

# BAME women and Covid-19 – Research evidence

## I. Key facts

### Poverty and debt

- BAME women are slightly more worried about being in more debt as a result of the coronavirus outbreak. 42.9% BAME women said they believed they would be in more debt, compared to 37.1% of white women, and 34.2% of white men. A similar proportion, 42.9% of BAME women, said they would struggle to make ends meet over the next three months.
- A quarter of BAME mothers reported that they were struggling to feed their children (23.7%).

### Work and employment

- Work-related anxiety for those working outside the home was highest among BAME people, with 65.1% BAME women and 73.8% of BAME men reporting anxiety as a result of having to go out to work during the coronavirus pandemic.
- Of those who were now working from home, A higher proportion of BAME people (41.0% of women and 39.8% of men) reported working more than they did before the pandemic, compared to white people (29.2% of women and 28.5% of men).

### Domestic and care work

- Nearly half of BAME women (45.4%) said they were struggling to cope with all the different demands on their time at the moment, compared to 34.6% of white women and 29.6% of white men.
- Around three quarters of women reported doing the majority of the housework or of the childcare during lockdown. This was similar for BAME and white women.
- Almost half (45.8%) of parents said they were struggling to balance paid work and caring for their children, 47.1% that they were struggling with all the competing demands, and 42.7% that they were struggling to go to the shops or do other tasks because their children were home. For all of these questions, BAME women were most likely to report that they were struggling, and white men least likely.

### Access to support

- Of people who were not in employment due to disability or were retired:

- Over twice as many BAME women and men reported that they had recently lost support from the government (42.5% and 48.3%) than white women and men (12.7% and 20.6%).
- BAME respondents were also more likely to say they had lost support from other people (48.3% BAME women compared to 34.0% white women) and were less likely to say that there were people outside of their household who they could rely on for help (47.4% compared to 57.2%).
- Over half of BAME women said that they were 'not sure where to turn for help as a result of the coronavirus pandemic, compared to 18.7% of white respondents.

## Health and wellbeing

- Women in general and BAME women in particular expressed more concern about access to NHS treatment and medicine over the coming months.
- Around 2 in 5 people said they were finding social isolation difficult to cope with, although still high this was lowest among white men (37.4%).
- Life satisfaction and happiness were lowest for BAME women, and anxiety was highest for all women compared to men. Average life satisfaction before the coronavirus pandemic (July to September 2019) was 7.7, while average happiness was 7.5, and average anxiety was 2.9. Scores for BAME women in the current survey were 5.1, 5.3 and 5.4 respectively.

## 2. Introduction

A number of recent reports have highlighted differential experiences during the coronavirus crisis according to people's gender and their ethnicity.

Women are consistently highlighted as particularly vulnerable to the economic and social impacts of the coronavirus crisis<sup>1</sup>, from increased propensity to be working on the 'front line' of the response as key workers, to additional pressures at home as maintaining children's learning and wellbeing disproportionately falls on women's shoulders. This mirrors findings from a number of previous outbreaks where women are disproportionately affected by outbreak response measures.<sup>2</sup>

People from ethnic minority backgrounds have also been highlighted as particularly vulnerable to the economic and health<sup>3</sup> impacts of the crisis. People from some BAME

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<sup>1</sup> Women's Budget Group (2020), Crises Collide: Women and Covid-19  
<https://wbg.org.uk/analysis/reports/crises-collide-women-and-covid-19/>

<sup>2</sup> Wenham, Smith and Morgan (2020), COVID-19: the gendered impacts of the outbreak  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)

<sup>3</sup> Public Health England (2020), Disparities in the risk and outcomes of COVID-19  
<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

backgrounds are also more likely to be working in key sectors such as health and care.<sup>4</sup> However, increasing attention is being paid to the extent to which rates of infection and mortality following a coronavirus diagnosis are much higher among BAME people<sup>5</sup>, and to attempting to explain these differences. Recent studies have shown that this is compounded by differences in likely exposure to the virus based on demographic, occupation or geographical differences<sup>6</sup>. It is important not to rely on biological explanations of racial differences – instead these findings point to deep-seated and multi-faceted socio-economic inequalities linked to structural racism.<sup>7</sup> Consequently, BAME people are both more likely to have contracted Covid-19, and also to have someone close to them affected.

The intersection of these issues points towards greater risks of physical, psychological and financial impacts on BAME women. The full extent of the negative economic impacts of these cumulative risks faced by BAME women are yet to be seen, but evidence from this survey offer initial evidence of disproportionate impacts on BAME people and women overall, and particularly BAME women. This briefing also makes recommendations for how to mitigate the impact on BAME women including by removing barriers to social security, increasing economic support and ensuring people can work or isolate safely.

Throughout this briefing we use the term BAME (Black, Asian and Minority Ethnicity) and report on findings for BAME women as a whole. We acknowledge the limitations of this approach, as the experiences of different women and men who will fall within that artificial grouping will vary considerably. However, within the limitations of the sample size that the funding for this research permitted, data we hold for any smaller groupings by ethnicity would not be sufficiently large for the findings to be reliable and we would therefore be at risk of drawing incorrect conclusions about different women's experiences.

As such, this research is of value in as much as it helps to demonstrate how elements of racialisation and racialised socio-economic disadvantage, intersecting with gender and disability, differently impact on BAME women and men when analysed as a group. We also acknowledge that many people prefer to self-identify using other terms such as people of colour.

