



# SUBMISSION OF EVIDENCE ON THE DISPROPORTIONATE IMPACT OF COVID-19 ON ETHNIC MINORITIES IN SCOTLAND

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## Submission of evidence on the disproportionate impact of COVID-19 on ethnic minorities in Scotland

### Introduction

We have written this evidence submission as four researchers of race, ethnicity and health, based primarily at the University of Edinburgh. In this submission we discuss how ethnic minorities in Scotland are likely to be disproportionately affected by COVID-19. We anticipate that COVID-19 (and the UK Government's response) will have disproportionate health and economic impacts on ethnic minority groups in Scotland, though official data is still pending. Finally, we make recommendations for what the Scottish Government can do to mitigate these impacts.

### 1. Equality and Disproportionality

This submission focuses on the impacts of COVID-19 across racial/ethnic groups in Scotland. Race is a protected characteristic under the Race Equality Framework Scotland (2016) but ethnic minority status intersects with socioeconomic disadvantage and migration

status, which are not.<sup>1</sup> The ethnic minority category in Scotland include long-standing populations of other White groups (Polish, Irish, Gypsy-Traveller and Other White) and non-White minorities (Pakistani, Chinese, Indian, African, Bangladeshi, Caribbean and Black Other groups). These minority groups face particular vulnerabilities to health and economic impacts of COVID-19 that are consistent with established descriptions of the effects of socio-economic position driving ethnic inequalities in health in Scotland.<sup>2</sup>

1.2. Current data from England and Wales have identified that people from Black, Asian, Mixed and Other ethnic groups are disproportionately represented among patients critically ill with COVID-19 or dying of COVID-19.<sup>3</sup> This disproportionate burden of COVID-19 in England and Wales' BAME communities mirrors the picture emerging elsewhere, including Sweden,<sup>4</sup> the United States<sup>5-6</sup> and Spain.<sup>7</sup> A large part of this excess vulnerability to severe COVID-19 infection in England and Wales is underlying socio-economic inequality<sup>8</sup> and the concentration of Black and Minority Ethnic groups in urban areas hard-hit by the epidemic<sup>9</sup>. In Scotland, the data so far suggest a

<sup>1</sup> Meer, N. 2020. Race and Social Policy: challenges and contestations. *Social Policy Review*, 32: 5-23.

<sup>2</sup> Walsh, D. 2017. The changing ethnic profiles of Glasgow and Scotland, and the implications for population health. Glasgow: Glasgow Centre for Population Health. <https://pdfs.semanticscholar.org/432c/b2d0557449b2f5e80034a5cf50335c3c6588.pdf>

<sup>3</sup> Office for National Statistics. 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>4</sup> Rothchild, N. 2020. The Hidden Flaw in Sweden's Anti-Lockdown Strategy, *Foreign Policy*: [https://foreignpolicy.com/2020/04/21/sweden-coronavirus-anti-lockdown-immigrants/?fbclid=IwAR3eDMPf1xshXAoQcTH142fyN31J8s3eOZ38yyUEW\\_xXJG7iQxHq4h4S-tY](https://foreignpolicy.com/2020/04/21/sweden-coronavirus-anti-lockdown-immigrants/?fbclid=IwAR3eDMPf1xshXAoQcTH142fyN31J8s3eOZ38yyUEW_xXJG7iQxHq4h4S-tY)

<sup>5</sup> Malone, C. 2020. New York's inequalities are fueling COVID-19. *FiveThirtyEight*, 10 April: <https://fivethirtyeight.com/features/wealth-and-race-have-always-divided-new-york-covid-19-has-only-made-things-worse/>

<sup>6</sup> Johnson, A., and T. Buford. 2020. Early data shows African Americans have contracted and died of coronavirus at an alarming rate. *ProPublica*, 3 April. <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>

<sup>7</sup> Blasco, Paloma G. and M.F. Rodriguez Camacho. 2020. COVID-19 and its impact on the Roma community: The case of Spain. *Somatosphere*, 31 March: <http://somatosphere.net/forumpost/covid-19-roma-community-spain/>

<sup>8</sup> Office for National Statistics. 2020. Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april>

