

Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Thursday 2 July 2020

3 pm

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Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 9

Virtual Proceeding

Questions 60 - 65

Witnesses

I: Sarah Mann, Director, Friends, Families and Travellers; David Isaac CBE, Chair, Equality and Human Rights Commission; Rosie Lewis, Deputy Director and VAWG Services Manager, The Angelou Centre.

Examination of witnesses

Sarah Mann, David Isaac and Rosie Lewis.

Q60 The Chair: Good afternoon, everyone. We have a fascinating group of witnesses on really challenging and difficult issues this afternoon. I am keen that we get going, even though a couple of members of the Committee have not been able to join us yet, but I am sure they will do so later.

This afternoon we are looking particularly at what we call protected characteristics. For those who may not be familiar with the phrase, it means the things that legislation has protected, essentially in the 2010 Act. When public services are being delivered, those characteristics need to be taken into account and people should not be discriminated against because of them. Protected characteristics can sometimes result in inequality. Today, we are looking across the range of protected characteristics at whether Covid-19 has shone a light on the issue of inequality for those who may have one or more protected characteristics.

We are very privileged to have a range of witnesses before us today. As ever, we have two panels. We are always pushed for time, and we tend not to ask witnesses to give an introduction, other than to say who you are and where you are from, so that we can go straight into the questions to ensure we get the best from you in the relatively short period we have you as witnesses.

In the first session, we are looking at whether there are lessons to be learned from the coronavirus crisis for reducing inequalities for individuals with protected characteristics. We have three witnesses. Two of them can speak to particular disadvantages in the groups of people they are speaking about this afternoon; and I am sure that David Isaac as chair of the Equality and Human Rights Commission will talk to us about a much broader spectrum of protected characteristics.

As ever, it falls to me to ask the first question. Have people with protected characteristics experienced differing levels of access to our public services during lockdown? If so, to what extent would that account for the higher coronavirus death rate among some groups?

David Isaac: I am very pleased to be able to give evidence today. I chair the Equality and Human Rights Commission, which, for those of you who do not know, is the country's independent body that promotes equalities and protects human rights. I am keen to make a few general comments, because of the breadth of the protected characteristics, and then I shall talk very briefly about two specific areas to answer your question. My colleagues will then talk about their specific areas.

Our approach is very much that we understand that during the height of Covid-19 the Government and public bodies were focused on protecting life. Clearly, that was an important area of focus. In answer to your question, the Covid-19 pandemic has in our view exacerbated underlying inequalities. There are a number of themes across all the protected characteristics. We still do not have all the data, but some is now available to us. I can refer to some of it when I am answering your questions.

More generally, across all protected characteristics people have struggled to get information and understand what is and is not available to them. They have experienced either delay or diminution in services and, in some cases, complete deterioration of services. The main point I am keen to communicate this afternoon is that we have tools. The public sector equality duty requires public bodies to take equality considerations into account when making decisions. Our view is that it is vital to use the public sector equality duty when we are building back, but it is clear that the public sector equality duty and equality impact assessments were not used as extensively as they might have been, and that resulted in the delay and diminution of services that I talked about.

While clearly cost is a major factor, we believe that some of the services were inadequate before Covid. Covid led to a deterioration, but if the Chancellor is able to promote economic considerations, our view is that it is important that people with protected characteristics are not left out of

consideration in those important prioritisation aspects. People with protected characteristics are not second-class citizens.

I am keen to refer to two particular areas: social care, which has largely impacted on people with disabilities; and older people who live in residential care. In relation to social care, the Coronavirus Act allowed easements to the existing care provisions. The good news is that those easements were not used very extensively, or as extensively as we feared they might be, but the evidence from disability groups suggests there was a real deterioration in service, particularly in the provision of personal assistance to people with disabilities. Families had to step in, and in some cases people went without support and protection. Clearly, that is hugely worrying.

