

Written Evidence Submitted by Black Thrive

Introduction

1. [Black Thrive](#) is a partnership that works to address the inequalities that negatively impact the mental health and wellbeing of Black people in Lambeth. We bring together individuals, local communities, statutory agencies and voluntary organisations to address structural barriers that prevent Black people from thriving. We place the voices of the community at the centre to influence policy, service design and practice. We aspire to build a culture where Black communities are supported by relevant, accessible services, which provide the same quality of support for all people regardless of their race.

Over the last few weeks, some segments of society have wrongfully described the pandemic as an equaliser. Whilst the virus does not discriminate and everyone is at risk of contracting it, existing structural inequalities mean the impact of the virus on peoples' lives is unequal. Black communities experience inequalities. The Covid-19 pandemic has amplified existing inequalities experienced by Black communities across many domains of their social lives (e.g. education, housing, employment, healthcare etc.) which limits their access to resources and opportunity.

3. Throughout history, Black communities have demonstrated their resilience in the face of adversity; identifying opportunity within a crisis and using their creativity to develop innovative solutions to improve the outcomes for their communities. The Covid-19 pandemic is no different; Black communities are disproportionately affected and they need to be at the forefront of driving an agenda for change. This document outlines structural changes that can be made by government and service providers to reduce inequalities and create an environment where Black communities can do more for themselves.

Scope

4. The submission will focus particularly on providing recommendations for the Government to address the racial inequalities exacerbated by the pandemic and the Government response on:
 - a. Existing racial inequalities within health, employment, education and housing outcomes of Black communities.
 - b. The unequal impacts Coronavirus is having on bereavement in Black communities.
 - c. Refugees, asylum seekers and people with No Recourse to Public Funds
 - d. Information sharing and access to information.
 - e. Access to preventative health advice, culturally significant foods and personal care.

The submission will also provide information on the extent of the inequality in the above domains.

Black Thrive Recommendations – Existing inequality is exacerbated by and not created by the Coronavirus pandemic.

5. Structural racism, marginalisation and social exclusion have created an environment where Black communities are being impacted negatively in a disproportionate way by the pandemic and the Government response to it. As these issues are systemic and deeply embedded within our institutions, Black Thrive puts forward three overarching recommendations as well as some additional recommendations that are specific to certain issues:
 - a. The unequal impacts Coronavirus is having on bereavement in Black communities.
 - b. Black communities with no recourse to public funds.
 - c. Information sharing and access to information.
 - d. Access to preventative health advice, culturally significant foods and personal care.

Recommendation 1: Address the equalities data gap

6. Black Thrive welcomes the Government's decision to record and monitor the ethnicity of Covid related deaths. However, documenting only the deaths resulting from Covid-19 infection as opposed to the impact Covid-19 may be having on social determinants of health and well-being limits the scope of any response to mitigate the broad and far-reaching impacts of the pandemic.
7. We urge the Government to collect, monitor and respond to the evident racial inequalities in:
 - a. Health and mental health outcomes.
 - b. Education and employment outcomes.
 - c. Access to housing.
 - d. Impacts the Coronavirus is having on bereavement.
 - e. Conditions for refugees, asylum seekers and people with No Recourse to Public Funds
 - f. Information sharing and access to information.
 - g. Access to preventative health advice, culturally significant foods and personal care.
8. The Government as a matter of urgency needs to ensure quality, accurate recording and monitoring of the protected characteristics across all services that are delivered or commissioned. The Government should work closely with local authorities, Black-led organisations and academia to build upon existing data sets and coproduce a methodology to collect and analyse this data.
9. We urge the Government to reconsider the use of the Webber Phillips Origins software to record, monitor and analyse ethnicity data due to the limitations noted in paragraph 18.

