

Coronavirus (COVID-19) and the Black, Asian and Minority Ethnic (BAME) population in Wales¹

This article summarises findings from a range of analyses relating to the Black, Asian and minority ethnic group (BAME) population in Wales. It focuses on areas where the impact of the Coronavirus (COVID-19) and/or the subsequent preventative measures may disproportionately affect the BAME population.

These analyses were drawn together to support the work of the First Minister's Covid-19 BAME Advisory Group, which was established in April 2020 and will report on 22 June. This article summarises the analyses available to the Group up to 19 June 2020. However, new statistical analyses continue to be published regularly on a range of relevant topics.

Numerous reports (summarised in the *COVID-19 BAME Advisory Group – Potential impact of COVID-19* evidence paper) have highlighted issues which, for different ethnic groups, could affect the risk of the COVID-19 pandemic on their health and well-being either directly or through a disproportionate impact on socio-economic factors that could have longer term consequences. The analysis below presents the data that is available for Wales about a range of these issues and sets the context for Wales within which wider England and Wales or UK evidence can be considered.

Annex A details some of the wider UK information including analysis undertaken by the Office for National Statistics (ONS) on COVID-19 deaths by ethnicity and by occupation and the latest information from the Intensive Care National Audit and Research Centre (ICNARC) about patients reported as critically ill in intensive care with confirmed COVID-19. It also includes key messages for BAME populations from a Public Health Wales (PHW) Health and Well-being survey in April and May 2020.

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¹ Notes on the use of statistical articles can be found at the end of this document.

1 Background demographics

Recent estimates² from the Annual Population Survey (APS) show that:

- 5.9% of the Welsh population described themselves as Asian, Black, 'Mixed/Multiple ethnic group' or 'Other ethnic group'.
- However, the proportion of the population identifying as BAME varied considerably by local authority – from 1.7% in Wrexham to 19.8% in Cardiff.
- Of the 1,462,000 people currently in employment in Wales, 5.2% identify as BAME.

2 Employment

The [Well-being of Wales report, 2019](#) indicates that 2015-2017 employment rates among the working age (16-64) Welsh population were highest among individuals with a White ethnicity (72%) and lowest among individuals with an Other ethnicity (50%). The equivalent rates among individuals with a Black, Asian and Mixed ethnicity were 59%, 60% and 69% respectively.

Employment rates for ethnic groups differ for males and females, with the biggest gap in employment rates seen in the Mixed ethnic group (males 81% compared to females 54%).

In addition, the ethnicity pay gap in Wales in 2018 was 7.5 per cent. This means employees from minority ethnic groups in Wales earned, on average, 7.5 per cent less per hour than White British employees.

Employment patterns can have a variety of impacts during the COVID-19 pandemic. People working in certain occupations, such as key workers, could be at higher risk of infection through the jobs that they do.

Other people are self-employed or are working in insecure jobs, for example within industries told to close during the lockdown period, and may be at greater risk of the economic consequences of COVID-19.

2.1 Critical (Key) Workers

Analysis of the critical (key) worker cohort in Wales (2019) by ethnicity [has been produced from the APS](#).

However, note that this analysis is based on occupations that could be directly matched to those listed in the [Welsh Government guidance](#). It is up to employers on the ground to determine which employees are key workers.

Further to this, some occupations could not be matched to a specific occupation, for example, cleaners or caterers that work in health and social care.

Key points for Wales are summarised below:

- The proportion of critical workers from a BAME background was slightly higher than the proportion of all in employment (5.8% of critical workers compared with 5.2% of all in employment).
- While employees with a white ethnicity account for 94.2% of the 490,000 critical workers in Wales, some other ethnic groups are more likely to be critical workers. More than half of employees of Bangladeshi ethnicity are critical workers, and half of Black, African, Caribbean and Black British employees work in critical roles. Employees of a Pakistani ethnicity are least likely to be critical workers, with 22% of the cohort.
- Within some ethnic groups there are an even higher proportion of females. Around two thirds (67%) of critical workers of an Asian background other than Indian, Pakistani, Bangladeshi and Chinese were female.

The analysis is available for different groups of key workers, such as those in education and childcare, transport, health and social care and food and other necessary goods.

