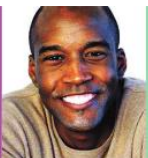# ETHNIC MINORITY
NATIONAL RESILIENCE NETWORK

Ethnic Minority National Resilience Network Recommendations to the Expert Advisory Group (Scotland) on COVID and Ethnicity

AUGUST 2020

BEMIS

Empowering Scotland's Ethnic and
Cultural Minority Communities

Background Note on the EMNRN

The Ethnic Minority National Resilience Network (Scotland) is a collaboration of organisations working to respond to COVID19 social and health issues in our communities.

Racial discrimination is prohibited in Scotland on the grounds of colour, nationality, ethnic or national origin. This definition has been incorporated into Scots law from the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) Article 1

In addition, the Equality Act 2010 extends the recognition of these provisions into the development of public policy and delivery of public services. Thus, the EMNRN acknowledges the rights of minority ethnic communities on the basis of their colour, nationality, ethnic or national origin.

In Scotland this represents 8% of the national population based upon the Scottish Census 2011 who identified their colour, nationality, ethnic or national origin as something other than White Scottish / British.

As such our network includes organisations, trade unions and communities from multi-generational minority ethnic communities (Pakistani, Black, Caribbean, Chinese, East and Southeast Asian[1], Jewish, Irish, Indian, Polish and others) what are termed newer 'migrants' (Polish, Romanian, Roma, African [various], Arab(various) and others and what are termed as asylum seekers and refugees due to their immigration status. Our evidence indicates that all of these communities are facing challenges as a result of the social and medical impact of this public health crisis.

The network goals are outlined as:

- **Intelligence and Signposting**: Ensure ethnic minority (EM) communities are engaged with local support networks and services.

- **Responding and Providing**: Provide EM communities with emergency food funds for vulnerable families if and when required.

- **Inclusive and Receptive Approach**: Develop an all-encompassing approach to ensuring EM individuals, families and local communities are resilient and supported equally.

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[1] ESA people identify with cultures or ethnicities coming from Brunei, Cambodia, China, East Timor, Hong Kong, Indonesia, Japan, Korea, Laos, Macau, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, Tibet and Vietnam. ESA people are experiencing persecution and forms of Sinophobia related to COVID-19 due to the colour of our skin.

- **Given the potential for a resurgence of COVID-19, what priority actions should be taken to mitigate COVID-19 risks for minority ethnic patients, health staff and communities in the short-term?**

1) Make the process of collecting data on ethnicity and religion mandatory across all public health functions and including the death registration certificate process. Public health information on the basis of ethnicity and religion should be easily accessible and readily available.

2) Ensure that ethnicity data is collated, interpreted, and published in a manner that is compliant with the Equality Act 2010 ensuring that all minority ethnic communities are recognised on their basis of colour, nationality, ethnic or national origin

3) Introduce an emergency sustenance payment to those with **No Recourse to Public Funds and minority ethnic communities who require additional financial support in the event of more restrictive lockdowns**

4) Emergency sustenance payment should be extended to "undocumented" migrants and victims of 'Human trafficking' for the purpose of modern-day slavery. The highest number of people trafficked for the purpose of modern-day slavery in Scotland, are from Vietnam followed by China, which means many of the most vulnerable people are from the ESA community. 73 adults, 30 minors were reported by the home office to have been trafficked into Scotland for labour and sexual exploitation in Scotland.[2]

5) Explicitly acknowledge that the **No Recourse to Public Funds (NRPF) immigration policy punishes children and others on the basis of they or their parent's nationality.** This represents a direct derogation of the prohibition of racial discrimination as set out in the ICERD treaty. As such the NRPF policy is a clear example of an institutionally racist immigration system that punishes UK / Scottish born children and other international children whose rights are absolute and cannot be taken from them. State support is one such right.