Recommendation 2: Conduct an in-depth Equalities Impact Assessment on the impact of the Pandemic on a broad range of health, economic and social outcomes

10. The pandemic has brought into sharp focus existing racial inequalities. Black Thrive specifically requests the Government to conduct quality, in-depth and independent Equality

Impact Assessments that pays due attention to the intersections of structural racism, especially Afriphobia and social deprivation as a social determinant of health and wellbeing. The assessments should measure the following racial inequalities in:

- a. Health and mental health outcomes.
- b. Education and employment outcomes.
- c. Access to housing.
- d. Impact of bereavement pandemic.
- e. Information sharing and access to information.
- f. Access to preventative health advice, culturally significant foods and personal care

Recommendation 3 : Provide support to and work directly with Black-led organisations and communities in your response to the Coronavirus.

11. There is a lack of Black representation at senior levels of decision making. The Government must work collaboratively with Black communities and Black-led organisations across all of the areas of their work to understand the nature of the challenge and to co-create solutions to address the inequalities we observe. System-wide initiatives like the 2005 Delivering Race Equality (DRE) did not create systematic change. The RAWOrg (Rights and Wellbeing of Racialised Groups) criticised their approach, and blamed its failures on how the initiative located “the problem within people from so-called ‘Black and minority ethnic’ (BME) groups rather than on the problems within systems and agencies that have reinforced inequalities”. A new approach is required which places people at the centre and communities in the driving seat.
12. This collaborative approach is necessary to ensure the lens by which the data is analysed and interpreted reflects the actual needs and will of Black communities. It will also ensure that the narrative of the impact assessment does not reinforce racist stereotypes and structural inequality.

Recommendation 4: Produce targeted communication for Black communities across all areas of the Government’s work.

13. Provision must be made available to ensure that information materials are accessible to people through different mediums. They must be available in different languages and in easy access formats for people with disabilities and/or learning difficulties. The materials will need to be tailored to respond to the different experiences and perspectives within Black communities (e.g. age, gender, religion, sexuality, disability etc.) and where possible, materials must be produced with Black-led organisations and communities to ensure that the materials resonate with and reach their intended audiences.

Understanding the context of the recommendations: *The impact on existing racial inequalities*

14. Black communities are more likely to be subjected to higher levels of surveillance (e.g. stop and search) and more coercive experiences within the statutory system (e.g. criminal justice, mental health, education system) all of which has a profound impact on their health and social

outcomes. The pandemic has further exposed and amplified the disparities and inequality that we have been seeing for decades. This pattern is not unique to what Black Thrive observes in Lambeth, but is a global phenomenon which highlights how pervasive the 'isms' are within society.

15. Black Thrive welcomes the Government's call to review how the pandemic and the measures taken are impacting people across the nine protected characteristics. Whilst the virus does not discriminate, emerging data is showing that Black, Asian and minority ethnic groups have poorer social, economic and health outcomes. Any review needs to pay greater attention to the connection between racial inequality and wider systems of oppression (e.g. racism, sexism, heterosexism, homophobia etc.) and the disproportionately negative health and socio-economic outcomes for Black communities in the UK.
16. Although there is plenty of evidence that racial disparities exist and are most acutely felt by Black, Asian and Minority Ethnic communities, robust and consistent collection of data on ethnicity across most health and social care services is lacking. The availability of data that is disaggregated by gender is easy to come by, but more often than not, this data is not available for ethnicity. Just over a quarter of the Black Thrive survey respondents cited the need for better understanding of the differential impacts the pandemic is having on Black people.
17. Tracking ethnicity data on Covid-19 related deaths alone without exploring the wider impact of the Government's measures will make it difficult for agencies to develop appropriate interventions to groups who are at higher risk of being impacted by the pandemic. Any programme that seeks to mitigate the impacts of the pandemic, but fails to attend to the racialised experience of Black communities will at best be ineffective and at worst create and exacerbate vulnerabilities.
18. Black Thrive has serious concerns about the Government's decision to utilise the Webber Phillips Origins software to record and monitor information on ethnicity for the review of the impacts of the pandemic on racialised communities. According to information on the Webber Phillips website, the Origins software "infers a person's cultural background and ethnicity from their name" but this has limitations as "*Jewish and the Black Caribbean populations are two that Origins tends to underestimate*". In light of this and the data which indicates that Black people from Caribbean backgrounds have a disproportionately high number of Covid related deaths, the data will likely present an inaccurate picture of the level of inequality that exists.

