1. **What do you consider to be the main causes of racial and ethnic disparities in the UK, and why?**

**Introduction:**

CORE (Coalition of Race Equality Organisations) brings together many of the UK's leading black and minority ethnic voluntary and community organisations to challenge institutional racism. CORE acts as a collective voice to lobby government, influence policy, and raise awareness of issues of inequality that permeate society. Priority areas include housing, health, criminal justice, education, employment, and political engagement and representation.

CORE membership includes national and regional race equality groups; groups representing migrants and refugees; groups representing specialist campaigns around race equality and groups representing particular BME communities.

The full list of members is outlined below:

- Black Training and Enterprise Group (BTEG)
- Black South West Network (BSWN)
- Blacksox
- BME National
- BRAP
- Caribbean and African Health Network
- Council of Somali Organisations
- Croydon BME Forum
- Friends, Families and Travellers
- Greater Manchester BAME Network
- JCORE
- Lancashire BME Network
- Migrants’ Rights Network
- OLMEC
- Operation Black Vote (OBV)
- Positive Action in Housing
- Race on the Agenda (ROTA)
- Race Equality Foundation
- Race Equality Matters
- Runnymede Trust
- South Asian Health Action
- Steering Group for London Race Equality Councils
- The Traveller Movement
- UKREN
- Voice4Change England

CORE continues to be concerned that the Commission into ethnic disparities and inequality in the UK will not deliver the changes needed for Black, Asian and ethnic minority (BME) communities.
The Government has failed to listen to our concerns about the Commission’s terms of reference, its make-up and Chair, or our calls to address the issues of structural and systemic racism.

Over the past decades reviews, commissions and reports have identified countless recommendations for action for the Government to take on racial disparities in the workplace, the criminal justice system and in education.

Vital recommendations from the McGregor-Smith, the Lammy and Angiolini Reviews have not been carried out, as well as recommendations advancing the rights of Gypsy, Roma and Traveller (GRT) communities. In the case of the Lammy Review, we note that Ministers have recently claimed that recommendations were implemented despite having rejected them.

CORE urges the Government to enact these recommendations and show commitment to pre-established findings. We have been clear that this would be a far better use of the Race Disparity Unit’s resources than another commission.

In the past, public inquiries and commissions have failed to result in any real systemic change for BME communities. We have raised our concerns from the outset of this Commission that it must show a genuine commitment to address issues of structural and systemic racism and should not act as a superficial tool of inaction on race equality.

At this stage of the Commission’s work, we urge the Government to heed the calls of leading race equality organisations and focus on the evidence of structural racism outlined in our submission to enact meaningful change.

We are also concerned that the Commission’s will not focus solely on racism faced by BME groups but aims to look at “wider inequalities”, including those facing white working-class boys. Given the appalling evidence of racial inequality in our society, we urge the Commission to focus its inquiry on BME communities.

**Causes of disparities in employment:**

The Runnymede Trust’s Colour of Money report (2020) illustrates that data from the Labour Force Survey since the 1980s show persistent and “significant ethnic inequalities in the labour market”.

There is a 10-percentage point gap in employment rates between BME people and their white counterparts (Department of Work and Pensions, 2016). Employment rates for Pakistanis and Bangladeshis stand at 54%, in comparison with 73% for White British people. BME women also face significant barriers to the labour market, with unemployment rates at 19% for Bangladeshi, GRT and Arab women (Khan, 2020).

Discriminatory attitudes and institutional racism are found to be at the heart of higher rates of unemployment and barriers to the labour market facing BME groups. The Race and Community

APPG’s report (2012) revealed that discriminatory practices and stereotypes were clear reasons for high levels of unemployment amongst BME women.

The McGregor-Smith Review (2017) concludes that “discrimination featured prominently as an obstacle faced by ethnic minority communities” to the labour market. This is underscored by evidence from curriculum vitae (CV) studies published recently, which illustrate an ‘ethnic penalty’ for all job applicants perceived to be not white British despite their educational attainment. (Khan, 2020)

It is important to recognise, however, that discrimination does not act as the sole driver of racial disparities in our labour market. BME communities are amongst those most marginalised and disadvantaged in our economy and are significantly more likely to live in poverty than white British people (Khan, 2020). An increasing proportion of BME people are being represented in precarious work, including in the gig economy and on zero-hour contracts. Indeed, up to 25% of BME workers are in the ‘gig’ economy, which is in stark comparison to 14% of the general population (Equality and Human Rights Commission, 2019). BME groups are consistently concentrated in lower paid and lower skilled jobs and are overrepresented in temporary employment (Joseph Rowntree Foundation, 2015).

CORE is clear that socioeconomic class, high rates of poverty, and low educational attainment are all vital factors in explaining these inequalities in the labour market (Khan, 2020).

Most BME groups under achieved at GCSE level until the early 2000s, following decades of educational disadvantage (Khan, 2020). The effects of decades of low educational attainment for BME communities continue to be felt in the labour market and are predicted to have an impact on labour market outcomes until 2050 (Khan, 2020).

In recent years, it seems as though gaps in educational outcomes have somewhat narrowed and the proportion of BME university graduates has increased significantly to 37%. However, there is significant evidence that BME communities are likely to be overqualified for their work despite attending university. Indeed, 40% of all Black African with A-level and graduate-level qualifications are currently overqualified for their current jobs (Joseph Rowntree Foundation, 2015).

Socio-economic disadvantages feed into disadvantages in the labour market. Black African and Bangladeshi households hold ten times less wealth than white British people, and BME people are disproportionately more likely to have lower savings or assets than white people (Khan, 2020). This limits the intergenerational support afforded to young people entering the labour market, and heavily influences their social mobility.

**Covid-19:**

Pre-existing economic inequalities facing BME communities in the labour market are exacerbated by the COVID-19 pandemic. Recent YouGov Debt Tracker research illustrates that the current coronavirus crisis has heavily impacted BME communities. Over two in five people from BAME
communities (45%) say their personal finances have suffered as a result of the pandemic, compared with a third of white respondents (34%) (YouGov, 2020).

