

Policy Analysis of the Treatment of Racial Inequality in the UK under COVID-19

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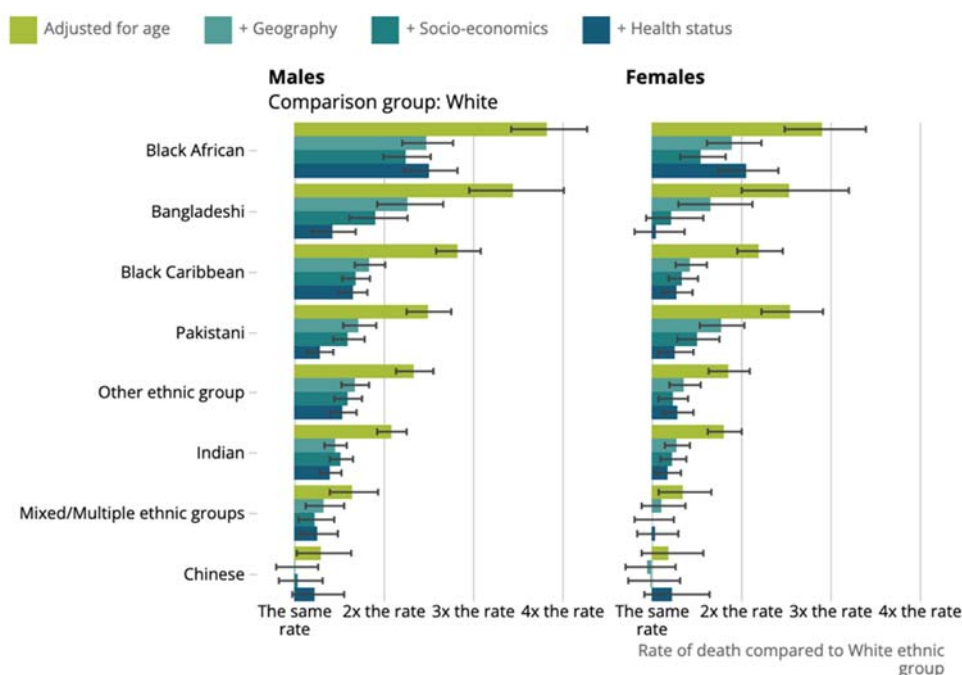
Abstract: This article describes the long history of serious racial inequality and racial discrimination in the UK, which still does not receive widespread social and media attention. The paper focuses on the impact of covid-19 on BAME and analyses government policies and alternatives. Beyond this, the study shows that in addition to government remedial initiatives, it is more important to improve the welfare of ethnic minorities so that they have the right to be treated in hospitals.

Keywords: Racial inequality Policy, UK, COVID-19.

1. Introduction

In June 2021, Prime Minister Johnson announced that the recent final phase of unsealing measures in England would be postponed for four weeks due to the rapid spread of the mutant

new coronavirus and the government's anti-pandemic measures. The decision to postpone unsealing not only hit a British economy and society eager for a fresh start, but also re-expanded the plight of Britain's ethnic minorities (Tai et al, 2021; Resende et al, 2021).



Source: Office for National Statistics – Explaining ethnic background contrasts in deaths involving Coronavirus (COVID-19)

Coronavirus (COVID-19) mortality rates associated with the white population in England by ethnicity and gender from 2 March to 28 July 2020 are compared. Even though the gap narrows after considering where people live and social and economic factors (including people's work, education, and housing conditions), the rate of new coronavirus infections and death rates are much higher among ethnic minorities than whites (shown in the graph above). In addition to this, a national survey conducted by public health experts before and during the onset of the epidemic, also titled 'Health inequalities in the UK exacerbated by the epidemic' in The

Guardian, showed that vulnerable groups such as ethnic minorities were most likely to have their routine appointments, diagnoses, surgeries etc. delayed or cancelled (Khunti et al, 2020). The survey, conducted jointly by University College London and the University of Glasgow, shows that ethnic minority health services are more vulnerable to infectious diseases, with 19% more people reporting this problem than whites during an epidemic (Lacobucci and Gareth, 2021; Bhugra et al, 2021).

