

#CHARITYSOWHITE

RACIAL INJUSTICE IN THE COVID-19 RESPONSE

COVID-19 IS NOT A SOCIAL EQUALISER. IT IS DISPROPORTIONATELY IMPACTING BAME COMMUNITIES AND WE NEED URGENT ACTION

A LIVE POSITION PAPER

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#CHARITYSOWHITE want the charity sector to take the lead in rooting out racism from within the sector and in our society. We are a group of volunteers from BAME backgrounds, all working in the charity sector. You can find out more about us at www.charitysowhite.org and @charitysowhite

This live position paper provides an overview of the risks and impact of COVID-19 on racial inequalities within the UK. It outlines an urgent call to action, including specific recommendations for civil society and its funders, to put BAME communities at the heart of their response to ensure it addresses root issues and maximises impact. If you are working across any of the principles or issues we have highlighted, please let us know. You can contact us through charitysowhite@gmail.com and a member of our team will get back to you.

THE IMPACT OF COVID-19 ON THE BAME COMMUNITIES

Without a purposeful, intersectional approach centring Black, Asian and Minority Ethnic (BAME) communities the current outbreak of COVID-19 will lead to severe consequences and will further entrench racial inequalities in our society. We have identified the following key issues in relation to this:

1. **Health inequalities** - BAME groups remain over-represented in the “at-risk” communities identified by the Government, which is concerning given the racialised access and treatment within the UK health system
2. **Emergency measures legislation** - The lack of guidance around emergency measures, such as police powers and school closures is already leading to local variation and disproportionate impact on BAME communities
3. **Risk of destitution** - BAME communities are over-represented in key worker categories, as well as over-represented in low income groups with lower rates of home ownership
4. **Hostile environment** - The hostile environment and particularly No Recourse to Public Funds is preventing migrants from accessing basic rights during the crisis
5. **Protection and Enforcement** - The concern about increases in domestic violence, the rights of those currently in prison or detention, and increased attacks against East Asians

FIVE KEY PRINCIPLES TO GUIDE OUR SECTOR’S RESPONSE TO COVID-19

1. **Now is the time to address racial inequalities in our sector.** This is not about choosing between tackling racial injustice and mitigating the impact of COVID-19. The sector should respond with an intersectional approach, taking racial injustices in our society into account, in order to be effective
2. **Acknowledge the power you hold, don’t distance yourselves from it.** We hold more power as a sector than we admit. It’s time to use that power and to recognise that current models of funding and delivery are struggling, while others which don’t meet our standard metrics are taking the lead
3. **Actively value lived experience and centre “at risk” communities.** Account for the different lived experiences of marginalised communities and prioritise coordinated action to centre them in delivery and funding
4. **It’s time to trust the BAME voluntary sector.** To best reach those most impacted by the crisis, we need to work with organisations closest to them. We urge organisations to avoid knee-jerk relief efforts and ensure they have built in the mechanisms to work directly with community leaders
5. **Recognise and support BAME staff and volunteers.** BAME employees will be disproportionately impacted by the pandemic as they tend to be more junior or on temporary contracts. Senior leadership should account for this, as many employees are at risk of staff cuts and hiring freezes

RACIAL INJUSTICE IN THE COVID-19 RESPONSE

Now more than ever, the charity sector must put marginalised communities at the heart of their work. As we get to grips with the full impact COVID-19 will have on our society, we are already seeing the effects this pandemic is set to have on Black, Asian, and Minority Ethnic (BAME) communities.

From the identified list of people 'vulnerable' to Covid-19, BAME communities are likely to be overrepresented amongst the groups at-risk of facing serious complications if they contract the virus. To truly reach those most at-risk, not just today but looking ahead to the lifelong impact of this new normal, we as a sector must immediately commit to an intersectional approach to tackling the crisis.

The world can't be simplified into 'BAME' issues and pandemic issues. We must look past the headlines and drill down to the detail. **It is easy in a crisis to revert to familiar ways of working, but in doing so we risk not only reinforcing existing structures of racial inequality, but further imbedding them.** We ask civil society to urgently mobilise and take the lead in centring racial inequalities as they support communities most hard hit by this public health crisis.

It's unlikely that we will ever return to 'normal'. **The choices made by us today will have a lasting impact for generations to come.** We need to work together, openly acknowledging the power and racial imbalances inherent in our sector, and seize the opportunity to set a new precedent for the future.

We are #CharitySoWhite - a group of volunteers from BAME backgrounds, all working in the charity sector. We want the charity sector to take the lead in rooting out racism from within the sector and in our society.

We have developed a set of guiding principles to support civil society's response efforts. We have also identified a number of key issues we believe will disproportionately impact on BAME communities during this outbreak and have made recommendations to help mitigate against these.

