

**Questionnaire: UK COVID-19 Inquiry: Module 2 - Rule 9 Request to the Runnymede Trust Reference: M2/R9R/RT/TJS**

**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.**

*The Runnymede Trust is the UK's leading race equality think tank. We were founded in 1968, to provide evidence on racial inequalities, to inform policymakers and public opinion about the reality of those inequalities, and to work with local communities and policymakers to tackle them. We hold the secretariat for the APPG on Race and Community, chaired by Clive Lewis MP, and publish reports, briefings and research on race equality issues.*

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

*Our work is rooted in challenging structural racism and its impact on our communities. Our authoritative research-based interventions equip decision makers, practitioners and citizens with the knowledge and tools to deliver genuine progress towards racial equality in Britain.*

*We have been a leading source of research and data confirming the disproportionate impact of COVID-19 on Black and Minority Ethnic communities in the UK. Work undertaken by the Runnymede Trust led the government to add ethnicity as a risk factor to Covid.*

**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 Runnymede Trust was amongst the first organisations to explicitly make the link between ethnic inequalities and COVID- 19. We wrote parliamentary briefings and conducted qualitative and quantitative research on how Ethnic Inequalities in relation to COVID- 19 mirror long standing ethnic inequalities in health.*

*In 'Over- Exposed and Under- Protected: The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain' we conducted a survey which showed that pre-existing racial and socioeconomic inequalities resulting in disparities in co- morbidities between ethnic groups were amplified by COVID-19. In particular the survey found that BME people were more likely than white people to have contracted COVID-19, and more likely to have died from the virus. The reasons for this are multifaceted, but relate to overcrowding, occupation and employment status.*

*In 'Ethnic inequalities in 'COVID-19 mortality: A consequence of persistent racism' also found that BME people experience a much higher risk of COVID-19- related death, reflecting an increased risk of exposure to the virus because of where people live, the type of accommodation they live in, household size, the types of jobs they do and the means of transport they use to get to work.*

*A key recommendation running throughout these pieces of work was that unless racism is understood as a key driver of the inequalities which increase the chances of exposure to and mortality from COVID-19, government and public sector policy responses to the coronavirus*

pandemic risk further increasing ethnic inequalities in the UK.

**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.**

**Report:** *Over-Exposed and Under-Protected The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain* (Haque, Becares and Treloar, 2020)  
[https://assets.website-files.com/61488f992b58e687f1108c7c/61c31c9d268b932bd064524c\\_Runnymede%20Covid19%20Survey%20report%20v3.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61c31c9d268b932bd064524c_Runnymede%20Covid19%20Survey%20report%20v3.pdf)

**Report:** *Ethnic inequalities in Covid-19 are playing out again – how can we stop them?* (Kapoor, Patel and Treloar, 2020)  
<https://www.ippr.org/blog/ethnic-inequalities-in-covid-19-are-playing-out-again-how-can-we-stop-them>

**Article:** *Renewing our bold call for door-to-door vaccination units: we cannot afford to leave anyone behind this winter* (NHS Race and Health Observatory, Begum, October 2021)  
<https://www.nhs.uk/news/renewing-our-bold-call-for-door-to-door-vaccination-units-we-cannot-afford-to-leave-anyone-behind-this-winter/>

**Article:** *Why the Runnymede Trust is suing the government over its COVID-19 hiring practices*  
<https://www.runnymedetrust.org/news/why-the-runnymede-trust-is-suing-the-government-over-its-covid-19-hiring-practices>

**Court judgement:** *Good Law Project and Runnymede Trust v Prime Minister and Secretary of State for Health & Social Care* (December 2021)  
<https://www.judiciary.uk/wp-content/uploads/2022/02/The-Queen-on-the-application-of-1-Good-Law-Project-2-Runnymede-Trust-v-1-Prime-Minister-SSHSC-judgment.pdf>

**Parliamentary submission:** *The economic impact of coronavirus* (May 2020)  
[https://assets.website-files.com/61488f992b58e687f1108c7c/61d5be9d1c5e59f34ee88e54\\_EconomicImpactOfCovid19TreasuryCommitteeSubmissionMay2020.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d5be9d1c5e59f34ee88e54_EconomicImpactOfCovid19TreasuryCommitteeSubmissionMay2020.pdf)

