

Witness Name:

Dr Atiya Kamal

Dated: 18 October 2022

Ref: M2/SAGE/01/AK

COVID-19 INQUIRY – MODULE 2

Questionnaire Response – Dr Atiya Kamal

1: Overview of qualifications, career history, professional expertise and major publications:

Qualifications

1.1. The following table outlines my qualifications:

Table 1 – Qualifications

2004	BSc Psychology (Hons), University of Leicester
2008	MSc Health Psychology, University of Derby
2015	PhD in Health Psychology, University of Derby
2018	Stage 2 Qualification in Health, Psychology (Professional Doctorate), British Psychological Society

Professional Memberships

1.2. The following table outlines my professional memberships:

Table 2 – Professional Memberships

2011	British Psychological Society Division of Health Psychology - Member
2015	Chartered Psychologist - British Psychological Society

2016	Fellow of the Higher Education Academy
2019	Registered Health Psychologist – Health and Care Professions Council

Employment History

1.3. The following table outlines my employment history:

Table 3 – Employment History

2004 – 2008	Student Support Assistant (behaviour management) – SENAD Schools
2007 – 2008	Research Assistant – University of Derby
2008 – 2012	Graduate Teaching Assistant – University of Derby
2010 – 2011	Consultant – University of Derby
2012 – 2013	Associate Lecturer – University of Derby
2013 – 2016	Lecturer in Psychology – University of Derby
2012 – 2015	Research Fellow – Warwick Medical School
2013 – 2017	Personal and Professional Development Tutor – Warwick Medical School
2016 – 2017	Therapist – University of Warwick
2016 – 2019	Lecturer in Health Psychology – Birmingham City University (BCU)
2019 – Present	Senior Lecturer in Health Psychology – BCU
2019 – Present	Behavioural Scientist – The Change Exchange

Professional Expertise:

- 1.4. I am a Health Psychologist and Senior Lecturer at BCU. My research explores the role of culture in health and the local context in changing health behaviour.
- 1.5. I use a behavioural science framework to understand barriers and facilitators to behaviour change in relation to infection prevention control, healthcare professional training, minority ethnic communities' experiences of healthcare services, and healthcare professionals' experiences of supporting minority ethnic communities.
- 1.6. I am part of the Kampala-Cambridge health partnership, Director of The Change Exchange hub at BCU, on the national committee for the Division of Health Psychology, member of the British Psychological Society's Behavioural Science and Disease Prevention Taskforce, Chartered Psychologist, Registered Health Psychologist and Fellow of the Higher Education Academy.

Publications

- 1.7. My publications include:
 - (1) Garip, G. & Kamal, A. (2019). Systematic review and meta-synthesis of coping with retinitis pigmentosa: implications for improving quality of life. BMC Ophthalmology
 - (2) Tatsi, E., Kamal, A., Turvill, A., & Holler, R. (2019). Impulsivity, Emotion Dysregulation and Loneliness as predictors of Food Addiction. Journal of Health and Social Sciences.
 - (3) Nichols, V.P., Ellard, D.R, Griffiths, F. E., Kamal, A., Underwood, M., Taylor, S. J. C. (2017). A systematic review and qualitative synthesis of the lived experience of chronic headache and its treatment. BMJ Open
 - (4) Robertson, W., Fleming, J., Kamal, A., Hamborg, T., Khan, K. A., Griffiths, F., Stewart-Brown, S., Stallard, N., Petrou, S., Simkiss, D.E., Harrison, E., Kim, S.W., & Thorogood, M. (2016). Randomised controlled trial and economic evaluation of the 'Families for Health' programme to reduce obesity in children. Archives of Disease in Childhood.
 - (5) Fleming, J., Kamal, A., Harrison, E., Hamborg, T., Stewart-Brown, S., Thorogood, M., Griffiths, F. & Robertson, W. (2015). Evaluation of

recruitment methods for a trial targeting childhood obesity: Families for Health randomised controlled trial. *Trials*, 16(1), 1-10.

