

Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 9 September 2020

3 pm

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

In the absence of the Chair, Lord Young of Cookham was called to the Chair.

Evidence Session No. 18

Virtual Proceeding

Questions 125 - 135

Witnesses

I: Lord Woolley of Woodford, Director, Operation Black Vote, and former Advisory Chair of the Race Disparity Unit; Professor Claire Alexander, Associate Director, Centre on Dynamics of Ethnicity, University of Manchester.

Examination of witnesses

Lord Woolley of Woodford and Professor Claire Alexander.

Q125 **The Chair:** Good afternoon and welcome to this session of the House of Lords Select Committee on Public Services. Our Chair, Baroness Armstrong, is unwell and she has asked me, George Young, to stand in for her. We wish her a speedy and complete recovery.

This afternoon, we are going to focus on the impact of Covid on black and minority ethnic communities. We have already heard evidence that they have been disproportionately hit by the epidemic, and in our session we want to probe the reasons for this and identify remedies. A warm welcome to our two witnesses who will assist us in this task: Lord Woolley, Simon Woolley, a fellow Member of the Lords and director of Operation Black Vote, and Professor Claire Alexander from Manchester University. I will ask both of them to say a little bit more in their initial

response about their backgrounds and the organisations they represent.

So, straight into our discussion with the first question, what has been the general experience of BAME people's access to public services during the lockdown? Whose finger is on the button? Lord Woolley.

Lord Woolley of Woodford: Good afternoon, my fellow Peers. I am sorry that it has been such a long time since we have been together. I look forward to us all convening sometime soon. Thank you all for this opportunity to look at public services and Covid-19, and the impact this deadly disease has had on our communities. I think it is fair to say that Covid-19 has had a disproportionate and devastating impact on many within the black, Asian and minority ethnic communities.

I guess some of the public services that we focus on have been in the National Health Service. It is clear to everybody when this disease was coming on to our screens on a daily basis that the number of African, Asian and Caribbean doctors who were dying was all too stark. If my records are correct, of the doctors who have died so far directly from Covid-19, about 90%—it might even be 95%—have been from black, Asian and minority ethnic communities.

There are a number of key reasons for that, and that information is still being better understood, but one of the key factors in understanding how that had occurred disproportionately is that many of those doctors had been overly exposed to this disease where they should have been protected. One reason may have been their age; quite a few were over 65. Others had underlying illnesses, but too many were put in a danger zone without protective clothing—PPE—as we understand it. I am astonished that, even as the days were going by and we were seeing these numbers of people dying, urgent action was not taken.

Of course, this overexposure, as it was then, to Covid-19 was experienced not just by the doctors but by nurses, porters, cleaners, bus drivers, security guards, and other essential front-line workers, many of whom, if we exclude the doctors, were on low pay. If we include those in care homes, the vast majority were either on low pay and/or on zero-hours contracts. These factors are not the only factors, but they clearly exacerbated the disproportional number of black, Asian and minority ethnic individuals who died.

The second key factor in looking at this problem in relation to public services is, I would argue, that we would do well to confront the simple fact that general race inequality in health exacerbated this situation that saw many of our brothers and sisters and those within our communities die. We know, for example, that some in the Asian communities are six times more likely to have diabetes—in the African and Caribbean communities I think twice as many as those in the white communities are likely to have diabetes—yet there was no consciousness of, "How can we ensure that we take these individuals, who might be more susceptible to this disease than others, out of the danger zone?"

I guess the third factor with regard to having no plan and no understanding until it was too late related to the other front-line workers, care home workers in particular. I think it is true to say that 25% of all those care home workers who died were from Filipino backgrounds, many of them pretty young, too. It was totally avoidable, utterly heart-breaking.

There was no plan, there was no racial lens, and the worst thing that has begun to be articulated was the fact that in some quarters—I think I heard one Minister in the Chamber say this—Covid-19 is a racist disease. I was shocked when I heard it, too, Lord Hunt. Covid-19 is not a racist disease; I do not think any disease is. What this disease was able to do, I would strongly argue, is target those areas within our society that I would describe as deeply racialised.

I will finish here, Lord Young, because I know time is against us. What do I mean by those racialised areas? I mean those areas in which a disproportionate number of black and minority ethnic individuals are on low pay, on zero-hours contracts, in poor housing, in overcrowded housing. We have seen that this accumulative effect of race inequality has led to these high numbers.

Lastly, while we are looking for answers to what has occurred, we desperately and immediately need a plan to ensure that black, Asian and minority ethnic communities are not doubly, triply, devastatingly hit again without a plan. I would argue that we need a Covid-19 race equality strategy.