**Parliamentary submission:** *The impact of coronavirus on people with protected characteristics* (April 2020)  
[https://assets.website-files.com/61488f992b58e687f1108c7c/61d5c94d86720494c0d66254\\_WECsubmission27April2020.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d5c94d86720494c0d66254_WECsubmission27April2020.pdf)

**Briefing:** *Ethnic inequalities in COVID-19 mortality: A consequence of persistent racism* (Nazroo and Bécares, 2021)  
[https://assets.website-files.com/61488f992b58e687f1108c7c/61d45251d88a9c8566fff97c\\_Runnymede\\_CoDE\\_COVID\\_mortality\\_briefing\\_FINAL.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d45251d88a9c8566fff97c_Runnymede_CoDE_COVID_mortality_briefing_FINAL.pdf)

**Briefing:** *Ethnic Minority Older People, Histories of Structural Racism and the COVID-19 Pandemic* (Hewitt and Kapadia, 2021)

[https://assets.website-files.com/61488f992b58e687f1108c7c/61d4568919c1a877ba25c0f7\\_Runnymede\\_COVID\\_Older\\_people\\_briefing\\_FINAL.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d4568919c1a877ba25c0f7_Runnymede_COVID_Older_people_briefing_FINAL.pdf)

**Briefing:** *Covid-19 and Apprenticeship Policy for Ethnic Minority Young People* (Clark and Nolan, 2021)

[https://assets.website-files.com/61488f992b58e687f1108c7c/61d4536d08171da25dca76f3\\_Runnymede\\_CoDE\\_Apprenticeship\\_briefing\\_FINAL.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d4536d08171da25dca76f3_Runnymede_CoDE_Apprenticeship_briefing_FINAL.pdf)

**Briefing:** *A Collision of Crises* (Harris, Joseph-Salisbury, Williams and White, 2021)

[https://assets.website-files.com/61488f992b58e687f1108c7c/61d453f9eaa19d64bf037958\\_Runnymede\\_CoDE\\_A\\_Collision\\_of\\_Crises\\_policing\\_briefing\\_FINAL.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d453f9eaa19d64bf037958_Runnymede_CoDE_A_Collision_of_Crises_policing_briefing_FINAL.pdf)

**Briefing:** *Revisiting Brick Lane: The Impact of COVID-19 on an Ethnically Diverse High Street* (Alexander, Carey, Hall and King, 2021)

[https://assets.website-files.com/61488f992b58e687f1108c7c/61d455f619c1a886ab24f8d9\\_Runnymede\\_CoDE\\_Ethnically\\_Diverse\\_High\\_Streets\\_Briefing.pdf](https://assets.website-files.com/61488f992b58e687f1108c7c/61d455f619c1a886ab24f8d9_Runnymede_CoDE_Ethnically_Diverse_High_Streets_Briefing.pdf)

**Blog:** *The case for a public inquiry into Covid-19 deaths* (Arthur, 2020)

<https://www.runnymedetrust.org/blog/the-case-for-a-public-inquiry-into-bme-covid-19-deaths>

**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.**

*The COVID 19 outbreak shone a spotlight and exacerbated the deep rooted inequalities that already existed across society for Black and ethnic minority (BME) communities. Black and ethnic minority communities were at the forefront of this crisis, many stepping up and doing valuable work helping others in key worker roles. But from the beginning of the pandemic, Black and ethnic minority communities were left overexposed and underprotected: more likely to catch the virus and become seriously ill from it. In the first wave of the crisis, Black men and women were four times more likely to die of Covid-19 than their white counterparts.*

*The key areas affecting BME communities where we believe the government did not make adequate considerations include:*

**Equality impact assessment:**

*Disparities faced by BME communities were not fully considered by the government when making decisions about the response to COVID-19. This is demonstrated by the lack of any equality impact assessment of the emergency social and economic measures rolled out by the UK government during COVID-19. This was a lost opportunity to understand and assess the impact of government measures to mitigate the impact of coronavirus on people with protected characteristics. It has meant that many groups have fallen through the cracks, without any social or financial support to buffer the devastating impact of COVID-19.*

**Dissemination of public health information:**



We shed light on serious concerns about the dissemination of information and its cultural appropriateness, the distrust many in the BME population feel towards health services and the ability of many in the BME population to self isolate and shield due to overcrowding and financial constraints were repeatedly ignored by government decision makers.

