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**RACE EQUALITY NETWORK (REN)
SUBMISSION TO THE
COMMITTEE ON THE ELIMINATION OF RACIAL
DISCRIMINATION
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Introduction

About REN

Race Equality Network (REN) is a registered charity and infrastructure organisation that provides support to grassroots Voluntary and Community Sector (VCS) organisations and groups that work primarily with diverse communities across Bradford district. REN amplifies the voices of Global Majority communities through partnerships, collaboration, campaigning and decision-making at a local, regional, and national level.

Our Mission

To build a strong network of organisations and individuals that work together to diversify and strengthen the voluntary sector and work towards achieving equitable outcomes for all communities.

Our Objectives

- To promote equality and inclusion
- To unify communities
- To celebrate diversity
- To foster and promote good community relations

REN champions race equality at a grassroots and strategic level to ensure that services such as education, employment, health and social care, housing, training and volunteering are inclusive and accessible to everyone in Bradford district (West Yorkshire). We promote equality and inclusion through providing a range of services including capacity building, advice and support, training, co-delivering projects, networking and developing partnerships.

With worsening disparities in employment, housing, health and education, REN came together because we believe that Bradford district can take a strategic approach to eradicating inequities through decision-making, public service and facilitating a delivery programme that is inclusive of community engagement and partnerships. It is a model that should be core to district's growth and prosperity. By confronting racial discrimination, racial injustice and tackling inequalities, we are advocating for some of the deepest racial inequities and to support the advancement of whole communities. Through our work, we successfully operationalise the goal of equity, justice, fairness, and diversity into the daily work of key stakeholders including the local authority, health & care sector and voluntary, community and social enterprise sector (VCSE). We work collaboratively with these stakeholders on how to pursue intentional goals and measurable outcomes; to consider what influences decision-making in the district and how to build upon positive and effective practice. The gaps in the inequality in health and care, education, employment, and housing have widened, and individuals and service users have expressed extreme worry and point to racial discrimination and racial injustice for these disparities.

Our work has identified that inequalities experienced by Global Majority communities across many areas of life in modern Britain, are persistent. The nature of these issues points to the existence of structural injustice and discrimination in our society, which we must tackle with the utmost urgency if we are to heal the divisions in our society and prevent an escalation of tensions between our communities. Therefore, REN are ensuring that there is renewed effort with vigour and passion to ensure that we make striving effort to challenge racial inequalities, racial injustice and work towards equity, equality, diversity, and inclusion. We believe that to eradicate racism and inequality, we must all redouble our efforts to build a fair society in which every one of us is as free as possible to make the most of our talents, whatever our background.

Overview of the Submission

The submission to the Committee on the Elimination of Racial Discrimination is a combination of REN'S work on a local, regional and national level. The analysis of existing research, our community work and recommendations related to the central theme of racial discrimination is derived from reports, discussions, workshops and consultations with our membership of over 60 grass roots community organisations and regional and national community organisations and groups.

In 1969, the United Kingdom ratified the [International Convention on the Elimination of All Forms of Racial Discrimination](#) (ICERD) and therefore, agreed to abide by the provisions. In practice, the developments by the government of United Kingdom are inspected by the Committee on the Elimination of Racial Discrimination. As a result, the government of the United Kingdom submits a report to the committee in order to show its efforts in meeting the articles laid out by the International Convention on the Elimination of All Forms of Racial Discrimination.

Furthermore, human rights-based institutions and civil society organisations produce reports to measure either the progress or regression of civil liberties by the government of United Kingdom. As an infrastructure organisation with a longstanding position in the community, REN would like to present an overview of some of the political, social, economic issues facing many communities in the United Kingdom. This report shows that racism is systemic in England and practices, laws, and societal ideas are still harming ethnic minorities in areas such as housing, healthcare, crime, immigration, education and politics.