<sup>9</sup> Platt, L. and R. Warwick. 2020. Are some ethnic groups more vulnerable to COVID-19 than others? London: Institute for Fiscal Studies. <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

different pattern. So far, Public Health Scotland has not published data on COVID-19 cases by ethnic group. National Records of Scotland have released preliminary data on deaths registered in Scotland up to 26 April 2020 which show that 90% of COVID-19 deaths were of people whose ethnic group was registered as White and registered deaths where a Black or Minority Ethnic group was provided accounted for only 1% of deaths<sup>10</sup>. However, COVID-19 mortality data from March and April have shown that people in the most deprived areas of Scotland were 2.3 times more likely to die with COVID-19 than those living in the least deprived areas<sup>11</sup>.

1.3 So far, therefore, the dramatic ethnic inequalities in severe COVID-19 infection in England and Wales have not been seen in Scotland. Nonetheless, there remains cause for vigilance and monitoring of COVID-19 cases and deaths because certain ethnic minority groups in Scotland have underlying profiles of chronic ill health<sup>12</sup>. In particular, South Asian groups are disproportionately affected by diabetes and cardio-vascular disease<sup>13</sup>, whilst ischaemic heart disease has been one of the most common pre-existing conditions observed in COVID-19 fatalities in Scotland<sup>14</sup>.

1.4. After accounting for underlying differences in socio-economic position between the ethnic groups in Scotland, these poorer health profiles persist, and the higher risk of stroke among

Black African groups also becomes apparent.<sup>15</sup> This means that ethnic minority populations will be more susceptible to critical complications if they contract COVID-19, not because ethnic and racial categories are themselves a causal factor, but because they amplify underlying social determinants which generate these pre-existing health conditions.

1.5. In spite of the vulnerabilities outlined above, we are concerned that public health messages concerning COVID-19 prevention and social distancing has not been consistently made available to ethnic minorities. In Scotland, poor language provision in healthcare settings has been identified a particularly strong barrier to healthcare for anyone with a minority language as their mother tongue<sup>16</sup>. Further, in three Scottish surveys of BME experiences of discrimination from 2015 to 2019, between 18%-20% of respondents reported experiencing discrimination in using health services.<sup>17</sup> NHS Scotland should immediately review whether healthcare and telemedicine services have been able to meet the needs of ethnic and religious minority groups.

## 2. Migration Status and Rights to Health

2.1. Presently there are members of ethnic minority groups who are subject to immigration controls, who are obliged to pay for accessing NHS services. These include people on Tier 2 work visas, who are obliged to pay an

<sup>10</sup> National Records Scotland. 2020. Deaths involving coronavirus (COVID-19) in Scotland by ethnicity recorded at death registration.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/deaths-background-information/ethnicity-of-the-deceased-person>

<sup>11</sup> National Records Scotland. 2020. Deaths involving coronavirus (COVID-19) in Scotland, Week 19. p.18 <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-19.pdf>

<sup>12</sup> Walsh, D. 2017. The changing ethnic profiles of Glasgow and Scotland, and the implications for population health. Glasgow: Glasgow Centre for Population Health. P.14. <https://pdfs.semanticscholar.org/432c/b2d0557449b2f5e80034a5cf50335c3c6588.pdf>

<sup>13</sup> *Ibid.* p.14.

<sup>14</sup> National Records Scotland. 2020. Deaths involving coronavirus (COVID-19) in Scotland, Week 19. p.18 <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-19.pdf>

<sup>15</sup> *Ibid.* p.17.

<sup>16</sup> Meer, N. et al. n.d. English Language Education for Asylum Seekers and Refugees in Scotland: Provision and Governance. GLIMER (Governance and the Local Integration of Migrants and Europe's Refugees).

[http://www.glimer.eu/wp-content/uploads/2019/09/Policy-Brief\\_Scotland.pdf](http://www.glimer.eu/wp-content/uploads/2019/09/Policy-Brief_Scotland.pdf)

<sup>17</sup> Meer, N. (2020) Appendix I: Self-Reported Discrimination in Scotland, 2015–2019. *Taking Stock: Race Equality in Scotland.*

Nasar Meer. London: Runnymede Trust. P.38.

