying health conditions because of their disadvantaged backgrounds, but they were also more likely to have shorter life expectancy as a result of their socioeconomic status. Bangladeshi men and Pakistani women were identified as groups with the lowest life expectancy. Where you live, what you can afford to eat, how much green space you have, how much exercise you are able to take, and the psychological and mental health impact of poverty and racism all play key roles in health outcomes.

Household size and overcrowding

Our survey shows that among adults in Britain, the most common household size is two people (34%), with one in five people living alone (19%). By contrast, members of BME groups, on average, live in larger households, with the most common size (at 25%) being four adults.

However, larger household sizes were found to be more common among people of Indian, Pakistani, Bangladeshi and Black African backgrounds.

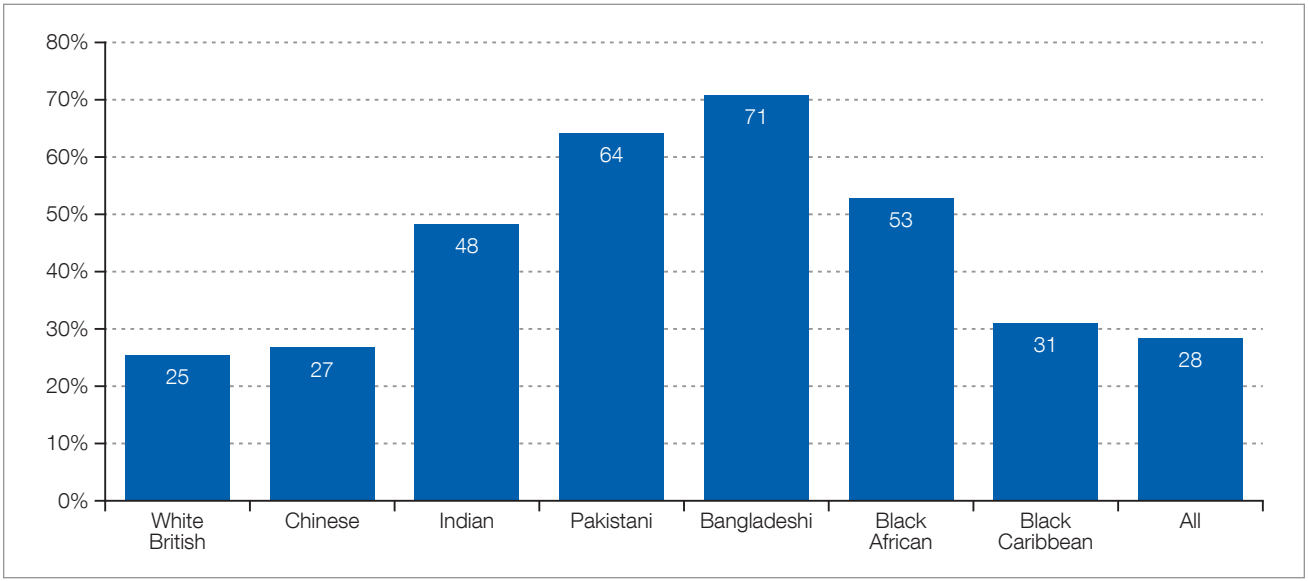
Figure 2 shows that people from Black African (53%), Pakistani (64%) and Bangladeshi (71%) groups are the most likely to live in households of four or more people. In contrast, 25% of white British people and 27% of Chinese people live in households of four or more people.

Overall, BME people in our survey were more than twice as likely as white people to live in households of five or more: 12% of BME people live in households of five people compared with 5% of people from white groups, while 5% of BME people live in households of six people compared with 2% of white people.

Furthermore, our survey showed that that the proportion of BME adults living with children aged under 18 is higher than the proportion among white people. Just under half of BME adults (46%) in our survey live in a household with children aged under 18, compared with three in ten white people (29%). Around six in ten people of Pakistani (58%), Bangladeshi (60%) and African (59%) backgrounds live with at least one child.

Despite, on average, larger household sizes among BME people, our survey showed that BME families do not, on average, live in homes with more rooms. Well over half of Bangladeshi, Pakistani and Black African households comprise four or more people,

Figure 2: Households consisting of four or more people by ethnic group (%)



for example, but less than a quarter (23%) of BME households live in homes with five rooms.

Fewer rooms for larger BME households, and particularly multigenerational households (our survey found that at 10%, Bangladeshi households were the most likely to be living in multigenerational households), means more risk and exposure to COVID-19 for individual household members during the coronavirus crisis. Overcrowded households – where there are fewer rooms than occupants – mean that social distancing, self-isolation and shielding are harder to practise, increasing opportunities for within-household coronavirus transmission.

The lack of ability to shield and self-isolate is particularly pertinent, as our survey found that BME people are more likely than white people to live with someone (including children) who may be vulnerable to the coronavirus due to a disability or health condition (38% vs 31%). Just under four in ten BME adults who live with other people say that they live with someone who may be vulnerable (38%), compared with three in ten white adults who live with others (31%).

Among those BME adults living with children aged under 18, around a quarter (27%) say that a child they live with is potentially vulnerable to the virus due to a disability or long-standing illness or health condition. Among white people living with children, this figure stands at 17%. Not only does this have implications for transmission and self-isolating in overcrowded households, but it also has ramifications for returning to schools in September – particularly if COVID-19 cases in local communities remain relatively high.

Occupation and work status during COVID-19

Our survey found that members of black and minority ethnic groups are more likely than members of white groups to be working outside of their home at the current time (see Figure 3). A third of BME people are currently working outside of their home (33%), compared to closer to a quarter of white groups (26%). Workers from Black African backgrounds (41%), followed by Black Caribbean, Pakistani and Bangladeshi backgrounds (over a third of these workers), are particularly likely to be working outside of their home.

Figure 3 also shows that around a third or more of white British (40%), Bangladeshi (37%) and Pakistani (31%) people reported that they were either unemployed before the pandemic or had recently lost their job or were self-employed but not able to work.

People of Indian and Chinese backgrounds were the most likely to have been furloughed since the coronavirus outbreak (12% and 13%, respectively) although close one in ten Black African (8%) and Black Caribbean (10%) people were also furloughed.

