

Rising to the Challenge

A community's response to Covid-19



The All-Party Parliamentary Group on British Muslims was launched in 2017. The Group was established to highlight the aspirations and challenges facing British Muslims; to celebrate the contributions of Muslim communities to Britain and to investigate prejudice, discrimination and hatred against Muslims in the UK.

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FOREWORD

Wes Streeting and Mark Eastwood

Co-chairs, APPG on British Muslims



We began the work for this report in June 2020, as evidence of faith institutions and faith groups rising to the challenge to serve their communities in their hour of need mounted and we became acutely aware of the fantastic work undertaken by British Muslims. We could not have anticipated at the time that we would be now be living under the third national lockdown in the UK or indeed be facing up to just how devastating a toll the Covid-19 pandemic has taken on the UK population. And we are not out of the woods just yet. With the number of deaths continuing to rise and projections that things will get worse before they start to get better, the past several months since we launched our latest inquiry have been unpredictable to say the least. And yet, despite the difficult days we have lived through and the further hardships ahead, we are now beginning to see the fruits of the massive Covid-19 vaccination programme amid the utmost determination to turn the corner in our fight against Covid-19. We can, with a sober note of optimism and hope, begin to imagine days ahead when our mobility and lifestyles are not subject to such punitive restrictions. It is in this light that we present the findings of our latest report, *Rising to the Challenge*, because when these days of hardship have passed, we hope the spirit of community care, charity and concern for the elderly witnessed throughout these dark times will remind us of the contributions made by British Muslims during the pandemic and drive forward new initiatives to ensure that our faith-based civil society organisations can flourish in the future.

We have seen communities across the country rise to the challenge

The global pandemic brought on by Covid-19 has presented our national and global institutions with extraordinary challenges. The scale of transmission, serious infection, death and strained recovery from Covid-19 has caught governments and societies across the globe unawares. The UK has been no exception to the changes to lifestyles, economy and society that we have witnessed over the past year. Nationwide lockdowns which would be anathema to free societies under usual conditions have been endured to protect lives, stop the spread of infection and save the National Health Service. The national economy was forced into a periods of suspension as employers and employees have grappled with the implications of restrictions on movement and travel under lockdown; restrictions that continue to impact jobs and livelihoods in our communities. And our

social lives, normally abuzz with the best that the UK's theatre, cinema and restaurant scenes have to offer, have all been severely curtailed as measures adopted to reverse community transmission have meant the shutting down of hospitality venues and non-essential shops. As we have adapted in recent months to huge changes to our normal day to day lives, we have also witnessed extraordinary acts of selflessness, charity and public service.

British Muslim institutions, both charities and Islamic institutions, have shown us what 'being in this together' means

We have seen communities across the country rise to the challenge. Across British Muslim charities and in civil society more widely, we have seen British Muslim communities do what they do best: demonstrate faith in action. Or what we might simply call 'living Islam'. As we identified in our previous reports, A Very Merry Muslim Christmas and Faith as the Fourth Emergency Service, faith-based institutions play a vital role in our civil society. Whether providing care and support to those that are vulnerable and needy or coming to the aid of communities and individuals facing acute hardship, British Muslim charities have consistently responded to the cry for help in hours of need. This pandemic has been no exception to their tradition of sacrifice and service. And never before have their resources been in such heightened demand.

British Muslim institutions, both charities and Islamic institutions, have shown us what 'being in this together' means through exemplary practice and unstinting commitment. Galvanising volunteers and charity funds, they have moved at speed to respond to the needs of the vulnerable, the shielding, the lonely, the anxious, and the hungry, in a fast-moving situation. Bringing to the fore their experience of operating in difficult and challenging terrains abroad in their regular humanitarian work, they have moved with agility at a time when normal procedures have been restrained. Small mutual-aid groups, community-based initiatives, family-supported projects and charities, large and small, British Muslim civil society has been present and active throughout the pandemic.

Phone lines providing essential social contact to shielding groups; food banks which have put food on the table for families who have struggled to find or

fund food deliveries; domestic abuse helplines for women at acute risk of violence in the home; pop-up mortuaries to shelter the deceased and offer families some assurance that their loved ones will be buried with dignity and in accordance with religious rites; prayer halls which have been put at the disposal of local NHS Trusts; mental health counselling services offered to those unable to access regular services or simply seeking a faith-based intervention; and funding donations of essential Personal Protective Equipment (PPE). These are merely a handful of examples of the consummate dedication of British Muslim charities to the national effort during the pandemic.

Many faith institutions, which have grappled with their own pressures as the closure of places of worship altered their normal operating conditions, have mobilised to ensure their duty of care to the faithful was maintained. Whether providing dignity in death to those who have succumbed to Covid-19 or offering prayer and pastoral care online, faith institutions have shown their capacity to adapt and serve in difficult circumstances. A notable example of exceptional service during this time is Mohamed Omer of Gardens of Peace. His work at the Muslim burial site in east London during a period when many families have had to endure funerals held under painful restrictions while upholding standards of service and public health guidelines is exemplary of Muslim faith leadership in this country. The same is to be said of the Muslim Council of Britain and the Mosques and Imams National Advisory Board (MINAB), both of whom have shown sterling leadership throughout the pandemic and who have continued to demonstrate civic-mindedness and a deep sense of responsibility by engaging in information dissemination campaigns to dispel fears and conspiracies concerning the Covid vaccines in our Muslim communities.

The work of British Muslim civil society is not often recognised

Ramadan, Eid u-Fitr and Eid ul-Adha, major events in the Muslim calendar have all occurred under lockdown conditions, national or local and it is looking increasingly likely that at least some of these religious events will be held under lockdown, or at least tiered restrictions, this year too. Throughout the last year, Muslim institutions have amplified public health guidelines to protect all communities, Muslims and others, from the risk of community transmission. Closing mosques prior to the government's

announcement of a national lockdown, advising central and local government on the needs of their communities, translating public health guidelines into languages spoken within the UK's diverse Muslim communities, and responding to calls for evidence as to the disproportionate impact of Covid-19 on minority ethnic groups, British Muslim institutions have provided a responsible steer in uncertain times.

The work of British Muslim civil society is not often recognised. In our previous report, we highlighted how humility and a duty to serve others without drawing attention to one's charitable acts obscures the myriad ways in which Muslims contribute to our communities. The circumstances brought on by the pandemic, with nationwide lockdowns and regional restrictions, has been no exception to the humble labour we have come to expect of Muslim charities. We have attempted here to document some of the extraordinary acts of generosity that have occurred, from restaurants supplying hot meals to key workers to food suppliers donating tens of tonnes of food items to help food-poor families and communities, from donations to help purchase personal protective equipment for NHS staff to food banks cropping up anywhere and everywhere to deliver food baskets to the elderly, shielding and the vulnerable.

they have risen to meet the extraordinary challenges we have faced this year

As co-chairs of the all party parliamentary group on British Muslims, we are all too aware of the demonisation of British Muslim communities in our media by the far right and by some in the political establishment who pander to stereotypes about Muslims when they frankly ought to know better. Over the course of our inquiry, we heard evidence of media failings, of social media memes blaming Muslims for the spread of disease and online abuse directed at Muslim communities. We also heard about the poor communication and engagement strategies of elected officials which, though the product of many years of neglect, remind us that open channels of communication are vital at all times, especially during periods of emergency.

It is uncommon for British Muslims' contribution to our country to be acknowledged let alone applauded. We are too readily fed a diet of misinformation about Muslims that we often fail to register the facts in front of us. But it is our purpose to shine a light on these laudable efforts not just because they deserve our gratitude, that is a given, but because national crises offer us an opportunity to see our citizens at their best as they put the interests of others before themselves.

We conducted an inquiry into British Muslim responses to Covid-19 because of the enormous efforts of British Muslim institutions and charities that we have witnessed in our previous work. In Faith as the Fourth Emergency Service, we highlighted the huge contribution British Muslim charities make to our country under normal circumstances. In this report, we seek to highlight the incredible work British Muslims have been engaged in during the pandemic; how they have risen to meet the extraordinary challenges we have faced this year and the lessons we can learn to ensure we emerge from this pandemic a more equitable, compassionate and cohesive society.

FOREWORD

Javed Khan

Chief executive, Barnardo's



The COVID pandemic has had a profound effect on people of all ages and in all communities, across the UK and around the world.

Sadly, I know from personal experience that for many British Muslims, just as for our friends and neighbours of other faiths, the last year has brought an extraordinary amount of loss.

As always at times of crisis, it is the most vulnerable who are suffering most. The elderly and those with pre-existing health conditions are most at risk from the virus, whilst families in poverty, individuals living alone, and children and young people in every community are struggling with the impact of the necessary lockdown measures.

For all communities, the experience of loss has been compounded by inevitable constraints on religious and cultural practices.

For reasons not yet fully understood, it is now well-documented that in the UK people from Black, Asian and minority ethnic backgrounds are more likely to become seriously ill and to lose their lives. This inevitably has knock-on effects for these communities - with families coping with bereavement and long-term health problems.

For all communities, the experience of loss has been compounded by inevitable constraints on religious and cultural practices. British Muslims have not been able to visit the Mosque for Friday prayers, could not mark the month of Ramadan in the usual way, and missed out on traditional Eid celebrations. Perhaps most difficult for everyone has been the restrictions on funerals and how we mourn.

This timely report rightly highlights that charities and community groups from across the UK have responded to these unprecedented challenges brilliantly - alongside the NHS and carers, they are the 'unsung heroes'. It contains some fantastic examples of Muslim charities, organisations and businesses delivering culturally sensitive food packages, donating personal protective equipment (PPE), or providing counselling, demonstrating how this sector has reached people who would otherwise have been left to struggle alone.

In my role as Chief Executive of the UK's largest children's charity, Barnardo's, I have witnessed first-hand how local organisations, including those serving Muslim communities, have provided a lifeline to children who have been separated from teachers, friends and extended family, too often lost loved ones before their time, and are deeply anxious about the future.

we must build on the lessons of this uniquely challenging chapter in our history.

There were precious few positive developments in 2020, but we can and must celebrate the kindness, generosity and self-sacrifice of the frontline workers and volunteers who have stepped up for their own communities and for the country as a whole.

The rollout of the vaccine programme represents much needed light at the end of the tunnel, and when we finally emerge from this time of great suffering and sadness, we must remember the contribution of charities and community-based organisations. Many of these now face a 'perfect storm', with demand for services growing whilst the economic downturn puts their income streams in doubt.

As we move towards the post-COVID era, we must build on the lessons of this uniquely challenging chapter in our history. As British Muslims we must continue to live our values and do what we can to support those less fortunate than ourselves. As a society we must do more to recognise the vital role played by faith groups and community-based charities across the country. As a voluntary sector we must continue to work collaboratively, to learn from each other, and to build interdependent partnerships so that we can continue to support those who need us most.

#StopTheSpread

British Muslim communities in response to Covid-19

AN OVERVIEW



Charitable contributions

Over 194 Muslim groups supported vulnerable people during the crisis

Health and Welfare

High levels of deaths of BAME healthcare workers

Deprivation, poverty and socio-economic disadvantages – impact of lockdown measures on finances/income

Health, mental health and inequalities

Burials

Access to support



Recommendations

Widening access to institutional charitable funding.

Recognising diverse factors in cultural and socio-economic needs of Muslim and BAME communities in the event of future waves.



(Source: Muslim Charities Forum)

KEY STATISTICS

198.9 deaths per 100,000 males

ONS data shows the highest age-standardised mortality rates of Covid-19 related deaths were amongst Muslims, with 198.9 deaths per 100,000 males and 98.2 deaths per 100,000 females. People who identified as Jewish, Hindu or Sikh also showed higher mortality rates than other religious groups.

2.5 times higher mortality rate

Among Muslim males, the mortality rate was 2.5 times greater than for Christian males, while for females it was 1.9 times higher. Females who identified as Muslim, Sikh or Hindu also had higher mortality rates compared with the Christian and no religion populations.

50% higher risk of death

The risk of death among people of Bangladeshi ethnicity was twice that among people of white British ethnicity, while people of Chinese, Indian, Pakistani, other Asian, Caribbean, and other Black ethnicity had a 10–50% higher risk of death than white British people.

58.6% senior doctors are BAME

44.3% of the NHS medical staff are foreign-born or from a BAME background, with BAME doctors representing 41% of the medical workforce. BAME staff make up around 20% of the overall NHS workforce, and 58.6% of all senior doctors, with Asians constituting the majority at 40.6%.

50% doctors who died were Muslim

The first 10 deaths in the UK health sector were of those of a minority ethnic background, the first four of whom were publicly declared to be Muslim doctors. Ear, Nose and Throat surgeon, Amged el-Hawrani, NHS surgeon and organs transplant specialist, Adel el-Tayar, and GPs Dr Habib Zaidi and Dr Fayaz Ayache, were among the first Muslims in the medical profession to die from Covid-19. Despite making up less than 5% of the British population, and 15% of the medical workforce, over 50% of doctors who have died have been Muslim.

63% healthcare worker deaths were BAME

63% of healthcare workers who died from Covid-19 under the first wave were from an ethnic minority background. By April 2020, 71% of nurses and midwives, and 56% of healthcare support workers who tragically lost their lives were from a minority ethnic background.

300% rise in mental health support

Muslim Youth Helpline, a counselling service for young Muslims in the UK, reported a 300% increase in calls, web chats and emails from distressed teens and young adults since the onset of the pandemic including a spike over the Eid weekend (in May 2020).

2,000

A survey poll of more than 2,000 Black, Asian and ethnic minority NHS staff found they felt “fearful in the most at-risk frontline roles” with some saying they felt “unfairly deployed and at an increased risk of infection”. Others claimed to be “feeling unheard and some driven to quit their profession”.

Islamophobia and Muslim medics

81% of Muslim medical professionals say they have experienced Islamophobia or racism within the NHS from staff and patients in a survey of 133 Muslim medical professionals; 69% felt it had got worse during their time at the organisation and more than half (57%) felt Islamophobia had an adverse effect on their career progression. More than 2 in 5 (43%) admitted that they had considered leaving the NHS because of Islamophobia.

36% BAME suffered fall in income

36% of BAME people said their income had been reduced as a result of Covid-19 compared to 28% for those of White background. BAME people were also more likely to report a negative impact on their personal financial situation, household financial situation, regular household expenditure and amount of disposable income, as well as savings and debts, as a result of the pandemic compared to White people.

INTRODUCTION

The World Health Organization declared the outbreak of Coronavirus a 'Public Health Emergency of International Concern' on 30 January 2020 and a pandemic on 11 March, when more than 118,000 cases were confirmed in 114 countries.¹ The first three cases detected in Europe, were reported in France on 24 January 2020 and the first death was reported on 15 February, in France. On 21 February, nine EU countries had reported cases: Belgium (1), Finland (1), France (12), Germany (16), Italy (3), Russia (2), Spain (2), Sweden (1) and the UK (9).² The risk associated with Covid-19 infection for people in the EU/EEA and UK was considered to be moderate to high, based on the probability of transmission and the impact of the disease. By 2 March 2020, an additional 28,740 cases were reported, including 2,123 cases in twenty-one countries in the EU/EEA and the UK, with higher rates of infection in regions in Italy, Spain and Germany which went on to declare an emergency lockdown.³

In the UK, the earliest cases were reported in late January 2020. In February, the Department of Health and Social Care began (DHSC) released updates and information on how to contain and control the outbreak. Self-isolation and quarantine measures were introduced for those who were experiencing symptoms of Covid-19. Moreover, Personal Protective Equipment (PPE) was to be purchased and two-metre social distancing rulings were put in place to help mitigate the spread of the virus in public. In March 2020, the Prime Minister, Boris Johnson and Secretary of State for Health and Social Care, Matt Hancock, issued media announcements alerting the public to the fast spread of the virus and began initiating the closure of public spaces. Further Government news bulletins followed and the Scientific Advisory Group for Emergencies (SAGE) was created, providing ministers and officials with advice and a wide source of essential information based on external scientific evidence.⁴

Faith-based institutions, including mosques in Britain, began preparations towards early closures as a resolution to help respond to these issues within their communities. On 23 March 2020, the Government imposed a nationwide lockdown dubbed "Stay Home, Protect the NHS, Save Lives", banning all non-essential travel and contact with people outside one's home. As of 13 November 2020, over 52 million cases have been diagnosed globally with more than 1.2 million fatalities. In the two weeks to 13 November, more than 7.6 million cases were reported.⁵ In the UK, the grim milestone of 50,000 deaths from Covid-19 was registered on 11 November with the death toll rising to above 100,000 on 26 January 2021.

The impact of Covid-19 has been significant amongst Black, Asian and Minority Ethnic (BAME) communities including Muslims, and early indications of minorities being critically affected were charted in letters to the Government by MP Yasmin Qureshi, on 10 April 2020. The MP for Bolton South East stated in her letter how structural inequalities, including confined housing and socio-economic factors, could impact some groups more than others. In another letter on the 11 April, she urged the health secretary to better support medical staff from minority ethnic backgrounds who often face workplace discrimination amid concerns of occupational hazards further compounding exposure to and contracting the virus among BAME healthcare professionals.

This was substantiated through research from March-May 2020 by both Public Health England (PHE) and the Office for National Statistics (ONS). These findings revealed a disproportionately high increased rate of transmission and mortality rates amongst certain religious and ethnic communities, due to susceptibility to various risk factors, including socio-economic factors, employment in sectors where exposure is greater such as low-skilled labour, housing

¹ World Health Organisation. 'WHO Director-General's opening remarks at the media briefing on COVID-19' (11 March 2020) <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

² Gianfranco Spiteri et al. 'First cases of coronavirus disease 2019 (COVID-19) in the WHO European Region, 24 January to 21 February 2020'. *Eurosurveillance* 25 (9) 5 March 2020. Available at: <https://www.eurosurveillance.org/docserver/fulltext/eurosurveillance/25/9/eurosurv-25-9-1.pdf>. Last accessed 30 October 2020.

³ European Centre for Disease Prevention and Control. 'Outbreak of novel coronavirus disease 2019 (COVID-19): increased transmission globally – fifth update' (2 March 2020) <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-outbreak-novel-coronavirus-disease-2019-covid-19-increased>.

⁴ Gov UK. 'Coronavirus (COVID-19): scientific evidence supporting the UK government response' (20 March, updated 31 July 2020) <https://www.gov.uk/government/news/coronavirus-covid-19-scientific-evidence-supporting-the-uk-government-response>.

⁵ Gov UK. 'Guidance: COVID-19: epidemiology, virology and clinical features' (13 November 2020) <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features>

⁶ <https://twitter.com/YasminQureshiMP/status/1249652785831968768>

⁷ Office for National Statistics (ONS). 'Coronavirus (COVID-19) related deaths by religious group, England and Wales: 2 March to 15 May 2020' (June 2020) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyreligiousgroupenglandandwales/2marchto15may2020>. Office for National Statistics (ONS).

'Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020' (June 2020)

Coronavirus in the UK

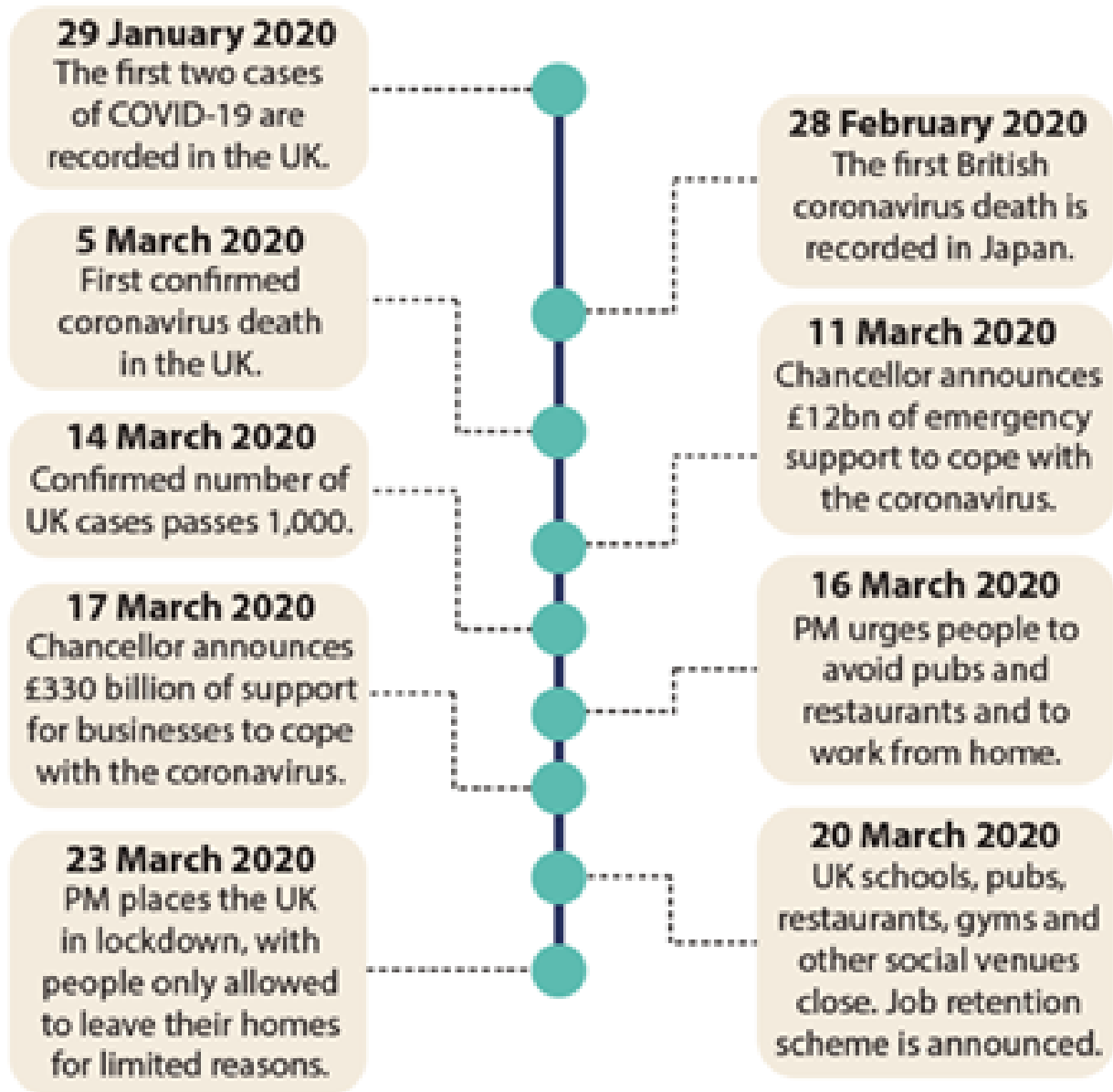


Figure 1: Coronavirus UK timeline

(Source: IBIS World)

and a high underlying risk of co-morbidities causing further medical complications.⁷ While these studies have significantly improved our ability to understand social, environmental, economic and other factors which heighten the risk to ethnic minority groups, the various studies suffer from limitations arising from the categories of data collection. Despite religion being a protected characteristic under the Equality Act (2010), data recording on religion of patients and victims of Covid-19 is unavailable. Thus, the research published examining the causes of disproportionate deaths among BAME groups has relied on Census data gathered nearly ten years ago and gave only preliminary insights into the impact of Covid-19 on religious groups in the UK using ethnic proxies for Pakistanis and Bangladeshis. In addition to this, the PHE study disclosed that the completeness of ethnicity recording in their datasets was low (and this is common among similar systems). To mitigate this, data was linked with Hospital Episode Statistics (HES) data to assign ethnicity information.⁸ However, some records could not be linked to HES, either because there was not a record to link to within HES, or because information on date of birth and/or NHS number was inconsistent or missing, which was also excluded from the ethnicity analyses in the report.⁹ What we have learnt from the studies that have been published to date is the need for more comprehensive data collection to enable monitoring against all equality strands and to make easier assessment of intersectional variances within ethnic minority groups to support more targeted interventions for the most 'at-risk' subgroups.

Despite being amongst the most vulnerable groups affected by Covid-19, British Muslim communities have been at the forefront of confronting the severity of the impact of the outbreak. This has not been this first time, as British Muslims have supported national emergency crises previously, by drawing on local capacities, building partnerships, investing in long-term recovery plans, and developing emergency preparedness. The emergency response by Muslim charities to the Grenfell tragedy three years ago serves as a reminder of the capabilities of civil society to fill the void when national crises occur. The Covid-19 pandemic has been no exception.

During the pandemic, Muslim healthcare workers, activists and institutions throughout the UK mobilised charitable and volunteering support; facilitated the closure religious institutions ahead of the onset of the first national lockdown, whilst considering the impact on Ramadan and Eid; provided caring responsibilities to neighbours and vulnerable people in local communities; collaborated to form mutual-aid groups, often with the co-operation of other faith communities; helped create and reform policies; and, provided mortuaries, essential equipment, food, medicine and welfare support to wider society. This report analyses some of these contributions, indicates risk factors, and provides policy recommendations to support the faith-based civil society sector to continue its vital work supporting communities up and down the country. We have seen civil society rise to meet one of the greatest challenges of our times. As we look to the end of the latest national lockdown and the roll out of the vaccination programme which can bring to a halt the ruinous toll Covid-19 has taken on our lives, we need to consider the enormous role played by faith-based institutions and take steps to support and strengthen them so that they can continue to provide essential services to local communities up and down the country.

⁸ HES is a database containing details of all admissions, A&E attendances and outpatient appointments at NHS hospitals in England. HES use ethnic categories as classified by the 2001 ONS census.

⁹ Public Health England. Disparities in the risk and outcomes of Covid-19 (August 2020).

¹⁰ Muslim Aid. 'Mind the Gap: A Review of the Voluntary Sector Response to the Grenfell Tragedy' (2018) https://londonemergenciestrust.org.uk/sites/default/files/uploads/Mind%20the%20Gap%20Report_Muslim%20Aid.pdf

METHODOLOGY

We emphasise that this report is not exhaustive, nor at a time when we remain under constraints to control the spread of the virus would it be possible to capture a 'still' photo shot from the ongoing mobilisation of community resources. There is still much information that exists on British Muslim responses to Covid-19 that we have not been able to assemble in this report. This is not a failing, it is an admission of the scale and dedication of the work that continues to go on.

This report is an attempt to illustrate preliminary findings on the impact of the coronavirus on British Muslim communities. The objective of this report is to provide a snapshot of how British Muslim communities responded to the pandemic, the extent to which they received support from wider governmental, public health and institutional initiatives, and how better understanding of, consultation with, and support for Muslim institutions and faith-based infrastructure in local communities can help mitigate some of the worst outcomes we saw during the first, deadly wave of Covid-19. Lessons need to be learnt and we hope this report goes some way toward addressing what Muslim communities feel were, at times, inadequate responses from central and local government.

Moreover, the limitations of data recording on religion or belief by Government and public health bodies means that efforts at a comprehensive analysis at this time remain elusive. A major outcome of Covid-19 has been to highlight the need for better data capture by public agencies with more information shared with local government and agencies on transmission rates, test and trace and fatality rates. More granular data on ethnicity and religion or belief has been noted as evidence has shown the disproportionate impact of Covid-19 on ethnic minority communities.

