

CORE (Coalition for Race Equality)

Report fails to challenge racial disproportionality in COVID deaths

The government commissioned Public Health England report tells us what we already know. That BAME individuals and their communities are more likely to die from COVID-19. The report contains no recommendations about what should be done about this national tragedy. There are no suggestions about how we might reduce the number of BAME deaths or protect frontline BAME staff who remain at serious risk. Nor does it reach any firm conclusion about why this disproportionality occurs or analyse whether racism in its many forms plays a key role (for example in access to Personal Protective Equipment - PPE).

The report points out the ethnic disproportionalities in the risk of getting and then dying from COVID-19 but does not reach conclusions as to why this is happening. People of Bangladeshi ethnicity are at the highest risk of death (at about twice the risk of their white counterparts) but all other BAME groups had a significantly higher risk than white British people. We are aware that there will now be a 'second phase' of the report being led by the Junior Equalities Minister. Professor Kevin Fenton (who chaired the PHE report) says that this will produce recommendations. These will almost certainly be too late and could amount to the Government kicking the issue into the long grass.

In the longer term we support demands for a full public enquiry into this issue and believe that only a comprehensive strategy to address race equality across all Government services will be able to properly address these underlying racial disparities. However we believe that the Government must show some action **now** in supporting BAME communities and ensuring that key workers are better protected.

Examples of immediate action include improving the Test and Track initiative. We need to clearly set out evidence of how Tracers will communicate with all, including those people whose first language is not English. This needs to be accompanied by measures that will make it possible for people to isolate safely, including income protection and alternative accommodation. Other developments need to better demonstrate their reach and impact on BAME communities. For example the NSH Attend Anywhere service offered to people with mental health problems needs to show whether BAME communities are using it and what support is being provided.

Recommendations based on consultation with the equality, migrant and poverty sectors:

Ensure that ALL key workers have access to PPE - Research suggests that BAME key workers have had more problems with accessing PPE compared to their white counterparts. A survey by the RCN in May showed that only 43% of BAME nurses had reported that they had received eye and face protection equipment compared to 66% of white British nurses.

Strengthen the social security safety net - The government must recognise the impact of poverty and disadvantage on access to social and health care, and disease severity for people within BAME communities. While the government have taken steps to mitigate the economic impact of COVID-19, these measures have not equally benefitted all groups in the labour market (as well as those not active in the labour market). Many women and BAME groups at the bottom end of the socio-economic spectrum, as well as those on route to

settlement (with or without leave to remain) are currently falling through the net into poverty and destitution because of barriers to social security. We recommend that the government ensures the protection of the most vulnerable people in our population. This should include increasing the current level of universal credit (which is too low and does not take account changes in circumstances due to COVID-19), increasing the current levels of child benefit to £50/week per child per week to cover gaps in free school meals and extra costs of children being at home full time. In addition, benefit caps, under-occupancy benefits and the two-child limit in Universal credit (which means that families with three or more children, born after April 2017, do not receive support for these children) all need to be lifted. Housing allowances must reflect local rents, particularly in cities where the cost of housing is pushing families into poverty.

Increase Statutory Sickness Pay (SSP) and increase eligibility to SSP - There are concerns about SSP levels in the context of COVID-19. Currently, SSP is too low (£95.85 per week) to live on for working families. Low levels of SSP, and restricted eligibility increase the risk that people who are ill, or around those who have been ill, spread the virus. Around 1 in 5 workers are not eligible because of low or intermittent pay/zero-hours contracts.

Scrap the No Recourse to Public Funds (NRPF) condition imposed on migrants with limited leave, or those without leave to remain. Under the NRPF conditions, migrant workers with limited or no leave to remain cannot access local authority housing support, public funds including Universal Credit, Child Benefit or Housing Benefit. Yet many of these working migrant groups are in low paid and sometimes informal work, including low paid care work – which on its own is rarely sufficient for food and housing costs. The NRPF conditions are forcing people into destitution and homelessness. With children now at home, there is an increased risk of food poverty and challenges to the extent to which such families can social distance if they are forced to work because of risks of poverty.

Access to Healthcare - The report fails to fully acknowledge the barriers to accessing healthcare, such as the Government policies on healthcare charging regulations for some migrants, and the data-sharing agreement between the NHS and the Home Office for immigration enforcement purposes. We, therefore, recommend the Government immediately scrap the healthcare charging regulations and data-sharing agreement between the NHS and the Home Office.

We are aware that COVID-19 testing and treatment has been made exempt, but little awareness has been raised by the Government amongst migrant and BAME communities that this is the case. We are also aware that where a health condition is identified as not being COVID-19 related then healthcare charges are applied. Both these elements inhibit migrants and BAME communities who are unwell from coming forward for treatment for fear of being incurring debt, and of being reported to the Home Office.

In the next few days we will be responding more fully to the report and we are likely to want to raise issues around, housing, education and a range of other areas.