2: A list of groups I was a participant, and the relevant time period:

- 2.1. SAGE participant: Meetings 48, 59, 63 and 73
- 2.2. SPI-B participant: July 2020 – February 2022
- 2.3. Ethnicity sub-group participant: August 2020 – March 2021

3: Overview of involvement in groups between January 2020 and February 2022:

- 3.1. I was invited to join SPI-B in July 2020 following a meeting with the Chair of SPI-B, Professor James Rubin, to discuss my work which used a behavioural science framework to understand how to tailor public health messages for minority ethnic communities.
- 3.2. My role was to provide a health psychologist perspective, including the role of culture in addition to a number of behavioural determinants.
- 3.3. I was undertaking rapid research and participatory work to feed rapid insights, as well as draw on previous applied work and research as a behavioural scientist into the topics that were discussed in the context of the Covid-19 pandemic.

SPI-B

- 3.4. I attended 26 SPI-B meetings and led two reports:
 - (1) Public Health Messaging for Communities from Different Cultural Backgrounds ([Public health messaging for communities from different cultural backgrounds - 22 July 2020 \(publishing.service.gov.uk\)](#)).
 - (2) The role of Community Champions networks to increase engagement in the context of COVID-19: Evidence and best practice ([SPI-B – Community Champions evidence and best practice.pdf](#)).
- 3.5. I also contributed to the following reports:

- (1) SPI-B and EMG: Evidence for MHCLG Housing Impacts Paper ([SPI-B/EMG: Evidence review for MHCLG housing impacts paper, 10 September 2020 - GOV.UK \(www.gov.uk\)](#)).
- (2) SPI-B Consensus Statement on Local Interventions – Areas of intervention ('local lockdown') measures to control outbreaks of COVID during the national release phase ([SPI-B: Areas of intervention \('local lockdown'\) measures to control outbreaks of COVID during the national release phase, 30 July 2020 \(publishing.service.gov.uk\)](#)).
- (3) SPI-B consensus on the reopening of large events and venues – The impact of financial and other targeted support on rates of self-isolation or quarantine ([SPI-B The impact of financial and other targeted support on rates of self-isolation or quarantine \(publishing.service.gov.uk\)](#)).
- (4) SPI-B Increasing adherence to COVID-19 preventative behaviours among young people – Positive strategies for sustaining adherence to infection control behaviours ([SPI-B - Increasing adherence to Covid-19 preventative behaviours among young people.pdf](#)).
- (5) SPI-B Insights on Celebrations and Observances during COVID-19 ([SPI-B: Insights on celebrations and observances during COVID-19, 29 October 2020 - GOV.UK \(www.gov.uk\)](#)).
- (6) EMG and SPI-B Mitigating risks of SARS-CoV-2 transmission associated with household social interactions – How important is symptom recognition in leading people to seek a test for COVID-19? ([EMG and SPI-B - Mitigating risks of SARS-CoV 2 transmission associated with household social interactions.pdf](#)).
- (7) SPI-B: Health status certification in relation to COVID-19 – Behavioural and Social considerations ([SPI-B: Health status certification in relation to COVID-19 - Behavioural and Social considerations](#)).
- (8) SPI-B: Possible impact of the COVID-19 vaccination programme on adherence to rules and guidance about personal protective behaviours aimed at preventing spread of the virus ([Possible impact of the COVID-19 vaccination programme on adherence to rules and guidance about](#)

[personal protective behaviours aimed at preventing spread of the virus \(publishing.service.gov.uk\)](#)).

- (9) SPI-B: Behavioural considerations for maintaining or reintroducing behavioural interventions and introducing new measures in Autumn 2021 ([SPI-B: Behavioural considerations for maintaining or reintroducing behavioural interventions and introducing new measures in Autumn 2021 \(publishing.service.gov.uk\)](#)).
- (10) SPI-B: Social and behavioural impacts for lifting remaining restrictions ([SPI-B note on lifting restrictions.pdf \(publishing.service.gov.uk\)](#)).