6) As mental health needs accelerate due to lockdown, identify and invest in bespoke, multilingual, and multi-cultural mental health services that in some cases are best delivered by the 3rd sector. Examples of this are BEMIS professional Counselling and Support, FENIKS support for Polish, Saheliya support for South Asian Women, Sikh Sanjog support

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[2] nationalcrimeagency.gov.uk

for Sikh women, Amina Muslim Women Resource Centre, and others. In respect of Gypsy Travelers - MECOPP provide counselling and welfare advice and support to the Gypsy/Traveller community. They are currently working to address the diverse mental health needs of Gypsy/Traveller males and shortly will begin a project which addresses the health and wellbeing needs of women in the community. These support services should be supported to expand provision where required. In addition, a scoping exercise is required to respond to the mental health needs of diverse minority ethnic males.

7) In respect of Mental Health and other social provisions specific focus must be given to more rural areas, communities not in Glasgow and Edinburgh and more isolated minority ethnic communities including asylum seekers and refugees. PKAVS in Perthshire, Fife Centre for Equalities, Fife Migrants Forum, Highland Migrant and Refugee Advocacy project (HiMRA), Dumfries and Galloway Multicultural Centre, Grampian Regional Equality Council, Freedom from Torture and others are all placed based regional assets who have links to some of the most vulnerable individuals and communities.

8) Consider the increase in hate crime and incidents faced by ESA people which is a direct result of COVID-19's geographical origin and UK's anti-china rhetoric being strewn across the mainstream media and news outlets. ESA people are experiencing an increase of mental health complications such as anxiety, agoraphobia, depression, loss of confidence, trauma, complex ptsd and depression. East and Southeast Asian Society (ESAS) offer befriending and support group sessions, one to one telephone and digital support. Culturally sensitive support: There needs to be explicit provision of mental health support to the ESA service users in the community and training opportunities available to the ESA people who wish to carry out these services to ESA people.

9) Ensure that appropriate sector specific and individualised risk assessments are carried out for frontline medical workers in the NHS. This key issue has been identified by both the UNISON and STUC Black Workers Committees. PPE provision and requirements should reflect the needs of diverse communities. For example, Sikh communities and potentially others require bespoke PPE due to their religious / ethnic dress such as turbans and beards.

10) Working on the basis that what has occurred in England may be reflected in Scotland ensure and establish that no specific ethnic group has been disproportionately affected on the frontline of Scotland's fight against the virus. For example, the UK has an estimated 40,000 Filipino staff employed in the NHS. Filipino nurses were being asked to work in "higher risk environments". They make up 1.8% of the 1.5 million strong

work force- the third largest ethnic group following White British and Indian. The latest estimates place the death toll of NHS workers at 190, with Filipinos making up 13% of all COVID-19 related deaths in the UK, more Filipino nurses have died serving the NHS in its fight against COVID-19 than in the entire Philippines.[3]

11) Ensure that community specific public health messaging and engagement is enacted to respond to emerging evidence on COVID / Ethnicity mortality risk. Initial figures have identified White Irish and Pakistani as having largest number of deaths from minority ethnic communities. In addition, Article 12 in Scotland facilitates the Gypsy/Traveller Task Group social media public health messaging - disseminating advice and information from COSLA, Scot Gov, NHS and relevant 3rd sector organisations.

12) The Scottish Government and the National Records of Scotland must meet with the signatories of the Irish community letter on COVID and ethnicity as a priority. Their letter outlined significant concerns about the number of White / Irish deaths that were indicated in the NRS report on COVID, Ethnicity and mortality. These concerns should be listened and responded too appropriately at the earliest opportunity.

13) The National Records of Scotland must continue to publish COVID / Ethnicity mortality rate reports disaggregated on ethnicity census codes and religion. In addition, the NRS website should be updated to reflect the full diversity of Scotland's Minority Ethnic communities. This includes White, Black, Asian, Arab and Other minority ethnic groups who in census 2011 constituted 8.4% of the national population. These minority ethnic communities have legal recognition via both need to prohibit discrimination and lack of recognition via The International Convention on the Elimination of all forms of Racial Discrimination Article 1. In addition Equality Act 2010 places a positive and pro-active duty to engage citizens in the development of public policy and delivery of services that may impact them on the basis of the protected characteristic of Race. The definition of Race in the Equality Act 2010 covers 'Colour, Nationality, Ethnic or National origin'. No statutory institution or body has the ability to suppress or remove any community's minority ethnic status by consuming them into non-representative racial blocks that suppress ethnic diversity and in turn evidence and informed policy decisions.

