

Equalitiesand Human Rights Committee

Thursday 28 November 2019



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EQUALITIES AND HUMAN RIGHTS COMMITTEE

29th Meeting 2019, Session 5

CONVENER

*Ruth Maguire (Cunninghame South) (SNP)

DEPUTY CONVENER

*Alex Cole-Hamilton (Edinburgh Western) (LD)

COMMITTEE MEMBERS

*Angela Constance (Almond Valley) (SNP)

*Mary Fee (West Scotland) (Lab)

*Fulton MacGregor (Coatbridge and Chryston) (SNP)

*Oliver Mundell (Dumfriesshire) (Con)

Annie Wells (Glasgow) (Con)

THE FOLLOWING ALSO PARTICIPATED:

Professor Rowena Arshad (University of Edinburgh) Professor Raj Bhopal (University of Edinburgh) Professor Nasar Meer (University of Edinburgh) Dr Gina Netto (Heriot-Watt University)

LOCATION

The Mary Fairfax Somerville Room (CR2)

^{*}attended

Scottish Parliament

Equalities and Human Rights Committee

Thursday 28 November 2019

[The Convener opened the meeting at 09:00]

Decision on Taking Business in Private

The Convener (Ruth Maguire): Good morning, and welcome to the 29th meeting in 2019 of the Equalities and Human Rights Committee. I ask everybody to switch off their mobile devices and put them away.

We have apologies from Annie Wells.

Agenda item 1 is a decision on taking in private at this and future meetings our consideration of evidence relating to race equality. Do members agree to take that in private?

Members indicated agreement.

Race Equality

09:00

The Convener: Agenda item 2 is an oral evidence session on race equality in Scotland. I welcome our panel, who are Dr Gina Netto, associate professor in the school of energy, geoscience, infrastructure and society at Heriot-Watt University, and, from the University of Edinburgh, Professor Nasar Meer, professor of race, identity and citizenship, Professor Raj Bhopal, emeritus professor of public health, and Professor Rowena Arshad, chair in multicultural and anti-racist education and co-director of the Centre for Education for Racial Equality in Scotland.

You are all very welcome. We have about an hour for our session, so please keep your answers to the point. There is no need to go over things that you have previously said. We will try to be disciplined in our questioning, too.

Oliver Mundell (Dumfriesshire) (Con): I ask the panel to reflect on the past 20 years of the Scottish Parliament. Have we made sufficient progress on race? Some people who we have heard from feel that too little progress has been made and that race does not feature prominently enough in parliamentary discussions.

Dr Gina Netto (Heriot-Watt University): As was communicated at last week's meeting, the evidence from across a number of fields is clear that there has not been nearly enough progress or as much progress as one would wish. There has been some progress in structures, processes and, possibly, governance, although there is a lot of scope for tightening up governance structures. If one really wants change, one has to be much more serious about governance, accountability and ensuring that key public sector organisations play a role in carrying out public sector duties.

Meer Professor Nasar (University Edinburgh): We have come a long way since a colleague in 1980 wondered whether race relations in Scotland were a matter of ignorance or apathy. That is not necessarily true today. There has been a process of increasing policy literacy since that period, but the outcomes have not radically altered-I am sure that we will go on to discuss that in detail. There is now a greater willingness to tackle the issue, take it seriously and put in place policies and processes to address race inequalities in Scotland, but there is still a long way to go.

Professor Rowena Arshad (University of Edinburgh): The kind of work that I do is to put things into practice. In the past 20 years since the Scottish Parliament began, I have been comforted

by the fact that, as Nasar Meer said, the political and policy commitment is now there. We at least have that backdrop, which we did not have 20 years ago, and that is to be welcomed.

On the ground, a lot of effort has been put in by the third sector and others, with support from the Parliament and the Scottish Government to bolster the capacity of the third sector. That is not to say that the sector has not lost financial grants and so on, but its capacity has been built up.

When I try to put things into practice, the place where I find gaps is the middle tier. Therefore, accountability has to be one of the things that we look at, because there is action at the top and the bottom, but there is a gap in the middle.

Professor Raj Bhopal (University of Edinburgh): I will restrict my comments in the discussion to health and healthcare. I have brought with me a lot of evidence, and one of those pieces of evidence is a letter that I wrote in December 1999 to Susan Deacon, the then Minister for Health and Community Care. In that letter, I said that there seemed to be a lack of strategic vision, direction and leadership, and that there were only small-scale projects in Scotland.

When it comes to health and healthcare, I am pleased to say that Scotland is somewhat envied across much of the European continent. However, we have been playing a game of snakes and ladders—we have gone up the ladder and come down the snake—and we have lost quite a lot of ground in the past five to 10 years, although we previously made a lot of progress.

We have one of the finest health-related policies in the world, but everybody has forgotten about it. That is why we need old-timer academics who have been around and were there to help make it happen. "Fair for All" was a letter written by the Scottish Executive health department in 2002. It is an amazing bit of work—we could not do better now—but people have forgotten about it, although it is still on the books, like many Scottish policies.

