

**THE WOMEN AND EQUALITIES
COMMITTEE INQUIRY INTO CORONAVIRUS
AND THE IMPACT ON PEOPLE WITH
PROTECTED CHARACTERISTICS**

MEND SUBMISSION

Muslim engagement
& development

mend

The Women and Equalities Committee inquiry into Coronavirus and the impact on people with protected characteristics

A Submission from Muslim Engagement and Development (MEND)

April 2020

MEND's contribution to the consultation

This submission from Muslim Engagement and Development (MEND) seeks to assist the Women and Equalities Committee to explore the ways in which people with protected characteristics are disproportionately affected by COVID-19 and the Government's response.

MEND is a community-funded organisation that seeks to encourage political, civic, and social engagement within British Muslim communities through empowering British Muslims to interact with political and media institutions effectively. Our approach to achieving this involves a combination of community engagement (through education, community events, local campaigns to encourage voting etc.) and advocacy work (involving victim support, submissions to parliamentary inquiries, media analysis, election resources, briefings etc.). As MEND's primary aim is to represent issues that affect British Muslim communities, this submission ultimately concerns disparities in terms of religion and ethnicity.

Considering MEND's expertise in structural and institutional inequalities and their impact on minority communities, we hope that our contribution will provide valuable insights into the disproportionate impacts that the current pandemic has had, as well as potential mechanisms for addressing the inequalities at the core of this disparity.

How have people have been affected by the illness or the response to it and have there been specific impacts on people due to them having a protected characteristic?

As stated by Lynn Dobbs of *the Guardian*, "Coronavirus might not discriminate, but our society does. Whether it's the fact that the workers propping up our lockdown lives tend to be poorer, or the higher numbers of black, Asian and minority ethnic people dying from coronavirus, this crisis is shedding light on the fault lines in our society."¹ Indeed, despite people from ethnic minority backgrounds comprising just 14% of Britain's population according to the 2011 census, data provided by the Intensive Care National Audit and Research Centre has shown that they make up approximately 35% of over 3,000 critically-ill Coronavirus patients.² Meanwhile, despite Asians constituting 7.5% of the population, and black people making up 3.3%, individuals from these backgrounds make up 14.9% and 11.2% of those in intensive care respectively.³ Consequently, there can be little doubt that BAME communities are being disproportionately impacted in terms of vulnerability to the virus.⁴

Understanding why certain communities are disproportionately affected by COVID-19 requires an examination of the underlying structural inequalities. The reality is that Muslim

¹Robert Booth, "BAME Groups Hit Harder by Covid-19 than White People, UK Study Suggests," *The Guardian* (Guardian News and Media, April 7, 2020), <https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk>

²"Why Are A Third Of UK COVID-19 Patients Ethnic Minority?". 2020. *Open Democracy*. <https://www.opendemocracy.net/en/opendemocracyuk/why-are-third-uk-covid-19-patients-ethnic-minority/>.

³Nazia Parveen, "Coronavirus Ethnicity Data Must Be Published Now, Says Sadiq Khan," *The Guardian* (Guardian News and Media, April 19, 2020), <https://www.theguardian.com/world/2020/apr/19/coronavirus-ethnicity-data-must-be-published-says-sadiq-khan>

⁴ Ibid.

and ethnic minority communities are faced with a variety of socio-economic challenges that makes them more susceptible to catching the virus and more likely to face barriers to their physical recovery, as well as meaning that they will likely to feel the lasting economic impacts more acutely.⁵

Representation within frontline services

BAME and Muslim communities have had a long and significant history of valuable contributions within frontline services which translates into their being proportionally more exposed to COVID-19. As explained by Dr Zubaida Haque from the Runnymede Trust, ethnic minority communities are “more likely to be in low-paid jobs or key workers – crucial transport and delivery staff, health care assistants, hospital cleaners, adult social care workers as well as in the NHS.”⁶

From its very conception, the NHS has relied on the continuous contribution and services of BAME nurses, doctors, and auxiliary staff.⁷ Amidst the current COVID-19 crisis, the frontline of the NHS has been indebted to the 44.3% of the NHS medical staff who are foreign-born or from a BAME background.⁸ Meanwhile, BAME staff make up around 20% of the overall NHS workforce,⁹ and 58.6% of all senior doctors,¹⁰ with Asians constituting the majority at 40.6%.¹¹

Data from 2018 reveals that the NHS is supported by health professionals drawn from countries with large Muslim populations, with Government statistics revealing that 28.8% of all doctors working in the NHS were Asian or Asian British (Indian, Pakistani, Bangladeshi, or of Middle Eastern origin).¹² As such, Asian and Asian British individuals are the largest minority group in medical roles. Data from NHS trusts and Clinical Commissioning Groups in England shows that, as of September 2019, 124,715 doctors were employed in the NHS, of which nearly 13,000 were Muslim, comprising approximately 10% of the total medical workforce, and approximately 17% of doctors who declared a religion.¹³ For a community that makes up 5% of the national population, Muslims are clearly over-represented in the medical workforce.