### 3. Poverty and debt

The shutdown of many sectors as a result of the lockdown is having a disproportionate impact on both women<sup>8</sup> and people from ethnic minority backgrounds. While the furlough scheme was introduced to help mitigate the economic impacts of immediate job loss, the

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<sup>4</sup> ONS (2020), *Coronavirus and key workers in the UK*

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15>

<sup>5</sup> ONS (2020), *Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020*

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>

<sup>6</sup> IFS (2020), *Are some ethnic groups more vulnerable to COVID-19 than others?*

<https://www.ifs.org.uk/uploads/Are-some-ethnic-groups-more-vulnerable-to-%20COVID-19-than-others-V2-IFS-Briefing-Note.pdf>

<sup>7</sup> Dhairyawan and Chetty (2020) 'COVID-19, Racism, and Health Outcomes', *Discover Society*

<https://discoversociety.org/2020/04/15/covid-19-racism-and-health-outcomes/>

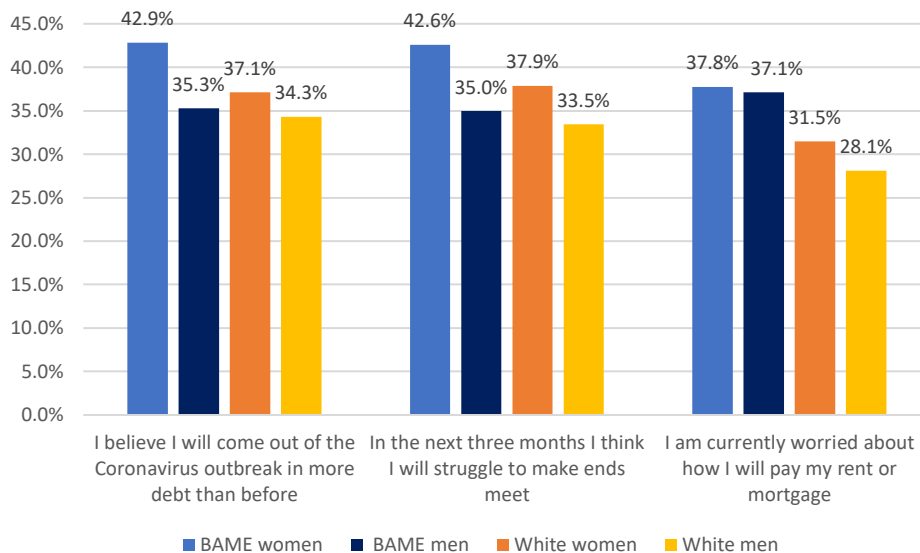
<sup>8</sup> IFS (2020), *Sector shutdowns during the coronavirus crisis: which workers are most exposed?*

<https://www.ifs.org.uk/publications/14791>

scheme does not protect everyone. Many people had lost their jobs before the scheme was announced, and those recently employed are not covered by the scheme. Even for those who were able to take advantage of the scheme, a loss of 20% of income would be a considerable shock to household finances, especially for people already earning a low income. Initial evidence suggests mothers are more likely to have been furloughed by their employers than fathers,<sup>9</sup> however it remains unclear at this time how fairly furloughing and/or pay cuts have been implemented, or how many employers have chosen to 'top-up' the furlough payments.

BAME women are particularly worried about being in more debt as a result of the coronavirus outbreak. 42.9% BAME women said they believed they would be in more debt, compared to 37.1% of white women, and 34.2% of white men. A similar proportion, 42.9%, said they would struggle to make ends meet over the next three months. Men and women from BAME backgrounds were also more likely to say they are worried about how they will pay their rent or mortgage compared to white respondents (37.8% and 37.1% BAME women and men compared to 31.5% and 28.1% white women and men).

Figure 1: Percent strongly or somewhat agree with each statement relating to poverty and/or debt, by gender and ethnicity



N=3,180; 3,182; 3,212

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

BAME mothers in particular reported that they were struggling to feed their children (23.7%, compared to 19% white mothers).

#### 4. Pay and employment

Policies aimed at reducing the spread of COVID-19 have, on the whole, aimed to keep people at home and socially distanced from one another. Newly classified 'key workers,'

<sup>9</sup> IFS (2020), *How are mothers and fathers balancing work and family under lockdown?* <https://www.ifs.org.uk/publications/14860>

however, are still expected to go to work. Key workers include people working in health and social care, food production or delivery, transport and key public services. While the efforts of others to stay home reduces their risk of infection, these workers are at much higher risk compared to people who are able to do their jobs at home. In addition to increased risk of infection, fear of contracting the virus and potentially infecting other members of one's household are likely to have severe consequences for key workers' mental health. Furthermore, key workers, particularly those in health care settings, are both likely to be working longer hours and in more challenging circumstances than usual and to receive relatively low pay<sup>10</sup>.

People from ethnic minority backgrounds, particularly Indian, black African and black Caribbean people are over-represented in key workers jobs, especially front-line health and social care roles, compared to white people. At the same time, within all ethnic groups women are over-represented in key worker roles compared to men<sup>11</sup>. Again, this difference is enhanced when focusing on health and social care roles. Put together, BAME women are at particular risk of the both the mental and physical health impacts of working on the front-line during this crisis. This was reflected in responses to the survey.

The majority of those people who have to leave their home to go to work report anxiety as a result of this. This work-related anxiety was highest among BAME people, with 65.1% BAME women and 73.8% of BAME men reporting anxiety as a result of having to go out to work (compared to 60.9% white women and 52.9% white men).