Not only have people forgotten, but they do not want to be reminded about it. It seems to be a case of wanting to reinvent the wheel and not bothering to think about what was done in the past. I brought with me lots of amazing documents that were produced in Scotland and that reflect great work. They are largely forgotten, for reasons that we might discuss later, and are being reinvented. Whether the issue is to do with Gypsy Travellers or type 2 diabetes, we have been there before—usually two or three times—but rather than remind ourselves of where we were, we tend to start with a blank sheet of paper. However, we are much better off than we were in 1999 when it comes to the health and healthcare sector.

Oliver Mundell: A number of you mentioned governance and accountability. Is there anything specific that the Parliament and its committees could do to ensure that we address those issues and that race is back on the parliamentary agenda?

Dr Netto: Monitoring the implementation of public sector equality duties is really important, particularly with regard to employment. Employment cuts across many areas, so doing that would help to improve outcomes in those areas. For example, if people are in secure and decent work, that helps to improve their health. There are all kinds of spin-off benefits to being in meaningful well-paid work.

On employment, public sector bodies can play a major role by ensuring that they take their public sector equality duties as seriously as they should. They should monitor their activity and the results should be made public. We should start with our largest public sector employer, which is the national health service, and hold it to account.

Some good work has been done, but the momentum needs to be kept up and employers need to be continually reminded about it. I have been in this field for a long time and I have seen good work, but the same obstacles remain and have not been tackled, although there are always exceptions to the rule and some people manage to break through barriers. Three years ago, there was an inquiry by the Parliament on barriers to employment, but the momentum from that work needs to be kept up. Actions stemming from the inquiry have been taken forward in the race equality action plan, which is good, but you need to be smarter about that. You can be smarter and more forceful.

Professor Arshad: I recently attended the Scottish Government's national advisory council on women and girls accountability day, which was a very unusual event—I think that it was the first time that that format had been used. It was an accountability day, so the members of the working group that looked after it were there, but they also invited a range of external people, and the heads of Scottish Government directorates—whether health, employment or education—had to attend. It was a forum that was collegiate and about learning. It was not about giving individuals the third degree. It was, I hope, a learning environment for everybody, but people were also held to account and asked to say what progress had been made on certain issues that the panel recommended for discussion. Bringing in external people made for a good format.

For example, in relation to my sector, which is education, you should bring in the heads of the Scottish Funding Council, Universities Scotland and other bodies—the leaders who should be

championing and adopting the policies—and ask them to tell you what progress has been made. If that could be done in a forum in which there is openness and learning rather than finger pointing and blame, it could make for a very good accountability-plus process. I thought that I would share that idea with the committee.

Professor Meer: The two themes that connect what has been said so far are the issue of driving things from the centre and the need for institutional memory of what has been achieved in the past and what has succeeded or failed.

The "Race equality action plan: year 1 progress update" made recommendations across several sectors, but one that the Parliament could adopt is that there should be a focus on general crosscutting themes. Ideally, those are meant to go across the Government's activities rather than being left to, say, the equality unit to action. It would be good to see what progress could be made with such an approach, which would embed race equality as a core activity rather than a peripheral one.

Professor Bhopal: To echo points that were made earlier, Scotland is absolutely superb at getting people round the table to create policies and policy frameworks, but it is not so good at implementing them. There is a gap between those who create policy, the managers who are supposed to oversee its implementation and the practitioners who actually implement it.

A relevant example that is within the race equality framework relates to data. I will restrict my comments to the context of race and health rather than the wider field, because that is what I know about. In Scotland, we have been talking about data for decades. Between 2002 and 2005, my colleagues and I carried out a Scottish Government-funded overview of the available data in Scotland, broken down by ethnic group, and we proposed mechanisms for improving its quality. After three years, we came to the view that the only way to get good data was to make a link between the census and NHS records. Our work became known as the Scottish health and ethnicity linkage study, in which the country has since invested a lot of money. We have published around 25 papers, on a wide range of health issues, which are envied across the world. The study is now famous and Scotland is lucky to have it; most countries do not have anything similar.

On the matter of routine data, we have a new paper that will come out in the *Journal of Public Health* that shows that, in recent years, Scotland has increased ethnic coding in its hospitals from around 5 per cent to around 80 per cent. Our research, which was done in conjunction with the NHS's Information Services Division, was the first ever carried out on such data. However, it shows

that those data are not good enough for analysis or to enable any policy or practical decisions to be made. The quantity of data is there, but the quality is not. In Scotland, we often decide to do something and then do it, but we do not see whether the end result is useful. Therefore, there is still a lot of work to do on our approach. Further, I have now retired as leader of the Scottish health and ethnicity linkage study and it is not currently being worked on, so we will lose ground there.

