RAPID REVIEW OF THE IMPACT OF COVID-19 ON THOSE WITH PROTECTED EQUALITY CHARACTERISTICS IN LONDON

An analysis of the lived experiences and voices from the voluntary and community social enterprise sector

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Our thanks and appreciation is further extended to the GLA's research and analysis Steering Group Team for the project - Barry Fong, Vivienne Avery and Sue Johnson – who provided valuable contributions, insights and direction as we moved between nuances, concepts and lived experiences of Londoners on the macro scale as only they could do. Your ability and capacity to pull us back to focus on what matters to London was most helpful and appreciated. We hope we have done justice to your insights.

The generous support and contributions of those we encountered on our travels as we explored individual life circumstances, at times painful and at other times, welcoming in being able to share and tell your stories. For your willingness, we are most appreciative. We spoke to so many people and read many 'stories' recounted by those voluntary and social enterprise providers that we feel we have become part of your stories. We hope we have done justice to them all; there were so many more stories behind the few that we highlighted. We therefore thank you for letting us into your 'space' at this challenging moment in time.

Finally, we are grateful to Manchester University and the GLA more widely for their contribution in supporting Ubele's evidence gathering contribution to the wider rapid review process being conducted by Professor Nazroo of Manchester University.

We hope that we have presented an engaging and insightful overview of what can only be described as snippets of some of the lived experiences of Londoners; if we have failed to capture them sufficiently well, then that is down to us and not a reflection of your experience.

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TABLE OF CONTENTS

INTRODUCTION AND CONTEXT

While there is now widespread acceptance - by and large of the Black, Asian and Minority Ethnic (BAME) communities being disproportionately affected by COVID-19 [1], concerned about the wider impact on those protected characteristics, the Greater London Authority (GLA), commissioned Manchester University and partners to examine the impact COVID-19 was having on Londoners with protected characteristics. The objective being to conduct a rapid evidence review of the impact of COVID-19, by collating and synthesising "*evidence on lived experience in relation to COVID-19 for those with protected characteristics, with particular regard to its effect in London, where there may be limited opportunities to draw conclusions from publications or administrative data.*"[2] The GLA makes the point that:

The COVID-19 pandemic is the most significant public health crisis in living memory. The economic, health and social challenges arising from both the virus itself, and from the lockdown are far-reaching. Recovery will take many months, if not years. Having data about Londoners will be crucial to informing the recovery effort. Data will be collated from a wide range of sources to provide a holistic overview of the socio-economic state of London, which will support public policy decision-making.[3]

In supporting this objective, The Ubele Initiative, as one of the partners in the consortium with Manchester and Surrey Universities, carried out an analysis of consultations and surveys conducted by voluntary and community social enterprises (VCSEs) in London. This report provides a synthesis of relevant research and consultative reports that VCSEs have carried out since 'lockdown' (i.e. from March onwards), and which helped to inform and shape the wider report by Manchester University, the lead partner. In keeping with the expectations of the GLA, this approach further sought to "*identify the social and economic precarity faced by those with protected characteristics, and*

[1] Amongst the many articles and reports produced on the disproportionate impact of COVID-19 om BAME communities, two early stand out reports are worth mentioning: Intensive Care National Audit & Research Centre (ICNARC), ICNARC report on COVID-19 in critical care; 22 May 2020 (available from: https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports); Institute of Fiscal Studies (IFS) Report,

[2] Decision Document https://www.london.gov.uk/decisions/add2449-rapid-evidence-review-inequalities-relation-covid-19

[3] Decision Document https://www.london.gov.uk/decisions/add2449-rapid-evidence-review-inequalities-relation-covid-19

both the everyday and more strategic challenges faced by VCSE organisations as a result of the coronavirus pandemic and responses to it."[4]

THE CORONAVIRUS PANDEMIC: AN OVERVIEW

What started out seemingly as a 'localised' coronavirus concern in Wuhan, Hubei Province, China, in December 2019, within three months, was designated a world pandemic. On 11th March 2020, The World Health Organisation (WHO) announced the classification of the outbreak as a pandemic.[5]

As the WHO Director General then proclaimed in his Press Briefing, what began as a few cases in December 2019 (i.e. "*118,000 across 114 countries and 4,291 deaths")*, as of the time of writing (11 August 2020), these figures have been magnified by a factor of hundreds of thousands and across 215 countries, areas or territories (including two conveyances that were in international waters). WHO's analysis indicates the following[6]:

- 19,905,163 confirmed cases; and
- 731,641 confirmed deaths.

Table 1 provides a comparison across four main data sources at a single point in time, which shows that there is no clear definitive indicator as to the true nature and scale of the pandemic outside national boundaries, which is also subject to challenge and critique.[7]

[4] Nazroo et al, *Rapid evidence review: Inequalities in relation to Covid-19 and their effects on London* https://data.london.gov.uk/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london

[5] WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

[6] See WHO dashboard, daily reporting, accessed at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.

[7] Public Heath England (PHE), ONS and Public Health Wales (PHW) have all expressed concerns over data capture and accuracy, especially in the early phase of the pandemic.

Table 1: Data source comparisons across four main providers

Data sources	World cases	World deaths
John Hopkins Coronavirus Resource Center (1)	20,092,855	736,254
Worldometer (2)	20,281,388	739,770
WHO (3)	19,905,163	731,641
ECDC (4)	20,075,600	736,372

Sources: (1) https://coronavirus.jhu.edu/; (2) https://www.worldometers.info/coronavirus/;
(3) https://www.who.int/emergencies/diseases/novel-coronavirus-2019;
(4) https://www.ecdc.europa.eu/en/covid-19-pandemic

At its simplest, what we have come to refer to as COVID-19, is part of a 'family' of Coronaviruses (CoV) that cause illness ranging from the common cold to more severe diseases. Based on the evidence that then came out of China in January 2020, the WHO determined in March that this particular strain was a 'novel coronavirus (nCoV) strain' that had not been previously identified in humans and it is this new virus that was subsequently named the "COVID-19 virus".

It is the largest and most severe pandemic since the 1918 influenza pandemic[8] and so far, there is no treatment for it and no specific antiviral medicine found to prevent or treat it effectively, though targeted care can relieve symptoms. People with serious illnesses are hospitalized while most patients recover in their homes. In the United Kingdom, concerns were raised very early on as to the spread and disproportionate impact that were being felt across a number of spheres of life[9]. For example, it became clear that those with certain underlining health conditions were being impacted on severely, leading to deaths in many instances, while at another level, concerns were raised about the disproportionality of men over women contracting and dying from the virus once contracted, the age profile of those dying versus those recovering, between different ethnic communities and between those working in frontline service sectors[10], especially doctors nurses, ambulance drivers and the wider health sector, including care workers in residential care homes and those

[8] Taubenberger JK, Morens DM. 1918 influenza: the mother of all pandemics. Emerge Infect Dis 2006; 12: 15–22, cited in Mark A Ellul, Laura Benjami et al: Rapid Review: Neurological Associations of COVID (July 2020), published Online July 2, 2020 https://www.thelancet.com/action/showPdf?pii=S1474-4422%2820%2930221-0

[9] Platt L and Warwick R (May 2020), Are some ethnic groups more vulnerable to COVID-19 than others? *Published by* The Institute for Fiscal Studies, May 2020

[10] See Briefing Paper by the medical profession: BME Leadership Network, *Member briefing: The impact of COVID-19 on BME communities and health and care staff*; April 2020

driving public transports and taxis compared to the wider general occupational sector operatives.

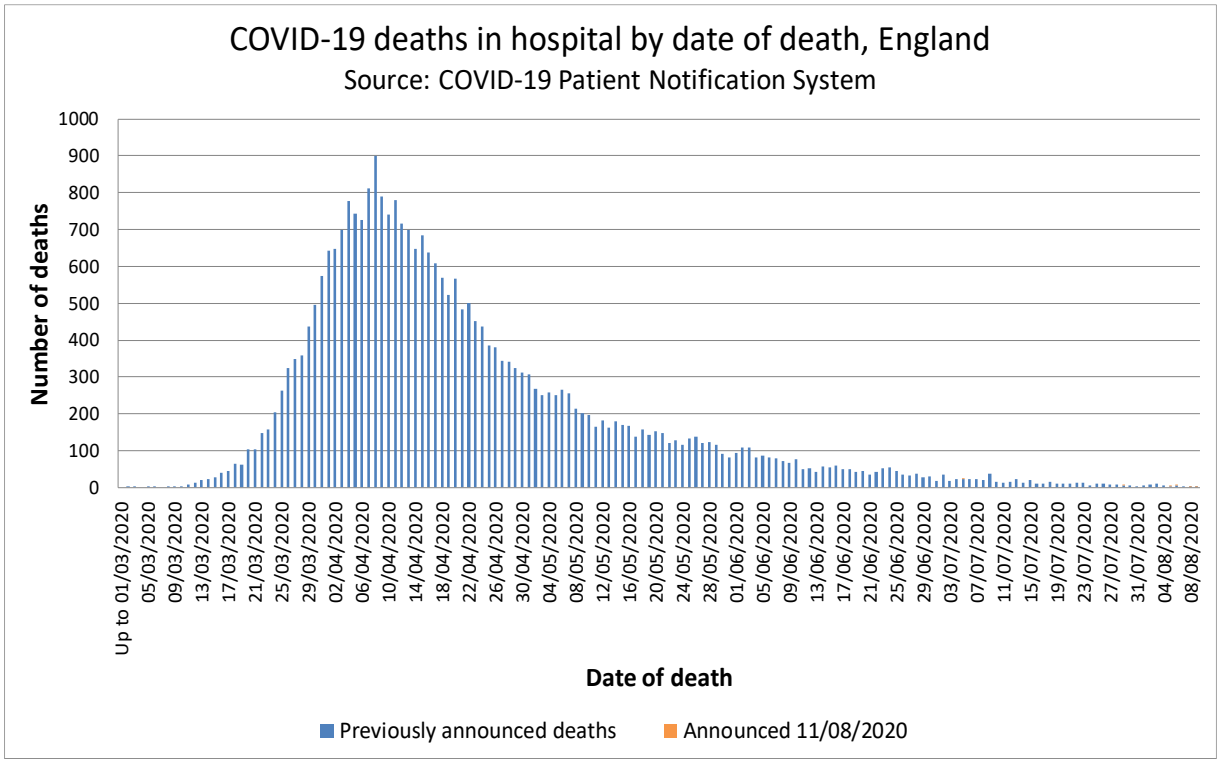
Across the United Kingdom (UK), there have been contrasting differences between rural and densely populated towns and cities and 'home countries' (i.e. England, Scotland, Wales and Northern Ireland). Against this backdrop a range of 'rapid review reports' were conducted (and still being conducted) in an effort to better understand the depth and breadth of the impact[11].

The scale of the impact of the coronavirus COVID-19 pandemic is not just a health concern of those contracting the virus, but on society and the economy more widely as the pandemic bites across all swathe of civil society. Indeed, many commentators have argued that the pandemic is such that no-one actually foresaw the widespread social and economic consequences; that we are still working our way through what it means. Though the 'peak' is said to have subsided in some countries, it is rising in others, most notably the continent of Asia, Africa, South America. There can be no room for complacency, as the virus is contagious with tentacles that reaches beyond the clinical imperatives to staving off the pervasiveness of the contagion; it has the propensity to cripple economies and result in deaths, as Table 1 shows.

In the UK, though the number of deaths (and cases) has been falling since its peak in April, (see Fig 1), as at time of writing, this has now moved to 311,641 confirmed cases and 46,526 deaths[12].

[11] See PHE (June 2020a & b); Welsh Assembly (June 2020)
[12] https://coronavirus.data.gov.uk/ (accessed 11 August 2020)

Fig 1: COVID-19 deaths in hospitals by date of death, England

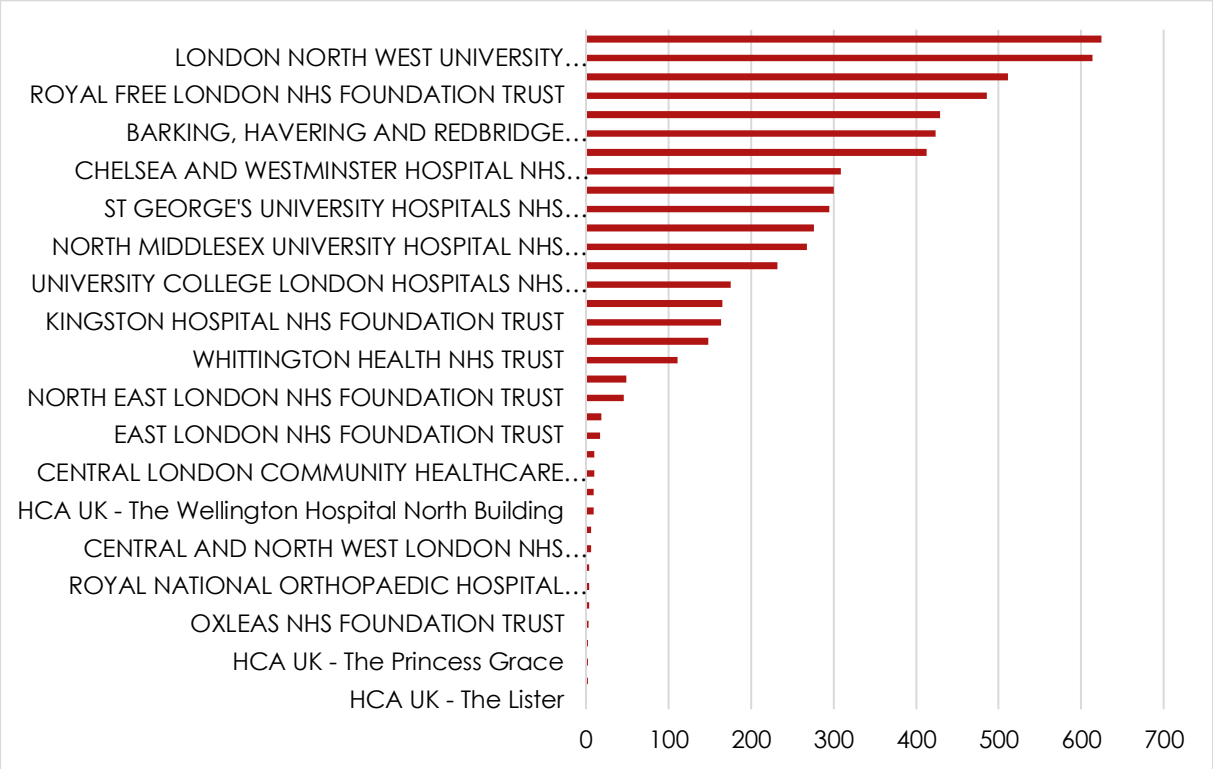


Source: PHE, COVID-19 Daily Deaths (11 August 2020):
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/

In London, over the same period, based on deaths recorded in the NHS Trusts across the capital, (Fig 2), the Trusts with the highest number of recorded deaths were:

- Barts Health NHS Trust (625 recorded deaths)
- London North West University Healthcare NHS Trust (614 recorded deaths)
- King's College Hospital NHS Foundation Trust (511 recorded deaths)
- Royal Free London NHS Foundation Trust (486 recorded deaths)

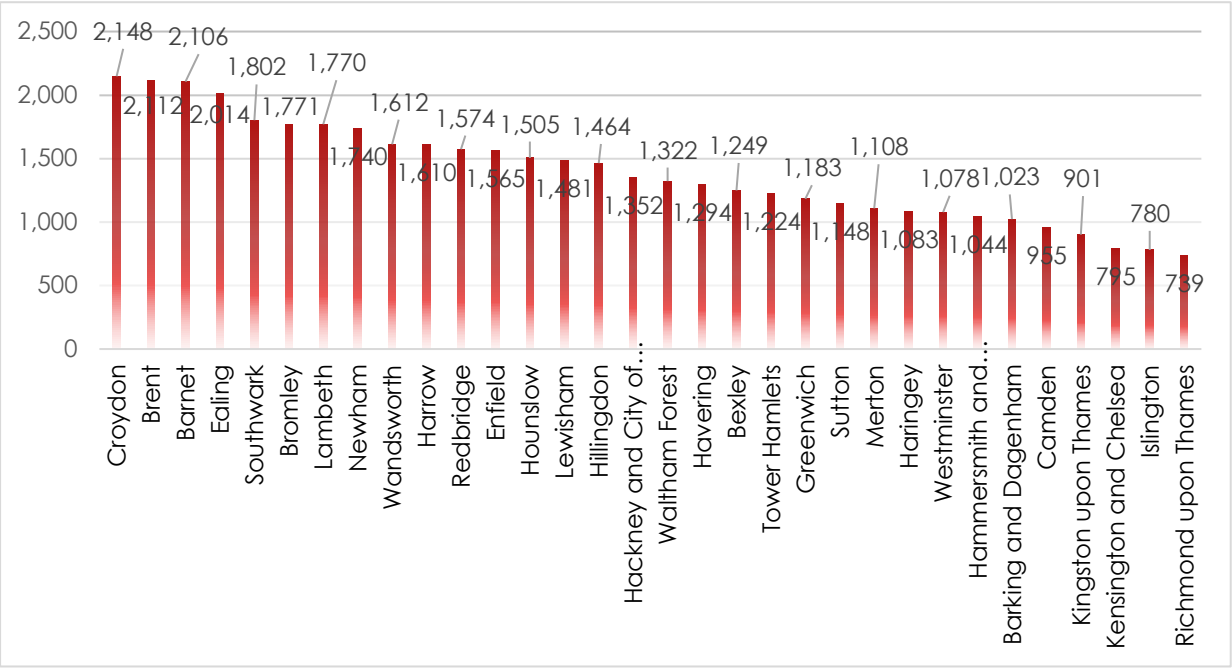
Fig 2: COVID-19 deaths recorded at London NHS Trusts (n=6,148)



Source: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/ (accessed 11 August 2020)

With respect to the number of confirmed and recorded cases in London, as Fig 3 shows, only five London boroughs (or 16% of boroughs) have under 1,000 recorded positive COVID-19 cases as at 18 September, with Croydon having the highest number of recorded cases to date (2,148) and Richmond Upon Thames, the lowest, with 739.

Fig 3: Confirmed recorded cases of COVID-19 by London boroughs

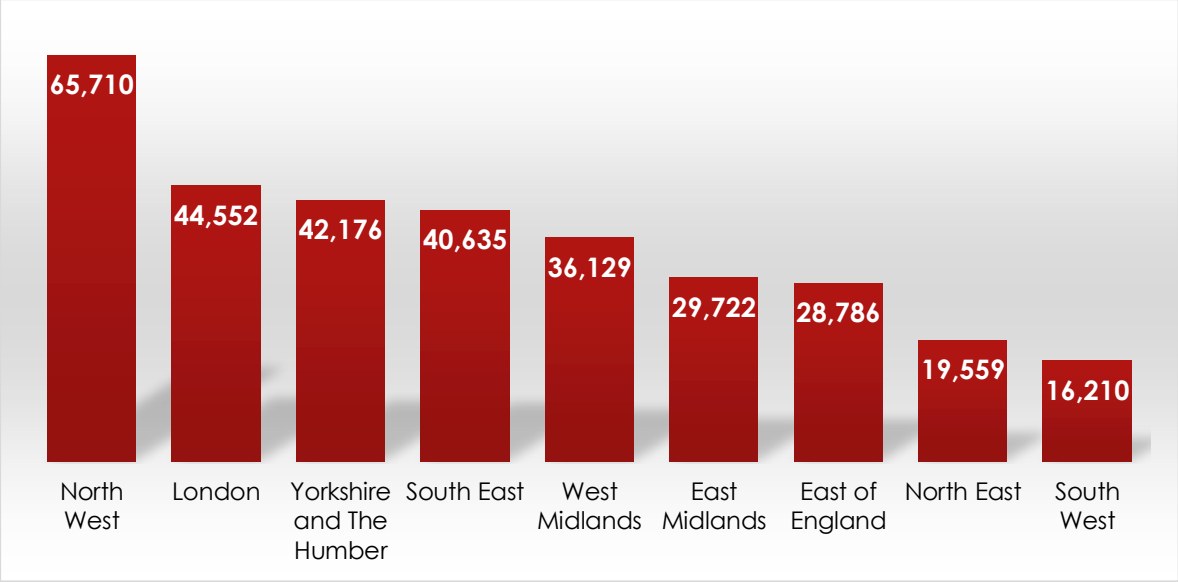


Source: https://coronavirus.data.gov.uk/cases (accessed 19 September 2020)

Regionally, London had been the 'epicentre' of the crisis up to June when the London cases began reducing while other regions of England have increased. As Fig 4 show, this is no longer the case, with the North West showing a much higher and worryingly increasing cases of the spread of the virus, which should not suggest that London is over the spread. Indeed, it raises concerns about the prospect of a prolonged and, possibly, the spectre of a large increases if measures are not implemented to contain and prevent the further spread across the UK and London more specifically. These fluctuations, therefore, aptly demonstrate the spread of the virus which suggest that we are likely to be living with this threat for far longer than some commentators at first thought.[13]

[13] The President of the United States, in January 2020, remarked (and continues to contend) that the crisis is not "serious, as it's just a flu-like virus and will go away soon, very soon…"

Fig 4: Confirmed recorded cases by regions of England



Source: https://coronavirus.data.gov.uk/#category=utlas&map=rate (19 September 2020)

The GLA was keen to understand the unique situation in London and the likely further impact of an economic downturn on existing inequalities to help in developing its own response[14]. Some of these challenges have been well documented with concerns centred around the disparities brought about by the impact of the crisis on certain visible communities in society. The concern is of the scale and depth of the crisis, which has brought with it many challenges. Key amongst which has been the restrictions on movement, social distancing regulations, quarantine, isolation and 'shielding', all of which disrupts what we have been used to; that is, what we take as a normal way of life.

Challenged by the disparities evidenced in a number of reports[15], Public Health England (PHE) undertook a two layered process rapid review of the impact of COVID-19. The first being a general and encompassing data driven analysis - *Disparities in the risk and outcomes of COVID-19*[16]- and the second, a more

[14] Decision Document https://www.london.gov.uk/decisions/add2449-rapid-evidence-review-inequalities-relation-covid-19; and https://www.london.gov.uk/decisions/add2452-consultation-vcse-sector-organisations-london

[15] Office for National Statistics (ONS), Deaths involving COVID-19, England and Wales: deaths occurring in April 2020; 15th May 2020 (see: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020; Intensive Care National Audit & Research Centre (ICNARC), ICNARC report on COVID-19 in critical care; 22 May 2020 (available from: https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports)

[16] Public Health England (2020), Disparities in the risk and outcomes of COVID-19; Public Health England, 2nd June 2020.

nuanced and 'conversational and community focused' approach, which was published as *Beyond the data: Understanding the impact of COVID-19 on (BAME) communities*[17]. The first report is a descriptive review of key health and other data sets on disparities and outcomes from those who had contracted the virus in terms of age and sex, where people lived, indices of deprivation, ethnicity, people's occupation and care home residence.

Of relevance to us, are the following points that the report makes:

"The largest disparity found was by age. Among people already diagnosed with COVID19, people who were 80 or older were seventy times more likely to die than those under 40. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. These analyses take into account age, sex, deprivation, region and ethnicity, but they do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences." [Executive summary; p.4]

The second report makes the case at a community level, noting that COVID-19 does not affect all population groups equally; that it does not 'discriminate' but rather laid bare existing inequalities in that

"Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death." [Executive summary: p.4]

Unlike the first report, the second undertook a series of 'engagement conversations' at the community level to ascertain the impact on the lives of those identified as largely being adversely and disproportionately impacted upon. However, the review focused almost exclusively on the impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities. The approach involved 17 sessions engaging with 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 addressing inequalities." (p.5)

[17] Public Health England (2020), Beyond the data: Understanding the impact of COVID-19 on BAME groups; Public Health England, 15th June 2020.

Public bodies, including the GLA, have a public sector equality duty under the Equality Act 2010[18] to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited by the Equality Act, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. The Duty covers the nine protected characteristics of age, disability, gender, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion and sexual orientation (with regards to marriage and civil partnership, the duty is for the GLA to have due regard to the need to eliminate discrimination).

In addition to fulfilling this legal duty in developing strategies, due consideration needs to be given to the wider socio-economic and political environment existent at the time (and beyond, with an eye on the future). This mean having due regards to the intersections of how the protected characteristics mesh with and/or cohere to such indices as poverty and socio-economic inequality and the challenges faced by people from marginalised communities of interests[19]. Of particular concern is the social and economic impact of COVID-19 on London as the largest urban area in the UK, with a population of nearly 9 million people.

[18] HM Government (2010). Equality Act 2010. London: HMSO (see The London Health Inequalities Strategy (2018) and the Equality, Diversity and Inclusion Strategy, 2018)

[19] Often the term 'communities' have tended to refer to ethnic groups of people but for us, unless so specified, we prefer to use the term 'communities of interests' as that better identifies and recognises that there are different interests that can be collectively termed a 'community' and not just referencing racial and ethnic groups. As such, 'communities of interests' is a preferred encompassing phrase which recognises the many interests that exist.

Methods and approach: challenges and scope

Our approach has been to research how the voices and lived experiences of people on the ground have been impacted upon by COVID-19. For this we undertook to engage with the voluntary and community social enterprise (VCSE) sector in London, focusing on the nine 'protected equalities characteristics' enshrined in the Equality Act, 2010.[20]

The approach

As time was very short, and the range over which we were canvassing being so wide, the approach adopted was to research and analyse evidence and voices published as a result of engagements via surveys and other reports conducted between March and August (cut off point was 12 August). Analysis of a range of materials associated with the VCSE sector involved mapping VCSE organisations in London, against each of the nine domains and cross referenced to a range of data-sets held by GLA, London Funders[21], 360 Giving[22] and Ubele's database of over 500 organisations, the majority of which were based in London. Where there were duplicated organisations across the datasets, we treated them as a single entry on our system and did not include them more than once. This allowed us to identify close on 2000 London VCSE. Where appropriate and relevant, we considered reports (or strategies) published within the last year, where they added value and context (e.g. Mayor's strategies on Health Inequalities and Equality, Diversity and Inclusion, BTEG's Equalities Duties Report and Local Government and NCVEO reports on the voluntary and community sector).

