

**FIRST MINISTER'S BAME COVID-19 ADVISORY GROUP**

**REPORT OF THE SOCIOECONOMIC SUBGROUP**

**CHAIR: PROFESSOR EMMANUEL OGBONNA**

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# Report of the BAME Covid-19 Socioeconomic Subgroup

Chair Prof Emmanuel Ogbonna

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## Executive Summary

1. Although the coronavirus pandemic has created widespread fears and risks to lives and livelihoods across communities in Wales and around the world, the impacts on Black, Asian and Minority Ethnic (BAME) groups have been especially profound. Members of BAME communities are disproportionately contracting and dying from the Covid-19 disease, with available statistics suggesting that British BAME groups are up to two times more likely to die from the disease than their white counterparts. It is within this context that the First Minister of Wales commissioned this report.

## Quality of Ethnicity Data

2. Through a review of existing published evidence from a variety of sources and the collection of new evidence from engagement with over 400 individuals in a range of stakeholder meetings, the report identifies a number of key socio-economic and environmental factors that are implicated in the disproportionate Covid-19 outcomes for members of BAME communities. The report includes the experiences of BAME people in England which are consistent with anecdotal evidence of BAME people in Wales; however, Welsh specific data is a necessity and should be a priority in addressing health and wider inequalities in the future.

## Racial Inequalities

3. The report finds that race inequalities exist in Wales. In light of Covid-19, the lack of or poor quality of ethnicity data has resulted in poor health decisions, and BAME communities face a higher risk of catching and dying from the disease. Also captured are the experiences of racism from specific BAME groups exacerbated by Covid-19, the effectiveness of the communication of health information, the issue of cultural suitability of health and social care services, income and employment insecurity, housing overcrowding and environment, the financial burden created by migration status, violence against women, children, domestic abuse and sexual violence and the role of structural and systemic racism and disadvantage.
4. Anecdotal evidence demonstrates a rise in young people's anxiety around their futures in light of the Covid-19 lockdown and current racial events. The report highlights the importance of the third sector and community hubs in providing continued engagement with young people and supporting them to maintain good mental health and personal attainments.

## Representation

5. The overall theme that ran through the factors discussed in this report is the impact of longstanding racism and disadvantage and lack of BAME representation within decision making to effect better socio-economic outcomes. Although many of the issues highlighted have been identified and discussed previously, they have not been addressed in any systematic and sustained way. The coronavirus pandemic is, in some respects, revealing the consequences of such inaction on race equality.
6. The report highlights avenues for further research on the issues discussed and makes recommendations for addressing each of the factors identified that position race equality concerns at the heart of decision-making in government. It concludes that cross-sectional monitoring and evaluation systems are required to meet the Public Sector Equality Duty, and embed anti-oppressive practices across all health, social care and other services in Wales.

## **Introduction**

7. The First Minister, Rt Hon Mark Drakeford MS, is concerned that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately impacted by Covid-19, with consequent adverse direct and indirect health outcomes. He convened a BAME Covid-19 Advisory Group to advise him and his Cabinet on this critical matter, to identify immediately necessary measures to protect communities in Wales and also to recommend longer-term work that would be needed to address any inequalities.
8. The Socio-economic Sub Group was set up specifically to identify the range of socioeconomic factors influencing adverse Covid-19 health and social care outcomes for individuals from BAME backgrounds and to advise and report back on:
  - The key sociodemographic, geographical, socioeconomic or cultural factors that may be contributing to disproportionately adverse outcomes from Covid-19 in BAME communities;
  - Short-term options to minimise any exacerbation of inequalities identified;
  - The accessibility of current Public Health advice and guidance to combat Covid and the practical challenges among BAME communities;
  - Any language, formal, cultural or other barriers to effective dissemination and understanding among BAME and diverse communities and remedies for these; and
  - Potential research questions for a medium and long-term analysis of factors influencing Covid-19 outcomes in BAME communities, including culture, age, faith, gender, disability and other individual factors, as well as the potential role of systemic factors such as racism or unconscious bias.

## **Scope**

9. Whereas the group worked within the parameters of the above terms of reference, the report references wider issues (including non-devolved areas of justice, policing and immigration) which are by-products of the Covid-19 pandemic and the 'lockdown' measures that have impacted adversely on BAME people in Wales.

## **Membership**

10. The Group included representation from BAME NHS and care workers, Public Health Wales (PHW), NHS Wales Health Boards and Trusts, the Equality and Human Rights Commission Wales and Welsh Government Officials. The group drew in expertise from academia, third sector organisations, youth and community practitioners with specialist knowledge of BAME mental health, equality and human rights, education, gender inequality, housing and social justice. Whereas unions were not formally represented, the membership included union officers who brought employment and workforce development perspectives in relation to BAME employees.
11. There was wide engagement across BAME community groups, and community group representatives were invited to bring specific evidence or perspectives relating to the BAME Welsh experience. The full membership of the group is attached at annex 3.

## **Methodology**

12. A mixed methods, co-productive approach was adopted, to focus on community assets, elicit lived experiences of BAME communities, and promote a rapid, solution focused output. An early priority was to gather existing data and evaluate current knowledge specific to the BAME population of Wales set in UK wide and international perspectives, to address key questions

(see annex 1). A rapid review of published routinely collected quantitative data on health outcomes was undertaken and a review of quantitative and qualitative evidence on socioeconomic and social influences on BAME health, social care and wellbeing outcomes. Sources included peer reviewed research papers and reports as well as grey literature including blog posts and unpublished observations. Wide engagement with over 400 individuals in a range of stakeholder meetings provided a rich source of direct testimony and views to inform this review. These rich and varied sources have been analysed into two reports<sup>1</sup>, the Covid-19 BAME Advisory Group – Potential impact of COVID-19 evidence paper and a Statistical Article ‘Coronavirus (COVID-19) and the Black, Asian and minority ethnic (BAME) Population in Wales’<sup>2</sup>, highlighting some key themes as priorities for early action, as well as future research.

13. The experience of Covid-19 has brought into sharper focus the entrenched inequalities faced by BAME people in Wales and beyond. The medium and longer-term steps to recovery give us an opportunity to address inequalities, closing attainment and pay gaps, tackling racism and promoting community cohesion. Race and religion and belief are two of the protected characteristics listed in the Equality Act 2010<sup>3</sup>. Compliance with the Public Sector Equality duty in the Act and the specific duties for Wales (PSED), which are a legal requirement under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, is key<sup>4</sup>. These include Equality Impact Assessments (EIAs) which are a useful tool to ensure the consideration of the likely impact of proposed policies on particular protected characteristic groups using available evidence before any decision to implement a policy is made. Public bodies should maximise their efforts and use all levers at their disposal, including those under the PSED, to reduce inequalities for BAME people.
14. During the period of this review, Public Health England (PHE) published two reports on structural inequalities<sup>5</sup> and differential impact on BAME communities<sup>6</sup>. There was liaison between Welsh Government and PHE during this time but the PHE and Welsh report were developed independently of each other. The degree of consonance of their conclusions and recommendations is striking and indicates cross validation of these.

## Existing Welsh Government Actions

### The Welsh Government’s Strategic Equality Plan for 2020 – 2024

15. This is an existing Ministerial commitment and is being developed to seek to eliminate discrimination, promote equality of opportunity and foster good relations in the most inclusive ways possible, as well as aligning to specific domains of ‘Is Wales Fairer?’<sup>7</sup>. The aims and objectives of the plan being developed are cross-cutting and interdependent, with a specific

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<sup>1</sup> Covid-19 BAME Advisory Group evidence review– Welsh Government May 2020

<sup>2</sup> Statistical article: Coronavirus (COVID-19) and the Black, Asian and minority ethnic (BAME) Population in Wales Welsh Government June 2020

<sup>3</sup> Equality Act 2010, <https://www.legislation.gov.uk/ukpga/2010/15/contents> , accessed 28/05/2020

<sup>4</sup> Public Sector Equality Duty in Wales, <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-wales>, accessed 28/05/2020

<sup>5</sup> Public Health England Disparities in the risk and outcomes of Covid-19 2 June 2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf)

<sup>6</sup> Public Health England Beyond the data: Understanding the impact of Covid-19 on BAME groups 15 June 2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

<sup>7</sup> [Is Wales Fairer?](#) Equality and Human Rights Commissions, 2018

aim to address the deep-seated inequalities in relation to race. A commitment has already been made to bring forward a Race Equality Action Plan in 2020.

### **Commencement of the Socio-Economic Duty**

16. Commencement of the socio-economic duty<sup>8</sup> will be brought forward during the 2020 Senedd term. The duty requires public bodies to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage when making strategic decisions. [Guidance](#) to help certain public bodies prepare for a socio-economic duty has already been published.

### **Research into Strengthening and Advancing Equality and Human Rights in Wales**

17. The Welsh Government has commissioned research which commenced earlier in 2020 to identify and recommend actions to advance and strengthen equality and human rights in Wales. It is due to report by early 2021.

### **Advancing Gender Equality in Wales Plan**

18. As a result of the Chwarae Teg Gender Equality Review<sup>9</sup> commissioned by the Welsh Government (2018) there is now an Advancing Gender Equality in Wales Plan to implement its recommendations. The Gender Equality Review was clear that intersectional considerations should be at the heart of policy making to enable true advancement of equality in Wales. The Review also introduced a Mainstreaming Model to be considered and which will be built upon by the research to advance and strengthen equality and human rights in Wales. A subgroup of the Strengthening and Advancing Equality and Human Rights Steering Group will provide expert advice and guidance on the implementation of the recommendations.