At every level, there are gaps between the areas of policy, management, monitoring and application. I understand that that is often because of a lack of resources and because we cannot afford to employ managers or to pay for the extra commissions or research that might be required. When a policy is created, we should think through the resources that will be required to implement it—not for a two or three-year period but in the longer term, such as five, 10 or 20 years. Otherwise, we will continue to set up projects that are great while they last, but when the funding is withdrawn everything will collapse and a few years later we will be back at square 1.

Oliver Mundell: That is very useful. Thank you.

Mary Fee (West Scotland) (Lab): A number of definitions and types of language are used to describe race and ethnicity. Is such language helpful, or should there be one single definition?

09:15

Professor Meer: That is a small question for the panel to consider. [Laughter.]

My view is that it is important to have robust legal criteria that underpin race equality action. There is a multilevel character in that regard, as we see in the approaches that are taken at the United Nations, United Kingdom and European Union levels, and there is a particular manifestation of it in Scotland. Those approaches broadly coalesce around a number of criteria to do with culture, national origins and skin colour. The criteria are a minimum, of course, and what they mean in different contexts will vary radically.

For a long time, some groups that today would be considered to be ethnic or racial groups were not caught by those criteria, and they have been folded into it through a process of protest and mobilisation. An example in the UK would be Sikh groups, which for a long time were not considered to be an ethnic group—they were deemed to be a religious group and therefore not covered by race relations legislation.

I would not get wholly fixed on the legal definition of race or ethnicity. I would insist on forms of categories that are dynamic and can change over time, and which can take into consideration wider power relations that are not necessarily covered by textbook legal definitions.

Dr Netto: It is really important to have a nuanced understanding of what ethnicity means and how it interconnects with structural inequalities and histories of oppression, including slavery and colonialism. The historical context is hugely important, so the legal definition is—as Professor Meer said—a minimum standing point from which to start.

Professor Arshad: Absolutely. We waste a lot of time debating the legal definition and the terminology, but the main focus has to be on improving people's lives. That means removing structural barriers and personal cultural barriers, and helping one another to understand what that means in practice. It means developing our literacy in that respect, rather than getting bogged down in worrying about specific terminology.

As the committee will know, the terminology that is in use now has changed since the 1960s, and identities are very fluid. We cannot get sucked into a way of looking at things that means that everything else is wrong. For me, it is about racism and racial literacy, and how we help our managers and practitioners and the people who deliver our services to recognise how everyday racism happens. It will happen in different ways to different groups of people, and we need to help practitioners to recognise that and be able to counter it and change institutional practices that might debar people from having equality of opportunity. That is what we should concentrate on.

There are people who say that talking about racism is very negative and is not palatable, and of course it is not. If we want to talk only about diversity and multiculturalism as some kind of politics of happiness, that is fine in one sense, but actually—call me a cynic; I am getting more cynical as I get older—we should be concentrating on life chances. We should therefore not get bogged down in debates about terminology and legal this or legal that.

Mary Fee: Do you think that focusing too much on the legal definition can be detrimental to making progress?

Professor Arshad: Yes, it possibly can. People make a lot of assumptions about individuals and how things happen, and most organisations will probably be able to say that they meet the minimum legal requirements under the public sector duty. That is fine but, at the end of the day, what else do they need to do? The legal minimum should be the safety net—that is what the law is for. It is a minimum, as Gina Netto said.

Dr Netto: There is a more fundamental barrier with regard to Scotland's position in the UK. Its

population is a lot smaller, and it is easier to ignore the issue—we can see that clearly. We need a lot of political will to want to change things, because the issue is easily sidelined and overlooked. Often, there are not enough people in the room to whom it matters. I have been in too many meetings where I was the only person who brought up issues relating to race equality, which is an uncomfortable position to be in.

Professor Meer: Mary Fee will know from her experience that law and statutory regulations can be very slow; often, they can be catching up and reflecting a wider movement. Reducing race equality simply to statute misses its wider public function in relation to public discourse, debates about national identity, how common membership is thought of and how that makes sense in workplace and classroom settings, and on the street. Legal definitions are fine, but race equality has to be about much more than that.

Mary Fee: Does Professor Bhopal have any views on that?

Professor Bhopal: It is a fraught area, so I am slightly worried about getting into it. I have written a lot of books and papers about definitions, glossaries and what words we should use in the health sector, which have been widely accepted in the world of health and healthcare. However, it is a very difficult area.

First, as I am sure the committee is aware, the concept of race is highly contested. After the second world war, the United Nations Educational, Scientific and Cultural Organization made a major statement that said that there is no such thing as race; there is only one human species, and it cannot be subdivided into different races. Many people put the word "race" into inverted commas in order to say that we are really talking not about biology or subspecies of humans-which is the way that the word "race" was used for so longbut about social relationships. If we all agree that we are talking about social relationships, it is fine to use the word "race". However, many people are not talking about social relationships; they are talking about colour and all the classical views about race, as if there really were subgroups of human beings with different characteristics. It is a dangerous thing.

