

Subject:	Deputations		
Date of Meeting:	17 June 2021		
Report of:	Executive Lead Officer for Strategy, Governance & Law		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. DEPUTATIONS FROM MEMBERS OF THE PUBLIC

- 1.1 A period of not more than fifteen minutes shall be allowed at each ordinary meeting of the Committee for the hearing of deputations from members of the public. Each deputation may be heard for a maximum of five minutes.
- 1.2 Notification of one Deputation has been received. The spokesperson is entitled to speak for 5 minutes.

2. RECOMMENDATIONS:

- 2.1 That the deputation be noted.

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 To receive the following deputation:

(1) Racism in Brighton and Hove

Spokesperson Adrian Hart

Supported by:
David Forrest;
Andrew Hampton;
Roy Pennington;
Jeremy Mustoe.

Ward affected: All

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The Committee has the option where it is considered more appropriate to call for an officer report on the matter which may give consideration to a range of actions. Should an officer report be required then an amendment to the recommendation will need to be moved and seconded to that effect.

5. CONCLUSION

- 5.1 That the committee determine what action to take and writes to the deputation spokesperson setting out the decision.

Deputation concerning Racism in Brighton and Hove - Spokesperson Adrian Hart

Residents of all ethnicities are likely to agree with me when I say that within the vibrant, diverse life of our 21st C city it is precisely the *rarity* of racist violence/abuse, ethnic tension/discrimination that makes instances so shocking. If improving trust among residents of colour is a policy-aim, the last thing a council should do is ratify a belief that racism is endemic to their council, their kids' schools and every other aspect of their lives in this city. Social policy that emerges from flawed research, unfounded beliefs and political expediency is likely to be misplaced if not harmful [1]. I ask TECC to reflect on the motives behind policies and strategy commitments approved amidst the fervour of BLM protests last summer. [2] TECC should revisit this moment and explain what it was about life in our city that justified these actions. It cannot be the case that our council was so singularly ignorant of (or indifferent to) ethnic disparities and racism in the city that it took a killing 3,000 miles away to open your eyes to the need to act? (if this were so then many councillors and officers presiding over policy across the months and years leading up to May 2020 would surely have resigned in abject shame?) You may say to me that the 'wake-up' call was one of recognising a need for action "to walk the walk"(Cllr Heley/Brighton BLM NoM 13Aug). TECC minutes state "the importance of moving fast" and "no consultation was needed" (29/07/20: 16.2) **A question arises:** was your eagerness to instigate anti-racist actions a response to material reality (to 'facts') or to the passionate demands of activists (to 'feelings')? The July report speaks of "a significant body of research that demonstrates the structural inequality experienced by [BAME residents]". It references education, employment, health outcomes yet no evidence is presented showing racism as their cause [3]. Item 3.4 merely asserts (without evidence) "Individual, institutional and structural racism exists in Brighton & Hove" [4]. **Another question arises:** have the disparities suffered by the residents you confusingly label 'BAME' been presumed to be the result of racism? (Note: over half of BAME are *not* residents of colour [5] yet in BHCC documents, 'BAME' sometimes denotes residents 'of colour') Has 'racism' become your *default explanation* for adversity disproportionately experienced by 'BAME' or by 'POC'? *Have factors unconnected with racism like class, poverty, culture been adequately considered?* [6]. One example: your Nov 19 officer report (item 3.1) makes reference to "...the evidence that the C-19 pandemic is disproportionately adversely impacting people from some ethnic groups" but adds that this is "because of racial inequalities **and systemic racism**" [my emphasis] What is the evidence of systemic racism in this instance? [7] Moreover, Cllr Rainey at July TECC referred to media reports on Sussex police stop and search. She said BAME people (B,A and ME?) were almost ten times as likely than 'white' to be stopped over the past year inferring this to be proof of institutional racism. Next to speak, the report's author made no attempt to urge caution or add essential nuance addressing TECCs misunderstanding of the link between racism and stop and search? [8]. **What is your evidence** of racism in the city's schools justifying council intervention? If you knew of it, why did you not act long before events in Minneapolis? Has TECC investigated, discussed and contextualise rates of school incidents? [9] Cllr O'Quinn challenged the false assertion that "...colonialism isn't taught in our schools"? (Cllr Heley, BLM NoMAug13) [10], correctly pointing to the "good history teachers" who already do this. Doubtless curricula can be improved in all sorts of ways but its entirely wrong that BHCC base policy on poor officer research or the litany of seemingly made-up assertions typified by Cllr Heley's 'BLM statement' [11]. The report summarises the strategy as "led by what the community tells us they want to see and what they want to prioritise" [12] This is interpreted (minutes 16.11) both as "the entire community" and "the authority's plan for being led by [BAME] residents and communities". As such, TECC improperly out-source the council's authority (exercised on behalf of all residents) to an unspecified decision-making grouping - why? [13] Do you regard this as democratic? Worse, the officer-responsibility to furnish members with well-researched evidence seems to have been abdicated altogether? Racism hasn't vanished of course but BHCC have not been transparent about the all-encompassing definition it attaches to this word [14].