Q126 The Chair: Thank you very much for that powerful introduction, Simon. While much of our discussion has been on BAME members as recipients of care, you have quite rightly looked at the other side of the coin and looked at both professionals and ancillary members of BAME as providers of care. That is a very important dimension. Could I now turn to Professor Claire Alexander from Manchester University? A warm welcome.

Professor Claire Alexander: Thank you, and thank you very much for the invitation.

I am a sociologist and I am also the associate director of the Centre on Dynamics of Ethnicity, which is centred in Manchester. It has been working on issues of race inequality for about 10 years now and is probably the biggest concentration of researchers on race and ethnicity in the country. I will be drawing a lot on work that we have done collectively to inform my opinions, rather than just on my own expertise. My own area is mainly young people and education and higher education, but also, particularly recently, we have been doing work on the restaurant trade in Brick Lane and Bangladeshi migration. That is my particular area of expertise, but I will be speaking more broadly than that.

First, I would largely agree with everything that Lord Woolley has said, and the focus on the health service is the area where we have more sense, I think, of what has been happening and what the impact has

been. More broadly, it is probably a little bit soon to say what the experience of BAME communities' access to public services is at the moment, because the lockdown is still going on. I am speaking from Manchester and we have not come out of lockdown at all.

CoDE has just been given some money by the Economic and Social Research Council to do work on what the impact of this has been over the next eight months, and we are doing a survey, which will give us the largest and broadest range of understanding of what those experiences have been. I hope you will invite us back to speak in maybe six months' time when we have firmer data, but that is because I am an academic and we like very clear evidence.

What is very clear is that none of the problems that have come out of the pandemic are really new or unexpected. We have known for a long time that there are vulnerabilities in ethnic minority communities across a range of areas: housing; welfare; education; health, of course; employment and policing. Those vulnerabilities have been very much exacerbated through the pandemic and the lockdown. It is also really important, as Lord Woolley said, to note that the thing the pandemic has shown, which I think is an opportunity, is the absolutely central role that ethnic minorities play in large parts of our service sector, particularly the health service but also social care, supermarkets, bus driving, and so on. That is really important.

I think the pandemic has shown the way in which these entrenched forms of social inequality have layered across each other to make ethnic minority communities particularly vulnerable. Rather than having a straightforward, biological understanding—tying it to vitamin D or diabetes or whatever—there is a need to understand the way in which all these biological health issues have their roots in social and economic positions and across the life course, which will increase your vulnerability: where you live; where you go to school; where you work—certainly the employment of large sectors of ethnic minority communities in front-facing employment, public services and elsewhere.

It is very important to recognise the layering of those kinds of inequality and to think about the commonalities and the differences within and across ethnic minority communities, what experience, marginalisation and discrimination these different communities share and how that might be inflected by class, education, where people live in the country, gender, and so on.

Those are broadly the points that I would like to make.

The Chair: Thank you very much, Claire, for setting the scene, and we look forward to the results of the survey that you mentioned, which sounds very interesting. Having set the scene, can we move on to our next question, from Claire Tyler?

Q127 **Baroness Tyler of Enfield:** I would just like to probe a bit further some of the very important and powerful points that both witnesses have

brought out. In your opinion, might existing inequalities of access to public services account for the higher death rate among BAME communities, and have the inequalities experienced by those communities worsened since the outbreak? With this question, I am thinking in particular of BAME people as users of services, not just health but including housing, education and other services as well.

Professor Claire Alexander: I think it is quite clear, as I was just saying, that these existing inequalities have accounted for or have shaped the higher coronavirus death rates, for a whole range of reasons. It is partly to do with where BAME communities live, which is urban, so you have a higher concentration and a higher population density that is often concentrated in overcrowded and poor housing. The statistics on housing are really appalling, particularly for Pakistani, Bangladeshi and black African communities living in very overcrowded houses, which makes it impossible for people to self-isolate if they need to and increases the concentration of possibilities of transmission.

It is also about where people work. BAME communities are particularly concentrated in quite precarious forms of work, not only in the public sector, which brings them into front-facing roles, but in things like transport and precarious work such as in gig economies and zero-hours contracts—areas that have meant that they have been extremely vulnerable to things like furloughing or have fallen through the welfare net and so are facing rent insecurity, food insecurity and those kinds of things, all of which are leading to high levels of anxiety and all of which clearly feed into health issues.