However, the reason why I believe that we cannot get away from race is because of racism, which is largely founded upon physical characteristics. I am a great believer in the concept of ethnicity, because it is a more malleable concept that puts a heavy emphasis on culture, traditions and ways of behaviour, but it does not completely ignore physical characteristics.

Like many, I am conscious that, when we start getting into discussions of definitions and terminology, entire meetings—indeed, whole series of meetings—can be taken up, and we end up where we started. I have been on committees that spent weeks agreeing a set of words and what they mean. However, for the next two years, the committee completely ignored all that work and just went back to its original viewpoints. A lot of time can be wasted.

On the other hand, we have to be conscious of the generally agreed definitions of those kind of words, and of what they mean in law. We are lucky here in the UK, because the House of Lords has provided us with a broad concept of race and racism in which virtually anything can be included. My friends and colleagues on the continent do not have such a broad understanding; indeed, in much of the continent of Europe, they will not even use the word "race", as they are so unhappy with it and it makes them uncomfortable. Of course, they have the legacy of the second world war at hand in a way that we do not; we were slightly distanced from it.

These are fraught areas. I suggest that, if the Scottish Parliament wanted to, it could introduce a vocabulary that is used across the Scottish Government and its partners. Such a vocabulary would not be difficult to achieve. For example, the International Organization for Migration is just one of many international organisations that have set up a vocabulary. In 2018, we held the first world congress on migration, ethnicity, race and health in Edinburgh. We had 750 delegates from more than 50 countries, and we used resources from across the world to produce a glossary, which we thought was required to permit dialogue among people from more than 50 countries. I recommend that the Scottish Parliament should have a glossary—it could use other people's glossaries to build its own-and should require its partners to use it.

Mary Fee: That is very helpful. Of course, the Scottish Parliament is a human rights guarantor, and we are changing how we think about things. The Equalities and Human Rights Committee encourages other committees to look at things through a human rights lens. If the Scottish Parliament uses the human rights angle and focuses on the legal definition, would that give us the opportunity to refocus the conversation that we have about race and ethnicity on to disadvantage and equality? Could we do it that way?

Professor Meer: The danger in framing the matter in those terms is that there will be a loss of the specific focus on racial inequality. To some extent, that would rehearse conversations and debates that I suspect we were all part of in

respect of harmonisation of equality legislation, and of the equality guarantors and watchdogs.

A human rights approach can establish a baseline. However, you need to retain a specific commitment to pursuing equalities on particular grounds; colleagues from the disabilities movement or other equalities groups would probably say the same. Those things can be brought together in a patchwork, but it is necessary that specific focus be retained because different inequalities impact on, make sense in and manifest in outcomes in different ways for different equality strands.

Dr Netto: It is important to add to that the intersectionality of gender, disability, race and ethnicity. I was pleased to see one mention of ethnicity in the race equality framework, which is a start. However, it would be good to see more nuance throughout the action plan in recognition of intersectionality—how things cut across different areas and how that might be measured. Although that is not easy work—it is very challenging—if one were serious, it is the kind of thing in which one could consider how to make advances.

Although I am afraid that I could not read it cover to cover, I looked across the action plan for use of statistics. I was quite surprised that there were only four mentions of statistics, and only one instance where statistics were actually used. However, we have data, including statistical data. A few years ago, I was involved in research, which published by the Joseph Rowntree Foundation, that looked across the board at what data was available and could be used. A race equality document such as this should draw more on statistical data that can be indicators of progress.

Of course, we cannot measure everything that is worth measuring. What I mean by that is that not every form of progress can be captured statistically. Nonetheless, key use of statistics would be very useful and could serve as an indicator of progress. That is what I mean about being smarter about considering whether, and how, progress has been made, and about setting targets for public sector bodies. Those would be bolder and more proactive steps. I would start with the biggest employers, for which I would set and monitor targets, then come back to ask about their progress in honest and open discussions that would be non-confrontational but serious in their intent and in communicating that we mean business.

Mary Fee: Is there an element of our keeping on trying to reinvent the wheel? We have the information and the data, and we just need to use it appropriately and correctly and build on it, rather than trying to do something else.

09:30

Dr Netto: Indeed; there is a lot of that. Of course, there is never as much data as one would like—as researchers, we would all say that. However, on the other hand, there is a lot of data that can be used and acted upon. There are also examples of good practice—perhaps in one health board—that can be shared in forums.

A few years ago, when we did some research among public sector organisations. I saw that one health board was monitoring its employment statistics according to ethnicity. It shared that information with us; we could see the usual patterns of lack of diversity as we looked higher up the scale. Other health boards should be willing to share such data and to have discussions about why it is difficult to make progress and what we can do. There are people who would be willing to help. You have good relationships and there are some very committed people in civil society who want to see change, and who would work wholeheartedly with the Parliament if you were to call on them to help you to hold public sector bodies to account.

Mary Fee: Thank you.