### **Key Themes emerging from the BAME Socioeconomic Factors Review Process**

#### **Living with Race Inequality in Wales**

19. The Coronavirus pandemic has further exposed existing racial inequalities in Wales. In 2017 the Equality and Human Rights Commission (EHRC) produced A Roadmap to Race Equality<sup>10</sup> building on their Healing a Divided Britain<sup>11</sup> published in 2016. The Roadmap was produced in response to the UK Government's Race Disparity Audit<sup>12</sup>, and highlighted five areas for governments to take action, in health, education, employment, criminal justice and housing, underlining the role of intersectionality in structural inequality.

20. The EHRC's 2018 Report 'Is Wales Fairer?' highlighted that race inequality persists in Wales<sup>7</sup>. This identified race hate crime as still far too prevalent in Wales. Race was a motivating factor

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<sup>8</sup> Welsh Government Socio Economic Duty [Guidance](#)

<sup>9</sup> Chwarae Teg Gender Equality Review 2018 <https://chwaraeteg.com/wp-content/uploads/2019/06/Rapid-Review-of-Gender-Equality-Phase-One-full-report.pdf>

<sup>10</sup> A Roadmap to Race Equality, EHRC, 2017, <https://www.equalityhumanrights.com/en/publication-download/roadmap-race-equality>, accessed 28/05/2020

<sup>11</sup> Healing a divided Britain: the need for a comprehensive race equality strategy, EHRC, 2016, <https://www.equalityhumanrights.com/en/publication-download/healing-divided-britain-need-comprehensive-race-equality-strategy>, accessed 28/05/2020

<sup>12</sup> Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website, Cabinet Office, October 2017 (Revised March 2018), [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/686071/Revised\\_RDA\\_report\\_March\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf), Accessed 29/05/2020

in two thirds (68%) of hate crimes reported and recorded in Wales in 2018/19<sup>13</sup>. This is a particular concern, especially as spikes in hate crime after the EU referendum and recent terrorist attacks were focused on BAME communities.

21. High levels of violence and abuse experienced by some BAME groups feed into the way they feel about their local area and can lead to a sense of isolation. Barriers to accessing healthcare, sport and leisure exist, particularly for people from BAME groups or for whom English is an additional language. Logistic and cultural barriers to accessing health and social care services are a particular issue for Gypsy, Roma and Traveller families and access to mental health service provision is a key challenge for refugees and asylum seekers. This can further compound people's feelings of loneliness and not belonging.
22. Feelings of loneliness can result in mental health problems, but mental health provision in Wales is not meeting demand. A recent report by Public Health Wales<sup>14</sup> concluded that members of BAME communities reported higher rates of anxiety and feelings of isolation in comparison with their white counterparts. The number of people waiting for mental health treatment has doubled in the past six years. Refugees and asylum seekers face particular challenges to access mental health care. The report found that there are increased levels of loneliness in Wales, particularly for some ethnicities. One in four people from BAME groups reported being lonely in Wales in 2017/18, compared to one in six of those who were white<sup>15</sup>.
23. Some members of the BAME communities have continued to succeed in education and employment, with in particular, Indian and Chinese children achieving high attainment rates. Black pupils have lower attainment than white British pupils during early years' education. This attainment gap narrows at GCSE level with, for the latest period (2017-2019), 57.7% of black pupils achieving the Level 2 Inclusive threshold<sup>16</sup> compared to 56.5% of white British pupils. However, for other BAME groups this gap is not narrowing; only 11.1% of Gypsy/Gypsy Roma pupils will meet this threshold.
24. Attainment gaps are also evident at higher education level. While there is an overall increase in participation in higher education, white British students in Wales have an attainment lead of 8.5 percentage points over BAME students.
25. BAME groups are also under-represented in apprenticeships and despite an increase in employment rates across Wales, not everyone is benefiting from this. Muslims continue to have a lower employment rate than either Christians or people of no religion. BAME groups are under-represented in public appointments and the judiciary – only 1% of court and tribunal judges are from a BAME group.

## Recommendations

- In March 2020 the Deputy Minister and Chief Whip committed to developing a Race Equality Plan for Wales. Progress on this work has paused, to respond to the Covid-19 pandemic. Development of this plan should now progress imminently to address race inequality. The plan

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<sup>13</sup> Hate Crime, England and Wales, 2018-2019 Appendix tables

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/838452/hate-crime-1819-hosb2419-appendix-tables.ods](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838452/hate-crime-1819-hosb2419-appendix-tables.ods)

<sup>14</sup> [How are we doing in Wales? Public Engagement Survey on Health and Well-being during Coronavirus measures, A focus on ethnicity](#), PHW

<sup>15</sup> National Survey for Wales, 2017-18, Results viewer: <https://gov.wales/national-survey-wales-april-2018-march-2019>

<sup>16</sup> At Key Stage 4, level thresholds represent a volume, or 'size', of qualifications at a specific level on the National Qualifications Framework (NQF). The 'Level 2 inclusive' threshold represents a volume of qualifications at Level 2 equivalent to the volume of 5 GCSEs at grade A\*-C, including English Language or Welsh First Language and Mathematics or Numeracy. See [Academic Achievement by pupil characteristics](#), Welsh Government.

must acknowledge how COVID-19 has exposed existing health inequalities and, in some cases, exacerbated them. The final Race Equality Plan for Wales needs to lead to a substantive and comprehensive Race Equality Strategy for Wales. **(Immediate)**

- Welsh Government to encourage the political engagement of BAME communities by raising awareness and understanding of Welsh and UK democratic institutions and processes, with the overall aim of encouraging the increase of political representation of BAME communities by also encouraging voter registration from BAME communities. **(Immediate)**

## Quality of Ethnicity Data

26. Data on ethnicity across all health and social care services and many other public services is poor. The NHS Electronic Staff Record (ESR) holds ethnicity data on 85% of employees, but only 63% of medical and dental staff. Many healthcare records also do not record the ethnicity of the patient. This deficit interferes with the accuracy of most analyses relating to health outcomes or to NHS staff by ethnic group. For other analyses of ethnicity data, comparisons with 2011 census data are widely made but this is known to be out of date with demographic changes since 2011. Initial reporting of Covid-19 deaths in confirmed hospitalised cases through the Welsh Clinical Portal (WCP) surveillance e-Form in Wales did not record ethnicity.
27. Ethnic group was added as a field to the WCP surveillance e-Form on 6<sup>th</sup> May 2020. However, completeness of this field in records submitted subsequently is only around two thirds. Wales does not currently have access to data linked to the 2011 Census, though progress is being made with this within the SAIL databank. Anecdotal evidence from BAME groups indicated that methods of data recording are often inconsistent, often not self-administered and not always seen positively, associated with the risk of stigma and discrimination rather than being seen as supportive.
28. An area of concern expressed by stakeholders is that data on ethnicity is not recorded on death certificates in England and Wales. Death certification and registration are non-devolved issues and are the responsibility of the Home Office through the General Register Office. Recognising there may be some challenges and many considerations to work through in doing so, the Welsh Government wrote to the Home Office on the 12<sup>th</sup> of May to request they consider revising the current process to include the opportunity to capture ethnicity on death certification and registration forms.
29. The impending digitisation of the Medical Certificate of Confirmed Death (MCCD) might provide an opportunity to amend the MCCD and registration forms to introduce an ethnicity question, as is currently the case in Scotland. There may be other demographic factors, which may be useful to include in the process, such as recording the country of birth and the Welsh Government has offered support to explore this. *Is Wales Fairer?*<sup>7</sup> (2018) found that there are clear gaps in the data in Wales that make it difficult to understand the experiences of people of all protected characteristics. There is particular lack of data broken down by race, religion or belief and sexual orientation and gender reassignment. There is also a lack of disaggregated data on health and care outcomes.
30. The report<sup>17</sup> recommended that to more effectively address inequalities and discrimination, Welsh Government and other national agencies that routinely collect and use data, including the Office for National Statistics (ONS), Wales Audit Office, Data Cymru and Wales Observatories, should collect and publish data disaggregated by ethnicity, or publish their reasons for not doing so. While some progress has been made in making more data on ethnicity available, including data on employment rates and the ethnic pay gap, there is more

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<sup>17</sup> Our plan for addressing data gaps, Equality and Human Rights Commission, March 2020, page 9

work to do and the Welsh Government statisticians are working towards presenting more analyses by ethnicity, where the data exists and making the data which exists easier for users to find.

31. NHS trusts and local health boards should collect, monitor and analyse comprehensive data on health outcomes and use of health services disaggregated by protected characteristics and for at risk groups, including refugees and asylum seekers<sup>18</sup>. Data analyses should include the differences between BAME groups as well as the variations within groups, for example across genders, ages, religious beliefs, socioeconomic status and sexual orientations.
32. Where ethnicity data is collected there is inconsistency in the categories used and the sample sizes available. This makes comparison of data from different sources challenging. For example, some organisations still use the 2001 census categories, which results in no data being available for Gypsy, Roma and Traveller individuals for those indicators. The ethnicity question that will be used for the 2021 Census is likely to be adopted as the Government Statistical Service harmonised principle on ethnicity, which could be used by all data owners including ONS.

