

## **REVIEW INTO THE DISPROPORTIONATE IMPACT OF COVID-19 ON BAME COMMUNITIES**

Community is a general union with membership from sectors including steel, logistics, financial services, justice and custodial, healthcare, care and the third sector as well as the self-employed.

Since the evidence emerged that BAME (Black Asian and Minority Ethnic) individuals are more likely to suffer from and to die of Coronavirus (Public Health England Report, Disparities in the risk and outcomes of COVID-19, June 2020) Community has:

- Conducted a survey of BAME members to ask for feedback on their experiences of COVID-19
- Hosted a zoom meet-up for BAME members to discuss their experiences
- Written to all employers that recognise us to ask that they conduct both individual risk assessments and Equality Impact Assessments that specifically consider the needs of BAME workers.

**Our findings and recommendations to date are:**

### **Findings from our survey**

- Just 18% of the BAME workers we surveyed had been placed on furlough or short time working compared to 28% of non-BAME workers. Similarly, whilst 20% of non-BAME workers said they were working from home, that was the case for only 11% of BAME workers. Taken together, these data suggest that BAME workers are more likely to be in roles that continued to operate during the crisis.
- 50% of our BAME respondents said that they had seen an impact on their finances due to the pandemic. This compared to 33% of non BAME respondents. This indicates to us that BAME workers are more likely to be financially vulnerable as a result of the crisis, and potentially less able to refuse work if for example, they are asked to self-isolate due to track and trace.

### **Individualised Risk Assessments**

- Our BAME members are uncomfortable with generalised approaches- for example, data from surveys asking for workers' ethnicity and age being used as the basis for decisions about work – such as whether to furlough an individual or move them to the front line.
- Such blanket decisions could also be indirect discrimination. For example, removing all BAME workers from the front line could have long term consequences for equality in the workplace.
- Members want to see employers considering all the risk factors that affect an individual to help make appropriate decisions about what is safe. That means individualised risk assessments.
- Employees have a responsibility to make their manager aware of additional risk factors or personal circumstances. They should have trade union support at any stage of this process.
- Managers should hold 1 to 1 discussion with employees to conduct individualised risk assessments.

### **Risk Assessments and Equality Impact Assessments**

- Many workplaces are not sharing the details of their risk assessments with union reps or their workers. We want to see it mandated that these are published and accessible to workers. We suggest temporarily amending the legal requirement that these be published for all organisations with over 50 employees, to extend this right to all workplaces.
- Organisations must explicitly set out the risk mitigation steps that they will be taking to protect workers and make this information freely available.
- Employers should conduct equality impact assessments when determining risks at work even if not legally required to do so.
- We agree that conducting risk assessments of workplaces is necessary but not enough to identify whether there are particularly vulnerable populations at a workplace. If a full equality impact assessment is not possible, at the very least, risk assessments should include explicit reference to BAME groups and an analysis of whether there will be an increased risk to these populations.
- Such macro-level risk assessments should not be conducted at the expense of individual risk assessments.
- Employers should monitor sickness and absence rates to understand whether there is a disproportionate effect on BAME workers in the organisation or the industry.
- Employers must talk to and agree with trade union reps what the risks are, the measures that need to be taken to reduce the risks of workers being exposed to the virus and agree a course of action.
- In assessing risk, BAME workers must be assessed against the list of clinically vulnerable people, and if a worker is clinically vulnerable then extra consideration needs to be given to their level of exposure to Coronavirus- and what measures need to be taken to reduce exposure.

### **Appropriate protective measures**

Where risks have been identified organisations must act to protect BAME workers. There are four areas we believe are of importance:

#### **1. Adjustments to roles:**

- Workers at risk should be protected: for example, if a BAME worker is clinically vulnerable consideration should be given to offering the worker a back-office job or the option of working from home. Workers should be given a choice in these matters, and an offer of protective measures must be accompanied with reassurances from employers that those who accept them will not be treated differently or be at greater risk of redundancy or dismissal. Where working from home is not an option, workers should not automatically be put on statutory sick pay but furloughed where possible.

#### **2. Support the unwell or those asked to self-isolate:**

- The government must do more to support workers to self-isolate when they have been identified by the track and trace system or are unwell with Coronavirus by either:
  - I.increasing statutory sick pay to a level where people can survive on it
  - II.introducing a government backed wages guarantee.

#### **3. Ensure furlough is accessible to those who need it:**

- Those who are furloughed should be allowed to continue to be furloughed where appropriate, particularly if the individual has caring responsibilities that are still heightened.
- Although the government has extended eligibility for returning parents, and furlough has been explicitly allowed for childcare purposes, employer continue to overlook this option to support working parents.
- Government should re-emphasise this guidance particularly in respect of other equalities groups including BAME groups and disabled workers.

**4. Health and safety within the workplace:**

- Effective social distancing must be implemented in any public areas
- Clear guidance and signage must be provided to members of the public, with punitive action put in place if customers or service users do not follow the guidance
- Warnings should be in place to deter racist attacks
- Staff must be trained in any new arrangements.
- Organisations must provide sufficient and appropriate PPE for workers.