Professor Bhopal: I have a comment on Mary Fee's first question, which was about a human rights approach compared with a more focused approach. The problem is lack of expertise: expertise has to be built up. Disability, age discrimination, gender discrimination, racial discrimination and ethnicity are complex and difficult matters, and it takes years, if not decades, to develop expertise, experience and knowledge about such things. Those do not come intuitively.

I will use the example of a health department letter from 2002. One of its recommendations was that there should be a national resource centre for ethnic minority health. That was set up in 2002 with a director and some staff, but six years later, in 2008, it was closed down. The reason was that the Equality Act 2010 was coming in. There had been good investment from the Scottish Government in focusing on that one aspect of race and ethnicity, but it was suddenly a question of how the same investment could be made in nine areas under the 2010 act.

In their wisdom, Scottish civil servants and others decided that the resource centre would be merged into NHS Health Scotland, which would have a broader remit across equalities. However, everything evaporated—nothing was left. The documents on Gypsy Travellers, the work on diabetes, the evaluation framework that was developed and everything else have gone and been forgotten. Sometimes people want to take a broader viewpoint, but that can be very hard, because unless they have staff with the

appropriate expertise, knowledge and history, they will have to start from scratch.

There needs to be a balance struck between taking an integrated approach that works across sectors, a human rights approach, and a more issue-specific approach on gender, ethnicity, race or whatever, but we have lost that, a bit. The Equality Act 2010 is an amazing act, but how do we handle all that work without a more specific focus? I feel that the bits on health in the report on progress on the new race equality framework were pretty thin gruel compared with where we have been in the past.

The Convener: I will stop you there, because Fulton MacGregor is going to ask specifically about the framework. I will bring him in now, because I am conscious that we are halfway through our time and that what you are saying is very interesting and important.

Professor Bhopal: Thank you for stopping me.

Professor Arshad: May I just add—

The Convener: I will come back to you, but I am keen to move us on.

Fulton MacGregor (Coatbridge and Chryston) (SNP): Good morning. As the convener said, I have a few questions on the race equality action plan and the race equality framework, to which most of you have referred. As a general starting point, what involvement have you had in those, if any?

Dr Netto: I have not been closely involved in the race equality framework, but I have been involved in the strategic labour market group and am informing its work on fair work. I have made similar comments about employment to those that I am making now, which is why I am trying to make the connection. There is a lot of scope for work across the committees.

I was pleased to see that the programme board's meeting papers are publicly available, and I have read the papers for all four meetings. It is good to see those issues being looked at at high strategic level. There is a strategic working group and an operational group; it would be helpful to see what the operational group is doing to inform the strategic working group.

In relation to knowledge of the plan, I needed to be reminded of the key documents and components, but it was easy to tap into them because I have previously been involved in such

Professor Arshad: I chair one of the subgroups, which is looking at diversifying the teaching profession. I published a report that contained 17 recommendations. The Deputy First Minister and Cabinet Secretary for Education and

Skills has asked me to continue to chair it in order to ensure that the recommendations are implemented. That role is a bit of a gift.

I wanted to come in earlier, because I take a slightly different view on data. We have to look at it sector by sector, including in relation to education and schools. I do not think that we have enough data from universities. One of the sub-group's recommendations was that we should find out who is applying to universities, whether those people get in, what the progression is for the people who do get in and what exit awards they get. That is about attainment.

I can get the data about who applies, because the Universities and Colleges Admissions Service and the Scottish Funding Council have it. However, I am having real difficulty in getting from the universities data about who is interviewed and who then gets through. I can get the exit awards data at some point, but that all relies on my chasing the data at every point. Some data is missing, and some data is hard to get. We have to look at data sector by sector, and we cannot say that there is enough data universally.

Professor Meer: I suspect that all the witnesses are participating in the consultations on the race equality framework and in the evidence working groups. One of my projects, which was funded by the Royal Society of Edinburgh, looked at whether Scotland has developed a specific approach to race equality. We held an event at the beginning of the consultation process on the creation of the race equality framework. The University of Edinburgh, with the Runnymede Trust, published the report "Scotland and Race Equality: Directions in Policy and Identity", and we are developing a follow-up report to that, four years on. Rather than mapping inequalities, we are looking at successes and failures in pulling through the policy process. I hope that the report will be ready at the beginning of 2020. The work is being done in collaboration with colleagues who are involved in the race equality framework. I would be happy to share the report with the panel.

Professor Bhopal: I was consulted in the early stages of development of the race equality framework. On several occasions, Kaliani Lyle and her team came to see me and my colleagues, and we supplied a lot of the health-related information and research that went into her report. I was able to see how her report was translated by the civil service into a set of actions, and I have been able to examine the latest information that has been provided on what actions have been taken and on how things are going. I do not think that it is immodest to say that the part of the report relating to health was based on information that was provided by me and my colleagues from the University of Edinburgh.