Figure 4 shows that black and minority ethnic groups were also more likely than white groups to describe themselves as key workers. BME groups represent approximately 14% of the population in England and Wales, yet 28% of BME people classified themselves as key workers, compared with 23% of white British people. Among BME groups, a higher proportion of people from black groups described themselves as key workers (34%), with the highest representation of

Figure 3: Employment status by ethnicity during COVID-19 (%)

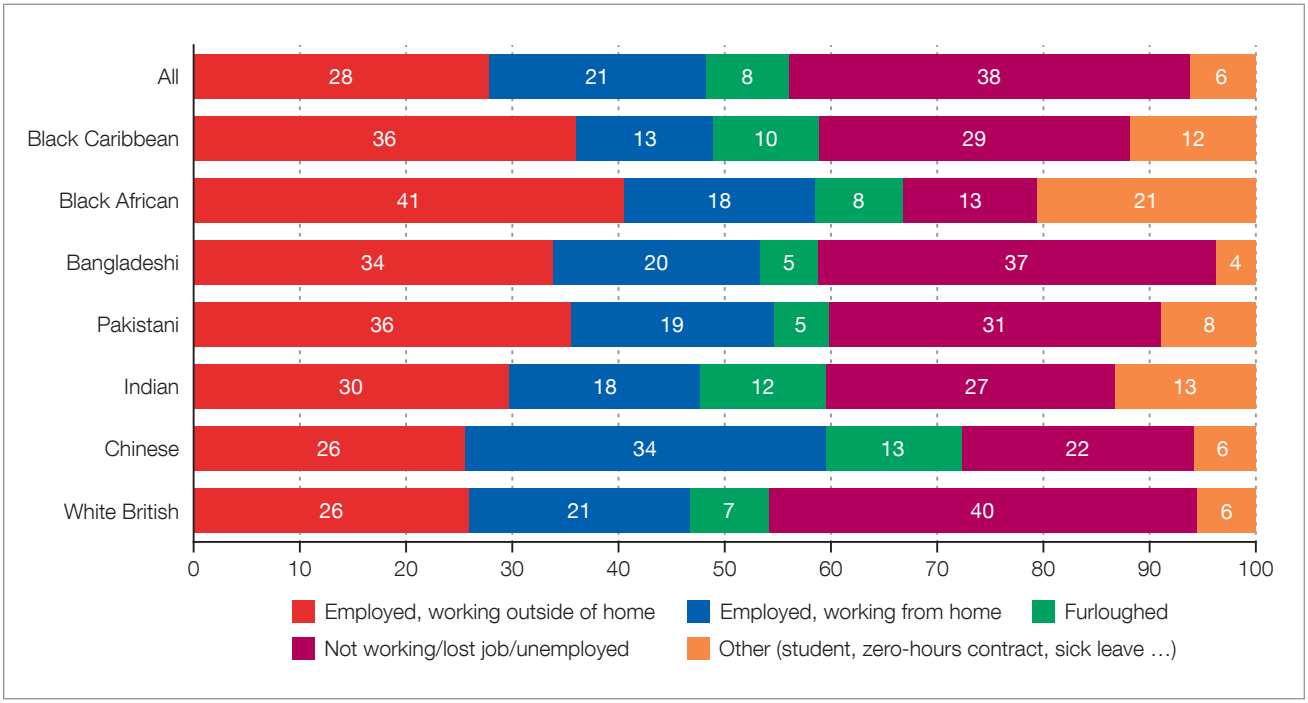
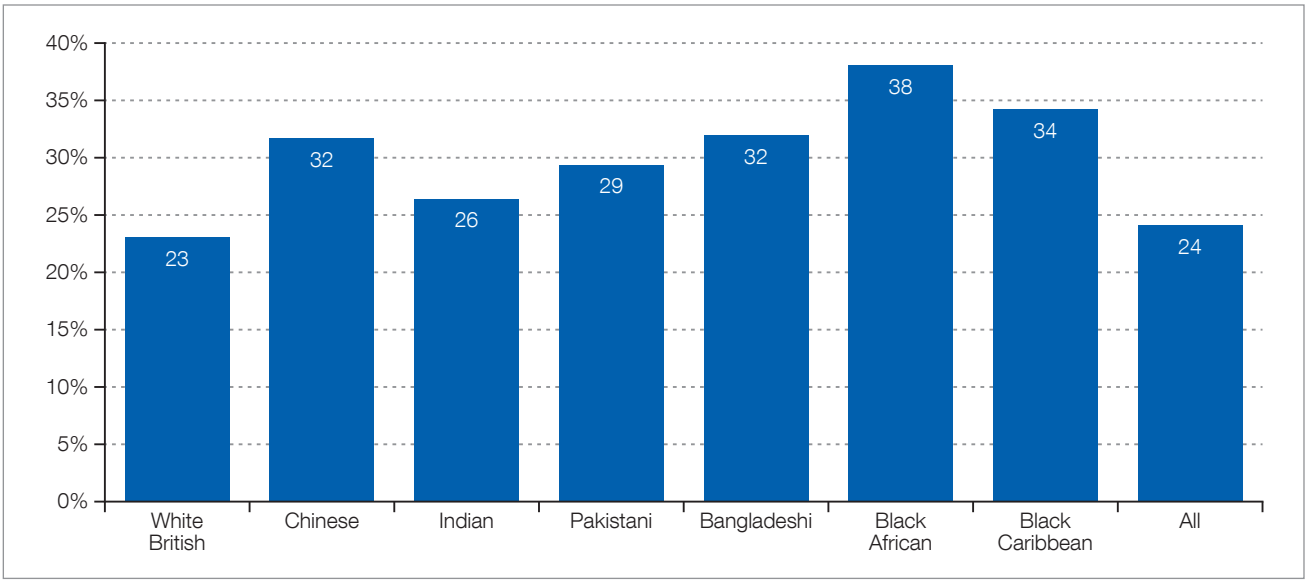


Figure 4: Key workers by ethnic group (%)