NOTES: [1] (a) On the steady decline of racism in Britain: Although it sometimes feels like a salaried ‘anti-racism industry’ actively wants to refute this decline in order to stay relevant/stay paid (and political parties engage in their own version of this), I want to set-aside my scepticism and extend good faith to my council. In this respect my deputation simply asks BHCC to revisit its assumptions, re-visit the mind-set that overwhelmed it last summer, and either reassure citizens that it has reviewed this question from all sides or will now make efforts to do so. To quote BBC R4s Tim Harford *‘The pandemic has shown how a lack of solid statistics can be dangerous. But even with the firmest of evidence, we often end up ignoring the facts we don’t like’* (See Guardian 10/09/20) This is no less true of the ‘race debate’. Any balanced council officer-assessment would have looked at national trends analysed by Prof Rob Ford, Sunder Katwala at British Futures, & others looking at data from 30 years of British Social Attitudes surveys (see: [Racial Prejudice Report](#)). A public authority must show that it has NOT acted on flimsy “evidence” hastily gathered in support of the conclusions it prefers. Typically, the systemic racism argument amounts to: (a) taking the UK black population (3%) and lazily pointing to a large *over-representation* in prison population, stop and search, deaths in custody, being sectioned, unemployment) and (b) *under-representation* in top professions, Oxbridge, football management, Parliament, corporate boardrooms and so on (See DG in Unherd). To regard disparity, in and of itself, as proof of racism is patently absurd. If this is what BHCC have done it is a dereliction of a public authority’s duty. “Racism still exists” is a statement we can all agree on. However, if the sentence were to continue, ‘... [but over decades] things have improved to a point where many ethnic minority Britons *do not experience it as a regular feature in their lives...*’ I suspect many councillors – especially those under 40 years old – are likely to regard it as palpably absurd. Nonetheless, I hope officers have advised them that, despite the fact that Brighton BLM is entirely free to advance its arguments for systemic racism via Cllr Heley and others, our council is not free to accept this ‘evidence’ without scrutiny. Listening to ‘lived experience’ is important but these testimonies form just one piece of evidence in the jigsaw. Influential officer-reports have an obligation to present councillors with all the available evidence when key decisions effecting the people of this city are approved. To be clear: even the recent CRED report (if anyone had read it!) states that racism exists in institutions and in structures (see: [British future.org](#)) Perhaps officers discussed the evidence of where it does and does not exist with councillors behind the scenes? However, your statements speak of a very specific, racialised, all encompassing conception of systemic racism that appears to which ‘evidence’ conflates with disparity or testimony taken to be proof of its cause. [1(b)] If a problem is misdiagnosed we risk leaving the real issue untreated while allowing the unintended, adverse consequences of fixing something that wasn’t broken in first place. (c) On **trust**: An example of flat-footed anti-racism policies (with echoes of the seeming assumption of BHCC that unequal health outcomes between ethnic groups are caused wholly or substantially by racism) came to the fore some years ago. The fact that British African Caribbean people are more likely than white people to be diagnosed with mental illness, sectioned, forcibly restrained and placed in seclusion keys directly into their tendency to register distrust medical services. Prof Swaren Singh summarised this: *“Erroneous allegations drive a wedge of mistrust between ethnic minority patients and mental health services, creating a self-fulfilling prophecy whereby patients seek help only in a crisis, disengage from services prematurely and have repeated admissions with poor outcomes. One reason why ethnic minority patients are disproportionately detained is that they or their families are initially reluctant to accept treatment. But then a serious incident occurs, and doctors are required to use forcible means”*. He presents his research in the British Medical Journal: [BMJ Journal](#) (d) Nor is it appropriate to assign racism to medical conditions suffered by certain ethnic groups more than ‘white’. For example, African Caribbean people are more prone to high blood pressure but less prone to coronary heart disease. [NB **On anti-Semitism**: I want to make clear that in my view anti-Semitism is most definitely **NOT in decline**. There is no space to elaborate on this here but I’d make this point: In relation to the

colour-focussed anti-racism that BHCC endorses via the concept of 'white supremacy/privilege' too many who applaud this outlook and view it as 'progressive' also see Jews as powerful and privileged – unlike other minorities, who are cast as victims.