In relation to older people in residential care, a huge amount of attention has been given to the lack of PPE and to the discharge to care homes of older people without testing. The PHE evidence is alarming, in the sense that, against previous years, the three-month assessment of the period between March and May suggested that there were 20,000 more deaths. On the basis of the PHE evidence, we believe that 46% of those were Covid-related, which suggests that 54% were non-Covid-related. I know the exam question this afternoon is about Covid, but we believe there was a clear diminution in service in relation to degrees of protection that older people in residential care were receiving. We need to interrogate the data further. In conclusion, those are two areas where, at best, very significant reductions in service and support had huge impact during Covid-19.

Sarah Mann: I am director for Friends, Families and Travellers, a national charity supporting Gypsy, Roma and Traveller people. My answer is similar to David's. The simple answer is that there certainly has been a higher impact and more difficulty in accessing services. Gypsies and Travellers are only half a per cent of the population across England and Wales, and probably no more than that in any local authority area. There always has been an issue of Gypsies and Travellers coming on to the radar of local authorities and local services.

The main areas where we have seen particular impacts are education, health and access to basic amenities. I will turn to that first. The 25,000 people—families and children—living on encampments in caravans without somewhere to stop experienced a drastic change in access to basic amenities as lockdown happened. Normally, those families get fresh water, perhaps from a petrol station or garden centre, and are able to use toilets at leisure centres, but as lockdown happened all those services shut and outside taps were turned off. Suddenly, families, small children and pregnant women were without access to fresh water, toileting or showers. It was a complete humanitarian disaster for those families.

It took a long time for any guidance to get out to local authorities to remind them that they may have a duty to support Gypsy and Traveller families as they would other families in this situation. We have found from our national advocacy work that there was often no one individual

within a local authority who could take responsibility. Families needing support would be referred perhaps first to adult social care, then to the safeguarding hub, then to public health and back to social care. To refer to a real case, a family with a woman in the third trimester of pregnancy was unable to get access to water and instead was pushed around that referral loop to try to get to somebody in the local authority who was prepared to address the issue, rather than trying to find someone else in the local authority to take responsibility. The family became trapped in the referral loop.

Equally disturbingly, we saw local authorities continuing to carry out evictions of families from unauthorised encampments during the initial lockdown period, and that carries on to date. Government guidance was issued quite late and was not as directive as the guidance issued in Wales and Scotland. Wales and Scotland both issued strong directive guidance to their local authorities on how to manage families on sites and encampments to ensure that they were protected and had access to services during lockdown. That did not happen in England. As a result, we saw evictions continue to happen. Families that should have been staying in place were instead simply moved to the roadside. They were then expected to find somewhere in a new area to stop and then try to find access to water and to other services. That was a really unhelpful approach. Some local authorities took a better approach, and perhaps we will come on to that a bit later.

On education, we already know that Gypsy, Roma and Traveller families are more likely to be digitally excluded and to have larger households in smaller homes, and children are less likely to have literate parents within a household. Accessing remote education was virtually impossible. We had a case of a family being told that one mobile phone was sufficient access for four children to follow their education programme during lockdown, which clearly is not terribly sensible. Specific targeted catch-up will be needed for Gypsy, Roma and Traveller children, who already experience the worst attainment of any group in the UK. We saw some good practice in some areas, and perhaps we can come on to that later.

On health, we certainly saw problems accessing GPs. Again, that is not a new issue; GP access for people without a fixed address has been a problem for a very long time. Our surveys have shown that about 50% of people without a fixed address who try to register with a GP are not able to do so. That was certainly exacerbated through lockdown as registration went online only, and families who were finding it difficult to access healthcare were put in an even more difficult situation.

Registering to be clinically extremely vulnerable was online only and again extremely difficult, and there was and still is no relevant government advice on how families on encampments or Traveller sites should keep themselves safe and follow the Covid-19 guidance. When you are sharing toilet blocks, or are crowded into one space, the measures you need to take are different from when you are in a house or have your own toilet.

Lastly, we are concerned about testing. The current provision for testing appears to have no access for roadside families, who cannot have a test posted to their address.

