

# EXPERT REFERENCE GROUP ON COVID-19 AND ETHNICITY INITIAL ADVICE & RECOMMENDATIONS ON SYSTEMIC ISSUES

## Introduction

1. The Expert Reference Group (ERG) was established by Scottish Government

“to ensure that we have an accurate understanding of the impact of COVID-19 on minority ethnic and migrant communities in Scotland, and that our policy responses reflect this. There is a need to work on improving existing systems and processes, and analysing what we know, while at the same time looking more fundamentally at how the system itself needs to change.”

2. The ERG was asked to provide advice and recommendations by the Scottish Government in relation to data, evidence, risk and systemic issues. Two subgroups of the ERG were formed: one to review health data and evidence, and the other to examine systemic issues and risk, the subject of this paper. The work of both groups has been underpinned by evidence of the risks that migrant and minority ethnic communities face in contracting COVID-19.

3. Scottish Government recognise the fundamental relationship of systemic issues to inequalities:

“COVID-19 has exposed and highlighted the deep-rooted health and socio-economic inequalities that minority ethnic communities face, and the systemic failures to address these issues. The Government recognises that we have an opportunity to make fundamental and lasting changes to address these inequalities.”

4. This subgroup was specifically asked to consider the following:

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

5. This paper sets out an overview of the group’s approach to these questions, prior to setting out the context and recommendations. We acknowledge the existence of formal and informal structural, institutional and cultural processes that place minority ethnic and migrant groups at a disadvantage within Scotland in relation to the majority. These structural disadvantages are experienced by groups which are defined by their migrant status (such as asylum-seekers, refused asylum-seekers and refugees and EU migrants) as well as those which are defined by their ethnicity (such as Gypsy Travellers, Pakistanis, Chinese, Indian). We also

acknowledge that the terminology used in this document may diverge from ways in which some individuals in these groups choose to define themselves.

## Context

6. Vulnerabilities to COVID-19 are consistent with an established pattern in which 'intersections between socioeconomic status, ethnicity and racism intensify inequalities in health for ethnic groups': this demands vigilance in how vulnerabilities to COVID-19 by deprivation categories will disproportionately impact ethnic minorities in Scotland. While higher proportions of some minority ethnic groups (e.g. Pakistani, Indian, Chinese) live in less socioeconomically disadvantaged circumstances in Scotland compared with the rest of the UK<sup>1</sup>, overall, minority ethnic people remain more likely to be in poverty than the majority White Scottish population,<sup>2 3</sup> and asylum-seekers and refugees are vulnerable to destitution.<sup>4 5</sup>

7. These higher levels of deprivation are expressed in underlying profiles of poor health and contributes, but does not fully explain, the impact of COVID-19 on minority ethnic groups. Also the experiences of deprivation may differ amongst minority ethnic groups. This means that some minority ethnic populations will be more susceptible to critical complications if they contract COVID-19, not because ethnic and racial categories are themselves a causal factor, but because they map on to underlying social determinants which generate these pre-existing health conditions<sup>6</sup>.

8. This document notes the recommendation made to the CMO (Scotland) from the COVID-19 Advisory Group in July 2020 that in the absence of robust Scottish data on COVID-19 risk and outcomes by ethnicity, the Scottish Government should assume that the impacts of the inequalities being found in England and UK data also apply in Scotland. The impact of COVID-19 on minority ethnic people is so significant that the precautionary principle applies, and this paper endorses that view.

9. Although COVID-19 has had a differential impact on minority ethnic groups, the mechanisms by which those differences have been created have not been fully explained. Nonetheless, a simple model is proposed, based on differential

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<sup>1</sup> Walsh, D. (2017) The Changing Ethnic Profiles of Glasgow and Scotland, and the Implications for Population Health. Glasgow: Glasgow Centre for Population Health.

