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We are a group of academics in different universities in the UK seeking to contribute to urgent public debates and policy practice on the UK's phased response to COVID-19, drawing on political behaviour, crisis management theory, international relations and political psychology. Through the analysis of original survey data, our main aims are to analyse what drives public support for and compliance with social distancing measures, how the pandemic disproportionately affects different social groups, and what are the public preferences on balancing public health with economic considerations and security with freedom. In this submission, we look at a series of behaviours, opinions and concerns regarding the effects of the COVID pandemic. We focus on respondents that self-identified as BAME.

### **1.- Sample and data**

This report presents the results of an online survey conducted, with the support of Deltapoll, between April 10 and April 15, 2020. The sample consisted of N=2,100 British adults, and it is representative in terms of age, gender and region. With respect to gender, 47% of respondents are male (N=984) and 53% female (N= 1,116). 10% of the sample self-identified as being Black, Asian, or from an ethnic minority (BAME) (N=224). The survey took place between April 10 and 15, when the UK was already in its fourth week of lockdown. We therefore stress that these early results may change as the lockdown continued.

### **2.- Topline insights**

- BAME respondents are in high risk of contagion as they know more people who suspect to have had COVID-19 than white respondents. They also have limited opportunities to shield themselves from the virus as they have to leave home and interact with others often.
- BAME respondents think they have significantly less influence in whether they become infected by coronavirus or not than white respondents.
- BAME and white respondents are equally concerned about the health implications of the pandemic. However, BAMEs are more concerned about the short term social and economic effects of the pandemic and show significantly higher levels of concern for the long-term effects that the pandemic will have on the NHS.
- BAME respondents consider they will see their economies and way of life significantly affected by the pandemic. They think they will be more severely affected than others in the UK
- BAME respondents show lower levels of confidence on the effectiveness of the measures adopted to prevent the spread of COVID-19.