The Chair: Rosie Lewis is here because her chief executive is not able to be with us today. Welcome, Rosie.

Rosie Lewis: I welcome being invited, especially coming from the north and the particular socioeconomic situation in the north-east of England.

To give you a very brief background about the Angelou Centre, we are a black and minority-led women's organisation. We have an open access centre. We provide training and many different activities, but a large proportion of the work we do is on violence against women and girls. We run a lot of onsite refuge accommodation. A key part of our work is supporting migrant women and women without recourse to public funds. We will focus more on that as we go through this discussion, because we believe they are some of the most excluded and voiceless people in relation to some of the public access and public service delivery issues.

We look at racial discrimination, as well as at the intersection with gender discrimination. On protected characteristics, we have a very intersectional approach in understanding that many of the women we support have multiple needs.

Those are a few broad areas, but it is not just about public service access; it is also about public service delivery. To echo what David and Sarah said, many of the underlying structural inequalities and fragmentations in service delivery that we know are there have been exacerbated by Covid. You can see that in many of the health outcomes and the disproportionate impact on communities of colour. Often the women we support are invisibilised in the process, because they are not seen as having access to public funds.

The broad areas we have come across are structural inequalities and messaging issues, particularly in relation to cultural competence. As regional context, the north-east has one of the fastest-growing demographics in the country, yet we have the most static public sector workforce. Outside health, we have fewer than 5% black and minoritised people in the workforce, but in some of our inner-city schools we have up to 41% black and minoritised children who are accessing services. That disproportionality is shown in public service delivery and the cultural competence within that.

There are a couple of things on public service access and delivery that are very important. One is equal access to safety and protection, making sure that all women are able to access safety and protection regardless of their immigration status. In our regional context, we are drilling down a bit more into our experience as an organisation. That is what I will refer to in the information and evidence that we present.

There has been a lack of access to safety and there is often risk of harm to women without recourse to public funds. There has been an inequitable response. Often, women who are considered to have no access to public funds are those with uncertain immigration status, or there has been immigration abuse. Services respond as if they have no recourse to public funds, whereas they have many rights and they should be supported accordingly, although we argue that all women, regardless of their immigration status, should have support.

We have seen a lowering of the threshold on safeguarding. Throughout Covid, many women are presenting having experienced a much higher level of violence. As you can understand, there is less ability to access support, and when they present to services it is often at a crisis stage, and we find that the threshold is higher. However, other agencies have been lowering the thresholds in consideration of what puts women at greater risk of harm. Often, what goes with thresholds is a level of support.

There has been lack of access to housing across the board, and there have been disproportionate responses from local authorities in understanding risks around homelessness. Local authorities have been very good at housing people who are homeless, but from our sixfold increase in referrals to refugees, we consider that women without recourse to public funds have slipped through the gap.

Digital inequity has been mentioned. Twenty-five per cent of the women we support do not have a phone, never mind a smartphone, and only 65% would have access to the internet through a smartphone. You can imagine that for women with children there is very little opportunity to do home schooling, et cetera. Organisations like ours have had to come in. We have built up what we call a welfare bank, because it is not just about food scarcity, hunger and hygiene scarcity; there is also the issue of access to tech, which is a human rights issue, particularly when there is risk of harm, and, as I have mentioned before, food scarcity and hunger.

David mentioned the public sector equality duty. It is very important to us. We sit on a number of multiagency partnerships; we work right across the north-east and nationally. During the Covid crisis, we have found that there has been no regional consultation with black-led services or those that have been local authority-led. That has been a real issue. Communication and decision-making have been very much without consultation with communities, which has affected access to funding and resources. I can give you examples where the communities we support should have had access to certain resources, but that was not communicated, so those communities did not gain access to that.

There has been no considered understanding of the disproportionate impact of Covid on communities of colour or any proportionate response on funding and resourcing. Without us being there at the decision-making, those communities are excluded from consideration for funding and resources, which has been a key issue.

The Chair: Some very important issues have been raised by each of the contributors.