<https://pdfs.semanticscholar.org/432c/b2d0557449b2f5e80034a5cf50335c3c6588.pdf>

<sup>2</sup> Kelly, M. (2016) Poverty and Ethnicity: Key Messages for Scotland. York: Joseph Rowntree Foundation, p. 8. [https://cpag.org.uk/sites/default/files/key\\_messages\\_scotland.pdf](https://cpag.org.uk/sites/default/files/key_messages_scotland.pdf)

<sup>3</sup> Netto, G., Sosenko, F. and Bramley, G. (2011) Poverty and Ethnicity in Scotland: Review of the Literature and Datasets. York: Joseph Rowntree Foundation. [www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-Scotland-full.pdf](http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-Scotland-full.pdf).

<sup>4</sup> Fitzpatrick, S, Bramley, G, Sosenko, F, Blenkinsopp, J, Johnsen, S, Littlewood, M, Netto, G, Watts (2016) Destitution in the UK <https://www.jrf.org.uk/report/destitution-uk>

<sup>5</sup> Hidden Lives - New Beginnings: Destitution, asylum and insecure immigration status in Scotland [http://www.parliament.scot/S5\\_Equal\\_Opps/Reports/EHRiC\\_3rd\\_Report\\_2017.pdf](http://www.parliament.scot/S5_Equal_Opps/Reports/EHRiC_3rd_Report_2017.pdf) [http://www.parliament.scot/S5\\_Equal\\_Opps/Reports/EHRiC\\_3rd\\_Report\\_2017.pdf](http://www.parliament.scot/S5_Equal_Opps/Reports/EHRiC_3rd_Report_2017.pdf) Date accessed 04/08/2020

<sup>6</sup> Qureshi, K., Meer, N. and Hill, H. (2020) 'Different but Similar? BAME Groups and the Impacts of Covid-19 in Scotland', in: Meer, N., Akhtar, S. and Davidson, N. (2020) Taking Stock: Race Equality in Scotland. London: Runnymede.

exposures, pre-existing vulnerabilities and unequal access to treatment and support. Reasons for differences in COVID-19 risk across different ethnic groups will be multiple and not attributable to any single cause.<sup>7</sup> An intersectionality lens highlights how different social characteristics combine so that some groups experience disproportionately poorer outcomes – for example, risks experienced by low-income ethnic minority groups may substantially differ from both high-income ethnic minority and low-income majority populations. The model proposed here will need to be adjusted in the light of new data and evidence.

### Differential exposures to COVID-19 – institutional and systemic factors

10. There are intersectional issues that have particular impact on minority ethnic groups due to poverty, destitution, racism and discrimination. We provide some examples of why COVID-19 risks may disproportionately affect minority ethnic groups but this is not intended to provide a comprehensive explication.

#### *Differential exposures.*

- Occupational exposure<sup>8</sup> eg health and care workers<sup>9</sup>, transportation workers
- Income and housing issues faced by those seeking asylum
- Living conditions, eg overcrowding
- Poverty
- Racism & discrimination<sup>10</sup>
- Lack of understanding of Scotland's ethnic diversity

#### *Differential vulnerabilities*

- Diabetes and Cardio-vascular disease<sup>11</sup>
- Vitamin D has been hypothesised but current evidence suggests it does not appear to be an important factor<sup>12</sup>

#### *Differential access to treatment and other forms of support*

- Research shows a greater risk of adverse outcomes even after hospitalisation.<sup>13</sup>
- Migrants without a formal status will continue to face barriers in accessing NHS services because of understandable concerns about the sharing of patient data between the NHS and the Home Office. Refugees and migrants should therefore be given access to the NHS with no financial or

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<sup>7</sup> <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-020-01640-8>

<sup>8</sup> [https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings-report-2020.pdf?sfvrsn=22a9083a\\_2](https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings-report-2020.pdf?sfvrsn=22a9083a_2)

<sup>9</sup> Nguyen LH, Drew DA, Graham MS, et al. Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. *The Lancet Public Health* 2020.

<sup>10</sup> Niedzwiedz CL, O'Donnell CA, Jani BD, et al. Ethnic and socioeconomic differences in SARS-CoV-2 infection: prospective cohort study using UK Biobank. *BMC Medicine* 2020; 18(1): 160.