In the context of worsening civil liberties and racial discrimination, this report aims to highlight a variety of issues at addressing racial inequalities at a grassroots level and provide recommendations based on our work at REN. We acknowledge and appreciate the support and feedback from our member organisations who work directly with Global Majority communities. As part of Article 1, ICERD defines "racial discrimination" as "...any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or

any other field of public life” (OCHCR, 1969). Therefore, our report deems that the United Kingdom breaches the following articles that will be explored in the report:

- Article 5 (a) The right to equal treatment before the tribunals and all other organs administering justice
- Article 5 (b) The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution;
- Article 5 (i) The right to freedom of movement and residence within the border of the State
- Article 5 (iii) The right to nationality;
- Article 5 (viii) The right to freedom of opinion and expression;
- Article 5 (ix) The right to freedom of peaceful assembly and association;
- Article 5 (iii) The right to housing;
- Article 5 (iv) The right to public health, medical care, social security and social services; (OCHCR, 1969)

Terminology

Black, Asian and minority ethnic (BAME) is a term that has been widely used over the years, however it has been criticised for various reasons and is now a term we no longer use. BAME centers whiteness by referring only to non-white groups, which does not consider white minority ethnic groups. It is considered limited and not inclusive which groups together many diverse ethnicities. The UK Government agrees, as per the publication of its report, ‘Inclusive Britain’, which was published on 17 March 2022. The report includes a commitment from the UK Government to no longer use the term ‘BAME’.

Throughout the report, we regularly use the terms ‘Global Majority communities’, ethnic minorities’, ‘black and Asian communities’ and the ‘Roma Community,’ to reflect specific experiences and issues facing the respective communities.

Tackling Health Inequalities

Through our work, we have found deeply rooted and existing inequalities in healthcare settings that range from services, access, information, and support for people from Global Majority communities.

It is evident through numerous reports and data collected, that people from Global Majority backgrounds experience worse health than their White peers which is a key concern for REN. Racism and racial discrimination are the causes of health inequalities because they produce both mental and physical stress that adversely impacts on a person’s health. By and large, health status mirrors socioeconomic status – groups with the poorest health are also the most disadvantaged in terms of education, work, housing, income and wealth. Racism also impacts health indirectly, via its effect on socioeconomic status which is itself related to health. Consequently, there are also parallels between the health inequality and the socioeconomic inequality that exists between ethnic groups. What is apparent and what we have found through

our engagement with communities, is that there needs to be a challenge on whether levels of inequality have changed over time; and if so, to what extent can they be explained by socioeconomic inequality and self-reported experiences of racism and racial discrimination. During Covid we saw an unprecedented impact upon Global Majority communities who were disproportionately impacted by Covid-19 which was evident for all to see through various media reports, data and the lived experiences of those from Global Majority communities. This happened for several reasons, due to an accumulation of health inequalities already being faced by these communities which were highlighted during the Covid-19 pandemic.

Key examples include maternal health for Black and dual-heritage women, the longstanding impact of COVID-19, vaccine hesitancy and engagement, and increasing mental health issues amongst Global Majority communities. In the city of Bradford, which is the 5th most deprived area in the United Kingdom, there are areas of the district that have higher unemployment rates, lower incomes, social isolation, the residents are living with more ill health and dying earlier than the national average amongst Global Majority communities (Bradford Council, 2020). Therefore, racial discrimination is embedded in healthcare settings and is a determinant factor in poor physical and mental health for Global Majority communities in the United Kingdom.

COVID-19 and the impact on Global Majority communities

The COVID-19 pandemic had a disproportionate impact on migrant and Global Majority communities. It is not only a health crisis but also a social, political and economic crisis. From health to economic impacts, the pandemic has exacerbated existing inequalities in Global Majority communities. For example, health inequalities in those specific communities consisted of high rates of hospitalisation, higher rates of infection, and deaths compared to the white population (Public Health England, 2020). However, many individuals within these groups were affected as they already had worse health outcomes before COVID-19. For example, racial discrimination is considered to play a key role in increasing health disparities such as overcrowded housing, lack of support in the workplace, poor access to healthcare and language barriers.

Due to a combination of established health inequalities and factors such as the lack of targeted and specific support for global majority communities and unequal reach of the vaccination programme to vulnerable communities, structural racism and socioeconomic deprivation has resulted in the suffering of many communities. For example, the UK government's approach has been proven to be detrimental to healthcare, hostile anti-migrant and anti-refugee agenda and failure in disseminating essential information about COVID-19. It is important to note that healthcare is a human right that is protected by the European Convention on Human Rights and covered by the Article 5 (iv) "...The right to public health, medical care, social security and social services;" of the ICERD (OHCHR, 1969, p.3).