The UK has a long history of significant racial inequality and racial discrimination that has not received widespread

attention (Dowey et al, 2021; Zamvar and Vipin, 2021). COVID-19 has brought much of this to light: the unequal treatment of ethnic minorities in many areas of education, employment, healthcare, and political life is rooted in deep-seated structural racism, the proliferation of right-wing populism in recent years and the neoliberal policies pursued by the British government over many years (Taylor et al, 2021; Esmal and Everington, 2021). This article focuses on the impact of covid-19 on BAME and analyses the government's policy and other alternatives.

2. The Policy Content and Its Influence

The Government takes a very serious view of the special BAME group and has developed a set of regulations suitable for their protection (Ncube and Parker, 2021; Phiri et al, 2021).

2.1. Address the influence of COVID-19 on BAME staff in the NHS

On 30 April 2020, NHS organizations published handbooks on reducing the risk of COVID-19, including consideration of specific factors such as ethnicity and age. In addition to this, a COVID-19 risk reduction framework for NHS staff has been proposed (Khunti et al, 2021), and these can help the NHS to take enhanced mitigation measures when assessing risk. For example, timely counselling support and even answers to psychological stress questions.

2.2. Require the NHS to engage more actively with staff on the network

The government requires staying with BAME and regional senior leaders to emphasize the importance of equality and inclusion. Adequate care is given to minority ethnic groups (Watkinson et al, 2021).

2.3. Set representation in decision-making and implement rehabilitation policies

The government's requirement for representation in NHS decision-making will ensure that BAME colleagues have influence over decisions that affect them (Ranjbari et al, 2021). In addition to the range of resources available, specially tailored health and wellbeing services are being provided for BAME groups.

2.4. Communications and media

To establish positive communication with BAME staff, the government will begin by requesting short videos of senior leaders presenting, putting themselves down, describing the role that BAME staff are playing and thanking BAME staff. To make the minority ethnic groups feel that they are being cared for. For example, The NHS operates a free line for Filipinos to follow up on injuries and deaths, as required. The free access and confidential helpline are operated by Hospice UK 03003031115 and is open 7 days a week from 8am to 8pm.

The government's initiatives can basically be summarized in the following four points: setting up consultants to always work with minority groups; requiring leaders and colleagues in companies to treat other ethnic groups equally; setting up decision-making representatives and teams to provide them with special assistance; and boosting the self-confidence of minorities so that they feel that they and their work are recognized.

3. Analysis of Other Possible Optimization Proposals

With regard to the proposals and plans for ethnic minorities, it is undeniable that the British Government is making efforts to reduce the gap. However, there are still many areas for improvement. A few possible alternatives will be listed and analysed here.

The Scientific Advisory Group for Emergencies (SAGE) UK competition team, funded by Health Data Research UK and the Medical Research Council, successfully published the team's research analysis and recommendations (Peresman et al, 2021). SAGE believes that the government should require purposeful and adequate financial support to improve adherence to self-segregation capacity. Individuals should also be supported to isolate themselves from their families after infection, and paid caregivers should be provided free of charge to those infected (whether they are from the general population or ethnic minorities) (Calvert et al, 2021). Beyond this, further policies are needed, including specific COVID-19 anti-racism legislation for the workplace to support occupational risk assessment (Flear and Mark, 2021; Ho, 2021); and culturally and linguistically competent outreach through local authorities, community groups, religious groups, voluntary and third sector organizations. These efforts need to be supported by credible rules appropriate to the circumstances and values of the wider population in order to encourage all communities to comply with COVID-19 public health measures.

First and foremost, it is necessary to increase the capacity of residents to self-segregate. In addition to a detailed government plan, knowledge of self-segregation among the population should be widespread. This policy could be a good solution to the lack of equitable solutions for minority groups in terms of access to health care, for example. There is a huge gap between ethnic minorities and whites when it comes to income and wealth (Khunti et al, 2021). Figures from the Office for National Statistics show that white households are the richest group and black African households are the poorest, in terms of specific wealth distribution, with black African households averaging £23,700 per adult and Bangladeshi £31,000; mixed white and black Caribbean ethnicity £42,000, while white households have a wealth of 197,000. This is one of the reasons why ethnic minorities are reluctant to seek health care. It is essential that people living in the country understand for themselves how to segregate and rehabilitate themselves (Proto et al, 2021).