We were one of the early voices against attempts to link the disproportionate impact on BME groups to genetic factors which was prevalent in the early breakout phase of the pandemic.

Our survey of 2,585 adults, [Over-exposed and Under-protected](#), identified Bangladeshi and Black African communities as most vulnerable, and warned that important public safety and economic contingency measures – including "Stay Home" messaging and furlough advice – were not reaching BME communities. The task of communicating and translating public health messaging was largely left to voluntary groups and under-resourced local authorities.

**Age prioritised as a risk factor at the expense of ethnicity:**

**Runnymede's ongoing efforts to reframe the narrative on race also helped change government policy on the priority grouping for COVID vaccinations; previously government had focused on the elderly groups to be prioritised for vaccinations and we contributed to shifting government thinking to include ethnicity and socioeconomics as priorities for rolling out the vaccines.**

BME people are more likely to live in densely populated areas, in overcrowded and multigenerational households. This had serious implications on their ability to self isolate and shield from coronavirus transmission. We highlighted that the age profile of minorities is younger and therefore they had to wait longer to receive the vaccination despite being disproportionately affected by the pandemic. The government took heed of this advice but it took a long time.

**Vaccination rollout:**

**We advocated for door-to-door vaccinations, which would see units sent to high-density urban areas where vaccine uptake was low. A ramp-up of mobile services would have boosted real-time access to protect traditionally excluded groups.** In accessing the vaccine, more than 1 in 5 of respondents to a [Healthwatch survey](#) said that the location of where they were asked to get their vaccine could be a barrier to them, with more than 1 in 10 expressing concern about having to take public transport to access their vaccine. Respondents from Black communities were 50% more likely to see the location of vaccine centres as a barrier and almost twice as likely to express a nervousness about having to use public transport to get there.

**We argued against the dominant tropes in public health messages of vaccine reluctance or hesitancy.** We [advocated instead](#) for the need for vaccine equity, meaning groups who are less likely to access services can find it easier to receive the services if we just take those services closer to them. We cited the effectiveness of mobile smear testing in communities to help drive up access and take-up, which is a more compassionate approach.

**Government appointments during COVID:**

**Runnymede brought a legal case against the Government [for its recruitment processes](#) favouring friends, relatives and associates of senior members of government ignored effects on the country's ethnic minority and disabled communities.** The High Court accepted this point when it issued a judgement in favour of

*the Runnymede Trust, confirming that the government acted illegally in appointing Baroness Dido Harding and Mr Mike Coupe to top jobs in the national emergency response to the pandemic, without competition. Both appointments were found to have breached the Public Sector Equality Duty under section 149 of the Equality Act 2010. This legislation exists to eliminate discrimination and advance equality of opportunity in the UK.*

**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.**

**4th May 2020:** [Joint Open Letter to the Secretary of State for Education: Predicted grades & BME students](#)

**30th September 2020:** [One off session: The impact of coronavirus on children's education](#) (Witness: Dr Halima Begum, CEO at Runnymede Trust)

**12th January 2021:** [Joint Open Letter to the Secretary of State for Education: GCSE and A-Level Cancellation Arrangements](#)

**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 government must meet regularly with race equality organisations to understand the disproportionate impact of crises on BME groups***
- ***A racial lens must be applied to public health crises***
- ***The government must address the root causes of health, housing and employment inequality***
  - *In the longer term, there is a need for the government to invest in affordable housing, and particularly larger social housing, so that families on low income are not forced to live in overcrowded and poor-condition privately rented housing.*
  - *The government must also develop a national cross-governmental strategy for action on the social determinants of health, with a specific focus on deprived and black and minority ethnic communities, as recommended in the Marmot Review.*
- ***The social security safety net should be significantly strengthened***
- ***The government must take action to reduce precarious and poor-quality employment which increased the risk of exposure to the coronavirus and the severity of the disease during the pandemic***

Please reach out Mandeer Kataria (Interim Senior Policy Manager) at [mandeer@runnymedetrust.org](mailto:mandeer@runnymedetrust.org) for any further information