- "Almost all minority ethnic groups had higher risks of dying from COVID-19 than the white British majority of a comparable age" (LSE, 2021)

- “Black and Asian communities had around a 23% higher risk of experiencing excess deaths and the same trend exists for other ethnic groups too” (UCL, 2023).
- “...deaths in care homes have shown to be higher for black and Asian minority groups” (LSE, 2021)

The disproportionate impact of COVID-19 on ethnic minorities was not only present in healthcare settings but also through the dissemination of key messaging. During the Covid-19 pandemic, REN were funded by Bradford Metropolitan Council to lead on the Covid 19 Prevention Project for Ethnic Minority and Central Eastern European communities. Through our work which was aimed to support these communities through test and trace, infection control and outbreak management as well as accessing the vaccination programmes. We developed the Community Champions model and recruited 180 champions to increase Vaccine Uptake amongst these communities. During the Covid-19 pandemic, we found that 56% of people from South Asian communities whose first language was not English, had indicated that they heavily relied on others to access healthcare information and messages via phones and social media. It is important to note here that through our community engagement, we found that many people from ethnic minority and Central Eastern European communities, are not able to access IT services or read and write in their own community language or in English. Therefore, services had to be tailored to ensure effective and alternative communication methods were used to support these communities, including the REN Helpline in 13 community languages, Facebook Live sessions and video messages shared on WhatsApp groups to reach diverse communities and increase their understanding of important health messaging to tackle misinformation, exclusion and reduce hesitancy. Due to the implementation of such engagement methods, REN successfully increased Covid-19 vaccine uptake by 73% of the Global Majority population in Bradford district. Our project was recognised in the UK Government's Vaccination Uptake Plan as a case study in February 2021: [UK COVID-19 vaccine uptake plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/uk-covid-19-vaccine-uptake-plan)

Recommendations

The UK should:

- Create an inclusive and all-encompassing approach that seeks to address the systemic barriers to physical and mental health and care through culturally appropriate services
- Produce culturally sensitive health messages on topics such as Covid-19, vaccinations, cancer screening, NHS services
- Invest more funding in the Voluntary and Community Sector in order to develop community engagement programmes such as the Community Champions Programme which was implemented by REN during Covid-19, ease the pressure off the NHS and health & care sector and also enable health care staff to communicate more effectively with Global Majority communities
- Provide cultural competency training to all NHS and health and care staff during their induction process in order to equip staff with the correct skills to support diverse communities as not ‘one-size fits all’

- Gather insights of health inequalities through not only collecting data but also the lived experience of individuals from Global Majority communities
- Implement evidence-based policies and practices that places Global Majority and migrant groups at the forefront of decision-making regarding their health and wellbeing

Mental Health

The impact of Covid-19 has had a detrimental effect on the lives of many communities who lost loved ones and suffered with their own health as a result of long covid, especially those from ethnic minority backgrounds who were disproportionately impacted by the pandemic. Many reports and research around mental health in black and minority ethnic communities have stated that these communities are at a higher risk of mental ill health due to social, economic factors and existing health disparities in the healthcare sector. For example, it is shown that there are disproportionate numbers those individuals who reside in areas with high levels of socioeconomic deprivation are more likely to be detained under the Mental Health Act.

- “Black people are more than three times as likely to be detained under the Mental Health Act as white people” (Future Care Capital, 2024).
- Challenges facing Global Majority communities consist of “...Eurocentric framing of mental health”, lack of support for people whose first language is not English and “...stigma and discrimination from mainstream healthcare services” (Mind, 2023, p. 20).

Despite the “Delivering race equality (DRE) in mental health care, an Action Plan for reform inside and outside services; and the Government’s response to the independent inquiry into the death of David Bennett (published 2005)”- racially minoritised communities in the UK face continue to face significant challenges in accessing and receiving quality mental healthcare. These include barriers such as a lack of awareness and information about available services, geographic and financial obstacles, and cultural and language barriers that hinder effective communication and understanding.