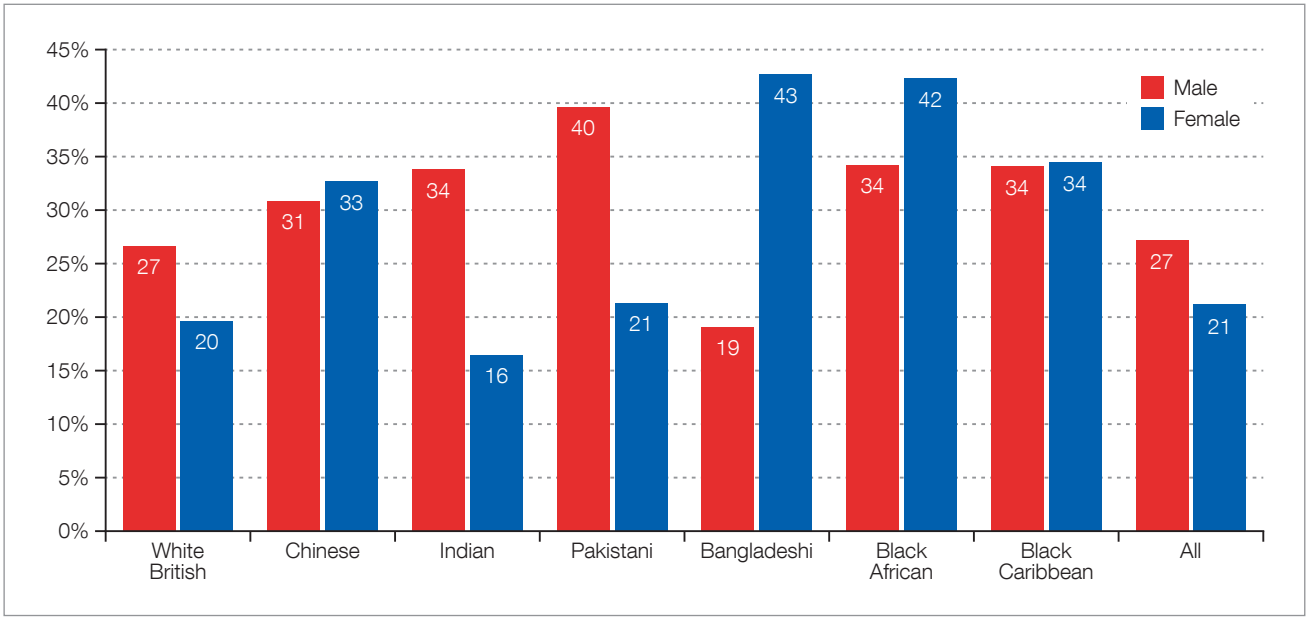
key workers found among people from Black African backgrounds (38%).

A gender breakdown of key workers revealed that among Chinese, Bangladeshi, Black African and Black Caribbean groups, women are more likely to be working as key workers than their male counterparts (see Figure 5). Bangladeshi women, in particular, are two times more likely their male counterparts (43% vs 19%) to be working in a key worker role.

This is consistent with previous studies which have shown that people from black and minority ethnic backgrounds (particularly Black African and Black Caribbean groups) are over-represented in key worker jobs, especially in front-line health and social care roles, in comparison with their white counterparts (Platt and Warwick, 2020; Women's Budget Group, 2020; Fawcett Society, Women's Budget Group and LSE, 2020). Furthermore, these key workers are likely to be working longer hours (Kikuchi and Khurana, 2020).

But exposure alone does not entirely explain why BME groups have been disproportionately at risk of severe illness and death with COVID-19

Figure 5: Key worker roles by ethnicity and gender (%)



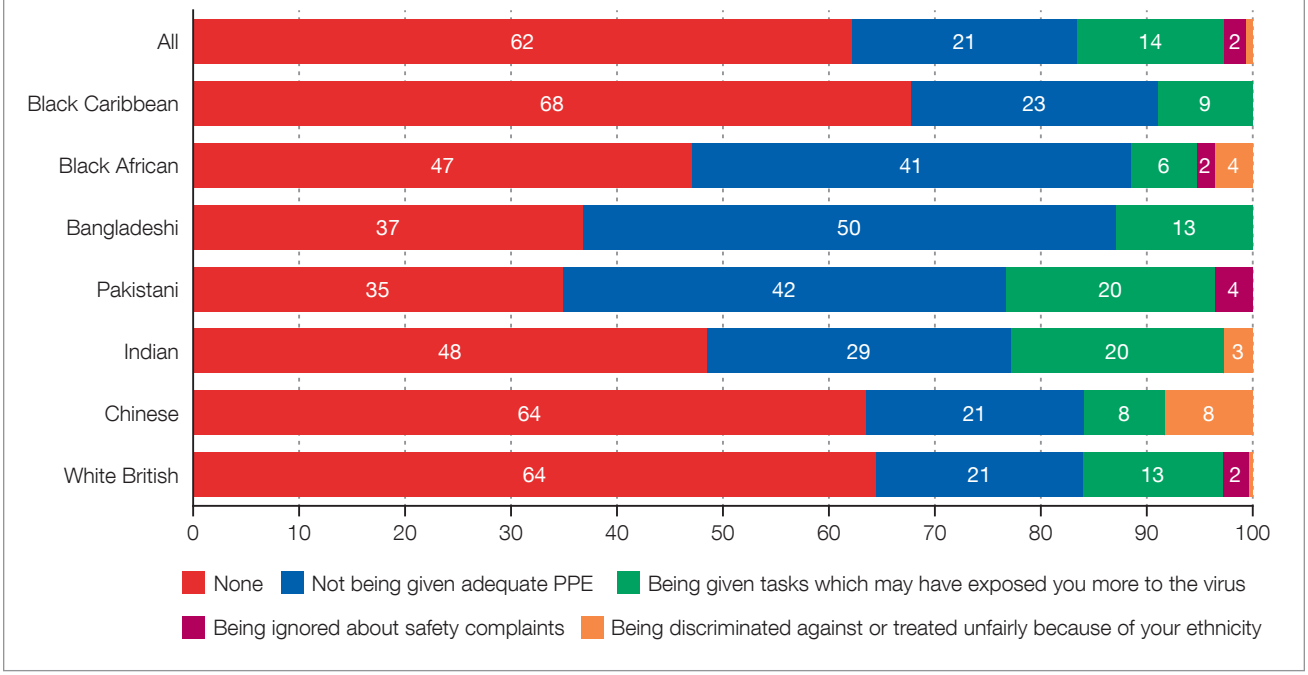
in comparison with their white counterparts. Key workers from white groups (including White Other groups) are also exposed to the public, which raises questions about why BME groups, in particular, have been more vulnerable than their white peers to COVID-19 infection and severity of disease.

Our survey provides one possible answer, with higher proportions of BME key workers (32%) reporting that they were not given adequate PPE compared with their white counterparts (20%). Figure 6 highlights how some ethnic groups were significantly less likely to have been given adequate PPE (50% of Bangladeshi, 42% of Pakistani and 41% of Black African respondents reported that they had not) compared with their white British counterparts.

Figure 6 also shows that Pakistani and Indian groups were the most likely (at 20%) to be believe that they were 'being given tasks which may have exposed [them] more to the coronavirus'.

It is also worth noting that one in ten BME key workers reported that they had experienced

Figure 6: Negative and unsafe experiences during COVID-19 by ethnicity (%)



'discrimination or unfair treatment because of [their] ethnicity' (10%), with key workers of Chinese background the most likely to state this. Higher proportions of Pakistani (20%) and Indian (20%) key workers, compared with the average of 14%, also reported having been ignored about safety complaints.