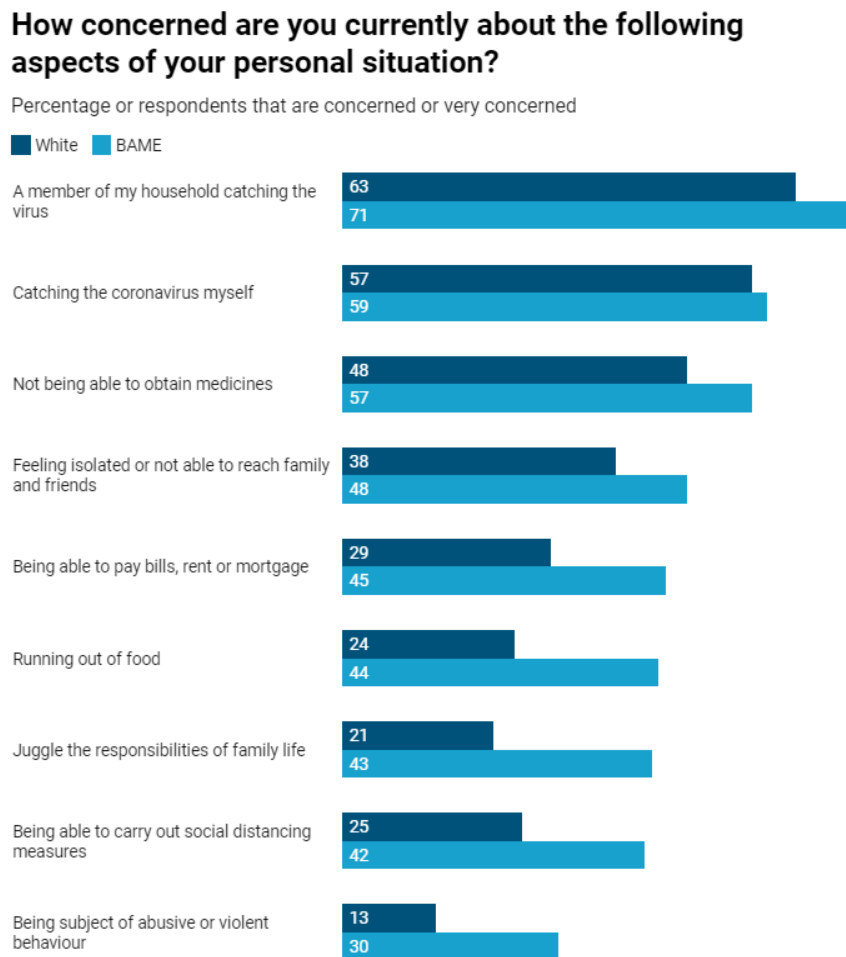
### **3.-Key findings**

In this submission, we look at a series of behaviours, opinions and concerns regarding the effects of the COVID pandemic. We focus on respondents that self-identified as BAME.

**A.-** The survey confirms that health-related worries are at the top of everyone’s minds, with 63% of white respondents and 71% % of BAME saying they are concerned or very concerned about a member of their household contracting the virus. Some 57% of white respondents are worried about contracting the virus themselves, compared with 59% of BAMEs. Regarding to health, BAME and white respondents are equally concerned.

However, BAME respondents are systematically more concerned about the social and economic effects of the pandemic than white respondents. They are mainly concerned about not being able to obtain medicines (57%), reach family and friends (48%) or not being able to pay for their mortgage, bills or rents (45%). BAME respondents are more than twice (30%) as concerned as white respondents (13%) about being subject of abuse and violent behaviour or running out of food (44% and 24%, respectively). Figure 1 illustrates this graphically.

*Figure 1 Main concerns among BAME and white respondents with relation to their personal situation during the COVID-29 pandemic*



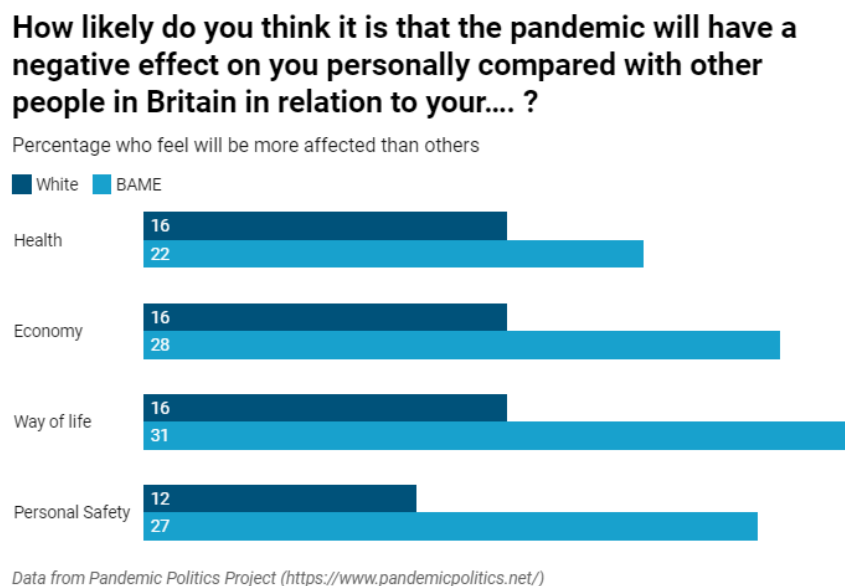
Data from Pandemic Politics Project (<https://www.pandemicpolitics.net/>)

**B.-** Regarding concerns for the future of the UK, respondents are equally concerned about the coronavirus pandemic in the UK leading to mass unemployment and economic hardship (70% of white respondents and 73% of BAME are either concerned or very concerned about

this). However, BAMEs show significant more concern about the pandemic leading to the breakdown of the NHS (55% of white respondents and 66% of BAMEs are either concerned or very concerned about this).