This overrepresentation is sadly reflected in the deaths in the NHS and medical workforce due to Covid-19. On 22nd April 2020, the *Health Service Journal* reported that of the 35 nurses and midwives who have died, 71% have been of BAME origin, and of the 19 doctors who have died, 94% have been of BAME origin.¹⁴ Since this report, 21 doctors have now sadly died,¹⁵ and we estimate that 10 have been Muslim. Overall, BAME doctors represent 41% of the medical workforce.

This general overrepresentation within the NHS is a factor in understanding the disproportionate exposure of BAME communities to the coronavirus. However, it is important to also consider structural inequalities within the NHS itself that may place these individuals at a further heightened risk of exposure. Indeed, Carol Cooper, head of equality, diversity and human rights at Birmingham Community Hospital, recently reported that

⁵ "Ethnic Minorities 'A Third' Of Covid-19 Patients". 2020. *BBC News*. <https://www.bbc.co.uk/news/uk-52255863>.

⁶ Ibid

⁷ Butler, Patrick. 2008. "How Migrant Workers Helped Make The NHS". *The Guardian*. <https://www.theguardian.com/society/2008/jun/18/nhs60.nhs2>.

⁸ "NHS Workforce". 2020. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#data-sources>.

⁹ "NHS Workforce Statistics - September 2019 - NHS Digital". 2019. *NHS Digital*. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2019>.

¹⁰ Ibid.

¹¹ Ibid

¹² "NHS Workforce". 2020. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#data-sources>.

¹³ "NHS Workforce Statistics - September 2019 - NHS Digital". 2019. *NHS Digital*. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2019>.

¹⁴ Tim Cook, Emira Kursumovic, and Simon, "Exclusive: Deaths of NHS Staff from Covid-19 Analysed," *Health Service Journal*, April 22, 2020, <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

¹⁵ Izzy Lyons; Victoria Ward; Jamie Johnson; Helena Horton, "These Are the Health Workers Who Have Died from Coronavirus," *The Telegraph* (Telegraph Media Group, April 14, 2020), <https://www.telegraph.co.uk/news/0/nhs-workers-died-coronavirus-frontline-victims/>

BAME healthcare workers feel they are being made to work on COVID-19 wards more than their white counterparts.¹⁶ The NHS has since issued updated guidelines to hospital trusts, providers of mental health care, ambulance services, and organisations providing community-based healthcare suggesting that BAME personnel should be “risk-assessed” and reassigned to duties away from the frontlines due to the higher risk they face.¹⁷

However, recent revelations seem to confirm that BAME workers in the NHS face significant disadvantages in the workplace, including a lack of representation in senior positions and evidence of significant salary disparities between BAME workers and their white colleagues. In 2018, an analysis of 750,000 staff salaries in the NHS in England revealed that Black doctors in the NHS are paid on average, almost £10,000 a year less than their white counterparts, while black nurses received £2,700 less.¹⁸ The disparity in salaries between white and BAME workers within the NHS is underlined by a lack of BAME representation in senior positions. As previously stated, BAME staff make up around 20% of the overall NHS workforce¹⁹ and 58.6% of senior doctors. However, they constitute just 6.5% of senior managers.²⁰

Insecurities regarding pay, seniority, and leadership may influence the confidence of individuals to raise grievances, particularly in terms of controversial issues such as shortages of PPE or perceptions of discriminatory processes for assigning duties in high risk wards. This may be exacerbated by heightened fear of disciplinary action. Indeed, evidence clearly suggests that BAME individuals are more likely to face disciplinary proceedings than their white counterparts due to “closed culture and climate; subjective attitudes and behaviour; inconclusive disciplinary data; unfair decision making; poor disciplinary support; and disciplinary policy misapplication.”²¹

As such, it is important that a holistic examination is undertaken to investigate all potential disparities between BAME and white staff in the NHS, including how differences in pay and seniority may place BAME staff in positions requiring them to undertake duties that may involve a higher risk of exposure during outbreaks such as the one we currently face.

