Collaboratives on addressing racial inequity in covid recovery

Children and Families

Briefing Paper

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Introduction

The COVID-19 pandemic has had a disproportionate and negative impact on people from black, Asian, and minority ethnic communities in the UK.[1] The UK entered the pandemic already in a poor state of health with rising levels of child poverty and inequalities between socioeconomic groups and ethnicities[2] with public service cuts (particularly in poorer areas) and austerity having an impact on health[3]. The COVID-19 pandemic and the wider governmental and societal response have now further exposed the inequalities in our society. It is vital to consider the action needed to ensure everyone can enjoy the same opportunity for good health and wellbeing in the post-COVID-19 recovery.

The Race Equality Foundation are leading a set of collaborations to develop an evidence-led narrative and make practical recommendations to better ensure that the recovery phase from COVID-19 in the UK addresses racial inequity. This briefing relates to the 'Children and Families' collaborative where we present an overview of the direct and indirect impact of the pandemic on the 19.4 million families in the UK[4]. This briefing is based on a broad scope of the literature and draws on a range of sources (peer-reviewed empirical work, policy reports, and grey literature) relating to children and families generally and for ethnic minority groups specifically. It is not meant to be an exhaustive review but rather an overview of key points of interest to inform discussions to develop a set of evidence-led solutions. Where possible, the briefing outlines the evidence relating to different ethnic groups rather than considering 'ethnic minorities' as one collective group. However, this is not always possible due to reporting in the literature so caution must be applied when considering the findings across all ethnic groups.

The briefing first outlines the literature on the direct impact of Covid-19 as related to children and families followed by the indirect impact of the pandemic and public health measures with some concluding remarks.

1. Direct impact of COVID-19 virus on children and families

COVID-19 has had a disproportionate impact on people from ethnic minority groups, with increased **risk of infection and dying** from COVID-19 compared with White groups.[1,5] These disparities have largely continued during the pandemic for some ethnic groups, notably those from Bangladeshi and Pakistani and migrant population groups.[5] The overall risks to children and young people appear to be very small where most children show mild and uncomplicated course of COVID-19.[6,7] Hyperinflammatory syndrome, which has been associated with COVID-19 infections in children, are also extremely rare[8], although there are some initial indications of ethnic disparities. For examples, one population study of 651 children and young people reported that critical care admissions were associated with black ethnicity, with these children three times more likely to suffer severe COVID-19 than White groups.[9] This is consistent with reports for adult populations although the absolute risk is still very low for children of all ethnicities.

Studies are under way to gauge the effect of **Long COVID** but the evidence is still unclear due to different measurement criteria's and challenges confirming earlier infections when COVID-19 testing was limited.[10] It does appear that at least 10% of those infected with COVID-19 experience at least one symptom for 12 weeks or longer. For those who were not admitted to hospital, at least 20-30% experience at least one enduring symptom around one month later and at least 10% three months later. Long COVID appears to be more frequent in women and in young people (including children) than might have been expected from acute COVID-19 mortality.[11] Estimates from the ONS Infection Survey also indicates that 13% of children aged 2–10 year and 15% of those aged 12–16 years have had at least one persistent symptom five weeks after testing positive.[12] Long COVID can be very debilitating and some people need help with personal care months after the initial infection, however, it is unclear how the longer-term impact of persistent symptoms may feature and effect for children.

Socioeconomic circumstances and deprivation are a major driver of these COVID-19 related disparities,[1,5] where these groups are exposed to greater risks such as **occupational exposure, population density and household composition, coupled with pre-existing health conditions**.[5] For example, those from Pakistani and Bangladeshi backgrounds are more likely to reside in deprived areas, in larger households and in multigenerational families, while a higher proportion of Pakistani and Bangladeshi men work as taxi drivers, security guards and shopkeepers – all presenting a greater level of exposure to risks.[5] Risk factors relating to **housing and household composition** may be particularly relevant to children and families (although not the only factor). Ethnic minority groups are more likely to live in **overcrowded accommodation** compared with White people.[14] In the three years to March 2019, an average of around 787,000 (3%) of the estimated 23 million households in England were overcrowded where of these, around 2% were of White British households compared with 24% of Bangladeshi, 18% of Pakistani, 16% of Black African, and 15% Arab households.[15] Poor housing conditions can make an individual susceptible to contracting the virus and living in overcrowded housing or houses with multiple generations can mean they transmit the virus to household members (some who may be clinically vulnerable). Overcrowding also makes self-isolation and social distancing much more difficult and increased opportunities for within-household transmission for some ethnic groups.[13]