This inquiry, as with all parliamentary and non-parliamentary business, was limited in the use of the usual procedures for undertaking our work. Under lockdown, we have been restricted in the ways we would normally solicit evidence and witnesses for our inquiry. Nonetheless, with work moving online, we have carried out this work in a number of ways:

- We conducted several stakeholder engagement sessions to gather oral evidence from Muslim institutions: leaders of Council of Mosques, charity workers, representatives of Muslim umbrella organisations (Muslim Council of Britain, Muslim Charities Forum), women's networks and councils (Muslim Women's Network, Muslim Women's Council), faith leaders, and healthcare associations (Burial Council, British Islamic Medical Association, Muslim Doctors Association). These evidence sessions were hosted online and took place during May-August 2020. A full list of participating individuals and organisations can be found in Appendix 2.
- Our call for written evidence elicited numerous submissions from charity, third sector and mutual-aid groups. The terms of reference for this inquiry can be found in Appendix 1 and the list of submissions received in Appendix 3.
- We also relied on secondary source material and independent studies on the impact of Covid-19 amongst diverse British Muslim and minority ethnic communities, produced by various third sector and government organisations, including the Office for National Statistics, Public Health England, Muslim Doctors Association and others. A full list of sources is provided in the bibliography section.

REPORT OVERVIEW

This report identifies ways in which British Muslims have adapted and expanded their charitable activities to navigate the demands brought upon by the pandemic, as well as new initiatives that have evolved (burials, helplines for shielding groups, mutual aid groups) due to the unprecedented measures imposed under lockdown.

We examine local, regional and national government and statutory agency responses, and their limitations, in co-producing responses and communications strategies with the Muslim charitable sector and wider faith-based institutions.

The Muslim charitable sector has embodied resilience under pressure and in extraordinary circumstances. It has demonstrated its professionalism by utilising its wealth of experiences from humanitarian missions abroad and applying this to the domestic context. This report has helped identify both obstacles and shortcomings that need to be addressed to enable the charity sector to mobilise and operate more effectively when responding to a pandemic.

British Muslim responses were often on the front line, responding in every region across all four nations: from mosques becoming mortuaries, food banks, makeshift hospitals, to the deaths and sacrifices of Muslim healthcare workers. However, this was often underrepresented in media and political discourse.

We note the contributions of British Muslim faith-based organisations in the following areas:

- a. raising awareness of the pandemic in multiple languages and communicating these via diverse mediums;
- b. raising funds for personal protective equipment (PPE);
- c. closing religious establishments for religious services and replacing these with community outreach projects;
- d. mobilising volunteer groups;
- e. working with key stakeholders in governance and policymaking; and,
- f. finding avenues for short and long-term sustainability of religious and charity institutions on limited resources.

Using an evidence-based approach we make key recommendations on how central and local government in the UK can establish stronger working relationships with Muslim faith-based groups and organisations in order to capitalise on their strengths and put all assets into play to protect the public. These recommendations can also help reduce the severity of impact in the future through better targeted interventions aimed at 'at risk' faith and ethnic groups.

CO-MORBIDITIES, HEALTH INEQUALITIES AND BAME COMMUNITIES

The Office for National Statistics (ONS) conducted two initial inquiries which revealed data by religion and ethnicity regarding those who had succumbed to Covid-19. The first published work covered the period between 2 March to 15 May 2020 with updated analyses covering the period 2 March to 28 July 2020 published in October 2020. Further work was published in December 2020 using data from the Understanding Society: COVID-19 Study, 2020, UK Household Longitudinal Study (UKHLS) and Wealth and Assets Survey (WAS) to explore the social impacts of the pandemic on people from different ethnic groups in the UK.

The first part of the provisional ONS analysis covering the period 2 March to 15 May 2020, showed variation in the rate of death involving the Coronavirus between self-identified ethnic and religious groups, as reported in the 2011 Census. It was claimed that “differences in the risk of death involving the Coronavirus may be driven by factors related to the risk of being infected, susceptibility to more severe outcomes once infected and ability to survive once infected by the virus”.¹¹ The factors affecting the risk of infection and risk of death once infected were likely to include geographic location and population density, living arrangements, socio-economic profile, and working conditions.¹²

When classified by ethnicity, ONS figures showed that after considering size and age structure of the population, the mortality rate for deaths involving Covid-19 was highest among males of Black ethnic background and lowest among males of White ethnic background. For females, the pattern was similar with the higher rates among those of Black ethnic background and lowest among those of White ethnic background. 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 and 1.4 times greater for females 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 these additional characteristics were accounted for.¹³

In a second study, using a similar method of data collection, the data was classified according to religious groups. The statistics showed that the highest age-standardised mortality rates of Covid-19 related deaths were amongst Muslims, with 198.9 deaths per 100,000 males and 98.2 deaths per 100,000 females. People who identified as Jewish, Hindu or Sikh also showed higher mortality rates than other religious groups.¹⁴

Females who identified as Muslim, Sikh or Hindu also had higher mortality rates compared with the Christian and no religion populations (See Figure 2)

From males aged 9 to 64 years, those identifying as Muslim had higher rates of death involving Covid-19 compared with all other religious groups. Similarly, females who identified as Muslim, Sikh or Hindu had higher mortality rates compared with the Christian and no religion populations.

¹¹ Office for National Statistics (ONS). 'Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020' (June 2020) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>.

¹² Ibid.

¹³ Ibid.

¹⁴ Office for National Statistics (ONS). 'Coronavirus (COVID-19) related deaths by religious group, England and Wales: 2 March to 15 May 2020' (June 2020) <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyreligiousgroupenglandandwales/2marchto15may2020>.

Age-standardised mortality rates involving COVID-19		
Religious group	Males	Females
No religion	80.7	47.9
Christian	92.6	54.6
Buddhist	113.5	57.4
Hindu	154.8	93.3
Jewish	187.9	94.3
Muslim	198.9	98.2
Sikh	128.6	69.4
Other religion or not stated	84.2	49.2

Table 1: Age-standardised mortality rates involving COVID-19 for those aged nine years and over by sex and religious group, England and Wales, 2 March to 15 May 2020

(Source: ONS)

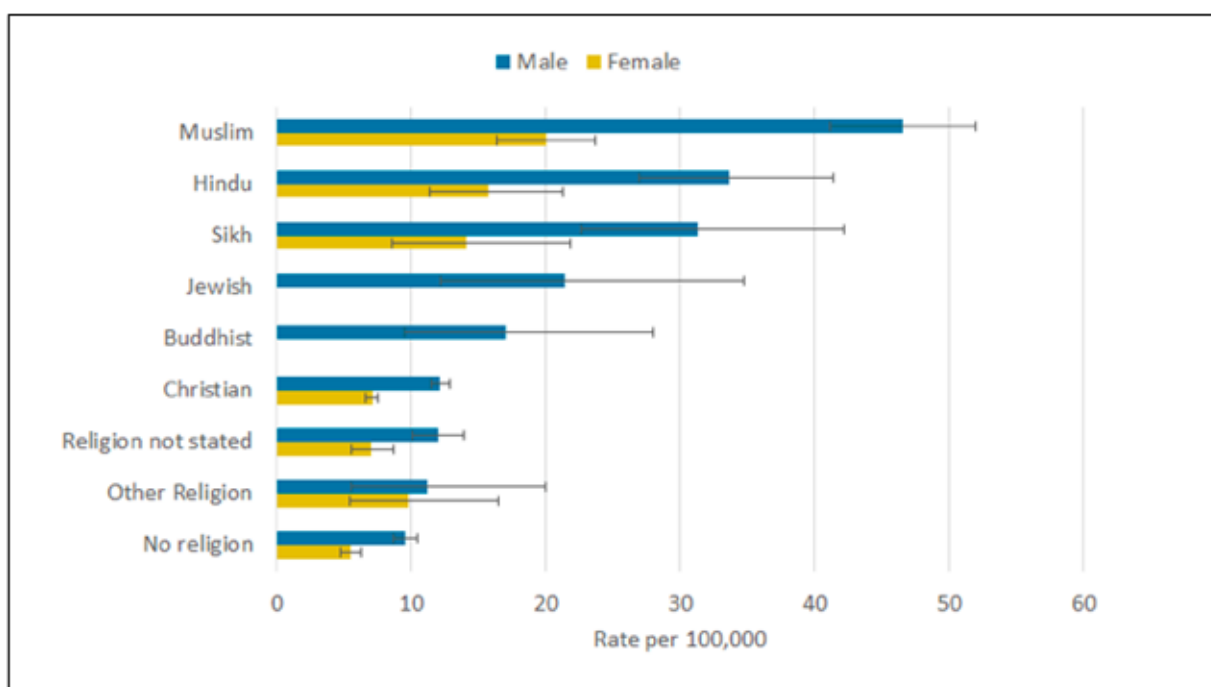


Figure 2: Age-standardised mortality rates of death involving COVID-19 for those aged 9 to 64 years by sex and religious group, England and Wales, 2 March to 15 May 2020

(Source: ONS)

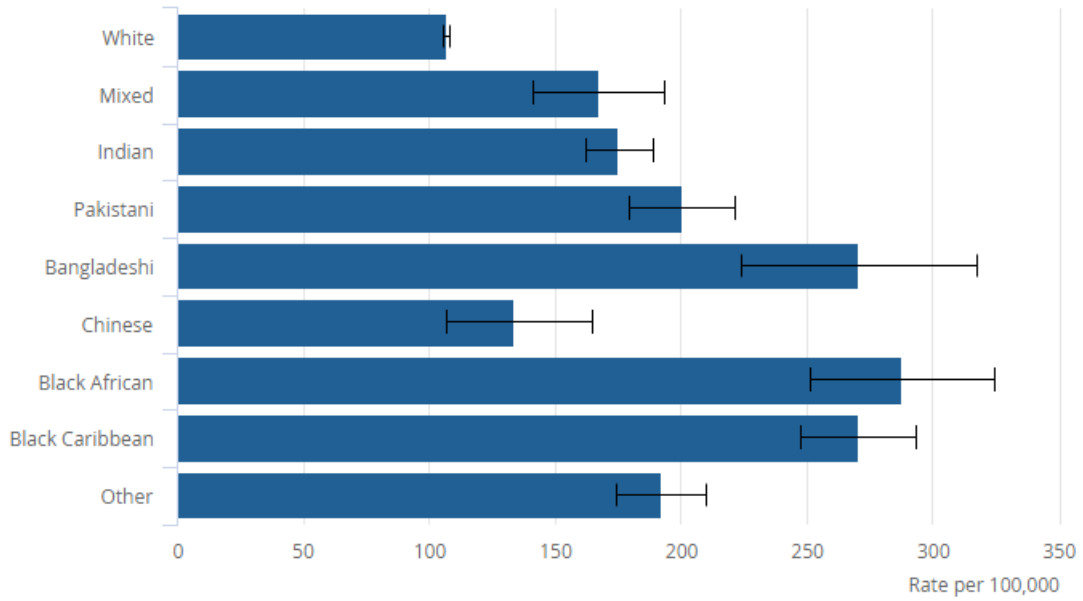


Figure 3: Age-standardised rates of death involving the coronavirus (COVID-19) among males aged 9 years and over by ethnic group, England and Wales, deaths occurring between 2 March and 28 July 2020 and registered by 24 August 2020

(Source: ONS)

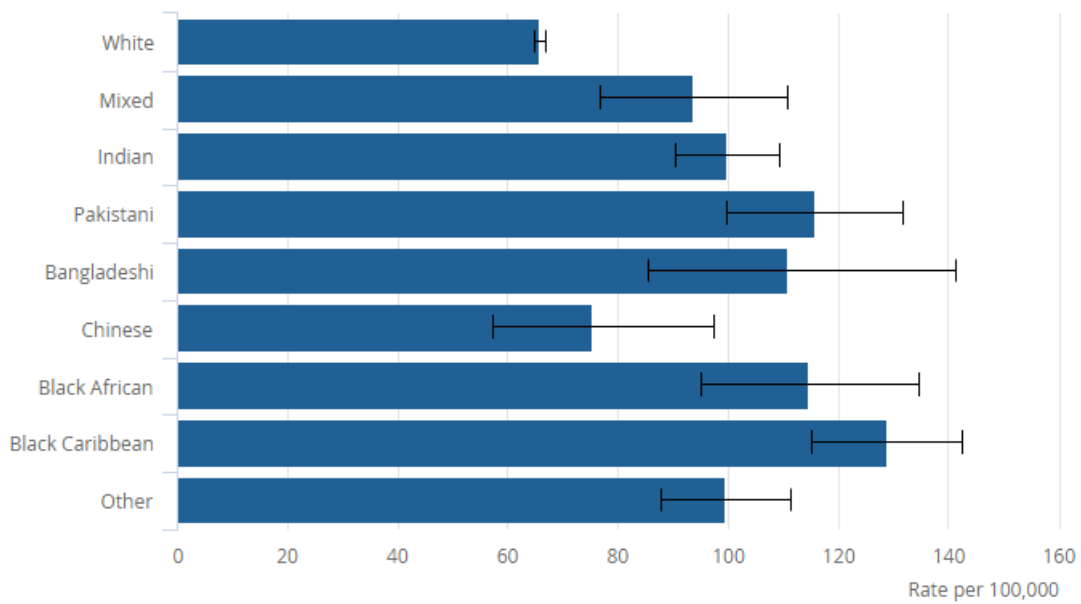


Figure 4: Age-standardised rates of death involving the coronavirus (COVID-19) among females aged 9 years and over by ethnic group, England and Wales, deaths occurring between 2 March and 28 July 2020 and registered by 24 August 2020

(Source: ONS)

“Among Muslim males, the rate was 2.5 times greater than that for Christian males, while for females it was 1.9 times greater.”¹⁵

The ONS acknowledged that for some religious groups, ethnicity is correlated with religion, and therefore they could not be certain whether the observed association between mortality risk involving Covid-19 and religion is because of religion or ethnicity. Nonetheless, “a substantial part of the difference in mortality involving Covid-19 between religious groups is explained by the different circumstances in which members of these groups are known to live; for example, living in areas with higher levels of socio-economic deprivation and differences in ethnic makeup”. However, these factors do not fully explain the differences, suggesting that other causes are still to be identified through further research.¹⁶

The later ONS study covering the period 2 March to 28 July 2020, found that males and females of Black and South Asian ethnic background were shown to have increased risks of death involving the coronavirus compared with those of White ethnic background. Males of Black African ethnic background had the highest rate of death involving Covid-19, 2.7 times higher than males of White ethnic background. Black Caribbean and Bangladeshi males had the second highest rate of death, 2.5 times higher than White ethnic males (see Figure 3).¹⁷

Females of Black Caribbean ethnic background had the highest rate of death involving Covid-19, 2.0 times higher than females of White ethnic background. Females of Pakistani background had the next highest rate at 1.8 followed by Bangladeshi and Black African females at 1.7, respectively (see Figure 4).¹⁸

The ONS analysis found that in England and Wales, “males of Black African, Black Caribbean and Bangladeshi ethnic background had the highest rates of death involving COVID-19, all exceeding 250 deaths per 100,000 and significantly higher than all other ethnic groups.” In the previous study, covering the period to 15 May 2020, the Pakistani and Bangladeshi groups were combined in the ONS analysis. The updated statistical release covering the period to 28 July 2020 found that “these new estimates show the latter (Bangladeshi) had a significantly higher risk of COVID-19 mortality.”¹⁹

After adjusting for age, males and females from all ethnic minority groups (except females of Chinese ethnic background) were at greater risk of death involving COVID-19 than the White ethnic group. The rate of death involving COVID-19 was 3.8 times greater for Black African males and 2.9 times greater for Black African females than the White ethnic group. The rate of death was also greater for people of Bangladeshi, Black Caribbean or Pakistani ethnic backgrounds than the White population, with hazard ratios of 3.5, 2.8, and 2.5, respectively, for males and 2.5, 2.2 and 2.6, respectively, for females.²⁰

The ONS study explained that “a large proportion of the difference in the risk of COVID-19 mortality between ethnic groups can be explained by demographic, geographical and socioeconomic factors, such as where you live or the occupation you’re in. It also found that although specific pre-existing conditions place people at greater risk of COVID-19 mortality generally, it does not explain the remaining ethnic background differences in mortality.”²¹

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Office for National Statistics (ONS). Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England and Wales: deaths occurring 2 March to 28 July 2020. 14 October 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020>

¹⁸ Ibid

¹⁹ Ibid

²⁰ Ibid

²¹ Ibid

Public Health England (PHE) also produced a review into the impact of the Coronavirus amongst minority ethnic communities, although religion was not factored into their findings. They revealed that death rates from Covid-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, where the all-cause mortality rates are lower in Asian and Black ethnic groups. The risk of death among people of Bangladeshi ethnicity was also twice that among people of white British ethnicity, while people of Chinese, Indian, Pakistani, other Asian, Caribbean, and other Black ethnicity had a 10–50% higher risk of death than white British people.²² The evaluation report noted that health inequalities may be increasing the risk of transmission amongst these groups (overcrowded housing, reliance on transport, living in population centres) and the risk of mortality (high underlying risk of co-morbidities).²³ However, race and equality groups expressed dismay at the report due to its lack of recommendations and plan of actions on how to save ethnic minority lives.²⁴ The Government maintains that the purpose of the report was to summarise stakeholder engagement, which would contribute to a further report and that this report was never intended to produce its own recommendations.²⁵ A Commission on Race and Ethnic Disparities was created in July 2020.²⁶ The Commission is due to release its findings in February 2021.²⁷

The unequal effects of the Covid19 crisis across ethnic groups are likely the result of a complex set of economic, social and health related factors.²⁸ Researchers have argued the importance of addressing risk factors to prevent ethnic minorities being disproportionately affected under future waves of the virus. This should include contact tracing surveys and having a core data source for modelling transmission patterns stratified by ethnicity to see which groups have increased infection rates, whether this changes over time and the extent of transmission from these groups to others.²⁹ However, we argue that data collection should be consistent with equalities legislation and include religion or belief as well as ethnicity as a basis of analysis when assessing causes for the disproportionality faced by minority ethnic groups as there may be particular risks associated with religious rituals which may impact community transmission that is unrelated to ethnicity.

²² Public Health England. Disparities in the risk and outcomes of Covid-19 (August 2020).

²³ Public Health England. Beyond the data: Understanding the impact of COVID-19 on BAME groups (June 2020) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf.

²⁴ Covid-19 and ethnic minority communities—we need better data to protect marginalised groups (July 2020) <https://blogs.bmj.com/bmj/2020/07/07/covid-19-and-ethnic-minority-communities-we-need-better-data-to-protect-marginalised-groups/> and Covid-19: PHE review has failed ethnic minorities, leaders tell BMJ, British Medical Journal (June 2020) <https://doi.org/10.1136/bmj.m2264>.

²⁵ Hansard HC Deb Vol 676, Col 1003, 4 June, 2020.

²⁶ GOV. UK. 'Commission on Race and Ethnic Disparities: 16 July 2020' <https://www.gov.uk/government/news/commission-on-race-and-ethnic-disparities-16-july-2020>

²⁷ Commission on Race and Ethnic Disparities: letter to the Minister for Equalities, 15 December 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943827/261120_Update_Letter_from_CRED_Chair_to_Sponsoring_Minister____1____1_.pdf

²⁸ Lucinda Platt and Ross Warwick. 'COVID 19 and ethnic inequalities in England and Wales'. Fiscal Studies, Volume 41, Issue 2, Vol. 41, No. 2, pp. 259–289, DOI 10.1111/1475-5890.12228.

²⁹ Rebecca F Baggale, Déirdre Hollingsworth and Manish Pareek. 'Covid-19: how can we prevent people from ethnic minorities being disproportionately affected in a second wave?' The BMJ Opinion (1 Sept 2020) <https://blogs.bmj.com/bmj/2020/09/18/avoiding-history-repeating-itself-prevent-people-from-ethnic-minorities-suffering-disproportionately-in-a-second-covid-19-wave/>.

RISK FACTORS: DISCRIMINATION, LANGUAGE, HOUSING AND SOCIO-ECONOMIC STATUS

There are varied factors that have increased the impact of Covid-19 amongst Muslim communities, with fatalities arising not just from infection rates due to community transmission but also on the frontline, as many people came into direct contact with carriers in the workplace. From written evidence submitted, we were informed that, “amidst the current COVID-19 crisis, the frontline of the NHS has been indebted to the 44.3% of the NHS medical staff who are foreign-born or from a BAME background, with BAME doctors representing 41% of the medical workforce.³⁰ BAME staff make up around 20% of the overall NHS workforce, and 58.6% of all senior doctors,³² with Asians constituting the majority at 40.6%.³³ The first doctor to die in the Covid-19 crisis was Dr Habib Zaidi, 76, who came to the UK nearly 50 years ago.

Further evidence provided by the Muslim Doctors Association (MDA) to the APPG has explored why it is essential that “in addition to assessing a range of social, economic, demographic, ecological and medical risk factors, that data on ethnicity is disaggregated, and data on faith is collected and published in the UK – particularly in relation to Muslim communities”.³⁴ Dr. Hina Shahid, chair of the organisation, shared with us her view that the Muslim community in the UK has a long history of exclusion, marginalisation and discrimination, placing it at a higher risk of adverse health outcomes from Covid-19.³⁵ This view has been further substantiated in an oral evidence session led by the Women and Equalities Committee, which explored the inequalities ethnic minority communities in the UK were more likely to face when impacted by the Coronavirus.³⁶ Among factors noted for raising the probability of poor health outcomes and increasing the risk of fatality from Covid-19 were:

Housing

Muslim families are more likely to live in overcrowded multi-generational households³⁷ facilitating transmission to high-risk vulnerable individuals.³⁸

The correlation between the impact of Covid-19 with housing and deprivation was explored in a report by the Muslim Council of Britain (MCB): “With all public health advice requiring infected individuals to self-isolate and not share spaces like kitchens and bathrooms with others, the conditions in which many Muslims live make this impossible. Overcrowding and the use of shared kitchens or bathrooms make it almost impossible for the virus to not be spread to other members of the household.”³⁹ In addition to this, 46% of all British Muslims live in the 10 most deprived local authority districts in England, and evidence shows both individual and neighbourhood deprivation increases the risk of poor general and mental health. For instance, areas of London with high Covid-related infection and death rates were Boroughs with high rates of ethnic density, such as Brent, Harrow, Newham.⁴⁰ Church End, a small neighbourhood in Brent, north London, which has a large Somali population, was the second worst cluster affected in England and Wales. Locals believe it does not account for the true scale of the devastation, as it does not factor in people who work in Church End but live nearby.⁴¹ Living in deprived areas is one among other socioeconomic factors explaining why ethnic minorities and Muslims have been disproportionately impacted by the effects of the Coronavirus.⁴²

³⁰ “NHS Workforce”. 2020. Ethnicity-Facts-Figures.Service.Gov.Uk. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#data-sources>.

³¹ “NHS Workforce Statistics - September 2019 - NHS Digital”. 2019. NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2019>.

³² Ibid.

³³ Ibid.

³⁴ Written Evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

³⁵ Ibid.

³⁶ Women and Equalities Committee. Oral evidence: Unequal impact? Coronavirus and BAME people, HC 384 (House of Commons: 17 June 2020) <https://committees.parliament.uk/oralevidence/535/html/>.

³⁷ Muslim Council of Britain (MCB). ‘British Muslims in Numbers: A demographic, socio-economic and health profile of Muslims in Britain drawing on the 2011 Census’ (2015) <https://mcb.org.uk/report/british-muslims-in-numbers/>.

³⁸ Public Health England. Disparities in the risk and outcomes of Covid-19 (August 2020).

³⁹ Submission to Public Health England’s Review into the Impact of Coronavirus on BAME Communities, Muslim Council of Britain (May 2020) <https://mcb.org.uk/wp-content/uploads/2020/05/MCB-Submission-to-PHE-Review-BAME-deaths.pdf>.

⁴⁰ Aamna Mohdin, ‘Every day I hear about a Covid-19 death: life in the UK’s worst-affected area.’ The Guardian, 1 May 2020.

⁴¹ ‘How one small London neighbourhood lost 36 residents to Covid-19’, The Guardian podcast, 3 July 2020. Available at: <https://www.theguardian.com/world/audio/2020/jul/03/how-one-neighbourhood-brent-london-lost-36-residents-to-covid-19>

⁴² Race Disparity Unit, Cabinet Office, Quarterly report on progress to address COVID-19 health inequalities. October 2020.

Muslims in medical professions 'at risk'

Among all staff employed by the NHS, Black, Asian and other ethnic minorities account for an estimated 21 per cent, including approximately 20 per cent among nursing and support staff and 44 per cent among medical staff.⁴³ The first 10 deaths in the UK health sector were of those of a minority ethnic background, the first four of whom were publicly declared to be Muslim doctors. 63% of healthcare workers who have died have also been from an ethnic minority background. MDA in written evidence to us stated that despite making up 15% of the medical workforce, over 50% of doctors who have died due to Covid-19 have been Muslim but that there has been little research into the causes of these issues.⁴⁴

According to further research, by April 2020, 71% of nurses and midwives, and 56% of healthcare support workers who tragically lost their lives were also from a minority ethnic background.⁴⁵ Naz Zaman, a member of Lancashire BME Network in oral evidence to the Women and Equalities committee inquiry 'Unequal impact? Coronavirus and BAME people', mentioned the risks posed to carers and the difficulty accessing PPE for those undertaking caring responsibilities. He told the committee: "One of the issues that has come through very strongly is carers, whether they be unpaid carers or carers who are paid through direct payments but working for family members, not necessarily for a private company or an employer. Those carers are low-skilled carers who are at the frontline and are at risk of catching Covid-19, but there is very little protection for them. They do not know where to get the protection from. It has been raised a significant number of times. There needs to be protection for those frontline workers. There are a lot of unpaid carers and a lot of carers who work for their families who are not acquiring PPE. They feel like they cannot ask their family for PPE because it is still their family and how does the family source the PPE. There is a lack of information and knowledge around where to source that PPE. We are putting those people at risk and we are putting the people who they look after at risk as well. That has come through really strongly."⁴⁶

⁴³ GOV. UK. 'NHS Workforce' (Last Updated August 2020) <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#by-ethnicity>

⁴⁴ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

⁴⁵ Tim Cook, Emira Kursumovic and Simon Lennane. 'Exclusive: deaths of NHS staff from covid-19 analysed' (22 April 2020) <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>.

⁴⁶ Naz Zaman, oral evidence to the Women and Equalities Committee inquiry, Unequal impact? Coronavirus and BAME people. HC 384, Wednesday 17 June 2020

'Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings: assessment and management of risk' (Updated 24 June 2020) Royal College of Psychiatrists. https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings-report-2020.pdf?sfvrsn=22a9083a_2.

⁴⁸ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

⁴⁹ Ibid.

⁵⁰ Women and Equalities Committee. Oral evidence: Unequal impact? Coronavirus and BAME people, HC 384 (House of Commons: 17 June 2020) <https://committees.parliament.uk/oralevidence/535/html/>.