<sup>11</sup> Sattar N, Ho FK, Gill JMR, et al. BMI and future risk for COVID-19 infection and death across sex, age and ethnicity: Preliminary findings from UK biobank. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews* 2020; 14(5): 1149-51.

<sup>12</sup> Hastie CE, Mackay DF, Ho F, et al. Vitamin D concentrations and COVID-19 infection in UK Biobank. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews* 2020; 14(4): 561-5.

<sup>13</sup> Harrison EM, Docherty AB, Barr B, et al. Ethnicity and Outcomes from COVID-19: The ISARIC CCP-UK Prospective Observational Cohort Study of Hospitalised Patients. SSRN preprint 2020

legal penalty, pursuing a whole society approach that recognises that it is impossible to maintain 'public health without refugee and migrant health'<sup>14</sup>.

- In three Scottish surveys of minority ethnic experiences of discrimination from 2015 to 2019, 18–20% of respondents reported experiencing discrimination in using health services<sup>15</sup>.

11. In addition to the important roles played by living conditions, the impact of racism as well as ethnicity needs to be considered as an additional cause of stress and disadvantage only experienced by people who are racialised. Racism is a stressor in its own right, because of persistent, unavoidable disempowerment. Childhood exposure to racism (like other Adverse Childhood Experiences ACE's) has lifelong effects. Expanded ACEs include experience of racial discrimination and are associated with poor outcomes in adulthood.<sup>16</sup>

Our understanding needs to rapidly increase and recognise that racism is itself a harmful exposure, and also causes other harmful exposures. It is therefore important in Scotland to pay attention to the longstanding international evidence in particular from the US whereby racism is known to have a profound effect on health and illness, including at a physiological and epigenetic level.<sup>17</sup>

12. Ethnic minority communities will be more susceptible to critical complications if they contract COVID-19, not because ethnic and racial categories are themselves a causal factor, but because they map on to underlying social determinants which generate these pre-existing health conditions.

13. The lack of high quality population-based data on ethnicity hampers understanding of ethnic variations in COVID-19 and its outcomes in Scotland. The deep-rooted health and socio-economic inequalities faced by ethnic minority communities have been repeatedly raised by a range of organisations and researchers as priority areas for action for a number of years.<sup>18</sup>

14. Systemic issues are by their nature hard to recognise because they are rooted in our assumptions and everyday practices

## **Recommended Approach**

15. The Scottish Government approach to tackling systemic racism must include as a priority a baseline audit of past and current initiatives and their effectiveness and determine clearly defined measures to tackle systemic racism and the implementation of equality strategies and processes with a clear link made between

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<sup>14</sup> Kluge, Hans Henri P., et al. "Refugee and migrant health in the COVID-19 response." *The Lancet* 395.10232 (2020): 1237-1239.

<sup>15</sup> Meer, N., Akhtar, S. and Davidson, N. (2020) *Taking Stock: Race Equality in Scotland*. London: Runnymede, Appendix 1 p.41.

<sup>16</sup> Wade R Jr, Cronholm PF, Fein JA, et al. Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population. *Child Abuse Negl.* 2016;52:135-145. doi:10.1016/j.chiabu.2015.11.021

<sup>17</sup> Medlock, M.M., Shtasel, D., Thinh, N.-H. T., Williams, D.R. (Eds.). *Racism and Psychiatry: Contemporary Issues and Interventions*. Cham, Switzerland: Springer Nature, 2019.

<sup>18</sup> <https://link.springer.com/article/10.1007/s12061-018-9281-7#Sec29>

outcomes, action taken and impact<sup>19</sup>. It must be acknowledged that many of the recommendations such as these outlined below have in some form been made before. What is not known nor understood from those recommendations is what was attempted, what was successful, and if not successful why not. Until that is understood, there is a risk to all involved in supporting this work, generated because of the uniqueness of the pandemic impact on all our lives and the global clarity witnessed through the #BlackLivesMatter protests that we are simply recreating a moment of false hope.

16. We need to better understand the barriers to implementing previous recommendations relating to the impact of racism and discrimination on access and service use across the public sector.