14) For non-unionised work forces such as those in agriculture or factory work, that include significant numbers or minority ethnic communities the Scottish Government and relevant regulatory bodies should carry out

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[3] https://www.oxfordstudent.com/2020/06/05/why-are-so-many-filipino-healthcare-workers-dying/

spot checks to ensure correct safety measures and necessary PPE is available and being used

15) Minority ethnic children and young people have been impacted significantly. This is identifiable in the digital connectivity gap (and the correlated impact on access to education), increased isolation and exposure to overcrowding in homes and communities. Children and young people in EAL families have been particularly disadvantaged in continuing their education at home, and measures must be put in place to support these children through any further lockdown or blended learning. While Government focus has been on responding to health and social needs of society, we are in danger of suppressing the voices of and responding to the specific needs of minority ethnic children, youth, and young people. Intermediaries like Children In Scotland and community organisations with robust and credible links to diverse Black and Minority Ethnic youth like Licketyspit, Intercultural Youth Scotland, Royston Youth Action and others must be engaged as a priority on a COVID / BME Youth taskforce.

The initial aim of the taskforce would be to bring young people's voices to the conversation, to influence policy decisions that affect them, and should have direct Government participation and leadership.

16) For Scotland's census 2021 taking place in 2022 the Sikh community should have the option, like the Jewish community, to record their ethnicity as Sikh. This would more appropriately identify and record their ethnicity in line with their rights inherent in the Equality Act 2010.

- **What steps should be taken to address the health inequalities and systemic issues exposed via COVID-19 facing minority ethnic people and communities**?

1) Ensure that available and existing ethnicity and religion data is collated, interpreted, and published in a form that is disaggregated and allows the public, communities, and policy makers to understand the issues within different racial groups. For example, the racial group Asian needs disaggregated as there are key differences between different ethnicities. We need to know is an issue affecting Pakistanis, Indians, Chinese, Japanese, Bangladeshis or other ethnicities. The same is equally true for the White, Black, Arab and Other classifications. Routinely these racial blocks tell us very little about individual ethnic experiences and outcomes and as a default policy position ethnicity must be disaggregated reflecting the census codes.

2) Alongside COVID, other health inequalities remain ongoing. Ensure communities know how they can access ongoing support for pre-existing

health conditions and inequalities. This is particularly acute in relation to open surgery and cancer support response: <u>A huge backlog of surgery and preventative health services may disproportionately affect BME communities. It is imperative that attention to ethnicity and equal treatment and support is seriously acted upon when dealing with backlog of cancer and other serious health conditions. There must be a potential ethnicity disproportionality risk assessment on the resumption of critical healthcare.</u>

3) Transparently acknowledge that there is an ongoing link between socio-economic disadvantage and prevailing ethnic health inequalities. That specific Race / Ethnicity focussed investment is required across Scotland's disadvantaged communities to respond too health inequalities exacerbated by socio – economic disadvantage (See Race Equality Transformation Investment Scheme Proposal under next heading)

4) Employers must enact meaningful, responsive and where necessary confidential individual and or group consultations with minority ethnic employees, especially Black employees and others racially discriminated against on the basis of colour to respond to issues of racialisation within sectors. Trade Unions have a key role to play here and examples of good practice such as internal Race Equality Networks like the Scottish Governments should be progressed in other settings. Especially frontline health services.

5) As part of Public Health Scotland's human rights-based approach to developing Scotland's healthcare services engage directly with communities to establish unforeseen or unknown healthcare challenges. For example the East and South East Asian support network identify that In terms of health consensus relating to (ESA) communities; diabetes, blood pressure and other diseases are not accurately being represented as many ESA older people rely on traditional medicine and are sometimes reluctant to seek proper generic healthcare for symptoms due to literacy issues (Not all are Chinese and not all can read Chinese writing or English) and comfort of accessibility such as language barriers, waiting times and lack of ESA culturally sensitive NHS staff impacts their interaction with Scotland's health services.