The British Medical Association and Royal College of Nursing are said to be engaging in various services to support ethnic minority staff working on the frontline. Covid-related health risks in this sector can be mitigated through practical support structures, such as proactive psychological support for staff and managers keeping in regular contact with those self-isolating; hotel or alternative accommodation for staff needing to distance from highly vulnerable shielded relatives as a way of enabling staff to keep their families safe; access to PPE; inclusive leadership; and board level accountability.⁴⁷

Discrimination in the workplace

Qualitative research by the MDA also conveyed evidence that Muslim doctors experience discrimination and prejudice at work, as well as stigma, stereotypes and a lack of belonging, career and workplace support, and opportunities to progress, reflected in under-representation in senior roles.⁴⁸ These factors translate into difficulties raising concerns at work, such as around unsafe working conditions and access to appropriate PPE, increasing infection risk as well as stress, anxiety and burnout. This is particularly relevant to Muslims with specific dress code requirements, such as men with beards and women wearing the hijab. There is also emerging evidence of ethnic minority doctors being pressurised to work in frontline roles without adequate PPE compared to their White colleagues.⁴⁹ According to oral testimony by Dr. Chaand Nagpaul to the Women and Equalities Committee, the British Medical Association (BMA) have conducted surveys which show that this reflects pre-existing, historic cultural and structural inequalities, where ethnic minority doctors are twice as likely not to complain or raise concerns in the workplace due to fear of adverse repercussions.⁵⁰ Ethnic minority doctors are twice as likely to report bullying and harassment. They are also less likely to progress up the career ladder as successfully.

Occupational risks and low-skilled labour

Muslims are more likely to work in low paid key worker roles with inadequate health and safety protection increasing the risk of contracting Covid-19. Certain occupations have a high proportion of ethnic minority workers who are more likely to be exposed to the virus due to enclosed spaces and public contact such as taxi drivers, shopkeepers, cashiers, bus drivers, security guards. This has been evidenced in media articles that have uncovered the lived experiences and the causes of Covid-related deaths of people working in these professions, for example a healthy British Muslim Uber driver who lost his life after a woman repeatedly coughed in his taxi.⁵¹ This is further evidenced in the ONS report, *Why have Black and South Asian people been hit hardest by COVID-19?*, published in December 2020.⁵²

Migrants and refugees

Muslims are among groups represented in migrant and refugee populations who experience difficulties with accessing healthcare and suffer from lower rates of health literacy. This results in delayed presentation to health services and increases the risk of complications and death from Covid-19 and other acute medical conditions (collateral health damage). Many refugees are also living in flats or small houses with multiple children, with little to no financial support, and are relying on services provided by charities and food banks.

Since the beginning of the pandemic, the Home Office suspended the ending of asylum support for those whose asylum claims had been either granted or refused. This resulted in many asylum seekers being housed in hotels to prevent homelessness and the spread of the virus.

All asylum seekers in this temporary accommodation have been given guidance in their own language relating to hygiene, washing hands, social distancing, coronavirus symptoms and what to do if they become symptomatic.

Co-morbidities and increased risk

Muslim-majority ethnic communities in the UK are more likely to experience underlying chronic diseases and nutritional deficiencies, while lower rates of uptake in preventative health screening services can be exacerbated by structural and social disadvantage. Certain pre-existing health conditions have been shown to increase the risk of serious illness and death from Covid-19. For example, Type 2 diabetes is up to six times more common amongst people of South Asian origin, increasing the risk of cardiovascular health problems.⁵³

Language and cultural literacy

With the lockdown measures, victims are not presenting at, or accessing services. Some are unaware whether, and what, services are still available. In evidence we heard that language and cultural literacy are fundamental to raising awareness of healthcare and lockdown procedures.⁵⁴ Various British Muslim organisations played a key role in ensuring that vital public health messages reached diverse communities.

The British Islamic Medical Association (BIMA) worked with the Foreign Commonwealth Office and the BBC Asian Network to help translate key messages. BIMA informed the APPG that they also attempted to work with PHE on this but received no response.

The MCB, Councils of Mosques, the Muslim Women's Council, Muslim Women's Network, Muslim charities, as well other British Muslim organisations generated short safety messages in multiple ethnic languages, which were circulated on various media platforms, including WhatsApp, for those with no access to tablets and computers (this work was also carried out by MPs and Officers at the APPG). These groups also produced posters and other infographics to help disseminate public health information and keep communities notified of any changes in lockdown measures, over various periods of time. The notices included social distancing regulations within places of worship and during religious festivities.⁵⁵

⁵¹ Shekhar Bhatia, 'Exclusive: 'I am really scared... pray for me': Last message from fit and healthy Uber driver who died alone in hospital from coronavirus after woman 'repeatedly coughed' in his cab. Mail Online 9 April 2020, and Sarah Boseley and Aamna Mohdin, Daughter urges inquiry into Covid-19 deaths of bus drivers in England. The Guardian, 27 July 2020.

⁵² Office for National Statistics. *Why have Black and South Asian people been hit hardest by COVID-19?* (14 December 2020). <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/whyhaveblackandsouthasianpeoplebeenhithardestbycovid19/2020-12-14>

⁵³ Kamlesh Khunti, Sudhesh Kumar and Jo Brodie. 'Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians', Diabetes UK (2009) https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf

⁵⁴ Oral evidence session, 3 June 2020.

⁵⁵ Oral evidence sessions, 3 June 2020, 11, 12 and 13 August 2020.

Council of Mosques, such as Bradford (CfM) also delivered daily messaging for Muslims spending Ramadan in lockdown, providing short videos and prayers with doctors and scholars to keep the public informed of regular updates. They also created a recording of the call to prayer (adhaan) announcing for people to pray at home, a video which was claimed to have received over 100,000 views in its first few days.⁵⁶

A number of language campaigns were utilised by statutory bodies including: A Better Health campaign launched in July 2020 to target ethnic minority groups with higher obesity rates. Advertising for the campaign was translated into Hindi, Gujarati, Urdu, Bengali, Arabic and Somali; an NHS App is available in Urdu, Bengali and Gujarati; All testing sites have language translation services covering 250 dialects and languages; and Parent leaflets were translated into 14 languages ahead of the return to schools.

Trust in politicians and public institutions

We heard from organisations who told us that their role during the pandemic had become vitally important with many facing a significantly increased workload to deliver health education campaigns over the past several months. We also heard evidence of Muslims experiencing racial and religious discrimination by care professionals on structural and interpersonal levels, creating barriers in accessing healthcare.⁵⁷ Moreover, certain health services issued blanket advice for Muslim patients to not fast, without adequate community consultation or individual clinical risk assessment.⁵⁸

Abdul Ghani Hassan, resident consultant for Muslim Association of Nigeria UK and Old Kent Road Mosque also shared that although mosque activities in his locality were closed on time, there was a lot of fear amongst communities, and a lack of attention on the psychological impact amongst communities that was caused due to confusing data, mixed-messages and speculations, and a lack of clarity on symptoms. Moreover, their volunteers found evidence on people being unwell or having Covid-related symptoms, but they were not always reporting these or visiting the hospital due to cultural reasons, or their immigration status.⁵⁹ The Joint Council for the Welfare of Immigrants (JCWI) together with Liberty Human Rights and Medact have written an open letter to the Home Secretary to guarantee safety of migrants in light of the pandemic, by ensuring all migrants have access to vital public services, and are made assurances that no one will be penalised or made an 'overstayer' due to illness.⁶⁰ The Barrow Cadbury Trust also created a charity scheme for those with no recourse to public funds, such as people born overseas who are experiencing barriers to accessing services and whose difficulties are compounded by the pandemic.⁶¹

Lastly, health data on a patient's religion must be collected to learn how to better help communities and to assess the multifaceted, interrelated factors that impact particular groups.⁶² Although Public Health England (PHE) recorded data based on ethnicity to help assess the impact of the Coronavirus on ethnic minority communities, they did not document data on religion. Instead, the MCB took proactive action and published a submission wherein they reviewed PHE's report and added an assessment into the risk and impact of Covid amongst Muslim communities. This data estimated deaths in hospital in England, based on the percentage of Muslims in each ethnic group and the number of observed deaths by ethnic group, which theoretically shows how many Muslims are likely to have died from Covid-19 (not taking into account any external factors and age specific mortality rates).⁶³ Where there were excess number of deaths amongst particular ethnic communities (such as Black, Asian and Other), the MCB reported that considering most Muslims belong to these ethnic groups they will be disproportionately impacted.

⁵⁶ Oral evidence submitted to the APPG by Bradford Council of Mosques, 13 August 2020.

⁵⁷ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

⁵⁸ Ibid.

⁵⁹ Oral evidence session, APPG 3 June 2020.

⁶⁰ See 'Open Letter Protecting migrants from Covid-19', The Joint Council for the Welfare of Immigrants <https://www.jcwi.org.uk/protecting-migrants-from-covid-19>

⁶¹ Barrow Cadbury Trust, <https://www.barrowcadbury.org.uk/what-we-do/programmes/covid-19-support-fund/>.

⁶² Ibid.

⁶³ Submission to Public Health England's Review into the Impact of Coronavirus on BAME Communities', Muslim Council of Britain (July 2020). <https://mcb.org.uk/wp-content/uploads/2020/05/MCB-Submission-to-PHE-Review-BAME-deaths.pdf>.

Deaths in Hospital from COVID-19 by ethnicity
Data for England up until 12th May 2020 (published 14th May 2020)

	Population	Population (%)	Muslim Population	Muslim Population of Ethnicity (%)	Observed Deaths	Observed Deaths (%)	Estimated Muslim Observed Deaths
White							
British	42,279,236	79.8%	75,088	0.2%	17,117	78.8%	30
Irish	517,001	1.0%	1,872	0.4%	219	1.0%	1
Any other White background	2,484,905	4.7%	130,022	5.2%	751	3.5%	39
Total White	45,281,142	85.4%	206,982	0.5%	18,087	83%	70
Asian							
Indian	1,395,702	2.6%	195,952	14.0%	665	3.1%	93
Pakistani	1,112,282	2.1%	1,017,463	91.5%	448	2.1%	410
Bangladeshi	436,514	0.8%	392,636	89.9%	146	0.7%	131
Chinese	379,503	0.7%	7,802	2.1%	78	0.4%	2
Any other Asian background	819,402	1.5%	191,522	23.4%	366	1.7%	86
Total Asian	4,143,403	7.8%	1,805,375	43.6%	1,703	7.8%	722
Black							
African	977,741	1.8%	203,774	20.8%	394	1.8%	82
Caribbean	591,016	1.1%	7,294	1.2%	601	2.8%	7
Any other Black background	277,857	0.5%	56,226	20.2%	199	0.9%	40
Total Black	1,846,614	3.5%	267,294	14.5%	1,194	5.5%	130
Mixed							
White and Asian	332,708	0.6%	48,636	14.6%	28	0.1%	4
White and Black African	161,550	0.3%	5,279	3.3%	14	0.1%	0
White and Black Caribbean	415,616	0.8%	15,279	3.7%	44	0.2%	2
Any other Mixed background	283,005	0.5%	31,189	11.0%	69	0.3%	8
Total Mixed	1,192,879	2.3%	100,383	8.4%	155	0.7%	14
Other							
Any other ethnic group	548,418	1.0%	280,082	51.1%	585	2.7%	299
Total Other	548,418	1.0%	280,082	51.1%	585	2.7%	299
Total	53,012,456	100%	2,660,116		21,724	100%	1,234

Analysis by Miqdad Asaria (@miqdedup) and the Muslim Council of Britain
Data are from the ONS (ethnicity and ethnic group by religion) and NHS England (deaths)
Expected deaths are adjusted for age structure of ethnic groups and normalised to sum to total observed deaths

Table 2: Deaths in Hospital from COVID-19 by ethnicity
(Source: Muslim Council of Britain)

The PHE equality objectives 2017-2020 claim to comply with the public sector equality duty (Equality Act 2010), by giving due regard to advance equality of opportunity between people who share a protected characteristic (such as religion) and people who do not share it.⁶⁴ Statutory bodies should not overlook this information in normal recording practice. The pandemic has accentuated the extent to which public sector organisations are failing faith communities, as health data on the impact of the Coronavirus amongst these groups has not been collected or disseminated. Moreover, any data that has been gathered on religious communities (such as the ONS study) has been premised on demographical information from Census data that is nearly ten years out of date.

The MDA told us that they had held a meeting with a representative of PHE in attempt to discuss the importance of collecting faith-based health data

during Covid-19, but there was no follow up response to this.⁶⁵ As mentioned earlier, this may be because data on religion is not well collected in this NHS, and the limited availability of this information can make it difficult to be published. One method of preliminary collection of this data that emerged from discussions in our oral evidence sessions was to begin collecting faith-based information as found on death certificates.⁶⁶ As part of her work with the Centre for Muslim Policy Research, Dr. Shahid also provided policy recommendations that could help counter some of these issues. This includes, “collaboration and co-production of public health strategies that are faith and culturally sensitive ensuring adequate funding and resources, evaluation of impact, and dissemination of best practice”, as well as “comprehensive occupational risk assessment which includes faith and wellbeing as part of psychological safety at work and guaranteed income, health and safety protection for all key workers”.⁶⁷

⁶⁴ ‘PHE equality objectives for 2017-2020’, Public Health England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/593090/PHE_Equality_objectives_2017_to_2020.pdf.

⁶⁵ Oral evidence session APPG 13 May 2020.

⁶⁶ Oral evidence session, APPG 3 June 2020.

⁶⁷ Dr. Hina Shahid, ‘Impact of COVID-19 on the Muslim Community: A Rapid Review.’ Centre for Muslim Policy Research (June 2020) https://cmp.org.uk/wp-content/uploads/2020/07/Impact-of-COVID-19-on-the-Muslim-Community-A-Rapid-Review-June-2020_vF.pdf.

It is worth noting some of the commendable steps that have been taken by the Mayor of London, Sadiq Khan, in addressing factors that place minority ethnic communities at greater risk of contracting the virus and developing severe, potentially fatal, symptoms. A number of London boroughs with high ethnic minority populations were affected by high infection and death rates during the first wave, such as Newham in east London and Harrow and Brent in the north west of the city. Among initiatives introduced by the London mayor to mitigate emerging trends in research on unequal impact was the implementation of occupational risk assessments for ethnic minority staff working for the Greater London Authority 'family', thus covering City Hall as well as Transport for London, The Metropolitan Police and the London Fire Brigade. The risk assessments covered physical and mental health of vulnerable staff, with support for BAME employees, those with pre-existing health conditions, and older workers - groups that evidence shows have been badly hit by Covid-19. In addition, recognising the demography of London and the importance of public health guidance at a time of uncertainty and widespread anxiety, the mayor made health guidance available in multiple languages for those for whom English is a second language. Guidance in South Asian languages, Urdu, Punjabi, Bengali & Hindi, have also been a focal point with London's South Asian communities being among the main 'at risk' groups.

The London mayor, along with other metro-mayors around the country, has sought to enhance the evidence base on Covid-19 fatalities in order to further examine and understand the causes and variance in impact on particular subgroups within the population. Evidence from City Hall's intelligence unit and further commissioned research from the University of Manchester, which produced a rapid evidence review on the impact of Covid-19 on existing inequalities, has underpinned the mayor's attempt to lobby for changes to the evidence base by making better data available on ethnic groups.⁶⁸

The Mayor of the West Midlands, Andy Street, hosted a virtual roundtable in May 2020 with leading community figures as part of Public Health England's review of the impact of the pandemic on BAME communities, identifying a number of key issues and areas for action.⁶⁹

In order to explore these issues further, a Regional Health Impacts of COVID-19 (RHIC) Task & Finish Group was convened by the WMCA and PHE to focus on the relationship between COVID-19 impacts and disparities and wider health inequalities in the WMCA Region, and to inform the WMCA's longer term response and recovery plans. The group included representation from a range of partners and stakeholders including local authorities, the NHS, the voluntary & community sector and the faith community (linking in with the Mayor's Faith Network).

This was followed by a Health of the Region report published in November 2020, which described existing health and wellbeing inequalities in the WMCA Region and how these had been affected by the pandemic. The report included a thematic analysis of qualitative submissions received through the Call for Evidence as well as case studies and findings from reports. A variety of submissions were received, including from voluntary, community and faith organisations directly serving BAME and faith communities across the region (including BRAP; Nishkam Civic Association; Sikh Doctors Association; Legacy WM and West Bromwich African Caribbean Resource Centre); and health, academic and public sector organisations with research or work programmes that focused on these groups. Case studies and examples of good practice included the role of faith communities in responding to the pandemic, including engagement with Mosque leaders and the Muslim community in Dudley Borough.

⁶⁸ Professor James Nazroo, Karl Murray, Harry Taylor, Dr Laia Bécares, Yvonne Field, Dr Dharmi Kapadia, and Dr Yansie Rolston. Rapid Evidence Review: Inequalities in relation to COVID-19 and their effects on London. Manchester, Centre on Dynamics of Ethnicity, 2020.

⁶⁹ Mayor hosts virtual roundtable as part of Public Health England review into Coronavirus effect on BAME communities, WMCA News, 21 May 2020.

Over 50 commitments to action were made by RHC stakeholders, with recommendations to central Government on how to unlock change in the region. These commitments and recommendations focused on four key priority areas: improving outcomes for BAME groups; tackling the wider determinants of health; widening access to health and care; and 'people-powered health'. The following commitments were made by the WMCA in relation to improving outcomes for BAME groups:

- The WMCA's independent Leadership Commission will make advancing opportunity and mobility within the health and care sector a key priority in its new implementation plan and work with partners on action to achieve this.
- WMCA will develop a targeted Thrive mental health programme co-designed with BAME employers and employees.
- WMCA will carry out rigorous equalities impact assessments of all of its directorates and wider agencies.
- WMCA will hold Mayor's WM BAME roundtable meetings every 6 months to monitor steps that been taken by WMCA and wider regional partners in relation to the Health of the Region commitments to action.

According to research by academics based at Manchester University's Centre on Dynamics of Ethnicity, "stark ethnic inequalities" are observable in the impact of Covid-19. "The risk of COVID-19-related mortality compared with White men and women was 1.9 times greater for Black men and women, 1.8 times greater for Bangladeshi and Pakistani men, 1.6 times greater for Bangladeshi and Pakistani women, 1.3 times greater for Indian men, and 1.3 times greater for men in the 'Other' ethnic minority group. There are also substantial inequalities in risk of mortality according to religion, with Jewish people and Muslim people at particularly high risk.⁷⁰

In comparison, the government has faced strong criticism for failing to promptly disclose the findings and recommendations of a stakeholder analysis involving 4,000 individuals and organisations representing BAME groups and undertaken by Public Health England alongside the agency's report into Covid-19 and unequal health outcomes. The outcry led to the publication of the analysis led by Professor Kevin Fenton at a later date.⁷¹ Professor Fenton's recommendations included some measures which the mayor had already actioned or advocated such as occupational risk assessments, communication of health guidance in multiple languages and better data collection on ethnicity.

The evidence on the disproportionate impact on ethnic and religious groups demonstrates the relevance of data collection that is comprehensive in its recording of ethnicity and religion. Without clear evidence on the role structural inequalities play on experiences of Covid-19 and the communities worst affected, we cannot do justice to the groups that have suffered the most detrimental impact throughout this pandemic.

In summary, there was an inadequate and delayed response by the Government in addressing the specific socio-cultural needs of Muslim and minority ethnic communities. This is in contrast to some of the steps taken by the Mayor of London, Sadiq Khan, who was vocal on the importance of tailoring policies to the needs of these communities. Further investigation is needed into mortality rates amongst Muslim and minority ethnic groups and the different factors that have contributed to this. The work that is being led by the Equality and Human Rights Commission as part of its inquiry to "address long-standing racial inequalities in all areas of life" is a welcome step forward in this regard. With the virus showing no signs of abating and as we undergo a new wave in cases with the emergence of a new, more transmissible variant, there needs to be unambiguous, clear messaging to communities that are both multilingual and contextual at national and local level. This communication should be in accordance with regional lockdown measures to ensure the public is informed of variations in restrictions that apply in designated areas. It is important to note that had Muslim community organisations not engaged in their pivotal communications work during the first wave, the consequences for community transmission and illness from Covid-19 in Britain's ethnic minority groups could have been far worse.

⁷⁰ Professor James Nazroo et al., *ibid.*

⁷¹ *Beyond the data: Understanding the impact of COVID-19 on BAME groups*, Public Health England, June 2020

MENTAL HEALTH AND WELL-BEING

As British Muslims are disproportionately affected by issues surrounding social mobility and many face poor socioeconomic conditions, this can contribute towards greater levels of psychological distress.⁷² An independent research study by the charity 'Inspired Minds' involving 290 participants found:

- An overwhelming 73.45% of the participants knew of one or more Muslim persons who had suffered from a psychological illness. 71.72% of the respondents felt that sufferers are made to keep quiet about the ordeal they have suffered.
- 84.83% of the participants felt that sufferers of psychological illnesses would benefit from receiving help off a professional who is Muslim.
- 93.10% of the respondents (and 92.22% of UK citizens) stated that they were not aware of any established organisations who aided Muslim sufferers of mental illnesses.⁷³

The Muslim Youth Helpline reported a 313 per cent increase in calls during the first lockdown in March 2020.⁷⁴ The Muslim Council of Britain, which established ten 'Covid Response Groups' (CRG) to marshal expertise and advocacy from within Muslim communities during the first wave, formed a Mental Health CRG. The group is made up of a consortium of Muslim-led mental health support charities and organisations including Inspired Minds, Muslim Counsellors and Psychotherapists Network (MCAPN), Muslim Youth Helpline (MYH), Sakoon, British Islamic Medical Association, Muslim Women's Network UK (MWNUK), MindworksUK and Approachable Parenting. The group organises monthly webinars to support communities and coordinates the work of Muslim-led mental health organisations.⁷⁵

In December 2020, using estimates from the Understanding Society: COVID-19 Study, 2020, UK Household Longitudinal Study (UKHLS) and Wealth and Assets Survey (WAS), the ONS published a report examining the social impacts of coronavirus on different ethnic groups in the UK. The analysis found that Most ethnic groups in the UK experienced a worsening of their self-reported mental health between 2019 and April 2020.⁷⁶

Using results from the General Health Questionnaire (GHQ-12), the analysis found the Indian ethnic group showed the highest average GHQ score 1.7. Other White and Any other ethnic group were second highest with an average score of 1.4 respectively, followed by Mixed or multiple ethnic groups, 1.3 and Pakistani or Bangladeshi 1.2. The lowest average GHQ scores were found among Chinese or Other Asian groups, 0.8 and Black, African, Caribbean or Black British -0.7, though as the study notes: "Confidence intervals for the Black, African, Caribbean or Black British ethnic groups are too large to be able to determine the direction of impact on the associated GHQ-12 scores between 2019 and April 2020.

However, it can be said that the change in mental ill-health for the Black, African, Caribbean or Black British ethnic group has not been as marked as for some other ethnic groups."⁷⁷

During the first wave of the pandemic, mosques, Islamic centres and Muslim-led mental health organisations have attempted to provide greater awareness of their services, as well as respond to the increasing demand for psychological wellbeing facilities. They have assisted in the provision of online counselling services to help deal with symptoms of depression, anxiety, isolation and loneliness, trauma and more. They have also offered one-to-one psychotherapy, group support and professional faith-based counsellors. These services have been made available in multiple languages, both online and over the phone (See Figure 7).

⁷² Dabbagh, N., et al. (2012). "Muslim adolescent mental health in the UK: an exploratory cross-sectional school survey." *International Journal of Culture and Mental Health* 5(3): 202-218.

⁷³ Inspired Minds Independent Research Project. 'How Can We Help Sufferers of Mental Illnesses in the Muslim Community'. Retrieved from: <https://inspiredminds.org.uk/mental-health/research/our-initial-research/>. Last accessed: 30 October 2020

⁷⁴ Sakinah Abdul Aziz, 'Together in Tribulation: British Muslims and the COVID-19 Pandemic'. Muslim Council of Britain, 2020. p 24

⁷⁵ Ibid

⁷⁶ Office for National Statistics, 'Coronavirus and the social impacts on different ethnic groups in the UK: 2020'. 14 December 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/coronavirusandthesocialimpactsondifferentethnicgroupsintheuk/2020#coronavirus-and-the-impacts-on-different-ethnic-groups-data>

⁷⁷ Ibid

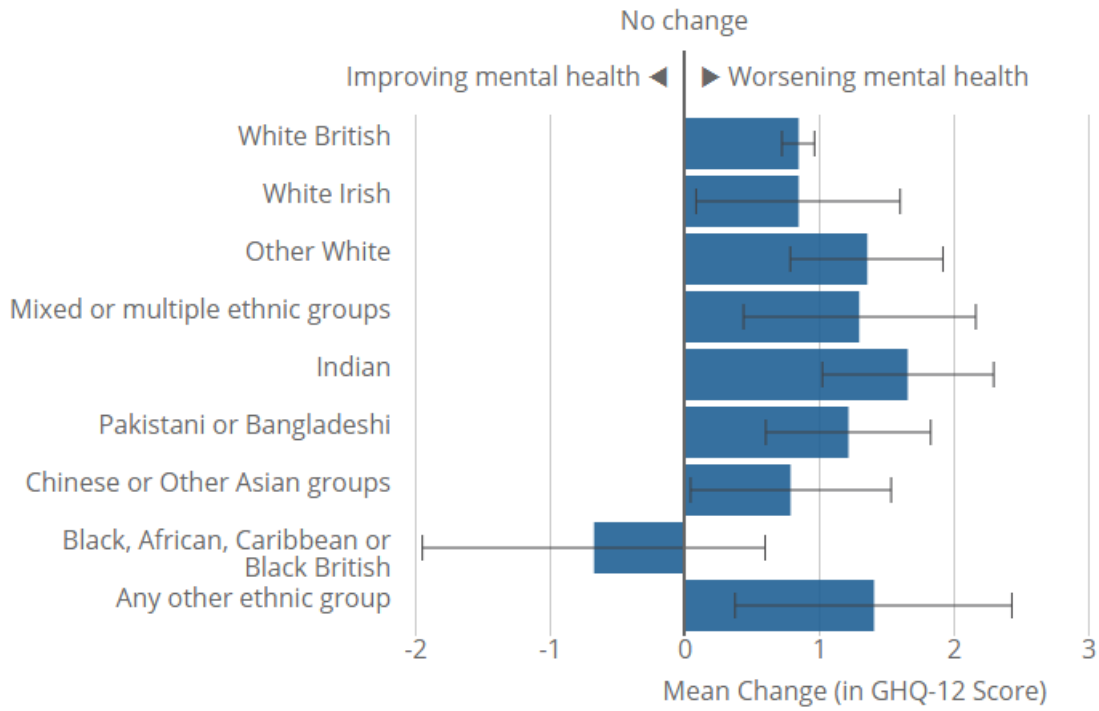


Figure 5: Fully adjusted average change in GHQ-12 scores of those aged 16 years and over between 2019 and April 2020 by ethnic group, UK, 2019 and April 2020 (Source: ONS)



Figure 6: Balham Mosque and Tooting Islamic Centre counselling services in collaboration with the National Health Service and MindworksUK.