## Recommendations

- Take immediate action to improve the quality of recording of ethnicity data in the NHS and across health and social care services to ensure parity of BAME data collection, monitoring and reporting. It is recommended that this is supported by qualitative research into the best methods for this, including lobbying to include ethnicity on death certification and birth certificates. **(Immediate)**
- Data in general is poor and not transparent. Consider innovative methods of linking of databases to provide better data on different types of mortality, disaggregated by different protected characteristics, including ethnicity. Evidence is already available but needs to be collated through extracting qualitative research across our key areas of focus. **(Immediate)**

## Risk of Covid-19

33. A widely reported analysis of Covid-19 related deaths in England and Wales, undertaken by the Office for National Statistics<sup>19</sup>, showed that the risk of death involving Covid-19 among some ethnic groups, in England and Wales, is significantly higher than that of those of White ethnicity. This is partly a result of socio-economic disadvantage and other circumstances, but part of the difference has not yet been explained. Even after taking account of age and other socio-demographic characteristics and measures of self-reported health and disability the risk of a Covid-19-related death for males and females of Black ethnicity was 1.9 times more likely than those of White ethnicity and males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a Covid-19-related death than White males. In addition the Intensive Care National Audit and Research Centre (ICNARC)<sup>20</sup> findings that a third of those cases admitted to critical care (in England, Wales and Northern Ireland) with confirmed Covid-19, were people from Black, Asian or minority ethnic (BAME) backgrounds have also been widely reported.
34. There is a considerable level of anxiety amongst employees about the risks of Covid-19 and the potential additional risk for BAME workers as an at risk group. This is being addressed by the risk assessment tool developed by the Risk Assessment Subgroup and needs to be widely

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<sup>18</sup> Ibid Page 130 [abridged]

<sup>19</sup> [Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020](#)

<sup>20</sup> [ICNARC reports on Covid-19 in Critical care 2020](#)



disseminated including to all BAME groups, relevant employers and individuals and implemented positively by employers. The All Wales Covid-19 Workforce Risk Assessment Tool<sup>21</sup> has been developed to be used by all staff, not just those from BAME backgrounds. This is a necessary measure to avoid division and perception that there is a “hierarchy” of important lives.

35. BAME people are over-represented in some sectors of the NHS, comprising over a third of medical and dental staff in Wales<sup>22</sup>. Concerns in the group were raised specifically about risks to Filipino staff. Approximately 18,500 Filipino nationals work in the UK's National Health Service (NHS), the third-largest group after white and Indian groups. Out of more than 100 healthcare workers who have died after contracting the virus in the UK, at least 25 have been from the Philippines, according to Kanlungan, an umbrella organisation for Filipino community support groups across the country. That includes health and social care workers and hospital staff<sup>23</sup>.
36. The Risk Assessment Tool will need to be shared with workers and employers, using existing networks, such as the Wales TUC, health and social care, public health, trade unions and the EHRC's Equality and Human Rights Exchange. Local BAME networks and community leaders can play a key role in addressing worries.
37. Anxiety regarding the risks of Covid-19 has also exacerbated mental health impacts. The Together for Mental Health Strategy sets out the vision for mental health and wellbeing in Wales. It is underpinned by a human rights based approach and aims to address the impacts of health inequalities related to socioeconomic factors. This cross government strategy is supported by a series of delivery plans. The 2019-22 Together for Mental Health Delivery Plan includes an underpinning theme of 'reducing inequalities, promoting equity of access and supporting the Welsh language'. The impact of Covid-19 in relation to supporting mental health and well-being is recognised and the delivery plan will be reviewed in light of this, to consider what further action is needed.
38. Targeted actions include the rollout of the Diverse Cymru mental health workplace good practice certification scheme across Wales, health boards evidencing their efforts to improve access to information in accessible formats, Treat Me Fairly training, consideration of HESR findings and support to a range of programmes and initiatives protecting vulnerable groups such as refugees and asylum seekers. Collaborative work is in progress to explore stigma and discrimination as it relates to mental health, through the Time to Change Wales Programme and a special focus group.

## Recommendations

- Ensure wide dissemination of the risk assessment tool backed by robust employer and employee advice in a range of formats, supported by clear and time-bound communication and stakeholder engagement plan – and encouragement of use of the tool in settings wider than health and social care. Safeguard mechanisms should also be built into the system to ensure that individuals are not affected adversely by the results of the assessment. **(Immediate)**
- Employees, whether in the public or private sector, that are classified as High to Very High Risk under the Risk Assessment Tool, should not have a reduction in their

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<sup>21</sup> <https://gov.wales/covid-19-workforce-risk-assessment-tool>

<sup>22</sup> NHS Wales, Electronic Staff Record analysis, Feb 2020

<sup>23</sup> Coronavirus: Filipino frontline workers pay ultimate price in UK, Ylenia Gostali, 1 May 2020, <https://www.aljazeera.com/indepth/features/coronavirus-filipino-front-line-workers-pay-ultimate-price-uk-200501075917665.html>, accessed 29/05/2020

wages/salary/income as a result of being removed from frontline duty or being re-deployed to a different area of Low Risk work. **(Immediate)**

- Regular reviews must be taken to add value to the already launched risk assessment tool and make future recommendations on its enhancement. Employers, *whether in the public or private sector*, should be signposted to support on how to use the risk tool and be *mandated* to implement this as part of their employment practice beyond the Covid-19 crisis. *Employers should be mandated to stockpile and provide adequate PPE for any future risk to employees.* **(Immediate)**

## Experiences of Racism

39. The evidence of racial inequality in Wales is reported by BAME communities in persistent and long term experiences of racially orientated micro-aggressions and sometimes overt discrimination. Some staff in health and social care settings reported they felt they had been treated less favourably than their white colleagues during the Coronavirus pandemic.
40. Annual figures released by the Home Office for 2018-19 showed, for England and Wales, a 10% increase on the previous year of recorded hate crime to a record 103,379. This can in part be put down to increased awareness and reporting but that cannot account for the marked increase.
41. Race was a motivating factor in around three-quarters (78,991) of hate crime offences in England and Wales; with race hate crimes rising by 11% on the previous year. Just under half of religious hate crime in England and Wales targeted Muslims<sup>24</sup>. In Wales there was a 17% increase in recorded hate crime in 2018-19, to a record of 3,932 offences. Race was a motivating factor in 68% of all recorded hate crimes in Wales (2,676) and rose by 16% on the previous year<sup>25</sup>.
42. The group heard stories of increased racial abuse and hate crime and hate speech during the Coronavirus pandemic. This accords with evidence of spikes of increased hate crime during and after certain events including the EU referendum and the terrorist attacks in 2017<sup>26</sup>.
43. Since the EU Referendum the Welsh Government has utilised the European Transition Fund to provide £480,000 of funding over two years through the Hate Crime Minority Communities Grant. The Grant is funding third sector organisations supporting BAME and religious communities affected by hate crime.
44. In addition, they have invested an additional £1.52m of funding into the Community Cohesion Programme to expand cohesion teams across Wales. The Cohesion teams undertake front line engagement with communities, including the delivery of projects to encourage integration which foster good community relations and monitor tensions across Wales; allowing Welsh Government to identify where further intervention may be necessary. During Covid-19, the Welsh Government has been in weekly contact with the police, victim support, community cohesion teams and the third sector to best understand the impact of the current climate on hate crime and community tensions.

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<sup>24</sup> Hate Crime England and Wales 2018/19, Home Office , October 2019, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/839172/hate-crime-1819-hosb2419.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839172/hate-crime-1819-hosb2419.pdf) , accessed 20/05/2020

<sup>25</sup> Hate Crime, England and Wales, 2018-2019 Appendix tables [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/838452/hate-crime-1819-hosb2419-appendix-tables.ods](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838452/hate-crime-1819-hosb2419-appendix-tables.ods)

<sup>26</sup> Ibid

45. Informants described experiences of different and worse treatment in NHS Wales which they felt were attributable to their race or ethnicity. These reports would have warranted investigation as potentially racist or discriminatory. Any such behaviour would be illegal and in direct conflict with the Equality Act 2010 and the Public Sector Equality Duty. Further evidence of BAME workers' accounts of experiencing racism within the NHS is available from the BMJ's recent issue on racism in medicine which carries descriptions of numerous adverse experiences described by BAME health and social care workers and patients. Inequalities include the fivefold higher maternal mortality in black women compared with white women in the UK, to the gap in performance between white and BAME students and doctors and the increased likelihood of disciplinary procedures against BAME doctors<sup>27</sup>. Reports from our stakeholder engagements described similar experiences by health and social care and other workers in Wales.
46. The Nursing Times reported that BAME workers report feeling pressurised to work on Covid-19 wards. In an interview with the *Nursing Times*, Carol Cooper, Head of Equality, Diversity and Human rights at Birmingham Community Healthcare NHS Trust, said BAME nurses and healthcare assistants felt they were being picked to work on coronavirus wards more so than their white colleagues<sup>28</sup>.
47. To address and eradicate concerns about racism, it is essential to engage with BAME communities, hear and document lived-experiences of concern about Covid-19 related discrimination, to acknowledge and validate stories and accounts from BAME communities. Lack of trust in the system is a key reason for low uptake of existing management support channels. This could in part be due to the lack of diversity in senior positions in some parts of the NHS and social care workforce.
48. Concerns were raised to the Group about the lack of and appropriateness of personal protective equipment (PPE) and feeling unable to voice those concerns. A Royal College of Nursing (RCN) survey found in the UK-wide survey<sup>29</sup> of members working in high-risk environments, less than half (43 per cent) of respondents from a BAME background said they had enough eye and face protection. In contrast, 66 per cent of white British nursing staff who responded said they had sufficient amounts of the same type of PPE. There was a similar disparity in the numbers of fluid-repellent gowns to which RCN members said they had access. While 19 per cent of white British staff reported they did not have enough gowns to see them through a shift. That percentage increased to 37 per cent of BAME respondents.