<http://runnymedetrust.org/uploads/Scottish%20Equality%20report%20v3.pdf>

additional NHS charge; displaced people with No Recourse to Public Fund (e.g. refused asylum seekers, new refugees caught in the 'Move On' period, appeal-rights-exhausted asylum seekers), who can access the NHS under specific conditions<sup>18</sup>; people on spousal visas who have left their partner and have therefore exceeded the terms of their visa (who are predominantly women); and undocumented migrants, who have very limited access to the NHS and may be reported under the terms of the Hostile Environment.

2.2. Since COVID-19, medical representative groups including the British Medical Association and Doctors of the World UK have therefore called on the UK Government to suspend regulations obliging migrants to pay for accessing the NHS, as well as putting an end to data sharing with the Home Office, which they say risk 'undermining national efforts to stop the spread of Covid-19'.<sup>19</sup> No Recourse to Public Fund migrants do in principle have access to is 'diagnosis and treatment of infectious diseases', so there should be no need for NHS workers to carry out immigration checks or report if treating a suspected COVID-19 patient<sup>20</sup>. However, migrants without a formal status will continue to face barriers in accessing NHS services because NHS charging has deterred migrants from seeking healthcare in the first place, raising concerns of

deportation. Refugees and migrants should therefore be given access to NHS Scotland with no financial or legal penalty, pursuing a whole society approach recognising that it is impossible to maintain 'public health without refugee and migrant health'.<sup>21</sup>

2.3. Local authorities have some scope to intervene on No Recourse to Public Funds in certain circumstances (for example if a child is at risk). Historically, local authorities have been reluctant to use these powers, especially with asylum seekers<sup>22</sup>, but they should do so now. EU countries are showing that more equitable approaches are possible. In Ireland, for example, undocumented foreign nationals can access essential healthcare related to COVID-19 without fear of immigration services being informed, and also access Pandemic Unemployment Payment if they lose their job or are laid off due to COVID-19<sup>23 24</sup>; and the Portuguese government has committed to treating asylum seekers as permanent residents with access to health care, at least for the duration of the public health crisis.<sup>25</sup>

2.4. Responding to concerns raised about the COVID-19 vulnerabilities of those in immigration detention centres, these have rightly been emptied; Dungavel in South

<sup>18</sup> NRPf Network. nd. NHS healthcare for migrants with NRPf. <http://www.nrpfnetwork.org.uk/Documents/NHS-healthcare.pdf>

<sup>19</sup> Bulman, M. 2020. Coronavirus: Doctors call for suspension of NHS charging regulations as vulnerable groups 'effectively denied' healthcare. *The Independent*, 14 April <https://www.independent.co.uk/news/health/coronavirus-nhs-charging-migrants-public-health-bma-doctors-of-the-world-a9464626.html>

<sup>20</sup> NRPf Network. nd. NHS healthcare for migrants with NRPf. <http://www.nrpfnetwork.org.uk/Documents/NHS-healthcare.pdf>

<sup>21</sup> Kluge, H., et al. 2020. Refugee and migrant health in the COVID-19 response. *The Lancet*, 395(10232): 1237-1239.

<sup>22</sup> Meer et al. nd. Integration Governance in Scotland: Accommodation, Regeneration and Exclusion. GLIMER (Governance and the Local Integration of Migrants and Europe's Refugees).

<http://www.glimer.eu/wp-content/uploads/2019/02/Scotland-Accommodation.pdf>

<sup>23</sup> Department of Justice and Equality. 2020. Immigration service delivery: Impact of COVID-19 on immigration and international protection. Government of Ireland: <http://www.inis.gov.ie/en/INIS/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf/Files/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf>

<sup>24</sup> Migrant Rights Centre Ireland. 2020. Rights of undocumented workers to access social welfare supports during COVID-19. 22 April <https://www.mrci.ie/2020/04/22/rights-of-undocumented-workers-to-access-social-welfare-supports-during-covid-19/>

<sup>25</sup> Publico. 2020. Governo regulariza todos os imigrantes que tenham pedidos pendentes no SEF, 28 March: <https://www.publico.pt/2020/03/28/sociedade/noticia/governo-regulariza-imigrantes-pedidos-pendentes-sef-1909791>

Lanarkshire is believed to be ‘nearly empty’<sup>26</sup>. However, concerns remain about the vulnerabilities of asylum seekers with No Recourse to Public Funds in Scotland. In Glasgow, the Mears Group PLC (providing accommodation and support to asylum seekers) have moved those with No Recourse to Public Funds from dispersal accommodation into hostels and hotels where there are no social distancing measures; further, the Home Office has rescinded the £35/week subsistence because hostels and hotels are providing food, which means residents have no funds to seek support subsistence elsewhere<sup>27</sup>. This situation has alarming health implications for asylum seekers with No Recourse to Public Funds.