Fulton MacGregor: You will be aware that, during last week's evidence session, the Coalition for Racial Equality and Rights highlighted several concerns regarding the racial equality action plan, including concern that 40 per cent of updates on progress do not have a race focus, with the focus on race instead being included in a wider strategy. Witnesses have already spoken about data collection and other aspects. What do you think of that approach generally and the impact that it might have?

Professor Bhopal: I had started to touch on that, so perhaps I will continue. There has for decades been tension in relation to migration, ethnicity, race and health about whether there should be either issue-specific services and policies or what is termed mainstreaming, whereby those issues are brought into the mainstream of policy and service delivery.

Generally, there is a view in our field that the issues have to be mainstreamed: you cannot just develop new policies and services that are specific to one racial group or group of racial groups. You would then have also to develop a series of policies by gender and by disability, which is not practical or feasible. Therefore, there has to be mainstreaming. However, the information that is used to help that mainstreaming work has, in reality, to be race specific, if I can use that phrase, or ethnic-group specific, because people need that knowledge in order to go into the mainstream policy or service and be able to adapt it.

When I read the latest report and information, I could see that there has been an attempt at mainstreaming. I used the phrase "pretty thin gruel" earlier. That was in reference to 2016: there have been three years in which to do things. I have sat on innumerable health committees in my 35-year career, so I know how they work. I have been on the side of the service providers and on the side of the policy makers. My impression is that people, knowing that they have to report, have looked for something that they could somehow stick into the report in order to look respectable—as opposed to having started a lot of important work with our partners in 2016 and now reporting on progress in it.

There is a difference. I do not think that the NHS currently has the resources to take things that seriously. There is so much to do, and people just get on with it. People will say, "We have to do this as well, and now we have to report. How can we report?" If I was on members' side of the table, I would like to delve into questions about what structures have been put in place, what personnel have been employed, who they are working with, who their partners are and whether we are really going to deliver on any of the measures.

There is not, at this point, much evidence of real delivery. The intention exists, but the intention existed in 2016, too. In some of my earlier reports, which I have brought with me, there is far more evidence of real action having been taken in the period from 2003 to 2014, for example, than there is of that happening currently. We are not back to square 1—we are much further on than that—but even before we started this meeting, there was potential for a lot more action.

Dr Netto: I will qualify that slightly. I say that we are a lot further on in certain respects, but have gone backwards, as Raj Bhopal suggests, in other respects. There has been the loss of the Commission for Racial Equality. Although there was very focused attention on the subject when the Race Relations Act 1976 and the amendments to it came in, that focus has undoubtedly been lost. To some extent, you can see why that is the case: public sector organisations are trying to grapple with a number of equality strands. It is a challenging arena to work in.

Professor Meer: To speak in favour of the race equality framework, we all probably take the view that what we liked about it was its ambition and its long-term commitment. It is not something that was to last for the duration of one particular Administration: it was 16-year strategy. As we indicated at the outset, however, there is dissonance between ambition and aspiration, and high-level commitment and follow-through.

We have not seen a huge improvement in the various sectors of the race equality framework in the reported experience of black and minority ethnic people, I have been running surveys in Scotland since 2015: the first was repeated in 2017, and I am repeating it again this year, in 2019. The surveys ask specific questions about experiences of racial discrimination in the labour market and in work, and have found that the level has not changed—it has not gone down. The same could be repeated for various sectors of education.

What have rocketed up between 2015 and 2017, and between 2017 and 2019 are public displays and experiences of racial discrimination, particularly on transport. During the period in which we have had a serious commitment to a race equality strategy, the outcomes—the experiences of black and ethnic minorities, particularly in Scotland—do not appear to be improving.

09:45

Professor Arshad: Mainstreaming has to be the starting place because, as Raj Bhopal said, we cannot keep having that proliferation of services. However, last week, the committee heard from

Kaliani Lyle about the fact that we are highly dependent on the people who deliver the services having the knowledge to mainstream them. We have not looked at the knowledge base and literacy base of individuals. On racism or any other "ism", the mainstream becomes patchy, and people tend to go with the issues with which they are more comfortable. Let us face it—people avoid issues such as racism.

In school education, we talk a lot about inclusion, and because we talk about inclusion, it appears that we must be including everyone. Technically, we are, but there will be some people who will not feel as included as other people. We can hide behind words such as "mainstreaming" and "inclusion" if we are not forensic about what is going on.

Yesterday at the university, I met a group of students who were talking about their experiences of racism—on the streets, largely, but also on campus. One of them asked whether there is in the university a counselling service in which there are counsellors who understand their experience. One could say that our counselling service is mainstreamed—we have lots of counsellors who would argue that they can serve the entire student population—but that student was saying that they need someone who understands what has happened to them, so that they do not have to spend the first 10 minutes of a therapy session explaining what it means. If we are to mainstream, we also need flexibility to provide specific services, so that there are safe spaces for people.