## Recommendations

- Address any unfair or illegal discrimination at work in, or by users of, NHS Wales, through renewed attention to anti-oppressive practices, equality and diversity competences, documenting lived experiences of BAME workers, and systematic Equality Impact Assessments specific to ethnicity.
- The implementation of BAME Staff Networks/Groups supported by Trade Unions in Local Health Boards should be set up to allow a safe space for BAME Staff members to express concerns without the threat of unfair action by Line Managers and above. **(Immediate)**

<sup>27</sup> Racism in medicine. The BMJ. 2020 <https://www.bmj.com/racism-in-medicine>

<sup>28</sup> BME nurses 'feel targeted' to work on COVID-19 wards, Megan Ford, Nursing Times, 17 April 2020, <https://www.nursingtimes.net/news/coronavirus/exclusive-bme-nurses-feel-targeted-to-work-on-covid-19-wards-17-04-2020/>, accessed 29/05/20

<sup>29</sup> [PPE Survey of UK Nursing Staff report: Use and availability of PPE during the Covid-19 Pandemic](#)

- Provide a dedicated and continuous BAME support helpline and a confidentiality framework in workplace guidance, so employees can challenge safely and raise concerns. This would allow workers to report PPE and other concerns with confidence and could provide a model for use in wider employment contexts. **(Immediate)**
- Consider training for employers and employees on the Equality Act 2010, cultural awareness training and consider how training can be used to improve working environments for BAME people with comorbidities. In particular to work with Welsh Police and Crime Commissioners to provide a unified standard of training to raise awareness of cultural and racial sensitivities. **(Immediate)**
- Include BAME and The Commonwealth history/education in the National Curriculum for Wales 2022 for primary and secondary pupils to prevent racism and to promote cultural diversity. **(Immediate)**

### **Effective Communication of Key Health and Social Care Messages to BAME Communities**

49. It was clear that health and social care messages had not been effectively disseminated to BAME communities. Discussions at a number of meetings highlighted the need to fund BAME groups that have strong grassroots connections to help (among other things) in disseminating key public health messages like social distancing and Vitamin D supplementation and forthcoming testing and contact tracing measures.

50. The number of adults who have either never used the internet or have not used it in the last three months, described as “internet non-users”, has been declining over recent years in Wales. In 2012 this accounted for 22.0% of the adult population, reducing to 10.9% in 2018, still higher than the UK figure of 10.0%. Wales also lags behind the UK in the number of people with the five basic digital skills, with 66% of adults in Wales having them, compared to the UK average of 79%<sup>30</sup>.

51. Community initiatives such as Race Council Cymru Swansea Digital Hub (currently under development) and the digital engagement undertaken by EYST provide some avenues to reach out to BAME people across Wales. Digital engagement and engagement with community leaders is key. The role of BAME voluntary and community organisations is crucial in the immediate, medium and longer term. However a report by the Ubele Initiative revealed that nine out of 10 BAME-led voluntary and community sector organisations (VSC) are at risk of closure in the next three months<sup>31</sup>. The sustainability of grassroots organisations needs to be addressed.

### **Recommendations**

- Develop a clear multi-channel communications strategy for health and social care in partnership with Public Health Wales, Welsh NHS Confederation and ADSS or SCW for social care and BAME groups, which identifies effective channels to disseminate information and includes funding for BAME targeted outreach and consultation activities. This approach may be effective in increasing ethnicity reporting on official forms. **(Immediate)**

<sup>30</sup> Exploring the UK's digital divide, Office for National Statistics, 4 March 2019, <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-internet-usage-vary-for-different-ethnic-groups>, accessed 30/05/2020

<sup>31</sup> Murray K (2020) Impact of COVID-19 on the BAME community and voluntary sector: Final report of the research conducted between 19 March and 4 April 2020;

Ubele: <https://www.ubele.org/covid19-supporting-bame-communities>, accessed 30/05/2020

- Promote collaborative working with BAME organisations and public sector organisations to achieve effective and sustainable outcomes for our communities in relation to health, education, employment and housing. **(Immediate)**

## Cultural Suitability of Health and Social Care Services

52. Health and social care is seen as more difficult to access, with cultural and language barriers. Preventive services such as screening and health promotion are often not seen as valuable. Although routine health screening is not advised, access to specific testing for higher risk conditions such as cardiovascular risk, high blood pressure, diabetes, dentistry, weight management services and mental wellbeing should be improved.

53. Under the International Covenant on Economic, Social and Cultural Rights<sup>32</sup> everyone in the UK, including asylum seekers and refugees, has the right to the highest possible standard of physical and mental health, but this right is not always realised in practice. Some of the main barriers for asylum seekers in accessing health and social care include difficulties in registering with GPs or fear of being charged for health and social care services. Language is another well-known barrier. This is why the use of interpreters and translation is so fundamental to ensuring that members of BAME communities, who were born outside the UK are able to fully access health and social care.

54. Is Wales Fairer?<sup>7</sup> 2018 found there are concerns about the quality of translation and interpretation services for migrants, refugees and asylum seekers, which may act as a further barrier to accessing health and social care services. Access to mental health provision is particularly poor for refugees and asylum seekers.

55. It also found that Gypsy, Roma and Traveller families continue to experience difficulties in accessing quality health and social care services. Poor access to health and social care provision, combined with mistrust and reluctant uptake of health and social care services, has a negative impact on Gypsy, Roma and Traveller health and well-being.

56. Inconsistent monitoring of protected characteristics and at risk groups makes it difficult to assess their access to mental health services and determine their health and well-being outcomes<sup>7</sup>.

## Recommendations

- Monitor health and social care communication strategies to assess the effectiveness of reducing cultural and language barriers and increasing the uptake of screening and health promotions from BAME people. **(Immediate)**
- Fund a Wales-wide BAME health promotion programme similar to the 'Barefoot' Health Workers Project<sup>33</sup> which employed health practitioners from African Caribbean, Asian, Arabic, Somali backgrounds to identify health needs in their representative communities, and to develop and deliver culturally appropriate activities to address their needs. **(Immediate)**
- Disseminate communication that GPs are still open via phone calls and other means. Longer term, there needs to be easier access to GP's through community day clinics in economically deprived areas. **(Immediate)**

<sup>32</sup> International Covenant on Economic, Social and Cultural Rights, United Nations, <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>, accessed 30/05/2020

<sup>33</sup> Welsh Assembly Government Inequalities in Health Fund 2007 Barefoot' Health Workers Project

- Undertake a review of existing BAME health and social care in partnership with BAME groups, organisations and patients to evaluate appropriateness of service to improve future delivery and reduce health risks for BAME people. **(Immediate)**
- Commit to support and fund practical ongoing actions in providing appropriate, equitable, and culturally competent mental health services to individuals from BAME backgrounds to help address the acknowledged inequities that exist in mental health take-up and service provision. To be achieved through utilising the Royal College of Psychiatrists in Wales endorsed BAME Mental Health Cultural Competence Certification Scheme and any other such practical actions. **(Immediate)**

## Security of Employment and Income

57. Work and employment Covid-19 support schemes are predominantly non-devolved but the Welsh Government has a part to play in mitigating disproportionate impact on BAME people in Wales.
58. All workplaces and employees will be affected by Coronavirus. However, this crisis is clearly gendered in nature. While noting that men comprise the majority of critical care cases, the Women's Budget Group has highlighted how women are disproportionately affected, for example through comprising the majority of health and care workers and of low paid workers.<sup>34</sup> Younger and older workers, BAME employees and disabled people, also face disproportionate disadvantage and discrimination due to Coronavirus, in terms of their current roles and longer-term participation in the labour market.
59. The Institute for Fiscal Studies (IFS)<sup>35</sup> in its analysis for England and Wales notes that particular BAME people are more likely to be employed in shutdown sectors. They indicate that, across England and Wales, Bangladeshi men are four times as likely as white British men to have jobs in shut-down industries, due in large part to their concentration in the restaurant sector and Pakistani men are nearly three times as likely, partly due to their concentrations in taxi driving. Black African and black Caribbean men are both 50% more likely than white British men to be in shut-down sectors.
60. An analysis of the Annual Population Survey (APS) for Wales<sup>2</sup> indicates that a slightly higher proportion of BAME people worked in industries told to close than in all other industries but this varied considerably across industries with people of BAME backgrounds comprising 11% of employees within food and beverage service activities in Wales.
61. The IFS also notes that particular BAME people are more likely to be self-employed. Among those of working age, Pakistani and Bangladeshi men are much more likely to be in self-employment. The detailed ethnicity breakdown is not available for Wales, but as a whole the proportion of BAME people who were self-employed does not differ substantially from other people.
62. In relation to key workers and those employed in occupations at higher risk of Covid-19 (as indicated by an analysis of Covid-19 mortality by occupation by the Office for National Statistics<sup>36</sup>), the analysis of Welsh employees shows that those from BAME backgrounds are over-represented in healthcare (11.2% of employees are BAME) and social care (7.2%), as well as taxi drivers and chauffeurs (40.2%) and chefs (22.8%).