### 3. Compounding Determinants

3.1. The UK Government’s response to COVID-19 is likely to amplify the socio-economic disadvantage and racial discrimination that undergird ethnic health inequalities in Scotland. The same factors that predispose people from particular ethnic minorities to live and work in circumstances that engender chronic ill health are those that will make it harder for people from ethnic minorities to protect themselves from COVID-19 through effective social distancing<sup>28</sup>.

3.2. Overcrowding is of particular concern overcrowding for White Other migrants,

refugees, and Pakistani and Bangladeshi households in Scotland<sup>29</sup>, mitigating against effective social distancing. Although only 3% of NHS Scotland’s workforce is from an ethnic minority background<sup>30</sup>, and 7% to have non-British nationality<sup>31</sup>, healthcare and social work make up 28% of working people in the African ethnic group, and 22% of those in the Caribbean or Black group<sup>32</sup>. Similarly, 21% of working people in the Asian groups work in retail<sup>33</sup> and the Indian and Pakistani groups are overrepresented in transport<sup>34</sup>, where they are more likely to be required to work during the lockdown, risking exposure to the virus.

3.3. We anticipate disproportionate economic impacts from the lockdown that will amplify socio-economic inequalities between ethnic groups<sup>35</sup>. *The Independent’s* BMG poll, sampling adults across Great Britain, found that people from BAME households were already almost twice as likely as White British people to report having lost income and jobs<sup>36</sup>. The socioeconomic characteristics of the main ethnic minority groups in Scotland may result in different risks from the short-term effects of the current crisis. In Scotland, fewer Pakistani and White Gypsy/Traveller individuals are in paid work than in other groups, in the case of Pakistanis largely owing to economic inactivity among women looking after home or family (as also seen in the Bangladeshi group) and for

<sup>26</sup> BBC News. 2020. Coronavirus: UK detention centres ‘emptied in weeks’. 7 May.

<https://www.bbc.co.uk/news/uk-52560093>

<sup>27</sup> Goodwin, K. 2020. Asylum seekers’ lives ‘put at risk’ by decision to move them to hotels. 22 April.

<https://theferret.scot/asylum-seekers-moved-hotel-lives-at-risk-covid-19/>

<sup>28</sup> Haque, Z. 2020. Coronavirus will increase race inequalities. 26 March. London: Runnymede Trust.

<https://www.runnymedetrust.org/blog/coronavirus-will-increase-race-inequalities>

<sup>29</sup> Netto, G., Sosenko, F., & Bramley, G. 2011. *Poverty and ethnicity in Scotland*. York: Joseph Rowntree Foundation. P.7

<http://www.employabilityinscotland.com/media/131787/poverty%20ethnicity%20Scotland%20full.pdf>

<sup>30</sup> Auditor General. 2017. Scotland’s NHS workforce:

The current picture [https://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr\\_170209\\_nhs\\_workforce.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170209_nhs_workforce.pdf)

<sup>31</sup> Office for National Statistics. 2019. International migration and the healthcare workforce

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/articles/internationalmigrationandthehealthcareworkforce/2019-08-15>

<sup>32</sup> Scotland’s Census. 2018.