17. There needs to be clear and demonstrable lines of accountability in relation to the ownership of actions and reporting of impact across the Scottish Government and clear timelines for action.

18. Racism and racialisation should be acknowledged as important mechanisms which lead to unequal outcomes. Racism is a cause; “race equality” is a desirable outcome.

19. The Scottish Government and public bodies should recognise that they are part of the “system” and their own actions are therefore likely to include direct and/or indirect discrimination. It is important to improve awareness and understanding of structural racism, institutional racism and individual racism. An effective way to achieve that is by increasing engagement and participation by people from ethnic minorities. This can’t be “about” people – it must be achieved with people. The objective is to ultimately change the processes, to change structures and practices that discriminate against minority ethnic people and communities.

20. Any intervention that focusses on ethnicity and racialised characteristics is particularly vulnerable to institutional or systemic discrimination of this kind and needs to be considered carefully.

21. The advice and recommendations in this report will be structured to provide:

- Immediate COVID-19 actions
- Shorter term actions that includes building an infrastructure within Scotland that focuses on accountability and oversight

## **Advice and Recommendations**

### **COVID-19 Immediate Action**

#### **Recommendation 1: Emergency Sustenance Fund Payment**

22. During COVID-19 BEMIS actioned emergency sustenance fund payments to ensure that Ethnic Minority families and individuals were able to access food, medicine, and other supplies regardless of their immigration status. However, the delivery of such a service by BEMIS is not sustainable. The Scottish Government

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<sup>19</sup> <https://chpi.org.uk/blog/covid-19-and-bame-inequalities-the-problem-of-institutional-racism/>

should deliver an emergency sustenance fund using the existing infrastructure of state support for people and families across Scotland. This may involve using the Scottish benefits system creatively.

23. The Scottish Government should ensure that any future COVID-19 response includes the learning and needs identified through the current programme.

### **Recommendation 2: No Recourse to Public Funds**

24. The No Recourse to Public Fund policy discriminates against minority ethnic communities and leaves children and families exceptionally exposed to COVID-19 social impacts: children are penalised for their parent's nationality and situation. The Scottish Government and local authorities must ensure that any local lockdowns do not differentially impact on those subject to this discriminatory policy.

25. Accepting the reserved nature of the policy, the Scottish Government should review the nature of the No Recourse to Public Fund restrictions, and determine a localised strategy within those restrictions which can navigate how they can be overcome. Currently, the gaps in statutory service provision are patched up by the voluntary sector and volunteers. This cannot continue given the consequences of COVID-19, destitution and poor health.

### **Recommendation 3: Test and Protect and future health measures**

26. There must be Minority Ethnic participation at all levels of the COVID response. It is also important to ensure that communication with individuals from minority ethnic communities by Test and Protect teams is effective and that Test and Protect teams have incorporated processes and expertise which reflect the diversity of the communities they serve and the intersectional framing of their experiences.

27. Further, as other health policies, such as shielding and vaccinations, are being developed the Scottish Government must ensure that the needs of minority ethnic communities are considered and acted upon. There is a risk of undermining the broader zero COVID-19 community transmission approach if this is not done.

28. Culturally competent health promotion and disease prevention programmes, relating to issues such as the higher risk of diabetes and Cardio-Vascular Disease among South Asians, is well known but efforts to tackle it may have diminished recently and it is important that such efforts are reinvigorated. Further, the Independent Race Equality Framework Advisor had previously made a recommendation involving funding the implementation of a low cost community intervention project with the aim of bringing about lifestyle changes that would a) prevent and b) improve management, of these diseases.<sup>20</sup>

### **Recommendation 4: Fair work practices**

29. The joint statement on fair work expectations during the transition out of lockdown<sup>21</sup> and the guidance on workplace risk assessment are welcome<sup>22</sup>.