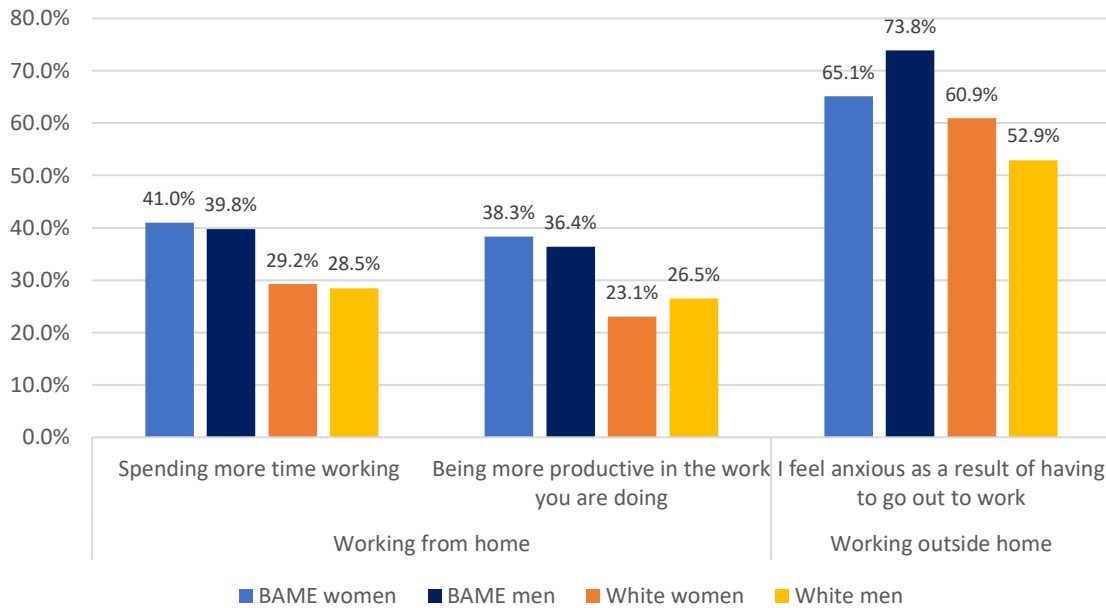
Furthermore, among those respondents who had moved to working from home, a higher proportion of BAME people (41.0% of women and 39.8% of men) reported working more than before the pandemic compared to white people (29.2% of women and 28.5% of men).

*Figure 2: Percent strongly or somewhat agree with each statement relating to employment, by gender and ethnicity*

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<sup>10</sup> Autonomy (2020), *The Jobs at Risk Index (JARI)* <https://autonomy.work/portfolio/jari/>

<sup>11</sup> IFS (2020), *Are some ethnic groups more vulnerable to COVID-19 than others?* <https://www.ifs.org.uk/uploads/Are-some-ethnic-groups-more-vulnerable-to%20COVID-19-than-others-V2-IFS-Briefing-Note.pdf>



N=1,151, 1,152, 783

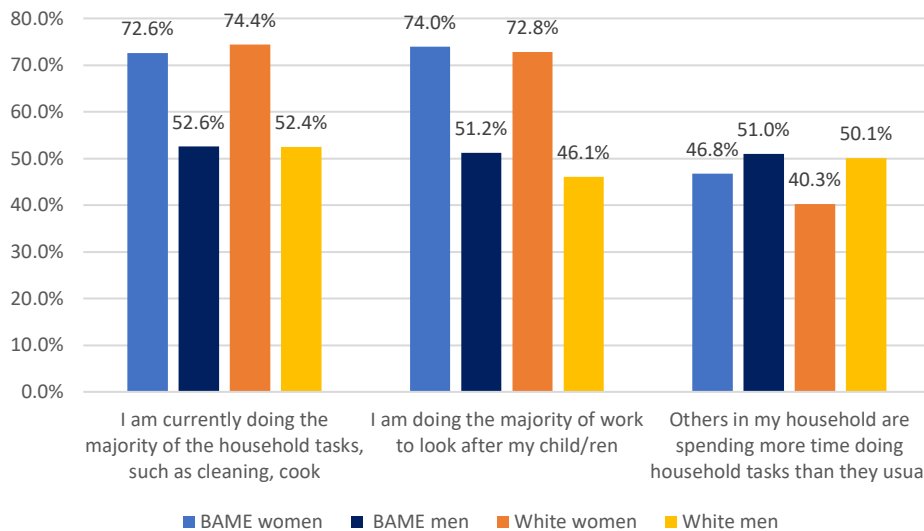
Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

## 5. Time use and activities

One of the largest inequalities during the coronavirus pandemic has been in use of time. While some people are spending more time working and caring for others, others have had more time on their hands as a result of the lockdown and reduction in socialising and commuting. Neither situation has been ideal for everyone, and the mental health impact of loss of stimulation and/or purpose should not be underestimated. However, those who have had to shoulder increased work in their employment or at home, face specific challenges.

As noted in section 3, not only are BAME people more likely to be working as key workers, a greater proportion of people from BAME backgrounds working from home say that they are spending more time working than white people. When asked further questions about the impacts of competing demands, nearly half of BAME women (45.4%) said they were struggling to cope with all the different demands on their time at the moment, compared to 29.6% of white men.

Figure 3: Percent strongly or somewhat agree with each statement relating to time spent on housework or childcare, by gender and ethnicity



N=3,253; 1,627; 2,639

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

Women reported doing the majority of the housework regardless of ethnicity. Around three quarters of women (72.6% BAME women and 74.4% white women) reported doing the majority of the housework, or of the childcare (74.0% and 72.8%), during lockdown. Around half of men also reported doing the majority of the childcare and housework. This gender gap is reflected by findings from another recent survey by researchers at Cambridge University<sup>12</sup> and a study by the IFS<sup>13</sup> showing women spent more time each day on childcare and home-schooling on average in April.