<https://www.scotlandscensus.gov.uk/labour-market>  
<https://www.scotlandscensus.gov.uk/labour-market>

<sup>33</sup> *Ibid.*

<sup>34</sup> Scottish Parliament. 2016. Ethnicity and employment. [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB\\_15-31\\_Ethnicity\\_and\\_Employment.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-31_Ethnicity_and_Employment.pdf)

<sup>35</sup> Joyce, R. and Xu, X. 2020. Sector shutdowns during the coronavirus crisis: which workers are most exposed? IFS Briefing Note BN278. London: Institute for Fiscal Studies. <https://www.ifs.org.uk/publications/14791>

<sup>36</sup> BMG Polling. 2020. BMG Polling results on behalf of The Independent <https://www.bmgresearch.co.uk/bmg-polling-results-on-behalf-of-the-independent-2/>

White Gypsy/Travellers, economic inactivity due to long-term sickness or disability<sup>37</sup>.

3.4. This uneven engagement in paid work is reflected in the data on poverty which finds that whereas 14% of White British people in Scotland were in relative poverty, this affected 20% of people from non-White ethnic groups; after taking account of housing costs, the situation is even starker, with 36% of non-White ethnic minority people in poverty compared with 17% of the White British group<sup>38</sup>. Ethnic minorities in Scotland are concentrated in the lowest paid occupations, particularly the White Polish group (with 35% employed in elementary occupations), the White Gypsy/Traveller group (with 20%), Black African (18%) and Other Asian/White Other groups (17%)<sup>39</sup>. Certain ethnic minority groups are particularly concentrated in shutdown industries. For example, 50% of Pakistani, 31% of White Polish and 30% of Indian people in Scotland work in hotels and restaurants<sup>40</sup>. Comparable data analysis from England and Wales has shown that Bangladeshi and Pakistani men are four times as likely to work in shutdown sectors as White British men due to their concentration in the restaurant and taxi-driving sectors; meanwhile Black African and Black Caribbean men are 50% more likely than White British men to be in shutdown sectors<sup>41</sup>. In England and Wales, Pakistani and Bangladeshi workers in shutdown industries are more likely than other groups to have no

employed partner, whose income could potentially be fallen back upon, or to have an employed partner earning low pay<sup>42</sup>.

3.5. Drawing on UK-wide data, we know that ethnic minorities have been incorporated into our segmented labour market in ways that have directed them predominantly towards sectors offering few job protections, including provisions for sick leave and sick pay.<sup>43</sup> Compared with White British workers, ethnic minority workers in the UK are more likely to be on agency contracts or zero-hours contracts and more likely to be in temporary work.<sup>44</sup> Larger percentages of some ethnic minorities, notably Pakistanis, are self-employed and thus likely to lose income during the lockdown.<sup>45</sup>, meaning that they are very likely to have lost income during the current lockdown.

3.5. Housing precarity is also concentrated in ethnic minority households. Across the UK as a whole, ethnic minority groups in the UK are more reliant on private rented housing than the White British majority – and particularly new migrants, who are overwhelmingly reliant on private rented accommodation<sup>46</sup> and thus at risk of being unable to pay rent in the lockdown.

#### 4. Intersecting Vulnerabilities

4.1. With these contextual factors in mind, ethnic minority women are especially vulnerable from the economic impacts of the

<sup>37</sup> Scottish Government. 2015. How do Scotland's Ethnic Groups Fare in the Labour Market? P.80.

<https://www.nrscotland.gov.uk/files/statistics/rgar2014/rgar-14-invited-chapter.pdf>

<sup>38</sup> Kelly, M. 2016. Poverty and ethnicity: key messages for Scotland. York: Joseph Rowntree Foundation. p.8.

[https://cpag.org.uk/sites/default/files/key\\_messages\\_scotland.pdf](https://cpag.org.uk/sites/default/files/key_messages_scotland.pdf)

<sup>39</sup> *Ibid.* p.16

<sup>40</sup> *Ibid.* p.16

<sup>41</sup> Platt, L. and R. Warwick. 2020. Are some ethnic groups more vulnerable to COVID-19 than others? London: Institute for Fiscal Studies. p.19.

<https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

<sup>42</sup> *Ibid.* p.21-22

<sup>43</sup> Qureshi, K., et al. 2014. Long-term ill health and the social embeddedness of work: a study in a post-industrial, multi-ethnic locality in the UK. *Sociology of health & illness*, 36(7), 955-969.

<sup>44</sup> Trade Union Congress. 2019. BME workers far more likely to be trapped in insecure work, TUC analysis reveals, 12 April: <https://www.tuc.org.uk/news/bme-workers-far-more-likely-be-trapped-insecure-work-tuc-analysis-reveals>

<sup>45</sup> Scottish Government. 2015. How do Scotland's Ethnic Groups Fare in the Labour Market? P.80.