Overall, these findings show that BME workers were the most likely to be working outside their home during lockdown, over-represented among key workers, less likely to be given PPE, more likely to be given tasks which exposed them to the coronavirus and more likely to be ignored about safety complaints. Cumulatively, these experiences suggest that black and minority ethnic groups have been more exposed to the coronavirus than their white peers, and less likely to have been protected from coronavirus despite having raised concerns about safety.

Use of public transport during lockdown

Overall, our survey found that just over one in ten adults in Britain (12%) reported that they had used public transport – either for work or 'for any other reason' – at least once a week since the beginning of the coronavirus crisis (see Figure 7).

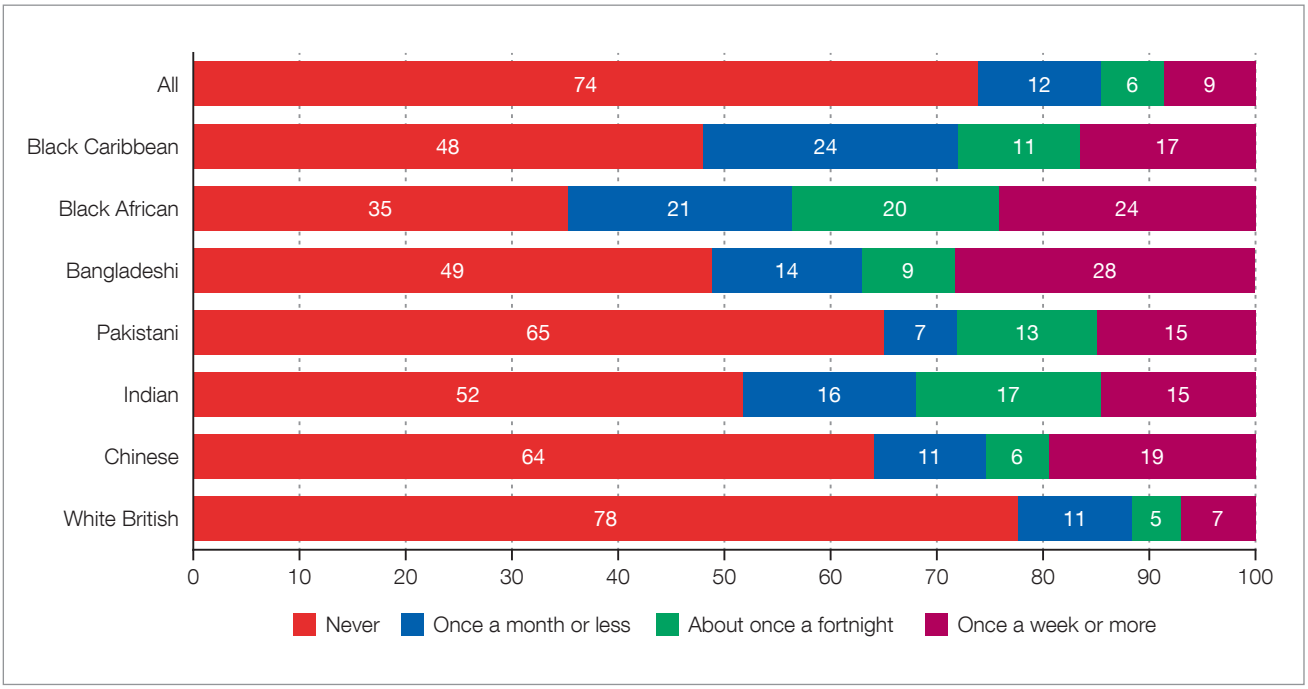
However, people from BME backgrounds were more than twice as likely as white people to have 'used public transport at least once a week since the crisis began' (26% of BME people vs 10% of white people). Over a quarter of Bangladeshi and Black African respondents reported that they had 'used public transport at least once a week' since the crisis began.

White British respondents were the least likely among all ethnic groups to have taken public transport during lockdown. While 78% of white British people reported not having taken public transport since lockdown began, this figure stood at 49% for Bangladeshi respondents, 48% for Black Caribbean respondents and a mere 35% for Black African respondents.

In fact, all other groups (Chinese, Indian, Pakistani, Bangladeshi, Black African and Black Caribbean) were more than twice as likely as their white counterparts to have taken public transport at least once a week since lockdown began.

The implication of travelling more (particularly on public transport) during COVID-19 crisis is increased risk and exposure to the coronavirus. COVID-19 is a respiratory disease which is spread by droplets when a person coughs, sneezes, speaks loudly or sings. Travelling in enclosed places, such as trains, buses or any other transport, where a person is in close proximity to other people increases risk and vulnerability to the coronavirus. Our survey suggests that BME people, who, on average, were travelling more than once a week during lockdown may have been more exposed to the coronavirus compared with other groups.

Figure 7: Use of public transport since lockdown by ethnic background (%)



3. Financial impact of COVID-19

Overall, our survey showed that a quarter of adults reported losing some income due to the coronavirus crisis and lockdown (24%), but this figure was higher among black and minority groups. Three in ten BME people (32%) reported losing some income during lockdown, compared with just over two in ten white people (23%).

Figure 8 shows that Bangladeshi (43%) followed by Black African groups (38%) were the most likely to report loss of some income since COVID-19, compared with 21% of Black Caribbean groups and 22% of white British people. Around three in ten people from Indian, Pakistani and Chinese groups also reported a loss of some income during the coronavirus crisis.

