

# **Underlying Inequalities & Infection Risk**

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### Introduction

Black workers are over four times more likely to die from Covid19 than white people. Of the first 100 deaths in frontline health and care jobs around 70% were Black, Asian or minority ethnic workers.<sup>1</sup>

UNISON is calling for immediate action to protect Black workers from the increased risk of infection and death. Our recommendations come in direct response to the views and experiences of 2000 members, one tenth of whom were Black workers.

Public Health England are widely reported to have identified workplace discrimination as a major barrier to safety.<sup>2</sup>

Scottish Government has encouraged risk assessments for Black Workers and issued guidance that employers should "ensure line managers have sensitive, supportive conversations with all BAME staff, that also consider their psychological wellbeing and personal views/concerns about risk"<sup>3</sup>

UNISON welcomes Scottish Government's initial response but both Governments must go further and act urgently against discrimination. It is clear that fear and silence linked to discrimination create the perfect conditions for spreading infection. As in all situations, discrimination during the pandemic is a disease that affects us all.

### Bad jobs kill - Fair Work saves lives

UNISON's core message is that bad jobs kill, and Fair Work saves lives. Bad jobs kill by exposing workers to infection or by leaving them so fearful and impoverished that they work when they are infected or elect not to challenge unsafe work.

In a Fair Work setting safety standards are higher, but workers also have the security and effective voice to support good public health outcomes by challenging unsafe work and taking sick leave when infected or symptomatic.

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<sup>1</sup> ["Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales" ONS May 2020](#) and Nursing Notes 20th April 2020

<sup>2</sup> ["Minorities more at risk from Covid-19 because of racism" Guardian 13 June 2020](#)

<sup>3</sup> [Interim Guidance for health and social care employers on staff from Black, Asian and Minority Ethnic Backgrounds; NHS Scotland 25 May 2020](#)

The Black members responding to UNISON's survey report that they experience unfair work more often than their white colleagues. Our campaign calls for a range of measures to ensure safety and Fair Work for all Black workers.

### **Black workers and fear**

UNISON's survey found that Black workers are living and working in fear:

- more fearful of infection,
- more concerned about PPE access,
- more fearful of onward infection to family,
- less likely to get sick pay,
- more fearful of losing their job,
- more worried about reduced income and
- more concerned about meeting living costs.

Workers living in fear do not use sick pay rights or challenge unsafe work. Our measures address fear in the workplace.

### **The Effective Voice of Black workers**

UNISON's survey found that the workplace Voice of Black workers is weaker than that of their colleagues. Black workers fear reprisals from management more often than white workers and they are less likely to report safety issues or escalate issues to senior management. Black workers are less likely to seek union support with safety problems. They are also less likely to be aware how safety problems have been resolved.

UNISON demands that Government and employers accept that:

- A valid safety complaint is an important act of public health protection - for workers, service users and the community.
- Silenced voices and poor communication of safety measures weakens the impact of all safety measures.
- Poor communication of employer actions preserves fear and anxiety when the psychological impact of the pandemic is already intense.
- Poor communication also diminishes worker confidence in the value of making safety reports and drives the perception, accurate or otherwise, that safety reporting is an issue of workplace conflict rather than a shared challenge requiring joint and effective action.
- UNISON Demands that Black voices speak freely on Covid safety and that the voices of Black workers are heard.

## Recommendations

### Initial statement

UNISON Black workers demand from Government a clear joint statement which recognises the increased risk of infection and death, reassures Black workers that action will be taken, and commits to a series of urgent interventions under a rolling Covid19 Race Equality Action Plan.

### Direction to managers and staff

Government should direct employers to produce joint trade union communication to all employees, managers and other stakeholders that directions or instructions issued under the action plan are mandatory and carry top priority. Failure to comply with required race equality actions must carry a sanction.

### Guiding principles

The action plan should include a series of principles including but not limited to:

- The race impact of Covid19 is serious and imminent danger to the lives of Black workers, that threat exceeds the threat to white workers, and the default position must be safety first.
- Any unfair work impedes infection control. Inequality on grounds of race is a common underlying feature of unfair work and will therefore further undermine effective infection control. All action on infection control must therefore be assessed for equality impact.
- Where necessary that requires the temporary withdrawal of Black workers from situations that are either not risk assessed, or where joint risk assessment reveals hazards that cannot be appropriately averted.
- Any removal from danger should be wholly without detriment to Black workers in terms of income or any other rights or benefits
- That commitment is binding on all health and care providers: public sector, CVS, private, charitable, or employment agency.
- That commitment must protect all workers including employees, agency, sessional, casual, relief, bank, zero hours or any other form of precarious work.

### Access to sick pay

Access to sick pay has emerged as a key component of infection control. Anything less than full pay will drive fears of debt and family hardship. Black workers are less likely to receive full pay and more likely to rely on SSP.