<https://www.nrscotland.gov.uk/files/statistics/rgar2014/rgar-14-invited-chapter.pdf>

<sup>46</sup> Shankley, W., and N. Finney. 2020. Ethnic minorities and housing in Britain. In *Ethnicity, race and inequality in the UK: State of the nation*, edited by B. Byrne, C. Alexander, O. Kahn, J. Nazroo, and W. Shankley. Bristol: Policy Press, p.149 and 158.

COVID-19 response. In recent years, data from England and Wales shows that ethnic minority women – particularly women from British South Asian and Black British groups – have lost a greater share of income than other population groups due to loss of employment, changes to social security benefit payments, and public spending cuts during the previous recession and roll-out of austerity.<sup>47</sup>

4.2. Of particular concern from a health equity perspective are the reports that the lockdown has led to increasing rates of domestic violence<sup>48</sup>. Women from ethnic minority backgrounds can face particularly complex forms of domestic abuse, and vulnerability to domestic violence is exacerbated by migration status insecurities among those subject to immigration control.<sup>49</sup> Numerous classes of migrants with NRPF remain unprotected by domestic violence rules, including those on student visas, work permit holders and domestic workers, who are denied vital routes to safety.<sup>50</sup> The additional £1.5 million recently made available to Scottish Women’s Aid and Rape Crisis Scotland for domestic abuse services is a welcome development,<sup>51</sup> although it is unclear how much of this funding will go towards much-needed specialist provision for minority groups<sup>52</sup> – a sector where UK austerity

policies have led to very significant shortfalls in funding.<sup>53-54</sup>

## 5. Children and Young People

5.1. Minority ethnic groups in Scotland, particularly Pakistani, Arab, Bangladeshi and Black African groups are more likely to have dependent children in the household, and more likely to have three or more dependent children than other ethnic groups<sup>55</sup>. These minorities will therefore be particularly affected by the childcare pressures created by school closures.

5.3. With the medium and long-term impacts of the lockdown in mind, disruptions to education may impact unequally for young people of minority ethnic backgrounds in Scotland. With secondary pupils in Scotland to be awarded qualifications this year based on coursework, previous performance and teacher assessment<sup>56</sup> the Runnymede Trust has raised concerns about the likelihood of pupils from lower socio-economic backgrounds (specifically higher attaining students from lower SES backgrounds), and Black and Gypsy/Traveller students being at risk of having their final

<sup>47</sup> Hall, S.M. et al. 2017. Intersecting inequalities: the impact of austerity on Black and Minority Ethnic women in the UK. Women’s Budget Group and the Runnymede Trust with Reclaim and Coventry Women’s Voices. p.21 and 28. <http://wbg.org.uk/wp-content/uploads/2018/08/Intersecting-Inequalities-October-2017-Full-Report.pdf>

<sup>48</sup> BBC News. 2020. Coronavirus: Lockdown ‘increasing’ domestic abuse risks. 19 April <https://www.bbc.co.uk/news/uk-scotland-52338706>

<sup>49</sup> Mirza, N. 2016. The UK government’s conflicting agendas and ‘harmful’ immigration policies: Shaping South Asian women’s experiences of abuse and ‘exit’. *Critical social policy*, 36(4), 592-609.

<sup>50</sup> Southall Black Sisters. 2020. The Domestic Abuse Bill & Migrant Women: Briefing Paper 2. <https://southallblacksisters.org.uk/wp-content/uploads/2020/03/DA-Bill-Briefing-Paper-2.pdf>

<sup>51</sup> Scottish Government. 2020. Support for victims of domestic violence during COVID-19 outbreak. <https://www.gov.scot/news/support-for-victims-of-domestic-violence-during-covid-19-outbreak/>

<sup>52</sup> Gill, A. 2020. As with so much else, black and minority women have been left out of the national

domestic violence conversation. 12 May <https://www.independent.co.uk/voices/coronavirus-domestic-violence-women-girls-bame-race-a9510156.html>

<sup>53</sup> Sandhu, K., & Stephenson, M. 2015. Layers of inequality—a human rights and equality impact assessment of the public spending cuts on BAME women in Coventry. *Feminist Review*, 109(1), 169-179.