Across that period, those things—employment, housing, welfare precarity, educational disparities, policing—have all been exacerbated. Because of the increase in racial tensions around some of this, and the way in which a lot of the arguments in the media have been racialised in quite unhelpful ways, the ongoing mental health effects are also likely to be quite extreme, feeding, again, into people's vulnerability to poor health and death.

Baroness Tyler of Enfield: Could you briefly expand on your last point about mental health?

Professor Claire Alexander: One thing we know is that BAME communities are very vulnerable to forms of racial violence, racial hostility, particularly in areas that are very poor and marginalised. In my area of Greater Manchester, places like Oldham, Bolton, Blackburn are very poor. They have suffered de-industrialisation. Tensions within local communities have historically been quite high for quite a long period of time. We have seen the mobilisation of the far right in those kinds of areas. That has clearly impacted on people's sense of security and safety—whether people want to go out in public, how people feel about accessing public services, and whether they can go to work safely. Those are the kinds of things that are important to think about. They have a very negative impact on people's mental health, and we know that mental and physical health are connected.

Lord Woolley of Woodford: I would draw your attention to the UCL social study on Covid-19, the largest study on adults and how they feel about lockdown. UCL argued that people from BAME backgrounds have much higher levels of depression and anxiety across the pandemic and lower levels of happiness and life satisfaction. That is their data.

It is not too unsurprising when you look at other associated data—black, Asian and minority ethnic communities are, for example, 46% more likely to be in zero-hours contracts. It is those zero-hours contracts that have little or no security and during the pandemic were forcing people to work. I am sure you all saw the news of Emanuel Gomes, the cleaner at the Ministry of Justice. He was on a zero-hours contract and was worried that if he did not go to work, he could not pay his rent or look after his family, and he went to work ill and died. The other front-line worker who was forced to be on the Victoria concourse was Belly Mujinga, an office worker who was told to go outside. Allegedly, she was spat upon. She had underlying illnesses and sadly died. This accumulative socioeconomic dynamic has exacerbated the numbers of black, Asian and minority people who are dying. Of course, when somebody dies, a breadwinner is taken away from the family. Children are losing their parents. The knock-on effect cannot be underestimated.

On mental health, we are only beginning to acknowledge and then recognise how this is going to pan out. It is heart-breaking sometimes, which is why I was very pleased that you asked both me and Claire. Claire is the attention to detail, I am more bombast and activist, but I hope that together we can give you a snapshot on the enormity, the challenge, that we have as a society.

Baroness Tyler of Enfield: They have both been very helpful and very powerful responses. Thank you very much.

The Chair: Thank you very much again for setting the scene. I wonder if, having set the scene, we can now move on to what we do about it.

Q128 **Baroness Wyld:** Good afternoon to the witnesses and thank you for some very powerful, albeit quite disturbing, evidence.

As the Chair says, we would really appreciate the views of both of you on where we go from here and how the Government can get it better for the communities that you have talked about. Lord Woolley, you talked about the urgent need for a plan. In headline terms, what immediate response would you both like to see in that plan? I also wonder whether we might also explore some systemic areas.

Secondly, related to that, Lord Woolley, I think your expression was that there was no racial lens. Given that it will be the same people driving forward the plan that, drawing on your expertise, we will hopefully come up with, how are we going to ensure that that racial lens is here this time?

Lord Woolley of Woodford: Thank you. I am always pleased when I see my good friend Lord Bourne in these conversations, because when he

was in government we worked together on making plans and looking through lenses that would be targeted, that would be focused. I have to report to you that I feel frustrated—it is not about me personally—that the No. 10 Race Disparity Unit advisory group, which I chaired, has been disbanded. New Governments come in and want their own people, so to speak, but I suggest—I am not quite sure—that the trouble is that it has been replaced with the race disparity commission, which is not a standing group but one that is due to report in December.

So what happens with that race equality lens until December? I would argue nothing, at a time when it is absolutely urgent that we have a race equality lens. That race equality lens is a not one size fits all. Some communities will differ from other communities. Bangladeshis and Pakistanis are dreadfully hit; they are twice as likely to die. Those in African Caribbean communities are four times as likely. So we need that nuanced articulation.

I have argued that we need a plan immediately to cover four key areas, including inequality in health and inequality in employment. As we have an economic downturn, who will be hit hard again? It is usually last in, first out for hospitality and for front-line workers, who are predominantly black, Asian and minority ethnic. In education, I am at my wits' end and have a deep worry about the widening educational gap, because as we know from the report last week there are at least 2 million people without digital access. Those will be poorer kids and BAME kids, and they are already starting from a position behind.