The [Institute for Fiscal Studies in its analysis for England and Wales](#) notes that particular ethnic minorities are more likely to be employed in key worker roles. They indicate that, across England and Wales, Black African employees are much more likely than other ethnic groups to be employed as key workers, and particularly in health and social care.

2.2 Employment in occupations at higher risk of COVID-19

The ONS have published an analysis of COVID-19 related deaths by occupation (up to 20 April 2020) (see Annex A). This analysis highlighted some specific groups of occupations that could be considered to be at higher risk of COVID-19 or which, in their analysis for England and Wales, were found to have higher mortality rates involving COVID-19 than people of the same age in the general population.

The table below provides estimates of the numbers employed in some of those specific occupations in Wales, by ethnicity.

Table 1: Employment in specific, high risk occupations in Wales by ethnicity and occupation, 2019

Occupation	White		BAME	
	No.	%	No.	%
Healthcare workers	106,200	88.8%	13,400	11.2%
Social care workers	68,900	92.8%	5,400 !	7.2% !
Taxi drivers and chauffeurs	2,800 !	59.8% !	1,900 !!	40.2% !!
Bus, coach and goods vehicle drivers	32,400	95.2%	1,600 !!	4.8% !!
Chefs	7,500	74.0%	2,300 !!	22.8% !!
All occupations	1,385,400	94.8%	75,900	5.2%

Source: Welsh Government analysis of the Annual Population Survey

Notes:

Percentages are of all employed in the occupation group and may not sum to 100% due to those who did not state their ethnicity.

! and !! are used to note that data items are based on small sample sizes (25-40 and 10-25 respectively) and should be treated with caution.

2.3 Employment within Industries told to close

Analysis to estimate the numbers of people in Wales employed in [industries told to close from 23 March 2020](#) for the period that the COVID-19 restrictions have been in place has been produced.

[This analysis](#) uses the initial [UK government list](#) of types of business that should remain closed during the current crisis. The [same list has been used by the Welsh Government](#).

Note that this analysis uses the latest available data about businesses operating within certain industries. It does not necessarily reflect businesses that have actually stopped operations. Although it is highly likely that most will have closed, some will have changed their business models to continue to operate (i.e. selling takeaway food instead of operating as a restaurant).

Key points for Wales are summarised below:

- Around 230,000 people were employed in industries in Wales in 2019 that were told to close after the initial COVID-19 outbreak, representing around 16% of the total workforce. Employees in those industries are more likely to be women, young and from a minority ethnic background.
- 15,400 (6.7%) of the people employed in industries told to close due to COVID-19 identified as BAME. This is slightly higher than the 5.2% in all employment.
- 20% of all employees from BAME background work in industries told to close, compared to 15% of white employees.

Table 2: Employment in closed industries by Region and Ethnicity, 2019

Region	White		BAME		Total
	No.	%	No.	%	No.
North Wales	53,700	97.6%	1,300 !!	2.4% !!	55,000
Mid and South West Wales	64,200	93.5%	4,400 !	6.5% !	68,700
South East Wales	95,600	90.6%	9,600	9.1%	105,500
Wales	213,500	93.1%	15,400	6.7%	229,200

Source: Welsh Government analysis of the Annual Population Survey

Notes:

Percentages are of all employed in the region and may not sum to 100% due to those who did not state their ethnicity.

! and !! are used to note that data items are based on small sample sizes (25-40 and 10-25 respectively) and should be treated with caution.

However, further analysis shows that there is some notable variation between industries.

For example, people of BAME backgrounds comprise 11% of employees within food and beverage service activities in Wales. This accounts for over half (51%) of the people from BAME backgrounds employed in industries told to close due to COVID-19 (compared to 29% of the equivalent people from a White background).

The [Institute for Fiscal Studies in its analysis for England and Wales](#) notes that particular ethnic minorities are more likely to be employed in shutdown sectors. They indicate that, across England and Wales, Bangladeshi men are four times as likely as white British men to have jobs in shut-down

industries, due in large part to their concentration in the restaurant sector, and Pakistani men are nearly three times as likely, partly due to their concentrations in taxi driving. Black African and black Caribbean men are both 50% more likely than white British men to be in shut-down sectors.

2.4 Self-employment

Whilst the UK Government's Coronavirus Job Retention Scheme (JRS) provides income for many of those employed in sectors told to close, the Self-Employment Support Scheme (SEISS) provides support for those who were self-employed before the pandemic. The delay in availability of those funds until late May 2020 may have impacted those who are self-employed to a greater extent than those eligible for the JRS.