Barriers to healthcare

Studies indicate that ethnic minority communities face disproportionate barriers in accessing adequate and effective healthcare as a result of significant inequalities. There are a variety of underlying forces that contribute towards these inequalities, ranging from a lack of diversity in senior levels of the NHS, language barriers, and a loss of confidence due to negative experiences. These issues are not limited to the NHS, but are often found across public services. As the NHS itself has noted, “Experience of discrimination from both public services and society can cause some people to avoid actively seeking help, especially if this is coupled with a lack of a personal support network. Hate crimes on the grounds of race, religion or belief, sexual orientation, disability and transgender status can seriously affect how people interact with public services.”²²

Cultural awareness amongst senior leadership is an important asset in understand these barriers. However, as previously stated, BAME staff make up around 20% of the overall NHS

¹⁶ "NHS 'Puts More Pressure On Ethnic Minority Staff To Work On Coronavirus Wards' | Metro News". 2020. *Metro.Co.Uk*. https://metro.co.uk/2020/04/21/nhs-puts-pressure-ethnic-minority-staff-work-coronavirus-wards-12589058/?ito=article_desktop_share_top_facebook.

¹⁷ Denis Campbell, “NHS Looks into Taking BAME Staff off Frontline for Their Safety,” *The Guardian* (Guardian News and Media, April 29, 2020), <https://www.theguardian.com/world/2020/apr/30/nhs-bosses-say-bame-staff-should-be-risk-assessed-to-cut-covid-19>

¹⁸ “Black Medics In NHS Paid Thousands Less Than White Medics”. 2018. *The Guardian*. <https://www.theguardian.com/society/2018/sep/27/black-medics-in-nhs-paid-thousands-less-than-white-medics>.

¹⁹ “NHS Workforce”. 2020. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#data-sources>.

²⁰ NHS Choices (NHS, February 13, 2020), <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/>

²¹ Uduak Archibong et al., “Disproportionality in NHS Disciplinary Proceedings,” *British Journal of Healthcare Management*, April 15, 2019, <https://www.magonlineibrary.com/doi/full/10.12968/bjhc.2018.0062>

²² “Improving Access For All: Reducing Inequalities In Access To General Practice Services”. 2018. *England.Nhs.Uk*. <https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf>.

workforce,²³ but just 6.5% of senior managers.²⁴ Optimum healthcare provision demands an understanding of the specific needs of patients, which thus necessitates senior levels of the NHS to reflect the diversity of its population in order to provide holistic healthcare and improve overall levels of care and satisfaction. Consequently, a lack of diversity within NHS leadership ultimately hinders the ability of healthcare systems to reflect or support the population it serves.

Improving the representation of BAME communities within senior ranks of any profession involves a review of every level of recruitment, retention, and progression. The NHS has already committed to eliminating the ethnicity pay gap and ensuring proportionate BAME representation in senior leadership by 2028,²⁵ and has made promising progress in a variety of areas (for example, the use of name-blind applications during recruitment). However, it must consider what more it can do to provide sufficient support and mentorship to junior staff in order to empower them to progress and thrive.

Meanwhile, a study from the Race Equality Foundation found that, “inequalities in prehospital care for ethnic minority groups are underpinned by problems of cultural awareness in professionals’ language and communication difficulties; and a limited understanding of how the healthcare system operates for some minority groups.”²⁶ Indeed, Dr Chidera Ota, a junior doctor working in intensive care, reported to the BBC that; “language barriers for people who can’t speak English, especially when you can’t say if you’re in pain or short of breath, can have a huge impact.” She further emphasised the problems encountered with current restrictions of hospital visitors, “particularly when you can’t bring a family member with you to hospital now to help translate because of the virus.”²⁷ As one example, GP patient surveys have highlighted the difficulty that female Pakistani and Bangladeshi responders have faced in communication, particularly when it comes to explaining tests and decisions making.²⁸

Issues of communication and understanding how the healthcare system operates are compounded if users have had previous negative experiences in engaging with healthcare providers. According to NHS studies, Asian/Asian British patients have reported the lowest level of satisfaction of all ethnic groups, with only 63% reporting a good experience of making an appointment.²⁹ Furthermore, only 45% of Black and Asian patients reported receiving a received continuity of care, compared to 60% of White patients.³⁰

Negative experiences of engagement with the NHS may cause people to become disillusioned and either avoid seeking help in the future (thus, negatively affecting their health), or resort to other services, such as A&E, which are more expensive and which quickly become overwhelmed, thereby impacting the whole local healthcare system.