The need for a binding sick pay guarantee is a pressing area for effective Government action to control infection and roll back the pandemic.

## **Risk assessment**

Create a group of Black safety reps and review risk assessments targeting particular sectors, services and occupations where Black workers are segregated or concentrated. Review the substance of risk assessments, the record of actions taken, the quality of communication and training to staff covered by risk assessment and the equipment, PPE and other resources available to give effect to risk assessment findings.

## **Frequency of patient contact**

UNISON's survey found that Black workers have significantly higher levels of contact with service users and patients than their colleagues. When working with Covid19 patients this increases the risk of infection. Special measures are required to address this particular infection risk, such as the appointment of Black safety reps as described above.

## **Communication**

UNISON's demand for effective communication are:

- Joint communication to all staff highlighting the measures taken to protect Black workers and the role of managers and staff in giving effect to the action plan.
- Joint communication to all Black workers, direct and outsourced, laying out the measures to be taken and informing them of all support services available as regards reporting, advocacy, representation, peer support, wellbeing etc
- A rolling programme of communication to consolidate the importance of the action plan and to report on actions taken in pursuit of the equality objectives and principles within the plan.
- Identification and training of Covid Equality reps with time, resources and authority to develop communication networks for peer support, to offer one-to-one support to workers with specific issues and to signpost black workers to available resources and services

## **Reporting**

Government should create a dedicated online portal for Black workers to report specific concerns and share all such reports with union reps including new Covid equality reps.

All safety reports or complaints must be logged including a record of the action taken and a record of the communication with Black workers about the action taken in response to their report or complaint.

## **Re-deployment**

Embed the Covid action plan in plans for redeployment, reviewing past redeployment decisions affecting Black workers on safety grounds and risk assessing all proposed redeployments of Black workers from the default position of safety first.

## **PPE**

Black workers are also over-represented in the group who have significant barriers to appropriate PPE. Given the greater risk that Black workers face, it is vital that the supply of PPE to Black workers is guaranteed.

Employers should review the availability of PPE to Black workers and ensure that the highest appropriate quality of PPE is available to all Black workers. Keep that provision under review and redeploy workers away from risk in the event that access to high quality PPE is impaired

## **Testing**

Ensure that testing is readily available to all Black workers with particular regard to outsourced, independent, contract or agency staff. Testing should also be targeted at sectors or occupations where Black workers have high frequency contact with patients and service users who may carry Covid19 infection (see above)

## **Working Patterns & Context**

All Government and employer actions should have a particular emphasis on work arrangements which may contribute to the adverse impact of Covid on black workers. Relevant factors include:

- Outsourced, private, agency or other precarious contract status where the voice of Black workers is particularly marginalised.
- Frequency of contact with Covid patients (as above)
- Duration of contact with Covid patients
- Nature or degree of contact with Covid patients (e.g. Aerosol Generating Procedure)
- Duration of shifts
- Timing of shifts

## **Contractors**

All external providers of any form should be formally notified that the Equality Action Plan is embedded within the terms of their service contract and any material breach of the Equality Action plan will be treated with the utmost seriousness up to and including cessation of all contracts.

Contractors and agencies should develop their own list of actions in compliance with the action plan, monitor the position of all Black workers and periodically report on appropriate actions taken.

### **Mental health**

The negative impact on mental health is clear and swift action is required. to ensure that:

- Safety measures and equipment are in place equally for all workers.
- Managers and staff engage with safety concerns in an open, inclusive and supportive manner.
- Safety issues are better communicated to Black workers.
- Particular attention is paid to better communicating the outcome of safety complaints from Black workers.
- The provision of existing health and wellbeing measures is reviewed to ensure it reflects the nature of mental health needs and is capable of meeting the particular needs of Black workers.
- Specific measures to promote awareness among Black workers of health and wellbeing measures.

### **Immigration status**

Migrant workers with sponsored visas require specific targeted support to ensure that they are safe, fully aware of the measures suggested in this report and supported in addressing safety issues on equal terms with all workers and without fear.

Outsourced, commissioned or other contracted providers who sponsor migrant workers should be informed that any victimisation or other mistreatment of sponsored migrants on safety grounds will result in the immediate termination of all contracted services.

### **Data & statistics**

The experience of Black workers is frequently invisible. The need for action on recording and reporting the experience of Black worker has now been cruelly exposed. In the short term UNISON demands regular reporting of disaggregated data on safety reports, infections and deaths. Such reports will drive the targeting of effective action in pursuit of improved safety for Black workers.

### **Victimisation**

Black workers fear reprisals and are less likely to report safety issues. More so than their colleagues. Although the reported frequency of incidents of victimisation is low, the chilling effect of workplace fear has significant public health implications if unsafe work remains unchecked.

All Black workers must have absolute assurance that their right to safety can, and will, be exercised in the interests of their health and in the interests of wider public health. Black workers must receive an unequivocal guarantee that where reports or complaints are made in good faith there shall be no detriment of any kind and that victimisation of any form will be dealt with swiftly and decisively.