What is the plan? We know that there are huge amounts of money—I think nearly £1 billion—but unless it is targeted, unless it is systematic, unless we are thoughtful about bringing all those people into play, the gaps get wider in education, employment, health, and, as Professor Alexander said, criminal justice. When we were in lockdown—95% of us were in lockdown, being protected, protecting others—stop and search for black people went up 25% on the year before. Crime went down; stop and search for black people went up. Can somebody explain to me how that occurred?

Without a plan to say what is going wrong, how can we put this right? I am with you, Baroness Wyld; not only do we need a plan to fix the problems but we need a plan to build back better, to build something stronger in which these disparities, these inequalities, are closed.

Baroness Wyld: Thank you. That is four very clear areas that you have come back with. Professor Alexander, would you like to reflect on that?

Professor Claire Alexander: Yes, I would completely agree with what Lord Woolley has said about the areas that need to be addressed. I can make some general points that draw on a publication that CoDE did with the Runnymede Trust that came out just before the pandemic and which looks at a joined-up approach to tackling race inequality across a range of public arenas. You have to think about housing in relation to employment in relation to education, and so on.

Some of the things that we suggested there are, I think, complementary to what Lord Woolley has just said. First, Runnymede has called very strongly for a race equality strategy across all those areas that is led by a senior Minister. There needs to be a very strong commitment from the Government to tackle this in a real way, and that has to be led from the top.

Secondly, we need to take racial inequality seriously. I am worried a lot about the inevitable downturn and Brexit and all the other things that I think will impact disproportionately on these vulnerable communities.

We need to improve the collection of data and make it a mandatory part of public service provision, but we also need to find actions. I agree with Lord Woolley that a lot of those actions are already in place. People have already come up with quite clear plans; it is just that none of them ever seems to get implemented. The danger with a lot of things like commissions and so on is that they end up looking at the data and think that if they just look at the data more and more the problem will somehow disappear. It is time to stop looking at the data in that sense and move towards proper actions.

It is important that we recognise that these communities—I do not like the term “BAME” myself—are quite different. They are all disadvantaged, actually. In employment, education, and so on they are all disadvantaged, but there might be different reasons, different positions and different things that need to be put into place across those communities.

It is important that we do things like monitor, set targets, and impose penalties on people who are not meeting those targets. It is really important that there is a focus on structural inequalities and a shift from focusing on unconscious bias and equality and diversity training, which gets you so far but does not really make substantial institutional change. Make sure that there are BAME people at senior levels in all these public service areas.

One of the big issues for me is public trust, particularly in criminal justice and policing but also in education. It will be about how one builds faith and trust in BAME communities in something practical being done that will benefit them and their families. I would really like to see—this is my own personal thing—a shift away from discussions of culture and culture blaming, as if these kinds of practices are very static and alien and are to blame for the institutional, social and economic conditions that people find themselves in. So I would say that action is the main thing. Let us do something.

Q129 Baroness Pinnock: Thank you so much for the evidence you have given so far today, which has been really powerful and helpful to our inquiry.

Simon said that one size does not fit all, and Claire has said that she does not really like the use of BAME as a tag for very different communities. I live in West Yorkshire, which like Manchester has had extra lockdown

measures, and has significant communities from Kashmir, Pakistan, Punjab, Gujarati, and so on. They are all different, which is why I mentioned it, and they are all need different responses.

That is the first question: if you could, please unpack a bit how we take away this tag, as there is, I think, a real risk of labelling people who have different needs.

The second question is about innovative approaches to these different communities. Have services that you know come up with different ideas of how we can help to close the inequality gaps or make access to services more readily available for different communities with different language needs, for instance? If there are any examples you have, that would be really helpful.

Professor Claire Alexander: I do not like the term "BAME" partly because I think it is ugly. It is important that we maintain the idea that all visible ethnic minority groups in the UK are subject to racism. In an area like employment, for example, there is an ethnic penalty for being non-white. It does not matter which group you are talking about. Whether you are talking about highly educated Chinese and Indians or poorly educated Pakistanis and Bangladeshis, it is really important that we maintain the sense that there is also a lot that all these groups share in terms of how they are positioned, how they are seen, how they are treated, in a majority white society.

Having said that, higher education is one of the areas that obviously I work in and have done research in, and I think that all ethnic minority communities are overrepresented in higher education; they go in at higher rates. That is partly, I think, because they are being excluded from apprenticeships and training, and partly because there is an emphasis on education as the way to achieve social mobility. But they are not equally distributed.