Runnymede (2020) illustrates that Black and minority ethnic people are consistently more likely than white people to have experienced negative financial impacts due to the coronavirus crisis and lockdown. Our survey found that Bangladeshi (43%) followed by Black African groups (38%) were the most likely to report the loss of some income since COVID-19, compared with 21% of Black Caribbean groups and 22% of white British people (Runnymede, 2020). IFS (2020) data illustrates that many BME groups are significantly more likely to work in sectors that have been shut down as a result of lockdown measures, with Bangladeshi and Pakistani men particularly affected.

The government can act now to address these racial disparities by immediately implementing the following five recommendations: compensation provided to all families of essential workers who have died of COVID-19, increasing statutory sick pay to a living wage, provision of personal protective equipment to all essential workers who require it to work safely, and scrapping the 'No Recourse to Public Funds' policy.

**Causes of disparities in education:**

**School exclusions:**

Black children and GRT children face far higher levels of exclusion than their white British counterparts. School exclusions are known to have detrimental effects on young people and overall life chances. An ongoing working paper has found that young people excluded from school are more likely to be victims of crime, and four times as many young people excluded from school fail to gain any qualifications at age 16 compared to those who are not excluded (Crawford, Demack, Gillborn, Gillborn & Warmington, 2020). On average, over the past 20 years Black Caribbean students have been more than three times more likely to be excluded than their white counterparts.

**Inclusion for GRT groups:**

The Race Disparity Audit revealed that Gypsy, Roma and Traveller pupils have the lowest average score in GCSEs of any ethnic group and the highest ‘overall absence’ rates and ‘persistent absence’ rates of any ethnic group (Race Disparity Audit, 2018). Despite this, in recent years we have seen a reduction in the numbers and funding for Traveller Education Services across the country.

**Lack of diversity in the curriculum:**

Our National Curriculum has failed to incorporate and working class and Black histories and figures. Currently, the Holocaust is the only named statutory topic of study in the history at Key stage 3. The curriculum also provides ‘examples’ of what to study. But these are very limited in scope – they do not signpost to the longstanding ethnic and racial diversity of migration and settlement in Britain, or to histories of British BME communities and related movements for equality and justice.
Nearly 17 per cent of children aged 0–15 in England and Wales are from BME backgrounds. BME young people make up around 23 per cent of state funded secondary schools and nearly 28 per cent of state funded primary schools in England (Office of National Statistics, 2011). Despite this, only 4% of pupils at History GCSE take options on the history migration to Britain.

Teaching migration, belonging, and empire is not only relevant to students from ethnic minorities. It offers all young people the opportunity to better understand the country that they live in. It will give British students of all ethnic backgrounds a fuller understanding of the long-standing history of migration that has contributed to the making of Britain.

We know from educational research with Black and ethnic minority pupils that school practices (e.g. streaming/‘sets’) influence teachers’ expectations. How well schools meet the needs of pupils, including within the curriculum, is hugely important in shaping and predicting how well BME students do in school. Runnymede Trust research on the curriculum has shown that children prefer curricula that are more relevant to their lives, their history and their experience.

**Causes of disparities in health:**

There was significant evidence of race as a social determinant of health prior to the COVID-19 crisis. BME groups are shown to consistently have an increased risk of self-reported poor health, in comparison to the white British population (Chouhan, Nazroo, 2020).

The Marmot Review (Marmot et al. 2020), and Runnymede’s Colour of Money report, published before the COVID-19 crisis hit Britain, illustrates that people from deprived areas and those from a Black and minority ethnic (BME) background were not only more likely to have underlying health conditions but also to have a shorter life expectancy as a result of their lowered socio-economic status.

The following trends have been identified amongst BME communities, which illustrate the stark extent of health inequality in Britain and which pre-exist the coronavirus pandemic:

- Black women are five times and Asian women twice as likely to die in pregnancy or childbirth than white women. Furthermore, that these patterns were identified as long ago as early 2000s with poorer healthcare identified as a contributing factor (Bharj and Salway, 2008; Care Quality Commission, 2020)

- BAME people with learning disabilities die at a much younger age then their white counterparts with a 26 year difference between White and BAME people with Severe/ profound and multiple learning disabilities (Heslop, 2020). With evidence that COVID-19 has had a disproportionate impact all people with learning disabilities, but more so for BAME groups (Public Health England, 2020).

- Black Caribbean and Black African people have higher rates of admission to psychiatric hospitals with a diagnosis of severe mental distress. Combined with the persistence of
poorer access to talking therapies, including for children and young people (Bignall, et al, 2019)

- Consistently higher rates of heart disease amongst Bangladeshi, Pakastani and other South Asian groups

- Higher rates of diabetes across all non-white people, and higher rates of hypertension and strokes amongst African and Caribbean groups. (Chouhan, Nazroo, 2020)

CORE is clear that socio-economic inequalities faced by BME communities, and outlined in this submission, contribute significantly to these health inequalities. Poor housing conditions, poverty, employment opportunities, educational attainment, immigration status and levels of discrimination all inform outcomes in the health of BME people. As Nazroo (2001) highlights, richer South Asian communities have low levels of heart disease than their poorer counterparts, indicating socio-economic status has a significant impact on health inequalities.

The Runnymede Trust’s recent research with the IPPR on the ethnic disparities in the outcomes of the COVID-19 crisis adds further weight to these conclusions. The report estimated that over 58,000 extra deaths would have occurred during the first wave of Covid-19 if the white British population had the same risk of death as the Black population. The report illustrated that underlying health conditions (such as heart, disease, lung-disease and diabetes) do not explain these inequalities. New analysis with Carnal Farrar illustrates that these comorbidities lead to the Black population only being 5% more likely to die from COVID-19.

Instead, higher deprivation levels, socio-economic conditions, citizenship status and racism, are more likely to explain these disparities. The Runnymede Trust and IPPR’s findings clearly illustrate that ethnicity alone does not explain the inequalities in the outcome of COVID-19 for BME communities.
CORE calls on the Government to take immediate action to protect BME communities in the second wave of COVID-19. This means taking action to support them to effectively isolate by increasing isolation pay, include ethnicity as a risk factor in any triaged testing system and delivering emergency health protection funding to local authorities, as well as vaccinations. We also call on the Government to scrap NHS charging regulations, as well as for the No Recourse for Public Funds condition to urgently be scrapped.