From this approach:

- 275 organisations and individuals' voices had been considered and fed into the overall analysis. Of the 275:
- 41% (113 different organisations) had by then participated in the GLA's organised 'Roundtable' discussions between April and July;

[20] Reference to the 'protected equalities characteristics' is in relation to the Equality Act, 2010, where nine (9) 'equalities characteristics' were identified where it is unlawful to discriminate on grounds of age, sex, marriage/civil partnership, race, disability, sexual orientation, religion/faith, pregnancy/maternity and gender reassignment.

[21] See https://londonfunders.org.uk/

[22] A grant tracking and navigation platform that supports 150 funders across the UK (see https://www.threesixtygiving.org/). Here we cross referenced.

- 40% (109 organisation reports, surveys and blogs) were examined and analysed;
- 19% (53 one-to-one or group-based activities) were conducted by and through Ubele and its associates (Fig 5).

Fig 6 shows a further breakdown based on the number of organisations and interviews in relation to each of the protected characteristics. This shows the number of organisations or interviews conducted against each of the characteristics, though, while not all evidences obtained have been captured in the report, they have nevertheless helped to inform and shape the process and the report in other important ways, such as, for example, being able to use those voices as references where we have not been able to quote from them directly. From the breakdown, we see that by far the largest body of evidence came from 91 organisations, blogs, reports, surveys, briefings and interviews was associated with race/ethnicity, with 58 for religion and 38 for age (or older people).

FIG 5: SUMMARY OF KEY APPROACHES (N=275)

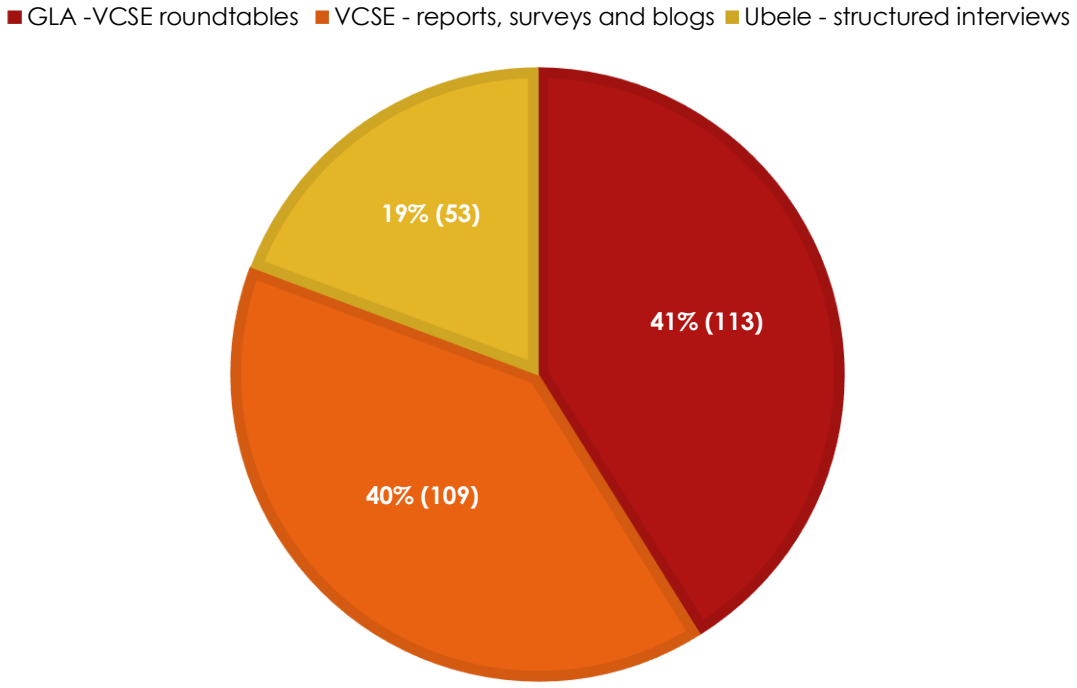
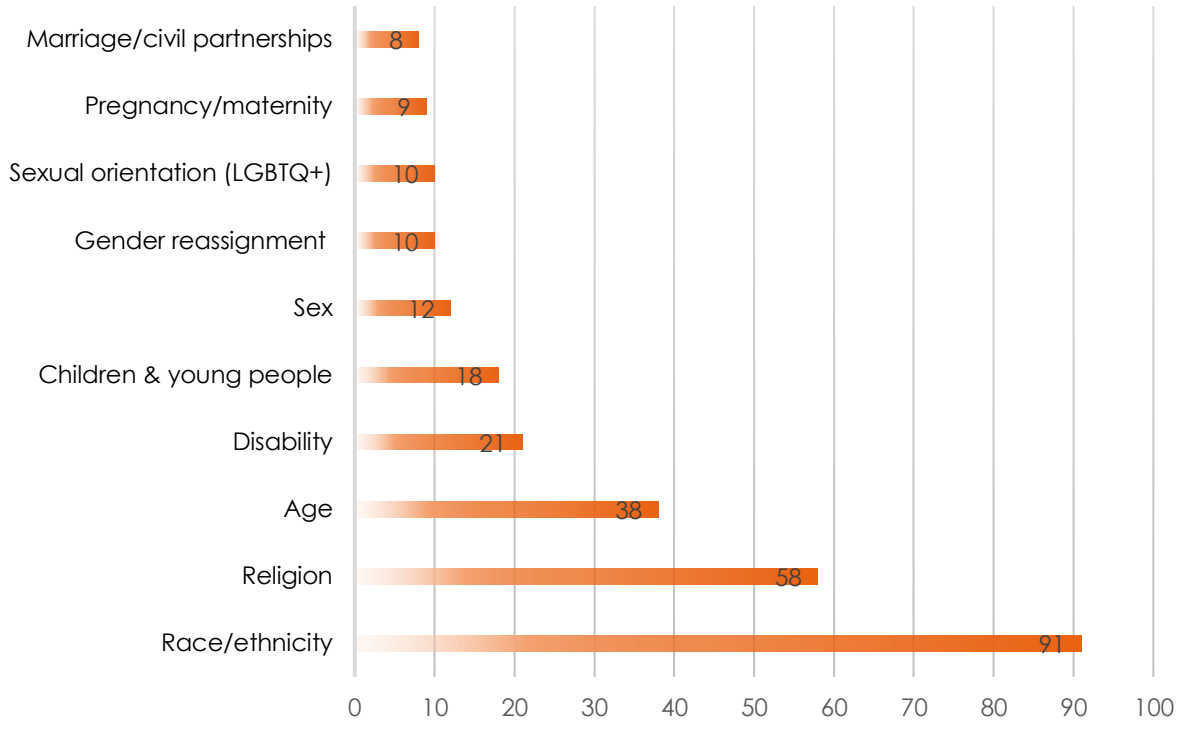


FIG 6: NUMBER OF ORGANISATIONS 'VOICES' IDENTIFIED BY PROTECTED EQUALITY CHARACTERISTICS (N=275)



Roundtable conversations (or Collaborative Conversations) conducted by the GLA provided a rich tapestry of voices, which accounted for 113 voices and reflections covering a range of community interest groups (i.e. LGBTQ+, Veterans and health forum sessions amongst others) and faith-based voices; We undertook and were involved with online discussion forums where they discussed the impact of COVID-19. These included: Church of England forum; Beyond Data consultation events and report findings feedback sessions; Impact of COVID-19 on businesses hosted by The Ubele Initiative; Health impact of COVID-19; implications of COVID-19 on the predictive grades on the black child, both held by Reach Society; GLA's Health Committee meeting, where the PHE report was the object of the key presentation with Professor Kevin Fenton amongst others; Young Harrow Foundation's session on impact of COVID-19 on young people across the Young Foundation boroughs; Community development and COVID-19 (Brixton Hub, Lambeth); Windrush conversation (Making Connections Work).

One-to-one telephone and/or Zoom interviews conducted with a range of individuals based on referrals and identified from consultative event participation by way of follow up and accessed a number of 'personal testimonies' published by VCSE organisations in the form of blogs and case studies on the respective websites (i.e. as appropriate and relevant with

respect to the protected characteristics and impact of COVID-19 on practice and beneficiaries).

Based on the above approaches, and set against the nine protected characteristics indicated earlier, we were able to cluster and capture the voices of the 'communities of interests' around five main recurring themes:

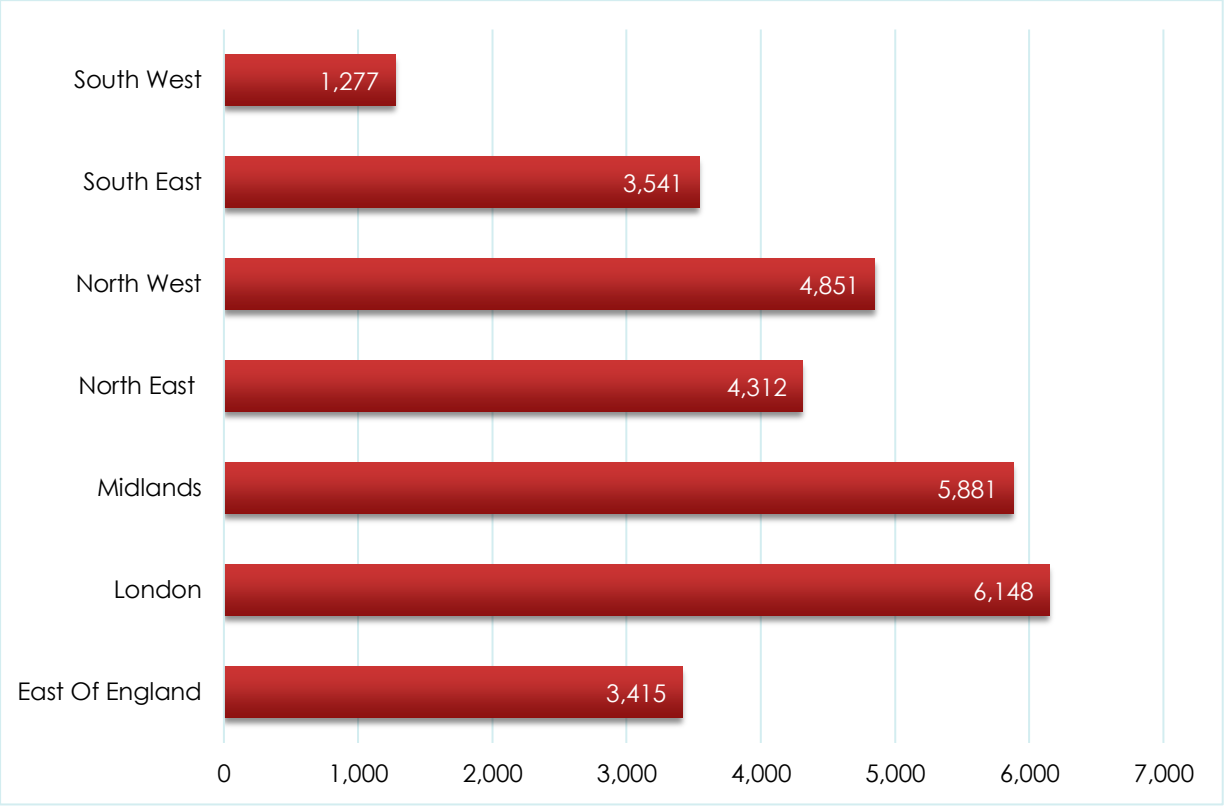
- Health and wellbeing
- Finance and economic
- Social and education
- Risk factors, complications and mortality
- Policy and decision making

In the reading of this report, we have structured it so that each section represents each of the protected characteristics and within each, where it applies, we have captured the voices of people and/or organisations reflective of the process indicated above.

SECTION 1: AGE

Without a doubt, age is one of the clearest and most obvious area of 'protective' concerns. Data obtained from Public Health England (PHE) on cases and deaths by regions, local authorities by age and gender paints a bleak outlook with respect to those most impacted on[23]. As Fig 7 below shows, the deaths of patients who have died in hospitals in England and had tested positive for COVID-19 at time of death, shows that London continues to have the highest number of deaths recorded compared to the other regions (6,148 (21%) compared to the South West's 1,277 (4%), this being the lowest). Fig 8 illustrates specifically what this meant in actual cases, which shows clearly that at its peak in April, over 4,000 deaths were recorded across the capital, the largest count in England.

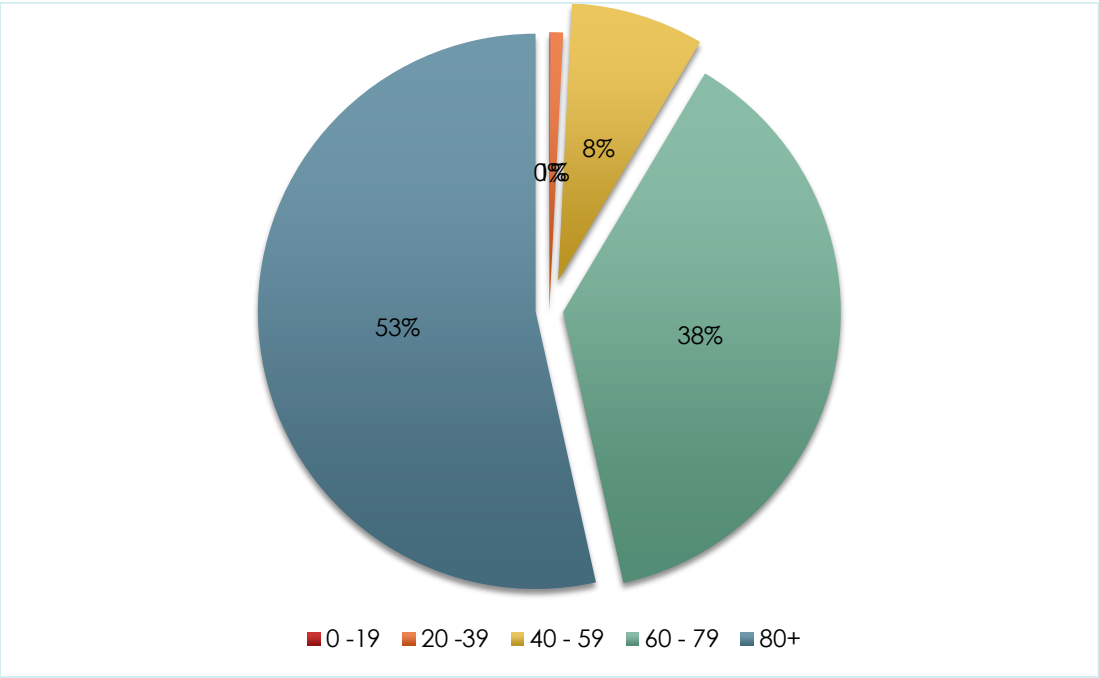
Fig 7: Deaths by regions of England



Source: Graphic based on data from PHE, 11 August daily COVID-19 deaths by region (as at 11 August 2020)

[23] https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/
The data used in the PHE generated graphs reflects recorded deaths of patients who have died in hospitals in England and who were tested positive for COVID-19. All deaths are recorded against the date of death rather than the day the deaths were announced.

Fig 8: Deaths by age in England (as at 11 August 2020)



Source: Graphic based on data from PHE, 11 August daily COVID-19 deaths by region (as at 11 August 2020)

There is currently no available data on deaths by age and regions, but the general pattern suggests that very clearly the overwhelming majority of deaths were those over 60yrs, at 91% of all deaths recorded, with those over 80yrs singularly worse off at 53% of all deaths due to COVID-19. According to the GLA, 58% of London's population are between 25yrs and under 64yrs with one-third (32%) under 24yrs and only 12% over 65yrs.[24]Given this profile, it is our belief that the impact in London would not stray too far from this trend, and as such, we can assume that those over 60yrs, particular those over 80yrs (and with underlining medical conditions) are at the greatest risk in London. The impact, therefore, on Londoners by age is of paramount concern, especially as the pattern shows that those under the age of 40yrs are statistically less likely to die from contracting the virus (1% under the age of 40yrs compared to 8% between 40 and 59yrs) but 91% over the age of 60yrs. That said, while young, healthy people may appear less likely to suffer badly from coronavirus than older people (or die from it to the same extent), they can still spread it to others while asymptomatic.[25] In other words, it is conceivable that the young could

[24] GLA Population and Household Projections 2017): https://data.london.gov.uk/dataset/london-s-diverse-population-

[25] See Italian study, where 40% of transmission was down to asymptomatic transmission (https://www.imperial.ac.uk/news/198833/whole-town-study-reveals-more-than-40/). In the United States, a recent report from the Center for Disease Control and Prevention (CDC), it

be 'super spreaders' of the virus, which adversely affects the older population.[26]

Engagement with communities on the ground around issues and concerns over physical and mental health (whether young or old) with respect to the new normalcy, seems to suggest that considerations needs to be given to:
The COVID-19 pandemic is having a negative impact on both young people and the elderly's mental health and their access to support more generally;
For young people, schools play an important role in supporting them with coping and supportive structures with their mental health concerns. As we ease down from the lockdown and the wider easing of some restrictions, care must be taken with regards to how to deal with those whose mental health has been compounded by the pandemic and, with no end in sight as to when things will get back to pre-COVID-19 state, if schools remain closed then those young people might find it even harder to cope.

The longer the COVID-19 crisis goes on, the more likely it is that the depth of despair that some are experiencing will continue. In consideration of the 'recovery' phase, it is incumbent on policy makers how they respond to concerns over mental health impact and implication, for the elderly (in addition to steps needed to protect them as a result of their underlining conditions) as well as for the young.

The evidence base for our summary rests in the voices of those willing to share their journey through the range of processes indicated above. What follows are some of those voices.

Health and wellbeing

The signs are that there are rising levels of loneliness accompanied by growth in poor mental and physical wellbeing amongst older people, which has been compounded by digital isolation and exclusion, which then exacerbates many of the existing challenges older people face in accessing essential goods and service more generally.

Social distancing measures further isolate those older people, particularly older

was found that around one-in-four of young adults do not recover from the virus for several weeks (https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w)
[26] https://www.livescience.com/young-adults-covid-19-prolonged-illness.html

women, who are suffering domestic abuse. Age UK, in a statement in May[27], makes the point that older people are seriously affected by the virus, that measures put in place by the government, such as social distancing measures, might actually have an unanticipated consequence that may:

"…*further isolate those older people, particularly older women, who are suffering domestic abuse. While many people have embraced online forms of social engagement, hobbies and physical activity*", the report goes on to say, "*there are still 3.6 million people over the age of 70 who are not online. Two million people in the 'shielded group', many of whom will be older people; many are also living alone or caring for others.*"

Those most impacted in terms of likelihood of death, even when factors such as ethnicity and socio-economic conditions have been taken into account, are very much likely to be older people, especially because of the likelihood of having underlying pre-existing health issues and encountering difficulties accessing services. For example, food shopping, medicines, banking/post office and funeral ceremonies, all of which has been a huge source of difficulty and anxiety for many, as interviews have shown.

The Institute of Jewish Policy Research, for example,[28] report that they are concerned about the age and geographical profile of members within their community who are being impacted upon severely, which "…*impacts older people more than younger people, and urban populations more than rural ones.*"

British Jews, explains Dr Jonathan Boyd[29], are old, with 21% aged 65ys and above, compared to 16.4% of the general population, and given that the virus is more virulent among the old than the young, "*Jews may be disproportionately affected.*"

Indeed, extending this to other cross-sectional communities, we note from the ONS report[30] that males aged 65 years and over, those identifying as Jewish and Muslim, had a raised rate of death involving COVID-19 compared with all other religious groups (i.e. 795 deaths per 100,000 and 755 deaths per 100,000 respectively). For females aged 65 years and over, those who identified as

[27] Age UK, Joint Committee on Human Rights COVID-19: human rights implications for older people, May 2020: www.ageuk.org.uk
[28] The Institute of Jewish Policy Research: 21 June 2020
[29] Dr Jonathan Boyd: Institute of Jewish Policy Research: 30 March 2020
[30] ONS Report (19 June updated report): https://tinyurl.com/y9cyuzfb

Hindu, Muslim or Jewish had a higher rate of death involving COVID-19 compared with all other religious groups. The report goes on to say:

The risk of death involving COVID-19 is highly correlated with age. After adjusting for age, males and females from the Muslim, Jewish, Hindu and Sikh religious groups are at greater risk of a death involving COVID-19 compared with those identifying as Christian. Among Muslim males, the rate was 2.5 times greater than that for Christian males, while for females it was 1.9 times greater.

Linda's Story: living with the unknown

Arising from one of Ubele's structured 1-2-1 interviews, Linda's Story illustrates some of the concerns facing those over 60yrs old.[31] Linda is 65yrs old and lives with her husband in London and her story starts with an image of what it feels to know of someone contracting the virus and moves us to new normal; an insight into perhaps some of the less spoken about positive impact of COVID-19: resilience and striving to overcome adversities.

"We haven't seen our grandchildren since the beginning of March The first 3 weeks were a very emotional time. The realisation of the enormity of the virus really got to me. In addition, a good friend who suffers with Lupus had been in a coma for a couple of weeks and I wasn't aware… After a bit of tracking on Facebook, we found her brother and it transpired that she had COVID-19…All together it's been almost 2 months since her illness; she is still learning to walk and talk again properly. Then one of my husband's close friend phoned… He had spent 3 hours trying to get through to 111- and his wife was ill too. He was really panic breathing; you could hear it over the phone. It is personal situations like these that bring it home; that this Virus is so real. Living in London we are more used to its effects…we wear the masks I have made for us and all my extended family for when we go shopping.

I have diabetes which I have medication for, I have also suffered with Rheumatism for over 40 years, which I take painkillers for when needed.

This lockdown has made me reflect on trauma, sadness and loss. It has made me think about how I would cope if somebody close to me passed away. This has become a very real concern for me; I am particularly scared to lose my husband - then I remember that it might be me who pass away first! I have begun teaching my husband how to cook so he is better able look after himself should this occur. This lockdown period has brought us closer as a couple on a spiritual and emotional level.

[31] Where we have used names in the report to ground the reflections, they have been pseudonymised. They are not the actual names of the person. Where, for instance, the reflections are drawn from a source where permission has already been granted, we have kept to those; otherwise, we have consciously changed the names further.

My husband and I have spent a lot of time reminiscing and reflecting on our past, which has been very healing. I have realised things about my husband that I never knew before and we have been married for over 46 years!... I think being in lockdown together has brought us closer together as a couple. I have also got to know myself a bit, having the time to be still and to contemplate. I feel I have become a bit more independent with regards to the internet and technology as I have not had my children to rely on. I have been spending more time doing the things I love, this includes reading, sewing, gardening and binging on Netflix series!"

COVID-19 has not just affected older people, evidence gathered show that young people are also impacted upon, in particular reporting high levels of loneliness.[32] For example, a survey conducted by YoungMinds of 2,000 young people asked about their mental health needs, and found that 83% agreed that the pandemic had made their mental health worse[33]:

"My level of care was suddenly cut off and I was told counselling services were further delayed because of lockdown. I did not feel able to go to A&E or anything because of the virus."

Furthermore, as the report goes on to capture, the key themes of young people's concerns are of anxiety and other mental health challenges, such as isolation, panic attacks and lacking confidence. Unlike older people, young people were concerned that:

- Counselling and support had either been stopped or moved online or via phone calls.
- The support they receive via school or college, and teaching staff as well as counsellors as trusted adults was no longer available due to lockdown;
- Many face-to-face GP appointments had been cancelled for the time being
- Inability to attend sessions because either they or their counsellor was in self-isolation.

Said one respondent to the survey:

"I can't have face to face contact with the mental health nurse I work with so we can only have short phone conversations, which don't provide as much support and my mental health including anxiety and paranoia has deteriorated."

[32] https://data.london.gov.uk/dataset/socio-economic-impact-of-covid-19
[33] Young Minds Survey, https://youngminds.org.uk/resources/policy-reports/how-is-the-covid-19-pandemic-impacting-young-peoples-mental-health/

Others commented that:

"Many mental health teams cannot provide support or are limited, and I feel I cannot go to A&E in a mental health crisis."

"Not being in school or youth club, so I have no way of having my meetings with the people who supported me via those locations."

"I usually have a weekly therapist, but my mum has lost her job because of the outbreak, and we can't afford it anymore."

Finance and economic

Access to food shopping, medicines and other necessary services including banking during the pandemic has been a huge source of difficulty and anxiety for some, especially the older people. Summing up the challenge of being one of the 'shielded group', Markus puts it thus:

I am a mixed race, single parent, grandparent and full-time, education employed sixty-year old male. I am the head of my multi-generation family unit. My dependent children range in age from 10 to 19 and my eldest who is 31 has also been forced to seek refuge with me. The COVID-19 pandemic and its effects at the national level have impacted heavily on my way of life and that of my family.

First, I was suddenly forced to be off work, (March 2020) without being able to close my end of term and school year obligations. This has caused me emotional and mental distress. I love my job. I miss the children and colleagues. My children also had to suddenly stop going to school. Exams on hold and a nationwide "lock down" in place, all 8 of us confined to a small apartment without a garden.

On the other side of the coin, this not so 'shielding' respondent offered the following sobering perspective:

It isn't as bad as I thought it might have been. I have been working from home and our bank very early on ahead of the government lockdown had already started to prepare us to work from home as it was starting to look a possibility in early March.

I've been working in this bank now for close on 30 years never really thought about working from home; went in every morning by 9 o'clock and finish by five and home by at least seven pending on traffic. I take bus, tube and train in the mornings and evenings and at times I have found myself having to stand on each leg. Working from home has meant not having to fight to get a seat or stand up for long periods.