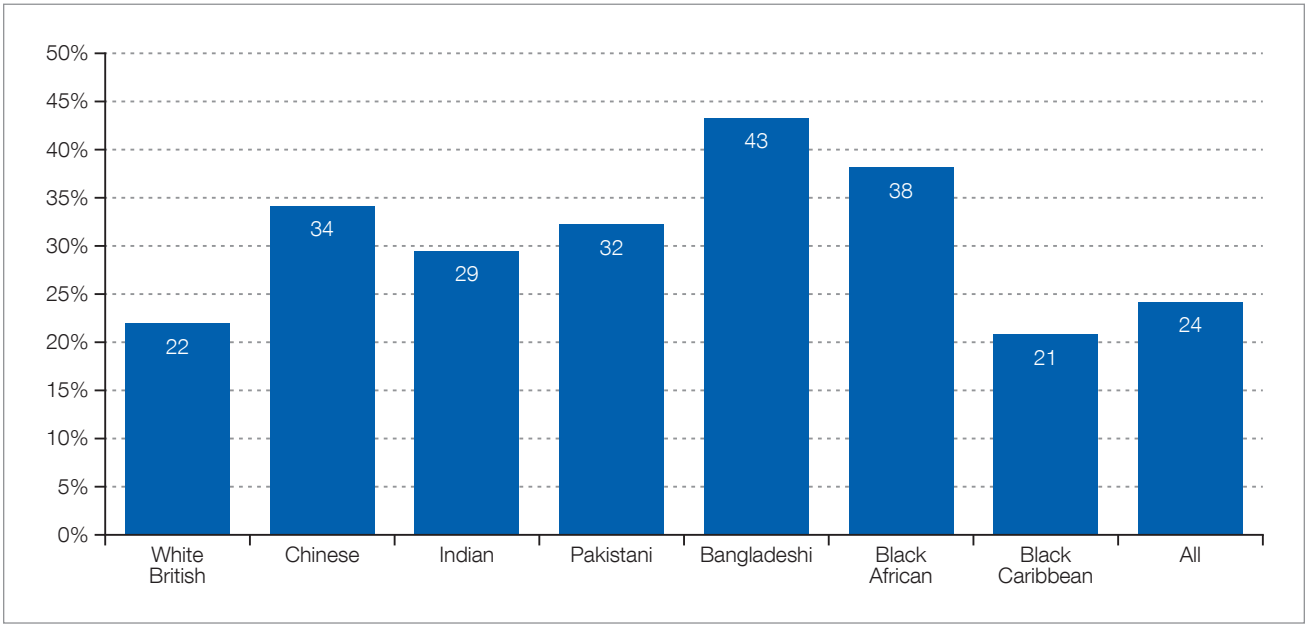
In addition, while over half of white people (54%) reported that they had not been affected financially by the coronavirus crisis and lockdown, and that they had not struggled with paying bills or paying for essentials, only a third (35%) of BME people said the same. Overall, our survey found that BME groups were consistently more likely than white groups to have experienced negative financial impacts due to the coronavirus crisis and lockdown.

BME people were more likely than white people to report that they had had to resort to savings for day-to-day spending (14% vs 8%), had 'found it harder than usual to pay for essentials and meet basic needs' (12% vs 8%), had 'found it harder than usual to pay bills or rent' (15% vs 8%), had had to start borrowing money from friends and family (6% vs 3%), or had had to start skipping meals due to financial difficulties (7% vs 2%).

Previous studies have shown that BME people, on average, have less savings than their white counterparts: for every £1 of white British wealth, Pakistani households have around 50p, Black Caribbean households around 20p, and Black African and Bangladeshi households approximately 10p (Khan, 2020). This suggests that BME households are less able to be financially resilient when they have lost income or jobs, during unexpected times such as COVID-19.

In fact, our survey found that black and minority ethnic people were two times more likely than white people to have applied (or tried to apply) for Universal Credit since the beginning of the coronavirus crisis (21% of BME people vs 10% of white people).

Figure 8: Loss of income since coronavirus outbreak by ethnicity (%)



4. Awareness of government social and economic measures during COVID-19

Survey respondents were asked whether they had heard of some of the following social and economic measures rolled out by the UK government during COVID-19:

- The request for people to 'Stay Home, Protect the NHS, Save Lives'
- The request for people to 'Stay Alert, Control the Virus, Save Lives'
- Making Statutory Sick Pay (SSP) available from the first day of self-isolating
- Paying 80% of employees' wages if they are unable to work during the crisis (i.e. the furlough scheme)
- Paying 80% of recent wages for self-employed people during the crisis
- Allowing those out of work due to the crisis to claim Universal Credit
- Increasing the amount the government pays in benefits

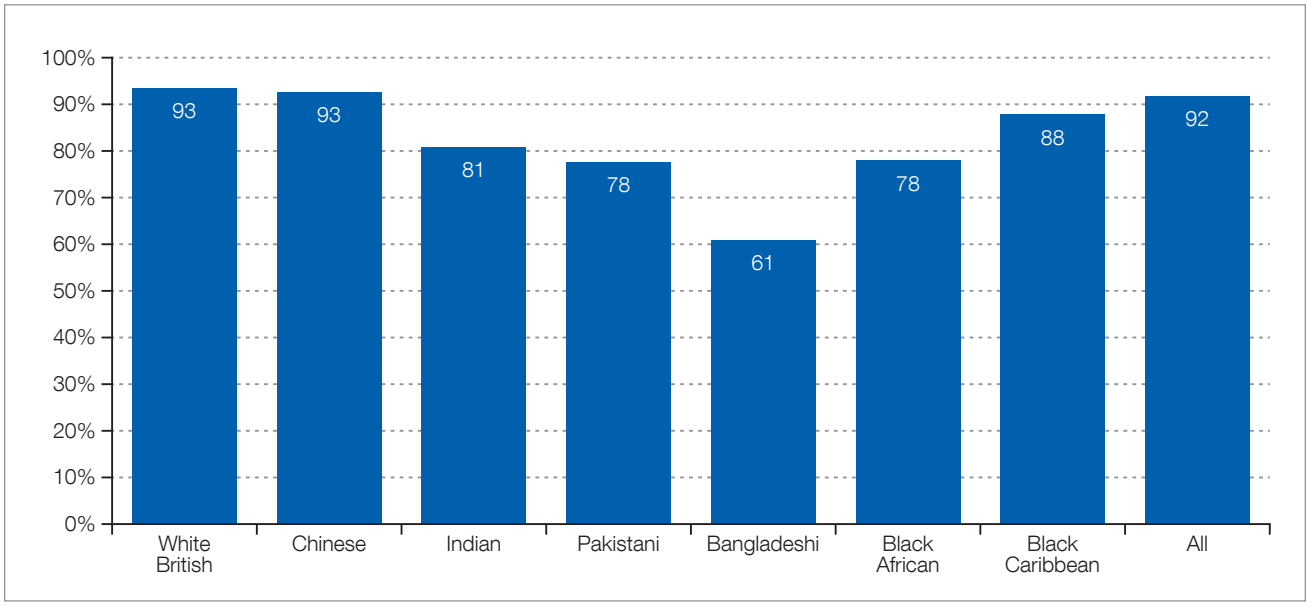
Figure 9 shows how awareness of government economic measures to buffer the impact of COVID-19 varied across ethnic groups. Overall awareness of state financial support was high, with 93% of white British and 92% of Chinese people saying that they had heard of the economic measures available to help them through COVID-19. This contrasted, however, with the proportion of Black African, Pakistani and Bangladeshi groups' awareness of the government's economic measures, with only six out of ten Bangladeshi people (61%) aware of any of these measures.

Moreover, our survey found that fewer than half of BME people were aware of the measure allowing those out of work due to the crisis to claim Universal Credit (44% BME vs 62% white groups). Equally, only around a third of BME people had heard of Statutory Sick Pay (SSP) being available from the first day of self-isolating (34% BME vs 52% white groups). And while around nine in ten white people (88%) had heard of the furlough scheme, only around seven in ten BME people (69%) were aware of it.