There has been worryingly little policy development on ethnic inequalities in health over the past decades. As Chouhan and Nazroo (2020) illustrates, key policy frameworks released over the past decade, including the Public Health Outcomes Framework, lack focus on ethnicity. Policy approaches focusing on health inequalities for BME communities have tended to essentialise ethnic differences rather than looking at the impact of racism, discrimination or poverty on health inequality.

The government must also develop a national cross-governmental strategy for action on the social determinants of health, with a specific focus on deprived and Black and minority ethnic communities, as recommended in the Marmot Review (Marmot et al., 2020). This will address important questions about why different racial and socioeconomic groups were particularly vulnerable to COVID-19. The government must also improve prevention, access to health services, and treatment for long term conditions among Black and minority ethnic communities.

**Causes in disparities for GRT groups:**

A report in 2009 by the Equality and Human Rights Commission (EHRC) found that Gypsy, Roma and Traveller communities in Britain experience wide-ranging inequalities across a wide range of areas, including education, health, employment, criminal justice and hate crime. Research by the

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Traveller Movement⁴ in 2017 found that 90% of Gypsies and Travellers have experienced discrimination, while a YouGov poll⁵ in 2018 showed that 1 in 4 parents would be uncomfortable if their child had a playdate at the home of a Traveller.

The pervasive discriminatory behaviour directed toward Gypsy, Roma and Traveller people is borne out of ignorance and is usually based on ill-informed cultural stereotypes. This lack of understanding or cultural awareness causes significant damage to the trust Gypsy, Roma and Traveller communities have in British society; and perhaps understandably leads to them withdrawing from the support and services they desperately need.

Other causes of disparities include:

- **Chronic shortage of sites** – Around 3000 families live on unauthorised land as a result of failure by local authorities to meet their spatial planning duties to identify land on which Gypsies and Travellers can live. The Ministry of Housing, Communities and Local Government have consistently failed to hold local authorities to account but have recently launched a £1.5 million fund for local authorities to enhance their enforcement around and criminalisation of roadside families.

- **Poor management of sites** – Witnesses at the Women and Equalities Committee inquiry into the inequalities faced by Gypsy, Roma and Traveller communities highlighted that some Traveller sites had “appalling conditions” and that these were “not fit for human habitation”⁶. We know from our casework of many sites (both private and local authority managed) that are overcrowded, lack basic amenities and fail to comply with basic health and safety regulations.

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⁶ [https://publications.parliament.uk/pa/cm201719/cmwomeq/360/full-report.html](https://publications.parliament.uk/pa/cm201719/cmwomeq/360/full-report.html)
• **Access to water and sanitation** – Many of the 3000 caravans identified in the government’s bi-annual Traveller caravan count lack access to basic water and sanitation. This has been shown to contribute to an increase in bladder and bowel issues and incontinence\(^7\). In addition, in some Roma households, poverty and resultant overcrowding means that people of all ages may struggle to have sufficient access to water and sanitation.

• **Health impacts of unauthorised encampments** – In discussion around unauthorised encampments, the health and wellbeing of Gypsies and Travellers is often given only a cursory nod. It is essential that the Home Office, Ministry of Housing, Communities and Local Government and local authorities begin to take a ‘Health In All Policies approach’.

• **Inequalities in attendance, inclusion and attainment in schools** - The Race Disparity Audit revealed that Gypsy, Roma and Traveller pupils have the lowest average score in GCSEs of any ethnic group and the highest ‘overall absence’ rates and ‘persistent absence’ rates of any ethnic group\(^8\). Despite this, in recent years we have seen a reduction in the numbers and funding for Traveller Education Services across the country.

• **Fuel poverty** – people living on sites usually don’t get to choose energy suppliers, have to pay up front for energy and homes are by nature poorly insulated. As a result of this combined with unclear information from the government on eligibility for Warm Homes Discount, Gypsy and Traveller communities are at high risk of fuel poverty.

• **Air pollution** – 26% of local authority owned Traveller sites are near to motorways or major roads, 12% are near to rubbish dumps, 8% near to industrial or commercial activity and 3% near to sewage works\(^10\). This puts Gypsies and Travellers at considerable risk of air pollution. Many boaters, especially those with a low income are only be able to burn plywood, MDF, chipboard or treated wood offcuts. These can create toxic fumes. Despite, this we are unaware of any recognition of the nomadic way of life in any of the government’s clean air strategies for indoors and outdoors.

• **Impact of discrimination** - 44% of British adults openly express ‘negative’ attitudes toward Gypsies, Roma and Travellers, the most of any protected characteristic group in England\(^11\). Police officers consider hate crime to be the most common issue Gypsies, Roma and

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9 Ibid


Travellers report to them\textsuperscript{12}, but less than 15\% of hate incidences are reported to police\textsuperscript{13}. Despite this, there is little or no consideration of the mental or physical health impacts of this on Gypsy, Roma and Traveller communities, nor any actions designed to prevent this as part of the Home Office’s Hate Crime Action Plan.

- **Transport and infrastructure** – Traveller sites are often in rural or out of the way places without basic public services and often with no nearby public transport. This can have damaging effects for site residents who may have challenges in access to healthcare, may live in a food desert, be at higher risk of social isolation and may be near to dangerous roads.

**10. Can you suggest other ways in which racial and ethnic disparities in the UK could be addressed? In particular, is there evidence of where specific initiatives or interventions have resulted in positive outcomes? Are there any measures which have been counterproductive and why?**

The seriousness and the impacts of racism as a concept have been ignored for too long. The inequalities in health outcomes for ethnic minority groups can be explained by the differential outcomes in education, occupation, income or access to healthcare. Racism and its structural workings are the common explanatory factor that run through them all and tie them together.

Structural and institutional racism weave their way through the workings and outcomes of health, education, occupation, income and others. It is the intersectional driving force for these inequalities. However, there has at best been a reluctance and at worst a refusal to acknowledge and accept that this structural racism is what causes the worst outcomes for BME groups. It is not by chance that 49\% of BME children, rising to 60\% for Pakistani and Bangladeshi children, live in poverty. It is not by chance that BME groups have disproportionately found themselves in shutdown sectors during the pandemic. It is not by chance that job applicants with Asian or Black ‘sounding’ names have to send in twice as many identical applications as their white peers to be offered the same opportunities. ‘Race’ as a social determinant of health should be our starting point. Interrogation about what this means has been taking place for some time and race equality organisations agree on the reasons, outcomes and solutions to these issues. Yet, real action has been slow and hard to come by.