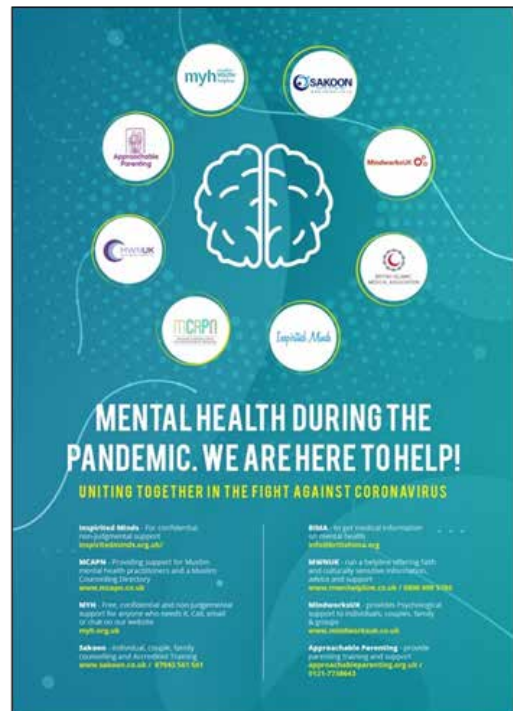


Figure 7: Collaborative efforts offering psychological support by Muslim-led mental health charities

(Source: British Islamic Medical Association).

Statistics shared by the Muslim Youth Helpline, a counselling service for young Muslims in the UK showed a more than 300% increase in calls, web chats and emails from distressed teens and young adults since the virus – including a spike on Eid weekend.⁷⁸ This has often been due to periods of isolation and the loss of loved ones.

As part of the Mental Health Covid Response Group, the British Islamic Medical Association, in partnership with several Muslim mental health charities, produced infographics and held webinars to provide advice on managing stress and anxiety during the lockdown (see Figure 8).⁷⁹

In addition to this, written evidence shared by the Aziz Foundation provided testimonies of Muslim healthcare chaplains who provided pastoral and spiritual care support to patients and their family members to help them navigate emotions of worry, anxiety and fear.

“I work at the Royal Free Hospital in Hampstead as a healthcare chaplain. I’ve been sharing information and guidance with my chaplaincy networks, as well as providing pastoral and spiritual care support to patients and their family members to help them through these times of worry, anxiety and fear” Zahrah Awaleh, Masters in Public Health, City University.⁸⁰

“I am currently supporting clients who are experiencing a variety of complex issues exacerbated by the pandemic such as increased isolation and or being exposed to abusive controlling, self-esteem crushing relationships more by being at home and a number of triggering issues around anxieties, deprivation, food, fear, trauma, death and illness of loved ones as well as facing one’s own mortality and searching for an inner compass amongst a variety of complex challenges. It’s a time that’s bringing out a lot of vulnerabilities for people”
– Aaliyah Shaikh, PhD Health Psychology, City University.⁸¹

Similar services were also provided by mosques and Islamic centres who provided family support, chaplaincy and Islamic guidance (see Figure 9).



Figure 8: Dar Ul-Isra Covid-19 support poster

Written evidence provided by Penny Appeal shared the development of the Domestic Abuse Helpline, and a ‘Listening Line’, that they created as part of their Covid-response group, and the needs assessments and analysis carried out with key partners and beneficiaries. For example, the Listening Line initiative surfaced after Age UK, described loneliness among many elderly people as a ‘silent killer’; noting that there are 1.2 million chronically lonely older people in the UK with half a million who go at least five or six days a week without seeing or speaking to anyone at all. During the first wave of the pandemic, this problem was likely to be severely exacerbated with those aged over seventy being advised to self-isolate. Trained practitioners handled the calls who offered mental health support and friendly conversation. This service was active seven days a week between 12pm – 8pm.⁸²

⁷⁸ ‘How coronavirus tore through Britain’s ethnic minorities,’ BBC News, 2 June 2020. Available at: <https://www.bbc.co.uk/news/uk-52894225>. Last accessed 30 October 2020

⁷⁹ Written evidence submitted to the APPG by British Islamic Medical Association.

⁸⁰ Written evidence submitted to the APPG by Aziz Foundation.

⁸¹ Ibid

⁸² Written evidence submitted to the APPG by Penny Appeal.

⁸³ Oral evidence submitted to the APPG by Muslim Women’s Council, 14 August 2020

The Muslim Women’s Council (MWC) also provided a free helpline offering befriending services and emotional support, all week between 10am–8pm. Oral evidence provided by director of the centre, Bana Gora, informed us of an increase in calls since the lockdown, as women in particular sought support when faced with long periods of isolation, psychological distress and bereavement. Whilst they are not a mental health charity themselves, their collaborative work by directing clients towards psychological wellbeing centres (such as Bereavement UK) is a testament to the combined efforts made by Muslim organisations with mainstream charities (see Figure 10).⁸³

Faeza Vaid, UK Executive Director of the Muslim Women’s Network (MWN) also shared that there was a lack of reporting of domestic abuse and calls remained on a normal rate.⁸⁴ This may be because victims are finding it more difficult to report domestic violence abuse during the lockdown, particularly those who are living in extended families, and are lacking safe spaces (GPs, schools). Additionally, whilst some funders (such as Comic Relief) have provided a good response to the organisation, Vaid said they have not received the same from Government bodies. MWN gave the example of how the UK Home Office shared resources on supporting women suffering from domestic abuse, but did not list the Muslim Women’s Network, until they were alerted.⁸⁵ Similarly, West Midlands Police did not share information on specific Muslim and ethnic minorities’ charitable resources in their list of support agencies until they were notified to do so. Even when public resources are produced by British Muslim organisations and are well-known, they appear to not have been adequately utilised or promoted by Government or local government. The Government could have been more sensitive to cultural and faith considerations when communicating and engaging with particular communities. This monocultural approach leaves people of faith to seek out their own help rather than be supported with signposting to services and acknowledgment of their need for culturally-sensitive support. Lastly, MWN’s gave evidence that as mental health issues have been exacerbated during the pandemic, more long-term processes are needed. Many ‘pop up’ mental health organisations have been created but there are concerns about their policies, procedures, training and safeguarding processes, all of which require closer scrutiny.⁸⁶



Figure 9: Muslim Women’s Council Helpline.

⁸³ Oral evidence submitted to the APPG by Muslim Women’s Council, 14 August 2020.

⁸⁴ Oral evidence submitted to the APPG by Muslim Women’s Network UK, 3 June 2020.

⁸⁵ UK Home Office. Domestic abuse: get help during the coronavirus (COVID-19) outbreak <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help#get-help-if-you-or-someone-you-know-is-a-victim>

⁸⁶ Ibid.

The impact of Covid has exacerbated the need to receive mental health support.⁸⁷ According to the ONS, almost one in five adults (19.2%) were likely to be experiencing some form of depression during the Coronavirus pandemic in June 2020; this had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020).⁸⁸ One in eight adults (12.9%) developed moderate to severe depressive symptoms during the pandemic, while a further 6.2% of the population continued to experience this level of depressive symptoms; around 1 in 25 adults (3.5%) saw an improvement over this period. Feeling stressed or anxious was the most common way adults experiencing some form of depression felt their well-being was being affected, with 84.9% stating this.⁸⁹ A survey conducted by Rethink on people with severe mental illness found that 79% of respondents said their mental health had got much worse as a result of the pandemic and the measures to contain it, and 42% said this was because they were getting less support from mental health services.⁹⁰ As mentioned above, work published at the end of 2020 by the ONS using estimates from the Understanding Society: COVID-19 Study, 2020, UK Household Longitudinal Study (UKHLS) and Wealth and Assets Survey (WAS) has found worsening mental health among ethnic groups in the UK.

It is important to recognise that whilst there is an increase of cultural and faith-based initiatives to mental health, the stigma around these issues are still prevalent, and is often considered 'shameful'.⁹¹ British Muslims are often under-referred for mental health therapeutic treatment.⁹² This means that people living in Muslim and other ethnic minority families may not access mental health services and may struggle to seek support or discuss their issues with mental health practitioners whilst living with family during periods of lockdown. We take the view that more should be done to support mental health practitioners who may be unaware of the specific cultural sensitivities certain minorities communities face.

⁸⁷ Helen Gilbert, Mental health care in the time of Covid-19. The King's Fund blogs, 3 July 2020. Available at: <https://www.kingsfund.org.uk/blog/2020/07/mental-health-care-time-covid-19>. Last accessed 30 October 2020.

⁸⁸ Office for National Statistics. 'Coronavirus and depression in adults, Great Britain: June 2020' (Last Updated August 2020) <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/june2020>.

⁸⁹ Ibid.

⁹⁰ Rethink Mental Illness. <https://www.rethink.org/news-and-stories/news/2020/06/people-living-with-severe-mental-illness-at-heightened-risk-of-relapse-or-crisis-during-pandemic/> (4 June 2020).

⁹¹ Mir, G., et al. (2019). 'Delivering a culturally adapted therapy for Muslim clients with depression'. *The Cognitive Behaviour Therapist* 12: 1-14.

⁹² 'Mental health therapy for Muslims embraces religion', BBC News, 12 February 2017. Available at: <http://www.bbc.co.uk/news/uk-england-38932954>. Last accessed: 30 October 2020.

DIGNITY IN DEATH

Prior to the first national lockdown, the primary concern amongst Muslim communities was the introduction of the Emergency Coronavirus Bill and how to manage funeral rites. The Bill raised concerns about the fulfilment of Muslim burial rites in the event of an overcapacity of burials. The Emergency Bill is an acute illustration of the purpose and significance of groups such as this APPG whose members played an important role channelling community concerns to ministers and politicians during the Bill's passage through parliament. Disquiet felt in Muslim communities over initial proposals in the Bill were quickly dispelled and ministers were supported in their efforts to arrive at an accommodation of religious rights at the height of the pandemic.

On 23 March, through mobilised efforts by the APPG and the vital role of Muslim Labour MP Naz Shah's work in tabling an amendment, supported by over 100 MPs, the needs of British Muslim communities was set out such that "should there be a capacity issue, local authorities must consult next-of-kin and, where needed, local faith-based organisations that can support the councils when need be".⁹³

The amendment garnered cross party support and materialised following strong representations from Jewish groups for whom cremation is also forbidden. In the event, the Government tabled an amendment of its own recognising the concerns of faith communities and legislated to address these concerns in the Bill. Naz Shah MP's amendment was therefore withdrawn. Speaking in the Chamber at the time, she said: "This campaign shows that, in times of crisis, we in politics, in Parliament and as a nation can work together to ensure that we support all citizens. From Scotland to Bradford West and right across the nation, faith communities play a vital role as the fourth emergency service, providing food, medicine and other necessities to those most in need. The Bradford foundation trust in my constituency has developed a coalition of more than 50 local businesses and 30 voluntary and community sector organisations, with support from Bradford4Better, to support our local authority during this difficult time. While faith communities are playing such a vital role, we must not neglect the rights of their deceased. That would have been a grave injustice."⁹⁴

Our evidence sessions with Council of Mosques, the Muslim Burial Council, and various other stakeholders in the charity sector observed how the initial Bill caused both panic and contributed to the spread of misinformation amongst British Muslim communities. The primary issues were: managing capacity issues within cemeteries, handling funeral rites, washing the bodies of the deceased and accessing Personal Protective Equipment (PPE).

Dr. Hina Shahid, in her written evidence submission informed us of how "the lack of clear communication by authorities on funeral and burial rites caused heightened anxiety amongst the British Muslim community at the beginning of the pandemic. Higher deaths increase the risk of bereavement and other mental health disorders, and of developing long term post-traumatic stress disorder due to restrictions on hospital visits, funerals and isolation of households disrupting cultural and religious grieving norms."⁹⁵

British Muslim organisations were left to manage these concerns amongst their communities and many attempted to work closely with central Government and local authorities to make these tasks more manageable. Birmingham's Muslim Burial Council (BMBC) stated: "During the COVID-19 Pandemic, BMBC was predominantly active in Birmingham and the West Midlands, acting as regional lead for Muslim bereavement and burial issues on behalf of the National Burial Council (NBC). With the anticipated large number of deaths expected to hit our communities in Birmingham, BMBC initially arranged a meeting with funeral directors and key stakeholders on 16th March 2020 (Pre-lockdown), as it was clear that there was insufficient capacity and processing power to deal with bereavements in Birmingham. BMBC outlined a plan of action and recommendations of how to co-ordinate the response between funeral directors so we could work together effectively. BMBC also participated in the Local Resilience Forum, acting as the Regional Liaison point for Muslim Funeral Organisations, working closely with advice from NBC and the British Board of Scholars and Imams (BBSI). BMBC also fundraised over £25k which was used to develop our facilities, purchase PPE and support families who were struggling with funeral costs."⁹⁶

⁹³ Brad Deas, 'Coronavirus: Over 100 sign MP Naz Shah's burial amendment'. Telegraph & Argus, 23 March 2020.

⁹⁴ Hansard HC Deb Vol. 674 No. 45 Col 138-141, 23 March 2020.

⁹⁵ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

⁹⁶ Written evidence submitted to the APPG by Birmingham Muslim Burial Council.

Islamic mass graves (also referred to as 'saff graves') for up to ten bodies were dug up for potential Muslim victims of the pandemic by the Eternal Gardens Muslim Burial Ground, which forms part of the Kemnal Park cemetery. This was introduced to help manage the number of deaths amongst Muslim communities, as some people were waiting up to two weeks to bury loved ones.⁹⁷ Similarly, East London Mosque created an emergency mortuary, which was also featured on the BBC, as at the height of the pandemic they were dealing with 25 bodies per day that were coming into the morgue because cemeteries and other funeral services were not able to cope.⁹⁸ Muslim chaplains helped provide end of life spiritual care and the mosque independently fundraised through an emergency appeal to help deliver Muslim burial facilities (a mobile mortuary, washing facility, and personal protective equipment).⁹⁹

Councils of Mosques within Bradford, Bolton and Birmingham all told us about how they had also consulted with undertakers, funeral directors and city councils to help ensure funeral healthcare guidelines were being adhered to, yet they often felt local authorities did not always understand the specific religio-cultural sensitivities of British Muslim communities. These institutions all cited evidence explaining that funerals were naturally a very emotional and sensitive time for families, however families sometimes felt that their rights were not being fulfilled to attend funeral prayers or to say a final goodbye, particularly in the case of those who had large immediate families (more than six members) or lived in multigenerational households.

Council of Mosques attempted to pass on these concerns to key stakeholders though there appeared to be a gap in dialogue between central and local government. For example, the Birmingham Council of Mosques put forward a request to Birmingham City Council to increase the capacity of socially distanced funeral prayers from six to thirty. The council immediately declined but three days later the legislation was changed to thirty. Similarly, grieving families faced more distress as they could not visit sick relatives at the hospital, leaving people feeling more isolated. People also felt let down by 'confusing' healthcare guidelines, which permitted people to visit the park but not attend a close family or friend's funeral. Many Muslim and ethnic minority communities have a tradition of collective grieving after a death takes place which was not considered in the Government guidelines.¹⁰⁰ The apparent lack of awareness of Muslim traditions and culturally sensitive service provision has contributed to falling levels of trust between Muslims and statutory agencies. It has also contributed to the spread of misinformation. The Bolton Council of Mosques (BCOM) informed us that the uncertainty gave rise to various distorted fears including a view that people would not come out of the hospital alive or that they may contract Covid-19 just by visiting sick relatives. People subsequently began refusing to go to the hospital because they believed they would not be allowed to visit their loved ones or that they may not return home.¹⁰¹

⁹⁷ Vivek Chaudhary, 'Mass graves for up to 10 bodies are being dug in Muslim cemetery where 13-year-old Ismail was buried as Islamic community is devastated by coronavirus pandemic'. Mail Online, 9 April 2020

⁹⁸ Coronavirus: How a hospital and its community copes with death, BBC News, 27 May 2020. Available at: <https://www.bbc.co.uk/news/av/health-52780264>. Last accessed: 30 October 2020.

⁹⁹ East London Mosque. Emergency Appeal <https://www.eastlondonmosque.org.uk/Appeal/burial-equipment-apr2020> (April 2020).

¹⁰⁰ This was cited in oral evidence sessions held by the APPG with Councils of Mosques, August 2020.

¹⁰¹ Oral evidence submitted to the APPG by Bolton Council of Mosques, 19 August 2020.

Bradford, Bolton and Birmingham Council of Mosques also shared that they received recognition for their burial services and tried to fulfil the obligations for the deceased to the best of their ability.¹⁰² They believe that by following the guidelines closely, and sometimes even providing a 24/7 burial service to ensure graves were ready ahead of time, they helped protect families and communities from exposure to coronavirus and stemmed further risk of community transmission. Due to the initial guidance, communities were apprehensive whether the ritual washing (ghusl) would take place, especially due to a shortage of PPE. Some areas were initially faced with this issue, but Councils of Mosques and Burial Councils fundraised for PPE and trained volunteers to conduct the ritual washing. They also ensured there were healthcare guidelines and clear signage within graveyards¹⁰³, volunteers were in place to ensure social distancing rules were being adhered to and PPE was provided throughout the services. The Bradford Council of Mosques (CfM) told us that their work in arranging funeral rites had helped shift the perception of Bradford's Muslim communities, particularly through the local media. Moreover, the Council of Mosques felt that their efforts were duly lauded and recognised by Public Health England, local NHS Trusts, and the local authority but that such recognition was not forthcoming from government due to what they considered "political correctness".¹⁰⁴

The National Burial Council (NBC), Muslim Council of Britain (MCB) and British Islamic Medical Association (BIMA) all produced additional guidance for British Muslim communities advising on the number of people allowed during the funeral (janaza) prayer and when viewing the body. They also shared advice on the performance of ghusl for deceased persons with suspected or confirmed Covid-19 and helped counter any misinformation and clarify any public concerns through written statements on their websites. The NBC was also the lead organisation working with Public Health England to represent the interests of Muslim communities with regards to burials due to the Covid-19 pandemic.¹⁰⁵

Furthermore, the Muslim Council of Wales (MCW) informed us that they held meetings with the Welsh government and councils, which led to a working group on burials, and partnerships with the Faith Communities Forum working with the Welsh Assembly. MCW also worked closely with Public Health Wales and local community cohesion officers. This helped build connections with funeral directors and local authorities to help assess capacity in cemeteries.¹⁰⁶

British Muslim organisations collectively ensured they fulfilled the funeral rites of the deceased within their communities with haste and, above all, dignity during a time of extraordinary upheaval. Councils of Mosques informed us that they are continuing to make preparations should there be a second-wave, and emphasised the importance of better dialogue and support from local authorities to help manage the concerns amongst their communities in relation to funeral attendance, capacity issues, the availability of volunteers as people return to work, and financial resources for PPE.¹⁰⁷

¹⁰² Ibid.

¹⁰³ Informing people of PPE, social distancing and capacity regulations.

¹⁰⁴ Oral evidence submitted to the APPG by Bradford Council of Mosques, 13 August 2020.

¹⁰⁵ National Burial Council. Covid-19 Guidance <https://www.nbc.org.uk/covid-19-guidance-1>.

¹⁰⁶ Oral evidence submitted to the APPG by Muslim Council of Wales, 13 August 2020.

¹⁰⁷ This was cited in oral evidence sessions held by the APPG with various Councils of Mosques, August 2020



Figure 10: Funeral rites
(Source: Birmingham Muslim Burial Council)

Figure 11: Telephone befriending services and burial support provided by Eden Care and the Muslim Burial Fund

Figure 12: Healthcare guidance on Funeral Prayers produced by the British Islamic Medical Association.

SUPPORTING NEIGHBOURS, SERVING LOCAL COMMUNITIES

National organisations and regional Councils of Mosques took a pre-emptive approach to help slow down the transmission of the virus within Islamic places of worship. The Muslim Council of Britain led considerable and tenacious efforts before the official Government announcement of the first national lockdown by adhering to healthcare guidelines and consulting with Muslims working in the medical profession.¹⁰⁸ From our evidence collection, we found most Council of Mosques planned staged interventions and began the closure of mosques within their regions prior to the lockdown (starting from 16 March), seeking and following advice from local authorities and Public Health offices. The foresight shown and pro-active steps taken by mosques across the country cannot be underestimated. At a time when we were still learning about the nature and speed of community transmission, mosques took steps that were incredibly prescient – avoiding the possibility of transmission in gatherings at places of worship during congregational prayers. We are in no doubt that their actions have been life-saving.

When working towards mosque closures under the first lockdown there were mixed responses – some mosques closed earlier, whilst a minority were unsure what the closure would mean both in terms of managing financial constraints and fulfilling religious obligations. This perplexity was also contained in sentiments expressed by wider Muslim communities, particularly those who are elderly and had been attending the mosques consistently for congregational worship over several decades. However, once the official lockdown was announced by central government on 23 March, mosques had adhered to the new legal requirement. Councils of Mosques informed us that they delivered guidelines to mosques within their region, created a sense of procedure, assessed their needs and impact, and encouraged mosques to close when the first national lockdown was announced. The Muslim Council of Wales (MCW) also carried out this work by interacting with every mosque in Wales and providing essential supplies in their districts.¹⁰⁹

Councils of Mosques attempted to reach consensus across different sectarian affiliations, and many cited evidence that during the pandemic different groups had worked well together, including mosques for intra-faith and interfaith projects as well as Councils of Mosques working with councils and local authorities.

The Manchester Council of Mosques (MCOM) shared information about one mosque in their vicinity that alone provided over 20,000 meals during the first lockdown over 100 days.¹¹⁰ MCOM also offered toiletries, free hot meals, and a weekly supply of food, bread, and milk to both Muslims and non-Muslims who were accessing their services. Councillor Rabnawaz Akbar, working for MCOM also informed the APPG that 100–200 people were queuing up each week for the food that was being provided, from refugees who had cases stuck with the Home Office, to people who were facing hardship. He further mentioned how local councillors in Manchester worked to allocate a budget to help MCOM receive financial support as local government and central Government did not initially provide this.¹¹¹

Similar sentiments were expressed by the Bolton Council of Mosques (BCOM), who informed us that they did not receive any financial support from their local authority, even though 80% of their project work during the pandemic was taking referrals from Bolton Council to help them manage their volume of work. They also had a 24/7 helpline; a food bank; 100 volunteers, some of whom were interpreting for local residents in ethnic languages; provided iftaar packages to help the elderly community who were shielding to feel a sense of community during the lockdown; counselling services for psychological wellbeing support; and, working closely with the NHS, including sending volunteers to collect and deliver pharmacy prescriptions. BCOM also stated that they attempted to relay their concerns about mosques re-opening and congregants seeking a sense of communal support through these institutions to the national government taskforce working to re-open places of worship.

¹⁰⁸ Written evidence submitted by the Muslim Council of Britain to Women and Equalities Committee inquiry Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics. (MRS0410). Available at: <https://committees.parliament.uk/writtenevidence/3726/html/>. Last accessed: 30 October 2020.

¹⁰⁹ Oral evidence submitted to the APPG by Muslim Council of Wales, 12 August 2020.

¹¹⁰ Oral evidence submitted to the APPG by Manchester Council of Mosques, 11 August 2020.

¹¹¹ Ibid.

¹¹² Oral evidence submitted to the APPG by Bolton Council of Mosques, 19 August 2020

NEWSLETTER - COVID 19

ISSUE 1 | APRIL 2020

<p>COVID 19 HELPLINE</p> <p>BCoM is working with Al-Khair Foundation, Homeless Aid UK and Urban Outreach to provide services for the community in Bolton who are self-isolating. Volunteers have been busy delivering food parcels, shopping, prescriptions and counselling to the vulnerable in the last few weeks. Visit our website for further information at www.thebcom.org</p> <p>TESTIMONIALS</p> <p>"Thank you for your help finding helpful people to do and deliver my shopping. Many thanks – Janet"</p> <p>"I would like to say how very grateful I am for the hamper that was delivered from you. Thank you – Lynne"</p> 	<p>HOSPITAL VISITS</p> <p>BCoM is collaborating with the NHS by providing information regarding guidance on hospital visits.</p> <p>This information is available in English, Gujarati and Urdu. These can be found on our website at www.thebcom.org and on all our social media handles.</p> 	<p>MUSLIM BURIALS</p> <p>BCoM is working with the local authority and the coroners' office under the guidance of our local Ulema.</p> <p>Ensuring the preservation of Muslim Burial rites under Covid-19 are observed.</p> <p>Visit our website for more information at www.thebcom.org</p> 
<p>RAMADAN 2020</p> <p>BCoM has been helping the isolated, vulnerable and elderly Muslims by providing iftari packs.</p> <p>We have delivered over 200 iftar packs in the last two weeks. If you would like to donate towards this campaign then please visit our website for further details.</p> <p>www.thebcom.org</p> <div style="float: right; border: 1px solid black; padding: 5px;"> <p>COVID-19 RAMADHAN IFTAR RELIEF PACK</p> <p><small>Providing Ramadan Iftar packs to the elderly, vulnerable & isolated Muslims in the community during the Covid-19 pandemic.</small></p>  <p>Iftar Pack includes: Dates Tabbleh Tea, Cakes Four types of Fruit</p> </div>		

Figure 13: BCoM Newsletter summarising their contributions during the pandemic

The Bradford Council of Mosques (CfM) shared how they took over the local authority's communication strategy to help deliver key messages in diverse ethnic languages, as well as upholding ongoing partnership with various stakeholders. We were notified that the Council of Mosques:

I. maintained a close liaison with Bradford Council, NHS and CCGs and the West Yorkshire Police.

II. was represented on the Council's Gold, Silver and Bronze groups. These groups were set-up to have an overview of the impact of Covid-19, ~ bringing together various key partners to coordinate effective and efficient response to the pandemic in the district. A regular top line contact is being maintained by the President of CfM and other members of the CfM response team.

III. engaged in collaborative efforts in its management of burials, communication strategy, Muslim chaplaincy support in hospitals and so on.¹¹³

¹¹³ Written evidence submitted to the APPG by Bradford Council of Mosques.



Figure 14: UK Muslim organisations and key figures honouring the NHS heroes for Eid ul-Adha
 (Source: Muslim Doctor’s Association)

The responsible and pre-emptive actions taken by mosque leaders in March 2020 were in evidence again prior to the onset of the January 2021 lockdown with places of worship closing to congregational prayers despite government regulations permitting them to remain open in England as long as social distancing could be safely accommodated. The East London Mosque in Whitechapel closed to congregational prayers on Wednesday 6 January¹¹⁴ with mosques in several other London Boroughs following suit.¹¹⁵

We have summarised above some of the key issues faced by places of worship during the pandemic, as cited by regional Councils of Mosques and Islamic centres during oral evidence sessions with the APPG:

Engagement with local authorities and public bodies

Local authorities and councils can have a selective relationship with certain Muslim organisations, which varies across different regions. This means resources can sometimes be assigned in accordance with personal preferences of decision-makers. For example, the Muslim Women’s Council claimed that they have not been seen favourably by local authorities in the past and as a result, this may have impacted decisions by local officers who did not allocate them any funding.

Staple diet food parcels and hot meals offered by local councils in areas with a significant Muslim population did not include food suitable for dietary needs so certain mosques undertook the responsibility to use their limited resources to provide packages to local communities that were more appropriate for those with special dietary needs.

Bradford Council of Mosques told us they had written to the Secretary of State for Health and Social Care, Matt Hancock and to PHE to communicate their concerns to Government, however they received blanket-statement responses. Without adequate consultation and partnership with local Muslim institutions especially in areas of the country that have been badly impacted by Covid-19, it is unlikely that local authorities will engender trust and transparency in their efforts to halt community transmission. Bradford’s CfM argued local governments must work closely with Muslim umbrella organisations, as they are more aware of the intra-community issues they face, and this will create group support in the event of a future wave. The Bradford Council of Mosques have claimed to be very proactive in their approach to working with the Bradford Council and local PHE offices to make provisions in case of a second lockdown. Such efforts should be supported and inducted into formal processes where local lockdown conditions prevail. Muslim institutions have the ability to place valuable insights, assets and personnel at the disposal of local statutory agencies and such support networks should not be whimsically neglected.