We need to think about what universities they are going to and where they are studying. Attainment gaps vary quite dramatically. In universities, we know that we have an attainment gap for black students, but actually black Caribbean students in Russell group universities are doing better than most other ethnic minority groups; black African groups are doing worse. I think there is a sense that we need to understand what is happening in those mechanisms in order to be able to address them but still within a framework in which these groups share more than they differ.

Lord Woolley of Woodford: I would say that central to this, and this is across the piece, is leadership and us saying to every institution, every academic academy, our own Government, that it has to be led from the top. People have to be empowered to lead throughout as a matter of fact. We have to be honest, too, about having a leadership that is representative, that looks like the type of society that it seeks to serve.

I will give you an example. During this lockdown we all applauded the NHS, and quite rightly. Individuals like my mother gave most of their

best years to the NHS. But then when I look at the 279 chief executives, I ask but one question: how many are from black, Asian and minority ethnic communities? The answer: seven. When we look at leadership, we know it is not equitable, even in our most treasured institution.

The second point is that once you have the evidence you need an action plan to ensure that it is more equitable. The evidence is critical. That is why, with the former Prime Minister, Theresa May, we established the Race Disparity Unit: to have the facts and to keep building on those facts. Then, with the evidence about the disparities, the mantra is, "Explain or change". To be more concrete, you want concrete solutions—how do we confront this monster, if you like? For all those children in education, particularly BAME children but also white working class, I would like to see us starting to work with all the faith centres, the churches, the mosques, the gurdwaras and the other community centres, and to build centres community hubs in which, either physically or online, children's homework can be checked.

I think we can do two things with that. First, we can ensure that children do not fall off the cliff, but when they do they fall into pupil referral units rather than into youth incarceration. Secondly, as we go into the unknown Brexit world we want to use all the talent on our doorstep. With these community educational hubs we can nurture those bright sparks and give them the extra maths, the extra Spanish, the extra English, so that they can excel. It is about leadership, evidence, action.

The Chair: Simon, thank you. Nick Bourne has been mentioned in dispatches and I will call him next, and then Geoff Filkin would like to come in. I think we have time to deal with both questions before we move on to our last series of questions.

Q130 Lord Bourne of Aberystwyth: Thanks very much indeed and, first of all, best wishes to Hilary, who I believe is watching. It is a great pleasure to hear Lord Woolley and hear Claire as well.

I have a couple of points. One is an observation. I absolutely agree with Simon about the importance of the Race Disparity Unit, which was doing some really good work. A lot, but not all, lot of the disadvantages that we are talking about are disadvantages that are shared by other communities—disproportionately by minority communities, admittedly. We have heard previously from Gypsy Roma Travellers, but there is a lot of stuff there that clearly needs attacking across the piece. There is some specific stuff on race exclusion, which has been touched on and I am grateful for that.

My real point is that it suddenly occurs to me, and this may be a non-runner, that there are other things that we can learn from other countries' experiences; I appreciate that they will be limited to the make-up of different countries: France, Netherlands, Germany, perhaps some other European countries. Can somebody get us some papers or some information on that? It would be very useful to look at that in trying to build a really constructive response on what we think is possible. There are some thoughts there.

Lord Woolley of Woodford: My gut instinct would be not to go to France, because they do not record ethnicity. Everybody is French, yet if you are black and French you are always often much poorer.

Here is some good news. Despite all the things I have said today, the UK is still one of the best in tackling race inequality. We have all the infrastructure there. I think that our collective leadership, not pointing the finger at anyone, has taken its eye off the ball. This disease has forced us to redouble our efforts. The gaps have widened. More people have died. Things could get much worse unless we have a plan. We can once again be at the forefront of showing how to unleash the talent of our multicultural, multilingual society.

The Chair: Claire, would you like to have a shot at Nick's question, particularly about international comparisons? Have we lost Claire?

Professor Claire Alexander: Sorry, I am back. I do not know what happened. Apologies, I had internet problems.

The Chair: Did you hear Nick's question?

Professor Claire Alexander: No, I am sorry, I did not. I have only just reconnected.

The Chair: He was asking whether we could learn anything from other countries' approach to this particular issue.

Professor Claire Alexander: To race equality or handling the pandemic?

The Chair: Nick, it was your question.

Q131 **Lord Bourne of Aberystwyth:** Sorry, Claire, it was more on the race issue, and I appreciate that that limits the number of countries that would be relevant in any comparison. Lord Woolley has suggested that France might not be the best one to look at, so maybe the Netherlands, Belgium, Germany. I wonder whether there is stuff there that would be helpful to us in looking at this whole issue.