Cultural barriers, such as stigma around mental health and a lack of cultural competence among healthcare providers, lead to misdiagnosis and inadequate care. There is also a significant underrepresentation of racially minoritised individuals among mental health professionals, contributing to a lack of culturally sensitive care. Additionally, people from these communities are more likely to be detained under the Mental Health Act and experience poorer mental health outcomes.

Recommendations

The UK should:

- Increase funding for mental health services in areas with high populations of Global Majority communities
- Fund voluntary and community sector organisations who have a reach and trust with Global Majority communities to involve people from these communities in

service design and implementation resulting in services being culturally sensitive

- Invest in implementing outreach programmes to raise awareness around signs, symptoms and accessing mental health services amongst Global Majority communities which is often seen as a stigma or taboo subject.
- Provide funding for translation and interpretation services at all stages to support individuals who have a language barrier.
- Develop mandatory cultural competency training for mental health professionals
- Offer financial assistance or subsidies for mental health care and develop more flexible service delivery models, such as online consultations.
- Encourage the recruitment and retention of mental health professionals from Global Majority backgrounds and involve staff in service design and implementation.
- Launch public awareness campaigns to reduce stigma and implement training programs to reduce biases among providers.
- Improve data collection on the use of mental health services by Global Majority communities and fund research to inform policy and practice.
- Appoint a DRE Champion to oversee and ensure its implementation.
- Reform the Mental Health Act to tackle the deeply rooted social and racial inequalities that remain prevalent in society.
- Ensure that mental health assessments are culturally informed for Global Majority communities.

Maternal Health

Disparities in the quality of maternal health is one of the key examples of racial inequalities faced by women from Global Majority communities. This is evident through various publication of national reports, our community research, community engagement and personal experiences of racism that have been shared with us. It must be noted that health inequalities in maternal health is not caused by a single issue, but this is a multifaceted issue that is complex and as of now, still not fully understood by the Government or the NHS.

For example, black women are least likely to receive culturally sensitive and tailored care to their needs, experiences and socioeconomic statuses. Coupled with microaggressions and racial stereotypes, Black and Asian women are often faced with a “one size fits all” approach (Women and Equalities Committee, 2023, p.9). The report by FIVEXMORE stated that the experiences of Black women were consisted of “...far more racial assumptions and negative racialised experiences...an exaggeration of pain, and anatomy that deviate from perceived white norms” (FIVEXMORE, 2024, p.34). Attitudes and views are embedded in a history of racism, “...racialised medical experimentation, and the dehumanisation of Black people to justify mistreatment” (FIVEXMORE, 2024, P.34). There are repeated failings in maternity services within NHS England and this is shown through a cross-party report that stated that the “...Government and NHS leadership have underestimated the extent to which racism plays a role” and therefore, it is vital that tackling the racism is addressed in an efficient manner.

- 1 in 9 of the women who died during or up to a year after pregnancy in the UK were at severe and multiple disadvantages (Women and Equalities Committee, 2023, p.4).
- Black women were almost four more likely to die than white women (Women and Equalities Committee, 2023, p.37).
- McKinnell (2021) has stated that "...women from Asian backgrounds are twice as likely as white women to die during pregnancy.
- Women who live in the most deprived areas have a "maternal mortality rate more than twice as high as women living in the least deprived areas" (MBRRACE-UK, 2024).

Recommendations

The UK should:

- Implement an "...annual maternity survey targeted specifically at Black women" and the data should be collected on both a local and regional level. The data should be used to highlight areas for improvement and the data must inform the areas of "...public and parliamentary accountability, improve maternity services by NHS England" (FIVEXMORE, 2024, p.39).
- Improve leadership within the government and the NHS regarding topics such as racism in maternal health so patients can be treated with "...personalised, effective and respectful care" (Women and Equalities Committee, 2023, p.25).
- Produce a plan to address and tackle the disproportionate maternity deaths of Black and Asian women
- Offer a robust plan to eradicate racial health inequalities in the UK, as well as eliminating the health disparities between black women and minority
- Capture data around Black and Asian women, especially Black women as they are an underrepresented group in both data and research, this has a massive impact on policymaking, leading to detrimental effects on the physical and mental health of black women.