Additional Recommendations: *The unequal impact on mental well-being and physical health*

19. **Recommendation 5: Address racial bias in law enforcement.** Ensure that law enforcement officers are aware of their role in facilitating Black communities to participate in exercise outside of the home without fear of harassment.

20. **Recommendation 6: Increase access to telemedicine** to increase options for people to access advice and treatment from home; provide health services from non-medical venues where people with Coronavirus are not being treated.
21. **Recommendation 7: Increase the provision of mental health services and funding.** The government must begin to support chronically underfunded local mental health trusts and voluntary organisation with resources and funding, and equip services to anticipate and respond to the rising mental health support needs both now and in the future.

Understanding the context of the recommendations: *The impact on mental well-being and physical health*

22. Black Thrive supports Charity So White's assertion and urges the Government to be cautious and seek guidance. *"When discussing comorbidities, however, it is crucial to recognise that this is a nuanced issue and we must be cautious not to engage in biological racism, for example the...[...]assumption that individuals from BAME backgrounds are inherently more likely to have diabetes. Such assertions erase the important intersection of poverty and race in health inequalities."*
23. There is a higher prevalence of people living with three or more long-term conditions in Black and Asian ethnic groups. People from these communities are often diagnosed years earlier than their white counterparts. Through our work with statutory partners, it has become apparent that the pandemic has caused disruptions for people to access prescriptions, emergency services and routine health and care. The poor quality of equalities data makes it difficult to ascertain which groups are under-represented.
24. Through our research Black people with long-term conditions have reported they are not accessing services due to the Government's guidelines to self-isolate; services they would ordinarily access have been suspended; they do not have support to access prescriptions or attend appointments as carers may be self-isolating; not aware that some services are still operating; fearful of the potential unintended consequences of contracting the virus after accessing health services. This is a cause for concern as the lack of access to medical treatment is likely to make it difficult for people to manage their conditions, which may lead to health complications and an increase in avoidable deaths. A respondent to the Black Thrive survey said *"... I am... 22 year[s] old ... recently diagnosed with Emotionally Unstable Personality Disorder. The service I access cannot see me for the foreseeable future"*
25. Due to Black communities experiencing more coercive treatment from law enforcement, some people may experience more barriers to adopting health-protective behaviours (e.g. exercise, healthy eating etc.) for fear of being fined or arrested. One survey respondent said *"An increased police presence on the streets may keep BAME people trapped in their homes for longer, reluctant to buy essentials or exercise"*
26. Before the pandemic, Black communities experienced a range of barriers to physical activity with 29% of Black people reporting that they were physically inactive^[1]. During lockdown

people have been advised to stay at home unless they are essential workers, accessing essentials or taking exercise. Some sections of the Black community, in particular people who have had negative interactions with law enforcement, do not feel confident to leave their homes to access essentials or to take regular exercise. Being physically inactive during lockdown is likely to have an adverse effect on the community's mental and physical health.