Our understanding of the crisis is evolving day to day. As such, we want to acknowledge that our analysis will also shift over time. **This is a live position paper which we will keep updating as we gather intelligence and understanding.** If you are working across any of the principles or issues we have highlighted, please let us know. You can contact us through charitysowhite@gmail.com and a member of our team will get back to you as soon as we can.

Similarly, our work does not sit in a vacuum. We stand on the shoulders of the many individuals, organisations and movements who have come before us and we work today in solidarity with a number of anti-racist groups across the UK and all those who fight oppression in our society. This is why we are part of the BAME Covid-19 Emergency Planning group and have co-signed this [urgent call to action to central government](#).

We encourage readers to continue to read papers on the issues that we have raised. Throughout this document we have highlighted reports from others and urge everyone to read them. You can find a summary of some of the brilliant work happening in response to COVID-19 at our website www.charitysowhite.org.

OUR APPROACH AND OUR USE OF LANGUAGE

- We are working to make our campaigning work and this paper as accessible as possible. Along with the online paper we provide a downloaded word version of the report [here](#). To keep up with developments the online paper will be updated weekly and the downloadable word version every fortnight. If you have any concerns or suggestions for how we can make the paper more accessible please let us know on charitysowhite@gmail.com.
- The language we have to hand is not perfect, throughout this report we have chosen to use the term 'BAME' as this allows us to make best use of existing research and we feel best captures the range of groups that are affected by structural racism in the UK. We aim to tackle some of the shortcomings of this term and prevent lazy generalisations/assumptions we often see associated with it by breaking it down wherever possible to drill down to evidence and impacts on specific groups.
- Where we use the term 'vulnerable' in this paper it is in line with public health guidance, referring to groups who are more at risk of contracting and deteriorating due to underlying health conditions. We are aware of the problematic and paternalistic use of this term and endeavour to be careful in our language and framing of the issues. You can read more about this issue in a [recent blog](#) by the Frameworks institute.
- You can read about the definition of racism we use at www.charitysowhite.org

FIVE KEY PRINCIPLES TO GUIDE OUR SECTOR'S RESPONSE TO COVID-19

This is a rapidly evolving crisis, and each area of the charity sector is developing responses tailored to their communities and their expertise. We ask the sector to hold the following principles in their decision making.

To support each area, we have provided a list of resources and case studies to demonstrate how these principles apply in practice. We have also provided some prompts to use in decision making to support implementation.

1. NOW IS THE TIME TO ADDRESS RACIAL INEQUALITIES IN THE SECTOR

We have received reports from within civil society that individuals and organisations are refusing to work on racial injustices in the sector, stating that these issues do not hold the same priorities during this scale of a national crisis. **This is a false binary that is rooted in a misguided and oversimplified understanding of racism.** Racism is deeply embedded in our society. Beyond the sanitised sensitivity training and the too often tokenistic diversity hiring, **we must be watchful and concerned about the biases that lead to ineffective programme design and implementation.** By taking race out of the equation we are denying the lived experience of racism from the communities we are trying to reach. This is not an issue to be deprioritised but is central to an effective response to the crisis.

So many of our decisions during this crisis will have a lasting impact for generations to come. If we take race out of the conversation, we are damning communities for years to come.

RESOURCES AND CASE STUDIES

- [ACEVO webinar](#) on developing an equitable response to the crisis
- Karl Wilding, CEO of NCVO, highlighted the impact of #COVID19 on BAME organisations at [DCMS enquiry](#) on 31st March noting that BAME led organisations were in trouble before the crisis. Since these organisations are helping those furthest away from state, he noted it is critical we get support for them during this time

PROMPTS FOR DECISION MAKING

- FOR FUNDERS: Are we engaging with and supporting grantees to look at how any response acknowledges and champions tackling racial inequality?
- FOR ORGANISATIONS: Is our approach truly intersectional? Have we considered and taken into account the impact of racial bias in our design and implementation?

2. ACKNOWLEDGE THE POWER YOU HOLD, DON'T DISTANCE YOURSELVES FROM IT

We need to learn our lessons as a sector and build from learnings to previous crises like Grenfell. Power is not something to be "given away" - it is our ability to act. We can no longer pretend that we cannot take action on racial inequality. It is past time for the sector to acknowledge its ability to have a wide reaching and lasting impact across society. Too often we absent ourselves from this and the accountability that comes with it. We frame conversations around "risk", not power and inevitably end up choosing the easy path to short-term, low-risk programmes with the full knowledge that these may well be less effective.