Deprivation and overcrowding

Muslims have been shown to suffer from the highest levels of overcrowding³¹ and remain concentrated in some of the most deprived local authorities, with 46% of Muslims living in

²³ "NHS Workforce", 2020. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#data-sources>.

²⁴ NHS Choices (NHS, February 13, 2020), <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/>

²⁵ "NHS Pledges Action To Eliminate Ethnicity Pay Gap". 2018. *GOV.UK*. <https://www.gov.uk/government/news/nhs-pledges-action-to-eliminate-ethnicity-pay-gap>.

²⁶ "Ethnicity And Prehospital Emergency Care Provided By Ambulance Services". 2015. *Eprints.Lincoln.Ac.Uk*. <http://eprints.lincoln.ac.uk/id/eprint/17521/1/Health%20Briefing%2037.pdf>.

²⁷ "Ethnic Minorities 'A Third' Of Covid-19 Patients". 2020. *BBC News*. <https://www.bbc.co.uk/news/uk-52255863>.

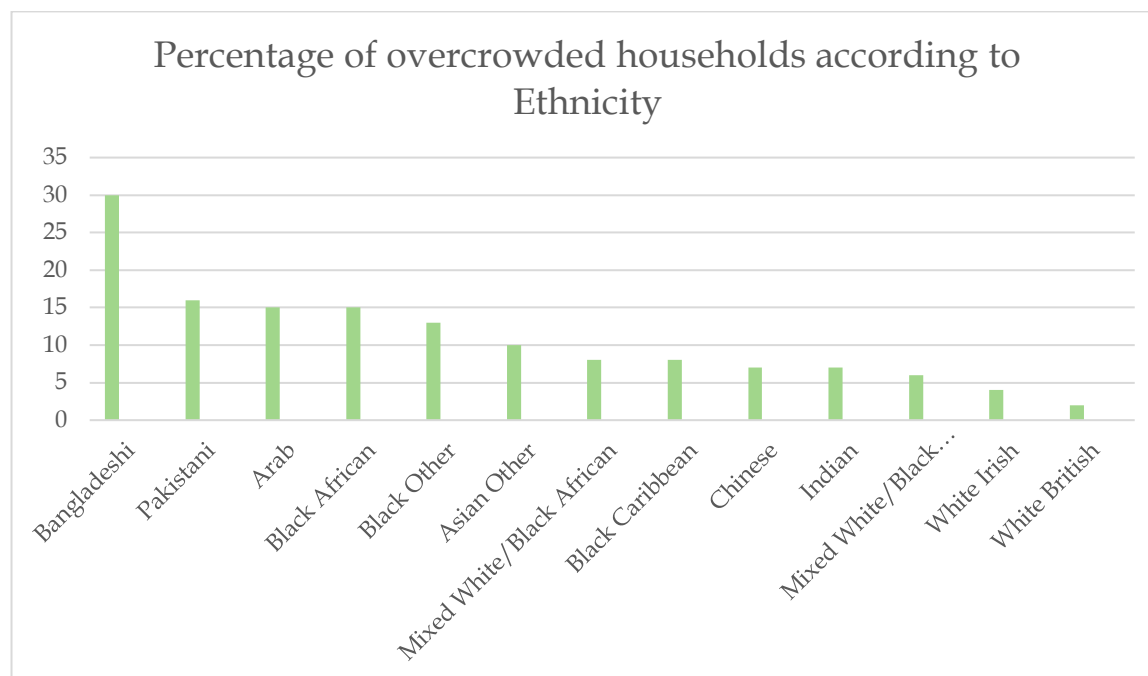
²⁸ "Improving Access For All: Reducing Inequalities In Access To General Practice Services". 2018. *England.Nhs.Uk*. <https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf>.

²⁹ "Improving Access For All: Reducing Inequalities In Access To General Practice Services". 2018. *England.Nhs.Uk*. <https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf>.

³⁰ "Improving Access For All: Reducing Inequalities In Access To General Practice Services". 2018. *England.Nhs.Uk*. <https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf>.