Lord Hogan-Howe: Rosie, can you give us an insight into the experience of the people your group is working with? Is there a risk of domestic violence, or are they vulnerable children or young people? How easy has it been for agencies or anyone to check on their welfare during this time?

Rosie Lewis: You froze for a moment and I think I missed the key middle part of your question. Would you mind repeating it?

Lord Hogan-Howe: What has been the experience of the groups you are working with, where they are at risk of domestic violence—[*Connection lost*]

The Chair: Lord Bourne, who has the next question, is also having real trouble with his internet. Perhaps he can hang on and I will bring him in in a minute. He has now muted himself. Sorry, Rosie. Do you have Lord Hogan-Howe's question?

Rosie Lewis: I think I have the gist of it, but please prompt me if I miss anything.

There is a bit of a difference between public service access and delivery. I do not think the messaging about access has been very clear. When we look at the disproportionate impact on communities of colour, the messaging has been uniformly very convoluted, and it has not necessarily been accessible. For many victims of domestic violence, it has often been very confusing.

As an organisation, we have had a very high number of referrals from women themselves rather than from agencies, but our agency referrals have gone up because women have not been able to access support; many have been trapped in the home and subject to all forms of coercive control—including, for many of the women we support, honour-based abuse—and it has been very difficult for them to get support. There has been a correlation of agencies and services that lack cultural competence; they already lacked a relationship with many communities; and they lack ways of messaging and have not clearly messaged that kind of support.

That is mixed with the fact that the situation has been a perfect way for abusive people to carry out further abuse, particularly where there is coercive control and women have been trapped in the home. It is not just interpersonal abuse; there is also extended family and community abuse. There is often a lot of surveillance of the women we support. If I give you an example, it might help you to understand some of the issues I am highlighting. Just as the Covid lockdown started, we had one place come available. Many women now cannot be housed because of housing issues. At that point, we had a massive spike of referrals to the refuge from agencies, because of homelessness and from no recourse to public funds

women and women with uncertain immigration status. A woman ended up self-referring to our service. Her husband was on remand. She was high risk; she had migrated on a spouse visa, so she has rights under the domestic violence concession. She had been in the country for two months. Her mother-in-law was also a perpetrator and she was living in the household. She went to public services—the police and domestic violence services 11 times, and every time they considered her to have no recourse to public funds and sent her back. They said, “Sorry, we can’t help you”, and sent her back to her mother-in-law.

That went on for a number of weeks. Sarah has already mentioned the revolving cycle. She was repeatedly put back at risk. In effect, she used a lot of crisis public services’ time. That shows how lack of cultural competence and understanding can have a severe impact on a victim of abuse, a black and minoritised woman, a migrant woman, a woman who had rights and should have had access to support. I hope that example answers your question and gives you an idea of the multiple barriers women often face.

Q61 Lord Bourne of Aberystwyth: I apologise for the delay in joining, but I do not think I missed any evidence. You get the best of it because you do not have to see me, but I can see all of you.

I thank the panel for their evidence, which I found fascinating. Clearly, there are some massive challenges. My question is perhaps more for Sarah. Sarah, you mentioned some good practice where things were better. I am keen to tease out how we can seize that and try to make it the generality. Perhaps you could expand on some of the good practice that makes for a better experience for people who are at such a disadvantage and are some of our most deprived citizens.

Sarah Mann: One thing that we have seen used very positively during lockdown is local authorities’ negotiated stopping. This is not an entirely new concept. Local authorities have always been able to work with a group of homeless Traveller families and agree a place to stay and put in facilities, but what we have seen during this time, which has been excellent, is that at least three local authorities—Cornwall, Cheshire and Fenland—have put in place a good protocol to support homeless roadside families. That involved using their transit site or, if that was not suitable, identifying a piece of land and making a commitment to put in standpipes, portaloos, showers, electricity and refuse facilities. We have seen that put into practice. It is a really good example where a local authority, which has always had that power, has recognised that it can integrate its duties.