[2] (a) Re: policies to tackle systemic racism: they include training on White Privilege and associated concepts for staff, for councillors, for school governors, heads, teachers, pupils, parents; commemorative items and street names removal committee; formation of CAG, appointment of 2 x POC co-optees to committees; tackling BHCC racism; third-party hate crime reporting system. (b) We all watched in shock as images of George Floyd's killing emerged from Minneapolis. A mass protest here in Brighton (reinforcing solidarity around the sentiment black lives matter) was both commendable and inspiring. But since when did a demo and its placards become a driver for sweeping policy and strategy commitments?

[3] On education: What is Emma McDermott's evidence? Is it *teacher racism* = low attainment? (it can't be exclusion rates – see answer to Cllr Clare's question at Full Council 23/07/20. Rigorous research (eg Steve Strand at Oxford) shows that, among poorer groups, black Caribbean boys along with white working class boys have performed least well but black boys from immigrant West African backgrounds do much better. Yet BHCC associate 'education' with a system of racism born of white supremacy. How so? On Employment: there is indeed evidence of structural racism. As Katwala points out "Nobody who has looked at those CV studies disagrees that we're looking at something systemic". So BHCC, let's evaluate *actual* evidence but also ask if the xenophobia of far too many employers backs up the view of an endemic society-wide systemic racism rooted in whiteness? and note: Inter-ethnic Asian/Af-Caribbean employer/employee discrimination reported too eg Birmingham. On health outcomes: [see 1c and d] - [4] See note 1a.[5] 2011 Census states city population as BME = 53,351 of which Black/Asian/Mixed = 25,874. Therefore 'Black, Asian and Minority Ethnic' includes 19,524 'other white', 3,772 Irish and 4,181 gypsy/traveller/Arab/Any other ethnic. See: [BHCC report](#) p6.

[6] For example see: [Rethinking Race](#) and [How We Think About Disparities](#) [7] Under 'Anti-Racist Council' McDermott's report asserted BAME structural inequality as "starkly evidenced by disproportionate impact of C-19. In November Rachel Sharpe makes the presumption of racism as root cause explicit with the same assertion when stating "...because of racial inequalities and systemic racism". Yet by November clear evidence existed in the public domain that (a) the impact of C-19 on black and Asian Brits was no different to any other group suffering economic deprivation and (b) (because of this) the presumed role of 'racism' was in question. Moreover, the issue of insufficient Vitamin D for citizens with melatonin-rich skin had become a talking point (see: [Guardian report](#)). In April 2020 the high number of black and brown health workers dying from C-19 including well-off consultants ill-fitted explanations of social deprivation (or claims that racism had withheld PPE) and raised the issue of Vit-D deficiency following winter 2019/20. Asian doctor organisations issued warnings throughout UK and offered free 100k loading doses of Vit-D recommending 4k units thereafter. The spike in .consultant/doctor deaths fell to zero. Did BHCC officers not know of this? What do we pay them for? [8] On Stop and Search: My new book contains a case-study of Sussex S&S practices. I can tell you that yet another plank in BHCCs view of systemic racism in all areas of city life falls away once the 'x times more likely than white' assertion is unpacked. It doesn't factor-in movements in and out of Sussex - student populations, tourists, 'county line' visitors; it presumes all are random stops yet known individuals are stopped multiple times; it ignores the 'available population' factor (that is, people present out and about, on street corners and so on). This group is more likely to be African Caribbean/white working class boys/young men and once factored-in disproportionality in relation to overall ethnic resident population shares (never mind visitors) vanishes (indeed in one national study 'white' became over-represented). Last – in Brighton, as with other south coast towns, police are responding to 'Rescue and Response' initiative re: victims of county lines criminals, often black teens missing from home. Parents pleading with police to apprehend in order to rescue. It seems for BHCC a s&s data, which ought to point back to the varied factors that produced it, is a marker of the racism imagined endemic to both Sussex police, our city and society at large.