Professor Claire Alexander: I have to say that, generally, most countries in Europe are no better than we are and possibly worse, partly because in very many cases—France and Germany, for example—they do not collect data, for different reasons. Even some of the very good Scandinavian countries have moved quite far to the right on race equality issues, so to some extent I am not sure they are a model. That is also true of the Netherlands; some of its policies are actively hostile to immigrant groups. It might be better to think about Canada, although it has some problems, or New Zealand, which has different policies with how it deals with multiculturalism or biculturalism.

Q132 **Lord Filkin:** We knew before Covid that black and minority ethnic groups had much worse healthy life expectancy than average. They got ill earlier in life and they lived a much higher proportion of their lives in ill health. Covid, in this as in so much else, has just amplified and made more visible issues that were there beforehand. So there is a big issue that is

part of a general big issue.

Boris Johnson's Government made a great manifesto commitment to improve healthy life expectancy by five years over the next 15 years and, even more important, to reduce inequalities while doing so. Potentially, this provides a perfect vehicle post-Covid to address this issue. Do you agree? Are you aware of that commitment and have you been involved in it?

Lord Woolley of Woodford: Well, my services, I have been told, are no longer needed, but I guess that is in respect of the Race Disparity Unit advisory group. I have spoken to the commission and wished them luck.

I do agree with you that we have a unique opportunity. Never in my lifetime—and you can see I am getting older now—have we ever had so many positive conversations from individuals and institutions that say to people like me and Claire, "If Black Lives Matter is to mean anything, what do we need to do?" That is extremely encouraging.

My worry is whether people will tire of this after five minutes and whether the Government will get on board too, because, sadly, too often in government they keep asking us to change the narrative and people like me to stop wallowing in victimhood, which I think is more than a little bit offensive. We change the systems, we make them more equitable, more representative, and I promise you this: we will change the narrative. But to change the narrative before changing the systems is to be in denial about what we need to confront.

Professor Claire Alexander: I do not work in health, so I wish my colleague James Nazroo was here, because he has worked for many years on the question of health inequality. I am not aware of those schemes, but I do know that the life expectancy rates are massively disparate and, I think, are increasing. That is partly to do with poverty. That is true of poor communities across the country broadly and there may be a range of reasons, particularly austerity, that have contributed to that, including black and Asian communities being overly concentrated in poor areas, deprived areas and disadvantaged areas.

Part of this is about that, but to tackle it we cannot just look at health in a narrow, biological sense. It has to be done in a broader social sense, looking at employment, housing, access to gardens—most BAME children do not have access to gardens. Those are the kinds of things that will contribute to health more generally. A broader lens on what health is and how you tackle health, morbidity and disparities is very important.

Q133 **Lord Bichard:** Welcome, Simon and Claire. If we have time, I would like to come back to the question that was allocated to me, but I think the discussion has gone in a slightly different direction and I would like to link into that discussion.

If I am honest, I have a sense of déjà vu in that I was involved in discussions like this in Brent and Lambeth 40 years ago, when people were saying, "We need a plan". I am not sure that plans are enough, and

I am not even sure that we have focused enough in this conversation on the action that we need to take. If this Select Committee is to be listened to, we need a bit more on action rather than, "Yes, we need more plans and strategies".

I would like to hear a little bit more about the practical things that you think we should be doing; Claire, you touched on some. The evidence has been there for 40 years, Simon. I was quite depressed about the Race Disparity Unit when it was set up, because it just seemed to me to be doing things that were done 40 years ago. The evidence has been there; the action has not been there.

My first question to both of you is: what are the practical things that you think we should be doing? The other question, which is difficult, is: why do you think it has been so difficult to get change over the last 40 years? Let us have an honest assessment of why this is proving so difficult, because people have known the evidence for a long time.

Lord Woolley of Woodford: Can I start there, Lord Young?

The Chair: Yes, please, it is a very challenging question. Have a go.

Lord Woolley of Woodford: When Theresa May said to me that she agreed that we should have a Race Disparity Unit and collect the evidence, I said to her, "That's all well and good, but what are we going to do with all the evidence?" She said, "What should we do?" I said that I wanted to go around every department and say, "Here's the evidence. What's your plan? I have a few ideas of my own".

It was always solution-focused. We spent the best part of 18 months with BEIS, for example, putting together legislation that would oblige companies of more than 250 to have ethnic minority pay-gap reporting. Where is that now? I will tell you where it is; it is on a shelf. It is oven ready, ready to go, but it is gathering dust. Imagine if every big company had to lay bare what they were paying their staff by race. You would see dramatic change. The solutions are there; it is the political will, the lack of leadership to get it across the line, that is not.