There is an important distinction to be made between overcrowded housing and households where several generations choose to live together. Only 3% of people aged over 65 live with children[16] but Bangladeshi, Indian and Chinese households are particularly likely to have older people over 65 living with children under the age of 16.[17] Benefits of **multigenerational living** include allowing cohabitants to share costs, reducing isolation among older people, and allowing older family members to help with childcare however, these can bring increased risks to vulnerable individuals. The impact of multigenerational households' remains mixed where a study of 12 million adults in the UK found no difference in the risk of death from COVID-19 in households with or without children. It is likely that an interaction between risk factors which are additive or multiplicative, as many of the risk factors are interrelated. It is important to recognise that diseases such as Covid-19 has thrived among ethnic minority communities because much of these inequalities are driven by racism and racial discrimination (e.g. in hiring processes, education, housing transactions, criminal justice, and healthcare and in interpersonal interactions).

2. Indirect impact of the COVID-19 pandemic response

Although children have been less directly affected by the virus in terms of infection and mortality rates, the containment measures and resulting social/economic impacts are likely to have exposed children and families to 'hidden harms' to their learning, development and mental and emotional health and wellbeing.[1] Many children and families have demonstrated very high levels of resilience during the pandemic and some families have even found their bonds strengthened by their extra time together in lockdown. However, a generation risk worsening health and having shorter lives post the COVID-19 pandemic.[1] This section outlines the key impacts on children and families, particularly from ethnic minority groups.

Families falling into poverty

The pandemic and associated societal response has had a deterioration in children and families socioeconomic conditions.[1] Many families have expressed worries about having enough money to stay afloat, affording food and heating, and paying household bills.[18] Overall, four million children were living in poverty before the pandemic and evidence suggests that an additional million people and 200,000 children face poverty as a result of the economic fallout caused by the pandemic.[19] Poverty rates are highest amongst families with children (11% in couple families without children compared with 26% for couple families with children and 48% in lone-parent families) and particularly those from black and minority ethnic families[20].

Families from ethnic minority groups have been most at risk of falling into poverty due to insecure employment and sources of income. Workers in 'shutdown sectors' (areas closed during lockdown), on precarious employment contracts (i.e. zero-hour contracts), and/or in low income self-employment (i.e. taxi driver) have experienced a significant financial impact due to the pandemic.[21] These groups tend to have especially high proportions of workers from ethnic minority groups. For example, Black African and Black Caribbean men are 50% more likely than White British men to work in shutdown sectors.[21] Furthermore, for 30–44 year old age group, 14% of White British and 40% for Bangladeshi men worked in shut down sectors where Bangladeshi workers were also more likely to have dependent children with a partner who is not in paid work.[21] These existing insecure employment arrangements have placed ethnic minorities at greater risks to COVID-19 and the deterioration in economic position.

The Government have provided financial support during the pandemic through increasing Universal Credit, the Coronavirus Job Retention Scheme and Self-employment Income Support Scheme (SEISS) but there is some evidence that those in insecure and precarious employment have not been accessing the range of support, many assuming that they are ineligible.[21] There are also known challenges and barriers to accessing University Credit (e.g. digital connectivity, equipment, and limited proficiency of English[22]) and the two-child limit and benefit cap penalises larger families and disproportionately affect those from ethnic minority backgrounds, disabled people and single parents.[19] There is little evidence about how these schemes are operating for different groups and if it is reaching families who need financial support with particularly concerns for when these schemes are wound down.[23] Migrant groups and those subject to 'no recourse to public funds (NRPF)* are a particularly vulnerable groups with high proportions of children and families from ethnic minority groups.[24] Many have limited social safety nets to fall back to and are subject to visa conditions which include barriers to accessing public funds.[25] This demonstrates the significant economic challenges for children and families from ethnic minority groups and that, in some cases, Government schemes are not addressing the loss of income.