Racism is real and has been designed in to the very core of our institutions. Outcomes will be improved once society, as a whole, and in particular, our institutions can accept this. Racism and its tentacles have long-term scaring effects on BME groups, it disadvantages people from cradle till grave and is systematically reinforced by practices that hinder the most vulnerable.

\textsuperscript{12} Traveller Movement (2018) \textit{Policing by consent: Understanding and improving relations between Gypsies, Roma, Travellers and the police.}

1. **Economic inequalities:**

Economic inequalities, are often seen as the driving force behind the wider inequalities and unequal outcomes that we see play out for BME groups. Lower monetary wealth means less ability to buffer against life events, tragedies, and currently, a pandemic. Being worse off economically also means that you find yourself in worse paying jobs, insecure employment, unsafe housing, overcrowded housing and are more likely to be living in socio-economically stressful environments - all of which have a direct negative impact on your health and socio-economic outcomes.

Broadly speaking, there are (at least) two types of responses to economic and racial inequalities. The first includes universal approaches that seek to benefit everyone, whether that is in terms of a National Health Service, education provision or, a basic income (the ‘we’re in all in this together’ lesson). The second is a type of approach that targets particular need or risk, for example disability benefits, ‘shielding’ older people from a pandemic, or affirmative action (the ‘some of us are in greater risk or need’ lesson) (Khan, 2020). We must consider both of these policy approaches in tandem. One will not necessarily be better than the other and both can have benefits to ensure that all human beings can live the life they want to live regardless of any of their protected characteristics.

**How economic inequalities play out in real terms:**

- Around 18% of Bangladeshi workers, 11% of Pakistani and Chinese workers, and 5% of Black African and Indian workers are paid below the National Minimum Wage, compared to only 3% of white workers. All BME groups are more likely to be in the lowest paid work, and to be living in poverty. This is due to lower wages, higher unemployment rates, higher rates of part-time working, higher housing costs in England’s large cities (especially London), slightly larger household size, and the relatively low levels of benefits paid, particularly following the application of the ‘benefit cap’.

- The right to rent scheme, which has been proved to be racially discriminatory, with judges confirming that this key plank of the Home Office’s Hostile environment makes it ‘harder for black people, ethnic minorities and migrants to rent a home than it is for white British people’.

- Financial inclusion/exclusion which have negatively impacted BME groups. In 2020, NatWest found that financial exclusion/inclusion was having a severe negative impact on the opportunities and chances of BME groups. This financial exclusion results in BME groups having lower levels of savings, income and harms their progression in life.

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In 2017 the Parker and McGregor Smith reviews both stated that ‘the time for talking was over’. Being able to fulfil your workplace potential should be a given. Indeed, the McGregor Smith report found that: ‘The potential benefit to the UK economy from full representation of BME individuals across the labour market, through improved participation and progression, is estimated to be £24 billion a year, which represents 1.3% of GDP’\(^{18}\).

Research carried out by the Runnymede trust in 2020 found that that Black African and Bangladeshi households have 10p for every £1 of White British wealth, this means these households are ten times less able to cover new costs, or to make up for lost income.

Because of their worse outcomes in the labour market, BME people have fewer savings. The result is that BME people generally have much lower levels of savings or assets than White British people. While Indian households have 90–95p for every £1 of White British wealth, Pakistani households have around 50p, Black Caribbean around 20p, and Black African and Bangladeshi approximately 10p.

**Solutions to this include:**

- Gathering better data around ethnicity and its relation to financial inclusion/exclusion.

- Discrimination should be tackled directly through better enforcement of existing laws. In the labour market, policies could include: targets (from hiring, to progression to senior management and board level), the ‘Rooney rule’, interview panels and incentivising existing senior managers by tying their own progression/wage rises to their performance on progressing ethnic minority staff.

- What gets measured guides how we respond to any issue, including (re)designing the economy. At least one measure should assess the representation of BME voices/perspectives. How every other measure may (or may not) hide racial or other structural inequalities should also be considered\(^{19}\).

- Instituting a real and workable living wage.

- Scrapping the two child policy attached to universal credit.

- Scrapping No Recourse to Public Funds.

- Investing in affordable and good housing.

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- The current benefit system, including Universal Credit is failing women and ethnic minority groups, as BME women appear to be worse off under Universal Credit, and disincentivised from working by the single taper rate as they tend to be the majority of second earners. As the Women’s Budget Group has shown, Universal Credit in its current set up is more likely to decrease women’s participation in the labour market and increase their economic dependence, thus undermining the Government’s narrative that under Universal Credit it ‘pays to work’. 

- BME people are more likely to be in receipt of working age benefits and Universal Credit making this reform all the more necessary and urgent.

- One of the solitons for tackling pay inequalities is specifically to measure the ethnicity pay gap and arrive at an action plan to close the gap. So Zurich Insurance has done this. Gathering data without a plan to tackle the inequity leaves the problem in place so we need to push for action plans.

2. Health inequalities

Pre-existing racial and socioeconomic inequalities, resulting in disparities in co-morbidities between ethnic groups, have been amplified by COVID-19. COVID-19 is not just a health crisis; it is also a social and economic crisis. And the ability to cope, to protect and to shield oneself from coronavirus, is vastly different for people from different ethnic and socioeconomic backgrounds. Covid-19 has exposed what we have known for years; that ‘race’ is a social determinant of health. Covid has thrown in to sharp relief how health crisis and inequalities are faced more harshly by BME groups. This is not by luck and has not happened by chance. This is because of decades of unequal outcomes ranging from the labour market, education, mental health to employment that disproportionately place groups in lower socio-economic groups and push them in to areas with higher levels of deprivation (as shown by the multiple indices of deprivation).

The disproportionate number of BME deaths from coronavirus also track existing social determinants of health. Age-standardised ONS data on COVID-19 deaths by local area and socioeconomic deprivation has found that deaths are 118% higher in most deprived areas than in the least deprived areas. The UK has applied a colour-blind policy despite knowing BME communities have been impacted hardest and despite having disaggregated data which other European countries lack.