¹¹⁴ Rachael Burford, ‘Places of worship in east London agree to close’. Barking and Dagenham Post, 6 January 2021.
¹¹⁵ Harriet Sherwood, ‘Khan urges Johnson to close places of worship as Covid cases surge’. The Guardian, 8 January 2021.

Places of worship and interfaith solidarity

All faith groups have been affected by the public health restrictions on the use of places of worship. Major religious festivals were marked in the early weeks of the onset of the pandemic. Both Easter and Ramadan were in April 2020; at the height of the first lockdown period.

With closures enacted from late March and the establishment of a Faith Groups Taskforce, the needs of faith communities have been both specific and particular. We have heard from the Christian Muslim Forum of the strength of interfaith relations during this time, with Christian and Muslim groups working together to attend to the needs of local communities. Whether solidarity in the face of hardships imposed by the closure of places of worship and the transition to online modes of worship, to common approaches to disseminating public health messages in local communities, we have heard how faith groups working together have provided essential support, guidance and, as is their purpose, messages of hope during difficult times. Exemplary among initiatives have been such projects as interfaith 'virtual iftars' with different faith group leaders participating in the opening of the fast during the month of Ramadan. These initiatives have been promoted by the Naz Legacy Foundation, the Muslim Council of Britain and the Christian Muslim Forum, amongst others. The Christian Muslim Forum also made us aware of a specially convened meeting on 'Faith, community and Covid-19', exploring the impact of the pandemic and the ensuing restrictions on worship, public and social gatherings on Christians and Muslim communities. Such initiatives bring to the fore common challenges and inspire joint action.

Interfaith solidarity has also been evident in consultations for the safe opening of places of worship. The various means by which faith groups have worked together to address the needs of their respective faith community and of faith communities in the UK as a whole is a testament to the investment in and endurance of interfaith relations in the UK. Nevertheless, Councils of Mosques expressed in evidence to us their concerns that although central Government can "sometimes distance themselves from faith institutions", mosques are more than merely places of worship – they are also social and community hubs. Narrow conceptions on the role of mosques in local communities can overlook the wealth of activities and purposes they serve in support of local community life. From food banks and emergency

shelter for the homeless, to making prayer halls available to local hospitals, mosques are a vital asset in local communities.

The Government taskforce on reopening places of worship was formed on the 15 May 2020, in recognition of the difficulties faced by people of faith not being able to engage in acts of collective and individual prayers in places of worship.¹¹⁶ We heard from one local Council of Mosques who expressed deep disquiet about how mosque representatives were not consulted when it came to implementing decisions at the local level. Muslim communities are not subject to the same hierarchical, institutionalised systems of other major religions in the UK and consultations with Muslim communities is an exercise in plurality, listening to many voices from around the country, not indulging the few voices that are compliant or amenable. This can cause difficulties in quite ordinary times and has only been compounded under the immense strain of the pandemic. It should come as no surprise that policy declarations issued in recent months to understand and tackle racial inequalities will struggle to secure the confidence of British Muslim communities if this is not coupled with a reset in strategies to engage these communities in conversations about policies that significantly affect them.

A marked departure from recent engagement strategies by the government when it comes to Muslim communities was the press briefing delivered by the Health Secretary, Matt Hancock, on 23 April; the eve of Ramadan, the month of fasting. Addressing British Muslims on the arrival of one of the most important months in the Islamic calendar, the health secretary said: "This Ramadan, many Muslims who serve their country in the NHS, in the Armed Forces and in so many other ways, will not be sharing the joy of this month as they normally do.

"I want to say to all British Muslims: thank you for staying at home.

"I know how important the daily Iftar is, how important communal prayers are at night, and how important the Eid festival is.

"Thank you for making major changes to these vital parts of your practice and I want to say to you all: Ramadan Mubarak, and thank you for your service and citizenship, and thank you for your sacrifice."¹¹⁷

¹¹⁶ Gov UK. Press release: New taskforce developing plan to reopen places of worship <https://www.gov.uk/government/news/new-taskforce-developing-plan-to-reopen-places-of-worship> (15 May 2020).

¹¹⁷ 'Matt Hancock praises Muslims missing Ramadan celebrations during coronavirus lockdown', Evening Standard 23 April 2020. Available at: <https://www.standard.co.uk/news/uk/matt-hancock-praises-muslims-ramadan-lockdown-coronavirus-a4422696.html>. Last accessed 13 November.



Figure 15: Covid-19 Daily Government press briefings with Health Secretary, Matt Hancock, 23 April 2020

Echoing a message of unity and the shared obligations of British citizens to one another, whatever their religious background, he reminded the wider audience that Muslims' communal acts of sacrifice were made in the national interest. He expressed the hope that we would emerge from the first lockdown "All the more united, grateful to one another, and all the more safe."¹¹⁸

The government must do better to engage Muslims in policy-level and national conversations. As the Citizens' Commission on Islam, Participation and Public Life noted, there is a "broken relationship that needs to be resolved, and both parties [Muslims and government] need to be proactive in addressing this" in the interests of the very unity Matt Hancock spoke of.¹¹⁹

The rebuilding of these broken relationships is as vital to central government as it is to local government. Individual mosques have their own structures and authority, Councils of Mosques do not always have central authority. Similarly, government bodies can often mistake certain mosques as serving all Muslim communities or they may be uncertain about which religious bodies are sufficiently representative for a broad base in a local community. For example, we heard from the Birmingham Council of Mosques who told us how the city council consulted with 4 or 5 smaller mosques in the locality about healthcare measures during funerals, as opposed to speaking

to their organisation, who are an umbrella body for at least forty mosques in the region.¹²⁰ This may also be due to a lack of religious literacy, which can only be improved through stronger working relationships.

Moreover, Muslim congregational obligations form part of living as part of a religious community and is not just contained within the confines of physical gatherings in places of worship. During the pandemic, when faced with distress, many people relied on some sort of spiritual and pastoral care from Imams, mosque teachers and faith leaders albeit at a distance, mostly online and over the phone and sought religious guidance and welfare support through available online or other remote services.

We also heard of concerns regarding the imposition of local lockdown measures and that if mosques kept re-opening and re-closing, it could cause confusion amongst wider Muslim communities. One Council of Mosques shared how there is a "religious, social and mental fatigue that people don't want to return to...it's hard to convince people of the severity of the situation once mosques reopen and then reclose or lockdown restrictions ease and are then overturned."¹²¹

¹¹⁸ *ibid*

¹¹⁹ *The Missing Muslims: Unlocking British Muslim Potential for the Benefit of All*. Citizens UK, 2017.

¹²⁰ Oral evidence submitted to the APPG by Birmingham Council of Mosques, 17 August 2020.

¹²¹ Oral evidence submitted to the APPG, August 2020.

Keeping places of worship open in the future

As most mosques are well attended on a daily basis, many local Muslim residents were affected by the closure. With lockdown restrictions persisting and despite the easing of some restrictions over the course of 2020, Council of Mosques have expressed concerns about funding and long-term financial sustainability. For example, the Friday congregational prayers had to be performed multiple times during the day as it is an obligatory prayer and social distancing regulations meant fewer people could attend any one prayer sitting when places of worship were allowed to re-open. Alongside the five daily prayers, this requires extra staff (who monitor whether healthcare rules are being followed and also check the temperature of congregants), and an increase in monthly outgoing expenses (PPE, hand sanitisers, signage). Due to the pandemic, the number of visitors has fallen which has affected the amount of funds mosques have been able to raise through weekly collections in local Muslim communities.

The mosques still required religious services from their faith leaders therefore they were unable to furlough their staff. However, they did not have the reserves to pay staff their fees and were previously reliant on weekly community donations whilst the mosques were open. Some mosques had to set up online fundraising pages to keep up the maintenance of buildings and pay existing staff, however they often fell short of such donations.

The social and welfare work undertaken by mosques and Islamic centres have meant that many of them have exhausted their resources during the pandemic. This is particularly the case for smaller, localised institutions which rely on people's donations when they visit the centres in person.

Councils of Mosques have encouraged collaborative work for religious institutions in their locality to share resources, however this is not always practical for long-term sustainability. Some Councils of Mosques have also tried using their own capital to support mosques in their area, for example Bradford Council of Mosques informed us that they set aside £100,000 to support 60 mosques in their region.¹²²

Mosques require funding, at least so that they can meet their basic requirements (building rental fees, maintenance, bills, and so on). They are not eligible for community voluntary sector funding and there is ambiguity on how to access other streams of financial support. The MCB collaborated with launch good, a Muslim crowdfunding platform for a campaign at the start of Ramadan called 'Support our Mosques' where mosques could apply for funding. Over 100 mosques have signed up, and the community has raised over £50,000. This scheme was also supported by Penny Appeal who were raising funds to provide grants for small mosques in the UK. However, this is not enough to ensure their long-term financial sustainability.

Security and far-right

There is a separation of community and faith group funding, that makes it difficult for mosques to access certain streams of financial resources even though they often carry out communal work for the wider public. We also heard from Muslim communities about underlying fears that community cohesion officers working in local districts could exploit the situation to establish mosque ties with Prevent and a security agenda that was unrelated to the pandemic. At a time when Muslim communities have been seeking support from the statutory sector to carry out vital functions, it is important that any perception of the abuse of power at local authority level, which could have damaging consequences for trust in institutions, are tackled and misperceptions, as they might rightly be, are addressed.

Occasionally, policy decisions were made due to a fear of misinformation and Islamophobic sentiments held by other groups. One Council of Mosques provided anonymous evidence that authorities in their district initially agreed to socially-distanced Eid prayers outside, in car parks, but then capped this to thirty at late notice due to anxieties held around how the initial decision would be perceived by far-right groups. It is worth noting the contrast with the planning that is underway to ensure families are able to celebrate Christmas under the new planned restrictions. It is inconceivable that any decision to disrupt celebrations would be handled with the sort of neglect Muslims have expressed in their evidence to our inquiry. Local councils must do more to treat communities with parity or risk undermining public trust and fuelling perceptions of unequal treatment.

¹²² Oral evidence submitted to the APPG by Bradford Council of Mosques 13 August 2020.

¹²³ Penny Appeal. <https://pennyappeal.org/appeal/the-mosque-project/uk-mosque-project>.

¹²⁴ Oral evidence submitted to the APPG by Zainab Gulamali (MCB), 13 May 2020.

¹²⁵ Anonymous evidence submitted to the APPG, August 2020.

ISLAMOPHOBIA

It has been a disheartening development to witness evidence of Islamophobia during a time of national crisis. In a period when we have been consciously reminded of acting in the best interests of all citizens by individually undertaking acts of personal hygiene, complying with public health guidelines and looking out for vulnerable neighbours in our communities, it is demoralising to our sense of public spirit and the public good to see minority communities being scapegoated. The pandemic has also brought to light experiences of institutional discrimination within the NHS with a number of surveys being released over the summer coinciding with the publication of figures revealing the disproportionately high death toll among Muslim, Black, Asian and other ethnic minority healthcare professionals from Covid-19.

As discussed in our report, 'Islamophobia Defined', Islamophobia "encompasses a variety of manifestations...[to] stigmatise, marginalise and discriminate against Muslims," which includes unfair or biased media coverage.¹²⁶ It is an intersectional form of racial and religious discrimination, and is widespread at structural, institutional, societal and interpersonal levels.¹²⁷ During the pandemic, these sentiments have continued to gain traction with Muslims and ethnic minority communities being blamed for not adhering to the public health guidelines amid accusations that they have contributed to the ongoing spread of the virus.¹²⁸

Craig Whittaker, Conservative MP for Calder Valley, notably made comments that evoked stern criticism from Muslim organisations.¹²⁹ Mr Whittaker in an interview with LBC Radio claimed: "What I have seen in my constituency is we have areas in our community and sections of our community that are not taking the pandemic seriously." When asked if he was referring to the Muslim community specifically, he replied, "Of course" before going on to say that Asian communities in areas of West Yorkshire were

contributing to the rise in Covid cases because "BAME communities are not taking this seriously enough."¹³⁰ In exchanges with this group, Mr Whittaker insisted his comments were made in order to seek "additional help and support for these communities", highlighting that help was forthcoming from both the local authority and national government including the introduction of "Local Track & Trace for those two affected [Park and Warley] wards; Money offered for low income households to self-isolate and an enhanced communication and awareness campaign mounted by the local authority which included door to door awareness, leaflets, business briefings and community awareness campaigns at our local mosques."¹³¹

The Muslim Doctors Association in their written submission to the APPG shared that the issues highlighted by the pandemic, such as health inequalities, unequal access to healthcare services and unequal health outcomes, are consistent with longstanding and intensifying multi-level Islamophobia faced by Muslim communities in the UK. But it is not just among patients that the impact of Islamophobia and discrimination in the health sector is felt. A study jointly conducted by the British Islamic Medical Association and Huffington Post with 133 respondents from all over the country working in various NHS roles including consultants, surgeons, GPs, pharmacists and medical students, found that 81% said they had experienced Islamophobia or racism within the NHS from staff and patients, 69% felt it had got worse during their time at the organisation and more than half (57%) felt Islamophobia had an adverse effect on their career progression. More than 2 in 5 (43%) admitted that they had considered leaving the NHS because of Islamophobia.¹³²

¹²⁶ All-Parliamentary Group on British Muslims. 'Report on the inquiry into a working definition of Islamophobia/anti-Muslim hatred' (2019).

¹²⁷ Written Evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

¹²⁸ Zamira Rahim, 'In the latest sign of Covid-19-related racism, Muslims are being blamed for England's coronavirus outbreaks'. CNN, 6 August 2020. <https://edition.cnn.com/2020/08/06/europe/muslims-coronavirus-england-islamophobia-gbr-intl/index.html>.

¹²⁹ Peter Walker and Josh Halliday, Tory MP condemned for claim BAME people breaching lockdown most. The Guardian, 31 July 2020.

¹³⁰ Tory MP Craig Whittaker claims 'Muslim and BAME' communities not taking coronavirus pandemic seriously, Politics Home, 31 July 2020. Available at: <https://www.politicshome.com/news/article/tory-mp-craig-whittaker-claims-muslim-and-bame-communities-not-taking-coronavirus-pandemic-seriously>. Last accessed 13 November 2020.

¹³¹ Email communication to the APPG from Craig Whittaker MP, 29 January and 2 February 2021.

¹³² Exclusive: Muslim Medics Taunted About Bacon And Alcohol – By Their Own NHS Colleagues, Huffington Post, 11 September 2020. Available at: https://www.huffingtonpost.co.uk/entry/islamophobia-nhs-muslim-doctors-institutionalised_uk_5f562e80c5b62b3add43cccb. Last accessed 13 November 2020.

A report by the King's Fund, commissioned by NHS England to assess the scale of discrimination against black and minority ethnic staff in the NHS, found that Muslims were the most likely group to report discrimination on grounds of religion and also among those reporting a higher rate of discrimination on grounds of ethnicity. The study, using data from the 2014 NHS Staff Survey, found "overall discrimination is reported most by Muslim (22.2 per cent) and Hindu (19.4 per cent) staff, compared with staff of no religion (10.0 per cent). Reported discrimination on the basis of religion is highest by far among Muslims. Muslims and Hindus also report a far higher rate of discrimination on the basis of ethnic background."¹³³

As we have previously covered in our report, Islamophobia Defined, visibility in the form of religious symbols (a headscarf, a beard) can compound vulnerability to victimisation with Muslims more readily identified as such by virtue of their dress or personal appearance. One survey respondent revealed how she had stopped wearing the headscarf while working for the NHS because it was "like wearing a sign saying 'kick me'."¹³⁴ Instances of bullying and harassment were related in the survey, and the consequences of an 'alcohol culture' in the NHS which excludes Muslims from social situations, with attendant ramifications for bonding with colleagues and career progression, also featured in the responses shared by Muslim medical professionals.

A separate study led by ITV's senior producer, Roohi Hasan¹³⁵, uncovered the extent to which medical professionals of ethnic minority background experienced institutional discrimination in the carrying out of their regular duties drawing on analysis of more than 2,000 survey responses from across minority ethnic healthcare associations and organisations. Comments related by respondents reveals Black, Asian and ethnic minority NHS staff felt "fearful in the most at-risk frontline roles, while others are feeling unfairly deployed, and at an increased risk of infection, with many feeling unheard, and some driven to quit their profession". Respondents who were asked to share their views on why colleagues of minority ethnic background were disproportionately represented in fatality figures and infection rates spoke of "institutional discrimination" as a contributing

factor with 50 per cent of respondents saying it played a role in the high death toll and one in five claiming they had experienced it personally. One respondent referred to the deployment of ethnic minority nurses to front-line roles on "red wards" which put them at increased risk of infection while their white colleagues were safely placed on "green wards". Similar sentiments were relayed by various other respondents of differing medical status such as consultant cardiologist of Pakistani origin, a consultant paediatrician and a respiratory consultant of Asian origin among others. Shockingly, more than half (53%) claimed that they felt "uncomfortable" raising concerns about deployment. The survey data raises alarming questions about the experiences of institutional discrimination by Muslims and minority ethnic staff in one of our most prized national institutions, the NHS, and suggests there is much work to be done by the medical sector's professional associations, Public Health England, NHS Trusts and the Department for Health and Social Care if we are to continue to build a healthcare service that caters for the needs of a diverse workforce as well as a diverse British population.¹³⁶

There has been also an increase in online Islamophobia linking Muslims to the spread of Covid-19, as well as anti-Muslim memes and fake news theories that threaten social cohesion, safety, security and wellbeing. This is also exacerbating health inequalities caused by Covid-19.¹³⁷

A report produced by members of the Government's Anti-Muslim Hatred Working Group (AMHWG) investigated posts on major social media platforms during the pandemic and noted several key themes emerging in the anti-Muslim narratives. According to the report, 'Coronavirus, fear and how Islamophobia spreads on social media', 'five' myths popularised about Muslims on social media during the first wave of the pandemic were:

1. Muslims are Covid-19 super-spreaders
2. Muslims are secretly praying in mosques and infecting us all
3. Ramadan will increase infections of Covid-19
4. Muslims are breaking lockdown rules
5. Mosques are still open¹³⁸

¹³³ Michael West, Jeremy Dawson, Mandip Kaur. (2015). Making the difference: Diversity and inclusion in the NHS. The King's Fund.

¹³⁴ *ibid*.

¹³⁵ Uncovering a scandal, Broadcast Now, 12 October 2020. Available at: <https://www.broadcastnow.co.uk/scoops/uncovering-a-scandal/5153954.article>. Last accessed 13 November 2020.

¹³⁶ 'Discrimination' on frontline of coronavirus outbreak may be factor in disproportionate BAME deaths among NHS staff, ITV News. 13 May 2020. Available at: <https://www.itv.com/news/2020-05-13/discrimination-frontline-coronavirus-covid19-black-minority-ethnic-bame-deaths-nhs-racism>. Last accessed 13 November 2020.

¹³⁷ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

¹³⁸ Professor Imran Awan, 'Debunking five social media myths about Muslims and coronavirus', Middle East Eye, 23 April 2019.



Figure 16: Shropshire Police tweet on 28 March 2020

Illustrative examples show various posts appearing on social media pages which fall into one of the five 'myth' categories including this one, of a person claiming a mosque in Shrewsbury was flouting rules on closure of places of worship only to receive a curt reply from Shropshire Police calling out the deliberate spread of misinformation.

Professor Imran Awan, co-author of the report, noted that: "The Covid-19 crisis has been used to create 'others' of Muslims, blaming them for the spread of the virus. The spread of fake news online is contributing to this extremely worrying trend".¹³⁹ Indeed, a variety of fake stories and images have circulated online depicting Muslims as flouting social distancing measures by attending mosques for congregational prayers.¹⁴⁰ Many of these stories include historic images and videos of mosques in operation prior to lockdown measures being enforced but shared online to suggest the gatherings were more recent and 'evidence' of Muslims intentionally spreading the disease. Such misinformation has led to police being inundated with false complaints by members of the public, with some posting messages online calling for the demolition of all mosques to "cure" Covid 19.^{141/142}

Examples provided in the report of online abuse targeted at Muslims through the use of memes and posts included:

COVID-19 and Muslims: Finishing the job The Crusades started 1400 years ago

'I'm really hopeful it reduces the muz rat population'

'Muslims are responsible for spreading the coronavirus, after China it went straight to Christian countries United States, France, England Germany. 9th month, 19 year is when the virus started in China, I've known for 20 years this was going to happen. Exact year and exact month.'

'There are two forms of policing in the UK, One for white middle classes, one for little Pakistan. I have been reported to my local police for buying a tomato plant.'

'Shut all the mosques. Demolition is the cure.'

'They make a plan to come to your house and harass you... but leave all the mosques and Muslims alone!! Useless w*****s'.¹⁴³

¹³⁹ Lizzie Dearden, "'Dangerous' Conspiracy Theories Could Spark Wave of Islamophobic Attacks When Lockdown Lifts, Report Warns," The Independent, April 19, 2020). Available at: <https://www.independent.co.uk/news/uk/home-news/coronavirus-muslim-lockdown-conspiracy-theories-tommy-robinson-katie-hopkins-a9471516.html>. Last accessed: 30 October 2020

¹⁴⁰ Vikram Dodd, "Fears of Rise in UK Terrorist Recruits as Anti-Radicalisation Referrals Collapse," The Guardian, April 22, 2020), <https://www.theguardian.com/uk-news/2020/apr/22/fears-of-rise-in-uk-terrorism-recruits-after-anti-radicalisation-referrals-collapse-coronavirus>

¹⁴¹ Lizzie Dearden, *ibid*.

¹⁴² Written evidence submitted to the APPG by MEND (Muslim Engagement and Development).

¹⁴³ 'COVID-19 sparks online Islamophobia as fake news and racist memes are shared online, new research finds', Birmingham City University press release, undated.

While the government has been quick to galvanise a sense of national solidarity and common feeling of British citizens being 'in this together', far right organisations and groups have sought to use the pandemic to further their anti-Muslim agenda and sow discord in local communities. It is imperative that analysis of the misinformation spread online about Muslims during the pandemic and the public harm caused by such wilful and malicious spreading of false claims and fearmongering is studied carefully to inform policy debates in this space. It is gratifying, therefore, to note the response from the Minister of State with responsibility for faith communities, Lord Stephen Greenhalgh, who when presented with evidence from this inquiry concerning the "specific targeting and blaming of Muslims as a group causing the spread of the coronavirus" during a session in the upper chamber on 6 January, said: "I join my noble friend [Baroness Warsi] in condemning those who point the finger at any community, including British Muslims. I absolutely commend the role taken by Muslim charities, such as the Muslim Charities Forum, in supporting people during the pandemic. It is part of the Voluntary and Community Sector Emergency Partnership. I commend the work of Muslim charities and mosques in helping the needy and vulnerable at this difficult time."¹⁴⁴

The media throughout the first wave of the pandemic has acutely demonstrated its instrumental value as a medium of mass communication. We have seen this not just in the introduction of televised daily briefings led by the Prime Minister, Government ministers and health advisors, something which has come close to resembling the 'national moment' of scheduled news programmes in decades past, but also in the use of media channels to disseminate public health guidelines to an anxious and enquiring public as more information about Covid-19 has come to light. But the media has also been at the forefront of anti-Muslim tropes as presented in a submission presented by the Centre for Media Monitoring (CfMM).

CfMM's submission covers analysis of media output between March and August 2020, with the negative portrayal of Muslims in the media falling within three distinct categories:

1. Usage of imagery of visibly Muslim individuals, when irrelevant to the story, creating a subconscious link between Muslims and the virus.
2. Focus on religious identity and sensationalism when reporting on stories related to Muslims during the pandemic, and sensationalist reporting on sensitive issues related to Muslims.
3. Apportioning blame to Muslims specifically for the spread of the virus in stark contrast to the reporting of non-Muslims with specific regard to the spread of COVID-19 or breaching regulations.¹⁴⁵

With respect to images, CfMM submitted screenshots of various images used showing Muslims in news stories that often bore no relation to the object (Muslims) or indeed, at times, the subject (a story about Californian prisons featured an interior of a mosque in Turkey). Images of Muslim women in headscarves or face veils were commonly used in stories about Covid-19 with no apparent relationship to the object (Muslims) suggesting that the use of Muslims in photo images "can create a link in the readers' minds between Muslims and the spread of the virus".¹⁴⁶ CfMM noted the particular use of such images in live feeds. While it may represent an effort to incorporate diversity in news output by selecting images reflecting diverse groups of people, some of the more problematic images indicate the use of stock images 'at a glance' without a conscious effort to unpick some of the perceptions that may be generated among readers about Muslims when confronted by regular and frequent 'Muslim imagery' in stories about Covid-19.

At other times, "photos depicted visible Muslims appearing to ignore safety advice, which would imply they are ignorant of, or disobeying, the rules, and therefore complicit in spreading the virus."¹⁴⁷

¹⁴⁴ Hansard HL Deb Vol 809 Col 138, 6 January 2021.

¹⁴⁵ Written evidence submitted to the APPG by the Centre for Media Monitoring.

¹⁴⁶ Ibid

¹⁴⁷ Ibid

With the introduction of local lockdowns from late June to early August in cities in the Midlands and Greater Manchester, CfMM notes a disproportionate number of stories featuring Muslims. While it can be said that the regions facing local restrictions have a high proportion of Asians in the local population, including Muslims, the singular focus on a religious group to the exclusion of other ethnic minority and faith communities does present a problem of bias, whether conscious or otherwise. Whilst we acknowledge the enormous pressures news organisations have been under this year, with the exponential growth in the volume of news output relating to the pandemic alongside an equally devastating decline in advertising revenue, it is vitally important that our media organisations do not inadvertently provide oxygen to the anti-Muslim narratives maliciously spread online. It is all too easy to neglect the effect on reader perceptions of prolific and continuous use of Muslim imagery in headline stories during a pandemic but the impact on Muslim communities of the worsening in Islamophobic attitudes is real.