Local authorities have a duty to provide accommodation; they have a public health and education duty, but often in the case of Gypsies and Travellers they only remember the duty with regard to enforcement off land. This time has given local authorities the impetus to bring those duties together and look at a humane response. It is also a very effective and economically beneficial response for all involved. We are very hopeful that those local authorities will carry on using that approach, given the

shortfall in building Traveller sites. It is recognised that it will take at least 15 years for the shortfall in sites to be met, even if they are built at the highest rate. Having a practical and humane solution in place while that goes on is brilliant. That has been excellent.

Other things that have worked really well are Gypsy, Roma and Traveller civil society groups. There are only 40 of us, and most are one-person bands across the country. There are about 10 larger groups. During the coronavirus pandemic, we have been working together virtually, through Zoom, and have been able to cross-refer families, offer support and come up with plans and programmes. It has been a needs-must approach, but it is having benefits in learning each other's working style and getting the best out of a very small and, I will say, underfunded civil society—I had to say that.

We would love to be able to work with a Minister responsible for co-ordinating a Gypsy, Roma and Traveller Covid response going forward, particularly as one of the things that seems to have been an issue is that local authorities depend very much on national guidance and direction. The Government have already committed to a Gypsy, Roma and Traveller strategy, which I know Lord Bourne will be very familiar with and was certainly active in promoting, but the Women and Equalities Committee inquiry was over a year ago. At that time, Maria Miller said that Gypsy, Roma and Travellers were invisible in public policy. It is a year on. That strategy has never been more needed. We have seen the benefit in Scotland and Wales, where they already have a strategy, in giving much clearer direction and confidence to local authorities to act properly, and recognise their duties towards this protected characteristic and provide the services they should.

Q62 Lord Filkin: One of the interests of the Committee is to ask the question about who died and whether different public services could have prevented the death rates we saw. Which groups with protected characteristics seem to be disproportionately at risk of dying? Ideally, that requires good data and that may be premature, but we would like to ask about the data on who disproportionately died, and then come on to why that was. What do you think should be done in the future to reduce that disproportionate risk?

David Isaac: I think I partly covered this in my earlier answer. You are absolutely right about the data. On the basis of the available data, we have identified that people with disabilities, older people and those in social care and black and minority ethnic groups, in line with the PHE work, have been most at risk, and that is where we believe there have been most deaths. The reasons are perhaps related to susceptibility to the virus, but I am not a medical expert. A lot of work is being undertaken and, hopefully, the data will provide more information as it is gathered.

From an equalities and human rights perspective, we think the answers lie in some of the matters I talked about earlier. It is about making adequate funding available and being in discussion with groups that are

more vulnerable, particularly those in social and residential care situations, and liaising with their families and carers. In particular, when individuals with disabilities no longer have personal assistance and are unable to leave home to buy food, it increases existing vulnerabilities and underlying health conditions. For those categories of people, the human rights and public sector equality duty framework is really important in protecting the right to life at its most basic, particularly in relation to care homes. We saw an increase in provision, but initially a very slow response.

In relation to equalities, I come back to the public sector equality duty. I am very keen this afternoon that we focus on solutions because, as we build back better, which is what the Prime Minister talks about, we need to work out how we can learn from all of this. On the public sector equality duty, individual leadership by local authorities and the use of the data that exists will be absolutely fundamental to tackling the issues longer term.

Money, as my colleagues have mentioned, is hugely important, but it is about intelligent use of resources and using the data that exists so that we can come up with long-term and sustainable approaches to support people with protected characteristics, who are often hugely vulnerable and become more prone to be because of Covid-19. There is a variety of different responses. We have the information available and we need to start processing it.

Lord Filkin: Could I ask you to go a bit deeper? I am sure it is true that more money is necessary; there are not many problems to which that is not the answer. On which specific groups do you think we can make clearer recommendations about how public services should change in the future? If we as a committee just said that more money and better dialogue was required, people would say, "Yes, but that doesn't take us very far forward".