<sup>34</sup> Women's Budget Group (April 2020), [Crises Collide: Women and Covid-19](#)

<sup>35</sup> [Are some ethnic groups more vulnerable to COVID-19 than others?](#), IFS, 2020

<sup>36</sup> [Covid-19 related deaths by occupations, England and Wales, deaths registered up to and including 20 April 2020](#)

63. The UK Government has put financial safeguards in place for many employees and employers; however, there has been confusion over eligibility for self-employed<sup>37</sup> and gig economy workers. This unprecedented situation has revealed the lack of basic employment rights such as sick pay that mean many gig economy workers have no choice but to continue working. This type of work is predominantly low-paid and precarious, with an overrepresentation of young workers<sup>38</sup> and BAME communities.<sup>39</sup> Measures to mitigate financial hardship are essential for gig economy workers. Concerns have also been raised about the lack of support available to the self-employed, where certain ethnic groups, particularly Pakistani men and Gypsy, Irish and Traveller groups, are concentrated.<sup>40</sup>
64. The Welsh Government has responded to the Coronavirus pandemic with a package of support for business, individuals and public services, to complement and fill the gaps left by UK Government schemes<sup>41</sup>. The Welsh Government has also issued a joint statement with Wales TUC outlining their expectations of employers during this pandemic.
65. Evidence from Business in the Community shows that BAME groups fared worse as a result of the 2008 recession than the white majority, exacerbating pre-existing inequalities with higher unemployment, lower earnings, lower self-employment rates and higher housing costs. Low paid and insecure jobs, with zero hours contracts, working for numerous employers (especially in the care system), irregular and/or excessive hours, with poor workplace support, was a frequently raised concern, exacerbating poverty and food insecurity. Mature students with families are a further vulnerable group.

## Recommendations

- **Provide Income Safeguards to vulnerable BAME people by extending the furlough scheme to the most vulnerable and by developing policies that address poverty and insecurity exacerbated by Covid-19. (Medium-term)**
  - Welsh Government to ensure that all those employers that have accessed Welsh Government funding support during the crisis and - have therefore signed-up to Economic Contract principles – are properly engaged on their obligations regarding equality and fair work practices and have furloughed their workforce where appropriate. Make it mandatory for them to conduct proper equality impact assessments, which are published and available in the public domain.
  - As the furlough scheme has been extended until October, the Welsh Government should establish a social partnership-led (union, employer, provider, sector, community experts) job matching/redeployment scheme across Wales, which could be an opportunity to meet occupation shortages during the economic crisis, giving BAME communities a fighting chance of finding work and mitigating long term job losses and access to the jobs market. This will require developing far better links with regional/local LMI and skills shortages, which would be of value beyond the crisis.

<sup>37</sup> Self-employed women working full-time earn on average 66% of the annual earnings of self-employed men who do so. See Department for Work and Pensions (2018), '[Family Resources Survey 2017-18](#)'.

<sup>38</sup> Department for Business, Innovation and Skills (2018), '[The characteristics of those in the gig economy](#)'.

<sup>39</sup> Analysis from the Women's Budget Group states that BME women are three times more likely to be in precarious work and are therefore unlikely to qualify for either SSP or furlough. See Women's Budget Group (April 2020), '[Crises Collide: Women and Covid-19](#)'

<sup>40</sup> Zubaida Haque, Runnymede Trust (March 2020), '[Coronavirus will increase race inequalities](#)'.

<sup>41</sup> Welsh Government press release, 20 April 2020, <https://gov.wales/welsh-government-releases-additional-business-support-as-economic-resilience-fund-sees-unprecedented-rate-of-applications>, accessed 30/05/20

- **Welsh Government must monitor and mitigate where possible the disproportionate impact of the Coronavirus pandemic and likely recession on BAME people. (Immediate)**
  - As part of the ‘Building Back Better’<sup>42</sup> initiative, creating a greener, just transitional economy, Welsh Government should work to establish apprenticeships schemes across the public and private sector, aimed at BAME and young workers. The award winning Welsh Government apprenticeship scheme could be used as a model to build upon.
  - The Welsh Government has established the Development Banc of Wales. It has a strategic focus on supporting businesses and safeguarding jobs in Wales. Welsh Government should publish a list of all BAME owned and run businesses and enterprises that have received support from the Development Banc of Wales.
  - Welsh Government should commit to ensuring all regional economic development plans (currently in development), engagement with the development of the new Corporate Joint Committees (CJCs) that will oversee local economic development and with the further work on plans for replacing European funding, include equitable representation of BAME intersectional, intergenerational leaders, cross sector, business owners, innovators and workers from across Wales and the UK.
  - Welsh Government should commit to making name blind recruitment and diverse recruitment interview panels mandatory in the devolved public sector and part of a condition on any business or company in receipt of economic funding for economic recovery and growth post Covid-19.
- **Welsh Government should lobby the UK Government to extend financial support to gig economy workers and the self-employed. (Medium-term)**
  - The principles and guidance on the appropriate use of non-guaranteed hours arrangements in devolved Public Services in Wales should be rolled out across all parts of the private sector in Wales that has been in receipt of government support during the pandemic.
  - Welsh Government should establish a special fund for workers facing Covid-19 risk that is extended out to all who do not qualify for company sick pay across all sectors. This would be particularly beneficial to the self-employed such as taxi drivers and freelancers, BAME workers in precarious work in food, arts and accommodation sectors that have been hit hard during Covid-19.
- **Work with employers and unions to ensure risk assessments are carried out as a necessity and viewed as workforce investment, not a burden or casualty of paying low wages or employing zero hours contract workers. (Immediate)**
  - The lack of collective bargaining and formal structures for employer engagement in social care is a key factor that has resulted in huge and critically dangerous issues, including around the distribution of PPE, other health and safety issues, and workers who should be self-isolating forced to choose between destitution or putting their clients and colleagues at risk because they would only be eligible for Statutory Sick Pay.
- **The procurement contracts for zero hour contracts should stipulate that vulnerable people, including BAME workers and workers subject to visa requirements (like income**

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<sup>42</sup> Green New Deal UK <https://www.buildbackbetter.org/>



**threshold) should be entitled to fully paid leave if they need to shield or step away from frontline. (Medium-term)**

- If following individual health and safety Covid risk assessments, high risk BAME workers are asked to be removed from front line duties, Welsh Government should do all they can to protect their income, job security and career progression. For those that work in privately run care homes, where employers advise workers cannot be found alternative suitable work, Welsh Government should commit to redeploying workers into the NHS or other parts of local government for the duration of the pandemic
- Welsh Government to commit to expanding the Better Jobs Closer to Home programme and use the full flexibility of procurement regulations to support a scheme which uses a broader definition of disadvantage than the one that is currently employed. This would allow the project to scale-up considerably and bring real and sustainable job opportunities for BAME workers in Wales.

## **Housing, Overcrowding and Environment**

66. Analysts from 'Inside Housing'<sup>43</sup> have suggested that Covid-19 deaths are linked to overcrowded housing, levels of housing in multiple occupation, households in temporary accommodation and shortage of social housing at local levels. Population and housing data clearly show higher levels of overcrowding in BAME communities as well as higher levels of renting which could lead to less secure accommodation. This is a well-recognised factor impacting on health and wellbeing outcomes. Consideration also needs to be given to affordability. BAME families are often larger than average white families. Therefore, they tend to rent houses that they can afford – which will have smaller and shared rooms.
67. Analysis of the 2011 Census for Wales<sup>2</sup> shows that overcrowded housing (that is having fewer bedrooms than needed to avoid undesirable sharing) is most commonly experienced by Gypsy and Irish Travellers, Bangladeshi and other black households (with over a quarter of people in these groups living in overcrowded housing); whilst around one in five black Africans and Pakistani households were also living in overcrowded housing. This compares with one in twenty white British people living in overcrowded housing.
68. The Race Equality Foundation [showed](#)<sup>44</sup> in 2013 that across England and Wales overcrowding is most commonly experienced by black African and Bangladeshi groups (with just over a third of households living in overcrowded accommodation).
69. Drawing on 2011 census data, the Race Equality Foundation showed that across England and Wales, Bangladeshi households are 63 per cent and black African households 75 per cent more likely than white British households to suffer 'housing deprivation' (indicators of which include overcrowding and an absence of central heating). White Gypsy and Irish Traveler households are seven and-a-half times more likely to experience deprivation in this way.
70. In Wales, the latest analysis<sup>2</sup> shows that those who are from BAME backgrounds are more likely to be renting properties than white households. Over three quarters of people from a black ethnic background in Wales were living in a rented property and of those renting, nearly twice as many were in social housing compared to private rented accommodation. Other BAME groups, if renting, were more likely to be in private rented accommodation.

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<sup>43</sup> " The housing pandemic: Four graphs that show the link between Covid-19 deaths and the housing crisis <https://www.insidehousing.co.uk/insight/the-housing-pandemic-four-graphs-showing-the-link-between-covid-19-deaths-and-the-housing-crisis-66562>

<sup>44</sup> [Understanding Ethnic Inequalities in housing; Analysis of the 2011 Census](#), Race Equality Foundation, 2013