Ethnicity sub-group

- 3.6. I attended 17 Ethnicity sub-group meetings.
- 3.7. We discussed a number of issues, including factors contributing to health inequalities during the pandemic, public health messaging, household transmission, and vaccination.
- 3.8. I led one report on the impact of public health communication for minority ethnic groups:

Evidence summary of impacts to date of public health communications to minority ethnic groups and related challenges, 23 September 2020 ([Evidence summary of impacts to date of public health communications to minority ethnic groups and related challenges](#)).

- 3.9. I contributed to writing the following reports:

- (1) Consensus statement on Housing, household transmission and ethnicity, 26 November 2020 ([Housing, household transmission and ethnicity](#)).
- (2) Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2 ([Ethnicity Subgroup Wave 1 and 2 qual comparison.pdf](#)).
- (3) Factors influencing COVID-19 vaccine uptake among minority ethnic groups ([Factors influencing COVID-19 vaccine uptake among minority ethnic groups \(publishing.service.gov.uk\)](#)).

SAGE

3.10. I attended four SAGE meetings where I presented the following reports:

- (1) Public Health Messaging for Communities from Different Cultural Backgrounds – 23 July 2020 ([Public health messaging for communities from different cultural backgrounds - 22 July 2020](#)).
- (2) Evidence summary of impacts to date of public health communications to minority ethnic groups and related challenges – 24 September 2020 ([Evidence summary of impacts of public health communication for minority ethnic groups.pdf \(publishing.service.gov.uk\)](#))
- (3) Role of Community Champions networks to increase engagement in context of COVID-19: Evidence and best practice – 22 October 2020 ([SPI-B - Community Champions evidence and best practice.pdf](#)).
- (4) Factors influencing COVID-19 vaccine uptake among minority ethnic groups – 17 December 2020 ([Factors influencing COVID-19 vaccine uptake among minority ethnic groups \(publishing.service.gov.uk\)](#)).

Other Covid-19 related activities

3.11. Independent of my role on SPI-B and SAGE, I wrote the following reports:

- (1) Kamal, A., Knowles, N., Mahmood, H. & Gibson, E. (2020). Report for the Lancashire LRF BAME engagement cell: Recommendations for developing culturally competent health messages.
- (2) Kamal, A & Bear, L. (March, 2021). Community Champions Policy: Development, Training and Strategic Implications for Recovery from Covid-19. Report commissioned by the Ministry of Housing Communities and Local Government (MHCLG) (now Department of Levelling Up Housing and Communities).
- (3) Kamal, A & Bear, L. (June, 2021). Community Champions Policy: Development, Training and Strategic Implications for Recovery from Covid-19. Report commissioned by MHCLG.

- (4) Kamal, A & Bear, L. (Sept, 2021). Community Champions Policy: Key Principles and Strategic Implications for Recovery from Covid-19. Report commissioned by MHCLG.

3.12. Although the reports at paragraph 3.11 were not for SAGE, they were considered relevant and did inform some of the advice that was fed back to SAGE.

4: Summary of documents to which I contributed for the purposes of advising the groups:

4.1. Please see paragraphs 3.4 to 3.9 above.

5: Summary of articles, interviews and/or evidence:

5.1. I delivered the following presentations based on the work included in the reports outlined above at paragraphs 3.4 to 3.9:

- (1) Community Champions: Development, Training and Strategic Implications for Recovery from Covid-19. Cross-Whitehall seminar. (Online, 20/04/22)
- (2) Vaccine hesitancy knowledge exchange event. British Embassy in France (Paris, 17/03/22)
- (3) Social & behavioural impacts of lifting remaining restrictions. SPI-B Teach-in for Government Office for Science. (Online 28/02/22)
- (4) Covid-19 and Community Champions. UK Health Security Agency Behavioural Science Insights Unit Seminar Series. (Online, 27/01/22)
- (5) Community Champions Webinar: Learnings from the Community Champions Programme. Department for Levelling Up Housing and Communities webinar. (Online, 13/01/22)
- (6) Key strategies in overcoming barriers in uptake of vaccine. South Asian Health Foundation Covid-19 webinar. (Online, 09/02/21) ([SAHF and Covid-19 Vaccine Webinar](#))

- (7) Behavioural Science Network SPI-B Seminar – the role of health psychology. Cross-Whitehall Behavioural Science Network seminar. (Online, 21/01/21)
- (8) The role of Community Champion Networks in supporting NHS Test and Trace. NHS Test and Trace team meeting. (Online 13/01/21)
- (9) Ethnicity Sub-Group presentation on housing and household transmission. Cross-government seminar. (Online 16/12/20)
- (10) Impacts of public health messaging to minority ethnic groups. London Communities, Faith, Voluntary Sector and Funders Strategic Coordination Sub-Group meeting. (Online, 09/11/20)
- (11) Building a Psychologically-Informed Public Health System: Work from the BPS Behavioural Science and Disease Prevention Taskforce. Public Health England seminar series. (Online, 30/09/20)
- (12) Tailored Approaches for Addressing Health Inequalities during COVID-19. North West Behavioural Science and Disease Prevention Network Hub webinar. (Online, 23/09/20)
- (13) Public Health Messaging for BAME Communities Wales First Minister's Covid-19 BAME Advisory Group. (Online, 16/09/20).
- (14) Public Health Messaging for Communities from Different Cultural Backgrounds. Welsh Government. (Online, 19/08/20)

5.2. In addition to the above, I also contributed to the following publications:

- (1) Sides E, Jones LF, Kamal A, Thomas A, Syeda R, Kaissi A, Lecky D, Patel M, Nellums L, Greenway J, Campos-Matos I. (2022). Attitudes towards coronavirus (COVID-19) vaccine and sources of information across diverse ethnic groups in the UK: A qualitative study. *BMJ Open*
- (2) McNulty, C., Sides, E., Thomas, A., Kamal, A., Syeda, R., Kaissi, A., ... & Jones, L. F. (2022). The public views of and reactions to the COVID-19 pandemic in England-a qualitative study with diverse ethnicities. *BMJ Open*

- (3) Epton, T., Ghio, D., Ballard, L. M., Allen, S. F., Kassianos, A. P., Hewitt, R., ... Kamal, A., ...& Drury, J. (2022). Interventions to promote physical distancing behaviour during infectious disease pandemics or epidemics: A systematic review. *Social Science & Medicine*, 114946.
- (4) Kamal, A., Hodson, A., & Pearce, J. M. (2021). A rapid systematic review of factors influencing COVID-19 vaccination uptake in minority ethnic groups in the UK. *Vaccines*, 9(10), 1121.
- (5) Drury, J., Mao, G., John, A., Kamal, A., Rubin, G. J., Stott, C., Vandrevalla, T., Marteau, T.M. (2021). Behavioural responses to Covid-19 health certification: a rapid review. *BMC Public Health*, 21(1):1-6.
- (6) Khunti, K., Kamal, A., Pareek, M., & Griffiths, A. (2021). Should vaccination for healthcare workers be mandatory?. *Journal of the Royal Society of Medicine*, 114(5), 235-236.
- (7) Chater, A. M., Shorter, G. W., Swanson, V., Kamal, A., Epton, T., Arden, M. A., ... & Armitage, C. J. (2021). Template for rapid iterative consensus of experts (TRICE). *International Journal of Environmental Research and Public Health*, 18(19), 10255.
- (8) Bear, L., Simpson, N., Bazambanza, C., Bowers, R., Kamal, A., Gheewala L., Pearson, A., Vieira, J., Watt, C. and Wuerth, M (2021). Social infrastructures for the post-Covid recovery in the UK. Department of Anthropology, London School of Economics and Political Science, London, UK.
- (9) Drury, J., Armitage, C. J., Arden, M. A., Epton, T., Shorter, G., Byrne-Davis, L. M. T., Chadwick, P., Hart, J., Kamal, A., Lewis, L., McBride, E., O'Connor, D., Swanson, V. & Chater, A. M. (2021). The psychology of 'Freedom Day' How did the public behave after 'freedom day' and why? *The Psychologist*.
- (10) Chater, A., Whittaker, E., Lewis, L., Arden, M. A., Byrne-Davis, L., Chadwick, P., Drury, J., Epton, T., Hart, J., Kamal, A., McBride, E., O'Connor, D., Shorter, G., Swanson, V. & Armitage, C., (2020). Health psychology, behavioural science, and Covid-19 disease prevention. *Health Psychology Update*, 29 SI, 3-9.