Traditional models of grant giving, and programme delivery are struggling to adapt to the changing times, and local community organised groups and unregistered voluntary organisations have stepped up to fill the void. **Our response must protect existing organisations and make room for emerging models.** Those

on the front lines are risking their lives and livelihoods to lift us all up. **We must learn to take some risks too. We must learn to utilise the power we have to impact communities and meet them there.**

RESOURCES AND CASE STUDIES

- The Social Change Agency has provided [fiscal hosting](#) for COVID-19 community groups to allow local groups to easily receive donations and pay expenses
- Peace First have launched a rapid response coaching and grants process to help young people around the world lead projects that address the community impacts of COVID-19

PROMPTS FOR DECISION MAKING

- FOR FUNDERS: What power do we hold in the sector? What do we need to do differently to support the current crisis response? What aspects of our governance or traditional policies and processes need to be adapted? Who in our communities holds the information needed to make effective decisions?
- FOR NATIONAL CHARITIES: What power do we hold in the sector? Are we best suited to respond to the crisis? What is the minimum we need to withstand the crisis? How can we provide our supporters direct access to our local partners?

3. ACTIVELY VALUE LIVED EXPERIENCE AND CENTRE AT-RISK COMMUNITIES

Lived experience has fast become a buzzword in the sector. It should counterbalance the lack of diversity in the charity sector, give our programmes integrity and ensure their success. However, as a sector, we rarely do more than play lip service to the idea. **Those with lived experience are often put on a pedestal and tokenised if they get past the case study at all. They aren't actually at the decision table.** Our favourite buzzword has fast become a shield to continue to make the same choices we would have made before. Actively acknowledging lived experience brings groups into the decision making, it acknowledges past failings - it [widens the circle of "we"](#).

There is a sense of urgency to release new programmes, new funds or new legislation. How much lived experience is being held in this design? Are we truly centring the communities we want to support? **Whilst it is important to reach quickly, we shouldn't take shortcuts on the path to implementation.**

RESOURCES AND CASE STUDIES

- Ubele Initiative are conducting an [ongoing live survey](#) to measure the impact of COVID-19 on BAME VCS organisations and inform funders, civil society leaders and policy makers on how they may respond.

PROMPTS FOR DECISION MAKING

- FOR FUNDERS: Are we behaving and seeing ourselves as equal partners? Are we valuing what communities are bringing to the table?
- FOR POLICY MAKERS AND PROGRAMME LEADS: How do we know for sure what is and isn't working? How can we ensure that lived experience is informing and directing our policy/ programme design?
- FOR CHARITIES: Are we identifying, building trust and working directly with local community leaders to deliver emergency responses, and structuring their response in relation to this information?

4. IT'S TIME TO TRUST THE BAME VOLUNTARY SECTOR

Civil society is at its best when we work to support and advocate those who are most at risk and those who are overlooked by the state and policymakers. In the midst of this crisis we are seeing that it is local community groups, newly formed mutual-aid cooperatives, and local faith groups (the organisations overlooked by the charity sector and not easily accessible by policymakers), who are quickly providing the most meaningful opportunities for communities to feed into local emergency response plans.

In addition [it is estimated](#) that there are between 9,000 -10,000 BAME charities and community groups operating nationally, 65% of which have an average turnover of less than £10k annually. Over the last decade we have seen the decimation of the BAME voluntary sector. Most existing BAME led organisations are small, community based charities working directly with those with the greatest needs. They have limited resources to showcase their value to funders or tick the boxes needed. These same groups are seeing rising demand for their services. Many are on the brink of closure, lacking reserves due to years of under-funding. This would leave many communities without essential and trusted specialist support and infrastructure.

Previous crises have shown that larger charities are more resilient and more able to effectively raise funds during emergency situations. BAME VCS groups need an urgent and adequate injection of funds to ensure their continued existence, but will not be able to compete unless larger charities cede their ground, and funders actively seek their inclusion.

RESOURCES AND CASE STUDIES

- Future Foundations UK have [shared a powerful statement](#) offering a vision for how funders can deliver radical change in solidarity with those most harshly affected.
- Small Charities Coalition have developed a [resource hub](#) to guide small charities in their response to COVID-19

PROMPTS FOR DECISION MAKING

- FOR FUNDERS: How can we actively target, have conversations with local leaders or fundamentally change traditional applications? Is there a pilot to reach community groups that could be trialled now? What policies and processes do we need to implement to support small charities and grassroots groups to access funding? How do we hold ourselves accountable to this? How can we use our power in the sector to remove the red tape? How can we ring-fence funding for organisations led by BAME and other marginalised groups
- FOR NATIONAL CHARITIES: How can we actively listen to and understand the needs of our local partners? How can we share resources and divert funding to smaller grassroots charities who might struggle to meet funding requirements or compete against larger charities for grants, including staff and resources?