My productivity is much higher than when I was in the office, the quality of the work has improved. I no longer find myself chatting to people as I go up and down floors or being stopped by individuals. This has given me more time to focus on the challenge at hand, even though I have found myself starting much earlier than normal and at times stopping after 7.00pm. This side of it is worrying as I am starting not to be able to switch off, but I tell myself I don't have to put up the travelling into office as trade off.

Many of us are now wondering if we can get a pattern that allows us to work from the office some days and at home other days. I wait to see what happens but there are more and more people thinking this way.

There is no doubt about it, social interaction is great for personal development but so too is having space and quality time and flexibility. I do far more now than I ever did in the last year.

A voice from the 'Farm'- a lone parent perspective[34]

Ade (62) has a degree in oil and gas management from Plymouth University, but being a lone parent meant he couldn't get work in that sector as the jobs were overseas, so he found work in a day centre for people with learning disabilities. However, he was laid off by his employer who could not tell him if he was eligible for furlough pay and yet there is hope and appreciation in his story. He said:

I can't help thinking: "When it's my turn to succumb to Covid who will care for me?" And more importantly, "Who will care for my children?". If I need to call the NHS helpline with symptoms, the operator will just say: "Isolate yourself at home" but it will be impossible for us to do this in our flat. When I hear government ministers talking in the briefings each day, I think: "No-one knows me. They might consider me to be a human being but no-one really understands or listens to people like me."

There is a reason why no-one on the television is telling us what to do if we get symptoms - it's because they know there is nothing we can do. We are trapped and will have to surrender to whatever comes our way.

Broadwater Farm is a dense housing estate and the virus is probably spreading here very quickly. There are still boys sitting outside in groups of 10-15 on a daily basis. This place is not safe at all. All we can do is keep praying it doesn't come to our door.

[34] Courtesy of Joseph Roundtree Foundation: https://www.jrf.org.uk/. The 'farm' is the local term for the Broadwater Farm estate, based in Tottenham, Haringey, and the scene of Broadwater Farm riots in 1986. The name in this 'case study' is a pseudonym and is not the real name of the person whose diary entry form the basis of this case study.

Earlier this week, there was something on the news about the government 'airbrushing' the official Covid death figures and not including the people dying at home. Sometimes I wonder if anyone would help us if we got sick or if we would just become part of those statistics. Many people in situations like ours are feeling invisible at the moment.

Last week a friend of ours put us in contact with a London-based charity who are going to send the children activity packages and lots of books…As a proud dad, it's hard to accept charity but I have learned to put such selfish emotions aside for the sake of my children's welfare.

Social and education

While many people have embraced online forms of social engagement, hobbies and physical activity, according to Age UK, 4.2 million people aged 65+ have never used the internet and a quarter (26%) of people aged 65 to 74 and around three-fifths (61%) of people aged 75+ do not regularly use the internet.[35] Evidence shows that during lockdown very few under 18yrs and over 65yrs were using public WiFi, and as lockdown eased there are significant spikes showing increased activity outside the home environment. Though those aged 65yrs and over were not using to the extent they were prior to lockdown (25% compared to 75%).[36] One respondent remarked in relation to being in a residential home, it's the face to face interaction that they cherish most, a situation Age UK acknowledges "*even if older people are using the internet, they are less likely to be taking part in a wide range of activities online*."[37]
One 16 years old teenager we interviewed told us:

"Covid19 has stopped me from being able to finish the last couple of months in school and stopped me from completing my GCSE's. We have however been told when our results day is, so there is some way that we're being graded. However, the lack of communication is still a worry.

Despite this, we still haven't been properly informed about how exactly we'll be graded due to us not actually taking our GCSE exams. This itself is a major concern for most if not all of the Year 11 students. This lack of knowledge leads to some anxiety over what will happen.

[35] Age UK, The Internet and Older People in the UK – Key Statistics July 2016 (the most recent briefing based on ONS 2016 data)
[36] https://data.london.gov.uk/dataset/coronavirus-covid-19-mobility-report
[37] Age UK, The Internet and Older People in the UK – Key Statistics July 2016 (the most recent briefing based on ONS 2016 data)

Personally, this pandemic has made me feel lethargic and anti-social, even though I'm allowed to meet with my friends, now I find myself just not having the urge to leave my home and would rather sit at home and watch tv or play video games. I myself know this isn't healthy behaviour especially for my age group. I should be out getting some exercise, however when I am invited, I just don't want to leave."

Risk factors, complications and mortality

The situation in care homes has been concerning, there was an article in the Guardian (May 2020) about the number of deaths in care homes and some of the knock-on implications "over residents' mental health."[38] This view is from one of the interviews with a care worker based in a North London care home for the elderly on the impact on those being shielded and isolated:

Residents are beginning to show signs of frustration and anxiety. Many of them were quite contented to be isolated, recognising the reasons behind it and felt, initially, contented to not see anyone other than their key worker. However, as the months rolled by and it became clear that shielding by way of isolation, other than phone calls or zoom calls that we set up for some of them, soon became 'not the same'. They have not been looking forward to the prospect of further extended periods of being isolated, but they do understand. While the opening and easing down of restrictions has been welcomed, they still feel somehow alienating

One resident told me just the other day that she is feeling frustrated as she was used to getting visitors and able to go out but now because of the lockdown and the shielded they only see the workers and the same faces all the time. She said to me 'I can't see my grand-children, I can't see anyone. We understand why this is the case. We were told three months and it will be reviewed but I was hoping that three months would be it. Now that it's been extended even though we are allowed one or two people we still have to social distance, we still have to wash hands, we still have to wear masks. It just doesn't feel the same'.

A Kidney transplant patient (aged 55), who was interviewed, revealed how COVID-19 has impacted on those with medical appointments for pre-existing conditions at the local kidney specialist unit in London. Her story starts:

I am a kidney transplant patient and think I have it better than others who are on dialysis; I think am one of the lucky ones. I usually see the specialist every three months and since COVID I have not been down there for close on 6mths. I had to call them to say that my appointments were cancelled and now only getting periodic

[38] https://www.theguardian.com/society/2020/may/30/calls-to-lift-lockdown-in-uk-care-homes-over-fears-for-residents-mental-health

telephone calls to check up on me. I thought MyPatient View platform would be used as a means of communication, but that only carry reports and medical information from the times you go and they write a report on you. So, I don't bother as there is nothing there.

The problem I have is that I need to get my blood tested ahead of any appointments and for that I need to go down to the clinic and get the test done, but I have been told not to come because its crowded and to protect me they will find a slot when it is quiet. The other problem is getting down there, about 10 miles. I have to make sure I travel with someone who I know and has the time. I can't take public transport and I don't get any transport. Patients on dialysis sometimes have to go through the night, as they have to stay on the machine at least I can get away. For these people it's a long day both in terms of waiting but also in terms of travelling and actually sitting with the machine plugged in for a much longer duration than otherwise.

All this palaver mean I am not willing to go through all this, but I have to go. At times I feel I have been living with this for decades and now this COVID thing turn up and now I have to wait. When I feel down, I tell myself it's not fair; but I know I don't really mean it but it's how I feel at times. The feeling is that no one cares about us and all they care about others with COVID. I have been managing and living with this for many years.

Another voice, this time from someone with multiple medical complications, explains, in her forthright vernacular, what it is like to be living under "lock an' key2, as she puts it. We call this interviewee V, who is an 85 years old Londoner living with multiple health conditions. From her perspective, she has been in "…*lockdown from before December*" because of her cancer, diabetes, kidney and other ailments! She tells us:

From November the doctors tell me to stay home because I might catch the flu or something because my system is weak and getting weaker since the medication making me lose appetite and can't eat nothing. I mus' a lose 'bout 2stones already 'cause I can't eat nothing. The tablet dem gi me nah do nothing fi me. Food nah go dung. A cud'a go to de end a me road to get paper but since dem tell me to stay a mi yard, a ya me de til now. The last month was hard cause me nuh see nobody; church people dem come an 'tan a me gate and we talk – a nuh de same. People are helpful but dem nuh really know wey ya go tru'.

I talk to people 'pon de phone but a nuh de same. Sometime yuh feel it would've been better if they don't turn up 'cause you can't touch nobody, you can't hug nobody. Dem granpickney, wen dem cum, dem always a hug me up but I have to tell dem to stay from me. It no right but weh fe do? Everybody in a mask.

I watch television so till me drop a sleep. Only so much a de Chase, Tipping Point, Hollyoaks you can watch. All you get outta de News is wha' Trump do from wha' im nuh do. And if a nuh him, den a Boris – two a dem come in like dem a de same. But me nuh t'ink him can do anymore. Him a do him best; it nuh easy.

The government can't win. Anything and everything that they say they're trying people just don't seem to want to understand. I don't see because I can't go out but I hear stories on the news of people demonstrating about not wearing the mask. I say to myself do you not care about me? What about people like me, give us a chance to live. Do you not have any common sense?

I would hate to feel that due to the ignorance and lack of care by some people that could make someone like me who has diabetes, kidney, high blood pressure and cancer die - as if it is not bad enough already.

Policy and decision making

Age UK makes the case that over two million people in the 'shielded group', many of whom will be older people, are living alone or caring for others. Additionally, the Institute of Jewish Policy Research (IJPR) contends that the age and geographical profile of the Jewish community, for example, has had a significant negative effect on the Jewish population's experience of the virus because it is impacting on older people more than younger people, and urban populations more than rural ones and that the Jewish community is an ageing community.

The 'push backs', in terms of delayed appointments and/or telephone consultations are worrying, causing many people and their family's immeasurable distress and worry. In the words of one respondent:

Keeping my 'bubble' safe is an ongoing challenge. I am responsible for the well-being and safety of my household, which now includes a 4 months old baby. State support is minimal, at best. Information is confusing and questionable. I am struggling along as best I can in the face of seemingly hopeless leadership. I am among a multitude who have to "make do" and decide what is best for self and family. I do not have confidence in what presents as leadership, nor what leadership is presenting in this time of crisis.

SECTION 2: DISABILITY

Disability is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial effect on the ability to carry out normal day to day activities, which has lasted or expected to last for at least 12 months. Using this definition, those with a diagnosis of mental illness, as well as those with physical impairment, are classified as having a 'disability'. There is a social understanding of disability in which, it is the effects of the barriers, discrimination and disadvantages that disables people, and not their physical or psychological impairment. These definitions and distinctions provide context in interpreting how COVID-19 affects a swathe of the community, be they older people, gender or ethnically focused.

In this section, older, as well as young people speak through responses to surveys and structured interviews about the impact of COVID-19. For many who meet the definition of the Equality Act, measures such as social distancing, shopping, 'lockdown' and reduction in the care disabled people would receive from local government (because of the suspension of the Care act 2014)[39] is of concern. Nearly two-thirds of disabled adults say COVID-19 related concerns are affecting their wellbeing.[40]. Disabled people who have a range of impairments from physical, neurological and cognitive have been disadvantaged and 'othered' by some of the measures put in place by the government during Covid19 pandemic. On this point, Inclusion London makes the case that:

Disabled people feel discriminated against, forgotten, and in some cases abandoned as policy makers have ignored our needs, or at best considered us as an afterthought... this led to many of us struggling to get bare necessities, losing support, and independence and living in fear of our lives.[41]

Understanding the impact on disabled people has been further compounded by a lack of clarity as to how to define 'disability' so as to enable better data capture and understanding, and by the fact that disability status is not recorded on death certificates. These factors has meant reliable data gathering is at best, assumptive based on responses to three basic questions on the census produced by ONS based on self- reporting in terms of (a) limited

[39] https://www.inclusionlondon.org.uk/campaigns-and-policy/act-now/
[40] https://www.disabilityrightsuk.org/news/2020/june/disabled-man-dies-due-lack-food-during-lockdown
[41] https://www.inclusionlondon.org.uk/campaigns-and-policy/act-now/

a lot; (b) limited a little; and (c) not limited and any other socio-demographic information that is available.[42]

While useful in lieu of no other alternatives, based on the three indicators of measure, the ONS report shows that of the 37,956 COVID-19 related deaths recorded between March and May, at least 55% were those who self-reported as 'limited a lot and limited a little'; effectively those falling under the definition of disability by the Equality Act. This, according to the ONS, would seem to be disproportionate to the population estimate based on the 2011 Census of those " resident in private households" which suggests that those with a disability accounted for 17% of the population while the Family Resources Survey 2018 to 2019 "*reported the prevalence of disability as 11.6 million people in England (21% of the population) and 0.8 million people in Wales (25% of the population).*" Statistically disabled people could be said to be three times more likely to die from COVID than those without a disability.

Mental health is also identified as a major congoing concern, evidenced by The London Health Inequality Strategy (2018 – 2020) which at the time referenced the need for increased awareness and training:

People need to know how to recognise the signs of mental health issues and have the knowledge to help themselves or find the right help and support others. In the workplace, training programmes like mental health first aid increase awareness and provide practical tools. They can also increase the confidence of managers and colleagues to spot signs and symptoms early[43].

Reflecting on the impact and implications for young people, a respondent to the YoungMinds survey offered the following observation:

I understand why the restrictions are in place but there is not much help for people who have long term health issues both physically and emotionally I would just like to see more being done about it.

With lockdown employers have been forced to shed workers thereby compounding a pre-existing issue in the labour market for disabled workers, as

[42] Coronavirus (COVID-19) related deaths by disability status, England and Wales: 2 March to 15 May 2020: ONS, 19 June 2020. ONS offer the following qualifying remarks on how they measure disability: "Disability status was defined using the self-reported answers to the 2011 Census question: "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? - Include problems related to old age" (Yes, limited a lot; Yes, limited a little; and No)."

[43] Better Health for All Londoners: consultation on the London health inequalities strategy; September 2017

they are less likely to be employed for reasons of 'COVID-19 compliance' in the form of PPEs, distancing and sanitisation.

Health and wellbeing

COVID-19 is not just about those who have contracted the virus, but some of the knock-on effects on those living with the virus and the measures in place to safeguard people.

The YoungMinds report (Summer 2020) highlighted the disruption caused by the restrictions and attendant confusion affecting mental health, which is said to have increased stress levels and anxiety, and affected sleep patterns causing many to create innovative self-care systems and routines.[44] In the report, based on over 2000 young people, 83% agreed that the pandemic made their mental health worse, and that included increases in loneliness.

The voices captured gives some sense of the extent of the impact:

"My level of care was suddenly cut off and I was told counselling services were further delayed because of lockdown. I did not feel able to go to A&E or anything because of the virus."

Another responder commented:

"I alternate between anxiety so bad I shake and cry and can't concentrate on anything and then depression so bad that I can't get out of bed. I'm also so scared of being infected (and then infecting others) that I haven't left my house in nearly 100 days."

And yet another, that:

"I find it worrying not knowing how things will change or what to expect. I am also worried about using public transport to get to and from school."

Two other respondents offered the following reflections:

I am looking forward to getting my routine back and seeing my friends and getting more help for my work, but I am anxious about going back because lockdown has

[44] YoungMinds, Impact on young people with mental health needs Survey 2 – Summer 2020 (https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf)

caused me to fall quite behind in some of my subjects and there are a lot of tasks I haven't completed due to my mental health.

I'm really anxious but I really want to see my friends. My biggest concern is that there will be so much pressure to learn so much in a short amount of time and that the education system doesn't change any of the exams, so we still have to learn everything.

Commenting on their experience, this respondent offers the following insight:
I am homeless and need supported accommodation believe nothing else is suitable due to my needs (abuse/trauma after fleeing DV [domestic violence] and fearing being abused. I'm also autistic so not getting support to actually learn how to rent a house and rebuild my life. Mental health is suffering too. Can't work. This has been ongoing for nine months now since I first tried escaping. But COVID has messed it up as I was close to hopefully getting what I need.

Finance and economic

Reports and feedback highlight concerns about the impact on the socioeconomic front, including over employment status. In the YoungMinds Report (July 2020) some were centred around:

Home working – that a lack of routine when working from home affected their performance, compared to being in an office environment.

Job instability - respondents who were working in the retail and hospitality industries felt more anxious about their future employment prospects.

The labour market – concerns about whether they would be able to find a job. This was either because they were looking for a job before the pandemic or because their employment had been impacted. Recent graduates were concerned about not being able to get experience in the area of work that they were hoping to go into.

The spread of the virus – here respondents expressed concerns about the spread of the virus when they returned to work, including a fear of putting others at risk. Young people wanted protection from the virus when they were working, for example in healthcare and retail workplaces, and from exposure on public transport when travelling to work.

Comments included:

"I was fairly new to a job when lockdown began. I'm scared I've 'forgotten' how to socialise as I really struggle with social interactions anyway; scared I won't remember how to do every aspect of my job and worried that I'm going to lose my job".

"Feel scared that I might lose my job. Or that if the pressure continues, I won't be able to cope with working."

"How can I prove myself in a virtual interview to obtain a position in Autumn? Am I needed? Will I be stuck working somewhere that puts me at risk if I cannot continue my job in my current profession?"

At the start of lockdown many people were caught by surprise and were unprepared for suddenly having to start working from home. Some did not have the essentials: laptop, broadband, accessibility aids etc. Young disabled people were hit badly, especially because many are at the highest risk of long-term unemployment.[45] For example, as noted by RNIB, those who are blind and partially sighted, did not have essential accessibility aids at home which then caused more anxiety and fears.[46] They also explain that people who are blind or partially sighted are used to navigating a complicated world, but the pandemic heightened those anxieties and fears because of difficulties such as the panic buying phenomenon, problems securing on-line delivery slots as well as considerations about their employment and work setting.

The unfortunate consequence of the inability to get access to food shopping led to a tragic story covered in the *Independent* of a disabled man in Streatham, South London, who had starved to death[47].

Responses to the Inclusion London survey further showed that over 60% of disabled people questioned said they had struggled to access food, medicine and necessities. One respondent offered the following insight:

"There appears to be insufficient delivery slots from major supermarkets necessitating my husband going out to shop. My son who is learning disabled (with an additional kidney condition) and I (physically disabled) stay home.[48]"

[45] https://www.disabilityrightsuk.org/news/2020/june/disabled-man-dies-due-lack-food-during-lockdown)
[46] https://www.rnib.org.uk/campaigning/social-distancing
[47] https://www.independent.co.uk/news/uk/home-news/coronavirus-death-starved-disabled-food-lockdown-bell-ribeiro-addy-streatham-a9584286.html
[48] Abandoned, Forgotten and Ignored: Inclusion London Report June 2020.

Social and education

A need for increased education support and accessibility for disabled young people were strongly advocated for by Inclusion London, Disability Rights and Autism UK, which they have been doing for decades:

For many disabled people, traditional education and work-places are not spaces we fit. When asking for accommodations like working from home, it is seen as an inconvenience, and we are told they aren't possible. Yet when COVID-19 began, it took only days for companies and universities to move online and to adapt imaginatively to using new digital tools. While welcome, I can't say I didn't feel frustrated that this was suddenly possible.[49]

The following examples, drawn from the Disability Rights UK website, offers insights on impact lockdown was having on young people and their education[50]:

Since the Coronavirus pandemic, I have received very little disability related support from my education provider and consequently I am struggling with my studies. I feel my disability-related study needs have changed as a result of switching to remote teaching also. What can I do? Should my provider make reasonable adjustments for me as a disabled student?

Uni is suspending teaching next week due to #COVID19 and taking it online. But there was no such provision when I, as a disabled student, couldn't physically attend teaching. Institutions' responses to this is showing the ableism of people viewing us as an inconvenience.

My child with special needs has been unable to attend school for the duration of the lock down, causing huge amount of anxiety and distress within the household. He has also had all external support and care removed.

For those with autism spectrum disorder, the lack of routine is proving to be difficult, and according to Autism UK[51], changes in routine and isolation can be overwhelming and confusing at the best of times. This was compounded by COVID-19, creating serious issues with considerable consequences on the mental health of people with learning disabilities.

[49] https://www.disabilityrightsuk.org/StudentsCoronavirus
[50] https://www.disabilityrightsuk.org/StudentsCoronavirus
[51] https://www.autism.org.uk/

A student and a member of the Scout's Community Impact Group wrote:

"Here are the lessons I feel we can all learn from the COVID-19 crisis. Increased accessibility is a possibility, and it should be here to stay. For many disabled people, traditional education and work-places are not spaces we fit. When asking for accommodations like working from home, it is seen as an inconvenience, and we are told they aren't possible. Yet when COVID-19 began, it took only days for companies and universities to move online and to adapt imaginatively to using new digital tools. While welcome, I can't say I didn't feel frustrated that this was suddenly possible.
I don't think these tools should necessarily replace standard ways of working, but there is no reason for them to be abandoned completely after the crisis. For example, my lecturers have been uploading the written transcripts they would use in-person… The current accommodations could enable so many more to work or study and make us feel truly integrated into society… A pandemic doesn't pause our disabilities or vulnerabilities…If anything, many of our existing challenges will be heightened or exacerbated. Isolation is only intensifying the weight many young people already carry on our shoulders. And with school and university still up in the air, many of us have had support we rely on withdrawn.

I implore government officials in education, health and social care to take into account how different this situation is for every young person. Where you can, take the opportunity to hear from young people's lives and experiences. For every young person, there is a different experience of this crisis – we need to see each one as an individual instead of a statistic[52]*".*

Parents are also feeling the effects and have shared examples of the challenges they face in having to manage their children's often complex care needs 24/7. The cancellation of some home carers services, for example, which was down to a lack of PPE or testing, have seen families struggle, as they have been left without any of the outside assistance that would have normally supported them. One respondent offered the following insight:

The rules for getting on the extremely vulnerable list are so strict, my doctors want me on it but cannot get me on it. I use a home nebulizer and home suction machine as my asthma is extremely bad, but nebulizer is not mentioned for asthma only COPD. PPE is impossible to get hold of and when you can it's very expensive. Food delivery spots are hard to get and then they don't have what you need. There is not enough advice or help for disabled people or family carers and none provided in a clear format for those who struggle to read.[53]

[52] https://www.iwill.org.uk/lessons-from-covid-19-disability
[53] Abandoned, Forgotten and Ignored: Inclusion London Report June 2020

The Guardian carried an article which summarises this concern, not just of those in London, but widely across the UK[54]. At the height of the pandemic, it appeared that the 'system' was creaking due to lack of personal protective equipment (PPE) in frontline services, staff furloughed and care support services virtually at stand-still, of which providing for the care of those who have a disability and elderly were most pronounced. As one respondent in the article indicated:

*There's not enough special educational needs staff at my daughter's school to send her back…My husband and I have to look after her 24 hours a day with no help because the local authority carers have been furloughed, while no thought has gone into giving direct support. It has put a huge emotional and physical strain on an army of unseen parent-carers [*the mother of 17-year-old who is autistic, with severe learning disabilities and challenging behaviour].

Age UK, shares similar concerns, remarking that the closure of day care sessions for the elderly and disabled increased isolation, and that many have not been receiving hospital care they would otherwise have received, and that includes some with COVID-19. They also note that family members who are carers have not been able to receive respite; the knock-on effect of which is increased hostilities, tiredness and resentments within families[55].

Many organisations have become more creative and inventive during lockdown, and have used creative arts as an engagement mechanism. For example, Arts Exchange and other similar charities have provided boxes of activities such as arts, crafts, music and reminiscence. Those have been invaluable tools in aiding memory recall and helping those living with dementia to celebrate the rich experiences they have had in their lives.[56] Some have also benefitted from attending the *All Change Arts Word Festival WORD2020* programme created by older people, young parents and young women during lockdown, which consisted of online and offline activities, practical resources and events.[57] Other opportunities and examples can be seen in the work of *Outside in Pathways*, a charity dedicated to giving people with learning disabilities the opportunity to explore art and culture through London's museums and galleries. Their work usually takes places in public cultural venues

[54] https://www.theguardian.com/society/2020/may/13/parents-disabled-children-buckling-under-24-hour-care-coronavirus
[55] https://www.ageuk.org.uk/information-advice/coronavirus/
[56] https://www.age-exchange.org.uk/
[57] https://www.allchangearts.org/

across London, so the organisation established online forums for the groups to maintain contact, to continue working together and to share their art[58].

Risk factors, complications and mortality

Those with underlying vulnerabilities are subject to shielding away from their families but that comes with complications. The North London Hospice, sums up the dilemmas both service provider and families face:
The suspension of visitors has been problematic, and this hospice is there for people needing end of life care and not being able to spend that time with loved ones impacted on the clients as well as their families. The decision was taken to allow 1 visitor when the patient was in their last few days of life, and community nurses continued to make emergency home visits and also started doing video and telephone calls to patients. [59]

For those with chronic underlying health conditions, and who are gravely ill there have been fears about the government's frailty guidance as exemplified in the following response to the Inclusion London's survey:

The thing that caused me more distress was when the government decided they were going to publish the frailty guidance. I looked to see how frail am I and am I going to be offered a ventilator if I need one. The reality according to that guidance was no, not necessarily. And, then thinking, how can I prove my worth to people to make sure I get that treatment if needed.[60]

Policy and decision making

After the initial panic buying phase was over, people who are blind or partially sighted still struggled to go out for every-day food essentials because of the introduction of social distancing. As two speakers from the RNIB's video campaign makes clear:

"Not all blind and partially sighted people look blind. We don't all wear dark glasses, use a cane, or have a guide dog. So, be aware that sight loss isn't always that obvious."