Awareness of the UK government's social and economic measures to mitigate the impact of COVID-19 was particularly low among Bangladeshis, with three in ten (29%) reporting that they were not aware of *any* of these measures.

Similarly, while just under nine in ten members of white groups (87%) had heard of the government's social guidance for people to 'Stay Home, Protect the NHS, Save Lives', typically accessed either through television or on the internet, the proportion among BME people was seven in ten (69%). Similarly 84% of white groups had heard of the government guidance to 'Stay Alert, Control the Virus, Save Lives' compared with 66% of black and minority ethnic groups.

Figure 9: Awareness of government economic measures during COVID-19 by ethnicity (%)



5. Experiences of racism during COVID-19

Figure 10: Experience of racially motivated attack since COVID-19 by ethnicity (%)

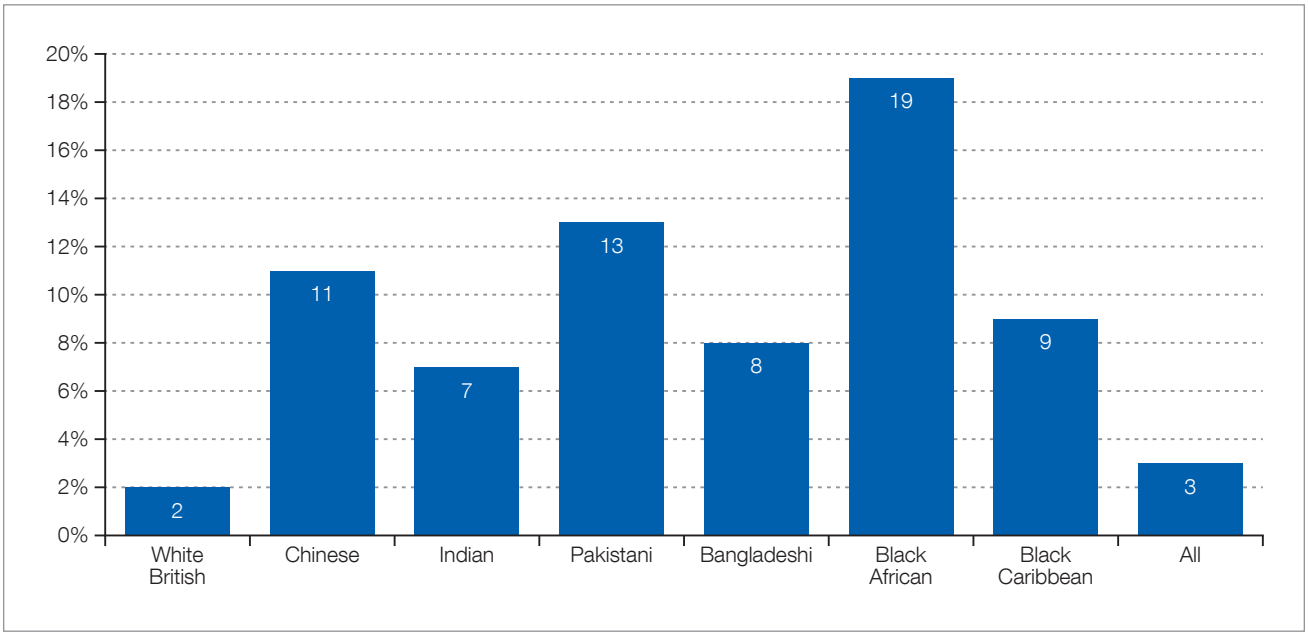
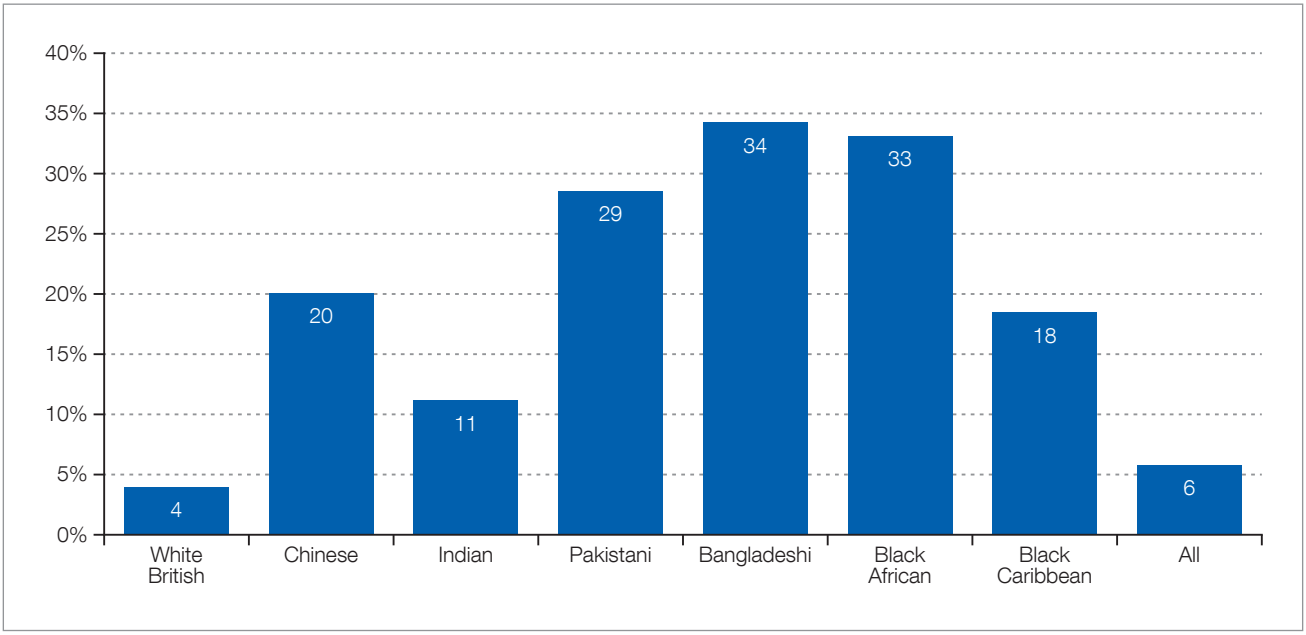


Figure 11: Experiences of three forms of racism since COVID-19 by ethnicity (%)



Survey respondents were asked whether they had been a 'victim of racially motivated attack' (verbal or physical abuse against them or damage to their property), had 'been unfairly treated (e.g. treated differently, kept waiting) because of their ethnicity' or had 'experienced an increase in racism and/or racial abuse linked to coronavirus' since the start of COVID-19.