The other area that I banged on about during my time there was, of course, university attainments. Of the many hundreds of universities that we have, I think that only about a dozen that take up the Race Equality Charter. The Race Equality Charter is a framework for universities to transform themselves. None of them is obliged to do it, so I told government and UKRI, the funding mechanism for the universities, "If you said to every university, 'Don't consider our funding until you've signed up to the Race Equality Charter', we would see change very quickly". It is a bit like when universities felt obliged to sign up to Athena SWAN, the framework for gender equality. Once funding was juxtaposed with it, all the universities signed up. We have been had those solutions. We always have to have rock solid evidence, and then you need the political will to do it.

My last point is this. The Minister for Education, Nick Gibb, said to me, "How do we transform our schools?" and I said, "It's very simple,

Minister. Let's have the biggest recruitment drive of black teachers that we have ever seen in this country". I think we are short of about 50,000, particularly male. It would be transformative not only to the black kids, who are too often seen as less than, but it would tell white children the story, "This is who we are. These are our informers. These are our teachers". I am not just about a plan but about an action plan. I do not have the reins. We must do that together.

Lord Bichard: It would be really interesting for the Committee to have your views on the five or six priorities where action would make a difference in relation to the pandemic if we were to face another one. Do not answer now, but just maybe drop a line to the clerk. What five things we should be doing now to be better prepared in the future?

Professor Claire Alexander: One issue that I think is important is why proper action has not been taken. We know, and have known for 40 or 50 years, that race equality is a vote loser. Very few Governments have made the case for migration and immigration and the presence of black and brown communities in the UK. I have been working with Runnymede for the past 10 years on the school curriculum and developing an inclusive history curriculum, working with ethnic minority and white children on how their communities came to be, why black and Asian people are here, what they have contributed, and how they have shaped the cities. It is really important that we change the education system in this country to make it much clearer what Britain's connection with the rest of the world has been, how that has brought people here and what they have contributed to it.

When people feel that they have the right to belong or that the people who live next door to them have the right to be here and are bringing interesting things, [that is important]. That involves top-down leadership and a shift in the discourse. You cannot possibly achieve race equality while you have hostile environment policies that frame migration and immigration as a problem. It has to start from that.

In terms of different spheres, CoDE and Runnymede in their book on 'The State of the Nation' have very clear recommendations for each area such as recruitment targets, publishing the ethnic pay gap, those kinds of very practical suggestions, so maybe that would be worth looking at.

Lord Bichard: Why have the targets proved to be so difficult to achieve? Why have they been so slow and so controversial?

Professor Claire Alexander: In higher education, which is the area that I know best, it has taken a while for people to think that targets are the way forward. My university has set targets for recruitment of BAME staff across the university and in different faculties and schools. I think it is one of the very few universities that does that. Lord Woolley is completely right about the Race Equality Charter mark. My university has it, but it is one of very few universities that does.

It has taken not just universities but employers more broadly a long time to recognise that race equality is something that they should be involved with, and that it will not happen naturally without anybody doing anything about it. It is the same argument that people would have made about gender equality, and it follows that same need to impose targets and make things mandatory. People do not do things of their own volition if it does not seem to impact on them directly.

The Chair: Michael, do you want to come back on that?

Lord Bichard: I was going to go on to the question you asked me to ask, apart from saying what a great university Manchester is, of course.

Professor Claire Alexander: It is.

Q134 **Lord Hunt of Kings Heath:** I would like to continue Michael's theme. I produced a report 30 years ago called *Action, Not Words*, with the support of the King's Fund, looking at health outcomes for members of BAME communities and their employment issues in the health service, as well as the trend, which you still see, of the absence of many BAME leaders in lead positions, which Lord Woolley referred to. It has not changed very much in 30 years.

I fully take on board the points about leadership and action plans, but rather like Lord Bichard I just feel that we need to understand a little more about the kinds of things that will actually make a local health service galvanise its plans, say, in relation to diabetes or to other health areas where the discrepancies are so huge. At the moment, one sees very little evidence of health bodies realistically doing anything at all and having a real impact on changing those outcomes. I guess I am struggling in a way to find some tangible things that we could charge the health service to be doing.

Lord Woolley of Woodford: I would argue that if I was in your position I would be calling the leaders of the health service and saying to them, "You keep talking about change, but nothing happens. We need to see an action plan and the theory of change that goes beyond rhetoric", because we often see a kind of political aikido while the status quo remains the same with regard to recruiting. They say, "We tried but it did not work, so we're back to normal", rather than saying, "This is not acceptable. We know there's talent out there and we need to see your plan that will see it go from A to B to high office". When I talk about the leadership, I am talking about the leadership that makes demands and does not keep accepting that we can only carry on with the status quo. It is the leadership, such as when Theresa May says to me, "I don't know. Can you help me?", rather than what Claire and I often hear, which is, "Yes, okay, we're listening and we'll come back to you later".