³¹ "Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website", *Cabinet Office*, October 2017 (revised March 2018), accessed 15.05.2018, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf

the 10% most deprived districts in England and Wales.³² Overcrowding is a particularly important consideration during the pandemic we currently face, as isolation becomes impractical. According to government statistics, Bangladeshi and Pakistani households are the most likely to suffer overcrowding, with 30% and 16% of households being overcrowded respectively, in comparison to just 2% of White British households.³³



"Overcrowded Households". 2019. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest>

The link between the overrepresentation of BAME communities in deprived areas and vulnerability to increased health risks cannot be overlooked. Indeed, deprivation is a key indicator in an individual's level of health. As pointed out by Dr Mohammed Ali, OBE, "unable to afford the luxury of a healthy lifestyle, some ethnic minority groups are prone to conditions like high blood pressure and heart disease. South Asians are six times as likely to develop type 2 diabetes as people of European descent."³⁴

This deprivation is often compounded by government policies. Research published in 2016 by the Runnymede Trust and Women's Budget Group (WBG) has shown that BAME groups have suffered disproportionately from the policies of fiscal austerity pushed forward by the Government since 2010.³⁵ As Omar Khan, director of Runnymede Trust, noted, "changes to tax credits and other welfare payments will hit minority ethnic Britons harder than their white compatriots".³⁶ These challenges are further heightened by the Government's current approaches to integration. The Ministry of Housing, Communities, and Local Government's *Integrated Communities Strategy Green Paper*³⁷ is notable for its absence of introspection and self-criticism, resulting in a very limited understanding of some of the primary barriers to integration between minorities and broader society. For example, there is no mention of the impact of the Government's policy of austerity and how cuts to public services affect minorities' access to health services.

³² '2011 Census Data On Nomis,' 2011 Census - Nomis - Official Labour Market Statistics, accessed May 12, 2017, <https://www.nomisweb.co.uk/census/2011>.

³³ "Overcrowded Households". 2019. *Ethnicity-Facts-Figures.Service.Gov.Uk*. <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest>.

³⁴ "How Virus Discriminates Against Our BAME Communities - Dr Mohammed Ali". 2020. *Yorkshireeveningpost.Co.Uk*. <https://www.yorkshireeveningpost.co.uk/news/opinion/columnists/how-virus-discriminates-against-our-bame-communities-dr-mohammed-ali-2552816>.

³⁵ "New research shows that poverty, ethnicity and gender magnify the impact of austerity on BME women", *Women's Budget Group*, accessed 17.05.2018, <http://wbg.org.uk/news/new-research-shows-poverty-ethnicity-gender-magnify-impact-austerity-bme-women/>.

³⁶ "Black & Asian Women Pay Highest Price for Austerity", *Runnymede Trust*, December 16, 2016, accessed 17.05.2018, <https://www.runnymedetrust.org/blog/black-asian-women-pay-highest-price-for-austerity>.

³⁷ "Integrated Communities Strategy Green Paper". 2019. *GOV.UK*. <https://www.gov.uk/government/consultations/integrated-communities-strategy-green-paper>.

BAME and caring roles

The current crisis places additional pressures on those with caring responsibilities for people who are isolating and at higher risk. As observed by the Race Equality Foundation in 2018, unpaid carers “save the economy an enormous amount of money but often at significant cost to themselves both to their well-being and in financial terms. As a result, carers themselves often need support.”³⁸ However, they also note the different experiences of BAME carers compared to their white counterparts and the need to recognise the additional challenges they may face. Meanwhile, in facing these challenges, there is evidence to suggest that BAME carers are less likely to access services and more likely to find services less satisfactory than white carers.³⁹ Numerous studies show that carers frequently suffer negative consequences to their financial situation as a result of a reduction in paid working hours, as well as detrimental impacts to their mental and physical health, particularly in terms of increased tiredness and social isolation.⁴⁰ This has a significant impact on BAME carers as they are more likely to be in financial difficulty, and are more likely to have care responsibilities for 20 or more hours a week (56% of BAME carers compared to 47% of white carers).⁴¹ The Race Equality Foundation give the example of British Pakistani and Bangladeshi carers who are more likely to experience high levels of social exclusion, while British Indian carers suffer greater anxiety and depression.⁴²

With the COVID crisis, these challenges have been compounded by concerns over access to PPE and supporting the needs of those for whom carers have responsibilities whilst potentially having to isolate or experiencing coronavirus symptoms themselves. At the same time, existing financial difficulties may be exacerbated by the wider economic impacts of the lockdown, with carers’ existing paid work being vulnerable to furlough and redundancy, much as the rest of the population. As a result, government responses to the ongoing pandemic must take into account the intersectional experiences of carers and the variety of specific challenges they face.