5. RECOGNISE AND SUPPORT BAME STAFF AND VOLUNTEERS

BAME individuals and their families are likely to be disproportionately impacted by COVID-19, across a wide variety of factors including their employment. We know from recent evidence by the Resolution Foundation that BAME employees are more likely to work in low-paid sectors and be in more junior positions. We are concerned that BAME staff will make up a higher proportion of those furloughed, have their salaries reduced or lose their job altogether. It is important that senior leadership teams and Boards acknowledge and account for this when planning how to provide adjustments and support for their teams.

A Note on the Whitewashing of the Coronavirus response

It is more important than ever to celebrate the BAME staff and volunteers at the front line of our collective response. BAME communities have a long history of working within the NHS and wider health and social care services. Around 1 in 5 NHS employees come from BAME backgrounds based on current [reported figures](#) and BAME medics make up [43% of senior NHS doctors and 47% of junior doctors](#). Before the crisis these individuals are still often treated as [‘outsiders’](#) and their efforts overlooked.

We rely on our health and social care professionals now more than ever and are grateful to them for putting their lives at risk to save lives. They deserve support and recognition. Yet the

faces of those on 'frontline' in the fight against coronavirus are portrayed by the media and the NHS as exclusively white. This is an inaccurate representation and reinforces the message that BAME NHS workers are seen as outsiders. This is despite the fact that we know the [first four doctors to die](#) after contracting Covid-19 were all Black and Muslim.

RESOURCES AND CASE STUDIES

- Equalities Expert, Pari Dhillon recently [shared a list of questions](#) that senior leadership should ask themselves as they make decisions regarding furloughing, redundancies and salary cuts.
- [#POCIMPACT](#) are working to develop a COVID-19 response to keep PoC staff connected and supported during this uncertain period.

PROMPTS FOR DECISION MAKING

- FOR BOARDS/ SENIOR LEADERSHIP re. BAME NETWORKS: Have you met with them to discuss their specific needs during this time? How are your new working policies and practices impacting BAME staff and volunteers? How can you provide additional support during this time?
- FOR BOARDS/ SENIOR LEADERSHIP re. WORKFORCE PLANNING: Have you made an assessment of workforce planning around the crisis to ensure that it does not have a disproportionate and negative impact on their BAME employees and volunteers? This includes staff that are contracted by organisations, such as cleaning staff.
- FOR MARKETING AND COMMUNICATIONS OFFICERS: Have you checked your materials and language to ensure it is inclusive? How can your campaigns avoid reinforcing racial stereotypes?

THE IMPACT OF COVID-19 ON BAME COMMUNITIES: WHY WE MUST FOCUS ON THIS NOW

If we do not act now, the current outbreak of Covid-19 will lead to devastating consequences for BAME communities in the UK and will further entrench racial inequalities in our society. We have [already expressed our concerns](#) about how our response to the crisis may further deepen these inequalities. Below we have outlined five areas that need direct, immediate attention.

In outlining these areas we have begun to summarise a wide range of resources including research papers, industry surveys and anecdotal reports through our own channels. **We recognise that much of this information will be incomplete and we welcome further input to continue to develop these sections.**

It is important for us to note that much of the evidence we are drawing from comes through structurally violent or procedurally unjust methods. Where possible, we have tried to parse through this but we recognise that there will be limitations, including breaking down 'BAME' and understanding impacts on specific ethnic groups. We welcome any input to develop our understanding further.

AREA 1: HEALTH INEQUALITIES

Racial bias exists within a number of public institutions in the UK and the [health service is no exception](#). In our battle against Coronavirus, we must ensure we don't overlook the impact this can have in our response.

BAME GROUPS ARE OVER-REPRESENTED IN "AT RISK" COVID-19 GROUPS

Racial inequalities within our healthcare system are well documented. BAME communities are facing barriers to [health care access](#) and are at greater risk of developing serious and long-term [health conditions](#). BAME groups are, as a result, overrepresented across many of those identified as 'vulnerable' to COVID-19 by the Government. For example, [South Asians have a higher prevalence of diabetes](#) and [Black Africans are disproportionately affected by HIV](#). It is important to note those with disabilities are likely to fare worse outcomes. There are real concerns at the moment around people with disabilities not getting the treatment they need for Covid-19 due to discrimination in the health system. We must ensure we uphold disabled BAME people's rights and entitlements during our response.

#CharitySoWhite has lifted the lid on the level of structural racism still in the charity sector - healthcare charities are no exception. As provisions become increasingly stretched, the importance of an approach rooted in lived experience and an intersectional understanding of needs is critical.