Alex Cole-Hamilton (Edinburgh Western) (LD): Good morning. I want to continue the discussion about the race equality framework and the race equality action plan. We have already touched on that a little, but I want to tease it out further. The committee understands the importance of engagement with communities and, although the race equality framework was widely consulted on, it is not clear to us whether that was the case for the race equality action plan and its update. Do you have a view on the engagement in the equality action plan and how it has been received by grass-roots communities?

Professor Meer: It is a hard question to answer because we do not necessarily reflect those sectors. We can take a position on it, and one position might be that in establishing the race equality framework there was relatively broad consultation and perhaps a presumption that there was sufficient consensus to translate that into a race equality action plan. In that sense, a bit of a short cut may have been taken there and a presumption that what was said at the framework stage was true of the second stage. That may also be a reflection of resources and time.

The consultation on the action plan is not comparable to the consultation on the engineering of the race equality framework. I do not know whether that has led to particular complaints about not being listened to, although I suspect that it has. I have picked up a bit of that in research conversations.

Dr Netto: I support that view because, if there had been widespread consultation, we would have been involved. I would almost certainly have been involved in such consultation and I was not. I do not think that any of us was involved—although I should not speak for anyone else. I was not involved in the action plan and I could have been helpful in steering and suggesting certain things.

I have looked at the minutes of meetings of the race equality action plan programme board and they leave me questioning certain things. It is great to have the minutes, but it is not entirely clear why certain decisions were made. For example, in the minute for the last meeting, in relation to employment, it says:

"It was mentioned that the childcare workforce recruitment data could be used as a case study."

However, it does not explain why childcare workforce data was suggested. Perhaps the decision is entirely appropriate, but in a university setting we are always asked to justify our choice of case studies. Why was childcare chosen? Were there good reasons for choosing it as an area on which to focus in relation to recruitment data? Those kinds of questions need to be teased out and explored. Is such an approach the best use of limited resources? Is that where we should start? That is what I meant when I said that we should be smart about what we do. Could we make a bigger impact if we picked some other workforce data to look at? We need that kind of thinking—within our limited resources, what can we do that will have an impact?

Alex Cole-Hamilton: In each of your contributions today, we have heard about areas where we have moved forward and areas where things have slipped back. Dr Netto talked about the lack of a feedback loop meaning that things cannot be sense checked as they are being delivered on the ground. Do we need to revisit the delivery of the race equality action plan?

Dr Netto: Yes, I think so. It is great that the race equality action plan is at least receiving some scrutiny now, but perhaps that scrutiny should happen more regularly so that the delivery can be checked, and steered, a little more.

Professor Arshad: That is what I meant when I talked earlier about the example of an accountability day. In education, I certainly was consulted about what the top priority areas that we looked at should be. Without a doubt, we do not

need any more research on the absence of a diverse teaching workforce—we all know that we want a much more diverse workforce. In the next stage, when we started the short-life working group, we took evidence from teachers and a range of stakeholders. The people who have a vested interest in that area will be teachers in the field. In that sense, therefore, the ground was looked at, and those voices continue to inform the discussions.

What we have not yet done is to ask how we are going to engage with black and minority ethnic parents, because they need to buy in to what happens. What are their views? Maybe they do not worry about it as much of the rest of us do. That is the next stage of our work.

I wonder whether you need to look at what the next level is doing—it is not just about the plan itself and the consultation at that point.

Professor Bhopal: I was not involved beyond Kaliani Lyle's report. We supplied the information, and when I read the action plan and the framework document, I could see that they reflected a lot of what she covered in her report.

I would ask a simple question: what mechanisms do we currently have for consulting with communities and the third sector? One such mechanism that I have worked with over the years is the regional equality councils. Have they been consulted? That is a simple question for the committee to ask. When were they consulted, how often have they been consulted and what is the process for consulting them? To my mind, that is the main route into communities. I do not know whether the regional equality councils have been consulted; perhaps the committee knows.

The Convener: That is a question that we can ask. Dr Netto mentioned that employment would be a good area for us to look at. There are a number of policy areas in the plan, including education, health, housing, poverty and community cohesion and participation. Given the panel's academic expertise, which particular areas would you suggest that we probe further?

Dr Netto: Are you asking me specifically?

The Convener: I am asking everybody. You spoke about employability and employment.

Dr Netto: Yes—employment is key to getting people out of poverty, so it is hugely important. In areas such as educational achievement, I accept that there is work to be done. However, there is evidence to suggest that ethnic minorities are performing very well academically but are finding it difficult to translate those academic outcomes into the labour market. That is a serious block—it affects social participation and people's ability to participate in politics and to be represented in

Parliament. All those things are connected to people's ability to engage in the full sphere of public life.

Professor Arshad: According to the findings of my own short-life working group, employment would be a good area. We want to diversify the teaching profession, which is an employment issue, and representation is key to doing so. One of the young people in my group's study said that they could not imagine themselves working in that sector. In Scotland, our record on representation in teaching is woeful. I think that we currently have two headteachers who belong to what we might call visible minorities. That is appalling, but it is also one more than the one headteacher we had a couple of years ago. Further, the difficulty is not just about people's employment in the first instance but about their promotion progression once they are there.