Figure 10 shows that two out of ten (19%) Black African respondents said they had been a 'victim of racially motivated attack' since the start of the coronavirus crisis. One in ten Pakistani (13%) and Chinese (11%) respondents also reported that they had been a victim of racially motivated attack since the start of the coronavirus.

Our survey also revealed that 14% of people of Bangladeshi origin had 'been unfairly treated (e.g. treated differently, kept waiting) because of their ethnicity' since the start of COVID-19, followed by 13% of Chinese, 11% of Black African and 9% of Black Caribbean people. This contrasts with 2% of white British people reporting either having experienced a racial attack or having been treated unfairly because of their ethnicity since the beginning of COVID-19.

Overall, people of Bangladeshi and Black African origin (34% and 33%, respectively), followed closely by people of Pakistani origin (29%), were the most likely to report that they had experienced all of the three forms of racism – racially motivated attack, being treated unfairly because of their ethnicity or an increase in racism/racial abuse since the start of COVID-19 (see Figure 11). One in five people of Black Caribbean and Chinese origin also reported they had experienced all three forms of racism since the start of COVID-19.

6. Conclusion and recommendations

Lockdown has been hard, but there has been a crumb of comfort in knowing that we have all been in this together. However, that does not mean we have been impacted in the same way. Runnymede's survey with ICM shows that for far too many groups in particular those on lower incomes and black and minority ethnic groups –lockdown has had devastating health and financial consequences. We may all have been facing the same storm, but we are not all in the same boat.

Our survey in Great Britain confirms that BME groups have been more likely to have symptoms of coronavirus, and more likely to be hospitalised with severe illness resulting from COVID-19, compared with their white counterparts. Of all ethnic groups, black people in particular are more likely to know someone who has died with coronavirus.

Our findings suggest that one of the main reasons BME groups are more at risk of dying with COVID-19 compared with white groups is that they are more exposed to the coronavirus. BME groups are more *over-exposed* because they are more likely to be working outside their home, more likely to have jobs on the front line (40% of BME people were working in health and social care compared to 30% of white British people) and *less likely* to be protected with PPE. Over four in ten people from Pakistani and Black African groups, and half of those from Bangladeshi groups, reported that they had not received adequate PPE in their jobs.

Racial inequalities have been a recurring theme, with NHS and Royal College of Nursing staff surveys highlighting inequities in access to PPE. This is particularly pertinent because rates of mortality have been higher among BME health and social care workers compared with their white counterparts (Cook, Kursumovic and Lennane, 2020). The long-awaited report from Public Health England (2020a) on the impact of COVID-19 on BME groups highlights a pervasive concern among stakeholders: that the experience of racism, discrimination, stigma, fear and lack of trust among black and minority ethnic communities, including key workers within the National Health Service, has made BME groups more vulnerable to COVID-19.

Our survey revealed that BME groups have also been over-exposed to coronavirus because they are more likely to use public transport. People from BME backgrounds were more than twice as likely as white groups to have used public transport since the COVID-19 crisis began. Indeed, over a quarter of Bangladeshi and Black African respondents reported that they had 'used public transport at least once a week' since lockdown was enforced.

Living in overcrowded and multigenerational households also means that household members will find it more difficult to shield from the coronavirus. Our survey showed that BME groups (in particular Bangladeshi, Pakistani and Black African households) are much more likely to live in overcrowded housing, which not only reduces their ability to self-isolate but also means that shielding from the virus is difficult. The risk of becoming infected with COVID-19 significantly increases with a key worker in the same household, and this again disproportionately affects BME groups and particularly BME women, given that, as our survey showed, they are over-represented among key worker roles in health and social care.

Our survey showed that pre-existing racial and socioeconomic inequalities have not only been amplified by the coronavirus crisis: they are being made worse. Not only have some BME groups – such as Bangladeshi and Black African groups – experienced significant income loss during the coronavirus crisis, but a third of BME groups have also struggled with paying bills and paying for essentials during lockdown. BME groups have also been less likely to receive any form of sick pay if ill with the coronavirus, even though they have had to self-isolate. And BME groups have been much more likely than their white counterparts to turn to their savings for day-to-day spending during COVID-19.

It is also important to note that there is a significant social and financial impact of COVID-19 on women. A recent survey by the Fawcett Society, Women's Budget Group and LSE (2020) found that BME women (at 42.9%) were more likely than white women to be in debt since the beginning of the coronavirus crisis, and nearly a quarter of BME mothers reported that they were struggling to feed their children, compared with 19% among white groups.

Poverty and low income have had a huge bearing on COVID-19 risk. Office for National Statistics (2020)

data shows that people living in the most deprived areas are two times more likely to contract and die with COVID-19 than those living in the least deprived areas. The Marmot Review (Marmot et al., 2020) highlighted that people from deprived areas are not only more likely to have underlying health conditions because of their disadvantaged backgrounds, but are also more likely to have shorter life expectancy as a result of these disadvantaged backgrounds.

COVID-19 is pushing some groups to the breadline. Previous studies have found that only around 30% of Black Caribbean, Black African and Bangladeshi households in Great Britain have enough in savings to cover one month of income; in contrast, nearly 60% of the rest of the population have enough savings to cover one month's income (Platt and Warwick, 2020). More recently, a report by the Social Metrics Commission (2020) found that BME households in the UK were over twice as likely to live in poverty (and more likely to live in 'persistent poverty') as white British households.

Our survey found that BME groups were more likely than their white counterparts to have applied for (or tried to apply for) Universal Credit. Bangladeshi and Pakistani men, in particular, have been hit hard by the shut-down sectors because of their over-representation in restaurant work and taxi-driving. Worryingly, however, our survey showed that BME groups were less likely than their white counterparts to have heard of the government's economic measures to mitigate the financial impact of COVID-19. Nearly a third of Bangladeshis reported that they were not aware of any of the government's social or economic measures to mitigate the impact of the pandemic on workers and households.

The impact of COVID-19 has been both uneven and widespread. Women have disproportionately borne the brunt of childcare and home-schooling while also balancing this with work. Over a third of people (36%) have experienced an increase in stress or anxiety during the coronavirus crisis, with one out of five struggling with social isolation. And the detrimental experience of racism has continued to be a strong theme throughout this pandemic, with Bangladeshi, Pakistani, Black African, Black Caribbean and Chinese groups reporting either an increase in racial attacks or abuse, or 'being treated unfairly because of their ethnicity', since the start of the coronavirus crisis.