BAME GROUPS ARE AT HIGHER RISK OF DEVELOPING MENTAL ILL HEALTH

BAME communities are at higher risk of developing serious mental ill health as they are disproportionately impacted by the social determinants associated with mental illness, such as poverty according to analysis by the [Racial Equality Foundation](#). Findings from their research also shows that BAME individuals are 40% more likely to access mental health support via a criminal justice route rather than voluntarily seeking and accessing support. This can lead to their rights, liberties and autonomy being temporarily limited. We are concerned that the new measures introduced to loosen the safeguards around the use of the Mental Health Act may lead to an increase in this trend during the crisis.

Loneliness and social isolation

A recent [Survey of Londoners](#) showed that loneliness and social isolation is more common amongst those facing wider disadvantage, with Black Londoners indicating particularly high rates of social isolation. With closure of cultural spaces and places of worship, particularly as important religious festivals like Ramadan, Passover, Vaisakhi and Easter approach - we expect risk of isolation and loneliness to be further compounded. We have already heard of [numerous anecdotal examples](#) of elderly and disabled BAME people who live alone struggling to access support and basic amenities.

THERE IS NO EQUAL ACCESS TO HEALTHCARE AND SUPPORT

Quality of healthcare provision and access is a postcode lottery. BAME people are much more likely to live in densely populated and deprived areas where NHS services are already overstretched, [60% of all British Jews](#) live in or around London for example. During this crisis, anticipating a disproportionate number of BAME people needing healthcare support, their ability to access services will be even more challenging.

Language barriers also provide a restriction to access. These issues will be compounded by the COVID-19 no visitor policy, individuals will be less able to communicate symptoms and needs.

UNCONSCIOUS BIASES LEAD TO UNEQUAL CARE AND TREATMENT

There are racialised perceptions surrounding pain tolerance and subsequent treatment. Many of these are rooted within racist beliefs that have been long embedded within various schools of medicine, some of which have been institutionalised within modern day practice such as [within maternal care](#). We are concerned that some of these beliefs and practices will be magnified during the crisis and will mean that many BAME people with coronavirus will not receive access to timely support. This has been highlighted in the recent [tragic passing of Kayla Williams](#) who died from a suspected case of Covid-19.

PALLIATIVE CARE

There is [evidence](#) that when it comes to making decisions between saving a life or preserving quality of life, black, asian and ethnic minority communities are more likely to opt for life saving measures. The lack of culturally sensitive approaches and translated resources is likely to impact the quality of palliative treatment that people receive.

DIGITAL ACCESS AND LITERACY

Even in 2020 access to internet and digital skills is not universal, [evidence shows](#) that marginalised ethnic groups have worse internet access. This has wide ranging impacts in the current context including higher likelihood of isolation and less able to access important public health guidance and key services such as online food ordering. For example, [specific concerns](#) were raised recently by Jewish Leaders that public health guidance was not being effectively disseminated to ultra-Orthodox communities. It is important for charities to consider this as they move services online.

AREA 2: EMERGENCY MEASURES AND LEGISLATION

[The Coronavirus Act 2020](#) sets out sweeping emergency measures to support the nation's response to the Covid-19 outbreak. However, there are concerns that many of the measures set out on the Act will disproportionately affect BAME communities. This includes the measures to 'relax' legal duties such as the completion of Care Assessments, temporary amendments to Mental Health Act, and increased police and immigration officer powers to contain the spread of the virus.

Currently, there is a lack of clear guidance on how these changes should be applied in practice and this therefore risks local variation as well as the potential abuse of power. Furthermore, the legislation, though time-limited, gives the government enabling powers that will go unchallenged for potentially up to two years.

We will continue to monitor the use and impact of these new measures on BAME communities as the crisis goes on.

ENHANCED POLICE POWERS ARE LIKELY TO PREJUDICE THE BAME COMMUNITY

The Coronavirus Act 2020 gives police and immigration officers new powers to enforce social distancing and isolation measures. This includes enhanced powers to stop and search people believed to be breaching public health advice, including detaining people suspected to have the virus who are out in public or socialising. In the financial year 2018-19, there were four stop and search cases for every 1,000 White people, compared

with 38 for every 1,000 Black people, finds [government figures](#). Increasing stop and search powers raises concerns for even further disproportionality in their application.

[Guidance](#) produced by the College of Policing and the National Police Chiefs Council in response to the Coronavirus Act 2020 has caused both dismay and confusion. For example, while the guide stresses enforcement actions such as fines and arrests be used as a last resort, there are a number of areas that require officers to ‘use their own judgement and common sense’. This includes determining whether a vehicle that has been stopped is travelling to an exercise site that is deemed within reasonable distance. There is a risk that these new powers will be used inconsistently leading to disproportionate use and criminalisation of BAME communities.