Professor Meer: The core sectors of labour market participation, employment, education and housing are the bases on which people can lead a full and rich life in Scotland. Then we might think about the connecting sectors, such as social and political participation and the role of civic life. The core sectors that I have mentioned are the ones that are most associated with people either being locked into poverty or being able to be socially mobile and move out of those sectors.

Professor Bhopal: I agree.

Angela Constance (Almond Valley) (SNP): Good morning. Others have already mentioned the programme board and the delivery group, the purpose of which is to drive forward the race equality action plan so that we can reduce the gap between our aspirations and their delivery. I am interested in hearing views on how effective the delivery group has been to date and how it might better drive change within and across government. Do you have specific views on the resources that are associated with the implementation of the action plan? Do you support the recommendation of the Coalition for Racial Equality and Rights that, given that the race equality adviser will not be replaced, there might be an argument for an external wider stakeholder group? I know that I have wrapped up a few questions into one.

Professor Meer: I will respond briefly. The ambition of the race equality framework, which was then carried into the action plan, was that the policy would not sit within one division of the Government, such as the equality unit. Thus far, that ambition has probably not been achieved, as it is being driven by two or three people in that unit. I would like to know whether the fact that it has not been pulled right across the Scottish Government's activities—or at least all the devolved sectors—is a reflection of resistance or

of lack of resource. That is probably a question for the committee.

I certainly support the idea of having an external set of eyes on the policy, which could be done in a way that both enriches the Government's activities and elevates its capacity for accountability. Therefore I very much endorse CRER's recommendation on that point.

Angela Constance: Do other panel members wish to comment?

Dr Netto: On the matter of the board's composition, I was pleased to see that various departments are represented, which is a good way of connecting the work of the equality unit with that of various other units in the Scottish Government.

An important aspect of external scrutiny is how we go about it. Kaliani Lyle did a great job and brought a wealth of experience to the work of the group. However, the position of independent adviser could also be seen as a lonely one for her to be in, without having back-up from other members of the community on its issues. Someone who attempts to advance the position of a community will always be in such a position, no matter how committed they might be or how specialised the experience that they have to offer. A suitable way forward might be to have an external scrutiny board that could draw in people with particular expertise as they were needed at different points. I appreciate that you have invited us to give you our views at the committee, but it would be good if you were to think again about how people's expertise could be accessed more systematically.

10:00

Professor Arshad: I refer again to the national advisory council on women and girls as an example of a model to follow.

In school education, which is the area that I am involved in, the strategic board for teacher education has oversight of pushing through the recommendations. The test will be whether the board will help us do that when we face blocks. At this point, I am working through the system, but if I face blocks, the question is whether the board will assist me to take down barriers, or whether those blocks will be the point at which my job ends, which is not what should happen.

An external group can ask questions, and it is important to have external eyes, so I concur with my colleague's and CRER's point.

A group that is used for advice and support in the education field is the Scottish Association of Minority Ethnic Educators—SAMEE. It is used incessantly by local authorities and my working group, yet it is totally unfunded. There lies a division, because it is not the education system that funds such sectoral organisations; it is the equalities unit. How does a group such as that, which is so heavily used by one sector, take a seat at the table when the table is crowded with organisations that the sector already funds? That is a pretty controversial question, but we have to think about it.

Angela Constance: Just to paraphrase for the record, you are talking about the importance of the delivery group—the strategic programme board—being connected to a range of organisations, which must be the right organisations, and that being more important than having external eyes. It is about people who have a locus with regard to delivery in the front line across a range of environments.

Professor Arshad: That is fair.

Professor Bhopal: It was only when preparing for this meeting that I heard about the programme board. I do not know whether other people have heard about it—you might want to see whether regional equality councils have heard of it.

The people on the board are very high-powered and have multiple responsibilities, so I asked myself how they were implementing or delivering, and what structures they had put in place to make delivery possible. I referred earlier to the national resource centre for ethnic minority health, which had four or five staff and a director through which the Scottish Government had a route to make things happen. If we still had the centre, NHS Health Scotland, ISD Scotland or other bodies could go to it and make things happen. Do we not need infrastructure such as that-perhaps a Scottish equity institute or something similar—so that committees such as the programme board have people to work with and through? There is a very wide range of services to connect with, and communicating with and consulting people is a time-consuming, arduous and difficult job. I wonder whether we have set up such highpowered committees without providing infrastructure to allow them to be successful.

Dr Netto: That is what I meant about being smart about governance structures and how they connect with other structures.

The Convener: I thank our witnesses for their time and evidence. It has been very helpful.

Details of the next committee meeting will be available on the committee's web pages.

10:04

Meeting continued in private until 10:52.

This is the final edition of the <i>Official R</i>	Report of this meeting. It is part of the and has been sent for legal dep	e Scottish Parliament <i>Official Report</i> archive posit.
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