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<sup>20</sup> <https://www.gov.scot/publications/addressing-race-inequality-scotland-way-forward/pages/6/>

<sup>21</sup> <https://www.gov.scot/publications/coronavirus-covid-19-fair-work-statement/>

<sup>22</sup> <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/>

However, studies highlighted earlier in this paper show that discrimination and unfair practices towards minority ethnic people has taken place.<sup>23,24</sup> The Scottish Government, NHS Scotland and other partners must demonstrate how they will ensure that fair work practices are in place in health and social care settings, particularly in relation to PPE, and other workplaces.

### **Recommendation 5: Investment in Minority Ethnic Organisations and mental health services**

30. In the event of enhanced lockdown, the Scottish Government will need to invest in NHS Scotland Mental Health provision. Further, there should be support for minority ethnic led sector organisations to provide the service required to Scotland's diverse demographics. In addition, the Scottish Government and NHS Scotland should deploy culturally competent and multi-lingual psychotherapists and counsellors as there are ethnic inequalities in accessing mental health services.<sup>25</sup> For example, building on the work already done in Scotland by BEMIS, FENIKS, Saheliya, Sikh Sanjog, Amina Muslim Women Resource Centre, YCSA and others and also the internationally recognised community led partnership model involving statutory organisations, private and third sector to support mental health improvement developed by Black Thrive London<sup>26</sup>.

31. More broadly the Scottish Government should commission research to identify barriers and put in place a plan to address the unmet need and persistent ethnic inequalities in mental health care.

### **Recommendation 6: Public Health Messaging**

32. The Scottish Government must take action to ensure the inclusivity of public health messaging around COVID-19 minority ethnic communities and migrants. This should take into account language barriers, literacy levels, cultural factors, religious beliefs and differential access to health-related information among diverse communities<sup>27,28</sup>. We endorse the recent SAGE advice:

“An effective communication strategy should target capability (knowledge and skills), opportunity (societal norms and physical resources) and motivation (analytic decision making and habit). Translation is necessary, but not sufficient.

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<sup>23</sup> Hudson, M., Netto, G., Noon, M., Sosenko, F., de Lima, P. & Kamenou-Aigbekaen, N., 17 Jan 2017, Ethnicity and low wage traps: Favouritism, homosocial reproduction and economic marginalization Work, Employment and Society. p. 1-28 28 p.

<sup>24</sup> Netto, G., Hudson, M., Noon, M., Sosenko, F., De Lima, P. & Kamenou-Aigbekaen, N. (2015) 'Migration, Ethnicity and Progression from Low-Paid Work: Implications for Skills Policy' Social Policy and Society. 14, 4, p. 509-522 14 p.

<sup>25</sup> Bansal, N., Bhopal, R., Netto, G., Lyons, D., Steiner, M. F. C. & Sashidharan, S. P., 4 Mar 2014 'Disparate patterns of hospitalisation reflect unmet needs and persistent ethnic inequalities in mental health care: The Scottish health and ethnicity linkage study' Ethnicity and Health. 19, 2, p. 217-239 23 p.

<sup>26</sup> <https://www.blackthrive.org.uk/>

<sup>27</sup> Netto, G, Bhopal, R, Lederle, N, Khatoon, J and Jackson, A (2010) How can health promotion interventions be adapted for minority ethnic communities. Five principles for guiding the development of behavioural interventions. Health Promotion International, 25, 2: 248 - 57 .

<sup>28</sup> Piacentini, T, O'Donnell, C Phipps, A, Jackson, I & Stack, N (2019) Moving beyond the 'language problem': developing an understanding of the intersections of health, language and immigration status in interpreter-mediated health encounters, Language and Intercultural Communication, 19:3, 256-271, DOI: 10.1080/14708477.2018.1486409

Co-production and pre-testing of messaging with communities is essential for tailoring to specific cultural contexts. Local authorities need to have appropriately experienced staff or access to sources of advice so they can actively engage with ethnic communities to understand local issues and act as trusted sources of communication with the community. Messages should be tailored to reflect local realities and consider cultural norms, accessibility of services, and financial disadvantage. Messaging and engagement needs to understand that groups are not homogenous. Work needs done at a local level – it is essential to work with trusted 3rd parties in the relevant communities.”