[Analysis of self-employment by ethnicity sourced from the APS](#) shows that:

- 4.4% of self-employed people in Wales were from a BAME background.
- Of the 9,400 self-employed people from a BAME background, 80% were men and 63% were domiciled in South East Wales.
- The proportion of people in employment from a BAME background who were self-employed was 13.2% - slightly below the proportion of all those who are self-employed (14.3%).

The [Institute for Fiscal Studies in its analysis for England and Wales](#) notes that particular ethnic minorities are more likely to be self-employed. Among those of working age, Pakistani and Bangladeshi men are much more likely to be in self-employment.

3 Housing

3.1 Housing Tenure

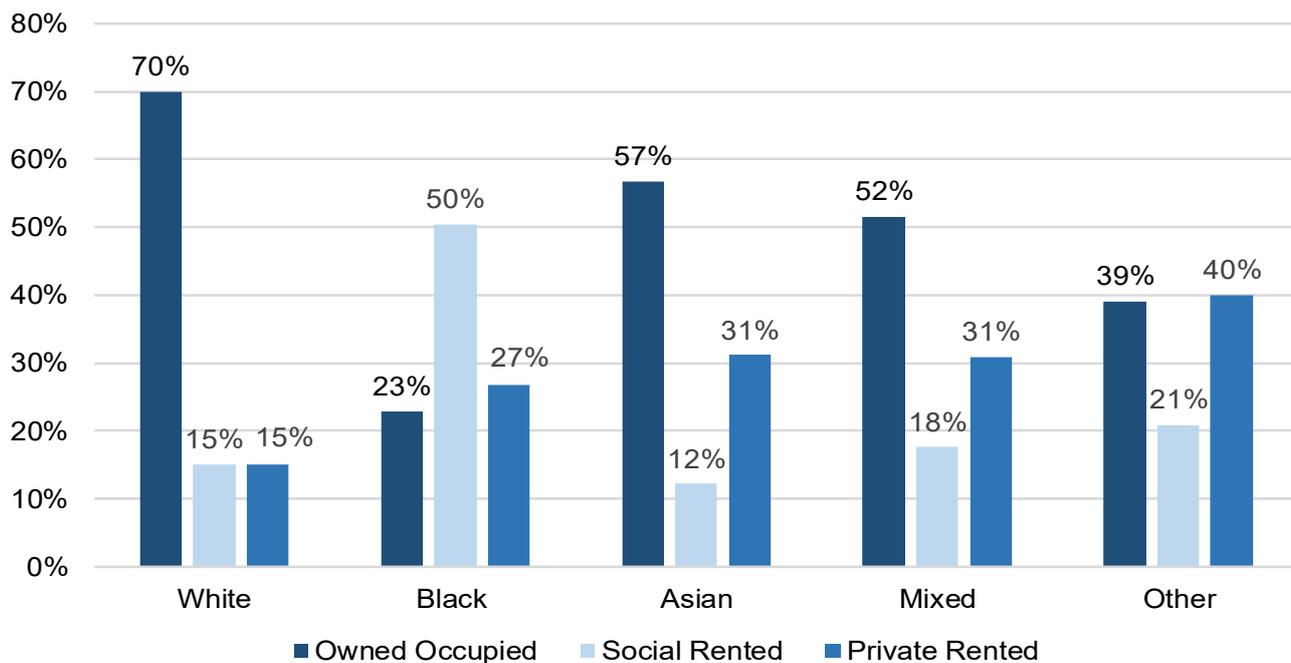
Analysis of the latest available APS data for Wales shows that:

- Half of the BAME population in Wales live in rented properties, compared to just under a third of the white population.
- BAME people who rent are more likely to live in privately rented properties than socially rented properties (compared to broadly similar proportions of white people who live in privately rented properties and socially rented properties).

Further analysis of a pooled APS dataset (combining 3 years of APS data) shows that:

- 77% of people from a Black ethnic background in Wales were living in a rented property. Of those renting, nearly twice as many were living in a socially rented property compared to a privately rented property.
- People from an Asian ethnic background were the most likely of the BAME groups to live in a property they owned (57%). However, this proportion was still 13 percentage points lower than the equivalent figure for people from a White background.