[58] https://www.outsideinpathways.org/news/creating-from-home
[59] https://www.northlondonhospice.org/about-north-london-hospice/information-leaflets/covid-19-response-from-our-ceo/
[60] Inclusion London, Abandoned, Forgotten and Ignored Report (2020), Inclusion London; June 2020

And: *"Help us with social distancing. Like many blind and partially sighted people I find it impossible to maintain the two metres distance. So please help us out by maintaining the two-metre social distance yourself. Thank you."*[61]

A respondent in The Inclusion London Report said;

My parents are having to care for me as my carer is super shielded. My parents can't provide the care I need. I've been provided very little information about what to do and where to get help. I feel very isolated and my mental health is really suffering. I don't know how to cope. If I get the virus I don't know how we would cope as who would care for me? I have been told by hospital nurse to self-shield but am not on any official list. It took quite a while to find out if I can go out for exercise. I can and I would like to wear a mask but don't have enough of them. I have a long-standing mental health condition. I am currently on a long waiting list for CBT but NHS is offering me no support in the meantime. My pharmacy do not deliver and often do not answer the phone so I have had to find someone to collect medication for me.[62]

To address some of the issues faced by disabled people, Disability Rights UK made the case for leadership and clarity over the use of facemasks, and even though the scientists and experts have conflicting views, there are many people for whom wearing face mask causes anxiety and concern. That said, Fazilet Hadi, Head of Policy at *Disability Rights UK*, explained that when it comes to exemptions from wearing face masks the views of disabled people are not being listened to:

Disability Rights UK is horrified at the media coverage on face coverings. The message is that face coverings are compulsory with no mention of exemptions for disabled people or children. The talk is of police fines and criminalisation for those that don't comply.

Taking the lead from government messaging, we would ask that government urgently recognises the need for balanced messaging, including that some disabled people cannot wear face coverings and that this should be respected. If the messaging doesn't change, millions of disabled people will not be able to safely leave their homes. For those of us that do, we will experience, fear, anxiety, possible conflict with public and police and demands to prove our impairment/illness.[63]

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[61] https://www.rnib.org.uk/campaigning/social-distancing

[62] Inclusion London, *Abandoned, forgotten and ignored: The impact of the coronavirus pandemic on Disabled people* - Interim Report; June 2020 (https://www.inclusionlondon.org.uk/disability-in-london/coronavirus-updates-and-information/campaigns-news-during-coronavirus-crisis/abandoned-forgotten-and-ignored-the-impact-of-covid-19-on-disabled-people/)

[63] https://www.disabilityrightsuk.org/news/2020/july/disabled-people-still-facing-discrimination-over-face-coverings

SECTION 3: GENDER REASSIGNMENT

The Equality Act 2010 seeks to protect those who are transsexual; that is, when the gender identity is different from the gender assigned at born. The clearest example of this is where a person who was born one gender (say female) and decides to spend the rest of their life as a man (and vice versa). The Act refers to this as gender reassignment and stands alongside all the other communities of interests where delays to accessing medical and care support has been impacted upon in such a way, that if it is not critically urgent, then such procedures have been put on hold. However, there are other areas of impact and consideration, which, in many ways is captured aptly under the domain of Sexual Orientation.

To be protected from gender reassignment discrimination, you do not need to have undergone any specific treatment or surgery to change from your birth sex to your preferred gender - you can be at any stage in the transition process. For those awaiting or in the process of undergoing medical transformation COVID-19 would have delayed and/or postponed indefinitely such procedures as resources shift to accommodate the pandemic.

An area of confusion that is worth highlighting, given the close alignment in campaigning terms of the rights of transgendered and lesbian, gay and bisexual communities, is that the term sexual orientation and transgender have been intertwined and have become inter-changeable. Because someone undertakes gender reassignment does not necessarily mean they are lesbian or gay or that his or her sexual orientation will change after gender reassignment. As sexual orientation is itself a protective domain in its own right, it is important that we make the distinction lest we confuse and/or draw inferences that refers to one and automatically assume it applies equally to the other.

Our approach to data gathering did not provide us with much evidence of any particular and specific impact applying to this protective characteristic. However, we were able to interview a young black transgender parent of a three months old baby and from that interview it is clear that mental health concerns, brought about from anxieties arising from COVID-19. Though the experience recounted is perhaps not too dissimilar from the general population having to cope with social distancing and other restrictions in place. She told us:

I am 18 years old and a black transgender as well as a new parent, and because of these two things lockdown has been a big hinderance to me and my family. It has pushed back my appointments to help me deal with my dysphoria as a transgender person. Also, because of the lockdown Pride was cancelled, which is the one time a year I can be me without fearing for my life. It has also been difficult to support my new family as the furlough pay I've been getting just barely covers the cost of providing for a family.

Since this quarantine has started my mental health has dropped significantly (as I've not been able to go to appointments or even socialise with friends). It's made me feel very alone and I've only recently been able to get a handle back on my life. Not to mention how hard it is being a new parent in general, without all the added stress that this lockdown has brought.

When my partner was pregnant and went into hospital it was painfully frustrating, not being able to stay the night with my family. My partner had to stay the night of the birth due to a few complications and because of this lockdown I wasn't able to stay with her or my child (which was very stressful for the pair of us). Getting to the hospital was a nightmare as well. We were told to wait at home till her contractions were around 7-10 minutes apart and was then told again that they weren't sending any ambulances out because of the virus so we were told to order a cab. Then we had to walk around the hospital because of the new restrictions and guidelines at the hospital till we got to the maternity ward, all while my partner was in very late labour and in pain and discomfort."

An article in the Guardian reported:

Trans rights: government reported to be dropping gender self-identifying plans" which are about making it easier for trans people to gain recognition of their gender identity. Smith said that it shows that the government are not considering how people who are trans or non-binary are coping.

In a YouTube post, Zoey a transgender man said that his surgery which was booked prior to Covid-19 was postponed; queer couple Rain Dove and Kelsey Ellison shared that Rain opting to stay in London with Kelsey, but that meant being stranded away from their usual home and therefore not being able work; Sam Collins' a transgender man said that his wedding which was due to happen in the USA has had to be cancelled[64].

Gender Identity Research and Education Society (GIRES), a UK wide organisation whose purpose is to improve the lives of trans and gender non-conforming people of all ages, including those who are non-binary and non-

[64] https://youtu.be/NBGehd44nH8

gender, produced a report on the *Wellbeing of Young LGBTQ+ people during Covid 19 and Lockdown*[65]. That report speaks about increased levels of anxiety and isolation being a concern for vulnerable 18-35 years old, with 21% saying that they experienced loneliness very often or every day, and that figure more than doubled to 56% during lockdown and for those under 18yrs, this was 67%. Young people who are unable to express themselves fully at home and estranged from their usual support structures, are exhibiting signs of depression, loneliness and anxiety.

Instances of violence and abuse have increased, with 15% of LGBTQ+ people experiencing it during the period of lockdown. According to the LGBTQ+ Lockdown Wellbeing survey of over 2300 people, young people aged 25 and under are experiencing undue hardship being stuck in abusive homes as a result of the lockdown and that there are serious concerns about the longer-term implications on the mental health of young LGBTQ+ people. Around 69% of the under 25s said that they are worried about their future, 32% worried about personal safety and 29% worried about money, an indication that young LGBTQ+ people will need to have safe and stable accommodation and supportive environments; a point echoed by Childline:

"Lockdown has made it harder for many young people to talk openly about their gender and sexual identity or to be true selves at home, especially if they fear reaction from those that they are isolating with[66]*."* [Alex Gray, Childline Service Manager]

[65] GIRES, 17 June 2020

[66] Quoted in Pink News: 'Childline reports surge in young people seeking gender identity counselling during coronavirus lockdown' by Vic Parsons, 16 July 2020: https://www.pinknews.co.uk/2020/07/16/childline-young-people-gender-identity-sexuality-counselling-coronavirus-lockdown-nspcc/

SECTION 4: MARRIAGE AND CIVIL PARTNERSHIP

The evidence from our research and analysis did not produce much by way of examples of how COVID-91 had impacted on the specific discriminatory implications of being married or in a civil partnership, but we did find examples of how COVID-19 impacted on being able to marry. The concerns have been largely around the strict procedures and protocols that must be adhered to by all. Some of these restrictions will – and were – having traumatic implications for people who have planned their wedding months (and years in some cases) in advance. Preparations such as arrangements for loved ones, nearest and dearest to participate, which in many instances, involved travelling locally, nationally and internationally are likely to incur tremendous financial outlay). Even though planned wedding was slated to resume in July, the restrictions go far beyond indicative summary guidelines provided by the government.

Certain groups of people may be at increased risk of severe disease from COVID-19, including people who are aged 70 or older, regardless of medical conditions. The implication for one couple planning to marry this summer highlighted the dilemma for those who are over 60years of age and wishing to marry. The case of Sharon below illustrates well the challenge. Sharon, shared with us her story about her postponed wedding that was due to take place in August:

Planning had been put in place and had been postponed due to uncertainties surrounding COVID and the restrictions in place. She was hoping that the restrictions would allow a few more people and that arrangements would allow singing and some dancing at the reception, however small. With the delay announced at the end of July, pushing back arrangements to lift the restrictions, she has had to cancel with the registrar now rescheduled the event to another date later in the year, in the hope that things will change for the good. To compound the situation, her husband to be is 70yrs and is now wondering if their age is likely to be an issue, especially as they are both in the critical age band for 'shielding'. The new date has meant that the venue that was originally booked is no longer available and now they have to reconsider whether the wedding they wanted should be put on hold until such time they can be certain.

There are other considerations that cancelled ceremony may impact on – depending on individual circumstances:

Family Law Implications: Cohabiting couples do not acquire rights to each other's property simply by virtue of their cohabitation.

Tax Implications: in the case of a couple wishing to marry, especially when one may pass away in the foreseeable future, it should be an important consideration. This is despite the fact that the couple had plans to marry, before marriage ceremonies were stopped due to COVID-19.

It is clear, that though wedding plans may be on hold for the moment for some (or foreseeable future) there are important steps to consider to best protect a couple's position during the hiatus, and couples have been advised to use the time to plan different eventualities that the next few months may hold.

On another note, and in support of Sharon's story, the ONS's Head of Strategy and Engagement wrote a blog which further add further weight to the observations about the anxiety accompanying cancelled and/or restricted ceremonies. He writes:

Data suggests that *increased anxiety has been particularly felt by those who are married, in civil partnerships and those aged over 75. Of those who are married or in civil partnerships, 39% report high anxiety, compared with 19% before the pandemic. Before lockdown, those aged 60+ were least likely to report high anxiety. After lockdown, this changed dramatically.*
He goes on to offer an explanation on the basis that:

We know that loneliness is a key factor in those with high anxiety and this could be a factor among some of the older age group, as well as a natural concern for their health. People who are married or in civil partnerships are more likely to be home-schooling and this, combined with other pressures, perhaps being asked to work from home, or fit home-schooling round going out to work could account for the unusual level of anxiety in this group. Normally, they are among the least likely to report high anxiety[67].

[67] https://blog.ons.gov.uk/2020/06/15/how-has-lockdown-affected-our-wellbeing/

SECTION 5: PREGNANCY AND MATERNITY

As with the case of marriage and civil partnerships, evidence of the impact of COVID-19 on pregnancy and maternity has been scarce and only sparsely commented on in many of the reports. The main areas of focus in those reports that were identified, concentrated on the deferring of appointments for those who were pregnant and/or related to ethnicity and implications of race during the pregnancy; in relation to sexual orientation, where couples were considering adoptions and those processes being put on hold; and in relation to men not having access to their child, which has been held up by the court system due to lockdown. Under these circumstances it was difficult to disaggregate impact that arose because of ethnicity and sexual orientation, for example, or because of wider restrictions on social distancing and safety in the workplace, which includes clinics, health centres, frontline workers and hospitals.

That said, however, this does not mean there are no concerns in relation to the actual birthing process (women by definition engaged with obstetricians and gynaecologists) and the social and economic implications of conceiving during the pandemic period.

Health and wellbeing

On the question of gynaecological considerations, the Royal College of Obstetricians and Gynaecologists (RCOG), provides clear advice and guidance. In the UK, information about all pregnant women requiring admission to hospital with coronavirus is recorded in a registry called the UK Obstetric Surveillance System (UKOSS). As it currently stands there is no evidence that pregnant women are more likely to get seriously ill from the virus, but a large majority are only experiencing mild or moderate symptoms. The government has included pregnant women in the list of people at moderate risk (clinically vulnerable [68]) and therefore the guidance for the clinically vulnerable will apply to those women who are pregnant, which includes, social distancing (especially if more than 28 weeks) and avoidance of anyone who has symptoms suggestive of coronavirus[69].

[68] https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july

[69] Detail advice is provided at https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy

The RCOG makes the point that though the risk in dying from contracting COVID-19 is relatively low if pregnant, the only study so far into this concern has not demonstrated that that position has changed since the crisis began. The RCOG reported that[70]:

"The first report from this study included information about the outcomes of 427 pregnant women admitted to hospital with coronavirus and their babies during the pandemic and was published on 11 May 2020. While most women in the study required only ward treatment and were discharged home well, around one in ten women required intensive care, and sadly five women with coronavirus died, although it is currently unclear if the coronavirus was the cause of their death. The study found that the majority of women who did become severely ill were in their third trimester of pregnancy, emphasising the importance of social distancing and regular hand washing from 28 weeks of pregnancy.

The study also found that pregnant women from Black, Asian and minority ethnic backgrounds were more likely than other women to be admitted to hospital for coronavirus. Pregnant women over the age of 35, those who were overweight or obese, and those who had pre-existing medical problems, such as high blood pressure and diabetes, were also at higher risk of developing severe illness and requiring admission to hospital."

As noted under the Race/Ethnicity section, concerns have been raised in relation to Vitamin D supplementation, which continues to be an area of debate and confusion. With respect to women during pregnancy, RCOG recommend that all women take this supplementation to help reduce the risk of respiratory infections but not to consider it a treatment or immunity to the virus. As the RCOG goes on to explain:

"Most people living in northern hemispheres will have low levels of vitamin D and as such, we advise all pregnant women to consider taking 10 micrograms of vitamin D a day to keep their bones and muscles healthy. Women from Black, Asian and minority ethnic backgrounds, with melanin pigmented (dark) skin, may be particularly at risk of low levels of vitamin D and are advised to take a higher dose of vitamin D."

The level of anxieties in the general population are just as valid in relation to pregnant women and their families as, pregnancy tends to present a period of uncertainty. Specifically, these anxieties are likely to revolve around:

[70] https://www.npeu.ox.ac.uk/news/1963-pregnant-women-are-not-at-greater-risk-of-severe-covid-19-than-other-women-but-most-of-those-who-have-problems-are-in-their-third-trimester

- The virus itself
- The impact of social isolation resulting in reduced support from wider family and friends
- The potential of reduced household finances
- Major changes in antenatal and other NHS care, including appointments being changed from face-to- face to virtual contact

Social and education

To the second area of observations (i.e. social and economic implications of conceiving during the pandemic period), not much work has so far been undertaken with regards to the wider implication and impact of COVID-19 in conceiving considerations – perhaps this area is more personal and sensitive or perhaps it is far too soon for people to think about children at a time of unpredictability and confusion over the nature and longevity of the virus.

In the UK context (and London in particular), against the backdrop of BAME communities being disproportionally affected, there is a strong sense that a similar thought process might be taking place. The adverse impact of COVID-19 in both the Hispanic and African American communities shares very much the same (if not worse in some cities, such as Chicago, Baltimore and New York, for example) as in the UK amongst the wider BAME communities (see discussions on race and ethnicity below).

The little that we do know, however, suggest that some women say they are delaying pregnancy or want fewer children because of the pandemic, according to an American report published by the Guttmacher Institute.[71] In this study, of interest to us is the racial profile that the study presented, in that "*pregnancy timing preferences varied dramatically between white women and those of color. Nearly half of Hispanic women and 44% of Black women said they planned to have children later or have fewer children, while just 28% of White women expressed the same preference.*[72]"

[71] https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health#
[72] https://www.cbsnews.com/news/covid-19-pandemic-pregnancy-delay/

SECTION 6: RACE /ETHNICITY

Of the nine (9) protected equality characteristics, perhaps the domain of race (or ethnicity) has been the area subjected to most public debate and scrutiny. Discussions around race is often met with one of two polar positions:

Denial that there is a race problem (i.e. a colour/ethnic blind perspective); and Structural and systemic racism that characterises the lives of minoritized communities.

Both these positions – as wide ranging and varied as they are in their articulation – also tend to accord and value certain voices over others in what we may construe as the 'authentic voices' of those affected. This is not new and not likely to be changed overnight for a range of reasons, not least because of the principle of '*currency*' and '*credibility*', both of which rely on subjective interpretation (and in today's media driven world, on who has or likely to achieve more 'likes' and 'followers'). Crucial to this are the voices of Black, Asian and Minority Ethnic (BAME) communities, including BAME led organisations, having their voices heard.

The concerns over the disproportionality of the impact of COVID-19 on BAME communities was presaged as early as March by the Runnymede Trust[73] ahead of the Intensive Care National Audit and Research Centre *(*ICNARC) Report on COVID-19 in Critical Care (4 April 2020), which triggered a media frenzy which continues to reverberate[74]. Not only this 'blog' by the Director of Runnymede Trust, but a lesser known blog piece, as part of a series of Updates to BAME led voluntary and community social enterprises (VCSE)[75], shared the alarming signals coming out of the ICNARC report within a day of the report being widely shared on its website on 4 April 2020. Neither of these two pieces – separately produced but speaking to their respective 'communities of interests' – was not given due attention at the time, until the more nuanced public media outlets 'picked up' on the emerging patterns.

[73] https://www.runnymedetrust.org/blog/coronavirus-will-increase-race-inequalities
[74] *Intensive Care National Audit & Research Centre (*ICNARC) Report on COVID-19 in critical care, 4 April 2020: www.icnarc.org
[75] COVID-19 Update 4, FW Business Ltd; 5 April 2020. These Updates were produced by FW Business Ltd and shared with Ubele as part of a partnership arrangement in supporting the wider VCSE sector via Ubele's Newsletters and dedicated COVID-19 webpage.

The point being, the authentic voices of those directly impacted upon were not treated with nor given the oxygen of expression unless and until a more nuanced media – mainstream to be precise – granted those *rights*[76]. In the weeks and months that followed articles, television appearances, online seminars and discussions – wall to wall coverage – abound. The presence of the impact of COVID-19 on BAME communities were now given a 'space', and as Lord Woolley, director of Operation Black Vote, was quoted saying:

Anecdotally, we know that Covid-19 is having a devastating impact on BAME communities, particularly in England. We suspect that BAME individuals, including frontline and essential workers, are disproportionately exposed to this virus. If Public Health England has ethnic data on who's dying in hospital, they must release it. Only with transparency of data and quick action from all relevant agencies will we save lives.[77]

Articles which contain the following shone a light on the crisis:

Black people are more than four times more likely to die of Covid-19 than the white British population, according to analysis by the Office for National Statistics. People of Bangladeshi and Pakistani, Indian, and mixed ethnicities were also found to have raised mortality risk relative to white people.[78]

And:

"Black, Asian and minority ethnic (BAME) medics and healthcare workers say "systemic discrimination" on the frontline of the coronavirus outbreak may be a factor in the disproportionate number of their colleagues who have died after contracting the virus.

In the biggest survey of its kind, ITV News asked the UK's BAME healthcare community - respondents were of different ethnicity and roles in the NHS - why they thought more of their BAME colleagues are dying than their white counterparts.[79]

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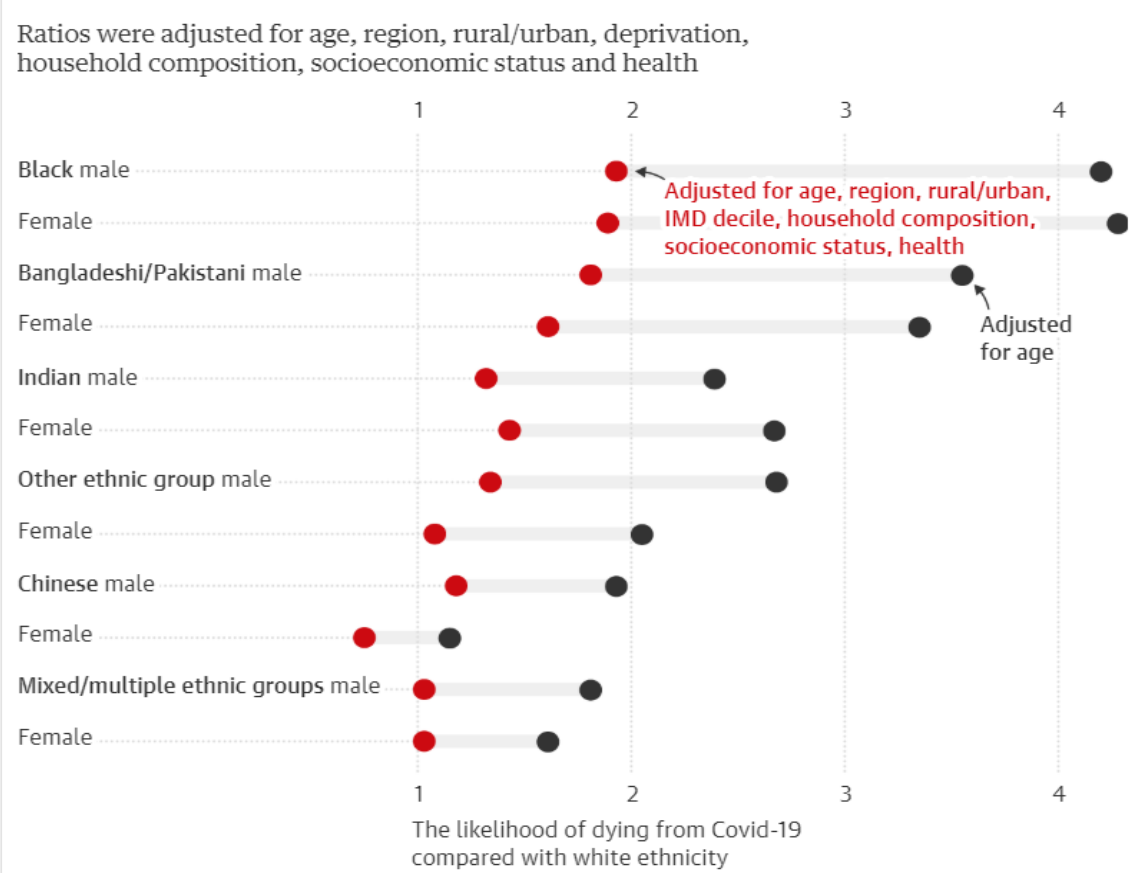
[76] In 213, BTEG (Black Training and Enterprise Group) had published 'No work no status: the impact of the economic downturn on London's BAME communities' in which concerns were raised about the impact of unemployment on BAME communities and, in light of the wider impact and implications of COVID over the longer term of an economic downturn, this reality may yet return to compound communities.

[77] https://www.theguardian.com/world/2020/apr/16/data-on-bame-deaths-from-covid-19-must-be-published-politicians-warn (16 April 2020)

[78] https://www.theguardian.com/world/2020/may/27/call-for-coronavirus-uk-race-equality-strategy

[79] HTTPS://WWW.ITV.COM/NEWS/2020-05-13/DISCRIMINATION-FRONTLINE-CORONAVIRUS-COVID19-BLACK-MINORITY-ETHNIC-BAME-DEATHS-NHS-RACISM/

Fig 9: Black and Asian people are most at risk of dying from Covid-19 even after adjusting for deprivation and health



Source: The Guardian, ONS: Age adjusted odds ratios for the risk of death involving Covid-19 by ethnicity, 2 March to 10 April 2020

Furthermore, as another commentator observed: "*Not only could BAME communities be at greater health risk in the short term, but they could feel the repercussions in less obvious ways for long into the future.*"[80]

At the time of writing, as indicated above in Fig 9, in London we have so far seen 36,355 cases and 6,148 deaths (Figs 2 & 7). What is clear, is that as the number of cases continue to rise the impact on communities will increase. Very few people will be immune from the health or economic consequences of it, recognising also, that major differences will occur in how it will impact on different ages of the population, gender, ethnic and socio-economic groups, amongst the other protected characteristics.

[80] Paul Ian Campbell, Coronavirus is hitting BAME community hard on every front; https://theconversation.com/coronavirus-is-hitting-bame-communities-hard-on-every-front-136327 (15 April 2020)

The Independent SAGE Report 6 (July 2020) makes the case that the question of why more people from BAME backgrounds appear to be at greater risk of hospitalisation and deaths with COVID-19 has become one of the most urgent issues in the UK experience of the pandemic.[81] Elaborating on this they suggest that the reasons why some BAME groups appear to be at greater risk of dying with COVID-19 are complex with interplay between socio-economic disadvantage, which seems to characterise BAME communities, high prevalence of chronic diseases and the impact of long-standing racial inequalities being key explanations.[82]

Health and wellbeing

In June, Ubele participated in an online discussion on health and the black community under COVID which engaged 69 participants mostly from London though some from outside the capital. It was hosted by Reach Society, a civil society organisation working with children and young people in raising aspiration. We reproduce some of the exchanges below to demonstrate the levels of concerns and confusion that exist, illustrative of much of the discussions taking place within the black African Caribbean community:

We have to participate in trials the same as every other ethnicity; that way we will know if the vaccine works for us.

I find it interesting that there are more gaps in the knowledge regarding black people. Is this because we don't get the opportunities for research, or because we don't come forward to take part in research?

Prof Kevin Fenton's most recent public health report has revealed that many Black people are distrustful of health care services; they don't necessarily come forward to take part in trials. I observed this first hand during my work as a Principal Investigator for Alzheimer's Disease and absolutely there was a paucity of volunteers from the Black community. Again, a lot of this has to do with lack of trust and also with socioeconomic status. Our clinical trial participants were overwhelmingly upper class White individuals. In two years working in clinical trials in Alzheimer's, I saw maybe 5 black participants out of hundreds. So yes, there's a need to encourage those in our community to be informed about clinical trials and take part, so that data will be forthcoming and therefore relevant. Unfortunately, it's usually 'rich White people' who have the freedom to attend clinical trials on a voluntary basis.

[81] The Independent SAGE Report 6 (July 2020);
[82]Laia Becaries and James Nazroo (April 2020), Racism is the root cause of ethnic inequalities in COVID-19; published in Discovery Society: https://discoversociety.org/2020/04/17/racism-is-the-root-cause-of-ethnic-inequities-in-covid19/

How to bring that awareness to our community to take part in trials is the question? I have given talks about the subject of why black people don't take part in studies and how that can change.