33. There is concern that public communication around the higher proportion of cases in minority ethnic communities’ could risk creating a blame-game that would lead to negative repercussions for these groups. Anecdotal evidence suggests this has already been happening in Scotland for many groups, including the Chinese community. The Scottish Government should be clear and resolute in standing up to this danger, especially the potential exploitation of this narrative by racists and the far right.

### **Short Term Actions**

#### **Recommendation 7: Accountability - Independent Oversight Commission**

34. A key recommendation is to establish a more effective accountability and governance infrastructure in Scotland. Too often recommendations have been made on racism and minority ethnic “issues” that have subsequently been forgotten and not implemented. They may then be raised again by other Groups without reference to what has been asked before. This absence of institutional memory within the current system and structures is frustrating, disempowering and can be understood as a mechanism by which systemic discrimination occurs.<sup>293031</sup>

35. The proposal is that a new infrastructure, building on what exists already, should embed four elements

- An Observatory which brings together quantitative and qualitative data on ethnic and racial inequalities in Scotland. This should not only include epidemiological data but also cultural, historical and other socio political and economic factors.
- A repository which holds historical and current evidence from arrange of different sources to maintain awareness and inform actions.
- Collaboration that reflects the consensus between the Scottish Government and all other relevant stakeholders that Scotland needs to better engage with the experiences of those racialised in society.
- Co-production processes led by those who are most affected by its outcomes.

36. It is important that there is independent external oversight of the work and linked to work that is being taken forward elsewhere in Scotland. An independent

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<sup>29</sup> <https://www.gov.scot/publications/addressing-race-inequality-scotland-way-forward/pages/6/>

<sup>30</sup> <http://www.healthscotland.scot/media/1842/health-in-our-multi-ethnic-scotland-full-report.pdf>

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[https://www.webarchive.org.uk/wayback/archive/20180521012620mp\\_/http://www.gov.scot/Resource/Doc/47063/0025073.pdf](https://www.webarchive.org.uk/wayback/archive/20180521012620mp_/http://www.gov.scot/Resource/Doc/47063/0025073.pdf)

Oversight Commission must be put in place consisting of representatives from minority ethnic communities, academia, third sector and other national and international experts.

37. The Oversight Commission should provide strategic oversight to the progression of the recommendations made by the Group and also any future Race Equality Action Plans put in place by the Scottish Government.

38. The ERG propose that options for the status, structure, remit, staffing complement and resourcing of the Oversight Commission needs to be urgently explored, including with the full co-participation of minority ethnic people and communities. This could be a statutory body in a similar vein to the Scottish Human Rights Commission or an independent body funded by the Scottish Government to complement, enhance and add momentum to the work of the Race Equality Unit, 3rd sector partners, local authorities, and other public bodies

39. The Commission would, through a human rights based approach, ensure that its actions and evidence are informed via the co-participation of minority ethnic people and communities and help establish the infrastructure to house the recommendations which embed the four elements described in paragraph 36 above.

#### **Recommendation 8: Functions**

40. The functions of the infrastructure should include:

- Collect, analyse and publish government, local authority, public body ethnic, and private sector ethnic minority data and evidence
- Help Directorates within Scottish Government to develop, monitor, implement and evaluate policies to reduce ethnic disparities
- Provide leadership to improve the quality of Scottish Government, local authority and other public bodies in their collection, analysis and reporting of data on minority ethnic groups, as well as actions to address these inequalities
- Report regularly on the impact of policies on racialised inequality in Scotland
- Create an open data source which is kept updated in order to monitor and act on the impact of Scottish Government plans and expenditure on minority ethnic people and communities.
- Highlight priority areas for investment to boost progress in affected communities across Scotland.
- Report and share best practice<sup>32</sup>

41. As a priority the Scottish Government should conduct an inequalities audit across the Scottish Government and other public bodies functions.

- Government should work with the NHS, local authorities and other public service partners to ensure that data relating to workforce and the use of public services is accurate, comprehensive, accessible, can be ethnically disaggregated and is regularly monitored and reviewed.