## 6. Parenting and childcare

Parents have been facing considerable additional pressures due to the policies instituted to encourage social distancing. With schools shut for all but the most vulnerable children, or those whose parents are keyworkers, most parents are now having to juggle home schooling with their paid work.

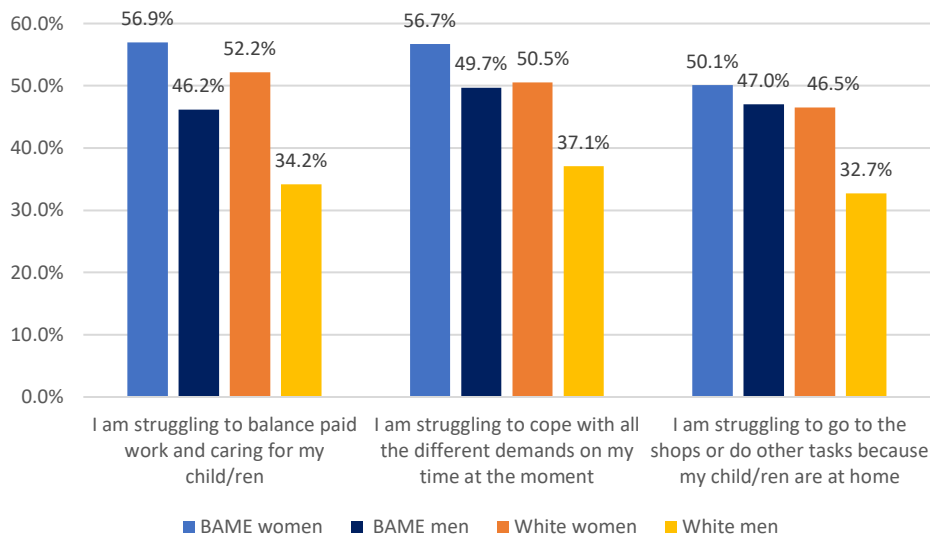
Almost half (45.8%) of parents said they were struggling to balance paid work and caring for their children, 47.1% that they were struggling with all the competing demands, and 42.7% that they were struggling to go to the shops or do other tasks because their children were home. For all of these questions, BAME women were most likely to report that they were struggling, and white men least likely, and the gender gap in responses was larger among white people compared to BAME people.

Figure 4: Percent strongly or somewhat agree with each statement relating to carrying out competing demands, by gender and ethnicity

<sup>12</sup> Adams-Prassl et. al. (2020) 'Inequality in the impact of the coronavirus shock: evidence from real time surveys', Cambridge-INET Working Paper Series N: 2020/18 <https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2018.pdf>

<sup>13</sup> IFS (2020), *How are mothers and fathers balancing work and family under lockdown?* <https://www.ifs.org.uk/publications/14860>





N= 897; 1,277; 1,280

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

One potential remedy to the increased time pressures on parents during this time is the government guidance that parenting responsibilities can be used as a reason to furlough staff, giving them time to look after their children during the working day. However, with childcare often falling on women’s shoulders, there is a danger that if women are more likely to be furloughed this will put them at greater risk of redundancy and/or have long lasting impacts on their careers.

## 7. Access to support

Being able to access financial, practical and emotional support is vital to mitigate the impacts of job or earnings loss as well as loss of usual social contact or freedoms as a result of the lockdown.

A higher proportion of BAME people agreed that the financial support offered by the government would help people like them. This perhaps reflects the fact that BAME people are more likely to need to rely on government support during this time.<sup>14</sup>

Respondents who said they were not in work due to disability or being retired were asked a number of additional questions about the support they were receiving before and during the crisis.

BAME people were most likely to report losing much needed support since the start of the crisis. Over twice as many BAME women and men reported that they had recently lost support from the government (42.5% and 48.3%) than white women and men (12.7% and 20.6%). BAME respondents were also more likely to say they had lost support from other people (48.3% BAME women compared to 34.0% white women) and were less likely to say

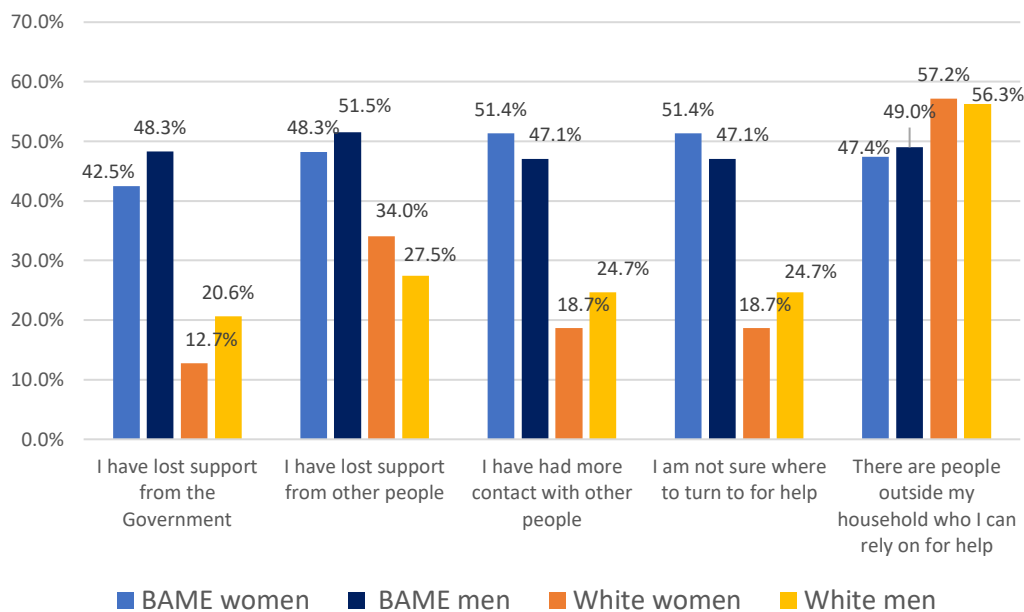
<sup>14</sup> IFS (2020), *Sector shutdowns during the coronavirus crisis: which workers are most exposed?* <https://www.ifs.org.uk/uploads/BN278-Sector-Shutdowns.pdf>