6: Views as to whether the work of the groups in responding to the Covid-19 pandemic succeeded in its aims.

- 6.1. SPI-B and the Ethnicity sub-group achieved its aims to present the best available evidence on a range of pandemic response related issues.

Composition of the groups

- 6.2. The composition of the groups and diversity of expertise was appropriate in SPI-B and the Ethnicity sub-group. This included experts from a range of sub-disciplines within behavioural science, mixed-methods researchers, and applied practitioners.

The way in which the groups were commissioned to work

- 6.3. Groups were commissioned to work on issues that were relevant to SPI-B and the Ethnicity sub-group.
- 6.4. Each group drew on a range of expertise to address the same issue to ensure a range of perspectives and wider evidence base was incorporated.
- 6.5. There were times when rapid insights and evidence indicated it may be helpful to consider a specific issue, such as stigma, but without a commission, it was not possible to write a report on this despite it having an important role in the pandemic response.

Resources and support

- 6.6. The Government Office for Science (GO-Science) provided good support which was key to accessing data, generating reports and arranging meetings in a timely manner.

Advice given and/or recommendations

- 6.7. The advice and recommendations of each group was evidence-based and discussed in detail. This included discussing the confidence rating of each recommendation based on the evidence available.

Working effectively together

- 6.8. Each group was chaired well to facilitate discussion and challenges.

- 6.9. The groups worked well together by drawing on theory, research, evidence and respectfully considered a wide range of perspectives on the issues that were considered.

Extent to which applicable structures and policies were utilised and/or complied with and their effectiveness

- 6.10. There were some structures and policies that complied with reports and recommendations included in some of the SPI-B and Ethnicity reports.
- 6.11. This includes development of the nationally funded Community Champions scheme and recommendations included in the 'Factors influencing COVID-19 vaccine uptake among minority ethnic groups' report.
- 6.12. However, recommendations such as sufficiently minimising financial barriers to increase uptake of testing and isolation were not fully translated into practice. This was partly due to a delay in availability, complexity of accessing/applying for support payments or because it was not known that this support was available.

7: Lessons that can be learned

- 7.1. The UK's response to the pandemic resulted in efforts to bridge the gap between communities and formal authorities. This was evidenced in the range of community champions programmes across the UK which strengthened existing links and created new partnerships.
- 7.2. The pandemic demonstrated the importance of having these partnerships in place prior to an emergency to minimise delays to support and sharing public health communications.
- 7.3. Incorporating a diversity of expertise strengthened the SAGE sub-groups and this should be included at the outset of any emergency response.

8: Documents that I hold

- 8.1. I have drafts of some of the reports at the preparation stage. I also have a report prepared for a local authority on behalf of the Health Psychology Exchange, and a report on Community Champions Networks commissioned by the then Ministry of Housing Communities and Local Government (now Department of Levelling Up Housing and Communities).