Chart 1: Housing tenure in Wales by ethnicity, 2016 to 2018



Source: Welsh Government analysis of the Annual Population Survey Pooled Dataset

We know from the [Welsh Housing Condition Survey \(2017-18\)](#) that the private rented sector generally has the oldest housing stock and a higher proportion of poor quality housing (e.g. containing damp or other hazards).

In March 2020 the [Bevan Foundation](#) reported on what type of households in Wales might have sufficient liquid assets to replace regular income, should income be lost for 1, 2 or 3 months. Based on an analysis of the Wealth and Assets Survey, they reported that renters would be particularly badly hit if their income suddenly stopped – only 44% of private renters and 35% of social renters in Wales have enough savings to cover one month of their regular income.

The [Resolution Foundation](#) reported in April that those who live in social rented housing or private rented housing are more likely to be impacted in their ability to work (UK Labour Force Survey analysis) than those who are owner occupiers.

3.2 Poor quality housing

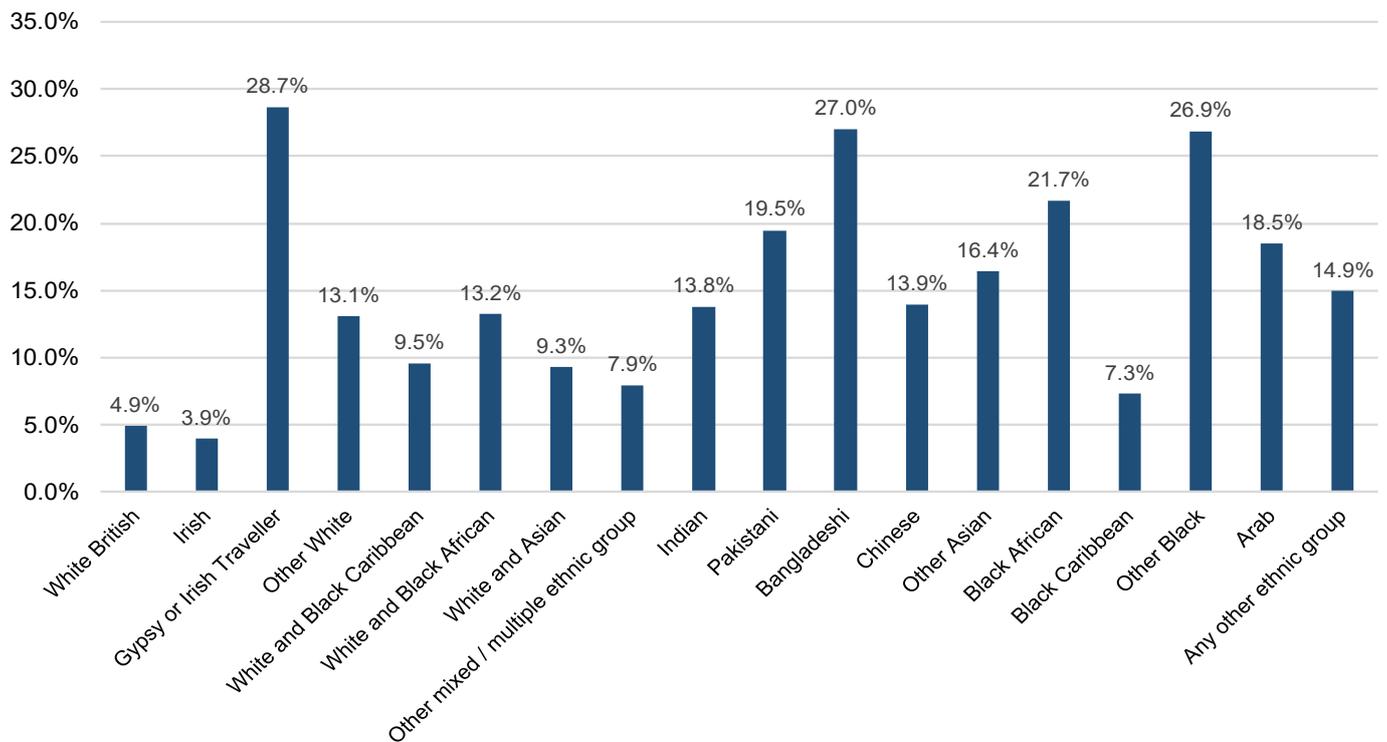
A recent exploratory analysis of small areas where there are higher proportions of BAME population and the likelihood of poor quality housing (WIMD 2019 poor quality housing indicator) shows that in urban areas there is a correlation between those small areas which have a higher proportion of BAME residents and areas more likely to have poor quality housing. This does not hold true, however, for rural areas of Wales. This analysis is currently unpublished but can be made available on request.