David Isaac: I completely agree. I am trying to make my answers as generic as possible, but thank you for the opportunity to go into a bit more detail. I would focus specifically on people with disabilities and the need for more support. Some of the existing provisions are inadequate. The disability community has been hugely vocal and has had to use personal testimony to get attention. That was very effective, but it is disappointing that people had to resort to that. My experience and the work we have done in the commission suggests that there is a long way to go to enable them to contribute to the economy, and on their ability to secure jobs and work on a part-time basis and those sorts of things. Disability and being trapped at home and susceptible to Covid-19 heightens those areas.

Older people in residential care are often overlooked and ignored. Covid is an opportunity for us to look at adequate residential care and support, and work out not just what the increased budget might be but what sort of additional protections they might require. Those are the two areas where I would specifically direct your attention.

Lord Filkin: Is there anything specific about how we could or should have increased resilience, or been more preventive, in relation to any specific groups within the nine protected characteristics?

David Isaac: I have not talked a lot about education, but Sarah did. The Children's Commissioner has done a lot of work on it. The commission has been working quite actively with Ofqual on predicted exam grades. We all know that education is the key to addressing some of the systemic issues in the longer term. Had some of the technology provision and longer-term educational assistance been in train, we would not have had some of the current difficulties that we face. It is often an issue of money, but that is about planning.

I come back to the same point. I do not want to be boring about the public sector equality duty, but if it is used effectively, with action plans and targets, rather than as a tick-box exercise, the sorts of things we are talking about this afternoon to enhance the lives of those with protected characteristics and those who are vulnerable to Covid might have been reduced, or in some cases eradicated.

Q63 **Lord Filkin:** Rosie, can I ask you what is known to date about the risk of those in black and ethnic minority groups dying or getting seriously ill? Is there a debate going on as to what extent it is fundamentally about poverty, or is it also significantly influenced by genetic factors?

Rosie Lewis: Obviously, I am going to focus on black and minoritised communities and the disproportionate effects. Anecdotally, even within our organisation alone and the women we work with in the refuges, the majority of families have been impacted by a death in their extended family. That is very interesting, because when I talk to other agencies, again anecdotally, some communities have not been touched by that impact. That very clearly shows that it is not just about deaths; it is about the impact on the communities themselves. We also have to consider people who have been seriously ill and the longer-term recovery process that will be needed, and the impact on mental health in communities.

The Public Health England report, *Beyond the Data*, reflected 30 years of research. I am going to start to pull this apart; we talk about black and minoritised communities, but they are obviously very diverse. Some of the disaggregated data that has come through could be improved on. We need to do work on disaggregated data. The Public Health England report reflected 30 years of research from the Runnymede Trust and recently the Women's Budget Group, et cetera, which is that Bangladeshi communities are the highest affected group. That correlates with them also being the most socioeconomically deprived, and it has gone on for a couple of generations. It has equally affected African-Caribbean communities, and again correlates with that.

We have to include migrant workers in the discussion about no recourse to public funds. We have to understand that there are people working who cannot access public funds. They are on zero-hours contracts. If they

get sick, they cannot leave work, and they are disproportionately from black and minoritised communities, as we know. There are multiple conflicting factors. I cannot comment on health, epidemiology and that side of things; that is not my area, but we can look at research about how health factors correlate with socioeconomic factors, and the lack of equality and access to public services.

An example would be the messaging to asylum communities and to communities without recourse to public funds. They were told by some health agencies that there was free and open access to health in the north-east, but that was underlined by the fact that it would be given only if it was proven they had Covid. We know of deaths of people from no recourse communities who were too scared to get support and help. That fundamental barrier to access health services is really important.

Covid has reflected already inherent inequalities. The socioeconomic inequalities are so important; we have to think about them in parallel to health, because we know health outcomes are linked to diet, exercise, well-being, mental health, stress and environmental factors at work. We cannot look at just one strand or the other; we have to look at those multiple conflicting factors.

I am so pleased that the public sector equality duty has been flagged up. I completely agree. It is not just about money and funding. When we talk about resources, we mean multiple resources. An example for us would be the fact that we have struggled to get access to local authority food banks. We have had to create different partnerships. As one small example, we have set up our welfare bank.