Police officers now also have the power to use reasonable force to remove a child or young person from outside and either take them home or arrest them. They can fine parents and carers who are not able to keep their children at home, despite many parents and carers reporting already struggling to juggle work, home education and family life. Given the evidence of racialised policing in the past and data that is starting to emerge in other [nations](#), we anticipate that this will disproportionately be used against BAME children and young people.

We support the [youth justice charities bodies](#) call for the limited use of arrests; avoiding the use of police cells to hold children while COVID-19 is a risk and the suspension of overnight detention in police custody.

SCHOOL CLOSURES ARE IMPORTANT BUT WILL DISPROPORTIONATELY IMPACT BAME STUDENTS

We welcome the introduction of school and college closures to help stem the spread of Covid-19. However, the announcement was met with huge confusion and uncertainty. Plans for examinations to be replaced by teacher assessments, ranking and predicted grades rightly ring alarm bells, particularly as [recent studies](#) have shown there is systematic undermarking of BAME children, particularly Black Caribbean boys. This can have a significant impact on young people’s life chances, particularly those going on to apply for further and higher education.

We echo the concerns [raised by a group of race equality experts](#) that these proposals will fail a generation of young people as BAME pupils who are more likely to have their final grades under-predicted in comparison with their more advantaged peers. We urge the Department for Education to issue clear and comprehensive guidance on how teachers will accurately assess and reduce inconsistencies between different groups of pupils.

AREA 3: RISK OF DESTITUTION

[Evidence shows](#) that BAME individuals and families are overrepresented in low income groups and are more likely to be living in poverty than their white counterparts. There is a risk that these inequalities will be exacerbated as a result of Covid-19 as many BAME individuals and families lose their livelihoods and struggle to access social security.

BAME EMPLOYEES FACE UNIQUE CHALLENGES DURING THE CRISIS

[Recent research](#) highlighted that BAME young people are more likely to be in precarious work, and [government statistics](#) show particularly high rates of unemployment amongst Pakistani and Bangladeshi groups. Many individuals are still falling through the gaps of government support for self-employed because they do not earn enough from self-employment to be eligible; earn more than the £50,000 threshold; or only started out working for themselves within the past year and therefore missing the threshold to prove their past income to receive wage subsidies.

As highlighted earlier in our paper, BAME people are at greater risk of experiencing issues related to their employment and workplace during the Covid-19 crisis. This risk of redundancy and unemployment is likely to push many of these individuals into poverty.

BAME workers are likely to make up a high proportion of our [‘key workers’](#), particularly in more urban areas, and are unable to work from home. They, as well as their families are subsequently more at risk of exposure to the virus.

BAME HOUSING AND FOOD CONCERNS ARE NOT SUFFICIENTLY ADDRESSED

Government support does not sufficiently cover challenges some BAME groups may face in adhering to public health guidance. High proportions live in multi-generational households. [Evidence shows](#) Black African and Bangladeshi groups face particularly serious issues of overcrowding.

[Lower rates of home ownership](#) amongst BAME groups (particularly Black African groups at 20%), lack stability and government support announced for home ownership in the form of mortgage holidays. Increasing reporting of evictions compounds these concerns, we will be looking into this further to highlight evidence as it emerges.

Gypsy, Roma and Traveller groups may face immediate risks from [evictions of traveller camps](#), there has also been [concerns raised](#) regarding the lack of appropriate public health guidance on sanitation. White Gypsy and Irish Traveller households are [seven and a half times](#) more likely to experience housing deprivation than White British households

Ethnic minority groups in the UK are also more at risk of food insecurity. Organisations tackling food poverty must consider culturally appropriate food, beyond halal and kosher provisions this will mean considering what constitutes as essential foods to different communities. [Given the link](#) between healthy diets and good immune systems this is an essential part of the strategy to directly reduce risk of contracting COVID-19.

AREA 4: HOSTILE ENVIRONMENT

The impacts of the current healthcare pandemic are compounded by the government’s hostile environment. The Home Office’s response makes clear the government has not learnt lessons from the Windrush disaster and continues to show a lack of respect for the investment that migrant communities have made in the UK. A number of migrant rights organisations [continue to raise urgent concerns](#) that inadequate steps have been taken to protect migrant populations at risk of COVID-19.

DATA SHARING BETWEEN THE NHS AND THE HOME OFFICE PREVENTS ACCESS

There is [evidence](#) that NHS charging and data sharing between the NHS and Home Office is a deterrent to access healthcare - despite exemptions for COVID-19. The UK can learn from international examples - in Ireland, a firewall has been set up so migrants can access healthcare without fear, and visas have been automatically extended.