A personal account from within the Somali community offers another perspective from someone having caught COVID-19:

In early March, some of our extended Somali family returned to London from Umra (a semi-pilgrimage) in Saudi Arabia with a fever. A few days later at our local mosque, many people were coughing and sneezing, I presumed with a seasonal cold. The following weekend, my wife and mother-in-law attended a community wedding, where everyone hugged and shook hands.

I felt so weak I almost collapsed on my way home from work. My wife said she felt like her legs were dragging round "several kilos of stones". We both developed a fever, difficulty breathing and lost our sense of taste and smell. My pregnant sister-in-law fell ill too as did my mother-in-law. Only our six-year-old stayed healthy. 'You've got COVID-19,' an NHS doctor diagnosed over the phone.

And this voice gives a view of how the system nearly failed her after contracting COVID-19:

I live alone in London and contracted Covid19 in April. I first had a fever and cough but rapidly went down-hill. I was very very ill – struggling to breathe so I phoned the emergency number but was told that I should self-isolate for 14 days. I believed that I was going to die, I was scared and cried all day. I phoned my parents but because of the enforced isolation they could not come to be with me. They were very concerned. I was very scared, thinking that I would die alone in my flat.

I was so ill that I not able to move from my bed which means that I wasn't cooking and not eating. I didn't have any food shopping and was not able to get any delivered. I was going downhill fast and felt that I was very close to death so I phoned the emergency number again asking for an ambulance, but they advised that I remain isolated.

I had no energy to argue but told them that I was sure that I would die, and I didn't want to die on my own, but they still didn't send an ambulance. A friend called me that evening and when he heard the desperation in my voice, he broke his own self isolation and dropped some cooked food, juice, nutritional supplements, and vitamins outside of my door. I was so weak that I crawled to the door after he left to get the things he left. I now have PTSD and still get nightmares from the experience.
My white male friend who had considerably less severe symptoms told me that as soon as he phoned the emergency number, they sent an ambulance to take him to hospital. I believe I was ignored because of racism – there is no other explanation. I

believe that is what contributed to the death rate of BAME people. I face racism at work all the time and Covid19 has shown me that it is entrenched in our society.

In Haringey, we hear the voices of the Turkish and Kurdish community arising from the Health Watch Haringey report.[83] This report looked at the impact of the Covid-19 pandemic on the Turkish and Kurdish communities in Haringey, with particular attention to the societal and economic barriers and health inequalities faced by this community during the lockdown, and for which there has been a series of follow up conversations in the Borough, chaired by the Bridge Renewal Trust, to oversee the implementation of the recommendations. Haringey has a high population of Turkish and Kurdish people living in the borough with pre-COVID challenges that included language barriers, comorbidities and limited understanding of healthcare avenues and services. The research and consultative processes included interviews and a survey with staff and volunteers within voluntary and community Turkish and Kurdish organisations in Haringey and Enfield.

The outcome of the consultation process revealed how Covid-19 had heightened the existing challenges for the Turkish/Kurdish communities, which showed that: the Turkish/Kurdish communities are more likely to face language barriers and have interpreting needs that may limit their access to information. Language barriers therefore was key to the Turkish/Kurdish communities being able to access information, especially with regards to Covid-19 and the changes to health and social care services.

the Accident and Emergency analysis showed that the Turkish communities were making proportionately greater use of A&E services at the North Middlesex Hospital.

There were just over 10 organisations and religious worship centres that served the Turkish/Kurdish communities and being able to access them was crucial in getting the health information out.

Notes and feedback from Roma Support group (RSG) provides another picture of the impact of COVID within the Gypsy, Roma and Traveller community. Again, the reaction and response to the crisis are very much culturally specific which lays bare the argument that to see the disproportionality as an embracing BAME context is to deny the individuality of the different communities under that particular umbrella frame of reference. Comments

[83] Health watch Haringey (June 2020): Understanding the impact of Covid-19 on the Turkish/Kurdish communities

and observations from the roundtable conversations held by the GLA reveal the following insight:

Traveller Movement have produced some short films on how to support children's mental health, produced some videos on self-isolating and are preparing to go into hospital. Traveller Pride is providing mental health outreach support as mental health is usually a taboo topic for the Roma. At the beginning (i.e. 2 weeks ago) because of lack of information, many Roma were influenced by the huge influx of fake information on social media, believing this virus is not that serious. We have started calling community members and discovered families with Coronavirus…We have noticed community members, infected, being extremely worried. We have limited capacity to reach out to community members in terms of language. Our current project team is formed of Polish and Polish Roma speakers only. Therefore, we are missing on engaging with our Romanian Roma and Slovakian Roma communities.

Finance and economic

BAME groups in the UK are among the poorest socio-economic groups. With very few exceptions, most commentators agree that structural inequalities places BAME groups at much higher risk of severe illness from COVID-19, as well as more likely to experience harsher economic impacts from measures to slow the spread the virus. From our analysis of a range of community-based surveys, consultation events and reporting, the picture emerging indicates a community wanting answers to what has been long standing concerns about structural and systemic inequalities.

Kanlungan, a Filipino based VCSE, conducted a survey within the Filipino community in May and June 2020, which included online survey with 78 respondents and 15 follow-up interviews[84]. From their survey they found that:
89% of participants were involved in domestic and care work, with many working part-time across these occupations.

Filipinos are currently the second largest non-British national group employed by the National Health Service (NHS)[85]

'*Precarious*' migrants, including those without legal status (known as undocumented) or with no right to work or recourse to public funds, were at greatest risk as many of the initiatives put in place by the government to

[84] Kanlungan (June 2020), A chance to feel safe, Filipino experience; June 2020
[85] House of Commons Library, 'NHS staff from overseas: statistics', available at: https://commonslibrary.parliament.uk/research-briefings/cbp-7783/

mitigate the effects of the pandemic for at-risk populations, employees, businesses, tenants and public mental health were meaningless as they did not take into account these groups.

The immigration policies of the government have:

- Pushed precarious migrants into temporary, overcrowded housing conditions that made social distancing impossible and put them at risk of contracting and spreading the virus;

- Created constant fear and isolation that severed precarious migrants from support networks and was damaging to their mental health;

- Forced precarious migrants into informal, exploitative employment. "No work no pay" meant that people were caught between the dangers of contracting or spreading the virus at work or falling into destitution;

- Deterred precarious migrants from seeking healthcare due to the fear of being reported to immigration authorities and charged prohibitive costs for treatment.

Comments from respondents to their survey revealed:

Exploitation: *"You're desperate, you need the money. People take advantage. That's life." [Maria Nola[86]]*

"When you have nothing, you cannot say no. You have to grab the opportunity. They tell you you are lucky, because you have no papers." [Jonels]

Fear and isolation: *"After work I come home, eat, sleep, and then go back to work again. I've been here thirteen years, and I'm like a prisoner here. I've lost half of my life here." [Fundics]*

"If I had papers now, I will have trainings. They will benefit from my full service, my full knowledge. I can help in the community, especially now with COVID. The patients need people who empathise, who are concerned. I think I am capable of that." [Maria Nola]

Unable to travel: *"Imagine if you were in my place. I'm living here for 13 years without going home. It's very hard."[Fundics]*

[86] Not their real names (see Kanlungan report (June 2020), A chance to feel safe, Filipino experience)

"When my roommate came back [from the Philippines] she hugged me so tight. I said, 'What are you doing?' She said, 'This is from your mum. She misses you so much.'" [Bry]

At another level, Anterson's story highlights the precarious position of those who are on Zero hour contracts. Joachim is a 32yrs old Black Male who is currently furloughed.

I work in the leisure industry as a swimming teacher and coach and I have been furloughed since April. As an employee on a Zero hour contract I was relieved to be furloughed but it's hard managing bills, food etc, but it's better than nothing so I will prevail.

Uncertainty, mixed messages from the government, conspiracy theories, and isolation has contributed to me having some days of depression. On the brighter side it has allowed me to slow down, pick up new hobbies and skills and appreciate more what really matters in life. I have been re-evaluating my approach to things. Long bike rides, meditation, more family time and being around nature more than usual has helped. During this time, I have seen good and bad situations occur. People being more understanding, helpful and friendly and on the other side there has been paranoia, mix messages, and lack of respect. With this being said, I have encountered more positives than negatives.

Elsewhere we the following example from within the Gypsy, Roma and Travellers community speaks of the impact within the community at the outset of the pandemic:

Staff getting to grips with using Microsoft office and online facilities; home schooling is challenge for some families –digitally excluded, only using mobile phones, parents with low levels of literacy. There has been an appeal for tutors and have so far recruited 15 DBS checked with 5 families making contact for support. Domestic violence is a concern. The Never going to Beat You film was launched last month, and they had planned series of screenings. Now will have screenings via Zoom for women's orgs/police/social services – may use clips rather than whole film. We have produced fact sheets on funerals and domestic violence but finding it difficult to engage with Roma using online platforms, especially running activities with kids as some don't have required IT or even smartphones.

Social and education

The Asian Resource Community Centre (ARCC) [87] , based in Croydon, conducted a survey of BAME groups, with the overwhelming majority of respondents coming from within the Asian communities, between 1st April 2020 to 5th May 2020. The survey attracted 360 respondents of varying ages, ethnicity and gender. The findings reflected differences across ethnic groups as to how they defined needs and expectations and therefore, impact. In summary:

All white 16-25 year olds said one of their biggest needs was IAG (Information Advice and Guidance) whereas Black and Asian respondents said their biggest need was shopping and food bank;

Black 26-40 year olds said that their biggest need was shopping, IAG and finance. Specifically, the Black African community identified finance as a big need alongside mental health support;

Of the 26-40 year olds who identified as Asians, the majority indicated that shopping, food bank, medication and education were their priorities. Of those who said a food bank was their biggest need, they also felt strongly that communities and health should be a government priority. This group also indicated that there was a need around young people, poverty, housing and employment.

There seems to be specific needs and expectations from particular communities which led to a conclusion which reflected a stronger role for the voluntary and community sector in mitigating the impact within the recovery and re-emergence phase. For this to be meaningful, the report suggested long-term commitment to funding going into communities and charitable organisations alongside a coordinated approach between public and third sector infrastructure organisations.

An interview with a young Black Man aged 17yrs, highlighted the intersectional convergence between age, gender and ethnicity. He says:

[87] Asian Resource Centre of Croydon in partnership with Big Local Broad Green (June 2020): Covid-19 Community Survey

I want to go out and meet my friends and socialise but I know the better thing to do is to stay at home and look after my siblings and my mother, because why would I want to put people at risk, people that I love. I don't really worry about myself as much as I should, but at the same time I am always worrying about my family. I can go out to meet one of my mates, but I don't know who has got it so I can meet someone, then come home and the next thing you know it's that my mum has got it. My mum isn't old, but she is still more vulnerable than me, and it's the same for my little sister who is 7 and my little brother who is 13.

I believe that wearing protective masks on your face when going into shops and out in the public is not that big a problem for people to do…So many of them don't want to do it, but if you are getting told to do it then they should just do it.

The main thing for me is family, because no one wants their friends or family to get it. At this stage I'm not sure that I believe everything they say about the virus, but I wouldn't say that anyone should take the risk even if they do think that it's not true. It can happen to anyone. My dad has told me about people who have lost parents to the corona virus so I just hope that my family don't get it. I have young siblings who are very vulnerable as they are going back to school where they will be meeting up with friends who they haven't met in a while, and I am not sure they will continue social distancing when they meet those friends. That worries me. I also worry about my grandparents.

Another interview with a London Underground worker who we name Paul reveal what it is like going into the workplace, expecting safety measures to be in place.

"At work I decided to wear a face mask and stopped going into the building and congregating with colleagues. With fewer people using the underground, and because there were colleagues isolating, the number of trains and the number of staff on duty was reduced. Apparently, the steriliser they use lasts for 24/28 days but I do my own cleaning when I enter the cab. It took them a while to give us alcohol sanitiser – first we had wipes then liquid sanitisers.

During night shifts three of us would usually sleep on the seating for 3 to 4 hours but it is an enclosed room with no natural ventilation, so instead I now stay in my car. The situation affected me mentally…eventually I broke down and was signed off work for 3 weeks.

I'm back to work but there is superficial social distancing e.g. tape on the ground but it's not being enforced. I saw colleagues standing together chatting, and 6 people sitting together in a room having a conversation. I sent an email to a manager suggesting a one-way system in and out the building. It's mandatory for the public to use face mask on public transport but not mandatory for staff. There is a toilet that is

always locked, and I suggested that it remain unlocked, so we can wash our hands upon entry but was told that it is not a matter of priority. The public have hand sanitiser when they enter the station but there is none at the building entrance for staff.

Going to work remains stressful, and I don't feel like I want to go anymore because I don't feel myself and my colleagues are valued. We are low level cogs in the wheel and many of my black colleagues say that even though they are dissatisfied they can't do anything about the situation. I know that I am fortunate to be still working and that is probably the only thing that spurs me on to keep going.

In an online discussion event organised by Reach Society, we heard from a retired police officer who raised an interesting perspective regards the implications for policing communities:

We are going through a period of backlash since the Stephen Lawrence enquiry, especially regards to police on the streets. The focus is police as gatekeepers of the criminal justice systems and their behaviour makes a massive difference. There are some practices taking place now that leaves much to be desired. At this time of a national pandemic instead of making things better they are seen as making things worse, certainly since the Black Lives Matter campaigns. There is racial profiling taking place and is not helping matters when there are genuine fears in the community about disproportionality effect from COVID. It is not to say criminals shouldn't be targeted or arrested, but the heavy handedness meted out to some in the community, where common sense approach would make a difference, they just seem to be pushing using heavy handed tactics that is unjust an disproportionate.

The coming together no doubt of the BLM and the COVID has been a double-edged sword, of which it might seem only one side is being used. I fear it can only get worse as easing down starts to gather pace and they are being pulled in many directions to solve this or that emergent issue arising from people not obeying restrictions. There is the fear that black youths, in particular, could come under greater scrutiny through stop and search as well as fixed penalty notices."

The following case is an example of how death and implications for funerals have been impacted upon by COVID and how the normal/traditional arrangements have been interrupted and the 'farewell' conducted via Zoom. Carol a member of a well-known family in the Nottinghill Carnival community says that her sister died unexpectedly last year, not long after her other sister, and the family have been trying to come to terms with the grief:

It's tough, but I am doing what I have to do, it's tough and we haven't even had the anniversary of my sister's passing yet and now mum. We have had 3 one after the other. Mum had been hospitalised for two weeks, and when they told mum that they did all that they could do for her she asked to be sent home and lasted a weekend.

She wanted to be home; the family were able to spend time with her and talk to her. I heard people say that they saw their loved ones go into an ambulance to the hospital and that's the last time they saw them, which is really heart wrenching, so I gave thanks we didn't have to deal with that.

We didn't do a nine nights[88], everyone did a candle vigil in their home on the nine night, and the hearse left from outside the house. The neighbours came out and other local people came out and we had some prayers said outside the house, we had some pan music.

The funeral service and the eulogy were at the grave side and it was on zoom so the family who couldn't attend in person. It was completely different experience and it worked; it was ok. It was a different set of people who came to the house, other family members came to the cemetery but stayed in their car because they were shielding and waved and said their farewell, which meant that there were about 40 people but all scattered.

Risk factors, complications and mortality

At the NetCon event hosted by Reach Society on health, the issue of the lack of Vitamin D was discussed alongside diabetes and hypertension within the black community. However, it is the discussion around Vit D that evoked much reaction and engagement. The question posed was: *What is the truth behind the lack of Vitamin D in black people?* The responses have been grouped and not ascribed to individual speakers but provide glimpses into the thought process, anxiety, confusion and concerns that exist:

Responses:

Are you saying that we should be taking a Vit D supplement? I haven't heard about this recommendation and I consider myself to be reasonably well informed.

The government made the vitamin D recommendation at least two months ago. It was on the main news. It's recommended that we do not take a daily supplement containing more than 4000IU (100mcg) of Vitamin D per day.

I have taken Vitamin D for years. It may, and I emphasise the may, because evidence is lacking, but it protects against certain cancers. Vitamin D is essential for good immune system function.

Is it possible to overdose on vitamin D? Is there a difference between Male and female? is tablet or liquid different? Is quality different from different sources?

[88] A tradition rooted in African spirituality

What are the symptoms of a lack of Vitamin D to watch out for?

Fatigue and tiredness is a common presentation of low Vit D, but as Dr [xx] said, symptoms normally manifests if very low. Hence the need for supplementation
Vitamin D3 we have always been told Is best for African Caribbean but a lot of Public Health Information bypasses African Caribbean Population Group.

Policy and decision making

Voice4Change England and ACEVO [89] reported on a 2yrs project that coincided with the pandemic outbreak, where they consulted with over 500 BAME people via online survey, 24 in-depth interviews, 13 with charity leaders (including two BAME) and 11 with BAME charity staff and two roundtable discussions. The report reinforced some of the points made earlier, especially with respect to concerns over structural and systemic racism creating inequalities, for which COVID-19 has demonstrated vividly what happens when those systems and structures come into question and is not able to protect the wider let alone specific communities.

The report states:

One-hundred and sixteen people stated that direct experiences of racism had had a negative or very negative impact on their health and emotional wellbeing. And a further 94 respondents who had experienced racism said that it had had a negative or very negative impact on their 'desired career path'.

In particular, their survey showed that racism was a significant feature of the experiences of BAME charity workers:

- 68% of respondents said that they had experienced, witnessed or heard stories about racism in their time in the charity sector;
- 50% of respondents felt that they needed to 'tone down' behaviour or to be on their 'best behaviour' in order to fit in in the charity sector

In terms of direct experiences of racism:

- 222 people had been subject to ignorant or insensitive questioning about their culture or religion;
- 147 people had been treated as an intellectual inferior;

[89] V4CE: Home truths (June 2020), London: https://www.acevo.org.uk/reports/home-truths/

- 114 respondents had been subject to excessive surveillance and scrutiny by colleagues, managers or supervisors.

The Ubele Initiative's [90] research, commissioned by the GLA, gathered responses from 182 voluntary and community organisations, of which 137 were BAME-led between March and April. The research found that slightly more than two-thirds of micro BAME charities (those with annual incomes of less than £10,000) and small BAME charities (annual incomes of less than £100,000) did not have any reserves, and just under one in five (19 per cent) had reserves that would last three months. Consequently, the report warns, if the coronavirus crisis continues beyond the originally anticipated three months, an estimated 87 per cent of small BAME organisations could conceivably cease to operate with an estimated impact on 15,000 to 20,000 service users per week unable to access services. The impact and implications, therefore, was that community and voluntary sector support during the pandemic was an issue unless actions were taken to support BAME led organisations at this time of uncertainties.

Keep the Faith, commenting on the PHE reports, concluded that the most shocking aspect of the report is that, despite the many surveys that were then taking place, none of them sought to identify possible impact on BAME communities or organisations[91]. This point, alongside that made by ARCC earlier mentioned, adds further weight to the opening comments of who 'authenticates the voices' of those who are being impacted on. ARCC's point resonates as it seeks to show that organisations that are close to the communities they support should be supported to playing a pivotal role going forward through a coordinated approach between public and VCSE sector infrastructure organisations; the same conclusion that the Ubele report recommended should be explored in going forward[92].

BAMEStream,[93] a new alliance of practitioners, therapists, policy specialists, organisations, activists and academia who specialise in the areas of mental health and wellbeing, whose core purpose is to bring the mental health needs of the community into the mainstream. As a result of the evidence showing the impact COVID-19 was having on the Black Asian and Minority Ethnic (BAME) communities, they undertook a survey to better understand impactful actions

[90] https://www.ubele.org/news/2020/4/30/9-out-of-10-bame-micro-and-small-organisations-set-to-close-if-the-crisis-continues-beyond-3-months-following-the-lockdown
[91] *https://www.keepthefaith.co.uk/2020/05/03/coronavirus-9-out-of-10-bame-micro-and-small-organisations-set-to-close-if-the-crisis-continues-beyond-3-months/*
[92] https://www.voscur.org/bame-led-small-micro-organisations-covid19 (12 May 2020)
[93] http://www.bamestream.org.uk/wp-content/uploads/2020/08/National-Mapping-of-BAME-Mental-Health-Services.pdf

that could be taken to address the urgent mental health and wellbeing needs of the BAME communities more generally.

The survey reached 101 responding organisations, including NHS Foundation Trusts, Local Authority commissioners of health and wellbeing services as well as community based charitable organisations based largely in London. One of the key findings of the report was that "*A mental health epidemic is coming and BAME communities are likely to be at the forefront*". Virtually all those who responded to the question of casework (69 out of 70 respondents) reported a significant increase in casework related to stress, anxiety and loneliness as a direct result of isolation and the impact of COVID-19. This suggests, not only is there a need to seek ways to address and support those exhibiting heightened anxiety and stress as a direct consequence of the restrictions to what we took to be a 'normal way of life' pre-COVID, but how to deal with those symptoms as we start to ease down out of those measures.

The survey found that 51% of responding BAME led organisations offered bereavement and trauma support with the likelihood that this may increase as the pandemic continues. The report further makes the point that

"…*we could be looking at a mental health epidemic as a direct concomitant impact of COVID-19, for which BAME communities could be disproportionately impacted upon, unless something can be done to 'protect' those likely to be affected.*"

The report recommends actions at five levels, of which the following perhaps speaks loudest to commissioners and policy makers such as the GLA and its partners:

- Commissioners/Funders of Mental Health Services: More needs to be done in relation to funding, capacity building and commissioning of BAME mental health services especially around bereavement

- Policy makers and academics: More research on the impact of COVID-19 on BAME bereaved families.

SECTION 7: RELIGION OR FAITH

Religion or faith are one of the protected characteristics covered by the Equality Act 2010, and according to the London Data Store[94] and the Theos report (2020),[95] London is perhaps the most religious region in the UK. The London Data Store, for example, shows that 48% of Londoners identify themselves as Christians and 14% as Muslims while 26% did not state a religion. The Theos report, on the other hand, indicates that London is the most religious region in Britain with 62% of Londoners identifying themselves as religious, compared to 53% in the UK. The report also noted that generally in London the views of religious groups are that "*the approach of public authorities towards faith groups is reactive: crisis-driven and needs-based with interviewees believing faith groups are seen as levers to be pulled in an emergency (e.g. austerity cuts; terrorist attack) rather than partners and community assets.*"

Religion and faith, within some communities, is often used, interchangeably with ethnicity, in almost the same way as they do gender reassignment and sexual orientation. A racial group includes the presence of different religious or faith communities and therefore a particular religion does not determine the racial or ethnic group though a particular religious belief system may be dominant. In contrast, belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition (e.g. this would include, for instance, beliefs in humanism, pacifism, vegetarianism and the belief in man-made climate change). Individuals, therefore, have a right to hold (with a qualified right to manifest) a religion or belief under Article 9 of the Human Rights Act 1998.

With COVID-19, as a result of the restrictions put in place to help reduce the spread of the virus national restrictive legislations has had to be put in place. For example, the closures of religious buildings and places of worship, restrictions on numbers, social distancing protocols and sanitisation practices, all serve to place some restrictions on traditional religious and faith practices. Another area of impact has been in relation to bereavement practices. For the vast majority of people, funeral arrangements and bereavement practices will invariably engage large gatherings and with the restrictions in place on size of gathering (e.g. 6 – 10 at one point), this has proven to be problematic for

[94] https://data.london.gov.uk/dataset/london-s-diverse-population-

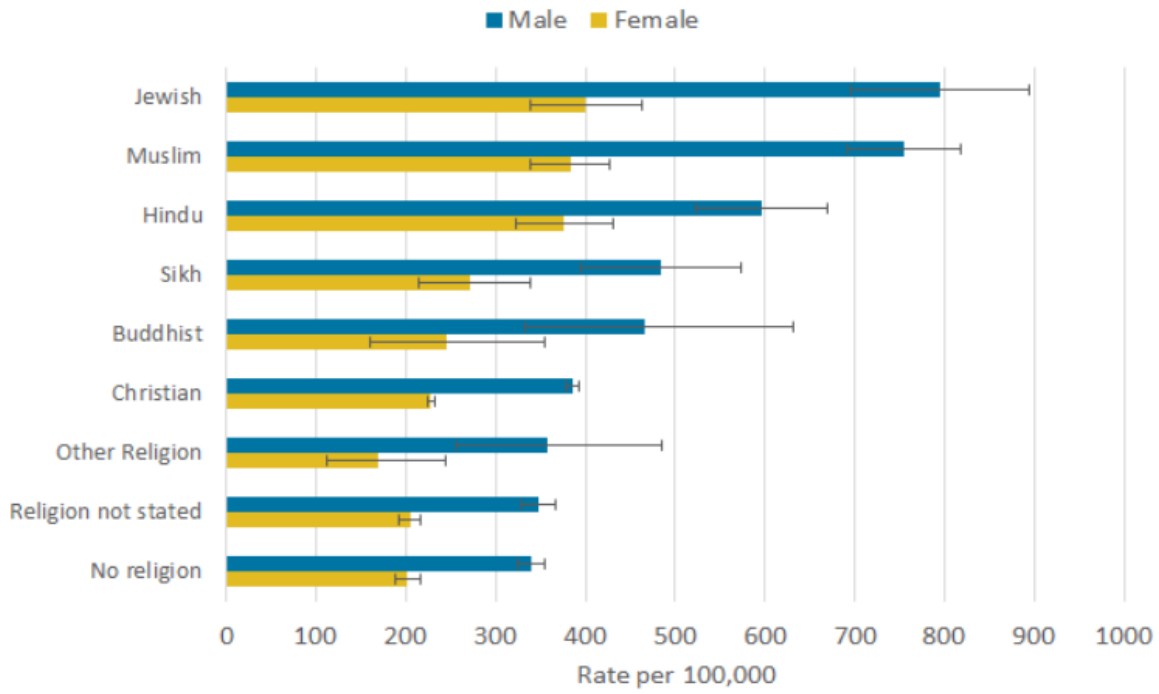
[95] Paul Bickley and Nathan Mladin (2020), Religious London: Faith in a global city; Theos, May 2020

some and, in some cases, has created challenges for authorities regulating these practices (e.g. funeral directors and crematoria arrangements etc).