CfMM further illustrated examples of religious groups being demonised in media coverage relating to the pandemic. Significant here is the Tablighi Jamaat group which garnered much attention after outbreaks in Malaysia, India and Pakistan were linked to 'super-spreader' gatherings. CfMM questioned the centrality of focus placed on the religious identity of the Tablighi Jamaat group comparing it to coverage of a similar 'super-spreader' case involving a church congregation in South Korea. CfMM stated:

"When compared with coverage of other, similarly dangerous gatherings, there is not as much focus on the religion of those who gathered, even in the case of a church in South Korea which saw over 40 people infected and hundreds more quarantined. Although the articles mention the church, they do not refer to the attendees as Christian throughout the coverage. In fact the woman who is thought to have caused the spread is only referred to as being "South Korean" in reports.¹⁴⁸

The onset of Ramadan in April 2020, saw further opportunities arise for poor reporting with Muslims apportioned 'blame' for the spread of the virus. In one example provided by CfMM, 'spikes' in Covid cases were directly connected to Ramadan (the month of fasting) and Eid ul-Fitr (the day of celebration marking the end of Ramadan). On 12 April, The Sunday Times published a headline, "Experts fear a spike in UK coronavirus cases during Ramadan" followed the next day by "Fears of huge spike in coronavirus because of Ramadan" (Metro), and "Birmingham doctor warns of 'big spike' in coronavirus cases during Ramadan," (Birmingham Mail).¹⁴⁹

"These headlines implied that the Muslim community would be gathering in Ramadan despite lockdown regulations, and that medical experts were warning of an inevitable spike as a result. CfMM contacted the medic who had been quoted, who told us that the headlines misrepresented his comment. After our complaints, The Times amended their headline to read: "Expert fears a spike in UK coronavirus cases if communities gather for Ramadan," while the Metro changed theirs to, "Fears of spike in Coronavirus during Ramadan." The Birmingham Mail removed the article entirely."¹⁵⁰

It is noteworthy that the initial headlines took the view that a 'spike' in cases was inevitable in Ramadan without caveat. The amended headlines more accurately denote the probability of a spike should regulations on places of worship and social gatherings be breached. While the corrections are to be welcomed, the original headlines with their tacit agreement that breaches would predictably occur demonstrate due lack of understanding of actions undertaken by mosques and Muslim communities to keep Muslims safe at home while observing Ramadan and Eid. At best they suggest a lack of religious literacy, at worst, and quite inadvertently, they could be weaponised by the far right to further disseminate false claims about Muslims spreading disease.

¹⁴⁸ Ibid

¹⁴⁹ Nicholas Hellen, Andrew Gregory and Christina Lamb, Experts fear a spike in UK coronavirus cases during Ramadan. The Sunday Times, 12 April 2020; Sam Corbishley, Fears of huge spike in coronavirus because of Ramadan. Metro newspaper, 13 Apr 2020.

¹⁵⁰ Written evidence submitted to the APPG by the Centre for Media Monitoring.

A second, starker, example of erroneous reporting where apportioning Muslims blame features prominently relates to the Daily Telegraph newspaper and a story claiming “Half of UK’s imported Covid-19 infections are from Pakistan.”¹⁵¹ The story was picked by The Sun and Mail Online both of whom repeated the claim with headlines “Half of UK imported coronavirus cases ‘originate from Pakistan’ amid calls for tougher checks on ‘high risk countries’” and “Pakistan was origin of HALF of Britain’s imported coronavirus cases...” respectively.¹⁵²

The headlines were a clear case of distorting facts to misrepresent Muslims as responsible for the spread of coronavirus in the UK. As CfMM pointed out in their submission: “In fact, according to Public Health England (PHE) data, the total number of cases was only 30, and the time period looked at was from 4 to 26 June (three weeks).”¹⁵³

Again, drawing a comparison with non-Muslim news stories, CfMM noted: “In contrast, reports that COVID-19 came to the UK on at least 1,300 occasions, and that the majority of imported cases in the early days of the pandemic were from Europe, did not result in any anti-European headlines.”¹⁵⁴

Another written submission we received, stated how “media coverage portrayed British Muslims as contravening lockdown rules...groups in the UK have popularised these conspiracies on social media, with counter-terrorism police recently investigating far-right groups accused of ‘trying to use the coronavirus crisis to stoke anti-Muslim sentiment’. Specifically, social media sites are replete with insinuations that Muslims are flouting lockdown measures, with mosques featuring prominently in unsubstantiated claims that Muslims are continuing to hold communal gatherings.”¹⁵⁶

The role of the media during the pandemic is not be underestimated. It has become a primary source of information for the public and a key medium for politicians and public health agencies when communicating new information or further guidelines to the British public. Media output that has the potential of alienating minority communities through inaccurate, distorted or religiously illiterate content is not just dangerous, causing the withdrawal of minority groups from communication channels that are an essential conduit for the dissemination of life-saving public information, but also pernicious, leaving communities at the mercy of far right organisations that capitalise on media output to further drive a wedge between the majority group and minority communities.

There has been instances of praiseworthy reports featuring Muslims and their contributions to society during the pandemic, including the NHS Anniversary photo shoot by Ian Rankin, which featured NHS GP of the Year, Farzana Hussain,¹⁵⁷ and further stories of Muslim volunteers serving in their local communities which have predominantly appeared in local media outlets, but this positive content risks being drowned out and eclipsed by the more widespread use of ‘visibly Muslim’ imagery, religious symbolism and ‘finger-pointing’ coverage that singles out our Muslim communities. We would urge newspapers and broadcasters to examine their output and use of images during the pandemic to determine lessons that should be learnt from coverage that has sometimes fallen far short of the standards of fairness, accuracy and good judgment that we would expect from our mainstream media.

But it is not just media that ought to reflect on decisions that have been taken and how they have been communicated during the pandemic. We would argue that there are lessons to be learnt by Government ministers too when it comes to examining communications that have betrayed a profound lack of regard for the impact of poor judgment on Muslim communities.

¹⁵¹ Charles Hymas and Ben Farmer, Exclusive: Half of UK’s imported Covid-19 infections are from Pakistan. The Telegraph, 26 June 2020

¹⁵² Half of UK imported coronavirus cases ‘originate from Pakistan’ amid calls for tougher checks on ‘high risk countries’, The Sun, 27 June 2020; Pakistan was origin of HALF of Britain’s imported coronavirus cases, Mail Online, 27 June 2020.

¹⁵³ Ibid

¹⁵⁴ Ibid

¹⁵⁵ Nazia Parveen, “Police Investigate UK Far-Right Groups over Anti-Muslim Coronavirus Claims,” The Guardian, April 5, 2020.

¹⁵⁶ Written evidence submitted to the APPG by Muslim Engagement and Development (MEND).

¹⁵⁷ Ellena Cruse, Rankin photographs frontline NHS workers for UK billboards ahead of health service’s 72nd birthday, Evening Standard, 29

On the eve of Eid ul-Adha, the festival marking the culmination of the annual Muslim pilgrimage, the Hajj, the Government announced restrictions in Greater Manchester, east Lancashire and parts of West Yorkshire which prohibited individuals from different households from gathering indoors; effectively banning household mixing. Given the nature of the family celebrations that Eid entails, when families gather together to celebrate and some travel distances to be together on the special occasion, the announcement and in particular its timing was met with considerable disquiet. The APPG heard evidence from many Muslim organisations who expressed deep disappointment at the timing of the Government's decision on constricting lockdown rules on the night before Eid. Council of Mosques told us they felt the timing of the decision was 'insensitive' with the decision being announced at sunset, just as the Eid celebrations were due to commence.¹⁵⁸

Families who had spent the previous festival, Eid ul-Fitr, at home under lockdown, were left in limbo as the late notification of new restrictions scuppered plans to gather and celebrate with families. On Twitter, some Muslims questioned whether the government would have been as "negligent" with its public communications had the celebration that was affected been Christmas. The sentiments are indicative of the dismay felt by Muslim communities at what was perceived to be dismissive nature of the announcement on the eve of a major event in the Muslim calendar. As parliamentarians, we observe that this is yet another example of a poor engagement strategy between officials and Muslim communities. Despite the existence of a task force to marshal views relating to the use of places of worship, there appears to be little evidence that mosques or faith leaders were consulted on the decision to apply restrictions on the eve of Eid ul-Adha.

On the BBC's Today programme, the Health Secretary denied the restrictions had been consciously applied to prevent Muslims from gathering saying: "No, and my heart goes out to the Muslim communities in these areas because I know how important the Eid celebrations are. I'm very grateful to the local Muslim leaders, the imams in fact, across the country who've been working so hard to find a way to have Covid-secure celebrations. For instance celebrating Eid in parks where there's more space available and of course outdoors is safer than indoors."¹⁵⁹

It goes without saying that the adapted practice forced onto Muslim communities at an instance's notice could have been better managed had the government consulted community leaders more rigorously prior to the announcement of the decision. Some of the mosque leaders we spoke to argued that many local authorities had been aware of the increase in death tolls a week prior and that restrictions could have been implemented earlier to avoid clashing with the night of celebrations marking the festival of Eid ul-Adha. The timing of this decision within localities with large Muslim populations gave the misleading impression that these groups were disposed to contravening health regulations.

It is worth noting the contrast with the initial timing and communication of the decision relating to festivities over Christmas with the Government, in co-ordination with the regions, taking steps to announce the planned restrictions well in advance to allow families and faith communities to prepare for an important festival and public holiday. The announcement at the end of November of the five day period between 23 December to 27 December during which households could form a "Christmas bubble" with two other households is illustrative of the responsiveness of authorities to communicate early and clearly rules that govern social gatherings during key festivals. Unfortunately, rising infection rates in London and the South East of England led to the abandonment of the five day easing of restrictions with the government announcing on 19 December that these areas would be placed under Tier 4 restrictions and Christmas bubbles could no longer be formed with any other household. For regions in England under Tiers 1, 2 and 3, the five day bubble policy with three households was confined to Christmas Day only. The announcement proclaiming the change in policy days before a major religious festival is not too dissimilar to the disappointment felt by Muslim communities in relation to the decision taken over Eid ul-Adha though it remains the case that Muslims were given sparse notice of a policy change, coming on the eve of Eid ul-Adha, compared to the policy announcement relating to Christmas celebrations which was made several days in advance.

¹⁵⁸ Oral evidence sessions held by the APPG in August 2020.

¹⁵⁹ 'Coronavirus: 'The spirit of Eid has gone but celebrations continue'; BBC News, 31 July 2020.

This further emphasises the importance of policymakers working closely with British Muslim communities to help understand and resolve religio-cultural sensitivities as and when circumstances require. Better co-ordination would have mitigated the impression that public officials are indifferent to the importance of religious events and festivals in the lives of minority communities. Given the number of channels available to Government to engage the communities on such an important event, through their elected officials, representative national organisations, the Places of Worship task force, or even the cross-Government Anti-Muslim Hatred Working Group, there were plentiful opportunities to begin early dissemination of possible restrictions such that the news did not materialise hours before the day itself when families had already begun their planning and preparations for the festival. We hope lessons will be duly learnt from this episode and that the Government takes note of the strong dissatisfaction felt in Muslim communities at what to many appeared a callous, ill-timed intervention. Where the episode has highlighted gaps in the Government's communication and engagement strategy with Muslim communities, we hope steps will be taken to remedy these weaknesses so that all our faith communities can enjoy full confidence and trust in public officials.

CHARITY BEGINS AT HOME

British Muslims consider charitable work as both a social and religious obligation. Whilst there is much consideration of the services of charity organisations in larger cities, smaller organisations, such as mosques, unregistered charities and community groups, as well as small-scale social action projects, have also been influential in providing a timely response to the pandemic, which has often been overlooked in national politics and media discourse. These services have ranged from transforming spaces into food banks, the delivery of ad-hoc food parcels, assistance in shopping deliveries, medication collection and other practical support.¹⁶⁰

Many faith-based centres provide alternative forms of communal belonging and an alternative space to the existing Islamic institutions. These charitable organisations recognise and respond to the particular social and welfare needs of their local communities. Although their primary function is to support and counter challenges faced by Muslim and ethnic minority communities, their acculturated services respond to the demands of their wider social contexts.¹⁶¹

Since the onset of the pandemic, a decline in charity reserves have meant many charity organisations have had to pool their resources together to form larger, collaborative projects to support communities during the outbreak of the virus. This has helped create 'mutual-aid' projects. The Muslim Charities Forum has identified at least 194 British Muslim charities who provided a timely response to the pandemic.¹⁶²

The APPG on Faith and Society in a recent report has highlighted the extent to which local authorities have worked with faith groups and faith-based organisations throughout the first wave of the pandemic on a range of policy priorities. Based on survey data collected from 194 local authorities who responded to the survey issued by the Faiths and Civil Society Unit at Goldsmiths University, on behalf of the APPG on Faith and Society, 67% said their overall amount of partnership working between the authority and faith groups had increased since the start of the pandemic with 61% (118) characterising the experience of working in partnership as "very positive" and 30% (59) as "mostly positive".



Figure 17: Guidance Hub, religious social and welfare charity.

Partnerships with faith groups were seen as valuable for a number of reasons including "adding value because of their longstanding presence in the local community; providing a pool of volunteer resources; improving access to hard to reach groups; acting as a source of local leadership; articulating and promoting promising positive values for social transformation; and supplying premises for use by public and voluntary sector."¹⁶³

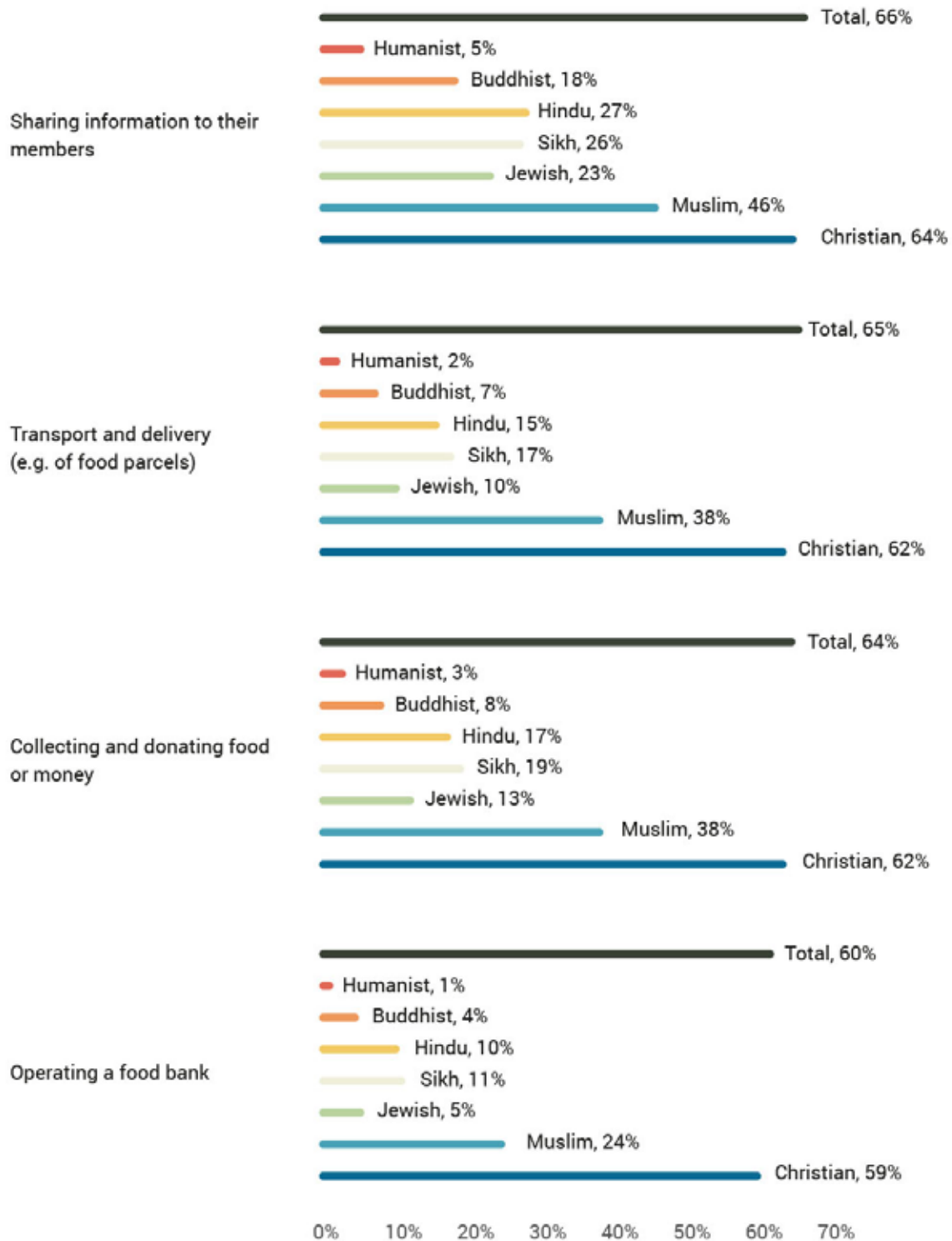
¹⁶⁰ 'Covid-19 Response: Volunteer Initiatives', Muslim Council of Britain (2020) <https://mcb.org.uk/covid-volunteer-initiatives/>.

¹⁶¹ Ayesha Khan. 'Ph.D Thesis: Exploring post-tariqa Sufi expression amongst young British Muslims' (Cardiff: 2020).

¹⁶² 'The Neighbours Next Door: The Story of Muslim Organisations Responding to COVID-19'. Muslim Charities Forum, July 2020. Available at: <https://www.muslimcharitiesforum.org.uk/wp-content/uploads/2020/07/MCF-Report-The-Neighbours-Next-Door.pdf>.

¹⁶³ Baker, C. (2020). Keeping the Faith: Partnerships between faith groups and local authorities during and beyond the pandemic. APPG Faith and Society, December 2020.

How were various faith groups or faith-based organisations involved in your local authority-coordinated food distribution programmes in response to the COVID-19 pandemic?



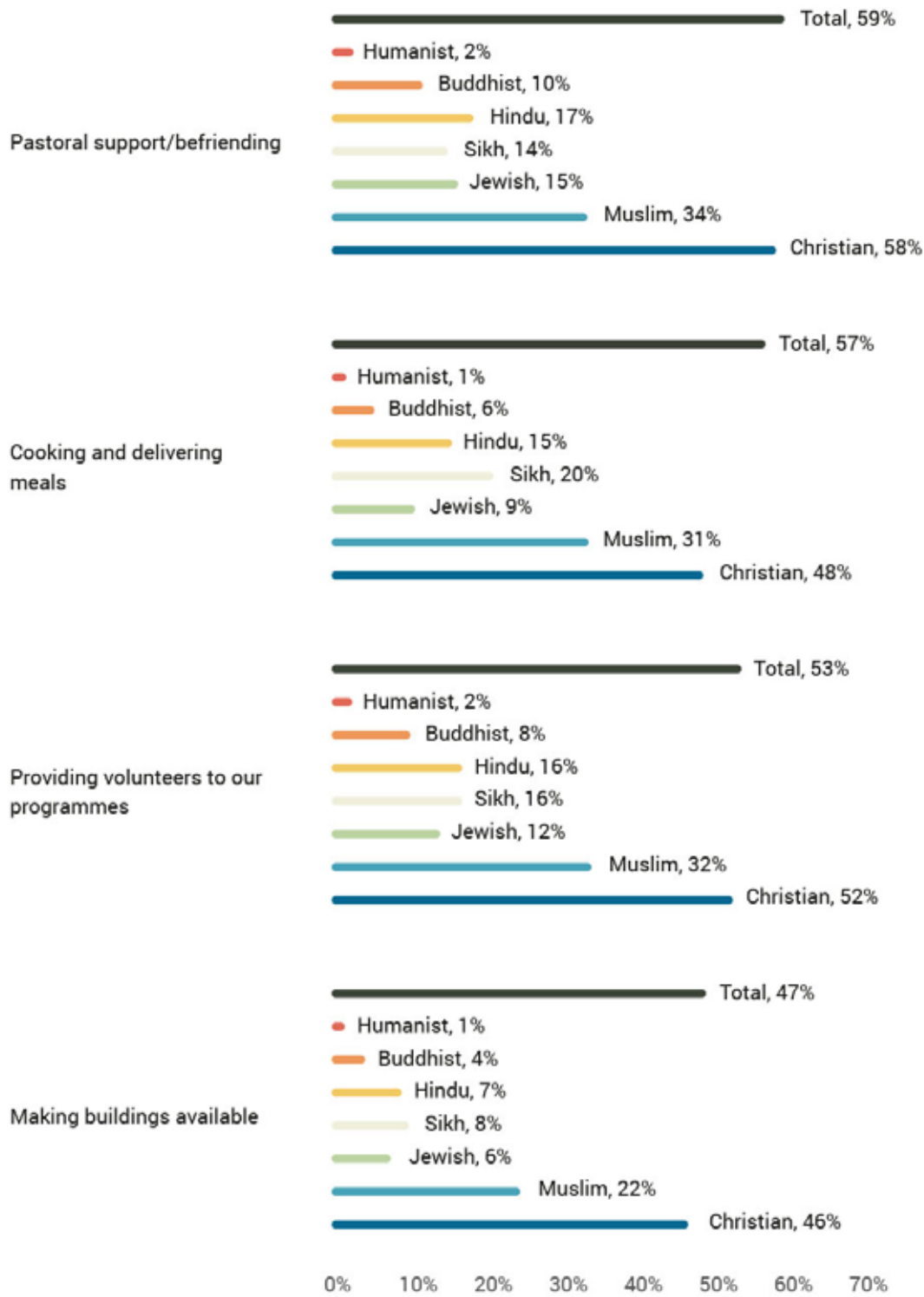


Figure 18: Keeping the Faith: Partnerships between faith groups and local authorities during and beyond the pandemic

(Source: APPG Faith and Society)

Notable in the report is the remarkable level of contributions by Muslim faith-based organisations, second only to Christian organisations, across all categories where local authorities made use of faith groups or faith-based organisations in their food distribution programmes. Despite being one of the most deprived and economically disadvantaged communities in our country, and being hard struck by the impact of Covid-19, British Muslims have stepped up to support their neighbours and local communities in their time of need. Such phenomenal sacrifice is worthy of note and governments, at local and national level, would do well to acknowledge and advance these achievements. Indeed, the report notes that “Well over 90% of 194 local authorities identify sharing best practice in co-production with faith groups as a top priority, and over 80% of them welcome the creation of safe spaces to discuss what causes difficulty in partnerships for the sake of deeper and more honest communication.”¹⁶⁴

There is a greater call from communities for government investments in localised charities, (mental) health, fitness and other wellbeing initiatives, particularly in towns, such as in northern England (Bolton, Oldham, Accrington), where there is evidence of both social disadvantage and the availability of volunteers and charitable communities.¹⁶⁵

In our report, Faith as the Fourth Emergency Service, we documented the stellar work done by faith-based organisations in local communities often using their own resources to provide needs and support services that often fall within the remit of statutory agencies such as counselling services, emergency aid and poverty relief. What we have witnessed in a glaring light since the start of the pandemic is the inveterate willingness of faith-based organisations to “get to work” as soon as hardship or tragedy strikes and it is this that we explore in greater detail in this section.

We have identified more than 50 case studies of influential British Muslim figures and social action projects that have provided support during the pandemic. We have summarised these in this section:

¹⁶⁴ Ibid

¹⁶⁵ ‘Coronavirus: Oldham residents react to new Covid-19 measures’ BBC News, 29 July 2020. Available at: <https://www.bbc.co.uk/news/uk-england-manchester-53569963>. Last accessed 30 October 2020.

FOOD PARCELS AND FOOD BANKS



Glasgow Muslim Aid

Glasgow Muslim Aid set up food distribution throughout the month of Ramadan providing over 200 hot meals per night to asylum seekers, destitute individuals, and those in need.



Figure 19: Hot meals delivered by Glasgow Muslim Aid

The initiative was self-funded by the organisers, friends, family, the wider community, and MEND, who donated £500 from their action aid fund. MEND's team in Scotland also organised a delivery scheme with seven drivers working on a rota system to deliver over 100 hot meals and other donated items every other night throughout Ramadan.¹⁶⁶

Mrs and Mrs Javed, Day Today Express, Stenhousemuir, Falkirk

This Scottish Muslim couple were one of the first to respond to Covid-19 with their acts of kindness providing masks and health kits to those in their local community.¹⁶⁷ Asiyah and Jawad Javed, who run the Day Today Express corner shop, gave away nearly £4,000 worth of supplies to elderly and vulnerable people during the first wave and were among the first examples of local entrepreneurial charity work as people began panic buying essential supplies. Asiyah Javed started the scheme after finding a distraught pensioner unable to buy hand wash.

“Our local community will never struggle while we are around”.¹⁶⁸

Al Manaar Mosque, North Kensington

The mosque, home of the Hubb Kitchen which has been visited by the Duchess of Sussex, is one of the main food hubs in the west London area providing food and essentials to the local community. The mosque also set up online fundraisers, volunteering training and recruitment schemes and distributed food and supplies to local communities by partnering with groups like AgeUK, NHS, BME Health Forum and Notting Hill Methodist Church.¹⁶⁹

¹⁶⁶ Written evidence submitted to the APPG by MEND (Muslim Engagement and Development).

¹⁶⁷ Tim Wyatt, Coronavirus: Cornershop giving away face-masks, antibacterial hand gel and cleaning wipes to elderly. The Independent, 12 March 2020.

¹⁶⁸ Zab Mustefa, The Scottish Muslim couple winning hearts amid coronavirus crisis. Al Jazeera, 17 April 2020.

¹⁶⁹ Al Manaar Islamic Cultural and Heritage Centre. <https://almanaar.org.uk/community-coronavirus-response-kensington-chelsea/>.

CareStart

CareStart, a new charity based in Bolton, collaborated with others in the area, including 'Benefit Mankind', to help deliver vegetarian food parcels to vulnerable communities via no-contact delivery. As part of an ethical approach, the charity also helped deliver food packs anonymously via community referrals.

Figure 20: CareStart food parcel deliveries in Bolton



Hounslow Muslim Hands Open Kitchen

The group have been giving out **300** meals a day at the height of the pandemic.¹⁷¹ Since launching in 2018, The Open Kitchen has been serving **100** hot, nutritious meals twice a day, seven days a week. This initiative has been fully funded by the Muslim community.

Altrincham & Hale Muslim Association

The Altrincham and Hale Muslim Association delivered meals for NHS staff at Wythenshawe Hospital. They also provided meals for care homes, hotels housing those who were homeless and elderly people living in sheltered housing. Over **500** meals were provided in one week.

Preston's Promise (PP)

PP is a community organisation staffed by mainly Muslim volunteers which started its Covid-19 Kindness campaign by providing a free, twice-weekly food delivery service to the most needy families with children attending Frenchwood Primary and Christ the King High schools, as well as other vulnerable households referred to them by Preston City Council. PP delivered over **5000** food parcels to households over 10 weeks. At the start of Ramadan, Preston's Promise launched a 'seniors Ramadan' campaign to help the elders in the Muslim community, aged 70 and over, particularly those that lived alone or as a couple, and provided them with a hot meal twice a week. Most of these elders had been referred by their families who were unable to provide the support they normally would to lockdown restrictions. Preston's Promise also partnered with Beacon Counselling Trust and NHS Lancashire to launch a listening support service in 5 languages for people wishing to speak to a trained counsellor.¹⁷²

¹⁷⁰ CareStart https://twitter.com/care_start

¹⁷¹ Muslim Hands, <https://twitter.com/muslimhandsuk/status/1244909973978693634?s=20>

¹⁷² Written evidence submitted to the APPG by Preston's Promise.