Runnymede Trust’s work from earlier this year shows that black and minority ethnic (BME) people face greater barriers in shielding from coronavirus as a result of the types of employment they hold (BME men and women are over-represented among key worker roles); having to use public transport more; living in overcrowded and multigenerational households more; and not being given appropriate PPE (personal protective equipment) at work. In all of these areas, most BME groups


21 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasandeprivation/deathsoccurringbetween1marchand31july2020
are more likely to be over-exposed and under-protected compared with their white British counterparts.22

A study from 2020 found strong associations between racial discrimination and poorer health. It found that those who reported racial discrimination had a greater likelihood on average of limiting longstanding illness and poor self-rated health, than those who did not report racial discrimination. Racial discrimination was associated with greater psychological distress, lower life satisfaction, and poorer physical and mental functioning and went on to state that ‘Racial discrimination was associated with greater psychological distress and poorer mental functioning over a two-year follow-up period, regardless of baseline health’. They also concluded that: ‘We detected links between racial discrimination and poor physical health and impairment. Specifically, we found that those who reported racial discrimination had poorer self-rated health, poorer physical functioning scores and a greater likelihood of having a limiting longstanding illness than those who did not report racial discrimination’.23

This ties in to our findings that structural and racial discrimination impacts on health outcomes through access to societal resources such as education, employment, housing, welfare generally and the relationship to the criminal justice system. A report from the EHRC in 2016 also supports this, where they found that persistent ethnic disparities exist in educational attainment, employment, access to fair pay and adequate housing and the over-representation of BME groups in the criminal justice system.24

Other work from Professor Marmot (2020)25, IPPR (2020)26, The Runnymede Trust (2020), Independent Sage (2020)27, also all point to ‘race’ being a social determinant of health. The key takeaway here is that the impact of this pandemic on BME communities could and should have been avoided. These inequalities in health outcomes as a result of structural inequalities have existed for a long time, but have yet to be addressed, despite clear solutions existing to counter the loss of further avoidable deaths. Put in to starker context, alongside IPPR, we found that: between March and May 2020, men and women from all ethnic minority groups (except females of Chinese ethnic background) had a greater risk of death from Covid-19 compared to those of white ethnic background. The death rate was 3.3 times higher for black males and 2.4 times higher for black females compared to white males and females. To put this disparity into context, our analysis with CF healthcare consultancy estimates that over 2,500 deaths could have been avoided during the first


23 https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09792-1

24 https://www.equalityhumanrights.com/sites/default/files/healing_a_divided_britain_-_the_need_for_a_comprehensive_race_equality_strategy_final.pdf

25 https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

26 https://www.ippr.org/blog/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them

wave in England and Wales if the black and south Asian populations did not experience an extra risk of death from Covid-19 compared to the white population (after adjusting for differences in age and sex). Put differently, we estimate over 58,000 and 35,000 additional deaths from Covid-19 would have occurred if the white population had experienced the same risk of death from Covid-19 as the black and south Asian populations respectively.

Furthermore, we found that co-morbidities and genetics WERE NOT important or statistically significant when considering the unequal health outcomes of Covid-19 and other illnesses. Rather, it was the contextual structural inequalities that were fundamental in accounting for these health inequalities.

**Solutions to this include:**

- The UK’s colour blind policy, despite knowing that BME communities continue to be hit hardest by health inequalities and having the disaggregated data to hand has cost lives. The use of a policy parallel, for example, would tell us that when women have been impacted more than men in economic or health terms, we have applied a gender policy. Indeed, we should do the same with ethnicity. As we have not yet included BME groups as one of our vulnerable groups in the pandemic, this ties us to the point about ethnicity being a risk factor.

- Immediately stop charging patients to use the NHS during this crisis. The NHS charging regulations, part of the hostile environment, demand upfront payment at 150 per cent of the cost of treatment and threaten data sharing with the Home Office. By embedding racism and exclusion into public services, they deter not just undocumented migrants but a much broader minority ethnic population from seeking timely healthcare. The government’s own equity analysis of the regulations found them to disproportionately target non-white people on the assumption they are not resident in the UK. IPPR call for these regulations to be immediately suspended and are currently investigating their impacts on patient care and fiscal benefits. Runnymede Trust call for these regulations to be scrapped.

- Sends clear, targeted messaging to encourage vulnerable populations to seek timely healthcare. The mixed messaging on accessing healthcare throughout the pandemic has been confusing for all, but compounds pre-existing barriers to seeking healthcare for minority ethnic groups. Avoiding NHS services has been fatal during this crisis. There should be a tailored public campaign to encourage timely healthcare seeking this winter, given the huge differences in severity of illness on presentation to A&E. In the longer term, health services should to be designed with people, not for them, to improve experience, build trust and increase access for minority ethnic communities.

- Offer temporary accommodation to people who need to isolate but cannot do so due to their living conditions. Examples from across the world, for example in South Korea and Singapore, reveal how community isolation facilities reduce spread through families, communities and the

28 https://www.runnymedetrust.org/blog/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them
country. The government set the precedent earlier this year by providing temporary accommodation, in the form of empty hotels, for NHS workers and homeless people. This should be scaled up this winter to provide accommodation to all who need to isolate but live in difficult conditions. This policy would simultaneously support the hard-hit hospitality sector.

- Ensure that isolation pay support is available to all, including those with no recourse to public funds visa stipulations and those without immigration status. The government’s new isolation pay support scheme for low income workers is belated but welcome. This scheme pays £500 to low-income workers who cannot work from home and need to isolate. However, it is not available to more than 1.3 million individuals with no recourse to public funds or to those without immigration status. These migrant populations (of whom the vast majority are ethnic minority people) are overrepresented in low-wage, public facing jobs. Restricting this financial support is a risk not just to those unable to access it, but to public health. Local authorities, who operate the isolation pay scheme, should be permitted to make the payment available to all in need of it. This would follow precedent set earlier in the year, when local authorities were permitted to find housing for homeless populations regardless of their migration status, and the furlough scheme was made available to those with NRPF. IPPR and Runnymede Trust have previously called for NRPF to be suspended and scrapped respectively, and stand by this, while recognising this alone would no longer be enough to provide timely financial support to isolate.