27. Due to Black people's exposure to interpersonal and structural racism, they are disproportionately affected by poor mental wellbeing. In Lambeth, 26% of the population identify as Black African or Caribbean. However, 50% of patients in high secure and 67% of the patient population in low and medium secure psychiatric wards are from Black backgrounds. This is not solely a Lambeth phenomenon and high detentions rates are observed nationally. Additionally, mental health services do not deliver the same positive outcomes for Black people when compared with their White counterparts. For example, data held by Black Thrive shows that in Lambeth, Black people accessing Talking therapy were 1.4 times less likely to meet national recovery thresholds. Our concern is that the lack of access to culturally appropriate therapy and Covid-19 will exacerbate these inequalities.
28. People in secondary mental health services have lost vital links to peers and advocates. Feedback from the Community Support Network South London, a mental health advocacy charity noted that they contact their clients who are in inpatient wards on the phone, however, there are limitations and concerns that the most vulnerable will not have access to mental health advocacy and peer support services.
29. Evidence submitted to Black Thrive by a mental health service user also highlighted the decline in in-patient experience. *"My recent experience of being sectioned and being dumped on a psychiatric ward without family or friend's knowledge, led me to further observe the rapid disintegration of [trust] towards the treatment of mental-health in-patients especially those of African and Caribbean heritage. ... I was diagnosed with COVID19 which gave [... the] powers that be... [redacted] hospital to further isolate me from any of the patients and staff on [the ward] and I had no ward round for 3 weeks. This is a fundamental and serious breach [...] I had to resort to a formal complaint in the end."*
30. The impacts of social distancing measures on mental health were apparent in our survey. Over 60% of survey respondents said mental health and well being was a concern for them and/or their friends and family. This impact is likely to have a disproportionate impact on Black communities. Charity So White observed that closure of cultural spaces and places of worship is likely to have a compounding effect on Black communities' risk of loneliness and isolation. A recent Government [Survey of Londoners](#) showed that loneliness and social isolation are more common amongst those facing wider disadvantage, with Black Londoners indicating higher rates of social isolation.
31. The Living Well Network Alliance highlighted that people who had been ventilated were at higher risk of experiencing trauma, anxiety and economic loss. The [Intensive Care National Audit and Research Centre highlights that](#) Black people affected by Covid-19 are over-represented in Intensive Care Units. They are also likely to be at greater risk of experiencing trauma and may need access to culturally appropriate services to support their mental health.

Additional Recommendations: Unequal impacts Coronavirus is having on bereavement in Black communities.

32. **Recommendation 8: Provide culturally appropriate therapeutic support** for communities who are bereaved and support for frontline workers who have cared for people affected by Covid-19. Decisions on how and where this work can be best done must be made in collaboration with communities, Black-led organisations, including partnerships with faith groups.
33. **Recommendation 9: Financial support for families affected by bereavement.** The Government should create a bereavement fund that provides the necessary financial assistance for people affected by bereavement.
34. **Recommendation 10: Investment in peer support groups.** Much like support groups exist for people who may have been affected by suicide, the Government must provide resources for the establishment of quality and culturally appropriate peer support services for people who have been affected by the Coronavirus.

Understanding the context of the recommendations: *The unequal impacts Coronavirus is having on bereavement in Black communities.*

35. The overrepresentation of Black communities in Coronavirus related deaths means many Black people are confronted with multiple bereavements. The lack of information on how to observe cultural practices on burials and lack of information on the status of friends or family in hospital have a compounding emotional and economic impact.
36. Evidence of these impacts was noted in our survey one respondent noted *"I'm just worried about not being able to bury dead people. Nine nights are important out here"*. Another spoke of the lack of clear information, *"Losing a family member to Covid-19 show that the government lack information...[means] that loved ones are left in the dark about family members dying from covid."* The high number of bereavements impacting each person was observed in the responses to our survey, *"Unbelievable the impact on myself as I am being treated for it and I have lost at least 4 friends to it and one in particular knocked me off my feet emotionally."*

Recommendation: The unequal impacts on employment

37. Please refer to recommendations 1 – 4.

Understanding the context of the recommendations: *The impact on employment.*

38. Black people are overrepresented in keyworker, front-line jobs and within those roles, are overrepresented in the number of Coronavirus cases and deaths. Specifically, NHS medical staff, social workers, NHS non-medical staff and non-legal tribunal members are all disproportionately likely to be from a Black or Minority Ethnic background. [The HSJ last](#)

[week](#) revealed 63% of health and social care staff known to have died from the virus were Black or Asian, despite these groups only making up 16 per cent of the NHS workforce.