71. A recent exploratory analysis of small areas where there are higher proportions of BAME population and the likelihood of poor quality housing (WIMD 2019 poor quality housing indicator) shows that in urban areas there is a correlation between those small areas which have a higher proportion of BAME residents and areas more likely to have poor quality housing. This does not hold true, however, for rural areas of Wales.
72. In 2011, [more than](#) 50 per cent of the people in the Indian, white British, Pakistani, white Irish and Chinese groups lived in a home owned outright or with a mortgage. Home ownership was lowest among black African and Arab groups (24 and 27 per cent respectively). Home ownership amongst all ethnic groups decreased between 1991 and 2011<sup>45</sup>.
73. Between 2014 and 2017, around 679,000 (3%) of the estimated 23 million households in England were overcrowded (that is, they had fewer bedrooms than they needed to avoid undesirable sharing). Around 2% of white British households experienced overcrowding, compared with 30% of Bangladeshi households (the highest percentage). Across all socio-economic groups, age groups, most regions and income bands and regardless of whether they owned or rented their home, White British households were less likely to be overcrowded than households from all other ethnic groups combined<sup>46</sup>.
74. There are serious issues with asylum seeker accommodation<sup>47</sup>. See here for Senedd report. Public Health Wales could consider investigating rates of infections in asylum seeker accommodation where people are forced to share rooms. An accommodation provider gave evidence in May 2020 to the Governmental Health and Social Care Committee<sup>48</sup> and provided figures of 98 people with suspected symptoms. It is also the case that people experiencing accommodation problems are more likely to encounter other difficulties such as limited or no access to the internet, telephone and other necessities of life.
75. Outdoor air pollution presents the largest environmental risk to health and affects people in different ways. Some, such as children, older people and those with heart or lung problems are more likely to be affected. In particular, children can suffer from poor lung development and asthma symptoms because of air pollution exposure. People who live in the most deprived areas, where health and air quality tends to be poorest, are also more likely to be harmed by air pollution exposure. In these areas, because deprivation and poor health influences can combine to make people less able to cope with or adapt to air pollution exposure, risks and impacts may be worse compared with elsewhere.
76. Estimating the health impact of air pollution is difficult. The UK expert Committee on the Medical Effects of Air Pollution (COMEAP) estimates that air pollution is responsible for “an effect equivalent of between 28,000 and 36,000 deaths (at typical ages) each year”. Because uncertainty remains around estimate calculations, COMEAP recommends presenting figures as a range rather than a central estimate. Based on the latest data available (for 2017), Public Health Wales estimates the burden of long-term air pollution exposure to be the equivalent of 1,000 to 1,400 deaths (at typical ages) each year in Wales.

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<sup>45</sup> Inequality, Housing and Employment Statistics, Institute of Race Relations, <http://www.irr.org.uk/research/statistics/poverty/>, accessed 30/05/2020

<sup>46</sup> Ethnicity Facts and Figures, <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest#main-facts-and-figures>, accessed 30/05/2020

<sup>47</sup> Senedd report on Aylum Seeker Accommodation <https://senedd.wales/laid%20documents/cr-ld11012/cr-ld11012-e.pdf>

<sup>48</sup> Health and Social Care Committee evidence May 2020 <https://committees.parliament.uk/event/917/formal-meeting-oral-evidence-session/>

77. Since the introduction of 'lockdown' restrictions, it has been widely reported that air quality has improved. Welsh Government are working with a range of experts to provide an accurate assessment of the potential impacts on air pollution. This work aims to determine current impacts across a range of pollutants and how any reductions may be sustained as life returns to normal post-Covid-19. The analysis will help to direct future policy and legislation, and enable the development of Wales-specific information and communications material to effectively address increasing interest from the public and the media. While estimating the impact of air pollution exposure is an uncertain science, the evidence that air pollution can harm health is strong. Assessing and understanding air pollution risks is important, but doing so should not hold back action to improve air quality and public health.

## Recommendations

- Commission further research to investigate potential links between housing over-crowding and Covid-19 infection and mandate housing providers and local authorities to act on the recommendations. **(Immediate)**
- Develop move-on accommodation options for refugees leaving Home Office accommodation who have nowhere to go and for whom the current advice service funded by WG is not enough<sup>49</sup>. **(Medium-term)**

## Engagement with Young People in BAME Communities to Promote Health and Wellbeing for Future Generations

78. Young BAME people are additionally impacted by school closures due to Covid-19 and are likely to be doubly disadvantaged by overcrowding, less space to work and play, less access to IT to work remotely and more likelihood of food insecurity.

79. BAME children and young people are already disadvantaged in the education system as outlined earlier. There are concerns that the impact of school closures is more keenly felt by some BAME children and young people. In overcrowded households, it might be more difficult to find a quiet space to work. There are also concerns that some BAME children and young people are unable to access the same level of support for home schooling, in some cases due to language barriers for their parents.

80. BAME parents are worried about their children returning to school because of the disproportionate impact of Covid-19. Evidence from England suggests there is a reluctance to send children to school as more school places are available from June 2020<sup>50</sup>. If this is the case and BAME children and young people do not return to education at the same time as their peers, attainment gaps, which have reduced in Wales may begin to widen again.

## Recommendations

- Promote Welsh Government's Continuity of Learning Plan to BAME families and young people to better understand how to work together and target support to reduce potential widening of attainment gaps as set out in the Continuity of Learning Plan – 'Stay Safe. Stay Learning'<sup>51</sup>. **(Immediate)**

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<sup>49</sup> Tai Pawb 2019 <https://www.taipawb.org/wp-content/uploads/2019/06/FINAL-Tai-Pawb-Refugee-Housing-Feasibility.pdf>

<sup>50</sup> 'No additional risk to BAME children returning to schools', Tom Dare, 19 May 2020, <https://www.msn.com/en-gb/news/newsbirmingham/no-additional-risk-to-bame-children-returning-to-schools-says-health-chief/ar-BB14jdyV>, accessed 30/05/2020

<sup>51</sup> Welsh Government 2020 [Stay Safe. Stay Learning](#)

- Direct Local Authorities to provide laptops or I pads and internet access to socially disadvantaged BAME pupils to allow them to continue their education as set out in the Continuity of Learning Plan which takes an inclusive and equitable approach in tackling digital exclusion. Learning resources and guidance on health and well-being should be provided for parents and learners. **(Immediate)**

### **Additional Financial Burden of Migration Status and Visa Costs and Health Surcharge**

81. It is recognised that this is a non-devolved function but was reported as a significant financial pressure and ongoing concern for those not yet having settled status.
82. The UK Government is responsible for migration and has issued Covid-19 guidance to provide short temporary extensions to visas for those in the UK whose visas are due to expire and made some specific changes for those working in the NHS. The forms must be completed in English only and online<sup>52</sup>. This could make it difficult for some people to access the service without support. The same problem exists for those who wish to switch their visa application to a longer term one and this has a financial cost.

### **Recommendation**

- The Welsh Government should lobby the UK Government on reducing visa costs, especially for those that fall in the lower income bracket of the required income (salary) to sponsor spouses or their children from abroad. **(Medium-term)**

### **Violence against women, children, domestic abuse and sexual violence**

83. International evidence shows that violence against women, domestic abuse and sexual violence (VAWDASV) increases at times of crisis and countries that are ahead of the UK on the Covid-19 curve are reporting significant increases in reporting of VAWDASV. Lockdown makes it more difficult for victims to come forward and enables perpetrators to exert even more control. While measures are already being put in place, both to enable victims to receive the support they need, and to plan for the anticipated surge in demand as restrictions on movement are eased, it is important that the particular risks and barriers faced by the BAME community, in addition to those faced by the wider population, are addressed and appropriate remedies put in place.
84. Different victims will need to be reached in different ways, so the key is to disseminate information on support widely and through many different channels. If all victims are to be treated equally, instead of structural, systemic racial inequalities being further entrenched, the specialised needs of BAME women and girls must not be ignored in the design and implementation of measures. Short-term interventions and long-term planning are not mutually exclusive: both are needed if we are to tackle the current crisis while also ensuring that good practice developed during the pandemic can be continued and expanded afterwards.

### **Recommendations (Immediate)**

- Welsh Government should work with the Honour Based Abuse Leadership Group and BAME organisations to identify these risks and barriers and undertake actions to mitigate them.

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<sup>52</sup> Coronavirus (COVID-19) advice for UK visa applicants and temporary UK residents, Gov.Uk, 29 May 2020, <https://www.gov.uk/guidance/coronavirus-covid-19-advice-for-uk-visa-applicants-and-temporary-uk-residents#inside-UK>, accessed 30 May 2020

- Welsh government to continue supporting BAME women’s organisations so that they can create pop-up, socially distanced drop-in centres in safe locations to offer women a safe and accessible way to seek help when they are only able to leave their homes for short periods and for essential tasks such as food shopping.
- Welsh government should work with BAME women’s organisations to find solutions to adequately protect and support BAME women and children, whose abusers are curbing their movements, from accessing support and resources that can trigger emergency intervention.
- Welsh Government should work with news networks across mainstream and minority news and social media channels to share information about violence against women and children
- Welsh Government to consider the language needs of the diverse communities and ensure that service providers have access to translation support and services.

### **Address Structural and Systemic Inequality and Disadvantage in Health and Social Care Outcomes Arising from an Embedded Culture of Racism in Wider Society**

85. Structural disadvantage is known to be mediated through differential access to health and social care, education, employment and housing, some of which is already reflected in the routinely collected statistics.

86. The Equality and Human Rights Commission<sup>53</sup> is Great Britain’s national equality and human rights body, set up under the Equality Act 2006 with a range of enforcement powers. Its convening power means it is well placed to lead on and support the development of a race equality strategy and action plan, working with EYST, Race Council Cymru and other key organisations, with Welsh Government support. In 2016 the UK Government set up its Race Disparity Unit<sup>54</sup>, to collect and analyse ethnicity data, and support other UK Government departments to improve their data and policy development. As mentioned earlier in this report, there is currently no similar unit in Wales.

87. In 2017, The National Centre for Social Research British Social Attitude Survey<sup>50</sup> reported that 26% of a representative sample of British public described themselves as “very” or “a little” prejudiced against people of other races. Similarly, the 2014 European Social Survey found that 18% of UK respondents believed that “some races or ethnic groups are born less intelligent” and 44% believed that “some races or ethnic groups are born harder working”. Unfortunately, such attitudes have become embedded in ways that disadvantage members of BAME communities in all aspects of life. Indeed, as the Coronavirus pandemic is revealing, racial discrimination has pernicious consequences for BAME groups not only because of the detrimental impacts on their livelihoods, but also because of the ways in which it is costing them their lives.