that there were people outside of their household who they could rely on for help (47.4% compared to 57.2%). Over half (51.4%) of BAME women said that they were 'not sure where to turn for help as a result of the coronavirus pandemic, compared to 18.7% of white women'<sup>15</sup>.

Contrasting increased reports of loss of support, BAME people, especially women, reported having more contact with other people than before coronavirus in higher proportions than white people. In previous studies older BAME people have reported having fewer close friends, and friends who live locally compared to white people.<sup>16</sup> This could partly be driven by differences in where people live, with BAME people more likely to live in urban areas and cities.<sup>17</sup>

Figure 5: Percent strongly or somewhat agree with each statement relating to access to support, by gender and ethnicity



N= 883; 900; 907; 894

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

## 8. Access to treatment and medication

The increase in pressure put on the NHS during the coronavirus outbreak has led to concern about access to treatment and medication unrelated to the virus. Indeed, attendance at emergency services have decreased and many appointments and operations

<sup>15</sup> These differences were not explained by differences in the age profiles of BAME and white respondents.

<sup>16</sup> Hayanga, Kneale, Phoenix (2020), 'Understanding the friendship networks of older Black and Minority Ethnic people living in the United Kingdom' *Ageing and Society*.

<https://www.cambridge.org/core/journals/ageing-and-society/article/understanding-the-friendship-networks-of-older-black-and-minority-ethnic-people-living-in-the-united-kingdom/0DBE80C4F09EAB9CC76CB50388BD2B4C>

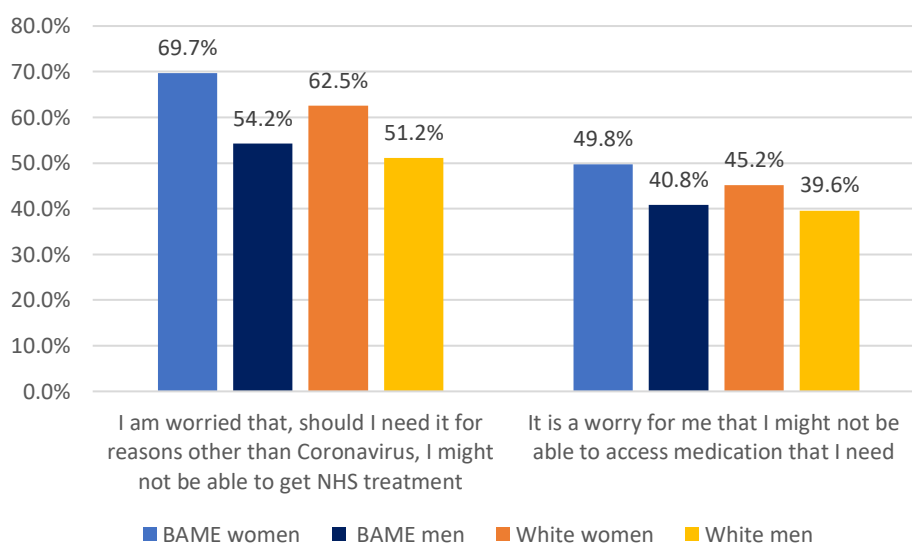
<sup>17</sup> Race Disparity Unit (2019), *Regional ethnic diversity* <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest>

for existing conditions have been cancelled or postponed.<sup>18</sup> These issues have arisen in part due to lowered capacity within the NHS, and fear from patients of contracting Covid-19 while seeking medical care.

Overall, 58.9% of people were concerned about access to NHS treatment, and 43.5% were concerned about access to medicine. Recent evidence from the Understanding Society survey suggest these concerns were not unsubstantiated. In April, around a quarter of people needing GP or pharmacist services could not access them, 60% of people needing hospital treatment did not receive any (mostly due to cancellations), and 42% of people needing outpatient care had their appointments cancelled<sup>19</sup>.

Women in general expressed slightly more concern about access to NHS treatment and medicine over the coming months. Just under half of BAME women said that access to medicine was a concern, compared to 39.6% of white men. BAME people were more likely to 'strongly agree' that access to non-COVID-19 medical treatment is a concern, and correspondingly less likely to 'strongly disagree'. Here, every BAME group was more likely to say they 'strongly agree' than white groups were.