Disruption to education and learning

The pandemic has led to multiple periods of closure of schools, which has impacted children and families and likely to have contributed to an already wide educational gap.[1] The closure of schools means children's learning has relied increasingly on their family's social and domestic circumstances (e.g. digital resources, broadband, physical

* No recourse to public funds (NRPF) is a visa condition, whereby non-European Economic Area residents subject to immigration control have no entitlement to a majority of welfare benefits until they have been granted indefinite leave to remain.

space, parental time and skills to support home schooling). The pandemic has shown that the poorest families in the UK do not have access to the resources nor time necessary to educate children at home. These school closures are likely to have reversed progress made to narrow the gap in the last decade with the median estimate indicating that the gap would widen by 36% (ranging from 11% to 75%).[26] The Government have recently announced a new £700 million plan to help 'catch-up' in lost learning, although it is currently unclear how best to support children and young people who have been most affected.

Many older children aged 16 to 18 years in full-time education have also been concerned about their future life plans[27] and have seen disrupted access to face-to-face careers advice and support and access to work experience/apprenticeships to make an effective transition to further or higher education, training or employment.[28] The A-level grade moderation scandal, in which students from disadvantaged backgrounds and ethnic minorities tended to receive worse results while students at private schools benefited from the moderation process, compounded these concerns and have effected some young people's future life plans.[29]

Child development and physical health

The pandemic has led to closure and disruptions to many early years' settings and reduced contact with wider family and support networks. Good quality early education has a positive impact on young children's development, while childcare more broadly enables parents and carers to work and often gives children the opportunity to interact with other children and try new things in a safe space. Currently, there is little data on the impact of the pandemic on child development and physical health, particularly for ethnic minority groups, but disrupted access to early education may lead to developmental delays (i.e. speech, behaviour, education and social skills) in the youngest children and impact on their readiness for school.[30] Limited access to food and a lack of safe outdoor spaces for children to play could also give rise to developmental concerns.[30] Early years and school closures and the redeployment of the nursing and health visiting workforce has also resulted in reduced uptake of routine childhood immunisations and routine dental check-ups.[28] A&E presentations have fallen drastically[31] and while this shift has eased the immediate pressures on the NHS, it could mean that potentially urgent health problems are going undiagnosed or chronic problems are getting worse.

Domestic violence and safeguarding children

Domestic abuse offences have increased during COVID-19[32,33] where the pandemic has exacerbated issues of domestic violence and reinforced existing inequalities, particularly for ethnic minority women who face intersecting forms of inequality.[34] This period of prolonged confinement has resulted in heightened family tensions and made it even more difficult for those in particularly abusive situations. Refuge have reported a ten-fold increase in visits to their helpline[35] and key workers in frontline services have expressed concerns about the safety of at-risk children who are hidden from professionals, such as teachers and doctors, who would normally see them but are not being reached by external agencies because of the pandemic.[18] Agencies have relied on remote methods of engaging with children and families but these may not be as effective, particularly if there is not a safe and quiet space for women or children to talk openly at home.[30] Ethnic minority women and girls can prefer specialist support services but have struggled during COVID-19 due to increased demand, a lack of funding and an inability to reach service users because of lockdown.[36] Migrant women with no recourse to public funds are particularly vulnerable as they cannot access basic services such as refuge provision and may be fearful of repercussions from the police or the Home Office. Children's services are reporting now seeing a surge of referrals with increased demand from families who are new to the service and have been experiencing domestic abuse, neglect, and financial hardship.[30]

Disproportionate burden on women

The pandemic has had a disproportionate impact on women (compared to men) as they are more vulnerable to socioeconomic inequalities, gender inequalities, domestic violence and economic insecurity (as highlighted in previous sections).[37] Women have also experienced a greater burden in additional childcare and household duties during the pandemic when schools and nurseries have been closed to the majority of children. There are just under 4.6 million households in the UK with dependent children aged under 16 years where all parents in the household

are working, equal to 22% of all households in the UK.[38] The increased demands on these families to balance a paid job with children responsibilities is falling on women where on average, women are carrying out two-thirds more childcare duties than men per day.[38]