39. Troubling reports are beginning to emerge that some Black and Minority Ethnic workers are being bullied and forced to undertake more dangerous duties whilst at work. A meeting hosted by [Stand up to Racism](#) on Covid-19 and disproportionate BAME Deaths, reports of some Black and Minority Ethnic frontline workers were not being given the same PPE as their white counterparts.
40. Black Thrive welcomes NHS England's recommendation to health trusts to assess Black, Asian and Ethnic minority (BAME) workers as "at potentially greater risk" from Coronavirus. An example of good practice can be found at the Somerset Foundation Trust. [According to the HSJ](#), the Trust has now included *"all its BAME staff in the vulnerable and at-risk group and is asking managers to have conversations with them and discuss concerns. The Trust also said all BAME colleagues and their families will be able to access testing within the first five days of developing any symptoms, and any who require an FFP3 mask — which offers greater protection than a normal surgical mask — will be supported to be fit-tested as soon as possible. Staff were also reassured covid-19-related sick leave would not affect their future progress or job role."*
41. Loss of income and financial hardship was a common and recurrent theme in the Black Thrive survey. Those who were self-employed, working on zero-hour contracts, and freelancers who found themselves unable to work as a result of the pandemic, felt there was not enough Government support available to them. This was putting them at high risk of homelessness as they are unable to meet their rents and also at high risk of being impacted by food poverty. The back-log in the Universal Credit scheme and the allowance of £100/week is not adequate to meet the basic needs of most people and has further compounded the economic distress felt by participants in our research.

Additional Recommendations: *The impact on education*

42. **Recommendation 11: Provide people who have had their exams cancelled with the option to either have their grade predicted, or to sit the exams in the next year when schools and colleges reopen.** Students who opt to have their grades predicted should also be provided with a clear, fair and accessible route to appeal their result.
43. **Recommendation 12: Work with the Black-led and other voluntary organisations to provide adequate resources and support for parents** home schooling children during this time, to ensure children do not fall behind; education authorities need to provide clarity about how children who have missed education will be supported once the current lockdown is over.

Understanding the context of the recommendations: *The impact on education*

44. Exams have been cancelled for all students this summer. OFQUAL have stated that grades will be awarded based on 'carefully considered judgements of the grades schools and

colleges believe their students would have been most likely to achieve if they had sat their exams'. This is likely to include past performance data, target grades and the subjective assessment. Such an approach will disadvantage Black students, given that Black university applicants had the lowest percentage of predicted grade accuracy with only 39.1% of grades reflecting actual performance¹. This lack of accuracy includes both the highest level of over-prediction and under-prediction being attributed to Black Students. This is likely to predicate disadvantage downstream because students options for further study will be limited and will further entrench further educations inequalities.

45. Homeschooling may also represent a challenge for BME households due to the 'digital divide' (i.e. differential access to the internet and computing resources). Recent data suggests that Black people have the second-highest level of internet non-users among all ethnic groups². Some schools are already providing computing equipment to students, but the approach is scattered and dependent on the discretion of schools and local authorities as to who is deemed 'disadvantaged' for the purpose of the scheme.

Additional recommendations: The unequal impacts on housing

46. **Recommendation 13: Provide rent and council tax relief for people in rented accommodation.**
47. **Recommendation 14: Increase support for people who may not be able to safely self isolate in their homes.**
48. **Recommendation 15: Increase support for those recently made homeless or are at risk of homelessness.** We are encouraged by the work the Government has done to rehouse people who are homeless. This measure does not go far enough as recent reports note that people at risk of homelessness are having to wait 6-12 weeks to be rehoused by the Government.