Economic impacts

The impact of the COVID-19 crisis on the UK economy is an unavoidable challenge that many will face. However, BAME communities are likely to face additional hardships.

Muslims currently suffer from the lowest employment rate for individuals aged 25-49 and the highest unemployment rate (11%, compared to just 4% of their white counterparts); they are also more likely than workers in other ethnic groups to be concentrated in the three lowest-skilled occupation groups, with more than 2 in 5 Pakistani and Bangladeshi workers in these lower-skilled occupations, as well as receiving the lowest hourly pay rate of any other group.⁴³

Muslims are also more likely to be self-employed and will disproportionately suffer the consequences that lockdown will inevitably have on businesses. As highlighted by the Trades Union Congress, “In 2011 when the average self-employment rate was 13.8 percent, the Pakistani community experienced a self-employment rate almost twice that at 25.3 percent. In 2016 while the Pakistani self-employment rate remained above 20 percent the self-employment rate for the Bangladeshi community almost doubled from 2011 to 20.3 per cent.”⁴⁴

Meanwhile, BAME groups are more likely than their white counterparts to be subject to zero-hour contracts, as well as being more likely to be involved in both voluntary temporary work

³⁸ “Supporting Black And Minority Ethnic Carers”. 2018. *Raceequalityfoundation.Org.Uk*. <http://raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Better-Health-484.pdf>

³⁹ Ibid.

⁴⁰ Ibid.

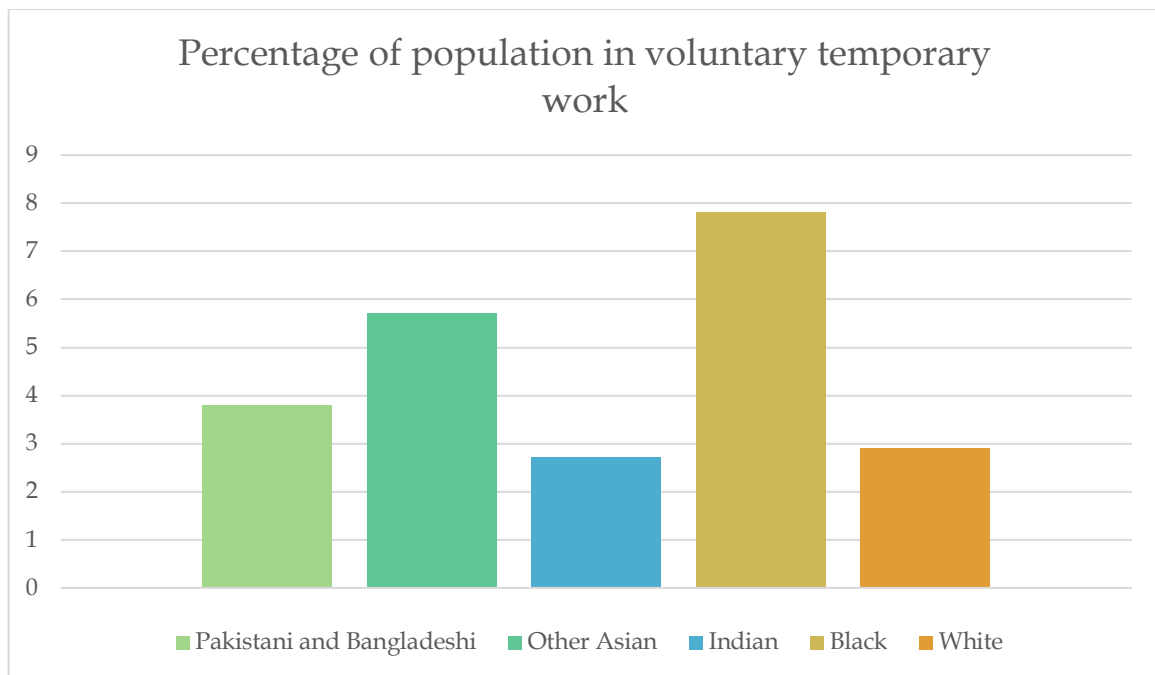
⁴¹ NHS Information Centre for Health and Social Care (2010). Survey of carers in households 2009/10

