

**Submission to Ealing Racial Equality Commission
from Ealing Reclaim Social Care Action Group**

Racial equality in Adult Social Care

(May 2021)

Ealing Reclaim Social Care Action Group (ERSCAG) is a voluntary group working for improvements in social care, most particularly in the London Borough of Ealing. The group is independent, non-party political and promotes equality and non-discrimination, and works for radical change locally and nationally in the way that - social care and services are offered; the standard of services is monitored and delivered; and how the cost of provision is met.

ERSCAG understands that the Racial Equality Commission is seeking information about pre-existing inequalities that may have contributed to the differential impact of the pandemic, and for possible recommendations about transforming lives and institutions going forward. Your session on health organised on 18 February already brought together some worrying statistics about the impact of covid on BAME¹ communities. Our concern is primarily that your Commission pay particular attention to the issue of Adult Social Care when researching the current situation of racial inequality in Ealing and in making recommendations. In particular, ERSCAG would recommend the following for your consideration:

1. **Equality Impact Assessments:** Ealing Council, like all public bodies, is expected to carry out equality impact assessments BEFORE adopting new, or revising old, policies. This process can become all too easily a box-ticking exercise, and we would urge your Commission to emphasise how important this work is if the Council is to be aware of, and seek to tackle, inequalities. Council staff, or elected officials, cannot possibly assess how a particular policy is likely to impact on all those likely to be affected: how will policy X affect people of different ethnicities; the old and the young; men and women; people who are gay, straight, transgender; people with a range of different disabilities etc. BAME social care users and workers need good, targeted consultation if Council services are to be tailored and adapted appropriately to their needs. Social care users have informed us of decisions made either with little or no consultation with those directly affected, and/or in contravention of the feedback received from the consultation. Regular equality training for all involved in EIA work is also vital.
2. **Integrated Equality Impact Assessment:** We understand that a process of looking at an Integrated Equality Impact Assessment is currently being developed by the Council, though we are not aware of the details. This appears to be an excellent initiative, allowing policy makers to look simultaneously at several cross-cutting inequalities and tailor action accordingly to meet real needs on the ground. We would recommend that the Commission find out more about this process and

¹ We have used the term of BAME (Black, Asian and Minority Ethnic) for the sake of convenience, given that the submission attempts to refer to many common factors which affect people from different ethnic backgrounds. We do however accept that there are also important differences of experiences covered by this single acronym and apologise if any offence is caused to those who dislike the terminology.

welcome it if they believe it will contribute to future policy making aimed at tackling the long-standing racial and other inequalities experienced in our Borough.

3. **Data gathering:** Good data-gathering is vital to the development of policies that can tackle racism, and ERSCAG assumes that improved data-gathering, disaggregated along ethnic, gender, disability, and socio-economic status, will flow naturally from improved processes of Equality Impact Assessments. For example, on the health front, what data is the NHS relying upon to propose that breast screening be moved from Ealing Hospital? How does this address the health inequalities of our area when people will be re-directed to Northwick Park which is badly served by public transport? In social care, does the Council gather statistics on users of its Adult Social Care services, and know what proportion are in receipt of social care because of physical or mental disabilities and/or age; what their household status is; and what is the ethnic mix of same. Does the Council have disaggregated data about informal/family carers so that their different needs can be catered to? Any recommendations you can make about how such data-gathering could be improved in future would be welcome.

4. **Care workers:** A high % of care workers working with clients in Ealing are female and (possibly to a lesser degree) are from an ethnic minority background.² We know that Ealing Council is very proud of the fact that it is a London Living Wage (LLW) employer, yet care workers not employed directly by them do not necessarily receive the LLW. We are urging the Council to extend this LLW policy via their procurement and tendering processes to all social care workers working with Ealing residents. It has been agreed recently to extend the LLW to school meals staff (which will most likely greatly benefit women and people of different ethnicities), so anything your Commission can do to pursue this recommendation for social care workers, who have been on the frontline during covid, would be very welcome.

5. **Local coordination versus centralised planning:** ERSCAG carried out a Review of Covid Learning in August 2020. We found that many of the problems that arose in the very early days of covid (poor provision of PPE, precipitate discharge of patients with covid from hospitals to care homes) and even later ones (eg vaccine hesitancy, particularly among BAME communities) were better addressed when local know-how was deployed. Ealing public health staff, working closely with the NHS, primary care providers, & local communities (faith groups, trade unions, volunteer networks, community language users etc) were better able to coordinate and deliver effective services. The Council should be commended. ERSCAG believes however that the privatisation of social care has resulted in very fragmented provision. Social care has also been undermined by constant cuts to Council funding. The Council had to work

² At the national level: see for example material from the Women's Budget Group <https://wbg.org.uk/blog/it-is-women-especially-low-paid-bame-migrant-women-putting-their-lives-on-the-line-to-deliver-vital-care/>. The WBEG records that 1 in 5 care-workers were born outside of the UK, and 1 in 7 outside of the EU. The same source noted that 80% of paid care-workers are female, and the majority of unpaid carers are women too.

hard during covid to make up for the inadequacies of the current system. ERSCAG believes that lessons from this should be learnt for the future organisation, funding and provision of adult social care.