Challenges facing the Roma Community

The Roma community are a people without a homeland and are dispersed across a range of Central and Eastern European countries such as Czech Republic, Slovakia, Hungary and Poland. Roma people have been facing racism, discrimination and inequalities for centuries in Europe, resulting in them becoming segregated communities and facing high levels of inequalities in different fields of societies. Gradually, this has made the Roma community become resistant to engaging in basic services due to exclusion, hesitancy, and misinformation. In the United Kingdom, the Roma community have faced hardship due to a range of factors and longstanding of political events such as Brexit. For example, due to Brexit, there are various mandatory processes imposed on European citizens such as the EU Settlement Scheme that has caused many issues, barriers and new challenges for the Roma community.

Navigating government schemes such as the EU Settlement Scheme and accessing basic health services for the Roma community can be seen as difficult due to existing and exacerbating inequalities. From growing destitution of families, poor attendance in schools for Roma children, rising levels of unemployment due to language barriers leading to a poor quality of life, this has led to various health issues and poor mental health in the Roma communities.

Working with Roma-led organisations in Bradford that have both a national and international reach, we have found that there is a lack of cultural awareness and training about the culture, traditions and lifestyle of the Roma people.

Key facts

- “60% of Roma Support Group’s migrant Roma beneficiaries are reported to have poor physical health, with 43% of Roma beneficiaries of the above reported to suffer from poor mental health” (Friends, Families and Travellers, 2022).
- “The health of a Romany or Traveller person in their 60s is comparable to an average White British person in their 80s” (Friends, Families & Travellers, 2022)
- Romany and Traveller people experience significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work
- “Romany and Traveller people face life expectancies between ten and 25 years shorter than the general population” (Friends, Families & Travellers, 2022)

Recommendations

The UK should:

- Ensure that all health and social care training courses should include an antiracist Gypsy, Roma, and Traveller focus as a mandatory requirement
- Ensure that civil society funders, local authorities, commissioners invest into organisations that work closely with the Roma communities. Furthermore, the capacity of voluntary organisations should be improved through funding and resources to address existing inequalities
- Implement an NHS-wide strategy for both mental health and healthcare that considers the wide-ranging and unique experiences of the Roma communities.

Treatment of Refugees, Migrants and Asylum Seekers

Impact of UK Parliament Acts on refugees and asylum seekers

The United Kingdom has shown to be strengthening the hostile environment for refugees, asylum seekers and migrants. For example, a series of Acts such as Asylum and Immigration Act) (2024), Illegal Migration Act (2023), Nationality and Borders Act

(2022) have emphasised the notion of making criminalising those who seek asylum and the individuals who provide humanitarian assistance to people who are seeking asylum. The refusal to recognise asylum claims and criminalise those who are seeking asylum in the UK can be seen as a breach of Articles 5 and 7 of the International Convention on the Elimination of All Forms of Racial Discrimination.

For example, the Safety of Rwanda (Asylum and Immigration Act) (2024) was passed in April 2024 and allows for the expulsion of people seeking asylum to Rwanda, a third safe country proposed by the United Kingdom. The Act has also been found to be against the provisions laid out by the Human Rights Act 1998. The United Kingdom has been found to breach Articles 5 and 7 of the International Convention on the Elimination of All Forms of Racial Discrimination due to factors such as all courts being prevented from "...considering any appeals, claims, or complaints that are about Rwanda not being a safe country" and the notion that Rwanda may remove a person to another state which will inevitably go against the international legal obligations (Right To Remain, 2024). Therefore, the current situation around the UK government making any form of asylum routes illegal can be seen as a breach of Article 5 (a) "the right to equal treatment before the tribunals and all other organs administering justice, (i) "the right to freedom of movement and residence within the border of the state" (OHCHR, 1969, p.3). Furthermore, the Safety of Rwanda Act (2024) hinders the ability of bodies and institutions such as the European Court of Human Rights to suggest provisional measures such as stopping of flights etc. Additionally, the Illegal Immigration Act (2023) consists of the notion that anyone who arrives in the UK through irregular passages will immediately have their asylum claim denied, resulting in two options that are either being removed to their own country or a third country such as Rwanda (Right To Remain, 2024).

