1. A brief overview of the history, legal status and aims of the organisation or body. Please explain whether the work of the organisation or body is UK wide, or is instead confined to England, Scotland, Wales or Northern Ireland only.

We were established in 1987 as part of the National Institute for Social Work (NISW) and were first known as the Race Equality Unit. We became an independent charitable organisation in 1995. In 2006, we changed our name to the Race Equality Foundation.

Race Equality Foundation is constituted as a company limited by guarantee (Company Registration No. 03121679 (England and Wales)) and is governed by its Memorandum and Articles of Association. Race Equality Foundation is also a registered charity (Charity Registration No. 1051096). We operate only in England.

Race Equality Foundation's charitable objects are: "to promote good race relations and to endeavour to eliminate discrimination on grounds of race, thereby encouraging equality of opportunity between different racial groups, with particular reference to the delivery of social work and social care services".

Based on our charitable objects the overall aim of Race Equality Foundation is to promote race equality in social support (what friends and families do for each other) and public services (often services designed to support people in need of support).

In order to achieve our aim we work with a wide range of service providers in order to challenge racism and other forms of discrimination particularly in the treatment of Black, Asian and minority ethnic communities and in the treatment of those who use services. We identify barriers to participation of these communities and provide ideas for better practice with Black, Asian and minority ethnic communities in general and service users in particular.

2. A brief description of the group(s) which the organisation or body supports or represents.

The Foundation supports Black, Asian and minority ethnic communities in the fullest sense, incorporating support, for example, for women, people with a disability and LGBT people within those communities.

3. A brief overview of the work of the organisation or body in supporting or representing the relevant group(s) between January 2020 and Spring 2022 as it relates to the response to Covid-19 of (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive.

The Foundation developed a significant programme of work around supporting Black, Asian and minority ethnic communities through the Covid-19 pandemic. In addition to reorientating our pre-existing work on health, we developed new projects to support the response to the pandemic from government, public services, and the voluntary sector.

As it became clear that the pandemic was sweeping Europe and would likely take hold in the UK, we developed a briefing summarising what was known about Covid-19 and its potential impact on Black, Asian and minority ethnic communities. This highlighted inequalities that

would lead to increased risk of exposure and poorer outcomes as a result of infection. The briefing formed part of a discussion with NHS England (DETAILS).

A month into the pandemic, the Foundation worked with our voluntary sector partners at the grassroots to understand how they were adapting to lockdown and the challenges they were facing. We found that Black, Asian and minority ethnic voluntary and community organisations were mobilising to support their communities during the coronavirus crisis, but many of them were doing this against a background of declining funding, rising demand, and challenging commissioning arrangements. As a result, we successfully secured funding to support work by our grassroots partners in countering the pandemic and its impacts on Black, Asian and minority ethnic communities.

Our work to support parents through our parenting programme, Strengthening Families, Strengthening Communities, also adapted during the pandemic. Many of the programmes were moved online and we worked with our facilitators to develop new lesson plans and to use the technology.

When it became apparent that lockdown was continuing, we looked at a replacement models and developed a six-week course using the London Recovery Fund. We also developed four workshops for local authority practitioners as an interim solution for training more facilitators.

The Foundation mobilised its expertise to produce an easy words and pictures leaflet on Covid-19 and collated information resources that had been translated into community languages. This reflected our concern about the lack of authoritative and quality information reaching Black, Asian and minority ethnic communities.

Following our initial briefing on the risks and likely impacts of Covid-19, we worked with the New Policy Institute to review the report by Public Health England (PHE) into disparities in risks and outcomes of COVID-19 between ethnic groups and by level of deprivation. Using data provided in the PHE report, we calculated different ethnic groups' risks of catching the virus: the infection risk, and the population fatality rate. We argued that the evidence in the PHE report was sufficient to justify actions, including targeted information campaigns, support for the voluntary sector and for key workers, to protect Black, Asian and minority ethnic communities, instead of launching a further investigation at that stage.

In January 2021, as vaccines became available, the Foundation published a briefing examining the relative coverage of Black, Asian and minority ethnic groups under the programme to cover people aged 80 and over, and the need to expand the roll-out. The briefing highlighted the risks from higher levels of vaccine hesitancy and misinformation targeted at Black, Asian and minority ethnic groups.

4. A list of any articles or reports the organisation or body has published or contributed to, and/or evidence it has given (for example to Parliamentary Select Committees) regarding the impact on the group(s) which the organisation or body supports or represents of the response to Covid-19 by (a) the UK Government; (b) the Scottish Government; (c) the Welsh

Government; and/or (d) the Northern Ireland Executive. Please include links to those documents where possible.