Planet Mercy UK

To date, the food parcel project by Planet Mercy has distributed more than **1700** food parcels worth over **£20,000** with items of essential need that range from everyday food to sanitary products in Rochdale, Oldham, Bury, Bolton and Manchester. The Muslim community has responded with generosity through monetary and food donations which has enabled this tremendous effort.¹⁷³

Greengate Trust

During the pandemic, this centre went from providing **200** freshly cooked meals and 50 food packs a week to distributing over **800** meals and over **200** food packs per week to elderly, vulnerable and homeless communities.¹⁷⁵

Canterbury Mosque

Members of Canterbury Mosque in Kent delivered over **1,000** hot meals of fish and chips to health and social care key workers across Canterbury, Herne Bay, Faversham and Whitstable. The meals were donated by Ossie's Fish Bar. The mosque also donated **£400** to help a local crowd fund campaign to provide key workers with 3D-printed PPE face shields.¹⁷⁶

Rabbaniah Islamic Cultural Centre

This project in Cardiff involved local volunteers from the Grangetown and Riverside areas to help put together and distribute food parcels. The food parcels were created with the intention of supporting low income families through the Covid-19 crisis during the month of Ramadan. Parcels were distributed every Friday beginning from 24 April and contained basic staple foods needed to support a family. Baby milk and nappies were also delivered to those that needed them. Each week approximately **30** volunteers helped pack and deliver **150** food boxes to families in need.¹⁷⁴

Bahja Initiative



Figure 21: Volunteer at Bahja Initiative.

This charity in Accrington distributed **450** food parcels through door to door deliveries during the pandemic in Blackburn, Great Harwood, Rishton, Accrington and Clayton.

¹⁷³ Written evidence submitted to the APPG by Oldham Mosque Council.

¹⁷⁴ Cardiff's Muslim communities respond to the COVID-19 crisis, Wales Council for Voluntary Action News, 22 May 2020. Available at: <https://wcva.cymru/cardiffs-muslim-communities-respond-to-the-covid-19-crisis/>

¹⁷⁵ Written evidence submitted to the APPG by Oldham Mosque Council.

¹⁷⁶ Canterbury Mosque members donate 2,000 meals to key workers and raise £400 for PPE, Tell MAMA, 28 April 2020. Available at: <https://tellmamauk.org/canterbury-mosque-members-donate-2000-meals-to-key-workers-and-raise-400-for-ppe/>. Last accessed 30 October 2020.

Oldham Muslim Council (OMC)

Oldham Muslim Council partnered with a number of different local charities to provide support to local residents. They also put out a call to members and friends of the OMC to ask if they would be kind enough to donate a hot meal for the staff at The Royal Oldham Hospital every Tuesday. OMC received donations to provide hot meals for 350 staff, over 11 weeks, making an astonishing **3850** meals. This initiative commenced on 21 April 2020 and has been so popular it has become known as 'curry night' and is a huge success at the hospital.¹⁷⁷

Belfast Islamic Centre

The Centre worked closely with charities supporting asylum seekers and refugees in Ireland. Members of the congregation and committee who owned small food businesses and restaurants and chefs then set up the Belfast Multi-Cultural Society to deliver and cook food for the vulnerable and on behalf of charities working with the homeless.¹⁷⁸

HIMMAH

This charity in Nottingham saw their usual work increase by **300%**. HIMMAH delivered emergency food parcels, averaging **140** per week, to families, single parent households, the elderly and single men. They also partnered with hostels to support women fleeing from domestic violence, and 'Sisters of Noor', supporting single Muslim women, refugees, as well as women who are divorced or widowed. On average, they delivered **30** hot meals per week to homeless shelters, **50** hot meals for front line Covid-19 workers, and **300** hot meals per week to the sick. HIMMAH praised the generosity of individuals and donations from businesses preparing hot meals, corporate organisations providing new IT equipment and a local taxi company delivering hot meals and food parcels.¹⁷⁹

¹⁷⁷ Written evidence submitted to the APPG by Oldham Mosque Council.

¹⁷⁸ Covid-19: Rapid response by mosques from across the UK, The Muslim News, 24 April 2020. Available at: <http://muslimnews.co.uk/newspaper/home-news/37715-2/>. Last accessed: 30 October 2020.

¹⁷⁹ Written Evidence submitted to the APPG by HIMMAH.

Belfast Multi-Cultural Association

Belfast Multi-Cultural Society is grassroots organisation working to support all sections of the community and is supported by local small businesses and restaurants. During the pandemic they delivered food packs, soup, and dairy products to organisations working with various vulnerable members of society. They also delivered treat boxes and meals to the nurses in care homes and hospitals in Belfast and the Greater Belfast Area.¹⁸⁰

Figure 22: Food deliveries by the Belfast Multi-Cultural Association



HIBA restaurant

This Palestinian restaurant in London is mostly staffed by refugees. On the day after lockdown Great Ormond Street Hospital asked the restaurant whether they could be added to their list of suppliers. Then came requests from the National Hospital for Neurology and Neurosurgery who also needed to purchase hot food for their doctors. The hospital had called forty four other places and only three were able to provide a food delivery service. Hiba also received a Facebook message from Lucy, a nurse on an ICU ward at University College London Hospital, requesting food donations to keep the nurses going. Her colleague added: "We'd love freshly cooked hot food, with chicken – no more vegan stuff please!" Two days later Hiba were sending 240 portions of the Palestinian dish, chicken maqlooba, to UCLH, NHNN and Whipps Cross Hospital for front line staff, cleaners and ambulance drivers. Like many other groups, Hiba set up a crowdfund page to raise funds to help fund the initiative for NHS workers. The restaurant donated almost 2000 meals from their own funds and another 600 meals from the money raised on the crowdfund website.¹⁸¹¹⁸²

"Though we know the value of money, we value humanity above all. This means sharing whatever we have with family and friends. For my staff, the Covid-19 pandemic did not just affect them but also their extended families back home whom they support."

¹⁸⁰ Belfast Multi-Cultural Association. <https://www.facebook.com/theBMCA/>

¹⁸¹ <https://www.crowdfunder.co.uk/hiba-feeding-the-nhs-frontline-during-covid-19>

¹⁸² Written evidence submitted to the APPG by Hiba Restaurant.

Desi Food

Former Yorkshire Cricket Club bowler, Azeem Rafiq, and his family have been cooking to feed NHS staff at Barnsley Hospital and created a South Asian food service to raise funds for a local hospice. Rafiq's sister, Amna Rafiq, who signed up as an NHS volunteer, said the idea came from the family's desire to 'do something' and was inspired from their experience of cooking in large quantities for Barnsley Cricket Club. The family launched a food app, Desi Food, for people to order food from the delivery service with the money raised going to the Barnsley Hospice. The family have also been providing healthy meals to key frontline staff at Barnsley hospital.¹⁸³

Kirkcaldy Central Mosque

The mosque in Kirkcaldy in Scotland delivered food packages to vulnerable families. Their Covid-19 initiative, led by the mosque's Imam, was run by eight volunteers. As of April 3, food packages were delivered to **50** families, supported through funds given by the local Muslim community. Volunteers also collected and delivered medication and worked with a local foodbank.¹⁸⁴

Peace Train

Peace Train ran a nationwide food delivery service and breakfast club for school children. In Oldham and Manchester, since April 2020, each month **2800** hot meals were delivered (this is ongoing), **250** food parcels were delivered to households in need and a food bank was established. The charity's long-term plan is to run 'Peace Train Xpress' as a mobile food delivery service.

In Wandsworth and Lambeth in London, over **1000** hot meals were delivered each month from April to June and **350** Fresh Food Parcels were delivered to each household in need over same period. Peace Train's nationwide home breakfasts delivered



Figure 23: Hot meals delivered by Peace Train

100,000 nutritious breakfasts to children through breakfast packs that were collected from their schools. The packs were created for children who would typically be on free school meals and attend a breakfast club in the mornings to ensure they started their day well. Peace Train also responded substantively internationally too, including in the USA, South Africa, and Pakistan.¹⁸⁵

¹⁸³ Family Feed NHS staff, Barnsley Chronicle, 24 April 2020. Available online at: <https://www.barnsleychronicle.com/article/18627/family-feed-nhs-staff>. Last accessed: 30 October 2020.

¹⁸⁴ Covid-19: Rapid response by mosques from across the UK, The Muslim News, 24 April 2020. Available at: <http://muslimnews.co.uk/newspaper/home-news/37715-2/>. Last accessed: 30 October 2020.

¹⁸⁵ Written evidence submitted to the APPG by Peace Train.

DONATIONS AND DELIVERIES



Viral Kindness Scotland

Viral Kindness Scotland was founded by MSP Anas Sarwar and is an excellent initiative to connect those in need of support.¹⁸⁶ In Scotland, a network of organisations including **500** convenience shops worked to organise shopping deliveries and support those suffering from loneliness.

Muhafiz

In Rotherham, a Muslim community watch group 'Muhafiz' was formed as a Covid-19 response unit to support mosques and vulnerable communities. They worked with the local council and provided over **400** food deliveries. The centre also surprised a 92-year-old service user with cupcakes on her birthday so that she did not have to celebrate the occasion alone.¹⁸⁷

Dabirul Choudhury

Dabirul Choudhury is a 100-year-old Bangladeshi Muslim man who was in isolation in London. From 26th April 2020, Dabirul Choudhury walked **100** laps from one part of his communal garden to another (80 metres in width), during Ramadan whilst fasting.¹⁸⁸ He raised more than **£200,000** in charity for victims of COVID-19 in the UK, Bangladesh and over 50 countries.



Figure 24: Muslim centenarian and Covid-19 fundraiser, Dabirul Choudhury

Bhailok Family

Yousuf Bhailok, a Muslim businessman from Preston and former Secretary General of the Muslim Council of Britain pledged **£200,000** to support NHS staff during the coronavirus outbreak. He also called on people in Preston to rally together and help to raise £1m for the city's NHS workers.¹⁸⁹ The Bhailok family also donated a total of **5,400** antibody testing kits costing **£50,000**.¹⁹⁰

¹⁸⁶ Ruth Warrander, Coronavirus Scotland: Selfless Scots charity worker delivering care packages to parents supporting cancer-stricken kids. The Scottish Sun, 19 April 2020.

¹⁸⁷ Molly Williams, Birthday cake surprise for 92-year-old woman. The Star, 22 April 2020.

¹⁸⁸ Sabrina Barr, 100-year-old man raises more than £170,000 for Coronavirus Relief while fasting for Ramadan. The Independent, 24 May 2020.

¹⁸⁹ Laura Longworth, Preston business man pledges £200,000 to support city's NHS staff during Covid-19 outbreak. Lancashire Post, 23 March 2020.

¹⁹⁰ Rachel Smith, Preston's Bhailok family donate 5,400 antibody coronavirus testing kits to the NHS, Blog Preston, 15 May 2020. Available at: <https://www.blogpreston.co.uk/2020/05/prestons-bhailok-family-donate-54000-antibody-coronavirus-testing-kits-to-the-nhs/>. Last accessed: 30 October 2020.

Ahmadiyya Muslim Youth Association (AMYA)

The group in Milton Keynes have donated **2000** face masks to nurses, care homes, charity organisations, volunteers at food banks and key workers in the local community. The AMYA has at least 30 volunteers currently deployed and working to help vulnerable people in the city. They provide a range of services; shopping for the elderly, walking the dog of someone who is self-isolating or tidying someone's garden. AMYA has also been involved in daily donations to food banks, helping the homeless and sourcing essential PPE during the pandemic.¹⁹¹

Minhaj Welfare Foundation

The Foundation implemented a national UK wide campaign called #CovidJihad, to strive and struggle against the harms of the virus whilst protecting those most vulnerable in society. Volunteers across the country did shopping for those people that were not able to leave their homes. Anybody who required any support could either call into MWF's 24/7 call centre or register for help online via the MWF website. MWF also worked with local councils such as Old Trafford (Manchester), and care homes to ensure that the elderly were not left in their homes without food. In Nelson alone, MWF collected and delivered PPE to over 5 hospitals and various GPs surgeries.¹⁹²

MEND

MEND made available a fund to give grants of several hundred pounds to help their aid partners on the ground. To date, MEND have supported organisations such as Huddersfield Community First, Southern Women's Aid Network, the NHS Wellness Box project, and Period Poverty Manchester. MEND's volunteers also supported existing projects across the nation, from delivering food parcels, supporting vulnerable communities, to putting out Thank You NHS messages.¹⁹³

Maidenhead Mosque

This mosque provided local community assistance by sending volunteers to assist in picking up shopping, delivering urgent supplies, medicine collection, posting of mail and making friendly phone calls to neighbours and locals

Figure 25: Maidenhead mosque support services poster



¹⁹¹ Sammy Jones, Milton Keynes Muslims donate 1000s of PPE pieces to local frontline workers. TotalMK, 27 April 2020.

¹⁹² Written evidence submitted to the APPG by Minhaj Welfare Foundation

¹⁹³ Written evidence submitted to the APPG by MEND (Muslim Engagement and Development).

Worcester Muslim Cemetery

Nurses and staff at the Worcestershire Royal Hospital received a donation of 10,000 face masks from trustees of the city's Muslim cemetery. The donation ensured continued protection for NHS staff on the frontline with medically approved equipment which could be used immediately.¹⁹⁴

Penny Appeal

Penny Appeal have been active in Yorkshire, North West England, the Midlands, London, and Glasgow. As a domestic and international charity, Penny Appeal worked with over 50 local community-based organisations that help the homeless, refugee families, the elderly, low income families, vulnerable adults, young people and the sick. They provided food parcels and hygiene kits to the most vulnerable and isolated. In total, Penny Appeal delivered **4,165** food parcels; **1,670** hot meals, and **8,512** hygiene kits.¹⁹⁶

Zakaria Masjid

Over **100** volunteers supported the Zakaria Masjid in Dewsbury in their community response to Covid-19, providing social welfare, care packages, food and medicine for vulnerable people.

Cllr Pav Akhtar

Preston councillor Pav Akhtar and his sister, a local community nurse, appealed for local businesses and individuals to donate their old or redundant laptops and iPads to help youngsters with home schooling. Faith communities also partnered with Preston Council, local schools and mosques to help the most deprived pupils access online learning and receive essential food supplies.¹⁹⁵

British Muslim Covid Fund

British Muslim Covid-19 Fund was launched on 23 April 2020 responding to the Covid-19 related voluntary sector needs in the UK. The fund was established with the collaboration of three charities: Peace and Relief, Rahma Mercy, and Drop of Compassion.¹⁹⁷ A fund of £100,000 was established to help charities, organisations and voluntary groups in the UK affected by the impact of Covid-19, irrespective of faith background. Grants from £250 up to £5,000 were made available. As of 1 July 2020, 47 charities and organisations, from various backgrounds, have benefitted from the scheme. Charities that have benefitted from this fund include Muslim and non-Muslim charities, such as Age UK, Pudsey Community Project (working under Pudsey Parish Church), Harrow Samaritans, Edinburgh Children's Hospital Charity, and Women's Health in South Tyneside (WHIST).¹⁹⁸

¹⁹⁴ Rob George, County's Muslims donate 10,000 face masks to life-saving NHS staff at the Worcestershire Royal. Droitwich Standard, 7 May 2020.

¹⁹⁵ Fiona Finch, Appeal for laptops and iPads to help needy Preston pupils access online learning during Coronavirus crisis. Lancashire Post, 21 April 2020.

¹⁹⁶ Written evidence submitted to the APPG by Penny Appeal.

¹⁹⁷ British Muslim Covid-19 Fund. <https://britishmuslimcovid19fund.co.uk>

¹⁹⁸ Ibid

²⁰¹ Ismail Mulla, How Zakaria Masjid in Dewsbury is helping the community through the outbreak. Yorkshire Post, 9 April 2020.

Human Appeal

Human Appeal were active in London, Manchester, Birmingham, Leicester and Glasgow. They delivered over **4,000** meals to hospitals and vulnerable people, over **700** meals to the homeless, and nearly **2,000** emergency food parcels to the elderly. They collaborated with other organisations such as Age UK in Manchester and Leicester, Big John's in Birmingham and the Castlemilk

Senior Centre in Glasgow. They also partnered with the Myriad Foundation to feed homeless people in Manchester, and with the Amir Khan Foundation, which received media coverage on ITV. Human Appeal also sent teams to local mosques to help community groups deliver their supplies out to people, and worked with local businesses too – a memorable example being over **69,000** bottles of orange juice donated by the Martin Brower restaurant.²⁰⁰

Myriad Foundation

During the COVID-19 pandemic, the Myriad Foundation in Manchester has been providing those who are elderly, vulnerable or in financial hardship with a weekly food parcel delivery. The Foundation has run a self-isolation support hotline for those who need help with shopping, urgent supplies or just a friendly person to speak to. They have also joined with other partners to form MyQurbani to help distribute meat sacrificed during Eid al-Adha with over **70kg** of meat distributed to families in need during August 2020. Myriad Foundation also run a weekly soup kitchen in Piccadilly Gardens for people rough sleepers and the homeless in Manchester.

British Muslim Heritage Centre

The British Muslim Heritage Centre in Manchester, which is based in a Grade II* listed building in the city, has been providing shelter for the homeless and other emergency services during COVID-19.

Qadria Jilania Islamic Centre

The mosque and educational centre based in Longsight, Manchester, has provided an open kitchen for over 230 days during the COVID-19 crisis serving those in crisis or in need, as well as providing hot food deliveries to vulnerable people.

²⁰⁰ Written evidence submitted to the APPG by Human Appeal.

FORMO - Federation of Redbridge Muslim Organisations

FORMO worked with Redbridge Mutual Aid and the Ilford Muslim Society (Balfour Road Mosque) to create a volunteer group to support vulnerable people during the lockdown. FORMO donated **£2,000** and The Ilford Muslim Society brought together 50 volunteers. To date, this initiative has supported 105 families and individuals during the lockdown, supporting people of all faiths and communities. FORMO also launched a crowdfunding campaign for the NHS and raised nearly **£3,000**, to support 9 hospitals across London and the South East. They also provided snacks for hospital nurses, PPE, Qur'an cubes and prayer mats for Muslim patients. 150 MP3 players which play the Qur'an were also delivered to multiple hospitals across London for Muslim patients in end of life or intensive care.²⁰²

The Al-Abbas Islamic Centre KSIMC

The centre in Birmingham launched a Covid-19 taskforce with approximately 70 volunteers providing medical and business advice, grocery shopping and telephone calls to the vulnerable and those self-isolating, mental health support, RE online programmes, a food bank and held funeral services.²⁰³



MAKESHIFT HEALTH FACILITIES

Masjid E Ghosia

This mosque in Bolton turned into a **55**-bed hospice for end of life patients to help Royal Bolton Hospital manage with capacity issues.²⁰⁴ The initiative was supported by the Bolton Council of Mosques.

Amir Khan's Banquet Hall

Muslim boxer Amir Khan pledged to give his **60,000** square-foot, £5m wedding venue in Bolton to the NHS to help those affected by the coronavirus.²⁰⁵ This initiative was to help provide hospital beds.

²⁰² Written evidence submitted to the APPG by Federation of Redbridge Muslim Organisations (FORMO).

²⁰¹ Covid-19: Rapid response by mosques from across the UK, The Muslim News, 24 April 2020. Available at: <http://muslimnews.co.uk/newspaper/home-news/37715-2/>. Last accessed: 30 October 2020.

²⁰⁴ Nicky Harley, British mosque turned into a coronavirus hospice to support efforts to fight the pandemic. The National, 1 April 2020.

²⁰⁵ Kit Vickery, Coronavirus: Amir Khan offers Bolton wedding venue to NHS to fight virus. Lancashire Telegraph, 25 March 2020.

TEMPORARY MORTUARIES

The Green Lane Mosque

The mosque in Small Heath, Birmingham, has worked with over **350** volunteers who have helped source PPE. The mosque has also offered a temporary mortuary and has helped provide essential support to those in the local area.²⁰⁶

Central Jamia Mosque Ghamkol Sharif

This mosque has also offered a temporary mortuary, which is open to people of all faiths, because of an increase in deaths due to Covid-19. The initiative was funded by the mosque itself.

KEY MESSAGING

Birmingham Muslim Burial Council

During the pandemic, BMBC was predominantly active in Birmingham and the West Midlands, acting as regional lead for Muslim bereavement and burial issues on behalf of the National Burial Council (NBC). BMBC set up two fully equipped isolated facilities in line with healthcare guidance to safely carry out Islamic funeral rites. BMBC also trained 200+ male and female volunteers over multiple training days, providing pre and post course materials on how to safely carry out funeral rites, rules on PPE, and how to assist and support grieving families with confidentiality and professionalism, all free of charge.²⁰⁷

British Islamic Medical Association

The British Islamic Medical Association has over **3,000** members with representation and reach in all the major cities in England, Scotland and Wales. A major issue throughout the pandemic has been misinformation and ambiguous guidance so BIMA produced messaging specifically for the Muslim community throughout this period. Some of the work they carried out included: faith-sensitive community guidance on burial, ritual washing, hygiene and social distancing measures to ensure the safety of all involved in the burial process and bereaved families. This included input from medical specialists, Islamic scholars and the National Burial Council. BIMA also created guidance and support videos on 'end of life' care as hospital visitations were reduced and signposted people looking for support to mental health charities. Some of the material produced by BIMA has been shared and used by organisations in other countries, including Malaysia, Turkey, India, USA, Canada, South Africa and Sri Lanka.²⁰⁸

²⁰⁶ Tasnim Nazeer, UK Muslims are stepping in to help amid the coronavirus crisis. Al Jazeera, 13 April 2020.

²⁰⁷ Written evidence submitted to the APPG by Birmingham Muslim Burial Council.

²⁰⁸ Written evidence submitted to the APPG by British Islamic Medical Association.



Al Markaz ul Islami (Bradford) and Al Markaz Medics

Al Markaz ul Islami is an educational institute, mosque, and a community hub in Bradford. Al Markaz Medics is a group of GPs and A&E doctors that practice in the Bradford District and are connected to the mosque. This group became first responders by supporting mosques in Bradford. Al Markaz Medics started by informing their local congregation of the importance of precautionary measures, adding healthcare measures to the mosque and ensured the mosque closed prior to the Government announced lockdown in March. They also held emergency consultations with the Bradford Council for Mosques and presented infographics and key information on the pandemic to the Muslim community. This included the latest guidance from Public Health England and other relevant health bodies. The team cited the potential risk factors specific to Bradford, such as higher than average rates of chronic health conditions and multigenerational households. This information was formally presented to an all members meeting of the Council for Mosques, and based on this, the collective decision to suspend all daily prayers and large gatherings in mosques across Bradford was implemented on 18 March 2020. Al Markaz Medics also recognised that there was a huge gap in the national strategy and that not all communities were getting the #StayAtHome #StaySafe message. The team therefore produced five short videos in Arabic, Bengali, Pushto, Turkish and Urdu translating and disseminating key health information.²⁰⁹

MENTAL HEALTH SUPPORT



East London Mosque & London Muslim Centre

The mosque provided bereavement support, end of life care and mental health support through telephone advice, support and counselling by bilingual staff members in Arabic, Bengali and English. They also arranged food and medicine deliveries for the needy. For self-isolation support, requests were made via the Tower Hamlets Council website. The mosque also arranged an emergency appeal for burial resources.²¹⁰

Cambridge Central Mosque

The mosque's volunteer-based service supported the local community and residents. The services include supplying shopping, collecting prescriptions, parcel collection or drop-off, a phone buddy system, spiritual/moral support, including women's counselling and questions for the Imam.

²⁰⁹ Written evidence submitted to the APPG by Al Markaz ul Islami.

²¹⁰ East London Mosque. www.eastlondonmosque.org.uk.

PERSONAL PROTECTIVE EQUIPMENT



Al Adab Institute

The Institute distributed over **3800** hand sanitisers to individuals, care homes, schools, nurses, and hospices. They provided **400** bottles of Calpol, 500 boxes of paracetamol, over **2000** face masks and **400** face shields, and distributed over **200** family food bags. Their work has reached approximately **9,000** residents in Oldham, served 30 care homes and 20 schools across Oldham.²¹¹

Karima Al Marwaziyya Foundation, High Wycombe

The Karima Foundation in High Wycombe undertook a number of initiatives to assist those within the local community who were self-isolating, elderly or vulnerable. The assistance offered by the Foundation and its volunteers included distributing essential foods, collection/delivery of medicines, a friendly call, all as a one-off or regular service to those requesting assistance, and all provided completely free of charge.²¹⁶

Hassan Mahmood

A former Conservative councillor, Hassan Mahmood, delivered over **300** free gloves and surgical masks for the people of Pendle during the coronavirus pandemic. Hassan felt that many people were worried and struggled to source PPE, so he sourced and bought PPE with his own money to give to local people in need.²¹²

Dar Ul Isra

Dar Ul Isra is a mosque and community centre in Cardiff. They launched a Covid support project to help meet the needs of the community with three primary responses. The first was to try and help protect those working tirelessly to protect us - NHS frontline staff, through a PPE appeal. The second was to support vulnerable members of the community with food and supply deliveries and the third was chaplaincy support, to help provide spiritual and pastoral care for Muslim communities.²¹³

One Million Meals

The first Muslim to be appointed the High Sheriff of Surrey, Shahid Azeem, launched an initiative with Spice Village restaurants and Pakistani students from London School of Economics to provide one million free meals to frontline key workers during the Coronavirus crisis.²¹⁴

²¹¹ Written evidence submitted to the APPG by Oldham Mosque Council

²¹² Written evidence submitted to the APPG by Hassan Mahmood.

²¹³ Dar Ul Isra. <https://www.darulisra.org.uk/covid/>

²¹⁴ New High Sheriff takes on challenging times, Woking News & Mail, 1 May 2020.

²¹⁶ <https://donate.giveasyoulive.com/fundraising/karimalocalsupport>

Peace and Relief International

British Muslim charity, Peace and Relief International, set up the British Muslim COVID-19 Fund, in partnership with Rahma Mercy and Drop of Compassion, to award grants of **£250** to **£5,000** to support charities, voluntary groups and other organisations working to protect and assist vulnerable people during the pandemic.²¹⁵ The fund offers small grants of £250 to £1,000 and major grants of £1,000 to £5,000 through an open application process. Projects which have been funded through the British Muslim COVID-19 Fund include: Age UK Leicester Shire & Rutland - to respond to the needs of people over 70 years of age who are socially isolated and helping them to cope with loneliness/depression as well as providing them with food and other basic essentials; Leeds based charity Positive Action For Refugees and Asylum Seekers (PAFRAS) to provide asylum seekers with phone credit thereby enabling them to stay in touch with loved ones, offer some form of entertainment and to keep up to date with important advice around COVID-19; Age UK Bradford District - to provide additional support to older people in distress because they haven't enough food or other essential supplies at home; Nottingham based charity the Friary - for providing food parcels for vulnerable and isolated service users who are homeless or at risk of homelessness; Edinburgh Children's Hospital Charity - to support the running costs of Edinburgh Children's Hospital Charity (EHC) during Covid-19 when all planned fundraising activity has ceased; and Blackburn based charity Benefit Mankind - for providing support to the families and the elderly in Blackburn by offering food packs to support families for one week.

²¹⁵ <https://britishmuslimcovid19fund.co.uk/>

BUSINESS PLAYING ITS PART

It is not just community groups and faith-based charity organisations that have mobilised to provide essential needs to local communities but we have also witnessed Muslim owned businesses step up and play their part. We are unable to provide exhaustive information about the scale and value of their endeavours, but a handful of examples that we have been privileged to observe are documented below.