Figure 6: Percent strongly or somewhat agree with each statement relating to access to treatment and medication, by gender and ethnicity



N= 3,219; 3,221

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

While we do not know why BAME people are more likely to express concern over accessing medical treatment during the COVID-19 outbreak, we do know a number of factors relating to race, inequality, and discrimination that could shape such concern. Perception can be drawn from direct experience or knowledge of others' experience in

<sup>18</sup> The Health Foundation (2020), COVID-19: Five dimensions of impact. <https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact>

<sup>19</sup> Understanding Society (2020), COVID-19 survey Briefing note, Wave 1: April 2020, Health and Caring [https://www.understandingsociety.ac.uk/sites/default/files/downloads/generalukhls\\_briefingnote\\_covid\\_health\\_final.pdf](https://www.understandingsociety.ac.uk/sites/default/files/downloads/generalukhls_briefingnote_covid_health_final.pdf)

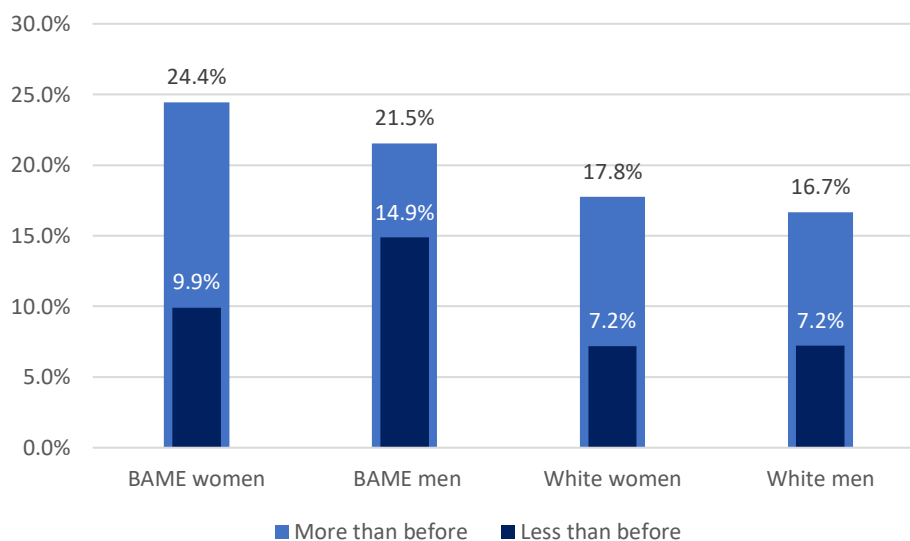
seeking treatment in the health sector. Here BAME patients face a combination of negative racialised factors: poor standards of care, mis-diagnosis of symptoms, downplaying of pain or assumptions with regard to ability to withstand high pain thresholds, association of ill health with 'lifestyle' such as poor diet or drug use.<sup>20</sup>

These factors have come to prominence particularly around maternal health,<sup>21</sup> most notably since the publication of the MMBRACE study which demonstrated that black women in the UK were *five times* more likely to die during pregnancy, childbirth and post-partum periods than white women<sup>22</sup>. As COVID-19 reveals, the stark representation of BAME people working in the health sector and the high rates of death among this group may also impact on perception. BAME communities have disproportionately experienced loss of health and care workers and therefore could see spaces of health and care as risky. Combined these racialised factors have had longstanding impacts on the health outcomes of BAME communities and may impact on perceptions of treatment and care during a pandemic.

## 9. Giving of time and support

Respondents were asked whether they had spent more time caring for other adults, less time, or about the same. BAME people overall, particularly women, said they had spent more time caring for other adults. For BAME men this was offset by the proportions who stated that they had spent less time caring for others. Around a quarter (24.4%) of BAME women said they had spent more time caring for other adults, and just under 1 in 10 said they had spent less time (9.9%).

Figure 7: Percent spending more time, or less time, caring for other adults



<sup>20</sup> Roberts, D. (2017, 2<sup>nd</sup> edition) *Killing the Black Body (20<sup>th</sup> Anniversary Edition)* New York: Vintage Random House

<sup>21</sup> Ameh, CA. and van den Broek, N. (2008). 'Increased risk of maternal death among ethnic minority women in the UK' *The Obstetrician and Gynaecologist* 10: 177-82; Nair, M et al. (2014) 'Ethnic variations in severe maternal morbidity in the UK: a case control study' *PLOS One* 9(4): e95086

<sup>22</sup> MBRRACE-UK (2019), *Saving Lives, Improving Mothers' Care 2019: Lay Summary*. <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20Lay%20Summary%20v1.0.pdf>

N= 3,167

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

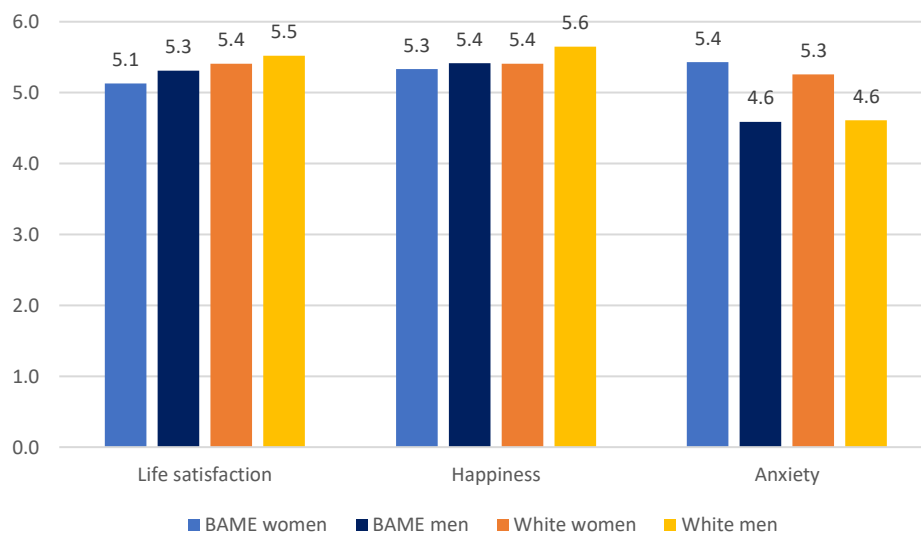
## 10. Mental health and wellbeing

Around 2 in 5 people (41.7%) said they were finding social isolation difficult to cope with, but this was slightly lower among white men (37.4%). BAME men and women, and white women, reported finding social isolation difficult to cope with in proportions which were not statistically significantly different (42.0%, 41.2%, and 45.2% respectively).