3.3 Overcrowded housing

People from a number of Black, Asian or Minority ethnic groups are more likely to live in overcrowded housing than White British people.

In 2011, 28.7% of Gypsy or Irish Travellers and 27% of Bangladeshi’s lived in overcrowded housing (that is, they had fewer bedrooms than they needed to avoid undesirable sharing), whilst 19.4% of Black people and 18.5% of Arabs did so compared to 4.9% of White British people. Black Caribbeans were less likely to live in overcrowded housing than Black Africans (21.7%) and those of other Black ethnic backgrounds (26.9%).

Chart 2: Percentage of residents living in overcrowded housing (bedroom standard), by ethnicity, Wales, 2011



Source: Census 2011

3.4 Homelessness

Of those households who applied to local authorities in 2018-19 for housing assistance because they were threatened with homelessness, 8 per cent were from a Black or Ethnic minority background.

However, 14 per cent of households who are assessed as unintentionally homeless and in priority need are from a BAME background and of these 83 per cent accepted an offer of settled suitable accommodation.

4 Relative income poverty

Someone is defined as living in relative income poverty if he or she is living in a household where the total household income from all sources is less than 60 per cent of the average UK household income (as given by the median).

Analysis of the most recent [Households Below Average Income \(HBAI\) dataset](#) shows that:

- People who were living in households in Wales where the head of the household was from a non-white ethnic group were more likely to be in relative income poverty compared with those where the head of the household was from a white ethnic group.
- There was a 25% likelihood of people from a non-white ethnic group living in relative income poverty compared to a 23% likelihood for those from a white ethnic group in 2014-15 to 2018-19 (averaged over 5 financial years).

5 Deprivation

The [Welsh Index of Multiple Deprivation \(WIMD\)](#) is the official measure of deprivation for small areas in Wales.

Figures produced from the latest pooled APS dataset (2016 to 2018) were analysed alongside the recently released WIMD 2019 data. The resulting analysis showed that people from a BAME background were markedly more likely to be living in deprived areas - specifically:

- Almost 11% of the people living in the most deprived 10% of small areas were from a BAME background. This is more than double the proportion of BAME people in the total population.
- Only 3.3% of people living in the least deprived 50% of small areas were from a BAME background.
- Over a third (34.9%) of people from a Black ethnic background were living in the most deprived 10% of small areas.
- All BAME groups were more likely to be living in the most deprived 10% of small areas compared to people from a White background.

This analysis is currently unpublished but can be made available on request.

The Office for National Statistics (ONS) recently published an updated [analysis of deaths involving COVID-19 by local area and socio-economic deprivation](#) for deaths occurring between 1 March and 31 May 2020.

This analysis showed that the most deprived areas of Wales had a mortality rate for deaths involving COVID-19 of 109.5 deaths per 100,000 population, almost twice as high as the mortality rate for the least deprived areas of Wales (57.5 deaths per 100,000 population).

Published analysis (i) from the Office for National Statistics (ONS) on COVID-19 deaths by ethnicity and by occupation, (ii) from ICNARC on critically ill patients with confirmed COVID-19 and (iii) from the Public Health Wales (PHW) Public Engagement Survey on Health & Wellbeing during Coronavirus Measures

1. COVID-19 Related Deaths by Ethnic Group, England and Wales

[Analysis recently published by the ONS](#) shows that the risk of deaths involving COVID-19 among some ethnic groups, in England and Wales, is significantly higher than that of those of White ethnicity. This difference is partly explained socio-economic factors, geographical location and other circumstances, but part of the difference remains unexplained.

Between 2 March and 15 May 2020, there were 44 deaths in Wales involving COVID-19 among BAME groups. This suggests that deaths involving COVID-19 accounted for a higher proportion of all deaths in BAME groups (35%) in that period compared with those in the White group (23%).