There is also strong evidence to show a significant decline in maternal mental health during the pandemic, with specific challenges for women during pregnancy and early motherhood.[37] Women have reported high levels of anxiety about catching the virus, as well as worries relating to birth (i.e. their baby's wellbeing and fears over partners being able to be present for labour and birth in hospital settings).[37] Many women report the lack of clarity and information on maternity services, particularly in the first lockdown, contributed to the high levels of anxiety.[37] There was a reduction in services supporting women and families during the perinatal period with initial delays in moving to digital support, initial staff redeployment to other areas, and challenges for voluntary and community sector to fill gaps in public provisions.[37] Informal support has been detrimentally impacted where women and their immediate families have been isolated with vital support from grandparents and adult siblings reduced. Whilst many women have been affected by the pandemic, some groups have faced a higher than average risk of poor mental health, including those from ethnic minority groups, refugee and asylum-seeking women, women and families where language is a barrier, and single parent families. These groups are markedly more exposed to the virus and experience socioeconomic deprivation (as highlighted) as well as facing increased barriers to accessing services (e.g. due to literacy and language barriers).

Impact on children and young people's mental health and wellbeing

Children and young people appear to have coped well during the pandemic, where surveys demonstrate that life satisfaction has only slightly reduced and happiness is relatively stable.[23] For some children, being away from school has been a welcome break from exam pressures and/or inflexible school behaviour policies. Some vulnerable children and children of key workers who have continued to attend school regularly have benefitted from smaller class sizes and increased support.[30]

However, children's well-being has been in decline since 2009[39] and the rapid spread of the COVID-19 virus and the significant changes to the daily lives of children and young people may have consequences to well-being not yet fully realised. Some initial findings already highlight the worse effects to mental health and wellbeing in children and young people from ethnic minority families experiencing financial stresses, those with pre-existing mental health problems, those with disabilities or those in the care system.[30,40] Catching and spreading COVID-19 has been a concern for some children and young people (particularly as they return to school),[40] and these concerns may be heightened for ethnic minority children living in overcrowded/multigenerational households and those with vulnerable family members in the home. Natural England also revealed that children from ethnic minority groups are engaging less with nature during the pandemic, where 71% of children from ethnic minority backgrounds spending less time outside since coronavirus compared with 57% of white children.[40] Many children, of all ethnicities, are spending extended period of time in the digital world with increased risks of online bullying, grooming and exploitation. Reduced parental supervision due to the demands of home working heightens this risk as does the loss of positive relationships outside of the immediate family e.g. peers, teachers, and youth workers.[30]

The pandemic has also seen many adult children return to the family home as a response to school and university closures, the move to remote working, furlough or the loss of work. For some adult children, this has signalled a loss of independence and concerns about financial and job prospects. There is some evidence that people whose living arrangements have changed because of the pandemic are more likely to report increased stress and family conflict than those who haven't moved. Stress is a significant risk factor for developing and maintaining alcohol and drug misuse problems and the pandemic is likely to result in many people experiencing life stresses such as bereavement, job losses, and changes in family circumstances. This may indicate a longer-term impact of harmful behaviours in adults and young people.[28]

3. Concluding remarks and points for discussion

The full impact of the pandemic on children, young people and families, is still not fully known but the findings in this briefing indicate there are significant risks to worsening health and inequalities as a result of both the virus and the public health response (i.e. lock downs, school closures, restrictions to services). It is likely that children and families from ethnic minority groups are disproportionately affected due to existing inequalities relating to socioeconomic circumstances which have been exacerbated and compounded during the pandemic. Particular vulnerable groups include; families with insecure and precarious employment and income; migrant populations; those who fall under 'no recourse for public funds'; children with disabilities, special educational needs, or existing mental health needs; children in the care system; children with caring responsibilities; and women. Without urgent action, COVID-19 is likely to impact a generation of children, young people and families, particularly those from the most deprived areas and from ethnic minority groups.

This briefing provides a narrative of the impact of the COVID-19 pandemic on children and families from ethnic minority groups, to inform discussions within the collaborative. Key points to support discussions could include (but not limited to):

- What part have existing inequalities played in the impact of the COVID-19 pandemic? Are there new needs and inequalities to consider in the recovery phase?
- Was the response to the COVID-19 pandemic proportionate, considering the low direct risks to children? Was enough put in place to support and protect children from the indirect harms?
- What specific interventions at the individual and population level will be essential to minimise the impact of the pandemic for children and families?
- What universal and targeted support is required, and are there particular groups to consider? (i.e. women, asylum seekers, South Asian groups)?
- Which agencies and stakeholders are likely to be important to support any action to ensure that the recovery phase from COVID-19 addresses racial inequity?