We investigated individual concerns for the relative effects that the pandemic will have on them personally. To do so, we asked individuals how likely they think the pandemic will have a negative effect on themselves compared with other people in the UK. Figure 2 shows that about 1 in every 4 BAME respondents consider that their health, economy and personal safety will be negatively affected by the pandemic and that it will be worse for them than for others in the UK. About 1 in 3 think the same about their way of life. We find significant differences between BAME and white respondents. This corresponds with a feeling that the economic burden of the government measures to contain the coronavirus is not distributed fairly to all citizens. While less than half of white respondents in the sample (48%) agree with this statement, a large majority of BAMEs (61%) consider this to be the case.

Figure 2 Future effects of the pandemic



**C.-** To determine the extent of feelings of efficacy, we asked respondents to what extent they think that they can personally influence whether they will become infected by coronavirus or not. Respondents were asked to select any value between zero (no influence) and 10 (complete influence). The mean in the sample is 7 but BAME candidates feel significantly less influential as their average value is 6. Men and women feel equally capable to influence their likelihood of becoming infected with COVID-29.

**D.-** The high levels of concern for the short and long-term consequences of the pandemic observed among BAME respondents can partially be explained by their social situation and caring responsibilities. Following what is already known from current research, BAME respondents are in higher risk of contagion as they are more likely to personally know somebody who has been suspected as having coronavirus but not tested (34% BAME and 26% white respondents) or have suspected to have had the disease themselves (11% and 6%, respectively). They are also significantly more likely to care for pre-school or school aged children and are as likely as white respondents to care for the elderly or disabled (Table 1).

*Table 1 Do you have day-to-day caring responsibilities for any of the following in your household?*

<b>Caring responsibility</b>	<b>White respondents</b>	<b>BAME respondents</b>
<b>Pre-school children (sig p&lt;=0.05)</b>	8%	17%
<b>School-age children (sig p&lt;=0.05)</b>	20%	33%
<b>Disabled or elderly (not sig p&gt;=0.05)</b>	7%	9%

E.- One key element to prevent contagion is the capacity to reduce or limit social interactions. Here we observed again differences between BAME and white respondents. BAMEs had to leave the house more often to go to supermarkets (27% of white respondents did so more than twice in the last 7 days compared with 35% of BAMEs) or to work (16% of white respondents did so more than twice in 7 days compared with 25% of BAMEs). However, while they are as likely to white respondents to drive a vehicle, they do spend significantly more time using public transport (6% of white respondents used public transport in the last 7 days compared with 15% of BAMEs).

F.- Finally, we asked participants to indicate how effective they think a list of measures would be in reducing their chances that they will become infected with the coronavirus. We observed that, with the exception of wearing a face mask, BAME respondents feel significantly less confident than white respondents about the effectiveness of measures to contain the virus (Table 2)

*Table 2 How effective do you think the following measures would be in reducing the chances that YOU become infected with the coronavirus?*

	<b>Percentage of white respondents who think the measure will be effective</b>	<b>Percentage of BAME respondents who think the measure will be effective</b>
<b>Washing my hands</b>	86%	74%
<b>Working from home</b>	80%	71%
<b>Going shopping once a week</b>	74%	66%
<b>Not meeting friends or family</b>	86%	73%
<b>Wearing a face mask</b>	35%	52%
<b>Getting vaccinated</b>	81%	73%

#### **4.- Summary**

Our preliminary evidence shows that at the time of the survey, everyone was more anxious about their health and the health of family and friends than anything else. However, BAME respondents show more intense levels of worry related to their economic and social situation than white respondents. BAME respondents are about twice as concerned as white about running out of food, juggle the responsibilities of family life and being subject of abusive or violent behaviour. About 1 in every 4 BAME respondents consider that their health, economy

and personal safety will be negatively affected by the pandemic and that it will be worse for them than for others in the UK.

In general, BAME respondents show greater worry for the short- and long-term consequences of the virus. This can be related to their lower capacity to shield avoiding social interactions, their lower levels of trust on the effectiveness of the implemented policies and their own capacity to act to prevent contagion. These are considerations that should be tackled in any policy or campaign to ensure the efficiency of its implementation.

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