The public sector equality duty can work only when you think about who is at the table, who is making the decisions and who holds the power. We have had decades of "delivery to"—delivery to communities rather than co-production. That is why we are so involved with strategy and thinking about that. It is not just about our response to people in need; it is about changing systems, and we need to do that together. There has to be a co-production approach in looking at the public sector equality duty.

Lord Filkin: That is very interesting indeed. What is the nature of the discourse among those in the diverse black and ethnic minority community as at present about the fact that they must be aware that the risk of serious illness and death is much higher than for other people? Is there anger or debate about it? What is being said?

Rosie Lewis: At the minute, there is mourning and sadness, but during the national recovery period, given the clear inequities many communities have gone through for decades, there will be unrest about that. It goes hand in hand, particularly in our region, with the way public thinking has gone; our local authority equalities workers and our community development workers have gone, and our youth work has gone. All those very important things for communication and relationships with communities of diversity have changed.

We also have new and emerging communities. For instance, in the north-east we have a large Roma Czech community that is very underserved. Relationships have been undermined, unfortunately, by budgetary cuts, but also by the fact there has not been a co-production approach with communities. They have not been at the table.

Lord Filkin: That is very helpful.

- Q64 **Lord Hogan-Howe:** Speaking personally, I think you have helped us to understand in great detail why people with protected characteristics are particularly affected by this crisis. I am amending this question slightly from the one we shared with you. Could each of you give us two things that could be done in future to improve access to public services by individuals with protected characteristics? Could you try to prioritise, within the many things that could be done, two things that would make a real difference?

Sarah Mann: I have mentioned one already, which is for national government: a national Gypsy, Roma, Traveller integration strategy or inequality strategy, promised by the Government and committed to by the Government, which would give local authorities a framework to work in. The second, which relates to something Rosie said, is the inclusion health agenda that Michael Marmot may mention later. That is a framework for focusing on highly vulnerable groups, including street homeless, vulnerable migrants, Gypsies, Roma and Travellers and sex workers. They are the four groups that consistently fall off the agenda when policy-making is carried out. Using that framework is incredibly helpful as a safety net for the missing groups.

Rosie Lewis: I will be brief, because I know I have talked a lot, but thank you for giving me the space. One of the things would be national directives about local authority inclusivity for the public sector equality duty and decision-making, particularly in respect of Covid and recovery from it, making sure that black and minoritised communities are at the table, because they are not. We are not at the table and we are not co-producing that.

The other side of funding and resources has not been mentioned; it is about looking at who commissions services. We need a discussion about that to ensure there is proportionate ring-fenced funding for specialist or black and minoritised communities, because at the minute there is not. Again, I use the phrase delivery to. It is very different from being able to work together to make sure that there is appropriate support for communities in need, bearing in mind the disproportionate impact.

David Isaac: I have spent a lot of time talking about the public sector equality duty and data, so I will not choose those. First, I suggest that the answer lies in real leadership by the Government and local authorities to understand the significance of equality implications when we build back. Secondly, we need a coherent strategy arising from the use of the data. At the commission, we have a very clear road map for delivering on

race equality. I have been urging the Government to work with us to adopt it, not to reinvent the wheel.

In relation to the groups I have been talking about today, many of the frameworks already exist. Much of the information already exists. As I have said a lot recently, we do not need lots more research. Loads of research already exists. It is about using all of it to come up with a coherent way forward. I am confident that we can do it, but we need to be aligned on exactly how we do it, where the responsibilities and dependencies lie and what the timescales might be. Some of these things are easy. There are many, many quick wins, and maybe on another occasion we could identify precisely what they are.

Lord Hogan-Howe: David, give me a quick win.

David Isaac: In relation to education, there is a lot that could be done. For example, in Wales free school meals over the summer were paid in cash. That has a huge impact on families' ability to feed themselves. For me, that is a very quick win and something that could be applied throughout the UK.