References

1. Marmot, M., Allen, J., Goldblatt, P., Herd, E., & Morrison, J. (2020). Build back fairer: The COVID-19 Marmot Review. The pandemic, socioeconomic and health inequalities in England. London; Institute of Health Equity. Available from: www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf
2. Raleigh V, Holmes J. (2021) The health of people from ethnic minority groups in England. London: Kings Fund. Available from: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england
3. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. (2020) Health Equity in England: The Marmot Review 10 years on. London; Institute of Health Equity. Available from: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on
4. Office for National Statistics. (2021) Families and households in the UK. Available from: www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2020
5. Race Disparity Unit. (2020) Quarterly report on progress to address COVID-19 health inequalities. London: HM Government. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941554/First_Covid_Disparities_report_to_PM___Health_Secretary_Final_22-10-20_-_Updated_December_2020.pdf
6. Swann, O. V., Holden, K. A., Turtle, L., Pollock, L., Fairfield, C. J., Drake, T. M., ... & Semple, M. G. (2020). Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicentre observational cohort study. BMJ, 370.
7. Spiegelhalter, D. (2020). Use of “normal” risk to improve understanding of dangers of covid-19. BMJ, 370.
8. Riphagen, S., Gomez, X., Gonzalez-Martinez, C., Wilkinson, N., & Theocharis, P. (2020). Hyperinflammatory shock in children during COVID-19 pandemic. The Lancet, 395(10237), 1607-1608.
9. Swann, O. V., Holden, K. A., Turtle, L., Pollock, L., Fairfield, C. J., Drake, T. M., ... & Semple, M. G. (2020). Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicentre observational cohort study. BMJ, 370.
10. Simpson, F. K., & Lokugamage, A. U. (2021). The elephant and the blind men: the children of long covid. BMJ, 372.
11. National Institute of Health Research. (2021) Living with Covid19 – Second review. London: National Institute of Health Research. Available from: https://evidence.nihr.ac.uk/themedreview/living-with-covid19-second-review
12. Office for National Statistics. (2021) Updated estimates of the prevalence of long COVID symptoms. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/adhocs/12788updatedestimatesoftheprevalenceoflongcovidsymptoms
13. Platt, L., & Warwick, R. (2020). COVID-19 and ethnic inequalities in England and Wales. Fiscal Studies, 41(2), 259-289.
14. Equality and Human Rights Commission (2018). Is Britain Fairer? The state of equality and human rights 2018. Available from: www.equalityhumanrights.com/sites/default/files/is-britain-fairer-accessible.pdf
15. Ministry of Housing, Communities and Local Government. (2020). Overcrowded households. 2020. Available from: www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest
16. Forbes, H., Morton, C. E., Bacon, S., McDonald, H. I., Minassian, C., Brown, J. P., ... & Tomlinson, L. A. (2021). Association between living with children and outcomes from covid-19: OpenSAFELY cohort study of 12 million adults in England. BMJ, 372.
17. Khan, O. (2012). Older BME People and Financial Inclusion A Sense of Place: Retirement Decisions among Older Black and Minority Ethnic People. London: Runnymede Trust. Available from: www.runnymedetrust.org/uploads/publications/pdfs/ASenseOfPlace-2012.pdf
18. Action For Children. (2021). Charity frontline staff reveal parents and children at breaking point in “dossier of despair”. London: Action for Children. Available from: www.actionforchildren.org.uk/media-centre/dossier-of-despair
19. Parkes H, Mcneil C. (2020). Estimating poverty impacts of Coronavirus. London: Institute for Public Policy Research. Available from: www.ippr.org/files/2020-06/estimating-poverty-impacts-of-coronavirus.pdf
20. Social Metrics Commission. (2021) Measuring Poverty 2020. London: Social Metrics Commission. Available from: https://socialmetricscommission.org.uk/wp-content/uploads/2020/06/Measuring-Poverty-2020-Web.pdf
21. Platt L, Warwick R. (2020). Are some ethnic groups more vulnerable to COVID-19 than others? London: Institute for Fiscal Studies. Available from: www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others