The first three years of implementation of the Illegal Migration Act (2023) has been examined through the following points:

- "Over 190,000 people could be locked up or forced into destitution under the Government's new crackdown on desperate people seeking safety and sanctuary" (Refugee Council, 2023)
- "As many as 45,000 children could be locked up in the UK, after having their asylum claims deemed "inadmissible" (Refugee Council, 2023)
- "Around £9 billion will be spent over three years on locking up refugees in detention centres and accommodating people who can't be removed to other countries." (Refugee Council, 2023).

Lack of basic provisions for refugees and asylum seekers

Many refugees and asylum seekers are currently a permanent state of limbo in the Bradford, a city of sanctuary that is home to refugees and asylum seekers from Afghanistan, Sudan, Eritrea, Iran, Yemen, and Palestine. Without a safe and workable asylum system, the impact of both the Illegal Migration (2023) and the Safety of Rwanda Act (2024) will only lead to the vulnerable populations falling out of contact with local authorities, leading to abuse and exploitation and stuck in a cycle of poverty

and hardship. In relation to the treatment of refugees and asylum seekers in cities such as Bradford, the access to basic necessities such as meals has recently been stopped by the Home Office. For example, provision of food to refugees such as Afghan refugees has been stopped by the Home Office, this is in line with the decision of the United Kingdom to end the usage of hotels for more than 8,000 Afghan refugees who entered the United Kingdom through the resettlement scheme.

The hostile environment has strengthened the unstable conditions for refugees and asylum seekers. A key case study in particular is centred around Afghan refugees as many are living in precarious situations due to temporary accommodations and also, finding it difficult to access basic services. For example, for Afghan refugees residing in Bradford, the stoppage of meal provision has been detrimental to the health and access to basic necessities as food. Salim, an Afghan refugee has recounted that the governmental change had taken place overnight and "...the change has left children going to school hungry because takeaways aren't always open, and adults skipping meals because they can't afford to pay for hot food" (Bychawski, 2023). As of now, there are at least 95 Afghans facing statutory homelessness and this is ultimately left down to the Bradford Council to resolve the matter. It is important to note that as of 31st August, there are "...1,826 Afghan refugees were still living in Home Office hotels, according to official data" (Bychawski, 2023). Furthermore, in relation to cities in Yorkshire and Humberside, Bradford has the "...most people seeking asylum in dispersed accommodation" with a total of 1,342 (NACCOM, p.2, 2022).

Additionally, it has been reported by the food poverty alliance, that the meals provided by the Home Office for asylum seekers has been found to be rotten or contaminated, leading to malnourishment or at times, being hospitalised. The concerns are centred around weight loss, diabetes and food poisoning, resulting in the difficulties to meet nutritional needs, impacts on physical and mental health, being dehumanised by providers and making people live in a cycle of poverty. (Elgueta, 2024). Furthermore, many organisations in Bradford that work with refugees and asylum seekers are having to intervene to fill the gaps and address state failures but with limited resources and funds.

This report would also like to note the structural racism that asylum seekers and refugees face whilst navigating the UK asylum system. A recent briefing developed by Refugee Action that deems the process of asylum, how applications are assessed and treated is a matter of racial justice. The briefing creates a link between the discriminatory nature of the asylum system for Black and Brown people and the fact that "...many of whom were born in countries that were once subjected to some form of British imperial control" (Refugee Action, 2024, p.7). Furthermore, the report collates personal experiences of those who are seeking asylum and the racism that they have faced from UK government officials and the Home Office.

Here are some examples from the report titled 'Asylum In The UK: A Front Line For Racial Justice' from Refugee Action:

- "Dealing with the Home Office is just depressing, they don't trust you on so much of what you say" (Refugee Action, 2024, p.13).

- “Her spit was flying in my face. She looked down on me. She was downgrading. I felt that just because I was a Black woman coming from a very small island that they didn’t see me as somebody of value, or as somebody they could assist or help in any way.” (Refugee Action, 2024, p.13).
- “Hate crimes are a thing that don’t get reported a lot,” one said. “Especially for a person seeking asylum, they always assume that it will affect their case if they report it to the Home Office.” (Refugee Action, 2024, p.13).