Key points:

- Provisional analysis for the period 2 March to 15 May 2020 shows, that after taking into account size and age structure of the population, the mortality rate for deaths involving COVID-19 was highest among males of Black ethnic background at 255.7 deaths per 100,000 population and lowest among males of White ethnic background at 87.0 deaths per 100,000.
- For females, the pattern was similar with the highest rates among those of Black ethnic background (119.8) and lowest among those of White ethnic background (52.0).
- To understand and explain these differences ONS explored further with statistical modelling using information from only private households included in the 2011 Census.
- This analysis showed that for all ages the rate of deaths involving COVID-19 for Black males was 3.3 times greater than that for White males of the same age, while the rate for Black females was 2.4 times greater than for White females.
- After adjusting for region, population density, socio-demographic and household characteristics, the raised risk of death involving COVID-19 for people of Black ethnic background of all ages together was 2.0 times greater for males of Black ethnicity and 1.4 times greater for females of Black ethnicity compared with those of White ethnic background.
- Males of Bangladeshi, Pakistani and Indian ethnic background also had a significantly higher risk of death involving COVID-19 (1.5 and 1.6 times, respectively) than White males once region, population density, socio-demographic and household characteristics were accounted for. However, for females in Bangladeshi or Pakistani, Indian, Chinese and Mixed ethnic groups, the risk of death involving COVID-19 was equivalent to White females.
- When looking at total number of deaths involving COVID-19 88.6% were of people from a White ethnic group, 6.2 % from an Asian ethnic group, 4.0% from a Black ethnic group and 0.5 % from an Other ethnic group.

2. COVID-19 Related Deaths by Occupation, England and Wales

The Office for National Statistics (ONS) recently published [an analysis of COVID-19 related deaths by occupation for England and Wales](#).

Key points for England and Wales are as follows:

- A total of 2,494 deaths involving the coronavirus (COVID-19) in the working age population (those aged 20 to 64 years) of England and Wales were registered up to and including 20 April 2020.
- Nearly two-thirds of these deaths were among men (1,612 deaths), with the rate of death involving COVID-19 being statistically higher in males, with 9.9 deaths per 100,000 compared with 5.2 deaths per 100,000 females (882 deaths).
- Compared with the rate among people of the same sex and age in England and Wales, men working in the *lowest skilled occupations had the highest rate of death* involving COVID-19, with 21.4 deaths per 100,000 males (225 deaths); men working as security guards had one of the highest rates, with 45.7 deaths per 100,000 (63 deaths).
- Men and women working in social care, a group including care workers and home carers, both had significantly raised rates of death involving COVID-19, with rates of 23.4 deaths per 100,000 males (45 deaths) and 9.6 deaths per 100,000 females (86 deaths).
- Healthcare workers, including those with jobs such as doctors and nurses, were not found to have higher rates of death involving COVID-19 when compared with the rate among those whose death involved COVID-19 of the same age and sex in the general population.
- Among men, a number of other specific occupations were found to have raised rates of death involving COVID-19, including: taxi drivers and chauffeurs (36.4 deaths per 100,000); bus and coach drivers (26.4 deaths per 100,000); chefs (35.9 deaths per 100,000); and sales and retail assistants (19.8 deaths per 100,000).

Note that this analysis does not prove conclusively that the observed rates of death involving COVID-19 are necessarily caused by differences in occupational exposure; ONS adjusted for age, but not for other factors such as ethnic group and place of residence. ONS have also published an article that explores possible differences in [occupation exposure](#) to COVID-19.

3. ICNARC reports on COVID-19 in Critical Care

The Intensive Care Audit and Research Centre (ICNARC) has been reporting weekly on cases in critical care units in England, Wales and Northern Ireland. Since April, these have regularly shown that of the cases admitted to critical care with confirmed COVID-19, a third of those whose ethnicity is recorded were recorded as being from Black, Asian or minority ethnic (BAME) backgrounds. This is confirmed by the [latest report](#) with data up to 18 June 2020.

The report shows that the proportion of Black, Asian and other ethnic background patients critically ill with COVID-19 appears to be higher than the local populations from which they come (based on 2011 Census ward data*).