*Community heard from a worker who was being pressed to return to work in the healthcare sector, even though she was caring for her husband who was going through cancer treatment and living in close quarters.*

**Implement the findings of the PHE inquiry**

Workers cannot wait for a second wave of coronavirus for the findings of the Public Health England inquiry (Beyond the data: Understanding the impact of COVID-19 on BAME groups, Public Health England June 2020) to be implemented- the measures should be enacted without delay. We believe these proposals go some way to addressing the structural inequalities that have contributed to the disproportionate impact of COVID -19 on BAME communities.

These measures include:

- Mandatory comprehensive and quality ethnicity data collection and recording, in the NHS and social care systems. As in all workplaces, without the correct data, it is difficult to understand where problems arise. Providing this data to local healthcare providers allows them to take specific steps to mitigate risks where they are found.
- Community participatory research. This is where researchers and community stakeholders work together to understand the different determinants of COVID-19, be they social, structural, cultural, economic, religious, or commercial. These joint programmes are best placed to implement programmes that can reduce risk- and help with the crucial role of building trust between communities and healthcare professionals.
- Improvements in the way that BAME communities are treated by the NHS, local government, and integrated care systems. The report calls for regular equality audits, use of health impact assessments, the integration of equality into quality systems, ensuring that BAME communities are well represented among staff at all levels, ensuring that the workforce receives appropriate training, that the right employment practices are in place, and finally that there is trust building dialogue with service users.
- Culturally competent occupational risk assessment tools developed at pace. These tools can then be used to reduce the risk of workers being exposed to and catching COVID-19. Our findings from talking to our members suggest that these should take an individualised approach.
- The government should fund, develop, and implement culturally competent COVID-19 education and prevention campaigns.
- There must be targeted culturally competent health promotion and disease prevention programmes.
- The recovery strategy must reduce inequalities caused by wider determinants of health. That means, “Fully funded, sustainable and, meaningful approaches to tackling ethnic inequalities must be prioritised.” We see this as key in the long term, as the evidence is clear that Coronavirus has not created new inequalities but brought existing ones to the fore.

The government waited too long to release these findings, and they must not delay again in delivering the changes that are needed.

### **Management and prejudice**

At Community we believe that the evidence of discrimination and institutional racism within workplaces is one of the factors that leads to BAME populations being socio-economically vulnerable.

Our members are particularly concerned about manager prejudice which can result in:

- managers not taking concerns about health seriously
- managers pressuring workers to go to work
- workers not feeling able to raise issues because of fear of victimisation
- workers not being provided with enough PPE
- concerns about PPE not being taken seriously.

And in the longer-term institutional racism is responsible for:

- BAME workers being over-represented in lower paid work and frontline key worker roles
- BAME workers receiving fewer promotion and acting up opportunities
- BAME workers being disproportionately likely to receive poor performance reviews and disciplinary action.

*Community heard from a worker who lost her job due to a bad reference from a previous employer. Whilst there, she had had concerns about racism and discrimination, which she believes are responsible for the reference given.*

We raise this here because members are concerned that many of the underlying inequalities that have led to the rise in COVID-19 deaths for BAME communities will be worsened by the response to the crisis.

We therefore recommend:

- Trade unions are involved in assessing to what degree there are problems of manager prejudice and institutional racism within institutions
- Management is given training on racism and discrimination
- Monitoring and tracking of outcomes by ethnicity should be put in place in larger organisations
- The government should legislate for mandatory ethnicity pay gap reporting
- Companies should be required to provide a comment and evidence-based action plan alongside their pay gap data.

### **Health literacy**

Scientists for Labour told us that one of the factors in poorer health incomes from Coronavirus is lower levels of health literacy for populations for whom English is not their first language.

Because the material provided by the government explaining the risks of COVID-19 and the steps people should take was entirely in English, some workers are dependent on others to help them access health information and advice.

We therefore recommend that information be made available in a range of the most spoken languages in the UK to ensure that all populations can access health information.

### **Clear guidance**

The government must supply guidance that is clear and unambiguous, otherwise workers are put at risk due to misinterpretation either individually or from their employer. We welcome the work that the government has done to date to improve the schemes put in place to manage Coronavirus, however, there are several long-raised issues that the government has not reacted to. The government must be open to amending policies and guidance when it receives advice indicating that the approach is not working for people.

*Community heard from a black woman who is pregnant, working in the high-risk environment of a dementia care home. Her employer had refused to furlough her because she was less than 28 weeks pregnant, despite this being against the guidance. The employer was adamant it was following government guidelines. Luckily, because she had the support of her union, we were able to advise the employer and the worker was able to access the CJRS before the cut off deadline of 10<sup>th</sup> June, but this will not be the case for everyone. We know this kind of situation has occurred extensively and this has been affirmed by Maternity Action. We have put this to government as has the TUC and Maternity Action repeatedly and the government refuses to clarify the advice. This cannot be allowed to happen again.*

Coronavirus is an exceptional, crisis situation. Consulting widely with trade unions and other partners and service providers would enable problems to be quickly identified and resolved, insulating workers from difficult situations and protecting lives and livelihoods.

For more information or detail please contact Community's equalities team at [equalities@community-tu.org](mailto:equalities@community-tu.org)