MyLahore

Restaurants, charities and food outlets joined together to distribute free essentials, delivering PPE and donating food to staff at the Bradford Royal Infirmary (BRI) hospital.²¹⁷ Fast-food restaurant MyLahore served over 5,000 meals in the past few weeks alone at BRI and in hospitals across the country.²¹⁸

Royal Nawaab restaurant

The Royal Nawaab restaurant in West London provided a hot meals service to NHS staff based at the North Middlesex University Hospital at the height of the pandemic. Medical staff and hospital administrators thanked the restaurant for the support shown to key workers. Muslim staff working at the hospital during the first wave remarked on the comfort of having halal meals available at their workplace for the early morning meal and the breaking of fast meal in the evenings.²¹⁹

Scoodle

Scoodle is a UK-based online platform that connects tutors to students. The platform has a huge potential for growth having secured **\$760,000** in seed funding with backers including Twitter co-founder Biz Stone. With the closure of schools during the first wave and the immediate shift, where available, to online learning, the platform responded by facilitating tutors to shift their lessons online and allowing students to ask questions of tutors on their platform at no extra charge. The company's reaction to the changes to normal operating procedures did not stop at users of the tutoring service, it also extended to Scoodle's staff. In a message to employees, Scoodle CEO, Ismail Jeilani, wrote to say that the company would pay monthly salaries ahead of schedule to provide staff a modicum of financial security in uncertain times. Moreover, Scoodle released members of staff from day-to-day work to commit time to initiatives to help fight the pandemic. One such initiative, Track Together, an online questionnaire to help track the spread of coronavirus, was built by one of Scoodle's engineers and attracted more than 6,000 responses in its first three days of issue; a data sample that can make a real difference to medical research on Covid-19.²²⁴

²¹⁷ Mark Stanford, MyLahore and co rallying round to support BRI staff. Telegraph & Argus, 12 April 2020.

²¹⁸ Ibid.

²¹⁹ News item appearing on GEO TV's Facebook page. Available at: <https://www.facebook.com/RoyalNawaabLondon/videos/royal-nawaab-nhs-covid-19-support-geo-news/528834744466585/>

²²⁴ 'How we're supporting our team amid Covid-19', Scoodle. Available at: <https://scoodle.co.uk/blog/how-were-supporting-our-team-amid-covid-19>. Last accessed 15 November 2020.

Reach Food Service and The Felix Project

Reach Food Service, a supplier of premium ingredients to London's gourmet restaurants, including Hakkasan, Sexy Fish and Novikov, has been successfully supporting industry initiatives on food distribution to those in need during the pandemic. Reach has supported charities such as The Felix Project and Hospitality Action with a £1 donation, respectively, for every order placed with its home delivery service, Reach My Kitchen.²²⁰ It has continued to support these charities with The Felix Project, a joint initiative between the Evening Standard and The Independent, recently disclosing a **£10,000** donation from Reach as well as a further 12 tonnes of food items. The estimated value of its total cash donation has been put at **£50,000**.²²¹ Reach's donation of food items is estimated to be in excess of **£200,000** with 163 tonnes of food items donated to The Felix Project equating to nearly **200,000** meals across London.²²²

Murtaza Lakhani, owner of Reach Food Service, said: "The twin issues of food waste and hunger are having major impacts on London. We are proud to make a commitment to Felix as well as to supply high quality food stocks and fresh ingredients so that vulnerable families, elderly people and our amazing NHS workers know there is a nutritious meal waiting for them at the end of the day."

ReliveNow

With working from home regulations, restrictions on social mixing, closure of schools and growing financial uncertainty, the huge increase in levels of anxiety and stress have placed an enormous burden on existing mental health services. One Muslim-led online mental health service provider, ReliveNow, took the step of offering free 15 minute counselling sessions with a qualified professional for anyone seeking help. The counselling sessions are run by experienced mental health professionals and were made available during the pandemic free of charge to those wanting someone to turn to at a time of heightened distress.

²²⁰ 'Supply pain: how suppliers have fought to survive for when dining rooms re-open', Big Hospitality, 29 June 2020. Available at: <https://www.bighospitality.co.uk/Article/2020/06/29/restaurant-food-and-drink-suppliers-reopening-coronavirus>. Last accessed 13 November 2020.

²²¹ David Cohen, Food For London Now: £250,000 from Ocado helps appeal hit new high of £4m. Evening Standard, 15 May 2020.

²²² Francesco Loy Bell, Helping the Hungry. The Independent, 29 July 2020.
David Cohen, *ibid*.

UpEffect

UpEffect is a crowdfunding platform for social enterprises founded by Sheeza Shah, a British Muslim computer scientist and entrepreneur. Shah has been named in the Financial Times' "Top 100 Most Influential BAME Leaders in UK Tech," and in Computer Weekly's "Most Influential Women in UK Tech". UpEffect helps entrepreneurs raise funds for social enterprises that are grounded in ethical business practices. During the pandemic, UpEffect took the step of waiving its platform fee for all crowdfunding campaigns aimed at combating COVID-19 and its effects.²²⁶

From the sheer breadth, scale and creativity of initiatives we have had the privilege to hear and learn about, there can be no lingering doubt that Muslim communities in this country have embraced the pandemic as an opportunity to give back to their local communities and to live their faith through civic action, volunteering and charity. We hope that the light we have shone on some of the spectacular ways in which Muslims have served their communities will be appreciated alongside other research which has attempted to quantify the value of contributions by churches to the UK.²²⁷ Faith groups in our society are an enormous force for good. They are, as we have stated in a previous report, the fourth emergency service. With their dedication and humility, they are wholly deserving of our praise and gratitude. We fully concur with the suggestion of Danny Kruger MP in his report, 'Levelling up our communities: proposals for a new social covenant' that "We should be actively supporting the extraordinary work of organisations of all faiths." We eagerly anticipate the work to be undertaken by Government in consultation with faith-based civil society organisations to move this forward.

²²⁶ Ibid

²²⁷ Harriet Sherwood, Churches tally up their value to society at £12.4bn. The Guardian, 18 October 2020.

SURVIVING AN ECONOMIC DOWNTURN

The Covid-19 crisis has worsened economic vulnerability. 50% of Muslim households live in poverty and Muslims are more likely to experience unemployment and insecure employment, income and housing. This has pushed many Muslim families into financial hardship and increased stress, anxiety and depression.²²⁸

As the findings of this report have so far revealed, British Muslim and minority ethnic communities are more susceptible to facing economic and financial hardship due to various socio-economic risk factors. Minority groups are also more likely to be working in poorer-paid employment that expose them more directly to the virus. Commercial and economic downturns during and after the Coronavirus will unfairly impact particular ethnic and religious groups – which was evidenced after the 2008 recession – exacerbating pre-existing inequalities with higher unemployment, lower earnings, lower self-employment rates and higher housing costs.²²⁹ In the medium and long term, additional unequal impacts are likely to arise through disruption to education and occupational mobility.²³⁰

According to an ONS study published last December, in April 2020, over a quarter (27%) of those from Black, African, Caribbean or Black British ethnic groups reported finding it very or quite difficult to get by financially. Pakistani or Bangladeshi groups (13%) were around half as likely as Black ethnic groups to say the same though percentages for both these were markedly higher than for those from White Irish (6%), Other White (7%), Indian (8%) ethnic groups. Moreover, when considering a total loss of income (100%) over three months, households with heads from the Black Caribbean and Pakistani or Bangladeshi ethnic groups were also less likely to have the resources to cover such an income shock (32% and 35% respectively) compared with those from the White British (52%) and Indian (58%) ethnic groups.²³¹

A poll conducted by YouGov in August 2020, found that BAME people were more likely to have suffered a drop in household income due to Covid-19; 36% of BAME people said their income had been reduced compared to 28% of those of White background. BAME people were also more likely to report a negative impact on their personal financial situation, household financial situation, regular household expenditure and amount of disposable income, as well as savings and debts, as a result of the pandemic compared to White people. Two in five (41%) of BAME people were worried about losing their job as a result of Covid-19 compared to around a third (34%) of people of White background. The pandemic has also left minority groups facing a precarious situation with nearly half (43%) saying they would struggle to cope with a financial emergency such needing to replace a boiler or a car.²³²

The survey results are a painful reminder that while ethnic minorities have borne the brunt of negative impact of Covid-19 with disproportionately high fatality levels caused by pre-existing health inequalities, the after-effects in terms of economic prospects look equally bleak with the structural inequalities faced by minority groups likely to resurface as economic disadvantage deepens.

²²⁸ Written evidence submitted to the APPG by Dr Hina Shahid, Muslim Doctors Association.

²²⁹ 'Factsheet: Ethnicity and the Economic Impact of Covid-19. The Prince's Responsible Business Network, 2020.

²³⁰ Lucinda Platt and Ross Warwick. 'COVID 19 and ethnic inequalities in England and Wales'. Fiscal Studies, Volume 41, Issue 2, Vol. 41, No. 2, pp. 259–289, DOI 10.1111/1475-5890.12228.

²³¹ Office for National Statistics. Coronavirus and the social impacts on different ethnic groups in the UK: 2020. 14 December 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/coronavirusandthesocialimpactsondifferentethnicgroupsintheuk/2020#coronavirus-and-the-impacts-on-different-ethnic-groups-data>

²³² YouGov Debt tracker poll, August 2020. Available at: <https://docs.cdn.yougov.com/pwxlnivscd/Debt%20Tracker%20-%20clean%20data.pdf>. Last accessed: 15 November 2020.

Ethnic minority students

The disproportionate impact among vulnerable and disadvantaged groups extends to other interrelated outcomes (such as income, employment, access to food, and discrimination) and these disparities are especially pronounced at the intersection of multiple disadvantages.²³³ For instance, whilst many young people shouldered the responsibility of providing social and welfare support, large numbers amongst these communities were disproportionately affected by the wider circumstances. Some students turned to food banks when part-time work became unavailable and funding support from families ceased. International students have no recourse to public funds in the UK, which led to concerns whether they could even continue their education, due to failure to pay rent and requests on extensions for tuition fees payments.²³⁴ Although the UK Home Office issued guidance on concessions for international students during the pandemic, decisions on whether to suspend students for non-payment of fees are left to individual universities.²³⁵

Employment and Self-employment

According to the Office for National Statistics, between April and June, the number of people in work fell by 220,000 and early indicators for July 2020 suggested that the number of employees in the UK on payrolls is down around 730,000 compared with March 2020.²³⁶ Employment for those aged 16 to 24 years also decreased by 100,000 to 3.72 million, while those aged 65 years and over decreased by a record 161,000 to 1.26 million. ONS also estimated that approximately there were 7.5 million people on furlough schemes in June 2020, with over 3 million of these being away for three months or more. Those in lower skilled jobs were most likely to be among them and reduced pay for furloughed staff is more likely to impact lower-paid employees.²³⁷

According to a report by the Equality and Human Rights Commission, among religion or belief groups, Muslims have the lowest rate of employment and the highest rate of unemployment and insecure employment. Similarly, Muslims (18.0%) were around twice as likely to be in insecure employment. A high proportion of Muslims (33.7%) were in low-pay occupations. There were low median earnings for Bangladeshi (£9.24) and Pakistani employees (£9.93) and Muslims earned the least (£9.69). Between 2010/11 and 2016/17, the unemployment rate fell for most religion or belief groups, with large decreases for Muslims, and for those of Other religions.²³⁸

Minority and immigrant groups tend to be channelled into specific occupational niches, and amongst these groups there is also prevalence of single earner households which reduces the potential for income buffers within the household.²³⁹ For instance, Pakistani and Bangladeshi men are much more likely to be in self employment than the overall population, leaving them with more financial vulnerability and these are also among the groups who are less likely to have additional earners at home and more likely to have dependent children. Therefore, the pervasiveness of key worker employment can often mitigate the risk of loss of income, rendering the risk of exposure to the virus.

Muslim women are also under-represented in the labour market and face higher levels of economic activity. The specific difficulties Muslim women face will only exacerbate issues in accessing employment, especially in sectors exposed to recession. The largest employment penalties were faced by Muslims, especially women, due to a triple penalty: being female, ethnic minority, and Muslim.²⁴⁰

²³³ 'Impacts of social isolation among disadvantaged and vulnerable groups during public health crises'. ESRC, June 2020.

²³⁴ Judith Burns, International students turn to food banks in lockdown. BBC News, 29 July 2020.

²³⁵ Home Office, Coronavirus (COVID-19): Tier 4 sponsors, migrants and short-term students https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892783/Tier_4_Guidance_-_Covid-19_response_200616.pdf.

²³⁶ ONS, 'Labour market overview, UK: August 2020' (11 August 2020) <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/august2020>.

²³⁷ Ibid.

²³⁸ 'Is Britain Fairer - The state of equality and human rights 2018'. Equality and Human Rights Commission, July 2019. <https://www.gov.uk/government/publications/is-britain-fairer-the-state-of-equality-and-human-rights-2018>

²³⁹ Lucinda Platt and Ross Warwick, 'COVID 19 and ethnic inequalities in England and Wales'. Fiscal Studies, Volume 41, Issue 2, Vol. 41, No. 2, pp. 259-289, DOI 10.1111/1475-5890.12228.

²⁴⁰ Women and Equalities Committee report, Employment opportunities for Muslims in the UK (2016). <https://publications.parliament.uk/pa/cm201617/cmselect/cmwomeq/89/8902.htm>

Excluding key workers, most people in the bottom tenth of the earnings distribution are in sectors that have been forced to shut down (eg hospitality and retail sectors); young people and those of Pakistani, Bangladeshi or black ethnicity are also more affected than others in this respect.²⁴¹ Black and minority ethnic groups are more likely to be unemployed and in precarious work than their white counterparts and are more likely to have no savings.²⁴²

With research suggesting people from ethnic minority backgrounds are 2-3 times more likely to die from Covid-19, ethnic minority business owners with a significant client base in those communities face additional pressures during the pandemic.²⁴³ Ethnic minority businesses are more likely to operate as sole traders and have a lower turnover than their counterparts.²⁴⁴ They are also likely to be unequally impacted by government policies in relation to Covid, because they face more challenges during the pandemic, which will affect their survival.²⁴⁵ This includes a lack of financial capital, a low level of financial education, absence of assets to be used for collateral, difficulties in getting access to external finance (due to a limited credit history, because they are discouraged from applying for finance for fear of rejection and actual or perceived discrimination).²⁴⁶ Research has also found that when black-owned businesses had an overdraft, the interest rate was 2.12 percentage points higher than for white-owned businesses, and that black-owned businesses were 14.4 per cent more likely to be rejected for a long-term loan.²⁴⁷

Charity reserves

British Muslim charities often run entirely on voluntary donations (both monetary and in service).²⁴⁸ Therefore, there may be a decline in the availability of charitable volunteers, as people resume their education or time at work. According to the Muslim Charities Forum, only 16% of Muslim-led local charities have so far received institutional funding for their Covid-19 response.²⁴⁹ Under future waves, many charities may have already used up their reserves in dealing with the initial phases of the lockdown, and therefore they may not have sufficient resources to further support vulnerable communities who rely upon their aid. Moreover, ethnic minority-led charities are known to have less access to institutional funding in comparison to their counterparts in the mainstream charity sector. Various factors have been presented as reasons for these barriers such as: lack of knowledge and specialist skills for grant applications, ambiguity around the technical language used in funding applications, and lack of awareness of free charitable training courses due to limited opportunities for networking. Muslim charities largely rely on community donations so if they fall into financial difficulties, the sector as a whole will suffer the consequences.²⁵⁰

In his report, 'Levelling up our communities: proposals for a new social covenant', Danny Kruger MP has called on the government to strike "a new deal with faith communities". We have seen over the course of the pandemic the vital role the faith-based charity sector plays in our national life. We have also seen the huge challenges they have weathered with the decline in fundraising income and huge increases in demand for services. It is important that charities, including British Muslim charities, are supported in the transition from Covid-19 response to Covid-19 recovery, so that they can continue their vital work in our local communities.

If we emerge from this pandemic with the will to create a more equal, less divided, and more compassionate society we will together have weathered the worst crisis to face our country and be better for it.

²⁴¹ 'Covid-19: the impacts of the pandemic on inequality' Institute for Fiscal Studies, June 2020.

²⁴² Ibid.

²⁴³ Samir Jeraj, UK businesses run by ethnic minorities are "particularly exposed" to Covid-19's impact. *New Statesman*, 24 August 2020.

²⁴⁴ Ram, M., & Jones, T. 'Ethnic-minority businesses in the UK: a review of research and policy developments'. Paper presented at the 29th Annual Conference of the Institute for Small Business and Entrepreneurship (Cardiff: 2009).

²⁴⁵ Rouse, J., Hart, M., Parshar, N., Kumar, A. 'COVID19: Critique and proposals to develop more comprehensive and inclusive support for the self-employed' (Enterprise Research Centre: April 2020).

²⁴⁶ Ram, M., & Jones, T. 'Ethnic-minority businesses in the UK: a review of research and policy developments' and Ram, M., Theodorakopoulos, N., & Jones, T. (2008). 'Forms of capital, mixed embeddedness and Somali enterprises'. *Work, Employment & Society*, 22(3), 427-446.

²⁴⁷ 'Econometric Analysis from the UK Survey of SME Finances'. Department for Business Innovation and Skills, University of Warwick, July 2012.

²⁴⁸ 'Faith as the Fourth Emergency Service: British Muslim charitable contributions to the UK'. APPG on British Muslims, 2017.

²⁴⁹ 'The Neighbours Next Door: The Story of Muslim Organisations Responding to COVID-19'. Muslim Charities Forum, July 2020.

²⁵⁰ Ibid.

SUMMARY AND POLICY RECOMMENDATIONS

This inquiry has been one of our most challenging yet. With the sudden adaptation to remote working styles, the novel method of our evidence sessions being conducted online, and the reliance on submissions from Muslim communities who have endured long periods under stringent national and regional lockdowns, we can state with great certainty that this has been an inquiry like no other. Muslims, like all our citizens, have experienced a tumultuous year. With Ramadan, the two Eid festivals and the annual pilgrimage, Hajj, all being affected by various restrictions ranging from large scale national lockdown and travel bans to regional restrictions and the introduction of tiered regulations, Muslim communities have lived their faith rather differently this year. It seems that the 'trial run' of Ramadan at home in April 2020 may well be repeated in April 2021 and ongoing restrictions to travel to curtail the possibility of new strains of coronavirus entering the UK may well impact the Hajj too later this year.

And yet amidst all the hardship and strain, we have been tremendously humbled by the submissions we have received from Muslim individuals and organisations across the country. Many of us are familiar with the phrase "Cometh the hour, cometh the man", and having assessed the evidence presented to us in preparation of this report, we would argue that the phrase is perfectly apt to describe the way Muslim communities have risen to the challenge of the pandemic that has blighted our country this year.

2020 will be etched in our national memory as a year that changed many things. And more change is yet to come. With a revolution in working from home to wholesale changes in sectors of our economy, there is no doubt that changes to our lifestyles brought about by Covid-19 are just beginning. The roll out of the large scale vaccination programme which is now underway offers fervent glimmers of hope that the extreme measures endured in 2020 will not be faced by our communities to the same extent this year though we are measured in our optimism and note that certain restrictions may be with us for some time yet. Other adjustments, such as face masks and social distancing, may be with us for longer than many of us imagined when the need for such cautionary acts were first introduced last year.

It is in the wake of such unsettling change that those factors that are constant and enduring give us pause for thought. In a year when so many have struggled in different ways, we have seen Muslim communities reach out and offer pastoral care, material support, food parcels, donations of medical equipment, human resource and volunteering, and the use of religious buildings all in service to their local communities. We have seen them step up and give back despite the huge toll of suffering disproportionate rates of death and infection from a virus that has shattered our Black, Asian and minority ethnic communities. We have seen them persist in living out their faith through civic duty and charity even as far right groups have abysmally portrayed them as "super-spreaders" of disease and pushed tropes of mosques flouting lockdown regulations to provoke hostility toward Muslim communities.

The pandemic has brought to the fore the huge debt we owe to Muslims and other faith communities who labour quietly and confidently in the service of others. They deserve our gratitude for sure but they deserve more than just this. They should be better supported through finance, infrastructure and policies that are comfortable in dealing with religion as an equality characteristic and competently faith-literate. We need to build our way out of this pandemic by tackling structural inequalities, persistent weaknesses in the Government's engagement strategies with Muslim communities, and the financial and infrastructural support given to the charity sector, and especially Muslim-led charities.

Covid-19 will change many things in the years to come. We should act now to ensure those changes are for the better so that we emerge from the pandemic a more equitable, compassionate and cohesive society. Our recommendations are steps towards that goal.

RECOMMENDATIONS

1. More research is needed to determine the causes of higher mortality rates among British Muslim communities, and to investigate how this can be averted in the event of future waves of Covid-19.
2. Better data collection on religion and ethnicity is needed to ensure we can fully assess the factors that explain the disproportionate mortality rate experienced in Muslim and minority ethnic communities.
3. Work is needed to alleviate socio-economic hardships amongst ethnic minority and Muslim communities to address the social determinants of ill-health and poor health outcomes. Without tackling underlying causes, we cannot successfully protect minority ethnic communities from heightened risk of infection and serious complications arising from Covid-19.
4. Wider recognition of the specific needs of Muslim and minority ethnic communities when it comes to addressing health risk factors and access to employment is needed to ensure ethnic communities are not left behind in the economic recovery.
5. More work is needed to promote religious literacy in the media to ensure minority groups, especially religious communities, are not stigmatised or scapegoated in coverage that palpably links Muslims to the spread of disease and a breach of public health regulations.
6. British Muslim charities need more support to help identify and improve access to public and other sources of funding available to the charity sector.
7. Government and local authorities often have a selective relationship with British Muslim groups, which means some organisations are more likely to receive institutional and financial support over others. A more transparent and open dialogue is needed to build confidence in stakeholder engagements to ensure guidance and messages are disseminated without fear or favour in the interests of all our communities.
8. Local authorities must work closely with their minority ethnic populations to help understand and meet their essential requirements such as, the provision of dietary-compliant food items in food packs for the vulnerable and shielding.

9. The regulations on places of worship during the lockdown must consider minority religious traditions and institutional models, this includes:
- i. pastoral and spiritual care provided by religious leaders,
 - ii. the voluntary support provided by such staff and the reasons why the furlough scheme may not be accessible to them,
 - iii. mosques are social and communal centres and not just places of worship, and religious communities often seek their services beyond their physical confines,
 - iv. the limited resources and reserves held by Islamic places of worship, as most donations are solicited from British Muslim communities whilst they are open for congregational prayers.
10. There needs to be unambiguous, clear messaging in diverse languages. This should arise from government, public health and grassroots initiatives working together. Communications is an area that is ripe for overhaul with more effort needed to engage Muslim communities in tailoring, framing, disseminating messages that are specific to their faith group.

ACKNOWLEDGMENTS

The APPG would like to thank all the individuals, faith-based organisations, faith institutions, national community organisations, women-led community organisations, local community groups, and parliamentarians who participated in this inquiry through providing either written evidence submissions or oral evidence. It is thanks to your commitment to your communities and your prolific willingness to share details of your work with the APPG that we have been able to publish this report documenting the magnificent work you have continued to provide during dark and difficult days. We hope our recommendations pave the way for better support for your work in the future and bring about greater awareness of the amazing contributions you make in your local communities day in, day out.

Special thanks are extended to our secretariat for their continuous hard work under often stressful and strange conditions brought on by the pandemic. This inquiry ran as smoothly as any other that we have conducted under normal circumstances thanks to their dedication and commitment.

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The views and conclusions expressed in this report, unless expressly attributed to other individuals or organisations, are those of the Officers of the APPG. The APPG takes full responsibility for its conclusions and analysis.

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

APPENDIX 1

Terms of Reference for the Inquiry into British Muslim responses to Covid-19

Inquiry on British Muslims' Response to Covid-19
Deadline for Submissions: Sunday 26th July 2020

In 2018, the APPG on British Muslims published a report, 'Faith as the Fourth Emergency Service' to highlight the amazing contributions British Muslim charities of all sizes make to community cohesion, health and welfare, and poverty alleviation around the country.

Since the onset of the pandemic and the 23 March lockdown, we have witnessed some incredible initiatives from British Muslim individuals, groups and associations. From setting up mutual aid groups and distributing food parcels to the vulnerable and shielding, to fundraising for the NHS and supporting key workers on the frontline.

To help us document and share this fantastic work, and to challenge the exploitation of the pandemic by far-right groups, we are putting out this call for evidence. Whatever the size of your contribution, wherever in the UK you are active, whoever your beneficiary group, we would love to hear from you. No matter how large or small your operation, we want to shine a light on the outpouring of generosity, compassion and solidarity that we have seen over the past few months.

Written Evidence

Deadline for Submissions: Sunday 26th July 2020.

Send us your submissions to admin@appgbritishmuslims.org and tell us:

- What area of the UK have you been active in?
- What activity have you been engaged in (e.g. Mutual aid groups, food parcels, fundraising for NHS, feeding the homeless)?
- What motivated your choice of activity, and how are you organised (e.g. individual initiative, mosque-based association, interfaith group)?
- Details of your activities, including photos.
- What have you learnt or appreciated about the pandemic response from Muslim communities?
- What support have you received, whether from the community or statutory agencies, and what support would you welcome?

As we approach the easing of lockdown measures, let us not forget how we have pulled through these extraordinary times. Sharing evidence of the faith-inspired voluntary activism of our communities can help to remind us that we are in this together.

Please share your work with us, and help us bring it into focus.

APPENDIX 2

Oral evidence sessions

13 May 2020:

This meeting was interrupted by parliamentary votes and witnesses invited to a rescheduled meeting on 3 June. List of witnesses as stated below.

3 June 2020:

Zainab Gulamali, Muslim Council of Britain
Mustafa Field OBE, Mosque and Imams National Advisory Board (MINAB)
Dr Hina Shahid, Chair, Muslim Doctors Association
Mohamed Omer, Chair, National Burial Council
Professor Moshood Baderin, Resident Consultant, Muslim Association of Nigeria UK/Old Kent Road Mosque
Fadi Itani, Chair, Muslim Charities Forum
Faeza Vaid, Executive Director, Muslim Women's Network UK
Dr Salman Waqar, General Secretary, British Islamic Medical Association

11 August 2020:

Cllr. Rabnawaz Akbar, Manchester Council of Mosques (MCOM)

12 August 2020:

Dr. Abdul-Azim Ahmed, Muslim Council of Wales (MCW)

13 August 2020:

Ishtiaq Ahmad, Bradford Council of Mosques (CFM)

14 August 2020:

Bana Gora, Muslim Women's Council

17 August 2020:

Jawad Khan, Birmingham Council of Mosques (BCM)

19 August 2020:

Imteyaz Ali, Bolton Council of Mosques (BCOM)

APPENDIX 3

Written submissions received by the APPG on British Muslims

Al Markaz ul Islami

Aziz Foundation

Birmingham Muslim Burial Council

Bradford Council of Mosques

British Islamic Medical Association (BIMA)

British Muslim Covid-19 Fund

Centre for Media Monitoring

Christian Muslim Forum

Dr. Hina Shahid, Muslim Doctors Association

Federation of Redbridge Muslim Organisations
(FORMO)

Hiba Restaurant

HIMMAH

Human Appeal

James Daley MP Recommendations

Muslim Engagement and Development (MEND)

Muslim Charities Forum

Noor Ul Islam, Leyton Mosque

Oldham Muslim Community Response

Penny Appeal

Preston's Promise

Yusuf Islam Foundation, Peace Train

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A | ALL
P | PARTY
P | PARLIAMENTARY
G | GROUP