Secondly, the government should meticulously develop anti-racist laws. Ethnic minorities also differ greatly from whites in terms of social status, especially in terms of political participation (Razai et al, 2021). It is true that the participation of ethnic minorities has increased considerably compared to the previous levels, but this is still not commensurate with their share of the total population. In both local councils and local government, the proportion of ethnic minority members is lower than the local population composition. In summary, in the public sector, apart from the NHS and social work, ethnic minorities are under-represented, particularly in the justice system. In England and Wales, the proportion of police officers from ethnic minorities is only 6.6%, judges 6.8% and prison officers 6%. There are also few opportunities for ethnic minorities to be promoted in the workplace. A survey conducted by the British Social Attitudes Survey on racial prejudice back in 2017 showed that people do not generally

consider 'racial prejudice' to be a positive position. According to a Guardian survey in 2018, ethnic minorities face a great deal of racial discrimination in their daily lives and interactions, particularly in public places such as restaurants and shopping malls. Many experimental data prove that detailed improvement of anti-racism laws makes a lot of sense (Mullard and Jordan, 2021).

Finally, the government should publicize mass demands to combat issues such as racist discrimination. As with the second point, this is even though the UK has passed several pieces of legislation against racial discrimination over the years. Although on the face of it, there is also no institutional policy that explicitly contains racial discrimination, this does not mean that racism at the institutional level does not exist in the UK and that the UK government does not take the issue very seriously, let alone fundamentally recognize and reflect

on it (Tembo and Shaddai, 2021). In June 2020, following the violent death of a black man, Floyd, by police in the US, there were protests in many parts of the UK. On 31 March 2021, the Commission on Racial and Ethnic Inequalities, appointed by the British government, published its Race Equality Assessment Report. The report not only concluded that there was no evidence of structural racism in Britain, but also boasted that Britain was “a model for predominantly white countries”. It is clear that the task of promoting the elimination of racial discrimination is very urgent (Miller and Paul, 2021).

4. Policies and Recommendations from Other Countries



Source: Eurobarometer Discrimination in the EU, September 2019.

Back in 2019, through an EU-wide Eurobarometer survey (pictured above), it was found that more than half of social groups believe that racial or ethnic discrimination is widespread in their country. Even though the EU prohibits and condemns racial discrimination, it still exists. This became particularly evident during the Covid-19 pandemic.

In response to this important issue, the EU issued a corresponding policy to address it: a reassessment of the existing EU legal framework. The European Commission has brought forward the application of the Racial Equality Directive and followed it up with the necessary legislation (Fennelly et al, 2021); issued a national action plan against racism and racial discrimination by the end of 2022; changed the collection of data disaggregated by ethnicity or race and adjusted the number of groups within the European Commission and other EU member states.

5. Conclusion

The British government has always claimed to be the fairest society and the "best model for other predominantly white societies" in terms of racial equality, while also constantly promoting values such as "equality and fairness", but the facts lead us to the opposite conclusion (West-Oram, 2021). Covid-19 shows us that not only are infection and mortality rates for ethnic minorities far higher than for white groups, but that ethnic minorities are experiencing a severe crisis in all aspects of employment and living standards,

which is directly linked to the deep-rooted social inequalities they face (Grasso et al, 2021).

In addition to the several policies proposed by the British government to protect ethnic minorities in the event of an epidemic, it is more important to improve the welfare of minorities and their access to society, so that they have sufficient funds and the right to receive treatment in hospitals, as well as improving anti-racial laws (Hesselink et al, 2009; Solanke and Iyiola, 2012). As the Socialist Equality Party says, the eradication of racial discrimination must be backed up by good laws and equal benefits (Cobbinah and Lewis, 2018).

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