Our survey conclusively shows that the COVID-19 pandemic is not just a health crisis; it is also a social and economic one. But it also reveals that the burden of the pandemic is not equal across all demographic groups. We are all facing the same storm, but there are major differences in how people from different ethnic and socioeconomic groups are able to cope, and to recover from the devastating impact of COVID-19.

Now more than ever, the government must act to protect vulnerable groups from desperate times which lie ahead.

Recommendations

There has been little or no equality impact assessment of the emergency social and economic measures rolled out by the UK government during COVID-19. This has been a lost opportunity to understand and assess the impact of government measures to mitigate the impact of coronavirus on groups with protected characteristics. It has meant that many groups have been falling through the cracks, without any social or financial support to buffer the devastating impact of COVID-19.

The government must recognise the impact of poverty and disadvantage on access to social care and healthcare, and on disease severity for people in BME communities. While the government has taken steps to mitigate the economic impact of COVID-19, these measures have not equally benefited all groups in the labour market (as well as those not active in the labour market).

We recommend that:

Employers should carry out risk assessments for staff with vulnerable characteristics, including those from black and minority ethnic backgrounds, as well as those from disadvantaged communities. Protection arrangements need to include reduced-exposure working practices, the ability to work from home in order to minimise travel on public transport and ensuring that all staff have access to sick leave during COVID-19. Both the Department for Business, Energy and Industrial Strategy and Public Health England should provide employers with guidance on how to carry out risk assessments in relation to BME employees, as well as other vulnerable groups, in order to reduce exposure to coronavirus.

Employers should ensure that all key workers in public-facing roles have access to adequate PPE. There has been significant research (including by the Royal College of Nursing and the BMA; see RCN, 2020) to suggest that BME key workers have had more problems accessing PPE than their white counterparts.

The government should establish a tailored Find, Test, Trace, Isolate and Support (FTTIS) programme which ensures that marginalised and BME communities who are more vulnerable to the coronavirus are identified and supported. This should include working closely with local authorities and local public health teams, including GPs, who are familiar to and have trusted relationships with local populations. Test and tracing programmes must also include public information campaigns (including translation services), extensive outreach strategies to reach marginalised communities, and engagement with BME and new migrant communities to build trust. Government policies on healthcare charging regulations for migrant groups and data-sharing agreements between the NHS and the Home Office for immigration enforcement purposes must be scrapped.

The second lockdown in Leicester is also a strong reminder that, on average, black and minority ethnic people, as well as those on lower incomes, are more likely to live in densely populated areas, in overcrowded and multigenerational households. This has implications for their ability to self-isolate and shield from coronavirus transmission. **Temporary housing, including hotels, bed and breakfasts, and community shelters, should be made available to individuals to facilitate self-isolation of symptomatic individuals.** This package will also need to include provision for food, essential amenities and a financial safety net to ensure that people who quarantine do not suffer from financial hardship.

The social security safety net should be significantly strengthened. It is clear that many women and BME groups on lower incomes, as well as those en route to settlement (with or without leave to remain), are currently falling through the net into poverty and destitution because of barriers to accessing social security. We recommend that the government ensures the protection of these groups for whom even small loses of income mean the difference between the ability to feed the whole family and having to skip meals to feed children. This should include increasing the current level of Universal Credit (which is too low and does not take into account changes in circumstances due to COVID-19), and increasing the current levels of Child Benefit to £50 per child per week to cover gaps in free school meals and the extra costs of children being at home full time. In addition, benefit caps, under-occupancy benefits and the two-child limit in Universal Credit (which means that families with three or more children, born after April 2017, do not receive support for these children) all need to be lifted so that state benefits benefit everyone. Housing allowances must reflect local median rents, particularly in cities where the cost of housing is pushing families into poverty.

Looking ahead, the government must retain the small increases in payment in Universal Credit, tax credit and housing support and not reduce it back to its lower level next April 2021, as this will otherwise be a substantial loss to families already on the brink of poverty.

The government should increase Statutory Sickness Pay (SSP) and broaden eligibility for SSP. Financial support and a safety net during COVID-19 is critical if the government wants to increase the chance of compliance with self-isolation and quarantining to minimise the spread of the coronavirus, and to shield vulnerable groups. There are significant findings to suggest that current SSP levels (£95.85 per week), in the context of COVID-19, are too low to live on for working families. And around one in five workers are not eligible because of low or intermittent pay/zero-hours contracts. These restrictions need to be lifted so that those on low pay or insecure contracts can also access SSP.

The government must address the root causes of health, housing and employment inequality. In the longer term, there is a need for the government to invest in affordable housing, and particularly larger social housing, so that families on low income are not forced to live in overcrowded and poor-condition privately rented housing.

The government must also develop a national cross-governmental strategy for action on the social determinants of health, with a specific focus on deprived and black and minority ethnic communities, as recommended in the Marmot Review (Marmot et al., 2020). This will address important questions about why different racial and socioeconomic groups were particularly vulnerable to COVID-19. The government must also improve prevention, access to health services, and treatment for long term conditions among black and minority ethnic communities.

Finally, the government must take action to reduce precarious and poor-quality employment which has increased the risk of exposure to the coronavirus and the severity of the disease. This should include stronger enforcement to hold rogue employers (such as those that remained open during lockdown) more accountable.

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APPENDIX A
Methodology

This summary document presents top-line findings from the COVID-19 Survey conducted by ICM Unlimited on behalf of the race equality think tank Runnymede Trust.

ICM interviewed a sample of 2,585 adults living in Great Britain aged 18+ using its online omnibus service between 3 and 17 June 2020.

A 'boost' sample of 538 black and minority ethnic (BME) adults was conducted, taking the overall sample of BME respondents to 750. To ensure a representative sample, demographic quotas were set, and the data has been weighted to the profile of all adults in Great Britain aged 18+. The 'boost' data has been weighted back into the overall population profile. Representative quotas were also set for the BME sample of 750 respondents and this data has been weighted to the profile of the 18+ BME population in Great Britain.

A sample size of 2,585 produces data accurate to plus or minus (+/–) two percentage points at the 95% confidence interval. A sample size of 750 produces data accurate to plus or minus (+/–) four percentage points at the 95% confidence interval. Unless otherwise stated, all differences between white respondents and BME respondents are statistically significant at the 95% confidence level.

Throughout this document, 'white' includes those who are white British, Irish, and from any other white background. 'Black and minority ethnic (BME)' includes those of Mixed/Multiple, Asian/Asian British, Black/Black British, and Other ethnicities.

It should be remembered that while the data has been weighted to be representative, a sample was interviewed and not the entire population.

The research was conducted in accordance with ISO 20252 and ISO 27001, the international standards for market research and information security management.

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