22. Sandhu K. (2016). Universal Credit and impact on black and minority ethnic communities. London: Race Equality Foundation. Available from: https://raceequalityfoundation.org.uk/wp-content/uploads/2017/11/Better-Housing-27-Universal-Credit.pdf
23. UK Parliament Select Committee. (2020). Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics. London: UK Parliament. Available from: https://committees.parliament.uk/work/227/unequal-impact-coronavirus-covid19-and-the-impact-on-people-with-protected-characteristics
24. Woolley, A. (2019). Access Denied: The cost of the “no recourse to public funds” policy. London: Frontline Network. Available from: https://static1.squarespace.com/static/590060b0893fc01f949b1c8a/t/5d021ada54e8ee00013fe5b9/1560419116745/Access+Denied+-+V12+%281%29.pdf
25. Morris M. (2020). Migrant workers and coronavirus: risks and responses. London: Institute for Public Policy Research. Available from: www.ippr.org/blog/migrant-workers-and-coronavirus
26. Education Endowment Foundation. (2020). Impact of school closures on the attainment gap. London: Education Endowment Foundation. Available from: https://dera.ioe.ac.uk/35707/1/EEF_%282020%29_-_Impact_of_School_Closures_on_the_Attainment_Gap.pdf
27. Office for National Statistics. (2020). Coronavirus and homeschooling in Great Britain. Available from: www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/coronavirusandhomeschoolingingreatbritain/apriltojune2020
28. Local Government Association. (2020). A child-centred recovery. London: Local Government Association. Available from: www.local.gov.uk/child-centred-recovery#executive-summary
29. Bhopal K, Myers M. The impact of COVID-19 on A level students in England; Available from: https://osf.io/preprints/socarxiv/j2nqb
30. Association of Directors of Children’s Services. (2020). Building a country that works for all children post COVID-19. London: ADCS. Available from: https://adcs.org.uk/assets/documentation/ADCS_Building_a_country_that_works_for_all_children_post_Covid-19.pdf
31. Health Foundation. (2020). Visits to A&E departments in England in April 2020 fell by 57% compared to last year. London: Health Foundation. Available from: www.health.org.uk/news-and-comment/charts-and-infographics/visits-to-a-e-departments-in-england-in-april-2020-fell-by-57
32. Office for National Statistics. (2020). Domestic abuse during the coronavirus (COVID-19) pandemic. Available from: www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020#domestic-abuse-during-the-coronavirus-covid-19-pandemic-data
33. Women’s Aid. (2020). The Domestic Abuse Report 2021. London: Women’s Aid. Available from: /www.womensaid.org.uk/wp-content/uploads/2021/01/The-Domestic-Abuse-Report-2021-The-Annual-Audit.pdf
34. Kent, Surrey, & Sussex Community Rehabilitation Company. (2020). Domestic Abuse in Black, Asian and Minority Ethnic Groups. Available from: www.ksscrc.co.uk/2020/10/29/domestic-abuse-in-black-asian-and-minority-ethnic-groups/#whyfocusonBAME
35. Refuge. (2020). Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown. Available from: www.refuge.org.uk/refuge-reports-further-increase-in-demand-for-its-national-domestic-abuse-helpline-services-during-lockdown/
36. Karma Nirvana. (2020). Covid-19: Impact on BAME Domestic Abuse and Honour Based Abuse services. West Yorkshire: Karma Nirvana. Available from: https://karmanirvana.org.uk/wp-content/uploads/2020/06/Impact-on-BAME-Services_COVID19.pdf
37. Papworth R, Harris A, Durcan G, Wilton J, Sinclair C. (2021). Maternal mental health during a pandemic. London: Centre for Mental Health. Available from: www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_MaternalMHPandemic_FullReport_0.pdf
38. Office for National Statistics. (2020). Parenting in lockdown: Coronavirus and the effects on work-life balance. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22
39. The Children’s Society. (2020). The impact of COVID-19 on children and young people. London: The Children’s Society. Available from: www.childrenssociety.org.uk/information/professionals/resources/impact-of-covid-19-on-young-people
40. Cowie, H., & Myers, C. A. (2021). The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. Children & Society, 35(1), 62-74.

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