ASYLUM ACCOMMODATION AND DETENTION FACILITIES ARE NOT FIT FOR PURPOSE

Overcrowding and lack of sanitation at both asylum accommodation and detention facilities leads to high risks of infection spreading quickly. Alarm has been raised as [reports emerge](#) of asylum seekers forced to eat in communal areas in breach of public health guidance.

THE HOSTILE ENVIRONMENT IS PREVENTING FUNDS REACHING THOSE IN THE GREATEST NEED

The impact of having No Recourse to Public Funds (NRPF) is compounded in the current environment where individuals are more likely to lose employment without safety nets of government support. This leaves many families facing an impossible situation when required to self isolate and many are at higher risk of destitution. There have been concerns raised about the lack of consideration of NRPF conditions in responses to the crisis, for example in protection and support of rough sleepers. The [NRPF Network factsheet](#) provides more detail on these issues.

MIGRANT WORKERS ARE ALLOWED TO STAY AT LEAST UNTIL THE CURRENT CRISIS IS OVER

The fight for rights of migrant workers under the hostile environment which imposes undue stress and financial burden has been going on for years. The [current approach](#) to supporting migrant workers, particularly those classified as 'key workers' shows continuation of contempt for the investment that migrant communities have made in the UK.

AREA 5: PROTECTION AND ENFORCEMENT

We are concerned about increases in domestic violence, the rights of those currently in prison or detention, and increased attacks against East Asians.

RISK OF INCREASED DOMESTIC ABUSE

[Concerns have been raised](#) of a likely increase of domestic violence cases during this period of lockdown and social distancing. BAME women have been [shown](#) to be less likely to access and receive support due to racism and the barriers it perpetuates. Migrant women with unsettled immigration status are particularly underprotected as existing safeguards [already fail to recognise](#) their specific needs. Many of these women are unlikely to seek support from authorities for fear of persecution.

RISE IN XENOPHOBIA AND HATE CRIME

The rise in hate crime cases involving people of Chinese and East Asian descent have been closely associated with the Coronavirus outbreak. Many around the world now [live in fear](#) of abuse and xenophobia, this includes children. The rhetoric surrounding the outbreak and its origins also fuels the idea that China, and the Chinese, are responsible for the virus. There is also a risk that responses to hate crime incidents may be de-prioritised during the crisis.

Xenophobia related to Coronavirus is also disproportionately impacting on [Chinese and East Asian businesses](#) with many of them being forced to close prior to Government guidance. Many of these are family-run and independent establishments who already struggle to keep their businesses afloat.

WE NEED TO DO MORE TO SUPPORT THOSE IN DETENTION AND IN PRISONS

BAME groups are significantly over-represented in the prison system, with approximately 25% of the overall [prison population](#) coming from BAME backgrounds. It is estimated that without further action, [around 800 incarcerated](#) people will die as a result of coronavirus. While we welcome the announcement to temporarily release pregnant prisoners, the measures announced by the government to date largely overlook the specific needs and challenges faced by those in prison or detention settings. Prisons and detention centres are often overcrowded and unhygienic which means COVID-19 is likely to spread rapidly risking the lives of prisoners and staff alike.

We support calls made by a [coalition of criminal justice charities](#) to temporarily stop short term prison sentences in order to reduce the churn of people vulnerable to COVID-19 coming in and out of prisons and to keep staff and other prisoners safe.

ON OUR RADAR

This is not a comprehensive overview of issues and in our weekly updates we will look to incorporate emerging issues and evidence. We are currently looking at evidence of impact on the following areas:

- Homelessness and rough sleeping
- Changes to social care under emergency measures
- Unaccompanied children
- Re-triggered trauma for migrants and refugees

Please email us if you are aware of evidence on any of these topics and the racialised impact of COVID-19 or if you want to bring to our attention any other issues not currently covered in the report. We are particularly interested in how these issues are impacting Jewish and Traveller communities.

KEY AREAS FOR URGENT AND COORDINATED ACTION

Over the last month civil society has shown its ability to coordinate and enact pressure on government through the #EveryDayCounts campaign and call for urgent funding. We know that many of the challenges that BAME communities face will not be solved solely through civil society funding, and we call for solidarity in holding policy makers accountable on these issues. We need every person to act in the spirit of the social impact sector and support those who are marginalised by government policy.

Based on our current understanding we have outlined the following key areas for investment and action. We recognise that this is an evolving crisis and will update these areas as needed. We also acknowledge that we do not hold deep expertise across all these areas and will continue to work with our allies and peers to develop them. We will continue to work to elevate the voices of those closest to tackling these issues, and provide updates on issues as they arise.