Under Article 5 of ICERD, it is vital that the UK government implements a fair and just asylum system that focuses on racial justice. Furthermore, we call on the United Kingdom to end the hostile environment and tackle the discrimination caused by the asylum-related laws and policies.

Recommendations

The UK should:

- Repeal legislations such as Illegal Migration Act 2023 and Safety of Rwanda Act 2024
- Focus on processing asylum claims in an efficient and fair manner
- Address the financial burden on local authorities and organisations that assist refugees and asylum seekers
- Provide funding and support for local councils to support refugees and asylum seekers
- Resume access to basic necessities such as meal provisions for refugees and asylum seekers
- Address the financial burden on local authorities and organisations that assist refugees and asylum seekers
- “Commission an independent review of structural racism in asylum policy and practice within the Home Office and its private contractors” (Refugee Action, 2024, p.5)

Civil Liberties

From the impact of Prevent to the restriction on protests, many of the UK policies are not only directly affecting communities but are targeting specific communities, especially some of the Global Majority communities residing in Bradford. This is something that has been highlighted throughout our community engagement work with these communities.

Impact of The Prevent Strategy

The Prevent strategy is part of the United Kingdom Government’s counter terrorism strategy CONTEST. The main aim of the Prevent strategy is to stop people from committing terrorism and supporting or supporting in terrorism. In 2003, it was developed to target the notion of domestic terrorism and take pre-emptive action against terrorism. Since its inception, the Prevent strategy has undergone many

changes and in 2015, it was expanded again as it required authorities from the educational, prison services, healthcare sectors to have "...due regard to the need to prevent from being drawn into terrorism" in their fields of work (Home Office, 2015).

Since the inception of the Prevent strategy, it has significantly impacted the human rights of many communities and operates through a discriminatory lens in cases that targets Muslim communities, activities fighting for social justice and surveillance of children. It must be duly noted that the United Kingdom is a signatory to International Convention on the Elimination of All Forms of Racial Discrimination (ICERD and European Convention on Human Rights that is embedded into the national law of the UK through the Human Rights Act 1998 (HRA, 1998). For example, the Prevent strategy discriminates against Muslims and Asians communities in particular (Medact, 2020). Furthermore, through the Prevent strategy, the Muslim community has been treated as a "...suspect community" (OHCHR, 2018). Labelling the Prevent strategy as "...inherently flawed" by the OHCHR Special Rapporteur in 2018, many academics, campaigners, human rights-based organisations have called for the Prevent strategy to be scrapped and expressed concern about the longstanding impact on communities such as the Muslim community being seen as a threat by the problematic strategy.

In the backdrop of recent protests for a permanent ceasefire in Palestine, REN came to know of a couple of cases that involved young people being referred to Prevent and this caused anxiety and worry amongst the Muslim communities in Bradford. For example, many community leaders have noted that the Prevent strategy has really impacted on young people, especially students, leading to self-censorship and lack of belonging in educational spaces. This reinforces the discriminatory nature of Prevent which excludes certain communities, especially Muslims from practicing their civil rights.

Key figures and case studies:

- "Muslims were referred to Prevent eight times more than non-Muslims" (Medact, 2020).
- There is a lack of transparency around Prevent. For example, individual who are referred to Prevent often do not know the reasons behind their referral or if they can challenge the referral or not (Amnesty International, 2024).
- "A National Union of Students (NUS) survey found that one third of Muslim students who said they had been affected by Prevent reported experiencing barriers to organising campus speakers and events" (Amnesty International, 2024)
- **Specific case studies include:**
- The "...case of a Muslim teenage boy who apparently developed OCD as a direct result of the trauma of his Prevent referral" (Medact, 2020, p.6).
- "One in 10 students who said they would not be comfortable participating in certain discussions (for example, on Palestine or terrorism) cited fear of being reported to Prevent" (Amnesty International, 2024, p.61)
- "...the case of a severely ill young Muslim man who was unable to self-feed but was reported to Prevent by a physiotherapist" (Medact, 2020, p.6).

- "... the case of a Muslim man with schizophrenia experiencing paranoid delusions about police persecution who was questioned by police after being referred to Prevent, harming the therapeutic relationship with his psychiatry team" (Medact, 2020, p.6).