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<sup>32</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5165053/> where focus on equity is key

- That work should include the investigation of any ethnic disparities. Where data disaggregated by ethnicity is not available, the Scottish Government must make the necessary investments or policy changes to address this.
- Any Scottish infrastructure should be multi-disciplinary, seek international guidance and expertise especially in relation to understanding how systemic, structural/ institutional racism manifests and is sustained, as well as learn lessons from the experiences of the UK Racial Disparities Unit.

### **Recommendation 9: Anti-Racism Actions**

42. Given the new post-COVID-19 landscape and the highlighting of problems of institutional racism within the existing functions and systems of the state there needs to be a focus on racism and anti-racism actions within the strategies and plans across the Scottish Government, local authorities and public bodies. The Race Equality Action Plan is due to be renewed in 2021 and to ensure that a gap is not created as a result of the Scottish Parliamentary elections next year, planning for the renewal should start as soon as possible, with a clear focus that the actions in any revised plan will be explicitly anti-racist, with clear actions, outputs and measurable outcomes.

### **Recommendation 10: Corporate Accountability**

43. An anti-racist progress measure should be included in the performance objectives of all Scottish Government Directors and Chief Executives (or equivalent) of every public body in Scotland. This will help ensure that addressing systemic racism gets the leadership it requires and senior public sector managers will be accountable for actions taken.

### **Recommendation 11: National Performance Framework**

44. The National Performance Framework must include analysis and narrative on disparities for minority ethnic people within all progress reporting. Work to improve the data and evidence across Scottish Government must be undertaken and where data disaggregated by ethnicity is not available, there should be the necessary resources to make the investments or policy changes to address this.

### **Recommendation 12: A Measure of Racism**

45. The Scottish Government should explore the development of a workable measure of racism and discrimination and its impact on physical and mental health. This should be done in collaboration with leading international experts and be supported through a programme of rapid learning from the experiences internationally.

### **Recommendation 13: Housing and Overcrowding**

46. The Scottish Government must take action with local authorities to mitigate the risk of poor accommodation or overcrowding in some minority ethnic groups, such as migrant workers, asylum seekers and Gypsy Travellers. Housing conditions have been suggested as one of the possible explanations for the disproportionate impact of COVID-19 on BME groups<sup>33</sup>. In particular, the low percentage of minority

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<sup>33</sup> <https://housingevidence.ac.uk/the-unequal-impact-of-covid-19-on-black-asian-minority-ethnic-and-refugee-communities/>

ethnic people in social housing should be looked at and addressed as set out in a recent report.<sup>34</sup>

47. The report also highlights the various housing and homeless issues facing minority ethnic groups and suggests a number of recommendations, including the need to have reliable and up-to-date data and the need to close evidence gaps and identify solutions.

#### **Recommendation 14: Recovery and Remobilisation Plans, Investment Fund and Reporting**

48. The Scottish Government should take action to ensure that COVID does not exacerbate existing racialised socio-economic inequalities, including measures to ensure that recovery and remobilisation plans do not discriminate against people from ethnic minorities. The Scottish Government's response to the Advisory Group on Economic Recovery recognised the necessity of embedding an Equalities and Human Rights approach across our policy thinking and development for economic recovery and renewal. The response recognised the need for action in areas such as employment, skills and training, job support for young people and support for those seeking work or at risk of long-term unemployment. Opportunities for minority ethnic youth must be targeted and progressed as part of contractual agreements where public bodies are spending on significant capital infrastructure projects or modern apprenticeship programmes.

49. The Scottish Government should take action to set up a Race Equality Transformational Investment Scheme. This fund should focus on the systemic change issues highlighted in this paper and use a participatory and empowerment model where ethnic minority communities are able to direct funding to areas of public service that need to change during the upcoming recovery and remobilisation phases.

#### **Recommendation 15: Employment**

50. All public bodies should develop action plans with annual progressive targets for public sector employment at all levels of seniority in relation to minority ethnic groups – workplaces must share the diversity of the communities they serve and also set a positive leadership example. These targets should support achievement of the existing commitment on fair representation for minority ethnic people in the Scottish Government and public bodies workforce. Appropriate levers to encourage similar actions from the private sector should also be explored, including the potential to support community and activist led programmes, such as "Pull Up or Shut Up,"<sup>35</sup> a campaign that calls on companies to release the total number of black employees at their companies and to identify their employment levels.