- Deliver an emergency health protection funding package to all local authorities this winter. Working with religious and community leaders is a key aspect of the Local Outbreak Plans devised by directors of public health. Councils like Newham have successfully developed networks of residents to share information within their neighbourhoods and communities. These community-based approaches are critical to reach marginalised populations, who are often less likely to receive and act on public health messaging, as we learnt from the HIV and tuberculosis epidemics. Despite this, and despite local teams outperforming the national Test and Trace Service on successfully tracing contacts, the funding has been asymmetrical. Local authorities have received an additional £300m for contact tracing this year, while the centralised Test and Trace Service received £10billion. The government is now reluctantly accepting the need to further fund local authorities – but selectively putting money into high alert places after the infection rates are already very high is not effective. An emergency funding package for all local authorities is needed to help them implement Local Outbreak Plans, scale community Covid-19 champion schemes, and deal with the increasing cases numbers this winter.

- Include ethnicity as a risk factor in any triaged testing system. Ideally, the government would be able to meet the demand for Covid-19 tests as we enter the winter months. As it stands, this does not appear to be the case. If testing cannot be scale up quickly, a triage system to allocate scarce resource should be devised. This would help ensure that groups of people who are more likely to be exposed to Covid-19, more likely to expose others to Covid-19 or more at risk of suffering worse consequences from Covid-19 are able to access testing first. The government has said they will prioritise tests based on occupation and comorbidities, with key workers such as NHS staff and care workers given priority. We argue that ethnicity should also be included as a parameter in this system, particularly given the large unexplained excess risk of death for many ethnic groups.

- The introduction of a formula from 2014/15 for the allocation of funding for primary care and CCGs which attempts to improve access to services and reducing health inequalities is welcome.
However, as NHS England has recognised the lack of comprehensive data on unmet need across England has led to a pragmatic approach to adjusting the weighting of the formulae (15 per cent for primary care and 10 per cent for CCG). The most recent review has seen these weightings maintained, with the introduction of a 5 per cent weighting for ‘unmet need’ in allocations for specialised services. New investment in the NHS must build on the existing formula to ensure that sufficient money is allocated to improve access and ensure that healthcare contributes to modifiable health inequalities. This will require filling some of the data gaps, such as the lack of data sexuality. It will also mean reviewing whether the current ‘pragmatic’ weighting is sufficient to be transformative in addressing health inequalities such as the unacceptable level of cervical cancer screening offered to women with learning disabilities. It should also mean that we need to be able to monitor how resources allocated are actually being translated into change is service provision leading to improved access for group such as Gypsies and Travellers, homeless people, as well as migrants, amongst others.

Whilst many of these solutions are geared towards the here and now of the Covid-19 pandemic, they remain true for a pre and post Covid world. Health inequalities and outcomes should not be seen as occurring in a vacuum or just interacting with how long somebody may live or how ill they may become. These worse health outcomes exist as a result of the other socio-economic factors that we have laid bare in this submission. To accurately and properly target healthcare and ensure that there are no unequal outcomes, we must solve the other socio-economic stress factors that lead to these stark results.

**Education:**

Migration, belonging and empire form the key cornerstones of British history. Yet, they are not accurately or wholly taught. Large numbers of children feel that the curriculum does not represent them and leaves them with a crisis of identity. The current secondary school curriculum should ensure that pupils know and understand ‘how Britain has influenced and been influenced by the wider world’; the ‘expansion and dissolution of empires [and] characteristic features of past non-European societies’; ‘the process of change, the diversity of societies and relationships between different groups’; and ‘their own identity and the challenges of their time’²⁹. This cannot be fully achieved without a thorough understanding of migration, belonging, and empire.

This is underscored by a legal obligation, under the Equality Act 2010, for schools to have ‘due regard’, when considering practices and policies, to removing or minimising disadvantage and also to encouraging participation when it is disproportionately low. Furthermore, dealing with inequality is a moral obligation and it is simply the right thing to do³⁰. The teaching of migration, belonging, and empire offers scope to address some of these issues of representation³¹.


³⁰ [https://royalhistsoc.org/racereport/](https://royalhistsoc.org/racereport/)

The Government’s refusal to engage with curriculum change is highly damaging to young people who do not feel the curriculum represents them. In the year of 2020 when we must acknowledge the history of Black Britons more than ever, it is vital for the Department of Education and the Government more generally to genuinely and sincerely engage with the curriculum change that people want to see.

There needs to be an action plan setting out how the attainment of GRT pupils (who have the lowest educational attainment out of any ethnic groups) will be raised. Traveller Education Services, who had the remit to raise this attainment, need to be re-instated. There needs to be targeted catch up support for GRT pupils, including distribution of devices and Wi-Fi as the community suffers from severe digital exclusion (research by Friends, Families and Travellers in 2018 found that one in five Gypsy and Traveller participants had never used the internet, compared to one in ten members of the general population, only two in five Gypsies and Travellers surveyed said that they use the internet daily, compared to four out of five of the general population, and only 38% of Gypsies and Travellers (33% if housed) had a household internet connection, compared to 86% of the general population.)

Pupil Premium needs to be extended to cover all GRT children, in the way that it covers all children whose parents are in the Services-i.e the challenges those children faced are recognized. There are high numbers of GRT children currently out of school, as they live on multi-generational Traveller sites and there are high anxieties in the community about bringing Covid 19 back from school onto sites. Schools should keep the school places open for these children, not encouraging them into off-rolling and thus losing their place at school or in the queue for SEND support.

**Solutions to this include:**

- Considerations of race and racism, from an anti-racist perspective, should be embedded more fully across the school curriculum.

- A more well rounded offer within the national curriculum would prevent decisions and policy proposals such as the hostile environment being made. The Lessons Learned Windrush Review from earlier in 2020 serves us with the strongest of reminders about why an accurate and inclusive education is so important to combat against racially discriminatory policies.

- The production of a racially literate society should be considered a fundamentally important aspect of schooling.

- This should be implemented through an extensive review of the National Curriculum, conducted in consultation with anti-racist organisations, individuals and educators32.

- All efforts should be made to increase the proportion of teachers from BME backgrounds. This would involve increasing the numbers of trainee teachers from BME backgrounds, across teacher

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training pathways. It would also involve considering any implicit or explicit racisms in recruitment and hiring processes.

- Policies that focus specifically on the attainment of white working-class students should not come at the expense of BME students.