<sup>54</sup> Hall, S.M. et al. 2017. Intersecting inequalities: the impact of austerity on Black and Minority Ethnic women in the UK. Women’s Budget Group and the Runnymede Trust with Reclaim and Coventry Women’s Voices. p.41. <http://wbg.org.uk/wp-content/uploads/2018/08/Intersecting-Inequalities-October-2017-Full-Report.pdf>

<sup>55</sup> Scottish Government. 2019. Tackling child poverty: first year progress report - Annex C Ethnicity Breakdowns. <https://www.gov.scot/publications/child-poverty-minority-ethnic-families-annex-c-tackling-child-poverty-delivery-plan-first-year-progress-report/>

<sup>56</sup> Johnson, S. 2020. Scotland’s school exams cancelled for first time in history. 19 March <https://www.telegraph.co.uk/politics/2020/03/19/scotland-s-school-exams-cancelled-first-time-history/>

grades under-predicted, compared to their peers from privileged and other ethnic backgrounds<sup>57</sup>.

5.3. Child poverty in Scotland varies strikingly between ethnic groups, with 40% of ethnic minority children in relative poverty compared to 23% of White children; the rates are particularly high in the Asian British and Other ethnic groups<sup>58</sup>. This is connected to the higher percentage of minority ethnic children living in households where no adult is in paid employment – 16.4%, compared to 11.7% of all children in Scotland<sup>59</sup>. Minority ethnic households with children also have a lower rate of hourly pay, on average – £10.06 per hour, compared to £12.15 per hour for all households with children in Scotland<sup>60</sup>. Furthermore, minority ethnic households with children in Scotland spend a higher proportion of their income on housing costs<sup>61</sup>. Children already in poverty are especially likely to be impacted by economic insecurity due to the lockdown.

## 6. A Reformed Approach

6.1. Our submission of evidence indicates that the Scottish Government response needs to consider the inequalities broadly experienced by ethnic minority groups, both in the short-run of the lockdown and also in the medium- and long-terms, with the likely recession ahead. Mindful of the government's signalled intention to ease restrictions in ways that 'promote solidarity... promote equality... [and] align with our legal duties to protect human rights'<sup>62</sup>, we offer the following suggestions to support the Scottish Government with its commitment to safeguarding ethnic minorities:

6.2. In the short-term:

- Ethnicity data needs to be monitored, as it has been in England and Wales, to check the representation of ethnic minorities among COVID-19 cases and deaths in Scotland and to map out underlying factors.
- The Scottish Government should actively seek out community-based organisations from ethnic minority communities to develop an understanding of the specific healthcare dynamics of COVID-19 within the populations they serve. Marginalised community groups will not have capacity to respond to calls for evidence, so the Scottish Government needs to be proactive.
- It is crucial to have inclusive NHS interpretation services in order to support Black and Minority Ethnic groups to obtain timely medical advice during the pandemic, including over telemedicine (NHS 111), which are now also crucial conduits for legitimating sick leave and sick pay. NHS Scotland should immediately review the extent to which COVID-19 public health information and telemedicine has been made available in community languages.
- The rights of people with No Recourse to Public Funds to healthcare for the treatment of infectious diseases (and other conditions) should be translated into minority languages and widely disseminated in healthcare settings and more widely in communities.
- The Scottish Government should encourage local authorities to use their powers to intervene on No Recourse to Public Funds and support efforts to end NHS immigration checks, health charging and data sharing between the NHS and the Home Office in order to extend the health protection currently offered. Repealing No Recourse to Public Funds would be

<sup>57</sup> Runnymede Trust. 2020. Predicted grades & BME students. <https://www.runnymedetrust.org/blog/follow-up-letter-predicted-grades-and-bme-students>

<sup>58</sup> Scottish Government. 2019. Tackling child poverty: first year progress report - Annex C Ethnicity Breakdowns. <https://www.gov.scot/publications/child-poverty-minority-ethnic-families-annex-c-tackling-child-poverty-delivery-plan-first-year-progress-report/>

<sup>59</sup> *Ibid.*

<sup>60</sup> *Ibid.*

<sup>61</sup> *Ibid.*

<sup>62</sup> Scottish Government. 2020. Scottish Government. COVID-19 – A Framework for Decision Making. April. <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/>



consistent with approaches to public health preparedness in the EU<sup>63</sup> <sup>64</sup>.