Understanding the context of the recommendations: *The impact on housing*

49. Supported housing: There is a risk that people with mental and physical health conditions living in supported housing are falling through the cracks as a result of staff social distancing. This means for many, the support can be too little too late. A parent of whose child is in supported housing told Black Thrive:

"My experience is that my son's provider was very slow off the mark in reassuring residents or relatives of plans in place to deal with the virus. They put plans place but too late for me... One of my key concerns was an increase in the use of bank staff and no communication about these changes. Therefore my anxiety was that, not only was my son at a high risk of contracting the virus because he shares a house with 4 others, plus staff; but

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32412/11-1043-investigating-accuracy-predicted-a-level-grades.pdf

2

<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-internet-usage-vary-for-different-ethnic-groups>

it was possible that if he got sick, he would be cared for by staff he didn't know, or that he would end up in hospital alone. My concern is that this is just one provider and it would be reassuring to know what actions commissioners are taking to ensure the providers they commission are taking appropriate action to keep residents as safe as possible and keeping relatives informed."

50. The same concerns are relevant for people with mental health needs living in the community and receiving floating support. We are aware that people are having difficulties implementing social distancing measures, which raises concerns.
51. The [Government's English Housing Survey](#) (2014/15,2015/16 and 2016/17 combined) shows that those who come from a minority ethnic background are more likely to be living in overcrowded accommodation. The Government advice on self-isolation is difficult and at times impossible for people who live in shared accommodation, large family households and those who may be impacted by overcrowding.
52. An article written in [City Metric](#) magazine said: "The sheer number of people sharing a single building can also increase the threat from communicable diseases ... when hundreds of people share a building's hallways, door handles and lift buttons". This information is especially relevant to the current Coronavirus pandemic as people living in tower blocks are not being provided with tailored support, advice and guidance to limit the transmission of the virus.
53. [Data gathered by Black Thrive found that in 2018](#), Black households were nearly 13 times more likely to be statutorily homeless and living in temporary accommodation compared to White British households. Homeownership is low amongst Black communities when compared with their white counterparts. As such, Government's failure to institute meaningful rent freezes whilst instituting mortgage holidays is a measure that had a disproportionately negative impact on Black people, especially people impacted by poverty.

Additional Recommendations: *Refugees, asylum seekers and people with No Recourse to Public Funds*

54. **Recommendation 16: Provide credit emergency programmes** to which undocumented migrants would be eligible, without sharing their data with other services that might cause subsequent persecution/intimidation.
55. **Recommendation 17: We believe that the UK Government and local authorities should urgently implement the measures called for by [Project 17 and other organisations](#),** including improving communication, reducing the risk of homelessness and ensuring that people do not go hungry.
56. **Recommendation 18: Provide shelters for longer periods** to provide users with more stability to make plans for the post-Covid-19 recovery period.

Understanding the context of the recommendations: The impact on refugees, asylum seekers and people with No Recourse to Public Funds

57. We are concerned that insufficient attention has been paid to the needs of refugees and asylum seekers, and that the Home Office appears to be washing its hands of any responsibility for helping people with no recourse to public funds (NRPF), the majority of whom are Black.
58. We anticipate that there will be an increase in people with NRPF when people lose their jobs. No concessions have been made and it is still open to interpretation as to whether Covid-19 emergency funding can be used to assist people with NRPF. Other countries have made their humanitarian positions clear, for example, Portugal has granted all migrants access to services and Ireland has created a firewall to allow access to medical services.
59. The main challenges indicated by three organisations we interviewed were:
- a. Language barriers to accessing official information and instructions regarding the pandemic impacts and related restrictions and rules in the UK.
 - b. Lack of stable internet connection to access online guidance and services provided by the government and by these organisations.
 - c. Severe disruption in work and incomes as many were self-employed and/or workers in informal sectors or with no protection/labour rights, also in activities deeply affected by the quarantine restrictions such as cleaning, informal caring, bars/restaurants, small sales in public spaces etc.
 - d. Difficulty in accessing food banks and emergency shelters as these services have been receiving increasing demand.
 - e. Lack of means to keep the hygiene and isolation requirements in crowded accommodations in unhealthy conditions.
 - f. Beneficiaries' ineligibility for universal credit owing to undocumented status;
 - g. Avoidance by beneficiaries to access NHS services owing to fear of eventual charge which they would not be able to pay, intimidation related to their undocumented status, data sharing with other government services (which might cause criminal persecution or deportation etc).