The other side of the impact of COVID-19 has been on whether some religious groups were more impacted on than others in terms of contracting the virus and/or dying from the contagion. In this regards the ONS report in May provides an important analysis in shedding some light on this question. The PHE reports (2020 (a) and 2020 (b)), as referenced earlier, confirmed that BAME communities are experiencing worse health outcomes and, by extension, likely to have higher than average mortality rates arising from COVID-19. With the ONS analysis, there is an added dimension for consideration linked to religion. The overarching conclusion of the report perhaps best summarise the position: *The risk of death involving COVID-19 varies across religious groups, with those identifying as Muslims, Jewish, Hindu and Sikh showing a higher rate of death than other groups. For the most part the elevated risk of certain religious groups is explained by geographical, socio economic and demographic factors and increased risks associated with ethnicity. However, after adjusting for the above, Jewish males are at twice the risk of Christian males, and Jewish women are also at higher risk. Additional data and analyses are required to understand this excess risk.* [Nick Stripe, ONS, May 2020]

The body of evidences to date indicate high correlation between age, gender and ethnicity with death from COVID-19. This particular report on death indicated that, after adjusting for age, males and females from the Muslim, Jewish, Hindu and Sikh religious groups are at greater risk of a death involving COVID-19 compared with those identifying as Christian. Among Muslim males, the rate was 2.5 times greater than that for Christian males, while for females it was 1.9 times greater. Overall, the ONS report showed that Jewish and Muslim males aged 65yrs and over had a raised rate of death involving COVID-19 compared with all other religious groups (See Fig 10).

Fig 10: Age-standardised mortality rates of death involving CVID-19 for those aged 65 years ad over by sex and religious group, England and Wales, 2 March to 15 May 2020



Source: ONS, Coronavirus (COVID-19) related deaths by religious group

However, as indicated earlier, for some religious groups, ethnicity is associated with religion, which means it may not be possible to be sure *"whether the observed association between mortality risk involving COVID-19 and religion is because of religion or ethnicity.*[96]" The attached Table from the ONS report shows the breakdown by religious groups by White and non-White ethnic groups regarding deaths involving COVID-19 and populations at risk.

[96] See ONS report: https://tinyurl.com/y9cyuzfb

Table 3: Breakdown of deaths and populations of religious groups by a binary breakdown of White and Non-White ethnic groups.

	Percentage of deaths involving COVID-19 among White ethnic group	Percentage of deaths involving COVID-19 among non-White ethnic groups	Percentage identifying as White at the 2011 Census	Percentage identifying as non-White at the 2011 Census
No religion	94.0	6.0	94.3	5.7
Christian	94.1	5.9	93.0	7.0
Buddhist	26.6	73.4	34.4	65.6
Hindu	1.4	98.6	1.1	98.9
Jewish	95.6	4.4	93.6	6.4
Muslim	7.8	92.2	7.5	92.5
Sikh	1.6	98.4	1.5	98.5
Other religion	66.3	33.7	76.5	23.5
Religion not stated	90.6	9.4	87.4	12.6

Source: ONS, Coronavirus (COVID-19) related deaths by religious group

From the data, and the overall analysis, the report makes clear:

…men are more likely to die from COVID-19, that those over a particular age band (i.e. over 70s in the main) are more likely to die from COVID-19 and that certain religious group have a higher risk of dying from COVID-19, explained, perhaps more from practices than down to ethnicity. For example, the binary table representation shows that, while certain religious groups are associated with a recognised ethnic grouping, these ethnic groups, if based on binary racial types (white or non-white), are not absolute; that is, there are white and non-white worshippers across all the religious categories. Statistically, fewer non-white Christians died from COVID-19 (compared to the 2011 rate, they are lower by 1.1 percentage point) while proportionately more non-white Buddhists have died from COVID-19 (compared to the 2011 rate, they are higher by 7.8 percentage points) as well as those deemed 'Other religion', where, compared to 2011 rate, proportionately more non-white deaths have been recorded: 33.7% compared to 23.5% (higher by 10.2 percentage points)."[97]

[97] See ONS report: https://tinyurl.com/y9cyuzfb .

Social and education

Writings in the Institute of Jewish Policy Research (2020) shows that there are concerns within the Jewish community about the impact that COVID-19 is having. As the report author puts it[98]:

…Jewish life involves gathering and interacting in Jewish groups regularly: for daily minyanim, Shabbat services and other communal and social activities. 25% of Jewish adults attend synagogue most weeks; the equivalent proportion for church attendance among British Christians is about 10%. And festivals, such as Purim which was celebrated just a few weeks ago, bring even more people together than usual. These are all perfect environments for a virus to multiply. So physical social interaction – typically the essential, even obligatory lubricant which underpins Jewish life – now poses a mortal threat, and any failure by recalcitrant individuals or sub-communities to shut it down may explain elevated levels of mortality among Jews.

The report went on to say that the ONS analysis confirmed some earlier commentaries which suggested that age and place of residence are key factors impacting mortality among Jews, but the persistence of elevated risks when all appropriate controls have been put in place suggests the presence of a particular 'Jewish factor,' that independently inflates mortality, and does so more for males than females. However, we know that religion, as with ethnicity, are not recorded on death certificates, and as such, determining deaths by religion is likely to be painstaking slow and involve perhaps a range of agencies to enable synchronisation (e.g. burial societies and synagogues providing detailed information which is then collated and analysed). Jews, according to the ONS report, seem to imply that they have an elevated risk of death from COVID-19, compared to Christians*, "showing that more Jews had died from coronavirus in Britain than in Israel, even though the Jewish population of Israel is 22 times the size of the Jewish population of Britain.*"

Reasons given as to why the disproportionality, in an article written by Dr Jonathan Boyd (2020[99]), the point was made that London contains two-thirds of British Jews and that collectively, Jews are "*…wealthier and better educated than average, which also means that we are more likely to travel abroad – another way in which we might have been more likely than others to have picked up the infection early on.*" Other writings indicate that some Jewish communities in the UK are more elderly which is a known statistical risk

[98] Institute of Jewish Policy Research: 21 June 2020
[99] Jonathan Boyd (2020[99](a)): Institute of Jewish Policy Research: 30 March 2020

factor with respect to coronavirus according to Staetsky (2020),[100] who goes further to assert that certain Jewish subgroups (e.g. the Orthodox) have intense religious lives – crowding into places of worship, religious study and large families – all of which operates against social distancing and isolation considerations and therefore likely to predispose them to contracting COVID-19.

A Roundtable discussion convened by the GLA with the Jewish community provided an opportunity for seven (7) community leaders, including representation from the Board of Deputies, to engage in dialogue on the impact COVID-19 was having within the community. In broad terms, key considerations and reflections showed that:

…there was a recognition that the Jewish community was more structured than other communities and has organisations for different areas and the need to involve communities including faith communities in this process. During this period faith communities have stepped up again to support people – we know that some communities are better served by their faith networks than institutions and during this period some people are learning about issues for the first time e.g. food insecurity, social isolation etc.

"[that] the Jewish community has a third more 70yrs+ than national average and therefore the human side of loss is huge, but the data doesn't capture this. We are aware that the disproportionality is less than other communities, clear that they want to be a part of this conversation but not take away bandwidth from those communities who've been more impacted. Figures in Brent and Harrow have been higher, the Jewish Policy Research is conducting research into disproportionality and hope to hold a roundtable discussion on its findings. Jewish communities rely on being in communities, closure of synagogue has impacted hard. Synagogue is a form of support and shapes people's daily lives e.g. in Orthodox community 3 daily prayers. Haredi community is young, perhaps youngest on average in UK, lockdown effect on children has been acute."

At a similar event, this time with Muslim Leaders, discussions revealed some similarities and insights into the impact of COVID-19 within the Muslim communities. Their responses and reflections indicated the importance of *"including faith communities on discussions on recovery"* through an understanding of the impact the virus was having:

The pandemic has exacerbated inequalities – many have been shocked at challenge people face. Support the third sector including faith organisations with

[100] Daniel Staetsky (2020 (b): Institute of Jewish Policy Research: 31st March 2020

support they need, with lockdown being particularly difficult for faith communities with places of worship closed. The Government's reopening announcements are unacceptable; they lack guidance and not applicable to all communities. The Hyderi is a local mosque in Streatham and part of a network of Shia mosques, with this community facing challenges with food insecurity, isolation, particularly with bereavement as funerals are restricted. The reopening announcement not helpful as no consideration for faiths whose buildings are mainly a space of communal worship. Mosques are traditionally under resourced and will face difficulties in implementing social distancing upon reopening.

The biggest issue is disproportionality particularly among Bangladeshi community, the mosque is the heart of this community. East London Mosque is one of the largest and busiest with two schools, lots of factors to consider with reopening; reopening will also require the management of community feelings, also tensions within communities."

Within the Sikh community, we hear the following points reaffirmed on the impact of closures on places of worships with some indication of the financial losses amongst other things:

There are 60 Gurdwaras in London, and over 150,000 Sikhs living in London area. Gurdwaras have been preparing and serving food to healthcare workers, vulnerable people and people across their communities. Anyone can enter into the Gurdwara, they will serve all the community in their areas including supporting older people, those suffering ill mental health, and those that lonely. There has been little income for Gurdwaras across London during COVID-19, with many having ongoing financial commitments. The pandemic has opened eyes to the work of faith communities and very much aware that the government has asked places of worship to open, but not with timely guidance to observe safety measures and social distancing.

There is recognition that we are now in the period of recovery, and the Mayor has set up the London Recovery Board which includes people from across all of London – representatives from employers, London boroughs, civil society, and faith.

From within the Christian faith, the London Church Leaders Roundtable discussions revealed the following concerns and considerations, key amongst which is the reminder of the role of the church on an everyday basis, "picking up the pieces." Their comments include:

COVID-19 has had a devastating impact on ethnic minority communities, in particular those most likely to work in frontline roles are often from minority ethnic backgrounds, migrant backgrounds, and faith backgrounds. The announcement of the opening of places of worship for prayer is welcomed, but there is some concern around guidance. There could have been more collaboration between government and

faith communities to best prepare. Churches have been feeding communities, and even in one case storing PPE.

There are concerns around inequality in access to education. Government guidance allows children to go to a zoo, but children cannot all go to school. It is seen that inequality gaps may widen. This period has shown a whole range of values we need to build into our 'new normal'. There is a tremendous sense that we are all mutually dependent and a more cooperative style is needed in the future. There have been outbursts of practical compassion during the pandemic. There is a need to keep a strong sense that we are in this together.

The opening of doors to places of worship is symbolic. We must work against the push to keep faith out of the public arena. There is a sense of God's presence in our world. At present Church Leaders are not getting the clarity from the government that would be expected. Churches and other faith groups will need to make their own decisions. There will be some controversy over which buildings will be open and which won't.

We don't want to go back to 'normal' – we want more justice, more equitable treatment. To echo colleagues, the dialogue has moved to a political line, and people may be marginalised. There is also an existential threat to charitable sector. Over many years church groups have been dealing with homelessness, food insecurity, serious youth violence, and racism. Recently we have seen African and Caribbean young people take to racism as a major issue, engaging in marches and protests.

There is ongoing concern around youth work and support for young people, and the impact COVID-19 will have on serious youth violence. Cuts often seem to start with young people's services. With all that is happening, we don't want to forget families grieving for their sons and daughters lost through serious youth violence. Many young people are still involved in county lines. There is recognition we all need each other, and faith groups are working on the ground. We need to collaborate on resources and support young people. The cumulative impact of cuts has meant the voluntary sector and faith communities have had to pick up the tab."

Interviews conducted with senior leaders of two black led churches offered the following insights:

An observation on the ONS Report on religion and deaths, for example, provide some sobering thoughts in ways that I am not sure many people have recognised:

the Other religion, Buddhist, religion unstated and Jewish faith categories seem most striking in terms of non-White ethnic group over representation when compared with

the 2011 Census data. However, that data is nearly 10 years out of date so the over representation may be more apparent than actual for precisely that reason.
Assuming that the identified over representation is in fact actual, possible explanations might have more to do with other factors of which, drawing from the experience of other data we have looked at previously during the last three months, would single out age, geographical location and gender as possible key determinants – in that order of significance.

And the other commented that:

I am particularly interested in age and gender (from the Christian faith perspective) because certainly in my denomination Black 'old ladies' form a significant proportion of the congregations followed by White 'old ladies'. Generally speaking, with perhaps the exception of Islam, younger people seem relatively less actively involved in the full life of their faith communities – but I may be wrong in having that impression. This could account for differential faith experiences around infections, then hospital cases, then deaths (there is still the problem that the UK's recording system may actually be overstating significantly the true number of deaths caused by Covid-19 because of the imprecise terminology used in death certificates such as Covid-19 'related', 'connected,' 'involved', 'associated', and such like). A week ago, I suggested to friends that if a person who died in a car crash was subsequently tested and found to have had Covid-19, the death would certainly not be put down as a Covid-19. I said this jokingly but to make a point. Now, I am learning that this is actually what has been happening! So, at some stage a proper disaggregation of figures that we have had to date will need to be done and the total revised downwards somewhat. [101]

In terms of geography, I continue to be struck by the extent to which the London-centric focus of pandemic's impact in the UK has tended to skew data and consequently analysis of the national position. I am hoping that wider and more frequent testing might help us to get a better picture of the true level of infection in the country enabling us to drill down to rates of infection at county, town, constituency and ward level. These will help us better understand what is happening with faith communities and BME communities in relation to their geographical location.

Arising from the Hindu Leaders Roundtable discussions, the coming together across faiths is clear and yet again, as with all the other commentaries from the differing faith and religious groups we have heard from, the capacity of Londoners – irrespective of religious affiliations – to come together at this

[101] IN A SERIES OF ARTICLES ON 17 JULY, THERE IS NOW A CLAMOUR FOR THE GOVERNMENT TO REVIEW HOW DATA IS BEING RECORDED BASED PRECISELY ON THIS EXACT POINT: HANCOCK CALLS FOR URGENT REVIEW INTO CORONAVIRUS DEATH DATA IN ENGLAND: HTTPS://WWW.BBC.CO.UK/NEWS/HEALTH-53443724

moment of crisis is clear to see. Responses shared highlighted the following contributions:

Through Covid-19, we have operated an emergency response alongside other Hindu orgs. Sewa Day is chosen charity of the Hindu community, which brings communities together to volunteer, hold youth leadership training centres, interfaith work etc.

We have concern around PPE for temples. We have organised response to Covid with around 2,000 volunteers across the country, with campaigns around mental health and helping neighbours to support vulnerable community members. Supporting foodbanks, encouraging communities to support these; supporting frontline workers with meals and services. Currently assessing how to sustain the volunteer support.

Not only Hindu organisation but support in working with interfaith groups. The experience of isolation of elderly community members and loss during this period, particularly for those who lost family members abroad."

One of the most common features reflected across the range of religious groups highlighted above suggest that observance practices may be a stronger factor than the religion itself in the how COVID-19 is impacting on communities. That is, predisposition and likelihood of contracting the virus (and possibly dying) is linked more with certain practices than the religion per se. The Anti-Tribalism Movement (April 2020[102]), a Somali community organisation, commented that large gatherings in mosques is a factor to consider. Their report included comments that many generations of families live together in often cramped households alongside:

Somalis' nomadic culture and travel between European countries may have also contributed to the virus' spread among the community before lockdowns were imposed. My own London home, for example, has often been a transit point for travelling friends and relatives.

Another commentator offered another possibility, in that "…*the closeness of family ties may have also made social distancing more difficult. Somalis feel compelled to visit sick relatives or bereaved families. Social distancing is alien to us*". He goes on to elaborate:

Mosque attendance and group prayer provide emotional, spiritual and social anchoring, and helping to cope with stress and mental illness. Group prayers are particularly important this time of year, with the impending start of Ramadan on April 23 and the daily 16- hour fasts. There is much distress in the community that this will not

[102] The Anti-Tribalism Movement (April 2020), COVID-19 in the Somali community

be possible. Mental health issues may become more pronounced due to this. Mosque leaders rarely know how to reach people in their homes through technology. Further, as normal funeral prayers cannot be offered for Covid-19 fatalities, the community is uncertain about appropriate funeral arrangements.

An additional barrier is language. ATM report indicated that 60-70% of the older generation speaks little or no English, and as such, are unlikely to call the NHS helpline for advice if they or their loved ones are symptomatic. The few Somali elders who have been admitted to hospital with Covid-19 have had traumatic experiences, unable to speak to or understand staff, unable to use family members to interpret as no visitors are allowed, and of course like everyone else, at risk of dying alone. This has proved an extremely difficult issue to manage within the community. This, also accords with the outcome from the Turkish and Kurdish community report in relation to accessing health care services.[103]

Policy and decision making

Funeral directors have raised a number of concerns about the risk of infection to both at-risk groups of mourners and to employees. The majority of bereaved families are doing their best to adapt their expectations and plans in line with the advice that funeral directors are giving them, despite the obvious distress this is causing. For example, we see the consequences of the pandemic on bereavement in specific communities in the report *A Good Death – During the Covid19 Pandemic In the UK*.[104] The report was the culmination of 58 virtual interviews conducted between Friday 3rd April and Thursday 9th April, the main findings of which included the importance of including BAME communities in the development of policy guidelines when it comes to bereavement and funerals, especially regards the empowerment of community and religious leaders through multi-lingual training and utilising the community leaders who have already had experience of working with disasters such as the Grenfell Tower fire.

[103] Health watch Haringey (June 2020): Understanding the impact of Covid-19 on the Turkish/Kurdish communities.
[104] Laura Bear, Nikita Simpson et al (May 2020), A Good Death' During the Covid-19 Pandemic in the UK A Report of Key Findings and Recommendations; LSE Anthropology

Consider the following two contributions taken from the '*A Good Death'* report:

African Communities:
A 'good death' in African communities is one where "friends and family rally around a person, befitting of their religious faith. It is one where there is no family tension and all can say goodbye". It was emphasised that African funerals are often celebratory events, where hundreds attend, a practice prevented by social distancing guidelines. The inability to visit and care for the bereaved is a significant loss in the African community, where technology illiteracy and lack of access means that in some cases telephone calls and ZOOM meetings are not a solution. The community are very concerned about potential cremation and mass public health burials. Congregation after death is important to many African communities and is a significant loss at present. The community is willing to adapt to new regulations if they are given adequate knowledge and sensitisation. This would be best done through own community leaders.

Afro-Caribbean Communities:
Funerals are extremely important, and are large affairs involving the entire community. A large and elaborate funeral is a sign of respect for the deceased, where rituals such as washing and preparing the body will continue for nine days after death. Rituals draw historical significance from experiences of slavery. A policy of mass cremation should be avoided at all costs, particularly for the Windrush generation. The delayed release of the body would be preferable to this. A failure to honour the deceased would exacerbate existing feelings of alienation and resentment.

The guidelines around social distancing has impacted specific funerary rites. In the early days of COVID-19 families considered delaying funerals so that their loved ones could have proper send offs in accordance with their cultural beliefs, but Public Health England subsequently urged against this.

Funeral directors want the support of the public by limiting numbers to the smallest group possible, being honest with funeral directors about their level of exposure to COVID-19 and making sure additional mourners are not invited to come on the day.

Coming through the reports and dialogues with faith community leaders, it is clear that there are opportunities and a need for all faith bodies to coordinate funeral ceremonies with unambiguous advice from the centre: whether local

or national government. Additionally, we are seeing a collective sharing of understanding in how the faith communities are (or can be) represented on the London Recovery Board; this could be an important vehicle for representation and one that the GLA would be well placed to facilitate, given that it already started to host 'Roundtable Discussions' (i.e. faith bodies, for example, unanimously concluded that there is a need for greater collaboration in pushing for faith data to be on death certificates as well as ethnicity).

SECTION 8: SEX

Gender in this context is based on the system of beliefs and practices that seeks to differentiate between men and women.[105] In this section we have sought to understand the disparities of experiences between men and women as a consequence of COVID-19 and to identify any particular and specific impact and influences arising as a result.

There is no hiding from the systemic inequalities between the sexes, which, according to the Women's Resource Centre report, [106] highlight "*that we are dealing with two pandemics; violence against women and girls and COVID-19 and that structural inequality exacerbates their impact upon women and girls with additional protected characteristics at multiple interlocking levels.*"

Moreover, it is the contention of the report author that the coronavirus pandemic represents a major challenge to women's sector which is more heightened for Black and Minoritised women led organisations, both the long-term and the short term.

At another level, in the caring roles, such as working in health and social care, women have been potentially more at risk of infection because they make up the majority of healthcare workers: 76% in the NHS.[107] Women undertake the majority of caring for family and elderly and of the 6.5 million unpaid carers in the UK 58% are women which is approximately 3.34 million. To add to that many of them are 'sandwich carers' meaning that they are caring for young children as well as elderly parents at the same time. Lockdown has meant that children were not attending school and because of the vulnerabilities of the elderly they required extra care such as depending on others to do their shopping; the elderly were less likely to attend GP and clinic appointments creating an additional layer of burden on those caring for them at home[108].

[105] https://tinyurl.com/y6d4tb9x

[106] The Impact of the COVID-19 Crisis on the UK's Sector for Black and Minoritised Women: A comparative analysis based on survey responses and findings; Women's Resource Centre, June 2020 (www.wrc.org.uk)

[107] NHS, Digital NHS UK: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2020

[108] See https://www.carersuk.org/news-and-campaigns/features/10-facts-about-women-and-caring-in-the-uk-on-international-women-s-day

Disparities in the labour market with women giving up jobs or working reduced hours to provide care is causing concern. Sally McManus, Researcher – National Centre for Social Research - noted that

"*With the economic impact of the Covid-19 outbreak so evident, we must consider these findings when thinking about how the crisis might affect young women. Plans to support their mental health should address the impact that financial insecurity and deprivation can have on young women's mental health.*"

Given what is already known, more resources such as emergency accommodation, access to culturally competent online counselling and therapy, emergency sexual and reproductive health, an economic crisis response are urgently required as part of the preparedness for the possible 'second wave'. There is also a need for the dismantling of gender stereotypes for a more equal distribution of roles and responsibilities.

From our research we have seen Women's VCSOs calling for dedicated unrestricted funding for the sustainability of the sector, especially funding for those supporting the various intersectional characteristics of women (e.g. race, disability and age).

Health and wellbeing

The report, *A Perfect Storm*, by the Women's Aid,[109] shows how domestic abuse has worsened during the Covid-19 pandemic. It examines the impact on survivors; how abusers use the pandemic as a tool of abuse; and how the services supporting survivors are affected. In that report, researchers highlighted that two-thirds of survivors identifying as currently experiencing abuse (66.7%) have indicated that their abuser had started using lockdown restrictions or the Covid-19 virus and its consequences as part of the abuse; in over half of the survivors identifying as currently experiencing abuse (52%) said that deteriorating mental health left them less able to cope with the abuse; and over half of survivors who have experienced abuse in the past (53%), said that the pandemic had triggered memories of previous abuse. This, coupled with other reports and commentaries found in blogs and articles, shows that the social impact of COVID-19, as a by-product of restrictive measures and lockdown having to be put in place, has resulted in certain sections of the community being under served.

[109] Women's Aid, (2020) A Perfect Storm: The Impact of the Covid-19 Pandemic on Domestic Abuse Survivors and the Services Supporting Them. Bristol: Women's Aid.

Insomnia, restlessness and fatigue are some of the wellbeing issues women are saying they are struggling with, and interviewees citing negative media stories and conspiracy theories, lack of stimulation and social interaction as some of the causes. Being in an already fragile state and having to shield compounds the negative mental health impacts causing heightened levels of anxiety, fear, lack of purpose, and abandonment. Additionally, management strategies requiring aversion therapy exposure to the unpleasant situation for certain mental health challenges such as claustrophobia, agoraphobia and panic disorder are less effective.

The clap for carers and constant high praise of the key workers though gestures of upliftment and acknowledgement have in some instances caused guilt, and insecurities of worthlessness and laziness particularly in people who are not able to work due to health reasons.

"Since the pandemic I've been feeling really depressed. Nothing makes me happy anymore. It started off ok but as the weeks have gone on I've got more and more depressed and just feel trapped. Not enjoying life at all at the moment. Suffered terrible anxiety and just going through the motions. When the time comes to go to bed it's a relief sometimes but even then, I toss and turn most of the night. I've got three children and living at home with my partner too". [VH via Mumsnet][110]

An additional health features of the pandemic which many people have been talking about is the changes to eating behaviours such as binge eating and grazing, and also the increased worries around availability, accessibility, and costs of food also playing a part in eating behaviours[111].

During the period of panic buying finding healthy nutritious foods in the supermarket posed a problem as many shelves were bare, and some people avoided going to the supermarket entirely because they could not cope with the frenzied buying and long queues. It is also possible for someone with anorexia to use the lack of easy accessibility to food in order to justify rationing meals.

Efficacy EVA, a health and wellness community organisation, have undertaken a survey for black peri-menopausal/menopausal/post-menopausal and the findings show that for many their symptoms have increased during

[110] Mumsnet: https://www.mumsnet.com/
[111] https://www.psychologytoday.com/us/blog/naked-truth/202003/how-curb-emotional-eating-during-the-covid-19-pandemic.

lockdown.[112] The following, based on a response in the survey is quite revealing:

I live and thrive with depression and panic disorder… I can be engrossed in a good book and out of the blue a desire to munch takes over or I only need to walk near to the kitchen and popcorn lures me in. I wouldn't mind but my mouth waters for unhealthy popcorn loaded with artificial flavours, sugars and salt…I realised how bad it was when my shopping basket had 6 Terry's Chocolate Oranges – they were on sale; 2 Dairy Milk bars – they were buy one get one free so why resist the offer; a tin of Family Circle Biscuits – just in case middle daughter comes home; an Apple Crumble – to go with the custard I bought last week; Party Rings – youngest daughter loves those (she doesn't even live at home); 2 variety packs of Crisps – the grandchildren may visit; Coconut Thins –I wonder what they would taste like; and two blocks of Mature Cheddar Cheese, a tub of Cream Cheese, and a pack of Wensleydale Cheese. Cheese? Yes - Cheese but I don't even like cheese, I'm lactose intolerant, it gives me headaches and nausea, and causes nasal congestion.