6) As lockdown eases and children are being welcomed back to school, there should be mandatory systems in place to deal with the existing racism faced by BAME children - but also the extra racial tensions surrounding anti-Chinese rhetoric and how this may affect ESA children. Children from this community are at increased risk of bullying during this time and there should be a zero-tolerance policy set out in schools on how they deal with racism internally. Schools need to be prepared for

this and take this form of bullying seriously, as this shapes the way these children view themselves as functioning members of Scottish society.

- **To what extent does learning from issues around COVID-19 and race require the Scottish Government to adjust its approach to tackling race equality, as set out in the Race Equality Action Plan? What is the Group's advice on the most pressing areas for action?**

The total Equalities and Human Rights budget for the Scottish Government in 2020/21 is £30.4 million. This represents less than 0.01% of the Scottish Governments annual budget of "nearly 50 billion pounds". The budget was developed in a pre-Covid Scotland and published in February 2020[4]

The investment into the "Race Sector" via intermediary or organisational funding represents a key function of human rights based approach that enables representation and independent analysis but this investment in and of itself does not represent a strategic comprehensive response to Scotland's enduring systematic issues in regards race equality and it will not on its own secure it.

Likewise, the Race Equality Framework and Action Plans are a necessary scaffolding to bring some coordination to our shared objectives but they and their administrative functions such as the REAP Programme Board will not be capable of effecting standalone systemic change.

- The Race Equality Action Plan 17-21 included over 80 action points across 6 key policy themes
- A significant number of these action points are not the responsibility of Government. They are for local authorities, NHS, Police etc.
- Where the Scottish Government has direct control shoots of progression are identifiable such as internal recruitment drives and establishment of a Race forum
- Where the responsibility falls under the remit of one of our 32 local authorities or statutory services progress is staggered, unidentifiable or simply not happening.
- When there is a lack of consensus between national and local government on budget allocations the direct and material impact is that Race Equality is de-prioritised in any meaningful way or completely ignored. Routinely austerity interpreted to be imposed by national government onto local government is then passed directly onto local EM communities[5]
- In short, the current budgetary allocations at both a national and local level are not compatible with the Scottish Government Race Equality Framework and Action Plans. If we continue on the current path and trajectory, we will observe small non impactful symbolic gains while austerity and recession enhanced and exacerbated by COVID will weld a generation of EM youth and communities to further systemic inequalities.

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[4] https://www.gov.scot/publications/scottish-budget-2020-21/pages/2/
[5] https://www.thenational.scot/politics/18275574.cuts-bme-charities-edinburgh-will-devastating-impact/

Recommendation: To protect the progression of the Race Equality Framework and Action Plans the Scottish Government must instigate a bespoke Race Equality Transformation Investment scheme that is open only to local authorities and statutory services. This fund is not for EM communities to compete for in the third sector but for statutory bodies and duty bearers to partner with local BME communities and organisations to progress fundamental actions to respond to key race equality priorities in their areas.

The wording, scope and progression of the **Race Equality Transformation Investment Scheme** will reflect previous measures that have been in Scottish budgets in respect of Agriculture and other political priorities[6]

The objective of the scheme will be for statutory services and duty bearers to enact radical and systemic change across key policy areas identified by SG / Reap / 3rd sector partners.

For Example:

Programme for Government / Draft budget wording: an initial £40 million investment in the Race Equality Transformation Investment Scheme will support local authorities and statutory services to deliver the Scottish Government's objectives inherent in the Race Equality Framework 16-30.

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[6] Scotlands Budget 2020/21 – Page 4. "*an initial £40 million investment in the Agricultural Transformation Programme, supporting those who manage our land to take the actions required to deliver the Scottish Government's net-zero target;*