⁴² “Supporting Black And Minority Ethnic Carers”. 2018. *Raceequalityfoundation.Org.Uk*. <http://raceequalityfoundation.org.uk/wp-content/uploads/2018/10/REF-Better-Health-484.pdf>

⁴³ “Work, pay and benefits”, *Ethnicity Facts and Figures*, accessed 21.05.2018, <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits>

⁴⁴ “Insecure Work And Ethnicity”. 2017. *Tuc.Org.Uk*. https://www.tuc.org.uk/sites/default/files/Insecure%20work%20and%20ethnicity_0.pdf

and involuntary temporary work (meaning working on a temporary basis while looking for permanent work, rather than because of a preference for this type of work).⁴⁵



"Insecure Work And Ethnicity". 2017. *Tuc.Org.Uk*. https://www.tuc.org.uk/sites/default/files/Insecure%20work%20and%20ethnicity_0.pdf

As already mentioned regarding the disproportionate impact of previous austerity measures on BAME communities, it is essential that the Government fully considers all potential impacts of recovery strategies with special attention to these groups.

Social impacts

Since the beginning of the outbreak, abuse directed at those of East Asian heritage has been particularly acute. As but two examples, a woman was punched in the head for defending her friend of Asian heritage from racist abuse in Birmingham,⁴⁶ and a 24-year-old of Thai descent was violently assaulted and robbed by two teenagers shouting "coronavirus" in West London.⁴⁷ Incidents such as these led to reports of a number of Chinese students at UK universities "fleeing back to China" amid an increase in racist attacks.⁴⁸

COVID-19 has since become increasingly used by far-right groups to propagate hatred against Muslim communities. While international conspiracies connecting Muslims to the spread of the coronavirus continue to abound,⁴⁹ groups in the UK have given these conspiracies particular momentum on social media, with counter-terrorism police recently investigating far-right groups accused of "trying to use the coronavirus crisis to stoke anti-Muslim sentiment".⁵⁰

These conspiracies have been given further impetus by far-right voices and commentators, including Daily Mail commentator, Andrew Pearce, who suggested that "If families gather for holy month of Ramadan will there be a huge spike in Covid cases. Doctors are very

⁴⁵ Ibid.

⁴⁶ "Woman Punched Defending Chinese Friend In Racist 'Coronavirus' Attack | Metro News". 2020. *Metro.Co.Uk*. <https://metro.co.uk/2020/02/23/woman-knocked-defending-chinese-friend-racist-coronavirus-attack-12286814/>.

⁴⁷ Iqbal, Nosheen. 2020. "They Yelled Coronavirus" - East Asian Attack Victim Speaks Of Fear". *The Guardian*. <https://www.theguardian.com/world/2020/feb/16/they-yelled-coronavirus-first-british-attack-victim-east-asian-man>.

⁴⁸ Weale, Sally. 2020. "Chinese Students Flee UK After 'Maskaphobia' Triggered Racist Attacks". *The Guardian*. <https://www.theguardian.com/education/2020/mar/17/chinese-students-flee-uk-after-maskaphobia-triggered-racist-attacks>.

⁴⁹ Ellis-Petersen, Hannah, and Shaikh Rahman. 2020. "Coronavirus Conspiracy Theories Targeting Muslims Spread In India". *The Guardian*. <https://www.theguardian.com/world/2020/apr/13/coronavirus-conspiracy-theories-targeting-muslims-spread-in-india>.

⁵⁰ Parveen, Nazia. 2020. "Police Investigate UK Far-Right Groups Over Anti-Muslim Coronavirus Claims". *The Guardian*. <https://www.theguardian.com/world/2020/apr/05/police-investigate-uk-far-right-groups-over-anti-muslim-coronavirus-claims>.

worried”.⁵¹ Similarly, Katie Hopkins suggested that the UK police should follow the example of India in deploying violence against Muslims during lockdown,⁵² and Tommy Robinson shared a video allegedly showing British Muslims attending prayers at a “secret mosque”. According to the Guardian, the West Midlands police subsequently dismissed these claims.⁵³

The dangers of far-right violence directed at minority communities should not be underestimated. The murder of Jo Cox by Thomas Mair in 2016 and the murder of Makram Ali by Darren Osborne in the Finsbury Park attack in 2017 are reminders of the need to radically recalibrate the ways in which far-right violence is understood and tackled within security discourse and strategies. Indeed, any government response should be mindful of the potential for misdirected frustration regarding the inevitable socio-economic repercussions of the crisis to be targeted at minority communities.