The other facet of impact which mothers have been sharing is in relation to children, and while it was not compulsory to send children back to school, they have been vocal in their concerns about safety to the extent that the hashtags #Covid19Walkout and #CloseTheSchoolsNow were trending on Twitter. There are articles and blogs written by mothers expressing their discomfort with the situation, even against the backdrop of having to cope with the difficulties that can arise from home schooling.

In a series of articles in Vogue, 12 young people (girls)[113] expressed how they felt about the proposed 'lockdown' that had just been announced and which came into effect on 23 March. Written by a 16yr old Londoner, the following excerpt stands out:

I was actually really happy when I found out school was going to close, just because it would mean more time for study leave. When they announced that exams were cancelled, however, I was really stressed and upset. This was only made worse by the fact that they said nothing about how we would be graded or if the exams were actually postponed. The 48 hours in-between hearing that exams were cancelled and the fact that we would be graded on other work were the weirdest school days of my life. I think, like many young people, that it is actually pretty unfair on us as a year group; we won't get the chance to show what we can do with full practice, having

[112] Facebook contribution shared on http://efficacyeva.com/our_conversation/
[113] Pike, N (March 2020), School Girls on Navigating School Closures and Exam Cancellations; Vogue Magazine, 26 March 2020: https://www.vogue.co.uk/miss-vogue/article/young-women-coronavirus-exams

finished the course and perfected our skills. My teachers have been so amazing and supportive recently, but I am really worried about my GCSE grades, because they may not reflect everything that I could do in an exam. [Evie Pereira-Mendoza[114]]

The consequences of the COVID-19 pandemic have also had considerable impact on the lived experiences of men. Reports from The World Health Organization (WHO) are that over 63% of deaths related to COVID-19 in Europe have been among men,[115] prompting research into the disproportionality. Studies conducted in the USA very early on in the crisis, have indicated that biology as well as behaviour may be among the reasons more men than women are developing COVID-19 and dying from the disease.[116] Two broad reasons given are that (a) women tend to have stronger immune systems than men; and (b) men tend to engage in more risky behaviour such as ignoring physical distancing, and they don't take symptoms as seriously. Whatever the reasons, for different reasons (and with differing impact) the COVID-19 pandemic is having major impact in areas of our life that we may have taken for granted or never considered.

Future Men, the London based organisation that supports boys and men have adapted the services they have been providing, for example, in relation to child access issues, they tell us that:

One father is aware that he is unable to have contact with his child. The mother resides in a mother and baby unit, and before the crisis he would have contact 3 times per week, but now he has had none in 10 weeks. The social worker is insisting that he waits until the pandemic is over before this can be resumed, but the father was not made aware of the government's stance on children being allowed contact with non-resident parent.

The organisation has been supporting young fathers with contact applications and court hearings in relation to access matters, helping them to navigate the new remote court processes which are difficult for those with limited access to IT and those who have challenges with written communication.

[114] Not her real name
[115] https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/weekly-surveillance-report
[116] https://www.healthline.com/health-news/men-more-susceptible-to-serious-covid-19-illnesses#Taking-symptoms-seriously

The following blog extract from *Men's Health Forum*[117] gives an overview of some of the other issues affecting men during the pandemic.
Case study: Jogging, Writing: Lockdown was an Opportunity[118]

Responsibility for shopping
To me, it was more a question of when rather than if there would be a lockdown. Other countries had imposed restrictions, so it was inevitable it would happen. After the announcement, I sat down with my wife and we took stock. She is over 70 and suffers from asthma. Whilst not classed as someone needing shielding, she nevertheless fell into the vulnerable category. She decided she was keeping her head down for the foreseeable future, so responsibility for shopping was transferred to me at a stroke.

Before lockdown, my doing the weekly supermarket run was rare. I have accompanied my wife, but only to push the trolley and carry the bags. Now I had to plan the time to go to hopefully avoid queues, and the quickest route through the aisles. Things like sell-by dates assumed major importance. Tricky decisions about alternatives to purchase if what is really wanted isn't available had to be made. Impulse purchases (usually gin) were now mine. I coped by planning everything properly. The sense of achievement I felt once the job was complete was immense.
I'm enjoying jogging.

I think I'm an active person. I play sport twice a week and go to the gym. With lockdown, my gym and sports halls closed down at a stroke. How would I cope? The spectre of weight-gain through lack of exercise beckoned, but the government had obviously read my mind. I was to be allowed an hour of exercise each day, subject to social distancing being maintained. The area I live in is surrounded by canals. There may be no transport infrastructure to speak of, but there are always narrow-boats to admire. With this in mind, I decided to start jogging. It's something I haven't done for years, but needs must when the devil threatens to withhold your chocolate biscuits.
Guess what? I'm really enjoying it. My gin intake may have increased, but my weight has reduced...My appreciation of the beauty of where I live, and the animals living in it, has increased immeasurably. It's a win-win situation.

The above blog demonstrates the importance of having Men's groups. Kenny Mammarella-D'Cruz writing in the Men's Health Forum also gives his perspective on the need for such groups, and shares some of the topics men

[117] Men's Health Forum: https://www.menshealthforum.org.uk Blogs on the website: https://www.menshealthforum.org.uk/jogging-writing-lockdown-was-opportunity
[118] John Walker, Jogging, Writing: Lockdown was an Opportunity: https://lockdown-blues-and-other-stories.blogspot.com/

have been discussing, and gives his interpretations of how things are shifting in the 'manosphere'[119]. "It's going mainstream", he writes:

Men who wouldn't look at themselves are now. The distractions aren't there anymore. I'm seeing that in private clients and groups. Lockdown is familiar to me. I was a refugee from Uganda. We left when I was seven. We had to go into hiding as the family was on the death list. It all came back to me. I'd had a privileged lifestyle in Uganda but when we arrived in the UK it was very different, and we were proper poor. I now run a daily check-in group online at 12.30. It lasts an hour. I try to be there every day.

We have people from all over the world in the online groups. This cultural mix I think is very healthy. The Brits can be very obsessed with class and this cuts through that. I grew up in west Wales which was a very close working-class community and that's what I'm trying to recreate in the groups. The English middle-class often don't have this closeness or community - they're impoverished as far as community is concerned. It's unfair. Money and education doesn't mean you're sorted.

The point is that Covid-19 has shown just how much groups like this are needed. My ambition is that one day these groups, on and offline, become as common as twelve step groups and that nobody will remember who I am.

Finance and economic

The Fawcett Society which campaigns for gender equality and equal rights have referenced a number of reports which very clearly indicate gender disparities, and Sam Smethers, their CEO, in her press release statement, made the point that

"*the impact of this crisis on our wellbeing is significant and profound. But women are hit harder than men in terms of their financial security and mental wellbeing. Parents of young children and key workers are experiencing anxiety about the virus, huge money worries and work pressures*".

The socio-economic impact of COVID-19 has been linked to self-harm with reports of 1 in 5 young women with severe money problems having self-harmed in the last year (reported by Agenda.[120]: Jemima Olchawski, Chief Executive of the organisation which is an alliance for women and girls at risk, noted that:

[119] Kenny Mammarella-D'Cruz https://www.menshealthforum.org.uk/covid-19-has-shown-just-how-much-mens-groups-are-needed
[120] AGENDA: https://weareagenda.org/often-overlooked-pr/

The increase in self-harm among young women is deeply worrying. Yet the discussion around this issue and women and girls' mental health is often very narrow, focussing on issues like social media rather than reflecting on wider causes. This research highlights the important relationship between self-harm and poverty – that's especially concerning as we move into an economic downturn as a result of the coronavirus outbreak.

Kate, 29, experiences anxiety, depression and complex PTSD. She says:

I started self-harming when I was about 12. When I was in my teen years, being permanently skint, not having my rent together, led to chronic insecurity and fear. I let people I shouldn't have into my home if they could chip into the rent. This always ended badly and put me in physical danger which only compounded my sense of worthlessness and being a complete failure, not able to pull myself together and function properly, which I'd take out on myself through self-harm. I often didn't have money to travel and was ashamed of my situation which isolated me from people that could have offered support.[121]

The outcomes of the evidence published by Agenda, has been praised by National Centre of Social Research (NatCen) as follows:

This powerful report shows the strong links between poverty, mental health and self-harming for younger women. We know that young women are particularly likely to have been hit badly by the economic impact of Covid-19, since they are more likely to work in sectors like hospitality and retail that have been closed down. The Government must ensure that as they plan for the recovery they include specific strategies to address poverty and mental health problems among young women.

The economic impact of Covid19, is said to have created situations where women end up selling sex thereby increasing their risks of COVID-19 infection and other sexually transmitted infections. In an article in Vogue Magazine, Audrey Moore points out that sex workers have been denied the protections and safeguards provided to the rest of the labour force, and because brothels are criminalised they operate under the radar, as such, sex workers are not able to be furloughed. It also means that qualifying for self-employment support schemes can be challenging due to the cash transactional relationship between worker and client and the hesitancy in declaring income from sex work with the Inland Revenue:

As all non-essential contact was prohibited and the lockdown loomed, massage parlours, strip clubs, dungeons and brothels all closed. Our inboxes grew deathly silent.

[121] Long-term rise in self harm in young women is more than social media – May 26 2020.

Our jobs are fundamentally incompatible with social distancing, and our services predicated on the human desire for unfamiliar yet intimate touch. Considering this was now potentially fatal and all but banned, our income vanished overnight…For so many in our community, sex work is a survival tactic – something done by people facing precarity, stigma and marginalisation, including those affected by years of austerity measures. Without any reliable income, and without sick pay or savings, some sex workers simply don't have a choice but to continue seeing clients in order to stay alive.[122]

BAME women for whom English is not their first language are also being disadvantaged in accessing services including those who have had their Universal credit stopped, and are then unable to complete new applications. Working Families[123] conducted a survey on workplace practices of over 1,000 UK parents and carers of children aged 18 and under who were in work during the lockdown (some were on leave, including furlough leave), and whilst only 65% of respondents had flexible working opportunities before the pandemic, 84% are now working flexibly. Fifty-two percent of women with male partners who responded have been working different hours from usual, compared to just over a third (34%) of their male partners. The survey goes on to recommend flexible working to become the norm, rather than the exception in the UK labour market.

It is worth mentioning that the overwhelming majority (90%) of respondents were women and most identified as white British (80%) and the overwhelming majority were based in England (89%).

From discussion, news reports, casual conversations we are aware that many women have been unable to work because of issues in accessing formal or informal childcare, lack of access to key employment rights like the right not to be unfairly dismissed. Those factors have resulted in some losing their job, and others seeing their work and income simply disappear.

Social and education

The systemic gendered inequalities that are evident at State level and frustrations caused by women and girls being excluded from the decision-making processes, and their invisibility in debates, has come to the fore. The

[122] Audrey Moore -The Reality of Living Through the Covid19 Pandemic As a Sex Worker 18 April 2020 https://www.vogue.co.uk/arts-and-lifestyle/article/sex-workers-covid-19-pandemic
[123] Working Families, COVID-19 and flexible working: The perspective from working parents and carers; https://workingfamilies.org.uk/news/flexible-working-post-covid-

Fawcett Society[124] in taking action to address the inequalities have signed a joint call for women and girls in all their diversity to be visible, heard and have their needs met during the Coronavirus crisis response, explaining that women are likely to be impacted upon greatly when it comes to employment and possibilities of flexible working arrangements:

The Coronavirus pandemic is exceptionally difficult for everyone and is having a huge impact on all our lives. So far, women and girls in the UK have been largely invisible from the debate and excluded from decision-making. Now schools and nurseries have closed their doors it will be women who take on most of the unpaid care work, reducing their hours or giving up paid work, turning the clock back on gender equality. Many women are on the frontline, delivering essential services, usually the lowest paid or in insecure work. Many women will be trapped in their homes, self-isolating with an abusive partner. It's women who are also more likely to care for older or disabled relatives and neighbours. Yet hundreds of billions of pounds of taxpayers' money is being spent without considering the specific challenges women are facing. Women and girls in all their diversity must be seen, have their voices heard and their needs met.

The collective voices feeding into the various press releases, articles and reports produced by the Fawcett Society shows how women are struggling emotionally and are very concerned about the overall risks to the country. Women are the ones who are most likely to reach out and check in on others, to assist with doing shopping, with offers of cooked meal to those in need, and that is in spite of their own social distancing concerns around supermarkets and travelling by public transport.

Even though men are more at risk of dying from the virus, women have felt more under pressure and that is impacting on their mental wellbeing. Women's and men's satisfaction with life has fallen dramatically, by more than half (from 32% to 12%) for women and down from 29% to 15% for men. One third (36%) of women are reporting high levels of anxiety compared with a quarter (27%) of men.

It is worth mentioning that there are some people who are thriving during lockdown. Ann Cayenne, Head of Boys Development at Future Men, said that *we found that there are pupils who struggle in school who are now flourishing at home during lockdown. Some are thriving so we are concerned about what happens to them when they go back to school. No having the interactions*

[124] Fawcett Society, https://www.fawcettsociety.org.uk/news/parents-struggling-and-women-keyworkers-are-anxious

with issues of racism, power and authority means that some pupils are doing quite well at school [Connecting the Diaspora Conversation, May 2020, hosted by Ubele[125]]

One of the troubling consequences of lockdown is that many women in abusive relationships have been forced to isolate with their abusers, leading to spikes in the incidents of domestic violence. Calls to the *Solace Woman's Aid* charity's helpline were showing a week-on-week increase in February and early March, hitting an "all-time high" with 789 calls between February 25 and March 10. However, those numbers plummeted to 461 calls between March 10 and March 24 – the period of enforced self-isolation and social distancing. The reasons behind the lowering of numbers of calls is because it is often not safe to make a phone call while in the company of the abuser who may be monitoring the phone usage or choosing to listen in to conversations. Solace's Chief Executive Fiona Dwyer said:

We are increasingly worried that women are not able to reach out for help due to being monitored 24/7 by their abuser. We are really concerned about women living in isolation with their abusers and the challenges they face keeping themselves and their children safe. We anticipate that there will be an enormous spike in demand after the lockdown period has ended. Right now, we are at full stretch ensuring that our services can continue to meet the needs of the most vulnerable - keeping our refuges and supported accommodation open to referrals and supporting women to be safe through our community services.[126]

Marienne Hester from Bristol University, in her studies on abusive relationships found that domestic violence goes up whenever families spend more time together, such as during holiday times. Women in households where there is domestic violence have been enduring unwanted sex, resultant pregnancies and difficulties in accessing abortions. This commentary from a respondent in Marienne's study shares her perspective:

Yes, I feel depressed on and off during the day. OCD tendencies worse because of Covid. On top of my normal stresses of juggling kids and elderly parents and currently working from home and abuse from ex, while waiting for house sale to go through post divorce and anxious about moving to a flat. Sometimes it all feels too much.

The report authors have been made aware of concerns of the plight of women in prison. Below is an excerpt from our interview with Rita, a 34 years old female

[125] Event hosted by Ubele, 26th May 2020.

[126] https://www.islingtongazette.co.uk/news/domestic-abuse-charity-solace-women-s-aid-launches-emergency-covid-19-appeal-1-6584851

living with mental illnesses, who was released after spending 30 months at a women's prison in London. She writes:

"The biggest problem faced by all the women was the lack of access to address medical needs and access to mental health resources. Medical care was ordinarily diabolical, but the pandemic made it progressively worse.

The Samaritans had trained some prisoners to act as a counselling service to residents in times of distress and crisis, due to the Corona virus this was completely stopped by the prison, leaving the women in a state of distress, panic, anger and frustration which lead to them banging on their doors screaming, shouting and crying, I found it distressing to hear them in such turmoil and without any source of help to reduce and calm their fears and anxieties.

Some of the things they put in place was to cut down association time to just 30 minutes a day which meant in that time residents had to order from the canteen (hygiene products, phone credit, little luxuries), shower, call family/friends, exercise, get fresh air and socialise.

I had a little more freedom because I was in the open part of the prison, but I was able to view, and hear, the repercussions of the time restriction. Being locked up for 23 and a half hours a day lead to lack of mobility, human contact and mental health suffering terribly. I observed ambulances constantly speeding into the prison due to self-harming and suicide attempts, the frequency in which they came was dramatically different than prior to the pandemic.

I was also unable to go work or college during this time, which was difficult. The government should increase association time and ensure every single resident has access to health care. The government has a duty of care to prisoners despite our convictions we are human beings and worthy of compassion like everybody else, we are not expendable garbage. Our lives matter".

Women in Prison[127], a national charity that delivers support for women affected by the criminal justice system in prisons, community, and through Women's Centres, have asked the Government to agree a plan for managing early releases from prison.

We need to ensure vulnerable people are not released homeless or into destitution, or with inadequate support, which would make them more at risk of abuse and exploitation. Emergency planning for this needs to be developed now in collaboration

[127] Women In Prison: https://www.womeninprison.org.uk/about-us.php

with charities working at the frontline, including women's centres, domestic violence, housing and substance misuse charities.[128]

The key points they are raising is that where an assessment has been made relating to no risk of harm, priorities should be given in the following circumstances:

- Pregnant, or mothers and babies on prison Mother and Baby Units
- Already resettling on Release on Temporary Licence (ROTL)
- Particularly vulnerable to the virus due to age or underlying health conditions
- On remand
- Serving a sentence with six months or less remaining
- In prison having been recalled for administrative breaches

In regards to homelessness, St Mungo's, one of the largest homelessness providers in the UK, have over the past few weeks supported around 1,600 vulnerable people (over 1000 in London) off the streets and from emergency hubs into individual hotel rooms to enable them to self-isolate safely.

Kellie, a long-standing St Mungo's volunteer with the charity's outreach team in Tower Hamlets has been volunteering 36 hours each week. As part of St Mungo's frontline team she is now on sabbatical from her full time job in the City, and is a consistent point of contact for hotel residents. She says:

"*No one should be sleeping on the streets in the UK in the 21st century. What I do as a volunteer could be seen as very small on the face of it, but in times like these, there are no small things. We're all concerned about what will happen when lockdown ends*."[129]

David, 45yrs, usually volunteers with British Red Cross Refugee Services in Hackney is supporting the '*Hotels Project*' where he serves meals to residents. He says:

"*When I deliver breakfast, we can have a little conversation. There might be something quite refreshing. An everyday interaction in a different context obviously*

[128] WOMEN IN PRISON BRIEFING: COVID-19 AND IMMEDIATE PLANNED RELEASE FROM PRISON
[129] https://www.mungos.org/press_release/frontline-volunteers-donate-almost-4000-hours-to-hotels-project-to-support-the-homeless-amid-coronavirus/

has a different significance when we are dealing with people mostly stuck in a hotel."[130]

There is a lack of specialised gender specific homelessness accommodation and mixed sex accommodation is being offered to homeless and/or vulnerable women which can be harmful for those fleeing exploitative situations. Some housing associations are being proactive and doing what they can to offer support to vulnerable women including sex workers.

Women's voluntary and community sector continues to play a significant role during the COVID-19 pandemic, and the Women's Resource Centre report demonstrates the value of such organisations providing a platform to raise the voices of women.

The report states:

"*…the value of women's VCOs in reducing the chasm of inequalities that will remain in the aftermath of the COVID-19 crisis cannot be underestimated. Ignoring this will be at the Government and public sectors peril.*"

The report makes the following argument:

The COVID-19 crisis has worsened already unacceptable levels of gender inequality and social isolation. Women are in the frontline as workers dealing with the outbreak as health and social care workers, in the food and food retailing industries and as VAWG support workers; roles where they face greater risk, and which have been traditionally low-paid. Women's economic well-being, especially among disadvantaged and marginalised communities, has further deteriorated through austerity policies, a zero hours economy and welfare reform. This is likely to have a detrimental and long-lasting effect upon the health and well-being of women and their families and deepen socio-economic disadvantage and poverty. Women, particularly those with additional protected characteristics have been less able to access needed services during lockdown. As women have come to rely upon online support and to access services, the COVID-19 crisis has illuminated and exacerbated digital inequality. This and other factors mean that, during lockdown, it has often been difficult to reach the most marginalised and disadvantaged women, even by specialist women's VCOs.

In terms of responding to the changing and expanding needs of women, such as increased domestic violence and declining mental health, the COVID-19 crisis has placed new pressures upon already hard-pressed, underfunded and under resourced

[130] https://www.mungos.org/press_release/frontline-volunteers-donate-almost-4000-hours-to-hotels-project-to-support-the-homeless-amid-coronavirus/

women's VCOs. The women's VCS in London and across the UK should receive acclaim for how swiftly they reconfigured services in response to lockdown and the expanding and shifting needs of women.

As these case studies exemplifies, they are not just responses to increasing demands to services, but because statutory services have suffered from reduced funding and many had closed. What has emerged from the COVID-19 crisis is the public sector and women's VCOs working and collaborating to overcome some of the difficulties and challenges of these unprecedented and uncertain times. The COVID-19 crisis and the associated restrictions on public and social life have awakened recognition and respect of women's VCOs in increasing the effectiveness of public services; particularly in relation to meeting the needs of marginalised women and those with multiple and intersecting ("complex") needs. A key lesson to be learnt from the collaborative approaches during the Covid-19 outbreak, is that women's VCOs and grassroots community groups, whilst needing to retain their independence and specialisms, should be better integrated into local systems in the future. The value of women's VCOs in reducing the chasm of inequalities that will remain in the aftermath of the COVID-19 crisis cannot be underestimated. Ignoring this will be at the Government and public sectors peril.

Policy and decision making

Liaison between London VAWG Consortium[131], the Deputy Mayor of Policing and Crime, the Strategy Director at London Councils, MOPAC and others was successful in the respect that it is now possible to make direct payments to service users for food and essentials and small specialists organisations have received London Community Response COVID-19 funding.

Generally, there is a huge amount of goodwill, compassion and dedication in community-based organisations, but the work is continuously impacted by the ongoing matter of lack of finances and difficulties in accessing funding. There is also the reality that many of the people who are offering the support to the community are often themselves coping with mental health challenges, bereavement, physical illnesses or experiencing trauma, added to which, during lockdown many of those same people offering support are not able to have the face to face tactile engagement of their colleagues. Those will all affect a person's ability to complete detailed funding applications and monitoring procedures in the specific deadlines.

[131] Lessons from Coronavirus (COVID19) Case Study: June 2020
https://www.wrc.org.uk/Handlers

Then there are the delays in decision making and disbursement of emergency funding which has a chain reaction. Organisations are unsure of their position, staff unclear on the way forward, and service delivery is affected. It has been noticed that some funders responding to these challenges have made changes to their application process, for example simplifying the form and altering monitoring processes negating some of the issues that have been off putting to potential applicants.

Mary-Ann Stephenson, Director of the Women's Budget Group said:

COVID-19 has magnified existing inequalities. Before this crisis women were more likely to be low paid, more likely to be poor and more likely to get into debt to buy basic necessities. Many of the workers on which we now depend are low paid, on insecure contracts and only entitled to statutory sick pay.[132]

The historical reduction in statutory services, and lack of funding for VCSOs that work with women and girls with intersectional complexities has been a long standing issue, however in the wake of the pandemic with the amplification of circumstances, groups of women have come together to support each other with far reaching positive outcomes.

[132] https://wbg.org.uk/

SECTION 9: SEXUAL ORIENTATION

The overlapping vulnerabilities of LGBTQ+ people and challenges due to various forms of discrimination and disempowerment such as xenophobia, patriarch, and heterosexism means that coronavirus and lockdown has affected their lives in a range of ways. The surveys, case studies and other methods used to capture the voices of LGBTQ+ people all show that Covid19 has significantly impacted on their lives.

Health and wellbeing

Mental health is an area most in need of attention during the pandemic as charities are warning of the devastating impact the lockdown will have on people's mental health. The BBC has been told by 8 charities that a mental health crisis is looming as the lockdown is eased. There are fears that a "tidal wave" of patients - who were left untreated during lockdown – will require care post the pandemic and services won't be able to cope (see Age section and Gender reassignment above).