88. The news of the murder of George Floyd in Minneapolis, USA emerged as this report was being finalised and the protests arising from this murder have reverberated around the world in ways that have directed attention to the deleterious consequences of systemic racism. Young BAME people in Wales (often supported by their white counterparts) have been particularly vocal during this period and are demanding lasting changes through a variety of online and physical social activism. Although some of their concerns and demands have not been covered in the limited scope of this report, they are borne of their frustration with the persistence of racism and social injustice. The recommendations in this report (especially in

<sup>53</sup> [Home Page | Equality and Human Rights Commission](#) accessed 30/05/2020

<sup>54</sup> <https://www.gov.uk/government/organisations/race-disparity-unit/about>, accessed 30/05/2020

<sup>50</sup> <http://natcen.ac.uk/our-research/research/racial-prejudice-in-britain-today/> accessed 1/06/2020

this final section) should serve as a necessary first step to begin the process of addressing their concerns and those of others in BAME communities.

## Recommendations

- Appoint an independent Racial Equality Champion for Wales, to drive structural and policy change in tackling race inequalities and systemic racism. **(Medium-term)**
- Establish a Race Disparity Unit within Welsh Government, to place BAME issues at the heart of policy making by collating, analysing and publishing BAME data unique to Wales to assess progress on improving health and wider societal outcomes **(Immediate)**
- Produce the Race Equality Strategy for Wales and commit to its implementation in Welsh election Manifesto pledges. **(Immediate)**

## Conclusions

89. The recommendations of this report should be considered by the First Minister and Cabinet and implemented without delay. A monitoring and reporting mechanism should be put in place and the progress and ethnicity associated inequalities in health and social care and general wellbeing outcomes reported to Cabinet on a regular basis.
90. Equality Impact Assessments and other mechanisms should be developed to ensure Ministerial decisions affecting health and social care outcomes demonstrably meet the Public Sector Equality Duty and anti-oppressive practices are embedded across all health, social care and other services in Wales.

## **Annex 1: Key questions for the review:**

### **What is the size and nature of any additional risk of Covid to BAME people and is there avoidable harm?**

- To understand differences in numbers and rates of tests between ethnic groups by interrogating data on Covid and ethnicity from all available sources including PHW, Secure Anonymised Information Linkage (SAIL) Databank, Patient Episode Database for Wales (PEDW), electronic staff record (ESR), Intensive Care National Audit & Research Centre (ICNARC), Office of National Statistics (ONS) and WCCP and lab confirmed cases;
- To understand differences in hospitalisation between ethnic groups using enhanced surveillance systems to calculate numbers and rates of hospital admissions, intensive care unit/ high dependency unit admission, and other outcomes; and
- To understand differences in mortality among between ethnic groups using lab confirmed cases, mortality data, SAIL comorbidity data and further analysis

### **Should any additional health and safety at work measures be in place for BAME people and how should risks be assessed?**

- Assess exposure rates using ethnicity denominator data in NHS employees using workforce employment Service Record (ESR) data;
- Review the risk assessment process and advice for health and social care employees, with special attention to the presence of comorbidities which might impact on Covid risk;
- Review Personal Protective Equipment advice for at risk groups and any mechanism to address concern about non-availability; and
- Review ethnicity measures in death notification protocol and RIDDOR reporting

### **Are there any additional public health or housing measures or interventions that would reduce any disproportionate impact of Covid on BAME communities?**

- Review the potential need for dietary or other health advice to minimise Covid risk in BAME communities;
- Review the accessibility of advice and guidance on social distancing and any practical challenges of achieving it in BAME communities;
- Review the impact of housing and overcrowding on ability to social distance
- Work with BAME representative groups to minimise any language, cultural or other barriers to effective dissemination and understanding of public health messages among BAME groups and improve effective communication of health information
- Advise on other possible socio-economic factors and determinants which may influence poorer Covid-19 outcomes in BAME groups, including cultural factors, unconscious bias, age, gender, literacy, and suggest options to reverse any inequalities

### **What are the unanswered questions about Covid and BAME communities, and what data or studies do we need to answer them?**

- Consider and respond to emerging PHE research questions, methodology and findings on BAME and Covid;
- Comment on emerging evidence and advise on options regarding appropriate additional measures and safeguards for BAME individuals in Wales; and
- Identify and harness UK wide and international research that could be of benefit to BAME communities in Wales

## Annex 2: Summary of Recommendations

### Race Inequality in Wales

1. In March 2020 the Deputy Minister and Chief Whip committed to developing a Race Equality Plan for Wales. Progress on this work has paused, to respond to the Covid-19 pandemic. Development of this plan should now progress imminently to address race inequality. The plan must acknowledge how COVID-19 has exposed existing health inequalities and, in some cases, exacerbated them. The final Race Equality Plan for Wales needs to lead to a substantive and comprehensive Race Equality Strategy for Wales. **(Immediate)**
2. Welsh Government to encourage the political engagement of BAME communities by raising awareness and understanding of Welsh and UK democratic institutions and processes, with the overall aim of encouraging the increase of political representation of BAME communities by also encouraging voter registration from BAME communities. **(Immediate)**

### Quality of Ethnicity Data

3. Take immediate action to improve the quality of recording of ethnicity data in the NHS and across health and social care services to ensure parity of BAME data collection, monitoring and reporting. It is recommended that this is supported by qualitative research into the best methods for this, including lobbying to include ethnicity on death certification and birth certificates. **(Immediate)**
4. Data in general is poor and not transparent. Consider innovative methods of linking of databases to provide better data on different types of mortality, disaggregated by different protected characteristics, including ethnicity. Evidence is already available but needs to be collated through extracting qualitative research across our key areas of focus. **(Immediate)**

### Risk of Covid-19

5. Ensure wide dissemination of the risk assessment tool backed by robust employer and employee advice in a range of formats, supported by clear and time-bound communication and stakeholder engagement plan – and encouragement of use of the tool in settings wider than health and social care. Safeguard mechanisms should also be built into the system to ensure that individuals are not affected adversely by the results of the assessment.
6. Employees, whether in the public or private sector, that are at classified as High to Very High Risk under the Risk Assessment Tool, should not have a reduction in their wages/salary/income as a result of being removed from frontline duty or being re-deployed to a different area of Low Risk work. **(Immediate)**
7. Regular reviews must be taken to add value to the already launched risk assessment tool and make future recommendations on its enhancement. Employers, *whether in the public or private sector*, should be signposted to support on how to use the risk tool and be *mandated* to implement this as part of their employment practice beyond the Covid-19 crisis. *Employers should be mandated to stockpile and provide adequate PPE for any future risk to employees.* **(Immediate)**

### Experiences of Racism

8. Address any unfair or illegal discrimination at work in, or by users of, NHS Wales, through renewed attention to anti-oppressive practices, equality and diversity competences,



documenting lived experiences of BAME workers, and systematic Equality Impact Assessments specific to ethnicity.

9. The implementation of BAME Staff Networks/Groups supported by Trade Unions in Local Health Boards should be set up to allow a safe space for BAME Staff members to express concerns without the threat of unfair action by Line Managers and above. **(Immediate)**
10. Provide a dedicated and continuous BAME support helpline and a confidentiality framework in workplace guidance, so employees can challenge safely and raise concerns. This would allow workers to report PPE and other concerns with confidence and could provide a model for use in wider employment contexts. **(Immediate)**
11. Consider training for employers and employees on the Equality Act 2010, cultural awareness training and consider how training can be used to improve working environments for BAME people with comorbidities. In particular to work with Welsh Police and Crime Commissioners to provide a unified standard of training to raise aware of cultural and racial sensitivities. **(Immediate)**
12. Include BAME and The Commonwealth history/education in the National Curriculum for Wales 2022 for primary and secondary pupils to prevent racism and to promote cultural diversity. **(Immediate)**

#### **Effective communication of key health and social care messages to BAME communities**

13. Develop a clear multi-channel communications strategy for health and social care in partnership with Public Health Wales, Welsh NHS Confederation and ADSS or SCW for social care and BAME groups, which identifies effective channels to disseminate information and includes funding for BAME targeted outreach and consultation activities. This approach may be effective in increasing ethnicity reporting on official forms. **(Immediate)**
14. Promote collaborative working with BAME organisations and public sector organisations to achieve effective and sustainable outcomes for our communities in relation to health, education, employment and housing. **(Immediate)**

#### **Cultural suitability of health and social care services**

15. Monitor health and social care communication strategies to assess the effectiveness of reducing cultural and language barriers and increasing the uptake of screening and health promotions from BAME people. **(Immediate)**
16. Fund a Wales-wide BAME health promotion programme similar to the 'Barefoot' Health Workers Project which employed health practitioners from African Caribbean, Asian, Arabic, Somali backgrounds to identify health needs in their representative communities, and to develop and deliver culturally appropriate activities to address their needs. **(Immediate)**
17. Disseminate communication that GPs are still open via phone calls and other means. Longer term, there needs to be easier access to GP's through community day clinics in economically deprived areas. **(Immediate)**
18. Undertake a review of existing BAME health and social care in partnership with BAME groups, organisations and patients to evaluate appropriateness of service to improve future delivery and reduce health risks for BAME people. **(Immediate)**

19. Commit to support and fund practical ongoing actions in providing appropriate, equitable, and culturally competent mental health services to individuals from BAME backgrounds to help address the acknowledged inequities that exist in mental health take-up and service provision. To be achieved through utilising the Royal College of Psychiatrists in Wales endorsed BAME Mental Health Cultural Competence Certification Scheme and any other such practical actions. *(Immediate)*

## **Security of Employment and Income**

20. **Provide Income Safeguards to vulnerable BAME people by extending the furlough scheme to the most vulnerable and by developing policies that address poverty and insecurity exacerbated by Covid-19.** *(Medium-term)*

Welsh Government to ensure that all those employers that have accessed Welsh Government funding support during the crisis and - have therefore signed-up to Economic Contract principles – are properly engaged on their obligations regarding equality and fair work practices and have furloughed their workforce where appropriate. Make it mandatory for them to conduct proper equality impact assessments, which are published and available in the public domain.