Based on ONS data using an 0-10 scale, average life satisfaction before the coronavirus pandemic (July to September 2019) was 7.7, while average happiness was 7.5, and average anxiety was 2.9.<sup>23</sup> Life satisfaction and happiness were considerably lower, and anxiety considerably higher, for all respondents to this survey. Life satisfaction and happiness were lowest for BAME women, with average scores of 5.1 and 5.3 respectively compared to scores of 5.5 and 5.6 for white men. Anxiety was highest for all women compared to men, with average scores for BAME and white women of 5.4 and 5.3 compared to 4.6 for both BAME and white men.

Just 33.4% and 35.9% of BAME women reported high life satisfaction and happiness respectively, defined as having scores of 7 or above. Half of BAME and white women (50.4%) reported high anxiety levels (of 6 or above).

Figure 8: Average scores of life satisfaction, happiness and anxiety by gender and ethnicity

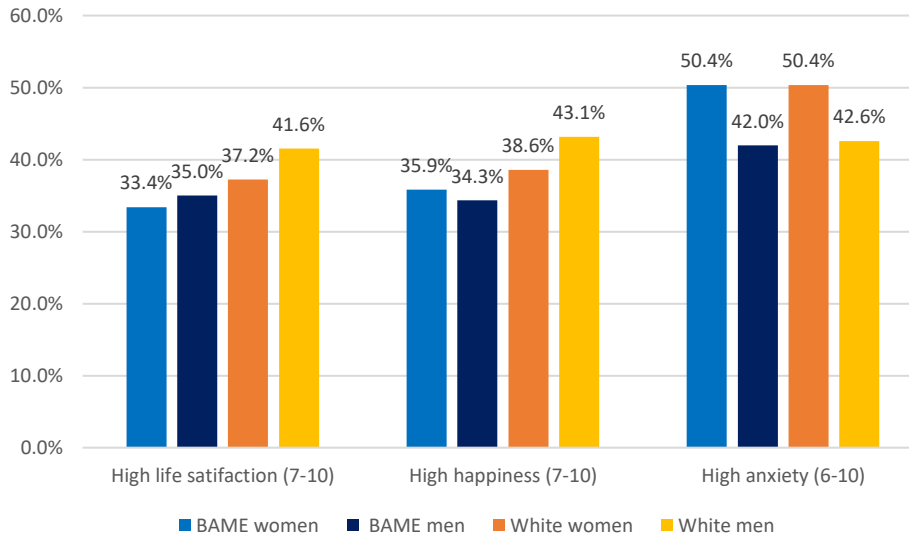


N= 3,252; 3,256; 3,247

<sup>23</sup> ONS (2019), *Personal and economic well-being in the UK: November 2019*  
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeinginthekuk/november2019>

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

Figure 9: Percent of respondents with high life satisfaction, happiness and anxiety by gender and ethnicity



N= 3,252; 3,256; 3,247

Differences reported in text are statistically significant, however, not all differences between subgroups shown in the table are statistically significant.

## 11. Recommendations

Our research demonstrates specific disproportionalities to do with employment, anxiety, debt and childcare. These recommendations relate most closely to our findings but there are also issues identified by other organisations focusing on ethnicity and Covid-19, including: immigration and the impact of the Hostile Environment, especially on people who have 'No Recourse to Public Funds'; domestic abuse and the need for ringfenced funding for BAME led women's organisations; and criminal justice inequalities to do with the Coronavirus Act 2020. These issues for the most part could not be effectively explored through survey data.

Our research identifies that BAME women are even more worried about debt and their household income than the high levels among white women or men, with particular concerns for parents. Relevant Government departments should take the following steps to alleviate these pressures, which could particularly support BAME women:

- Immediately increase child benefit to £50 per child per week to help get support to those who need it most and support with home schooling costs.
- Immediately end the two-child limit, which disproportionately limits Black, Asian and ethnic minority families' financial support. Make advance payments of Universal Credit grants instead of loans, and abolishing the benefits cap to ensure the most marginalised families get the support they need.

- Suspend the No Recourse to Public Funds condition on non-EU migrant visas which currently means that people with the right to be in the UK have no access to state support during the coronavirus crisis.
- Ensure that all workers have access to statutory sick pay, and increase the level at which it is paid.
- Increase Local Housing Allowance to the 50<sup>th</sup> percentile to support renters.

Pressure at work and work-related anxiety and job security were also higher for BAME women, who make up a considerable proportion of key workers. The Government should take action to protect against further disproportionate discrimination, exploitation or unemployment:

- Further increase powers and funding to the Health and Safety Executive (HSE) to ensure a safe return to work, especially for BAME workers who are at increased risk.
- Implement a duty for larger employers to report the numbers of people they make redundant with breakdowns by protected characteristics.
- Legislate against exploitative zero-hour contracts and increase levels of the real living wage, to improve working conditions for BAME workers who are overrepresented in low-paid and insecure work.
- Increase funding for public services such as health and social care which have disproportionately BAME and female workforces, and where precarity and low pay are rife.
- Ensure that all key workers have access to PPE

Our data identifies that disabled and elderly BAME people are much more likely to say that they have lost state or community support. We call on Government to:

- Reinstate the obligation to provide social care for all those who need it, as soon as Covid-19 is under control, replacing the discretionary obligation contained in the Coronavirus Act.
- Ensure that the discretionary obligation is subject to safeguards such as regular local reviews of its equality impact.