#### **Changing the Cultural Landscape**

51. There is a need to respond to the current COVID-19 pandemic and the impact on minority ethnic groups. And there is a need to take forward other issues that will

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<sup>34</sup> Minority Ethnic Communities and Housing in Scotland - Room for Improvement? CRER July 2020

<sup>35</sup> <https://www.instagram.com/pullupforchange/?hl=en>

help address problems highlighted by the pandemic, including the need to build an accountability and oversight infrastructure in Scotland. There is also a need to take on other issues that impact on the lives of all people in Scotland and creates the shared cultural narrative.

### **Recommendation 16: Change the Curriculum for Excellence**

52. The Scottish Government should make a formal change to the school curriculum as advocated by CRER and BEMIS. The Government should amend the Curriculum for Excellence Social Studies benchmarks to include a specific experiences and outcomes measure such as:

‘I understand Scotland’s historical role in empire, colonialism and transatlantic slavery and how that history has manifest the present and also understand the diversity of Scottish society in the past.’

53. There should also be the potential within the curriculum for a much wider understanding of global Black history

### **Recommendation 17: National Museum and Statues**

54. The Scottish Government should work with the existing group co-chaired by CRER and Glasgow City Council and community members to fund a scoping study for the establishment of a national museum dedicated to illuminating Scotland’s role in empire, colonialism, slavery, migration and the history of Scotland’s erasure of that history. Ethnic minority people, in particular people from African and Caribbean communities, must be over represented within any such work.

55. Further, statues have become a focus in the global moment and clarified for all that they mean, what obfuscated reality they reflect, and asks the question of what they are saying and to whom? The Scottish Government should be bold, creative and proactive, and include young and older Afro Caribbean and people of African descent in Scotland in any decision making on any future decisions on statues and other cultural artefacts.

### **Timescales**

56. The immediate actions are contained within recommendations 1 to 6 above. The other short term recommendations 7-17 should be progressed within the next six months though we would expect to see the infrastructure recommendations 7-9 taken forward as quickly as possible with a view to implementation by 1 April 2021. As suggested in this paper an independent oversight body should be put in place consisting of representatives from minority ethnic communities, academia, third sector and other experts to ensure the momentum for progress is maintained.

### **Taking this Forward**

57. Taking this work forward will involve effort and resource across the public sector. There needs to be an agreement by the Scottish Government and public bodies to refresh existing commitments and action plans. It’s essential for public bodies to recognise institutional and structural racism and work to minimise the

impact on minority ethnic people and communities without continuing to “blame the victim”.

58. The recommendations will need participation and contributions from ethnic minority people and communities though this will need to be done in a way that is not bureaucratic and burdensome and allows for creativity and new ways of thinking to emerge.

59. The new observatory and repository functions will ensure that relevant historical information is widely available, including intersectional issues. This will be important from the start as the brief work of the Group has highlighted there is a real deficit in taking forward previous recommendations.

60. A transcultural hub would be an integral feature which acknowledges Scotland’s diverse and changing population with the recognition that epidemiological data needs to be complimented by cultural, historical and other socio political and economic factors. This would pay particular attention to:

- Ensuring Scots have a full understanding of our nation’s history and in particular Scotland’s role in slavery and colonisation
- A beacon site for “best practice/horizon scanning/liaison” function, including insights for and from research, policy, academia and lived experience in Scotland and overseas with an approach which aims to minimise the power differentials, misunderstanding and co-option which have proved difficult in the past.
- Ensuring that the interpretation of information collated by the Observatory and Repository is understood not solely within a health or epidemiological frame, but as part of a holistic awareness of history, sociology, psychology and culture.
- Building national and international reputation through facilitation of the expression of voices and perspectives which would otherwise be marginalised- there is a clear narrative needed to express that this is not a zero-sum situation: diverse expressions complement, rather than displace, existing cultural activities.