Prevent has "...created unease and uncertainty around what can legitimately be discussed in public"- UN Special Rapporteur on the rights to freedom of peaceful assembly and of association (OHCHR, 2018).

Impact of Voter Identification

The UK government passed the Elections Act 2022 that makes the Voter Identification for in-person voting, compulsory. Many organisations have noted that the Voter IDs could disenfranchise LGBTQ+ people, ethnic minorities and homeless people (Tridimas and Taylor, 2024). For example, the electoral commission have reported that "...at least 14,000 eligible voters – out of a potential electorate of 27 million – could not vote in 2023's local elections because they lacked the right ID" (Sky News, June 2023). Therefore, the new Voter ID requirements can be seen as posing barriers to some communities due to the limited number of acceptable forms of Voter IDs, this will evidently impact the democratic processes. As a result, the Voter ID can be seen as a counterproductive tool that hinders the process of democracy and limits the access to democracy for people of colour.

- "Young voters or those from minority ethnic backgrounds were five times as likely as the overall average to say they were unable to vote because they took the wrong ID to a polling station" (Walker, 2023).
- The Electoral Commission states that the data suggests that "...disabled people and those who are unemployed were more likely than other groups to give a reason related to ID for not voting" (The Electoral Commission, 2023).

Recommendations

The UK should:

- Withdraw the Prevent strategy under Counterterrorism and Security Act 2015 and allow professionals in different sectors such as healthcare and youth services to utilise standard safeguarding processes as the current strategy is discriminatory and ineffective
- Scrap the Elections Act 2022 that contains the requirement of Voter Identification at both local and national elections.
- Engage with Public Sector organisations ensuring that public bodies in the district effectively mainstream race equality in all aspects of their policy development, strategic planning, employment, and service provision functions.
- Develop and implement policies which provide assurance and outline action to prevent discrimination against racialised minority communities in fully participating in civil life.

- Fund racial justice organisations such as REN to continue to influence government policy in relation to the elimination of racial discrimination within public, private and voluntary sectors.

Conclusion

REN has a track record of successfully engaging in racial justice and racial inequality work and proud of our achievements. However, we know that we must never become complacent and must always look to push ourselves to be at the forefront of addressing racism and its impact on our communities. Therefore, to ensure our success we need to work smart, effectively engage with partners and stakeholders and use opportunities and platforms to operate strategically and influence our work where possible.

REN are determined to focus on eliminating the root causes of institutional racism within structures from across the public, private and voluntary sector that work against Global Majority communities. If we are to challenge institutionalised racism, we must look beyond individual acts of prejudice and look at the systemic barriers that are built into policies. Racial disparities are avoidable. Whilst we acknowledge that none of us are to blame for what happened in the past, we are all responsible for eliminating racism and its legacy today. REN believe that by incorporating racial equity into operations and services delivery will enhance quality of work and will go some way to eliminating marginalisation and creating disparities.

We have the focus, now it is time to invest in how we get there. Putting the value of equity into practice will require smarter working and developing collaborative approaches. The golden thread will be on how we can align work of our public sector organisations, challenge on how they commission, procure services, invest in communities and infrastructure, and how they use representative voice in decision making. REN will keep a close eye on how decisions are made, ensure fair and equitable processes are rigorously challenged so that decisions on service delivery, engagement with all communities are inclusive of minority ethnic voice.

Our submission to the ICERD is a key example of engaging with international institutions to shed a light on the existing inequalities in the United Kingdom that have been strengthened by the UK government in many ways. A recent study by Word on the Curb has shown that "...one in seven young Black and Asian Britons are making concrete plans to leave the UK due to government failings, racism and economic worries" and this is a common theme in our discussions with global majority communities in Bradford, we must work together to address and tackle the inequalities and form solutions (White, 2024). From inequalities in black maternal health to the discriminatory nature of the Prevent strategy, it is evident that the United Kingdom is in breach of numerous articles of ICERD such as Article 5 and Article 2.

REN firmly believe that racial discrimination, racial injustice, and inequality is baked into the structures of institutions and have been left unchallenged for too long. Dismantling those structures is difficult, but possible.

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