Our survey data was not able to explore the causes of disproportionate deaths from COVID-19 among BAME people, although it does highlight socioeconomic differences. The impact of the pandemic on BAME communities is clear, but Government has not yet grappled with the reasons why or set out a policy response. In support of calls made by BAME organisations, we call for it to:

- Launch a public inquiry into the disproportionate deaths of BAME people and migrants from Covid-19 which examines structural and socio-economic factors within society and the NHS.
- In the interim, require Public Health England to publish disaggregated analysis including the independent evidence it has received.
- Establish and fund a cross Whitehall Covid-19 race equality strategy.
- Complete and publish meaningful and comprehensive equality impact assessments of all Covid-19 policy, including steps taken to ease the lockdown, informed by intersectional data.

Education and representation are central to changing structural inequalities relating to Covid-19 and beyond. The following action is needed immediately as part of ongoing policy to reduce inequality:

- Support families to access educational resources and equipment at home to minimise the increased attainment gap caused by closure of schools. Provision of IT equipment to only some of the most disadvantaged children is welcome but not sufficient, and additional support needs to be offered to parents, who are likely to be disproportionately BAME, who may need to home-school for longer if they are shielding or choosing not to return their children to school.
- Ensure that BAME students are not disadvantaged by the examination and grading arrangements that have been put in place, by implementing Runnymede Trust recommendations around data collection and impact assessment.<sup>24</sup>
- Introduce quotas and shortlists to increase the representation of BAME people, and especially BAME women, in public life including at senior levels of Government, universities and within the NHS.

## 12. Methodology

Our research is drawn from data collected by Survation on behalf of the Fawcett Society via online panel, with fieldwork conducted 15 – 21 April 2020. Invitations to complete surveys were sent out to members of online panels. Differential response rates from different demographic groups were taken into account.

The survey comprised an overall nationally representative sample and filtered booster samples drawn from online panels used to ensure sample sizes for populations of interest were robust. These populations included parents with at least one child aged 11 or under, people with low income (below the median), and BAME respondents. With these booster samples included, the total sample comprised 3,280 respondents. This included 448 BAME women and 401 BAME men, and 1,308 white women. The authors of this report then weighted the data to the current Labour Force Survey on age, gender, region, and education for each population, and conducted analysis.

For the majority of questions included in the survey, respondents were asked to respond on a 5-point Likert scale: 'Strongly agree,' 'Somewhat agree,' 'Neither agree nor disagree,' 'Somewhat disagree,' or 'Strongly disagree.' Throughout this briefing, responses strongly agree and somewhat agree were combined for parsimony in reporting results.

Only results that are statistically significant are highlighted in the text throughout this report. Because only a sample of the full population was interviewed, all results are subject to margin of error, meaning that not all differences are statistically significant. For example, in a question where 50% (the worst-case scenario as far as margin of error is concerned) gave a particular answer, with the sample of BAME women (448) it is 95% certain that the 'true' value will fall within the range of 4.6% from the sample result. With larger samples there is more precision in the estimates; with the sample of 1,308 white women it is 95% certain that the 'true' value will fall within the range of 2.7% from the sample result.

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<sup>24</sup> <https://www.runnymedetrust.org/blog/follow-up-letter-predicted-grades-and-bme-students>



## About us

**The Fawcett Society** is the UK's leading membership charity campaigning for gender equality and women's rights at work, at home and in public life. Our vision is a society in which women and girls in all their diversity are equal and truly free to fulfil their potential creating a stronger, happier, better future for us all.

**The Women's Budget Group (WBG)** is an independent network of leading academic researchers, policy experts and campaigners that analyses economic policy for its impact on women and men and promotes alternatives for a gender equal economy. Our work on Covid-19 can be accessed at: <https://wbg.org.uk/topics/covid-19/>

**Queen Mary University of London** is a research-intensive university that connects minds worldwide. A member of the prestigious Russell Group, we work across the humanities and social sciences, medicine and dentistry, and science and engineering, with inspirational teaching directly informed by our world-leading research.

In the most recent Research Excellence Framework we were ranked 5<sup>th</sup> in the country for the proportion of research outputs that were world-leading or internationally excellent. We have over 25,000 students and offer more than 240-degree programmes. Our reputation for excellent teaching was rewarded with silver in the most recent Teaching Excellence Framework.

Queen Mary has a proud and distinctive history built on four historic institutions stretching back to 1785 and beyond. Common to each of these institutions – the London Hospital Medical College, St Bartholomew's Medical College, Westfield College and Queen Mary College – was the vision to provide hope and opportunity for the less privileged or otherwise under-represented.

Today, Queen Mary University of London remains true to that belief in opening the doors of opportunity for anyone with the potential to succeed and helping to build a future we can all be proud of.

The **London School of Economics and Political Science (LSE)** studies the social sciences in their broadest sense, with an academic profile spanning a wide range of disciplines, from economics, politics and law, to sociology, information systems and accounting and finance.

The School has an outstanding reputation for academic excellence and is one of the most international universities in the world. Its study of social, economic and political problems focuses on the different perspectives and experiences of most countries. From its foundation LSE has aimed to be a laboratory of the social sciences, a place where ideas are developed, analysed, evaluated and disseminated around the globe.