Regarding the Government’s current measures, what needs to change or improve, which could be acted on in three weeks’ time or in six months’ time?

Predicted Grades

Many students who were due to sit their final GCSE, AS, or A-Level exams this summer have been told that their results will now rest with the predicted grades issued by their teachers that will be based on their assessment of the students’ performance in class thus far. As previous studies have indicated, reliance on predicted grades risks the infiltration of unconscious biases which can result in students from BAME backgrounds being predicted lower grades than they are perhaps capable of achieving.

There is a widespread under-prediction of the achievements of applicants to universities who are from disadvantaged backgrounds. A study carried out for the Sutton Trust in 2017 found that almost 3,000 high-achieving students from disadvantaged backgrounds had their grades under-predicted.⁵⁴

Regarding BAME students, there is concern that under-predicted grades are often the result of stereotypes and unconscious bias. As explained by Professor Kalwant Bhopal, the director of Birmingham University’s Centre for Research in Race and Education, “there’s a lot of evidence to show that there are stereotypes around particular types of students, so their predicted grades are lower, and when they do the exam they do better than their predicted grade...students who are from white, middle-class, affluent backgrounds will do very well from these predicted grades, especially those from private schools.”⁵⁵

Not addressing this issue has the potential to aggravate and further entrench existing inequalities in education. Deputy director of the Runnymede Trust, Dr Zubaida Haque, argues that “this is about preventing a gross injustice... Because of the unprecedented pressures of the coronavirus outbreak, combined with an assessment system that has not been tested before, there is a real risk that structural inequalities which already disadvantage students from lower socio-economic backgrounds, as well as BAME students, could be made much worse”.⁵⁶ The Government must, therefore, seriously explore how the educational chances of BAME students may be unfairly disadvantaged by the impacts of lockdown.

⁵¹ Khan, Aina. 2020. "Anger As Right-Wing UK Voices Suggest Ramadan Virus Spread". *Aljazeera.Com*. <https://www.aljazeera.com/news/2020/04/anger-wing-uk-voices-predict-ramadan-virus-spread-200413170844190.html>.

⁵² Hopkins, Katie. 2020. *Twitter* <https://twitter.com/KTHopkins/status/1243625444139769858>.

⁵³ Parveen, Nazia. 2020. "Police Investigate UK Far-Right Groups Over Anti-Muslim Coronavirus Claims". *The Guardian*. <https://www.theguardian.com/world/2020/apr/05/police-investigate-uk-far-right-groups-over-anti-muslim-coronavirus-claims>.

⁵⁴ "Rules Of The Game". 2017. *Suttontrust.Com*. <https://www.suttontrust.com/wp-content/uploads/2017/12/Rules-of-the-Game.pdf>.

⁵⁵ Weale, Sally, and David Batty. 2020. "Fears That Cancelling Exams Will Hit BAME And Poor Pupils Worst". *The Guardian*. <https://www.theguardian.com/world/2020/mar/19/fears-that-cancelling-exams-will-hit-black-and-poor-pupils-worst>.

⁵⁶ "Race Update 5 - Grade Predictions And Assessment During Covid-19 | Historical Transactions". 2020. *Blog.Royalhistsoc.Org*. <https://blog.royalhistsoc.org/2020/04/06/race-update-5-grade-predictions-and-assessment-during-covid-19/>.

Long term strategies to address unconscious bias amongst educators in the new post-COVID reality must include mechanisms to improve diversity within the teaching profession. Research has highlighted the existence of structural barriers that limit BAME teachers career progression, including assumptions about capability based on racial or ethnic stereotypes and a subsequent lack of upward progression.⁵⁷ Racial disparities are reflected in slower career progression for BAME teachers in comparison to their white counterparts, as well as a severe underrepresentation of BAME professionals within the educational field. Only 16% of new teachers are from a BAME background and there is a severe lack of representation at leadership level. Until schools reflect the multi-ethnic society we live in, they will not be fully equipped to respond to the needs and experiences of BAME students. Increased diversity through every level of leadership and governance is needed to ensure that cultural practices and institutional procedures are developed and effectively implemented.

⁵⁷ "Barriers Report: the Impact of Racism on BME Teachers," NEU, accessed May 1, 2020, <https://neu.org.uk/barriers-report-impact-racism-bme-teachers>