In the bulletin "warnings of the devastating impact the lockdown will have on mental health" - Simon O'Leary BBC correspondent interviewed families who lost loved ones to suicide during the pandemic (broadcast on 4th July 2020) including the family of Ben 22, an engineering student who took his life in May. His family said that isolation during lockdown afforded Ben the time to ruminate on his challenges and that drove him over the edge.[133]

Ben Hunt, BBC LGBTQ+ Correspondent in his article – Lockdown: Suicide fears soar in LGBTQ+ Community, noted that charity organisations have been lamenting the lack of national data on LGBTQ+ people, especially because it means that organisations are less able to secure valuable funding to offer help to those who are in such obvious need:

"*Unless we are counted, we don't count,*" said LGBTQ+ Hero Chief Executive, Ian Howley, while Emma Meehan, of the LGBTQ+ Foundation, said: "*Due to the government's frustrating lack of proper reporting, we'll never be able to put a true figure on the scale of this crisis.*"

[133] https://tinyurl.com/yyz49wv9

The government acknowledges and considers LGBTQ+ people to be at higher risk of suicide, and accepts that there is the need to improve the data collection.[134]. Helen Jones, CEO of MindOut – the LGBTQ+ mental health charity disappointedly notes that *"LGBTQ+ lives are being lost and we need to know more. It is so frustrating. Recording this data must be a nationwide campaign."*

LGBTQ+ Foundation [135] a national charity delivering advice, support and information services to LGBTQ+ communities published findings in their Hidden Figures Report in May 2020 on the impact of the Covid-19 pandemic on LGBTQ+ communities in the United Kingdom. The research uncovered "some of the wide-ranging and profound effects in areas such as mental health; isolation; substance misuse; eating disorders; living in unsafe environments; financial impact; homelessness; access to healthcare; and access to support". From that research, it is evident that intersectionality plays a part on outcomes of the lived experiences of LGBTQ+ communities. For example, BAME LGBTQ+ people showing greater need for access to mental health services, disabled LGBTQ+ people having a higher rate of medical appointments cancelled, and trans and non-binary people being twice as likely to feel unsafe where they are staying. A respondent commented that

"I'm transgender but not out, my parents are transphobic, having to pretend to be someone I'm not all the time is physically, mentally, emotionally and spiritually exhausting"

As with all other groups of protected characteristics mental health support is a significant issue, and amongst LGBTQ+ people 42% want to access support for their mental health at this time. This is disaggregated to 66% of BAME LGBTQ+ people, 48% of disabled LGBTQ+ people, 57% of trans people and 60% of non-binary people. Of the people surveyed 18% feared that the current situation could lead to substance or alcohol misuse or trigger a relapse. Other results from the survey showed the following:

- 16% unable to access non CV19 related healthcare. 22% for BAME, 26% for disabled, 27% trans, 27% non-binary, 18% over 50s.
- 34% had a medical appointment cancelled. 39% for BAME, 42% of disabled, 38% trans, 37% non-binary and 42% over 50s.

[134] https://www.bbc.co.uk/news/health-
[135] LGBTQ+ Foundation: Hidden Figures: The Impact of the COVID-19 pandemic on LGBTQ+ communities in the UK. May 2020 3rd Edition

- 23% not able to access medication or were worried they would not be able to access medication, 37% of BAME, 36% disabled, 45% trans, 21% non-binary and 32% over 50s
- 8% do not feel safe where they are staying 9% of BAME LGBTQ+ people, 15% disabled, 17% trans people and 17% non-binary[136]

The Health Equality and Rights Organisation (HERO) [137] the parent organisation of GMFA, FS magazine and OutLife published the LGBTQ+ Lockdown Wellbeing Report in June 2020. Just over 2300 LGBTQ+ people were surveyed between 14th May and 29th May 2020 and the findings echo those of the Hidden Figures research on the wide-ranging impact the pandemic has had on LGBTQ+ people. The Lockdown Wellbeing Report references that:

- Almost four in five (79%) LGBTQ+ people said that their mental health had been negatively impacted by the coronavirus lockdown.
- Before lockdown 24% of LGBTQ+ people said they were depressed "very often" or "every day". During lockdown this increased to 43%.
- Before lockdown, 34% of LGBTQ+ people said they experienced anxiety "very often" or "every day". During lockdown this increases to 50%.

The research shows that loneliness has itself become an epidemic within a pandemic during lockdown, especially for young people as the figures on loneliness has more than doubled during lockdown. Before lockdown 21% of LGBTQ+ people said they experienced loneliness "very often" or "every day". During lockdown that rose of 56%. With more than two in three (67%) of under 18 LGBTQ+ people felt lonely "very often" or "every day" during lockdown.

I've been incredibly stressed out all the time" wrote another. "I'm really, really worried that I won't be able to move out by July and I'll be stuck in this house with my family for another 6 months. I'm desperate to get out of here. I miss my friends, I miss my boyfriend, and I'm scared all the time thinking about the future.

And another:

My parents have an extremely toxic relationship and are constantly using me as a tool to go between them", says Andy. "My sister is also incredibly abusive, and I have had to do with the aftermath of her ripping into my step-mum. The constant passive

[136] LGBTQ+ Foundation: Hidden Figures: The Impact of the COVID19 pandemic on LGBTQ+ communities in the UK. May 2020 3rd Edition

[137] The Health Equality and Rights Organisation (HERO) for LGBTQ+ people: The LGBTQ+ Lockdown Wellbeing Report June 2020 https://www.outlife.org.uk/the-LGBTQ+q-lockdown-wellbeing-report; https://www.outlife.org.uk/we-must-listen-to-LGBTQ+q-youth

aggression gets directed at me a lot, on top of the general emotional abuse I get for being a gay trans man.

In casting an intersectional lens on lockdown, the disparities amongst LGBTQ+ people are apparent, for example:

15% of LGBTQ+ people reported experiencing violence or abuse during lockdown but when that is drilled down further Black and South Asian LGBTQ+ people said they were more than twice as likely to experience violence or abuse during lockdown compared to white LGBTQ+ people.

Almost two in five (39%) of LGBTQ+ people have missed medical appointments during lockdown.

Lockdown has polarised rates of self-harm, with more LGBTQ+ people never self-harming, and more harming "very often" or "every day". Hero have reported that 11,000 people have accessed its suicide-prevention web pages - up over 44% on the first three months of the year.

8% of LGBTQ+ people have felt at risk of homelessness during lockdown.
Here is Shoaib's story as shared in Outlife:[138]

Shoaib witnessed the onset of the pandemic from his hospital's front door. As a doctor in Accident and Emergency (A&E), he treated patients with the coronavirus, many of which were critically unwell. "As a result, the emotional and physical labour of my role as a doctor has intensified substantially," says Shoaib. "While the pandemic reduced the volume of patients coming to A&E seeking medical attention, the patients we are seeing are much sicker and often critically ill." Although A&E has always been a stressful environment to work in, the pandemic has put the emotional resilience of healthcare professionals to the test. "It's been difficult looking after extremely unwell patients, while often feeling quite helpless in the face of this global health crisis," admits Shoaib. "And knowing that so many of them will not survive despite our best efforts."

Wearing protective personal equipment (PPE) meant that communicating with his patients and their relatives was more challenging. "Speaking to patient and family members through marks, visors and video calls has felt incredibly impersonal and dehumanising, especially given the seriousness of the conversations we are having," he says. But despite using PPE, Shoaib says he has been battling his own fears of becoming unwell. "With limited PPE and limited access to testing, many frontline staff

[138] The Health Equality and Rights Organisation (HERO) for LGBTQ+ people: The LGBTQ+ Lockdown Wellbeing Report June 2020 https://www.outlife.org.uk/the-LGBTQ+q-lockdown-wellbeing-report; https://www.outlife.org.uk/we-must-listen-to-LGBTQ+q-youth

including myself feel extremely vulnerable to becoming sick," he says. "All the while, we're having to put on a brave face in-front of our patients and continue to provide the best care possible." And it's not just his own health that concerns him, Shoaib says he is also anxious about inadvertently passing on the virus to fellow colleagues, patients, and his flatmates.

Outside of the hospital, there hasn't always been the possibility to unwind. "It has been difficult coping with lockdown restrictions," says Shoaib, who usually sees his family and friends to overcome the stress from work. "I also spend a lot of my free time visiting art galleries and going to the theatre," he adds. "Therefore, as a result of lockdown, most my coping mechanisms are no longer possible." He is now looking at finding new outlets and hobbies but admits that it hasn't always been easy to find coping mechanisms.

Although Shoaib feels that the public appreciation for NHS staff has made him feel more valued, he is divided when it comes to 'clap for carers': "*While I appreciate the new-found public support, the fact is all key workers, not just carers, have always worked hard to provide the essential services that we rely on so heavily, with very little appreciation or compensation; rather tokenistic*."

The Gay Men's Health Project (GMFA)[139] website has blogs highlighting some of the less spoken about issues affecting LGBTQ+ people during lockdown, such as intimacy. Topher Taylor's blog on GMFA's website offers some support to those struggling:

The point I am making is that the reality of how long we may need to socially distance is hitting home, and irrational thoughts and/or behaviours will begin to bubble to the surface. It's vital to remove your personal judgements against the messengers of social distancing practices and pay attention to the facts: human contact, spores and sharing surfaces is what's spreading COVID-19. Please keep in mind that I am a sex-positive educator, writer and podcaster. It kills me to have to be telling people to not have sex – but we need to think of the bigger picture in this scenario. We are battling an invisible killer and it's only sensible, if not moral, to follow the guidance of the NHS, the World Health Organisation, and even our government. And I hate rules. The quickest way to get back into having sex is to do everything we can, individually and collectively, to prevent the spread.

Sexual health is also being impacted. Spectra[140] which supports mainly focusses on sexual health and emotional wellbeing for people of all sexualities, gender identities, cultural influences and ethnicities have had to suspend their face to face HIV & STI testing and instead offer home testing kits. This can be

[139] The Gay Men's Health Project (GMFA) https://www.gmfa.org.uk/Pages/Category/fs178
[140] Spectra: Covid19 Plan https://spectra- london.org.uk/2020/04/20/spectra- coronavirus-advice/

problematic depending on the living situation especially because during face to face testing there is usually a counsellor on hand to provide support, if required. The reduction in face to face services can also affect the ability to offer emergency support to LGBTQ+ people experiencing domestic abuse and sexual violence.

In carrying out this research, we came upon an ITV segment in which Andy Roberts, a gay man who had volunteered to be included in a new blood plasma treatment being trialled in London. He was turned down because he was in a same sex relationship despite it being monogamous for more than 30 years.[141]

Social and education

These two narratives taken from the I'm Coming Out?[142] article in FS Magazine sheds light on some of the other lived experiences of LGBTQ+ people during lockdown:

Well it's Pride season and while Miss Rona (Coronavirus) has forced many Prides throughout the world to be cancelled but it's still a time of the year that we must celebrate all things LGBTQ+. However, although lots of us will be still celebrating online, in parks and with a cheeky stay over it's important to understand that even in 2020 we have a long way to go for equality.

It's true to say that not everyone is 'out' and lots of gay and bisexual men still live a life in the closet. And while it's nobody's business whether they come out or not, many face social barriers and face discrimination and prejudice if they do. We have seen LGBTQ+ hate crime increase by 30% over the last couple of years. And mental illness including depression and anxiety is linked to coming out. We are also seeing big numbers of gay and bi men who take their own lives because of their sexuality. This is not acceptable.

And another said:

We're being asked to stay home and adapt to a new normality. The coronavirus pandemic is changing the way we work, the way we shop, and even the way we date. It's not just our jobs and supply of loo roll that are on the line today- even the thought of going out on dates is being furloughed. If we were living through the

[141] 'Gay and Bisexual men to be excluded from Covid19 plasma trial', ITV Paul Brand 2nd May 2020

[142] I'm Coming Out? FS Magazine June/July 2020 issue 178 – Stories from https://www.gmfa.org.uk/Pages/Category/fs178

Spanish Flu pandemic of the early 1900s we'd all be penning love letters to our beaus; thankfully quills have been relegated, giving way to the likes of Zoom, FaceTime, House Party.

The impact on older LGBTQ+ people who are more likely to be single, live alone and have less support from children and extended families has been huge, with increases in depression and anxiety. Some have not been able to see their befriender or attend support groups. There is however virtual support available such as the Rainbow Memory Café for older LGBTQ+ people, those with dementia and their carers, but the reality is that many older people are not IT literate.

VCSEs for the most part have had to quickly make adjustments to the way they deliver services and come up with new ways of working for their staff and volunteers. They have also had to focus on how they can continue to reach their older client base who so desperately need their services.

Wise Thoughts[143] which is a pioneering LGBTQ+ & BAME Arts Charity based in London creates dynamic local, national and international arts initiatives and deliver services that help address social justice issues for the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQ+) and Black, Asian & Minority Ethnic (BAME) communities. In the wake of COVID-19 to ensure that the needs of client group are being met, zoom virtual drop-in and meetup sessions, 1 to 1 telephone support and yoga classes were implemented. They have also been doing parcel drops to some of local vulnerable LGBTQ+.

In response to the Covid-19 pandemic, The Kaleidoscope Trust undertook widespread consultation across the commonwealth which provides some context to the situation in the UK, which make it is worth referencing. Lady Phyll, Founder of UK Black Pride[144] said that:

We are witnessing an emerging humanitarian crisis for LGBTQ+ people as government responses to Covid-19 leave vulnerable LGBTQ+ communities at grave risk" a sentiment expressed across the LGBTQ+ organisations in London and the UK. "The Commonwealth Equality Network (TCEN) contributed to the UK government recognising and expressing regret for anti-LGBTQ+ laws that were enacted across the Commonwealth during the UK's colonial regime. LGBTQ+ human rights are important during the best of times and the worst of times. If the government is to make good on

[143] Wise Thoughts: www.wisethoughts.org
[144] UK Black Pride: https://www.ukblackpride.org.uk/blog/commonwealth-COVID-19. See also, LGBTQ+ in the Commonwealth in the COVID-19 Era - A new consultation by Kaleidoscope Trust of 34 LGBTQ+ charities working in 37 Commonwealth countries.

its promise to address and redress colonial-era wrongs, then LGBTQ+ people across the Commonwealth cannot be left behind during the Covid-19 crisis.

The structural vulnerabilities codified in laws and social attitudes in countries across the world are made worse during a crisis like Covid-19. The UK government has a responsibility to ensure LGBTQ+ human rights work is able to continue during the Covid-19 crisis."

The intersectionality of religion/faith and sexuality has been known to cause internalised conflicts and self-rejection and externalised discrimination and ostracism, and groups such as Sarbat LGBTQ+ a support group for LGBTQ+ Sikhs have continued to provide invaluable services.

We have all heard the stories of intrusions, security breaches which have been quite distressing. Managing the impact of the new phenomena of Zoombombing or Zoom raiding[145] which an unwanted, disruptive intrusion by internet trolls and hackers with the insertion of material that are lewd, obscene, racist, or antisemitic in nature has been an additional burden on organisations. The Sarbat Socials[146] shares this experience:

"A few days after the PM announced a country-wide lockdown in the UK, we at Sarbat looked for alternative solutions to continue providing a platform for Sikh LGBTQ+ individuals and our allies to meet and come together. We know that members of the LGBTQ+ community are at a higher risk of feeling lonely and isolated even at the best of times, and this may be particularly difficult for those Sikh LGBTQ+ individuals living with their families that may not be aware or accepting of their sexual orientation or gender identity, with no access to the usual safe spaces. So, we at Sarbat set up an account on Zoom, a video conferencing platform that has seen a boost in users since the Coronavirus outbreak. Although it isn't quite the same as meeting face-to-face, we felt that the online format could allow us to continue serving a social platform for our members from all over the UK and potentially reach people who perhaps previously could not attend our local UK-based events.

I hosted our very first online #SarbatSocial meeting on Thursday, 2nd April. I took all the precautions to safeguard the meeting, such as enabling a waiting room (to monitor who joins the meeting) and disabling screen-share (so no-one could blast us with inappropriate content). However, these measures had a loop-hole, as we soon realised. Our keenness to increase our social reach and be as accessible as possible meant that we had shared the meeting link through all our social media channels. After the meeting started with a few familiar faces, I started seeing about 50 people

[145] https://en.wikipedia.org/wiki/Zoombombing#cite_note-Lorenz-1
[146] SarbatSocials during COVID-19 April 20 2020: http://www.sarbat.net/2020/04/welcome-to-sarbatsocials-during-covid-19/

join in the Zoom waiting room, most with unfamiliar names. Being in favour of inclusivity, excited at the possibility of new members and keen to provide access, I started letting them in one at a time… But this, in turn, led to a nasty surprise. Many of those joining were actually "bots" – fake profiles programmed to invade open meetings and blast loud, inflammatory, racist, or homophobic slurs. It was a horrible few minutes of frozen terror and every attempt to get rid of the bots seemed to backfire: I tried muting them – they unmuted themselves….removing them one at a time – only to find so many of them that it didn't help… Finally, we decided to end the current meeting and start a new one – this time password-protected and prudently shared. Phew."

Policy and decision making

It is felt that the state's responses to Covid19 have been putting the safety and wellbeing of LGBTQ+ people at risk, and that is evident when you consider that the survival of civil society organisations is under threat as funding decreases and disappears which will inevitably mean so too will LGBTQ+ organisations.

CONCLUDING COMMENTARIES

"The COVID-19 experience has changed my way of thinking and living. It is changing the way I socialise and interact with others. Most of all it has left me disillusioned and suspicious of those charged with our health, safety and security."(interviewee)

As we move into recovery, without a doubt we need to rebuild the economy alongside giving back hope and confidence of a more resilient future. From the perspective of the voluntary and community social enterprise sector, many of whom are firefighting with buckets of water compared to pressure hoses, we are hearing for the first time across a range of priorities in one place what it is like to be living with or in fear of COVID-19. Without funding – as many have seen this dry up overnight[147] - some have discontinued operating and have closed permanently while others continue to just stay afloat working as best they can to deliver services in a voluntary capacity, even if it is to drop off groceries and to say hello to some isolated individuals. The Trussell Trust's network report, for example, highlighted how the COVID-19 pandemic is affecting demand on food banks across the UK. It showed an 80% increase in emergency food parcels in the last two weeks of March compared to the same period in the previous year; the Independent Food Aid Network (IFAN), which represents food banks operating independently of the Trussell Trust, reported a 60% increase between February and March: 17 times higher than the same time the year previous.[148]

We have heard from communities and individuals about the health and wellbeing impact the virus is having in their lives; we've heard from organisations about the socio-economic consequences at the individual organisational level as well as at the macro larger economic level. Wherever we turned, it was evident that some of the measures put in place was not only having some impact on reducing the spread of the virus (which was the primary intention) but a knock-on effect in how lives are now having to be lived. Isolation, bereavement, financial difficulties, insecurity and inability to access support systems are all widely recognised risk factors for mental ill-health and throughout the voices have expressed anxieties and concerns in relation to this fact. Indeed, it has also unleashed some undesirable practices around domestic abuse and violence; a situation as a society we should not tolerate, and for for which legislation exist and should be enforced.

[147] https://publications.ncvo.org.uk/road-ahead-2020/road-ahead-what-next-voluntary-sector/
[148] Joseph Roundtree Foundation: https://www.jrf.org.uk/

The evidence so far produced demonstrates well the power of the 'voices' of Londoners through VCSE organisation's community-based consultation and research reporting. This aspect of work should be more widely encouraged and supported through commissioning and grant funding objectives, especially clustered around the impact of policies that could affect those with protected equalities characteristics.

The GLA and VCSE sector should work to establish 'catalysing bodies' or infrastructure support and representative bodies able to bring the voices of respective 'communities of interests' together, speaking on key issues affecting those domains across the range of strategic objectives under consideration by the GLA.

As we move into the recovery phase (or 'transformational phase'), it is our view, based on the evidence gathered, and the probability that they are reflective of a wider set of emotions and impact, that the five broad strategic areas of impact identified across each of the protected characteristics offers a context against which further actions could be taken as we move into what we have dubbed the 'transformational recovery phase'.

By way of a reminder, the five broad strategic themes coming out of our analysis of the lived experiences of communities are:

- *Health and wellbeing*
- *Finance and economic*
- *Social and education*
- *Risk factors, complications and mortality*
- *Policy and decision making*

Given the complexity of the challenge, we feel being able to see the recommendations in a matrix format might be useful as in that format, we provide a thumbnail capture of the key aspects of the findings aligned to each of the five themes and the recommendations associated with each, with examples of possible actions to illuminate the ask.

RECOMMENDATIONS

Overarching findings/key issues	Recommendations	Implications for policy makers (GLA) and VCSE providers
Health and wellbeing Isolation, bereavement, financial difficulties, insecurity and inability to access support systems widely recognised as factors contributing to mental ill-health and throughout the voices have expressed anxieties and concerns across all the protected characteristics.	Building on the evidence of BAMEStream, to consider how CCGs, NHS Trusts and Local Authorities commission mental health services from BAME led mental health providers, especially as VCSEs are working with 'impacted' communities that are poorly resourced. The evidence provided from some communities where English is not spoken as a first language, demonstrate that information and communication has been poor. This key action is absent as an explicit objective within both the Mayor's Equality, Diversity and Inclusion Strategy and the Health Inequalities Strategy. With respect to ensuring access to relevant information relating to the broader health and wellbeing considerations, especially (and in particular) signposting to support for mental health concerns as indicated in both these strategies. This should be given greater emphasis at local borough levels (e.g. accessibility to sign language, large print, translations into other languages, graphic modes and audio modes of delivery etc).	GLA & VCSE GLA & VCSE

Finance and economic Financial and economic impact hitting hard on some communities more than others and therefore major challenges ahead post ease down, with organisational sustainability being a key factor for many VCSE organisations and not just micro and small organisation as widely reported.	The Ubele report, for instance, pointed to challenges that micro and small VCSE organisations face, and to support the commissioning objectives of the Mayor's Health and EDI Strategies (both of which speaks to supporting community led involvement), to consider the recognition of appropriate governing and economically robust VCSE organisations, through capacity assessments of organisational 'effectiveness' schemes, similar to the McKinsey Organisational Capacity Assessment Tool as part of commissioning process (e.g. the CAS, Rocket Science framework, Lighthouse framework by Locality, NYA Quality Mark and similar benchmarking frameworks able to assess levels of organisational competence).	GLA
Social and education Fear of the unknown with implications for social interaction, especially those being 'shielded', most notably the elderly and across all the protected characteristics. Evidence shows that those on lower incomes, are more likely to live in densely populated areas,	Existing protection arrangements need to continue the message of reducing the exposure and working practices of frontline workers across London through reinforcement of social distancing and shielding practices, such as face covering, restrictions on numbers gathering, including funerals, weddings and indoor events such as dance halls and the likes until it is scientifically safe to open up. Consider the establishment of 'safe shielded' respite residential spaces for those more vulnerable in society, where they can participate amongst like-minded shielded groups. The Health Strategy, for example, recognises vulnerability pre-Covid, and	GLA GLA

in overcrowded and multigenerational households. Easing down implications and return to 'normalcy' will be a challenge, especially with regards to new services and new skills, especially online service delivery opportunities and therefore new working patterns and delivery models.	now under Covid, the strategy should perhaps consider actions and objectives specifically around shielding and isolation for the most vulnerable within society (i.e. the elderly as our case studies showed). Particular considerations should be made as to how policies will affect those caught in poverty, including in-work poverty considerations, especially those on Zero hour contracts (i.e. while the EDI recognises this challenge, COVID has shown the full implication of not addressing issues of poverty and overcrowded situations). In the face of structural economic adjustments taking place as part of the reshaping and transformation process, provide needed support and development capacity opportunities to the VCSE sector by working strategically within and across communities to realign resources where this will create recognizable infrastructure support (i.e. recognition of the role that 'catalysing organisations' alongside infrastructure support bodies can play in driving the 'recovery phase'). In the same way disincentive programmes exist for environmental support (e.g. ULEZ), to consider an incentivised approach to supporting those digitally excluded and boost these in areas where access to the internet is poor or non-existent. As the pandemic is likely to last for many months, there	GLA GLA and VCSE GLA

	will be a need to address the implication of having to work online with accompanying mix economy of in-office-at-home mode of working; and this might necessitate increasing bandwidths and accessibility. To work with employers, trade unions, public bodies and London Council to maximise opportunities for employees to remain in work by providing safe, reliable, regular and cheap public transport and flexible working conditions. Consideration should be given to rescinding the proposal to withdrawing the free transport policy for under 18yrs (i.e. 95% of respondents to the Partnership for Young London survey said this should be rescinded). Indeed, the decision to proceed seem to contradict a key plank within the EDI with respect to '*Getting around*'.	GLA
Risk factors, complications and mortality Postponement and cancellations of medical appointments and health care is having significant implications across some of the protected characteristics, but especially those deemed most at risk: elderly, disabled, gender,	While it is right that the government give due attention to the improvement of prevention, access to health services and treatment for those with long term conditions and vulnerabilities, there are options at the local level through NHS Trusts, CCGs, GP Surgeries and health centres, that should be explored with respect to those protected under the Equality Act 2010 (Age, Disability, Race, religion and Gender (men in particular)). Evidence indicates that there are delays in appointments for a range of treatments that have been placed on hold which is causing trauma and anxiety for those waiting for key operations,	GLA/Government GLA/Government

BAME communities and religious groups.	and therefore a system should be put in place to tackle the backlog. A possibility is to consider is to provide 'short term' spaces such as the Nightingale Hospital, as the cases slow down markedly, could be utilised to tackle some of those backlogs.	
Policy and decision making the pandemic providing both blessing and curse, with some communities disproportionately affected while some voluntary and community social enterprise organisations faring well while others developing new areas of delivery by accessing opportunities. Evidence demonstrate well the power of the 'voices' of Londoners as captured by VCSEs in their role as brokers of engagement with communities at the local level evidenced through the range of consultative and engagement dialogues and processes they	Evidence indicate that those with underlining conditions are worst affected, which includes preventable heart, kidney and lung conditions (e.g. obesity, smoking cessation, mental wellbeing and diabetes, hypertension and asthma). Within both the GLA's Health and EDI strategies it is acknowledged that there is a need to provide for culturally competent health promotion and disease prevention and as such, promotional opportunities should be considered strongly as there is no vaccine currently available and therefore the virus is likely to be around for far longer than a 'few months'. To explore at borough level the possibility of transforming the Department for Digital, Culture, Media & Sport's (DDCMS) *'Connected Communities'* programme as a realigned support approach to those with no recourse to public funds and the wider communities of interests who are marginalised through social practices (e.g. LGBTQ+ communities). Ensure that Local Authorities and the Metropolitan Police Service in London, who will be responsible for enforcing social distancing measures, are appropriately trained and supported in carrying	GLA GLA GLA

are engaged in (e.g. surveys, blogs and case studies).	out their duties under the Equality Act (2010), especially with respect to the implementation of their Equality Impact Assessments (EqIAs). The GLA and VCSE sector should work to establish 'catalysing bodies' or infrastructure support and representative bodies able to bring the voices of 'communities' together, speaking on key issues affecting those communities across the range of strategic objectives under consideration by the GLA, especially where revisions of the Health and EDI may be needed (e.g. such bodies could feed into the Recovery Board approach, for instance and/or the London Council's processes).	GLA & VCSE