AREA 1: HEALTH INEQUALITIES

- Invest in developing culturally sensitive, accessible, and translated advice and information about the services you are providing to support BAME people affected by the crisis
- Invest and increase access to phonebank translation services to mediate conversations. As COVID testing expands, campaign to prioritise testing family members and those who can provide translation services and lift restrictions of no visitor policies for those who have recovered to provide this support.
- Work alongside BAME grassroots organisations to design campaigns, and implement recruitment of key people in communities. Where possible, share staff, resources and funds to enable them to reach their communities
- Campaign and develop support services to ensure access to palliative care, advice and autonomy over decision-making for the end of life care for BAME communities.
- Campaign for the provision of alternative accommodation for key workers to prevent higher risk to their families health, prioritising those living in multi-generational households or with people at higher risk.

AREA 2: EMERGENCY MEASURES AND LEGISLATION

- Campaign for the introduction of a national monitoring process to track the use and impact of Covid-19 emergency measures on BAME communities.
- Prioritise funding and building capacity of groups tackling racial disparities in application of emergency police powers.
- Develop guidance around the implication of the emergency measures on BAME communities.
- Support the [recommendation](#) called for by the Runnymede Trust and other key experts that an Equality Impact Assessment should be undertaken on the final GCSE and A-Level grade predictions.
- Gather evidence of where emergency measures will cause educational disadvantage and share with the education select committee as part of their [parliamentary inquiry](#) into the impact of COVID-19 on education and children's services.
- Coordinate work with government, parents and community leaders to develop and disseminate appropriate resources to support home education requirements, considering issues such as language requirements, parental literacy rates and internet accessibility.

AREA 3: RISK OF DESTITUTION

- Prioritise providing advocacy and legal advice for individuals facing redundancy, furlough or unlawful action from employers, not just to the employers
- Develop a pooled fund to directly support individuals falling through the gaps of government support for self employed
- Coordinate action to develop targeted guidance and support for those living in overcrowded housing

- Coordinate pressure on the government to provide better support for renters including rent holidays and a ban on all evictions in rented properties and traveller camps
- Ensure adequate consideration and funding for culturally appropriate food poverty strategies

AREA 4: HOSTILE ENVIRONMENT

- Support #PatientNotPassports campaign to put pressure on government to develop a firewall between NHS and Home Office to ensure undocumented migrants that need healthcare and welfare support can access without risk of arrest, detention or deportation.
- Campaign for the immediate suspension of no recourse to public funds condition, [Portugal](#) announced they will migrants as residents during the virus crisis.

AREA 5: PROTECTION AND ENFORCEMENT

- Increase investment in local and BAME-led domestic violence services.
- Take the lead in rooting out racism in our society by tackling hate crime and prejudice within their organisations and support beneficiaries who may be impacted by it, for example, reporting hate crime incidents to the police and providing or signposting to hate crime support services.
- Uphold the rights of all prisoners and detainees during the Covid-19 response, including granting early release to those whose sentences are nearing an end. Coordinate with and invest in local community organisations and probation services to support the transition.

OTHER RESOURCES AND ORGANISATIONS

GENERAL

[Race equalities organisations co-signed letter](#)
[Equally Ours collection of resources](#)
[Ubele Initiative research on impact of COVID on BAME VCS](#)
[Future Foundations UK call to funders](#)
[Runnymede blog](#)
[Race Equality Foundation briefing](#)

HEALTH INEQUALITIES

[Doctors of the World translated Public Health guidance](#)
[BMJ Racism in medicine](#)
[BAME medics make up](#)

EMERGENCY MEASURES AND LEGISLATION

[The Coronavirus Act and Health Protection Regulations: Implications for children](#)
[Coronavirus – Children in police custody](#)
[African Americans Have Contracted and Died of Coronavirus at an Alarming Rate](#)

PROTECTION AND ENFORCEMENT

[Joint Statement from VAWG sector on Covid 19](#)
Revolving doors - [Coalition to prevent the use of short prison sentences](#)

RISK OF DESTITUTION

[Covid-19 Mutual Aid UK: Guide for Supporting Migrants During Coronavirus](#)
[Coronavirus Asylum Handbook](#)
[Migrant Rights: Letter to Local Authorities-Urgent action needed to support vulnerable migrants during the Covid-19 crisis](#)
[JCWI COVID-19: Briefing to the Home Affairs Committee](#)
[Supporting people with no recourse to public funds during the coronavirus \(Covid-19\) pandemic](#)
[COVID-19: GUIDANCE FOR SUPPORTING PEOPLE LIVING ON TRAVELLER SITES, UNAUTHORISED ENCAMPMENTS AND CANAL BOATS](#)
[Traveller Movement: The needs and rights of Gypsy, Roma and Traveller communities](#)
[Stay at home: guidance for Gypsy, Traveller and Liveaboard boater households](#)

EDUCATION

[Race Equality Organisations warn education secretary of 'grave' injustice.](#)