The Foundation has produced the following briefings and reports regarding Covid-19 and its impact on Black, Asian and minority ethnic communities.

A report with the New Policy Institute on disparities in risks and outcomes of COVID-19 between ethnic groups and by level of deprivation.

A blog by Roger Kline on the role of employers in protecting staff from Covid-19.

An analysis by Prof Nigel de Noronha looking at why more Black, Asian and minority ethnic people were dying in hospital.

The Race Equality Foundation also led a set of collaborations to develop an evidence-led narrative and make practical recommendations to better ensure that the recovery phase from COVID-19 in the UK addresses racial inequity:

Employment and Covid-19 - March 2021. This highlighted that Black, Asian and minority ethnic workers as a group were both more at risk of working in a shut-down sector and more at risk of being in a key worker role with a heightened risk of exposure to Covid-19 at work.

Children and families and Covid-19 – March 2021. It found that it is likely that children and families from ethnic minority groups were disproportionately affected due to existing inequalities relating to socioeconomic circumstances which have been exacerbated and compounded during the pandemic.

Older people and Covid-19 – March 2021. It argued that lack of trust was a significant factor in low uptake of the vaccine among older Black, Asian and minority ethnic people.

Housing and Covid-19 – April 2021. This highlighted how housing policies and the behaviour of the housing market have consistently created structural inequalities that have interacted with Covid-19 to create health inequalities.

Long term health conditions – April 2021. This highlighted the need for more information on the rates of different long term conditions among different ethnic groups, on their experiences of treatment and the levels of support they receive.

Mental health and Wellbeing – May 2021. This found the Covid-19 pandemic has had a disproportionate impact on Black, Asian and minority ethnic communities, who have experienced higher levels of anxiety and depression rates than the white population.

Disability – June 2021. This highlighted the lack of targeted information for people with a learning disability, particularly those from Black, Asian and minority ethnic communities.

Education – June 2021. This found Teachers from Black, Asian and minority ethnic communities, whilst attending to their own risks post-COVID, may experience further pressures and workloads as they respond to managerial expectations to be central to an institution's address of progression and outcome gaps for Black, Asian and minority ethnic students.

The Foundation was also involved in multiple projects led by other organisations addressing the impact of Covid-19, for example, our Chief Executive Jabeer Butt served on the advisory group for the Equality and Human Rights Commission's report into the treatment and experiences of lower-paid ethnic minority workers in health and social care.

5. The view of the organisation or body as to whether the group(s) it supports or represents was adequately considered when decisions about the response to Covid-19 were made by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive. Please also explain the reasons for the view expressed by the organisation or body in this respect.

In our view, race equality was not adequately considered in the response to Covid-19. Despite warnings from ourselves and other organisations, it took a string of high-profile deaths of Black, Asian and minority ethnic clinicians together with the release of ICNARC statistics on deaths to draw the attention of government. Even then, action was delayed while government sought further evidence of racial inequalities.

Where there was action by government, it tended to be limited – for example including ethnicity as a factor in staff risk assessments in the NHS. Little consideration was given to addressing racial inequalities when designing the vaccine roll-out, or even in general support such as through the furlough scheme.

For example, once the pandemic hit it also became apparent that Black, Asian and minority ethnic and migrants communities were more likely to work in sectors that were sensitive to changes in regulation. When those sectors shut down, there was an immediate loss of income, and an increase rate of unemployment. Some groups were more affected than others, compared to White British men, Bangladeshi men were over 4 times and Pakistani men 3 times more likely to work in these sectors while Black African and Black Caribbean men were 50% more likely.

Although job support packages were introduced, there is some evidence that awareness was limited among ethnic minority workers and small businesses. In addition, there is evidence that during the early stages of the pandemic that compared to White British workers, ethnic minority workers were less likely to be furloughed and more likely, especially if migrants (3.1x more likely) to be fired.

It is important to note that the warning signs of persistent and widening inequalities were present and known far in advance of the pandemic. In the government's 2017 Race Disparity Audit, it noted that Black and Asian communities had higher levels of poverty and were more likely to live in "deprived" areas. It also found higher levels of unemployment and household overcrowding, and low levels of skilled work and home ownership.

6. Whether the organisation or body raised any concerns about the consideration being given to the group(s) which it supports or represents with (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive, when the Government(s) and/or Executive were making decisions about their response to Covid-19. Please provide a list of any such correspondence or meetings with the UK Government, Scottish Government, Welsh Government and/or the Northern Ireland Executive, including the dates on which the body or organisation wrote or such meetings were held, to whom the correspondence was addressed or with whom the meeting was held, and any response received from the UK Government, Scottish Government, Welsh Government and/or Northern Ireland Executive addressing such concerns.