As the furlough scheme has been extended until October, the Welsh Government should establish a social partnership-led (union, employer, provider, sector, community experts) job matching/redeployment scheme across Wales, which could be an opportunity to meet occupation shortages during the economic crisis, giving BAME communities a fighting chance of finding work and mitigating long term job losses and access to the jobs market. This will require developing far better links with regional/local LMI and skills shortages, which would be of value beyond the crisis.

21. **Welsh Government must monitor and mitigate where possible the disproportionate impact of the Coronavirus pandemic and likely recession on BAME people.** *(Immediate)*

As part of the 'Building Back Better' initiative, creating a greener, just transitional economy, Welsh Government should work to establish apprenticeships schemes across the public and private sector, aimed at BAME and young workers. The award winning Welsh Government apprenticeship scheme could be used as a model to build upon.

The Welsh Government has established the Development Banc of Wales. It has a strategic focus on supporting businesses and safeguarding jobs in Wales. Welsh Government should publish a list of all BAME owned and run businesses and enterprises that have received support from the Development Banc of Wales.

Welsh Government should commit to ensuring all regional economic development plans (currently in development), engagement with the development of the new Corporate Joint Committees (CJCs) that will oversee local economic development and with the further work on plans for replacing European funding, include equitable representation of BAME intersectional, intergenerational leaders, cross sector, business owners, innovators and workers from across Wales and the UK.

Welsh Government should commit to making name blind recruitment and diverse recruitment interview panels mandatory in the devolved public sector and part of a condition on any business or company in receipt of economic funding for economic recovery and growth post Covid.

22. **Welsh Government should lobby the UK Government to extend financial support to gig economy workers and the self-employed.** *(Medium-term)*

The Principles and guidance on the appropriate use of non-guaranteed hours arrangements in devolved Public Services in Wales should be rolled out across all parts of the private sector in Wales that has been in receipt of government support during the pandemic.

Welsh Government should establish a special fund for workers facing Covid-19 risk that is extended out to all who do not qualify for company sick pay across all sectors. This would be particularly beneficial to the self-employed such as taxi drivers and freelancers, BAME workers in precarious work in food, arts and accommodation sectors that have been hit hard during Covid-19.

**23. Work with employers and unions to ensure risk assessments are carried out as a necessity and viewed as workforce investment, not a burden or casualty of paying low wages or employing zero hours contract workers. (Immediate)**

The lack of collective bargaining and formal structures for employer engagement in social care is a key factor that has resulted in huge and critically dangerous issues, including around the distribution of PPE, other health and safety issues, and workers who should be self-isolating forced to choose between destitution or putting their clients and colleagues at risk because they would only be eligible for Statutory Sick Pay.

**24. The procurement contracts for zero hour contracts should stipulate that vulnerable people, including BAME workers and workers subject to visa requirements (like income threshold) should be entitled to fully paid leave if they need to shield or step away from frontline. (Medium-term)**

If following individual health and safety Covid risk assessments, high risk BAME workers are asked to be removed from front line duties, Welsh Government should do all they can to protect their income, job security and career progression. For those that work in privately run care homes, where employers advise workers cannot be found alternative suitable work, Welsh Government should commit to redeploying workers into the NHS or other parts of local government for the duration of the pandemic.

Welsh Government to commit to expanding the Better Jobs Closer to Home programme and use the full flexibility of procurement regulations to support a scheme which uses a broader definition of disadvantage than the one that is currently employed. This would allow the project to scale-up considerably and bring real and sustainable job opportunities for BAME workers in Wales.

### **Housing and Overcrowding**

**25. Commission further research to investigate potential links between housing over-crowding and Covid-19 infection and mandate housing providers and local authorities to act on the recommendations. (Immediate)**

**26. Develop move-on accommodation options for refugees leaving Home Office accommodation who have nowhere to go and for whom the current advice service funded by WG is not enough. (Medium-term)**

### **Engagement with young people in BAME communities to promote health and wellbeing for future generations**

**27. Promote Welsh Government's Continuity of Learning Plan to BAME families and young people to better understand how to work together and target support to reduce potential widening of attainment gaps as set out in the Continuity of Learning Plan – 'Stay Safe. Stay Learning'. (Immediate)**

28. Direct Local Authorities to provide laptops or I pads and internet access to socially disadvantaged BAME pupils to allow them to continue their education as set out in the Continuity of Learning Plan which takes an inclusive and equitable approach in tackling digital exclusion. Learning resources and guidance on health and wellbeing should be provided for parents and learners. **(Immediate)**

### **Additional Financial Burden of Migration Status and Visa Costs and Health Surcharge**

29. The Welsh Government should lobby the UK Government on reducing visa costs, especially for those that fall in the lower income bracket of the required income (salary) to sponsor spouses or their children from abroad. **(Medium-term)**

### **Combat Violence against women, children, domestic abuse and sexual violence (Immediate)**

30. Welsh Government should work with the Honour Based Abuse Leadership Group and BAME organisations to identify these risks and barriers and undertake actions to mitigate them.

31. Welsh government to continue supporting BAME women's organisations so that they can create pop-up, socially distanced drop-in centres in safe locations to offer women a safe and accessible way to seek help when they are only able to leave their homes for short periods and for essential tasks such as food shopping.

32. Welsh government should work with BAME women's organisations to find solutions to adequately protect and support BAME women and children, whose abusers are curbing their movements, from accessing support and resources that can trigger emergency intervention.

33. Welsh Government should work with news networks across mainstream and minority news and social media channels to share information about violence against women and children

34. Welsh Government to consider the language needs of the diverse communities and ensure that service providers have access to translation support and services.

### **Address Structural and Systemic Inequality and Disadvantage in health and social care outcomes arising from Racism in Wider Society**

35. Appoint an independent Racial Equality Champion for Wales, to drive structural and policy change in tackling race inequalities and systemic racism. **(Medium-term)**

36. Establish a Race Disparity Unit within Welsh Government, to place BAME issues at the heart of policy making by collating, analyzing and publishing BAME data unique to Wales to assess progress on improving health and wider societal outcomes **(Immediate)**

37. Produce the Race Equality Strategy for Wales and commit to its implementation in Welsh election Manifesto pledges. **(Immediate)**

### Annex 3: Membership of Socioeconomic Subgroup

Name	Organisation
Professor Emmanuel Ogbonna (Chair)	Cardiff University
Daniel Thomas <i>Clinical Scientist (Epidemiology)</i>	Public Health Communicable Disease Surveillance Centre
Ruth Coombes <i>Head of EHRC, Wales</i>	EHRC, Wales
Alicja Zalesinska	Tai Pawb
Rocio Cifuentes	EYST
Shavanah Taj	Wales TUC
Trudy Aspinwall	TGP Cymru
Aled Edwards	Cytun
Shereen Williams	Boundaries Wales
Gaynor Legall	Heritage and Cultural Exchange
Dr Roiyah Saltus <i>Principal Research Fellow, Faculty of Life Sciences and Education</i>	University of South Wales
Ali Abdi	Race Council
Professor Robert Moore	NWREN
Maria Mesa	Women Connect First
Suzanne Duval	BAME Mental health Diverse Cymru
Dr Salamatu Fada <i>Chair of North Wales African Society &amp; part of Black History Management Committee at RCC</i>	North Wales African Society & part of Black History Management Committee at RCC
Patience Bentu	Race Council Cymru
Humie Webbe	Black History Wales & National Training Federation for Wales
Iolanda Banu Viegas	Portuguese Community Lead Wrexham/Black History Grassroots Lead for RCC
Majid Rahman	

	Cabinet Member for Assets and BAME Champion for Newport City Council.
Naomi Alleyne	WLGA
<b>NR</b> <i>Policy Lead for FM BAME Covid-19 Advisory Group, Population Healthcare</i>	Welsh Government
<b>NR</b> <i>Senior Healthcare Quality Delivery Manager, Population Healthcare</i>	Welsh Government
<b>NR</b> OBE Specialist Policy Adviser on <i>Equalities</i>	Welsh Government
Dr Heather Payne <i>Senior Medical Officer for Maternal and Child Health, Population Healthcare</i>	Welsh Government
<b>NR</b> <i>Head of Equality, Communities</i>	Welsh Government
<b>NR</b> <i>Senior Manager Race, Faith &amp; Gypsy Roma Traveller Policy, Communities</i>	Welsh Government
<b>NR</b> <i>Head of equality support for ESNR</i>	Welsh Government
<b>NR</b> <i>Economist, Prosperous Futures</i>	Welsh Government
<b>NR</b> <i>Social Research Officer, Prosperous Futures</i>	Welsh Government
Glyn Jones <i>Chief Statistician, KAS</i>	Welsh Government
<b>NR</b> Head of Education and Public Services Statistics, KAS	Welsh Government
<b>NR</b> <i>FOCUS Senior Project Manager, HIW</i>	Welsh Government
<b>NR</b> <i>Team Support, HSS – Population Healthcare</i>	Welsh Government