[The latest ICNARC separate report for Wales](#) covers patients critically ill with confirmed COVID-19 reported to ICNARC up to 4pm on 11 June 2020 from critical care units in Wales participating in the Case Mix Programme (the national clinic audit for adult critical care). ICNARC have been notified of 410 admissions for critical care with confirmed COVID-19 in Wales. Of these, early data covering the first 24 hours of critical care have been submitted to ICNARC for 375 admissions for 349 patients. The analysis shows that of those whose ethnicity is recorded **14.3%** were from Black, Asian or minority ethnic (BAME) backgrounds.

Whilst 85.7% of admissions to critical care with confirmed COVID-19 in Wales were of white people; 6.9% were from Asian backgrounds, 1.5% from black ethnic groups; 1.8% of mixed ethnicity and 4.2% from other ethnic groups. The proportion of those of Asian and of other ethnic backgrounds admitted to critical care with COVID-19 appear noticeably higher than the local populations from which they come (based on 2011 Census ward data*).

Included in the 11 June ICNARC report is some more detail about BAME people in the England, Wales and Northern Ireland report. This shows that those patients of non-white ethnicity critically ill with confirmed COVID-19 were slightly younger, more likely to have a lower BMI, less likely to have needed assistance with daily activities prior to admission to hospital and more likely to come from more deprived areas than critically ill white patients. In relation to severe co-morbidities, a higher proportion of non-white critically ill patients with confirmed COVID-19 had a severe renal comorbidity than white patients (2.9% compared to 1.2%) whilst a lower proportion of non-white patients had a severe immunocompromised comorbidity than white patients (2.5% compared to 4.0%).

*Some caution should be exercised as the Census data may not reflect the current make up the local populations.

4. Public Health Wales Public Engagement Survey

[Findings from PHW's Public Engagement Survey on Health and Well-being during Coronavirus Measures](#) suggest that coronavirus and the lockdown restrictions are currently having a greater impact on the mental health and wellbeing of Black, Asian and minority ethnic (BAME) residents in Wales.

In particular:

- Nearly a third of BAME respondents (30%) report feeling very anxious compared with 1 in 5 white respondents,
- A third of BAME respondents report feeling isolated (compared with 22% of white respondents), and
- 1 in 5 BAME respondents are worrying a lot about their finances (compared with 15% of white respondents)

However, BAME respondents are also engaging in more prayer and mindfulness activities (37% and 19% of BAME respondents respectively), which may offer a positive means of coping with current stressors.

According to the survey, the proportion of people experiencing coronavirus is very similar across BAME and white communities. Groups are also equally worried about getting the virus and becoming seriously ill.

Notes on the use of statistical articles

Statistical articles generally relate to one-off analyses for which there are no updates planned, at least in the short-term, and serve to make such analyses available to a wider audience than might otherwise be the case. They are mainly used to publish analyses that are exploratory in some way, for example:

- introducing a new experimental series of data
- a partial analysis of an issue which provides a useful starting point for further research but that nevertheless is a useful analysis in its own right
- drawing attention to research undertaken by other organisations, either commissioned by the Welsh Government or otherwise, where it is useful to highlight the conclusions, or to build further upon the research
- an analysis where the results may not be of as high quality as those in our routine statistical releases and bulletins, but where meaningful conclusions can still be drawn from the results.

Where quality is an issue, this may arise in one or more of the following ways:

- being unable to accurately specify the timeframe used (as can be the case when using an administrative source)
- the quality of the data source or data used
- other specified reasons.

However, the level of quality will be such that it does not significantly impact upon the conclusions. For example, the exact timeframe may not be central to the conclusions that can be drawn, or it is the order of magnitude of the results, rather than the exact results, that are of interest to the audience.

The analysis presented does not constitute a National Statistic, but may be based on National Statistics outputs and will nevertheless have been subject to careful consideration and detailed checking before publication. An assessment of the strengths and weaknesses in the analysis will be included in the article, for example comparisons with other sources, along with guidance on how the analysis might be used, and a description of the methodology applied.

Articles are subject to the release practices as defined by the release practices protocol, and so, for example, are published on a pre-announced date in the same way as other statistical outputs.

Missing value symbols used in the article follow the standards used in other statistical outputs, as outlined below.

- .. The data item is not available
- . The data item is not applicable
- The data item is not exactly zero, but estimated as zero or less than half the final digit shown
- * The data item is disclosive or not sufficiently robust for publication



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