Recommendations: *The impact on information sharing and access to information*

60. Please refer to recommendations 1 – 4.

Understanding the context of the recommendations: *The impact on information sharing and access to information*

61. Social distancing measures have led to increased difficulties in communication, especially between friends and family of people admitted to hospital. As Black communities are disproportionately represented in intensive care units, their families and friends will also be impacted by the lack of communication which further increases stress and anxiety. One of our survey respondents noted that *“My mother in law who is a BAME NHS worker is currently being ventilated in intensive care. We are receiving very little information about her status and believe the unit is incredibly understaffed.”*

62. Lambeth's mental health services, the Living Well Network Alliance noted that it was more difficult now than ever as a result of strains on their systems to communicate with at-risk groups, especially those from Black communities. Years of chronic underfunding of Black-led organisations has placed grassroots organisations under stress which means that channels utilised by CCGs and other services are not able to function to capacity.
63. Respondents to our survey also noted that advice from the Government was often unclear and contributed to heightened confusion and anxiety. This lack of clarity has also impacted uptake of local services. A survey respondent mentioned: *"It has been extremely isolating. It has been difficult to get a repeat prescription for my inhalers. My son was extremely ill and it was hard to find information about how to make him more comfortable or know when to take him to the hospital. The text messages I receive from the NHS contradict themselves one message says not to go outside and just open your windows and another says you can go outside in the garden."*
64. Years of structural racism has compounded the mistrust between the Government and Black communities. The Government has been heavily criticised for its approach to disseminating information. This was reflected in the responses we received to our survey and in interviews that were conducted by our community researchers. The lack of clear, transparent and truthful information is driving mistrust between the Government and Black communities.
65. A recent Ofcom survey¹ highlighted that just under half of their respondents reported that they came across misinformation in the last week. The Ofcom's survey did not provide a breakdown by ethnicity, it is, therefore, difficult to understand what forms of misinformation are reaching Black communities and the perceived level of credibility of these information sources. Through our work, it has become apparent that there are several theories in circulation that are inaccurate. We need to understand that these often arise due to a lack of trust in the Government and healthcare systems more broadly where communities have been subjected to harm, or information of public interest has been withheld.
66. Several organisations and bodies have attempted to circulate information to counteract these narratives. However, these have been ineffective as these sources are not perceived by the community to be credible. It is important for Government agencies to be truthful, accountable and transparent in the communication and interactions with communities.
67. Lack of access to accurate and trusted information has led to negative consequences for some members of the Black community in several ways:
- a. It hinders an individual's ability to make informed choices that enable them to protect and safeguard their wellbeing (e.g. social distancing, accessing evidence-based treatment).
 - b. It creates barriers to accessing information/services that can support their social and economic resilience.
 - c. Individuals who hold these beliefs may be subjected to more coercive treatment (e.g. sectioning under the Mental Health Act) by professionals who do not understand the origins of a person's belief systems.

Additional Recommendations: Access to preventative health advice, culturally significant foods and personal care

68. **Recommendation 19: Promote ways in which healthy eating can help people maintain good health.** Government messaging needs to go beyond the physical advice of washing hands and exercising. Guidance and information should be provided to people on how they too can stay healthy and address any vitamin or nutritional deficiencies they may have through a balanced and healthy diet.
69. **Recommendation 20: Provide access to good quality, healthy and culturally sensitive food and personal care products.**
70. **Recommendation 21: A review of essential businesses needs to be conducted with a diverse population in mind as essential services are sometimes not universal across communities.**

Understanding the context of the recommendations: Access to preventative health advice, culturally significant foods and personal care.