This is difficult and time consuming question to answer. We regularly attended meetings that had ministers present, for example there was a monthly meeting with Helen Whatley, a health minister at the time, with the meeting focusing on the experiences of adult people in receipt of social care and the experiences of their carers. These meeting were attended by our Chief Executive and a member of our Trustee board. There were other meetings were a minister was meant to be present, but often was not, for example the Dementia Programme Board, which was meant to meet quarterly but often did not.

There were then a range of meetings where different aspects of the health and care system discussed their response and asked for our views on what they were doing and/or what they should be doing, for example the Mental Health, Learning Disabilities and Autism COVID19 response cell which met on a weekly basis from April 2020 until at least July 2020. When possible these meetings were attended by our Chief Executive, with a number of times questions being raised about how changes to the provision of mental health and learning disability services were reaching and supporting Black, Asian and minority ethnic people. The response was always that this was an area of concern, but there was never any data presented that showed take-up of services for example digital access to mental health services.

This was combined with our role in the Health and Wellbeing Alliance, where we regularly met with policy leads from NHS England, Public Health England and Department of Health and Social Care and fedback our intelligence on what we were hearing about the impact of COVID-19. This included on one occasion presenting our analysis with New Policy Institute on infection rate and fatality rate. Because of this involvement our Chief Executive was also asked to co-chair a consultation event on May 7th 2020 that Professor Kevin Fenton was running as part of his work for the Chief Medical Officer. The Chief Medical Officer had asked Public Health England to look into evidence of the disproportionate impact of the COVID-19 on 'BAME' groups. The co-chaired event had over 100 people participate, but the subsequent report failed to publish any of the points made at this and other consultation events.

In addition we were asked for ad-hoc support from time to time too. So for example when NHS Responders (volunteers) was being set-up we were invited to a meeting to hear about what it was going to do. But this time people had already been signing up to be a responder and we asked what was known about the people that had volunteered, what was their

ethnicity, did they speak a community language, where were the in geographical terms. We were told the neither ethnicity nor their ability to speak a community language was asked for in the sign-up process, with NHS staff member leading this work saying that in retrospect perhaps this is something that they should have done. We pointed out that without knowing whether a responder could speak a particular language it was unclear how any matching could take place with people who did not use English as a first language (this took place the week of April 1st 2020). Over the next few weeks there were a number of discussion with the team, including one in which they explained that they were thinking of using a software package that uses names and surnames to identify the 'ethnicity' of individuals. NHS England colleagues suggested that this may help them fill the gap that we had identified. We suggested that this was a troubling development and probably flawed in any case. Our understanding is that they did not go down this route. Beyond this we had several discussions with the same team about the lack of availability of interpreting services and what was a possible solutions, including arranging for the team to have a conversation with colleagues of voluntary organisations such Wai Yin Society as well as specialist interpreting services Everyday Language Solutions.

The above is just an illustration of the multiple ways that we attempted to engage with Government and those leading the health and care response to COVID-19. We also engage with regulators such as Equality and Human Rights Commission as well as the Care Quality Commission. So a detailed response to this question would require considerable time and effort on our part and is not possible within the time constraints of this request from the COVID-19 inquiry.

7. A brief summary of the views of the organisation or body as to any lessons, if any, that can be learned from any consideration which was given to the group(s) that the organisation or body supports or represents by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive when they were making decisions about their response to Covid-19.

The pandemic highlighted the importance of having ethnicity data and that the infrastructure for doing this remains weak, with questions of accuracy and completeness still being raised. This is foundational for taking prompt and effective action on race equality.

The UK government should have made use of the evidence of structural inequalities together with insights from civil society when designing their responses to the pandemic. For example, many Black, Asian and minority ethnic-owned businesses struggle to access financial support during the pandemic. This was an entirely predictable issue given the findings of past projects to support these businesses.

The challenges facing Black, Asian and minority ethnic workers was also known years in advance. For example, evidence highlighting that Black, Asian and minority ethnic workers were more likely to be in frontline roles and less likely to have the confidence to challenge decisions that would place them at risk.

Access to healthcare for migrants, and particularly people with insecure immigration status, was another significant weakness of the UK's response to the pandemic. This is despite the "public health" exemption to NHS rules on health charging. An effective public health response is incompatible with any restrictions on access to healthcare.

Government should have also drawn on knowledge and expertise developed over decades of public health campaigns. For example, ensuring that information would be disseminated in community languages and easy words and pictures.

More broadly, organisations and agencies had long been sounding the alarm on inequalities before 2020. By one count, there were 375 outstanding actions to tackle racial inequalities from previous reports commissioned by successive governments. Failure to prioritise these actions leading up to, or to incorporate them into the response to, Covid-19 is a significant indictment of government during this period.