Professor Claire Alexander: My colleagues James Nazroo and Laia Bécáres have just produced a briefing with Runnymede on health inequalities in the pandemic. They came up with a number of recommendations, which I think are quite helpful, broadly around my

earlier point about the fact that health needs to be considered in a broader context.

Some of the things that they are suggesting need to be done are: equality impact assessments on all government actions; strengthening the social security safety net so that people on zero-hours contracts and in the gig economy are not poor and can afford to isolate if they need to, and can have more money to buy better food and feed themselves in a healthier way; increasing statutory sickness pay and the eligibility to it; and scrapping the no recourse to public funds, which has been a massive issue that has come out of the pandemic and again will impact on people's ability to buy food—there was that terrible story in the press about the poor woman who starved to death. They are also talking about PPE and making sure that it is supplied fairly. It is those kinds of redress.

Academics will always ask for a well-resourced and independent inquiry into understanding inequalities in health in order to get more of a sense of the different drivers that lead to poor health outcomes. They are not my recommendations, but I think they are very sensible in terms of what you are asking.

Q135 Lord Hogan-Howe: Some of Simon's interventions have made me consider Michael's question about what prevents people taking action. Just as a thought, I wonder whether one of the problems in relation to the need to address the fundamental racism or prejudice that can exist is whether people are prepared to take the risk to innovate.

If you merely take the point about recruitment, Lord Patten suggested that the RUC, as it was then, in Northern Ireland should for 10 years only be able to recruit a Protestant or a Unionist having recruited a Catholic. Surprisingly enough, they got 50% recruitment from both communities. This lasted for 10 years and had an incredible effect. Before they did that, somebody might have said, "Where's the evidence that it will work?" They had clear evidence that things were not working but, of course, when someone wants to innovate, people who prefer the status quo can point out the risks of the future. We tried in the Met to have the same largesse, but we could not persuade people of that.

Is there something about getting people to be prepared to innovate and try something, even for a short time, rather than believe that you have to produce so much evidence that it will last for a lifetime? I am not sure that we do innovate.

The Chair: Thank you, Bernard. Is there a quick reflection on that innovative suggestion?

Lord Woolley of Woodford: I would argue that it is not innovative to lock talent out. I want to spin it on its head and give a positive narrative to this. At the moment, we consistently lock creativity and talent out, because we are fixated on replicating ourselves in these recruitment panels—"Who looks like us? Who has been to the same school? Who has the similar types of grades?"—when we should be embracing diversity, particularly in those areas around the country. We have to sell this

diversity, this equality, as a positive, something that benefits everybody—our society, the institutions, the deluge of ideas that come from it—rather than political correctness: “Aren’t we being nice to these people?” We have to say that it is not innovative to lock talent out but retrograde, and we change the way we tackle this by embracing teeming diversity.

Lord Hogan-Howe: But surely it is therefore innovative to try new ideas about recruitment?

Lord Woolley of Woodford: I agree. For me, as you would have an all-women shortlist for political parties, I would look for very innovative ways in certain things, but I think I would be run out of town. I would argue very much that we have to be bold and we have to be brave, but having pathways for talent to come through is not being brave.

Professor Claire Alexander: I completely agree. We have been doing work in CoDE on race equality and how you enact proper institutional change, and on a more positive note I think there has been a great deal of good will across a whole range of different sectors to try to make the changes that are necessary. The pandemic and the Black Lives Matter movement have added impetus to those kinds of changes. I think that people are on board now in a way that they not have been, and we need to consolidate that and not let it go away or get rolled back as the recession looms and we have to make difficult decisions about where we put our funds. Yes, I think it is an interesting and opportune moment.

The Chair: Thank you. Listening to Michael Bichard and Phil Hunt reminisce about how long this debate has been going on, I remember being involved with *It Took A Riot* with Michael Heseltine back in the 1980s, which tried to tackle some of the problems that we have been talking about this afternoon.

On behalf of the Committee, I thank our two witnesses for their evidence during what has been a very helpful session. The urgency of the contributions from Simon and the very moving examples that he gave us, coupled with the academic analysis from Claire, have been a really powerful combination. You have shed light on one of the most worrying features of the epidemic, and what you have said will inform the report, which we hope to publish later in the year.