- The reasons that white working class children and black working class children are held back, are broadly the same, and their attainment should not be held in opposition to one another.

- According to the Department for Education, the secondary school History curriculum should ensure that pupils know and understand ‘how Britain has influenced and been influenced by the wider world’, ‘the diversity of societies’, ‘their own identity and the challenges of their time’. Migration, belonging, and empire are central to understanding these processes.

- Research shows that the curriculum is narrow in scope. Teachers need more support to equip them to teach migration, belonging, and empire sensitively and effectively.

- The UCL Centre for Holocaust Education offers a useful blueprint for a future programme to support teachers with migration, empire, and belonging.

- The government should fund a new ITE and CPD programme for migration, belonging, and empire in collaboration with universities.

- Research has also shown that exclusions and isolations offer little scope for educational or reparative responses. With BME children being disproportionately excluded from schools, exclusions must be immediately reduced and all together stopped to prevent further damage being done to these young children.

- Factors such as parental engagement, access to informed networks (i.e., knowing the "rules of the game"), use of tutors and time spent on/help with homework are also hugely influential and more of a product of socioeconomic status rather than “attitudinal” or “cultural factors. There is considerable research evidence showing that routine decisions about assessment, selection and discipline, for example, act unnecessarily to disadvantage particular groups of pupils, especially those from working class and minority ethnic backgrounds.

**Crime & Policing:**

The Coronavirus Act 2020 is a key tenet of the Government’s response to the COVID-19 outbreak over the next two years and points to and exemplifies the wider unequal policing methods used to police ethnic minorities. Police forces and immigration officers throughout the UK have been granted increased powers under Schedule 21 of the Act to fine or detain anyone who could be infectious. As has been the case with SUS laws, stop and search, Section 60 stops, Prevent and other securitising tools that disproportionately target Black and ethnic minority individuals, these have all

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had a negative impact on the interaction, experience and relationship of these groups with the police.

We are extremely concerned about the impact that these increased powers are having on BME communities, who are disproportionately more likely to face penalties and be stopped and searched. Analysis by Liberty Investigates illustrates that police were up to seven times more likely to fine black people for breaches of the lockdown than white people, figures that have persisted over the decades. NPCC data also demonstrates that in the period between 27 March to 11 May, 22% of fines went to people of colour in England - whilst only 15.5% of the population is BME.

Furthermore, the number of Black people being stopped and searched has increased dramatically. During the coronavirus lockdown, young Black people were stopped and searched in London more than 20,000 times – this figure is equal to more than a quarter of all Black 15 - 24-year olds in the capital.

A zero tolerance of racism towards GRT, starting at the top with government ministers and MPs, down to all levels of society. A positive celebration and affirmation of GRT culture. Sufficient sites for Gypsies and Travellers to maintain their cultural way of life, if they so wish. Central government needs to ensure that local authorities deliver sufficient numbers of sites for Gypsies and Travellers to live on, as required under PPTS (Planning Policy for Traveller Sites). Research by Friends, Families and Travellers in 2020 found that out of 68 local authorities in the South East only 8 had allocated sufficient land in their local plan to meet the assessed need for sites for the next five years. If there is no penalty for local authorities not complying, the accommodation needs of Travellers will never be met and without this fundamental basic it will be near impossible to address the disparities they face in every other area. A solution would be a Statutory Duty on local authorities to provide sites, with 100% central government funding for sites to do this, as existed under the 1968 Caravan Sites Act, which worked: in the period the Act was in force (1968 until the duty was repealed under the Criminal Justice and Public Order Act 1994) the majority (184) of the UK’s 285 Traveller sites in existence today were built. Since the duty and grant were repealed an average of less than three sites a year nationally have been built.

Police data on GRT needs to be disaggregated, at the moment not all police forces do this. Local authorities should, in the absence of sufficient numbers of authorized sites, adopt ‘negotiated stopping’ for unauthorized encampments, thereby avoiding the need for police officers to get involved with Traveller encampments –which are an accommodation issue not a crime issue. Indeed, many police forces have stated this themselves. Friends, Families and Travellers carried out Freedom of Information (FOI) requests to find out police bodies’ responses to the recent government consultation on proposed increased police powers of eviction of unauthorized encampments: [https://www.gypsy-traveller.org/wp-content/uploads/2020/10/Full-Report-Police-repeat-calls-for-more-sites-not-powers-FINAL.pdf](https://www.gypsy-traveller.org/wp-content/uploads/2020/10/Full-Report-Police-repeat-calls-for-more-sites-not-powers-FINAL.pdf)


35 [https://committees.parliament.uk/writtenevidence/11519/pdf/](https://committees.parliament.uk/writtenevidence/11519/pdf/)

The FOIs found that the majority of police bodies who responded to the consultation were opposed to more police powers of eviction and the criminalisation of trespass. Only 21.7% of police respondents agreed with the Home Office proposals to criminalise unauthorised encampments, only 18.7% of police respondents agreed with Home Office proposals to give police power to seize vehicles of those on unauthorised encampments, and 93.7% of police bodies called for site provision as the solution to unauthorised encampments. Gypsy and Traveller Police Independent Advisory Groups, such as the one that has been run by Sussex Police for many years (contact: Diversity@sussex.pnn.police.uk), can be useful as they involve GRT community members and look at issues such as evictions, hate crime and other policing issues.

**Solutions to this include:**

- Recording and publishing accurate race and ethnicity-related data that was called for in the Macpherson Report twenty years ago.

- Scrapping the Coronavirus Act 2020. There is no end date for measures under the Coronavirus Act 2020. This means police powers to detain & fine potentially infectious people could be triggered again and could continue indefinitely.

- ‘Best Use of Stop and Search Scheme’ (BUSSS) was announced by Home Secretary Theresa May in 2014 and promised to "collect more data about stop and search and to monitor its impact on black and minority ethnic groups and young people" as well as improve stop and search outcomes, introduce greater transparency and engage community.

- Scrap section 163 (allows police to stop any vehicle without reason or justification). Both Liberty and StopWatch recommend that section 163 be limited to road safety and traffic control purposes, such as halting traffic after an accident or highlighting a vehicle defect." There already exist powers for the police to stop vehicles with suspicion of drug, firearm or offensive weapons

- Scrap section 60 (stop and search). Scarp use of tasers in all circumstances. Figures released by the Home Office showed that 12 per cent of incidents involving the use of force that were recorded by police were against black people, who make up only 3.3 per cent of the population.