- The Scottish Government should explore the extent to which the current devolved settlement empowers local authorities to more robustly respond to the housing needs of displaced migrants with No Recourse to Public Funds. Homelessness, close-quartered accommodation and flat-sharing all pose a serious health risk during the pandemic. The Government could explore the extent to which there is scope for NHS Scotland to intervene on releasing recovered patients back into unsafe accommodation. The Government should encourage local authorities, notably Glasgow, to act under devolved housing powers and equalities duties, and with emergency COVID-19 funds to address the urgent housing needs of asylum seekers with No Recourse to Public Funds, alongside action addressing homelessness.
- The Scottish Government should provide teachers with guidance and support on how to ensure accurate assessments in order to reduce inconsistencies across groups of pupils, and remind schools about their duties under the Scotland Specific Public Sector Equality Duty (2012), including guidance on how to undertake Equality Impact Assessments before and after final exam grade assessments.

### 6.3. In the medium- and long-term:

- There are significant inadequacies in the national Coronavirus Act's regulation of sick pay and National Insurance provisions. Statutory sick pay is too low for working families. Further, these regulations do not

benefit either those with insufficient income to qualify, or those in the gig economy – both disproportionately implicating ethnic minorities in the UK.

- The current level of Universal Credit is too low, and does not reflect the changes in social circumstances due to COVID-19. Its lengthy wait period and monthly assessment structure make it particularly inadequate to the current crisis. Furthermore, there are unaddressed racial inequities in exposure to economic risks, and Universal Credit has disproportionately reduced the social security income of ethnic minorities, not least because larger families and ethnic minority women are unduly affected by the two-child limit.
- Moves to provide welcome additional funding to carers and to people in crisis through increased Welfare Funds are much appreciated, although more is needed. The Scottish Government should use its powers to do more. IPPR Scotland has noted a number of options available, from topping up UK-wide benefits, to using some of the existing payments at the Scotland-level paid through the Social Security Scotland agency, or through local authorities<sup>65</sup>.
- The Scottish Government should explore whether Scotland's duty to UN equalities and human rights instruments can be mobilised to develop a Scotland-specific response to mitigate the unequal economic impacts of the lockdown and recession and develop long-term measures to better tackle

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<sup>63</sup> Department of Justice and Equality. 2020 Immigration service delivery: Impact of COVID-19 on immigration and international protection. Government of Ireland: <http://www.inis.gov.ie/en/INIS/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf/Files/Immigration-Service-Delivery-Covid-19-FAQ%5b3%5d.pdf>

<sup>64</sup> Meer, N. 2020. Coronavirus: We are risking a Covid-19 tragedy in Europe's refugee camps. The Scotsman, 7

April. <https://www.scotsman.com/news/opinion/columnists/coronavirus-we-are-risking-covid-19-tragedy-europes-refugee-camps-nasar-meer-2532139>

<sup>65</sup> Gunson, R. and R. Statham. 2020. Covid-19: How are families with children faring so far? IPPR Scotland <https://www.ippr.org/blog/covid-19-how-are-families-with-children-faring-so-far>

poverty and equality for all people on low incomes across all ethnic groups<sup>66 67</sup>.

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<sup>66</sup> Kelly, M. 2016. Poverty and ethnicity: key messages for Scotland. York: Joseph Rowntree Foundation. p.12 [https://cpag.org.uk/sites/default/files/key\\_messages\\_scotland.pdf](https://cpag.org.uk/sites/default/files/key_messages_scotland.pdf)

<sup>67</sup> Netto, G. 2016. Connecting Race Equality with Anti-Poverty Initiatives. In N. Meer (ed.) *Scotland and Race*

*Equality: Directions in Policy and Identity*. London: Runnymede Trust. p.17 <http://runnymedetrust.org/uploads/Scottish%20Equality%20report%20v3.pdf>