Lord Hogan-Howe: That is really helpful.

Lord Young of Cookham: Sarah said something that made my jaw drop and goes right to the heart of what we are talking about. She explained that when the lockdown came basic amenities for Gypsies and Travellers were cut off: access to running water, WCs and showers. She went on to say that guidance was late in coming. Have we really reached a situation where local authorities have to wait for guidance from central government to enable basic amenities to be made available to important members of our community? Is that really where we have got to?

Sarah Mann: Sadly, it is. It goes back to a point I made earlier about local authorities' fixation—that is a judgment. Local authorities are very fixed on enforcing against Gypsies and Travellers to evict an encampment, forgetting that they have other duties around planning for accommodation, public health and education. Gypsies and Travellers fall into the "Let's evict them" box and they forget the others.

It also reflects something that both David and Rosie said about people not being confident to make a positive decision; they would rather move it to another department because, surely, that is somebody else's job. It is mind-boggling. Several people—MPs and public health officials—have said to me: "Why on earth can we not get fresh water provided for toddlers and pregnant women on the roadside?" It is the sort of thing we provide aid for in other countries. Why are we not able to do it in our own country? It is disgraceful.

Q65 **Lord Hunt of Kings Heath:** My question about good practice and innovation has already been answered, but I want to ask our witnesses how they are going to take forward what they have learned in the past four months. On the basis that this might happen again in a few months'

time, are they collecting information at local level, particularly in the north-east, and talking to local authorities about what needs to happen at national level in relation both to the equalities duty and to Travellers? Is there a mechanism whereby we can translate your experience into some kind of immediate planning for the future? We want to avoid waiting months and years for some public inquiry to report.

David Isaac: The frameworks already exist. Rosie's point about partnership and co-production is incredibly important. To give you confidence, I think those discussions are going on. The equality impact assessments and the allocations of money and time to address the lessons learned from the pandemic are already beginning to be developed. If the message also comes from your Committee's recommendations that government should work not just on strategy but in engaging with local authorities, it would really help to move things forward.

Rosie Lewis: In the black-led women's sector we have done a lot of work. From the off, we have gathered a lot of data; we have done a lot of research together, and we would welcome being able to present it, because our local authorities are, unfortunately, not taking any lead, although we are trying to work with them as much as we can. We also want to ensure that black and minoritised women remain part of the discussion. We are gathering a lot of data on black and minoritised women, because often that gets left off the agenda.

As we come out of lockdown, we will have to look at public sector equality duty challenges. David, I wish that was going on, but we are not seeing it, unfortunately, in working together and co-production. We would really welcome that. We are hoping that prosocially we can work better with the local authority, but we would absolutely love to present that data, if it would be of use to you.

The Chair: Thank you very much.

Sarah Mann: I absolutely emphasise co-production and encouraging both local and national officials to take some action. For example, early on, we worked with various groups within government on the health guidance for Gypsies and Travellers to keep safe; we drafted guidance co-produced with Travellers. We are still waiting for it to be signed off. The terrible merry-go-round of who can sign something off and who can agree something is excruciating. Anything you can do to encourage that level of action and decisiveness and not lose momentum is important. This has not gone away. We are starting to see things being dropped; the urgency is going. I hope we can build on the good practice. We are certainly doing that within civil society, and we want our local and national authority partners to do the same.

Baroness Tyler of Enfield: David, in light of what you have said this afternoon, do you feel that another quick win would be for people resident in a care home, or a residential institution, to become a protected characteristic in their own right?

David Isaac: That is a really interesting question and one we have looked at. The problem is legislative time and change to lobby for it, but personally my answer would be that we should explore it.

Baroness Tyler of Enfield: I was hoping you were going to say that.

The Chair: Enormous thanks to our three witnesses. You have been incredibly useful. I also thank you for your written evidence. All of you submitted fairly detailed written evidence that will be very useful to us. I am sorry we have had to cut things down and stop some people asking more questions. I am afraid that is the nature of this sort of session. Thank you very much for joining us this afternoon.