- Black people were involved in proportionally more incidents that involved armed police using guns, at 26 per cent, and 20 per cent of people involved in Taser incidents were black in 2017-18.

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- Scotland's Violence Reduction Unit (VRU) was successful at decreasing levels of knife crime in Glasgow by working closely with "NHS, education and social work”.

- Using a more holistic approach which involves increased provision to youth services.

- Treat this as a public health issue.

- Re-introduce collection of ethnicity-related data for traffic stops.

- Scrapping Prevent and reforming the counter-terrorism/security system that securitises British Muslims.

In Britain, black and minority ethnic people are disproportionately represented in the criminal justice system at every level, from arrests to stop and search, to imprisonment, to deaths in custody. Successive governments' counter-terrorism policies have resulted in racial profiling and over-policing of Muslim and Asian communities, and have fed a pervasive Islamophobia.

The conduct carried out by the Met Police and its recent denial of institutional racism, is representative of the over-policing and criminalisation of the very movement and existence of Black people in the UK. Stop and search is not an effective programme and seems to have little to no effect at preventing or stopping crime, but expels a huge amount of collateral damage on Black communities. A study by the College of Policing that looked at ten years of data from 2004 to 2014 found stop and search only had a small effect on levels of drug offences and burglary, but none at all on violent crime. It also found that only 5% of stop and searches in London conducted under Section 60 Criminal Justice & Public Order Act lead to an arrest from 2018 April to 2019 March.

Furthermore, there is greater disproportionality under section 60 with Black people searched at 11 times the rate of white people, mixed people at just under three times, Asians twice, and Chinese or 'other' people just under one and a half times the rate of whites across the Capital. Discrimination against BME people vastly increases with measures that remove justifiable or reasonable suspicion for search on behalf of the police, such as Section 60 and, Black and minority ethnic drivers are also twice as likely than white drivers to be stopped in their vehicles by police (from report prepared by Stop Watch and Liberty). Whilst a 2012 study based on an analysis of the British Crime Survey, found that people from mixed black and white ethnicities, Asian Muslim and black Caribbean ethnicities were more likely to report being stopped than those with white ethnicities.

Even when caught with drugs, arrest rates are much higher for Black people than White people. When found in possession of criminalised drugs, black people are six times more likely to be arrested than their white counterparts, and if found with cannabis, black people are five times more likely to be charged than white people.


The above are clear examples of how current policing tools are ineffective and apply a band aid to the issue. The disproportionate and over policing of Black and minority ethnic communities is harming relations and police tactics are stigmatising in particular young black males. The evidence points to these tools being at best ineffective in the short term and at worst irreversibly damaging in the long term.

**Democracy**

With respect to voter turnout, registration and identification in the United Kingdom, there exist disparities in electoral participation along the lines of race. In the 2019 general election, almost half (47%) of the Black and minority ethnic (BME) electorate did not cast a vote\(^{41}\).

According to the Electoral Commission, 84% of people from a white ethnic background were registered to vote, while 62% of people from “other” ethnic backgrounds were registered. Voter registration among Asian and Black ethnic backgrounds sat at 76% and 75%, respectively, and 69% of those from mixed backgrounds were registered\(^{42}\).

Additionally, 25% of first-generation migrants and 20% of second-generation migrants who are eligible to vote are not registered.

The Conservative Party's recent push for the introduction of legislation requiring the electorate to present a photo ID to vote represents a discriminatory affront to our participatory democracy and again shows government looking at the wrong problem. The problem is not with identification and voter fraud, it is with low levels of voter registration. According to the Electoral Commission, there was only one single instance of voter impersonation in the 2019 general election that would have been prevented with voter IDs.

The government’s own data shows that white people are most likely to hold one form of photo ID – 76% hold a full driving licence. But 38% of Asian people, nearly a third of people of mixed ethnicity (31%), and more than half of Black people (48%) do not\(^{43}\). Of the 11 million people in the UK who do not hold a form of photo identification, they are disproportionately of BME background and are largely constituted in the multi-racial working class\(^{44}\).

**Solutions to this include:**

- Automatic voter registration of all British citizens (in the British Isles and abroad) once they reach 18 years of age, as well as all eligible foreign nationals residing in the UK: Collation of

\(^{41}\) [https://committees.parliament.uk/writtenevidence/11519/pdf/](https://committees.parliament.uk/writtenevidence/11519/pdf/)

\(^{42}\) [https://www.electoralcommission.org.uk/media-centre/1-4-black-and-asian-voters-are-not-registered-vote-warns-electoral-commission](https://www.electoralcommission.org.uk/media-centre/1-4-black-and-asian-voters-are-not-registered-vote-warns-electoral-commission)

\(^{43}\) The government's own data shows that white people are most likely to hold one form of photo ID – 76% hold a full driving licence.

publicly held data can better identity non-registered voters to ensure all who are able to participate in elections can vote.

- Institute a bank holiday for general election day: Provision of a statutory holiday to coincide with the general election could prove to be one solution to increasing voter turnout.

- Immediately halt plans to institute mandatory ID checks at polling stations: The government plans to make it more difficult to vote, rooted in unfounded assertions of voting fraud, are an attempt to import American-style voter suppression into our democracy.

- There is a lot around cultural competency and unconscious bias training which do not measure outcomes. This then becomes a counterproductive tick box exercise. The initiatives that tend to work better are when they are delivered, monitored and the learnings are embedded into practices.

**Gypsies, Roma and Travellers:**

The government must commit to funding a national cross-government strategy aimed at improving outcomes for GRT people across all areas of public life. The strategy should have targeted policy interventions in the following areas: education; access to health care; a strategy to reduce overrepresentation in the CJS; ethnic monitoring across all public bodies; and targeted interventions to improve economic inclusion.

**Conclusion:**

The failure in tackling these long-standing structural inequalities in the labour market, criminal justice system, health, housing and education has left BME and GRT communities behind. At this stage of the Commission’s work, we urge the Government to heed the calls of leading race equality organisations and focus on the evidence and impact of structural racism outlined in our submission to enact meaningful change.