71. Respondents to the Black Thrive survey noted that *“African and African Caribbean families [do] not have access to cultural competent government provision[s]”*. The pandemic has reduced their access to affordable, nutritious and culturally appropriate food and personal care products. Whilst we welcome the Government’s Operation Shield programme, the Government food provisions do not meet the cultural and nutritional needs of Black communities. Additionally, people have reported the food parcels received as part of Operation Shield contain foods with low nutritional value such as cereal, white bread, sugar, instant noodles, potatoes and with no fresh food or vegetables which conflicts advice from [the NHS Live Well programme](#), *“eating a healthy, balanced diet is an important part of maintaining good health and can help you feel your best...[and] Eating too much salt can raise your blood pressure, which increases your risk of getting heart disease or having a stroke.”* These are underlying conditions that make people more susceptible to contracting a more severe case of Covid-19.
72. There has been concern that the Government is providing very limited advice on how people can take preventative measures and ensure they are in good health during the pandemic. One survey respondent noted that: *“The government has refused to offer any [advice] on boosting the immune system. Most likely due to its fear of promoting non-medicinal preventative health care measures...[I] worry, that even during a pandemic, their best [advice] is to wash your hands.”*
73. Respondents to our survey noted there needs to be a culturally appropriate review of what is deemed “essential” across the UK’s diverse communities and the Government should “support local Black businesses to supply the products which are difficult to buy in the supermarket”. Black Thrive also emphasises the need for this work to be undertaken in collaboration with Black communities and local organisations that are embedded and have knowledge on these issues.
74. The lack of culturally appropriate provisions extends to services provided by private businesses. Black people are reporting not having access to essential personal care products. For example, a respondent to our survey noted that *“Many of the shops I would go to for*

food, hair care and body care are closed, as mainstream stores do not cater for Black people". Whilst mainstream stores remain open, they often do not stock products commonly used by Black communities (e.g. haircare for afro-textured hair, body butters and moisturisers).

Appendix 1: Data and Methodology

Methodology

Black Thrive conducted an online survey beginning on the 16th April 2020. As of the submission of this report, the total sample size is 320 of which a large proportion self-identify as Black (180), a smaller but substantial number self-defined as White (60). In terms of gender a high proportion of respondents identified as women (185), and in total 60% of survey respondents were Black women – a group often ignored in survey research. Respondents had a mean age of 43.76 years. Given Black Thrives focus on Lambeth, approximately 50% of the survey sample are Lambeth residents, other respondents are from across the country and not limited to London. The survey focuses on financial strain, well-being and personal as well as household risk factors. These data are supplemented by qualitative insights about how participants have been affected by the COVID-19 pandemic and what government activities could assist in improving understanding and quality of life

In addition to this survey data, Black Thrive, with its partners TSIP and McPin, have collected 11 in-depth interviews from Black citizens with a range of experiences and characteristics including those with disabilities, the self-employed and unemployed. The in-depth interviews covered diverse topics such as initial response to the pandemic, current experiences and prospects for the future. The interviews themselves were conducted by a cohort of community researchers who bring local knowledge and experience to the data collection allowing for rich description of the material and psychological experience of the current Coronavirus pandemic.

Finally, Black Thrive undertook extensive desk-based research and were also able to collect qualitative insights from organisations and people working with Black communities including but not limited to; community organisers, grassroots organisations, faith groups, community leaders.

^[1] *Physical Inactivity*, Ethnicity Facts and Figures, viewed 29 April 2020 [<https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest>].

ⁱ Ofcom 2020, *Covid-19 news and information: consumption and attitudes- Results by UK Nation (combined waves one to four of Ofcom's online survey)*, Ofcom, UK, viewed: 29 April 2020, https://www.ofcom.org.uk/_data/assets/pdf_file/0029/194609/covid-19-news-consumption-week-one-to-four-nations-results.pdf