## **Appendix 1: Key concerns identified by Black workers**

We asked participants to respond to a number of possible concerns in relation to work during the pandemic. The most common concerns among Black workers were getting ill (84%), infecting vulnerable family members (67%), infecting service users (54%) and lack of PPE (50%).

There are noticeable differences in the experience of Black workers as compared to the survey group as a whole.

### **Fear of infection**

84% of Black workers fear infection at work compared to 77% for the survey as a whole. This may partly reflect press reporting on the risk to Black workers but it may also be influenced by the work experiences captured in this survey.

### **Under staffing**

As with many indicators, Black workers (36%) have higher concerns over staffing levels compared to the wider group (28%).

### **Lack of essential PPE**

Half of Black workers are concerned about access to PPE compared to 44% for the whole survey.

### **Not receiving sick pay**

21% of Black workers are worried about not receiving sick pay as compared to 15% of all workers.

### **Fear of job loss**

Nearly one in four Black workers fear losing their job whereas job fears are only 17% for the survey as a whole.

### **Reduced Income & Meeting Living Costs**

36% of Black workers worry about reduced income and the same proportion worry about their ability to meet living costs. The corresponding figures for the wider survey were significantly less. Reduced Income was a concern for 22% of



the all workers and 24% of the wider survey group worry about their ability to pay bills.

## Frequency of contact with service users

Where infection controls are weak, the range and frequency of service user contact by workers will increase infection risk. Our survey found that Black workers had daily contact with noticeably higher numbers of service users.

- Across health and social care, public voluntary and private, 37% of all respondents reported contact with 10 or more service users per day.
- The equivalent rate for Black workers was 48%.
- For the survey as a whole, 25% reported daily contact with 15 or more service users per day.
- The equivalent rate for Black workers was 33%.

This perhaps speaks to the occupational and sectoral segregation of Black workers into roles where patient/service user contact is more intense. It is possible that frequency of patient contact is one dimension of the heightened risk of infection that Black workers appear to face. Particularly when linked to poor infection control and weak safety practice.

## Employer responses to illness and self isolating

The survey asked participants to describe their employer response when a worker is ill or required to shield or self isolate.

*"I am recovering from covid and I am still afraid to return to work as an agency worker as I do not know what I will be walking into, and I am afraid to stay home for long in case I lose my part time work"*

## Sick Pay

More than one in four Black workers said they would lose money when they are off sick by having wages stopped or being forced to get by on statutory sick pay.

*"I can't sleep, different thoughts in my mind, what happens to my kids should anything happen to me due to covid-19, can I stop working just to be safe and my family too, the Bills if I stop working, so many things giving me sleepless nights"*

- Black workers are less likely to get full pay (68%) than the population as a whole (75%) and significantly less likely to get full pay than NHS workers (82%) or council workers (89%)
- Nearly one in five Black workers (18%) have to rely on SSP, nearly double the equivalent rate for NHS and local government.
- Nearly one in ten Black workers report the loss of all pay when on sick leave. Perhaps linked to relief, casual, sessional or zero hours work.

### Threats and sanctions

Although the frequency of reported cuts to working hours or shifts of Black workers is low (6%) it is still markedly higher than the prevalence in the survey group as a whole.

The same pattern occurred in response to the issue of workers facing disciplinary action for taking sick leave. Seven percent of Black workers reported this threat. While relatively low it is a dangerous stance for employers to take during a pandemic when attendance at work spreads infection. The prevalence of this experience for Black workers is higher than that for other groups and sectors.

## Reporting concerns about safety of staff and service users

### Challenging unsafe work

Making safety reports is another area where the Black worker experience differs from workers generally. Nearly two thirds of all workers have raised a safety issue at work whereas only half of Black workers have done the same. Given that Black workers report higher anxiety about infection this difference suggests something deters Black workers from speaking out about those fears.

Response	All	Council	CVS	NHS	Black	Women
Reported safety concerns	64%	63%	74%	70%	51%	65%

### Reporting to management

We then asked who the safety concerns had been shared with. Again, the Black experience is different.

Of those Black respondents who made a complaint, 79% went to their supervisor or line manager. Reports to managers were broadly comparable with the survey as a whole (82.1%)

However, only 16% of Black respondents reported having escalated an issue to senior management - the lowest rate for escalating complaints for any group in the survey.

## **Barriers to making a safety complaint**

We asked those who hadn't made safety complaints, what deterred them from raising the issue. The fear of an employer backlash is marked and particularly high for Black workers.

39% of those who hadn't raised a safety issue gave fear of reprisals as the reason for not complaining, and this figure rose to a worrying 50% for NHS workers, but was higher still among black workers (53%).

*"There is no proper social distancing at my work. We had seven or eight people going on break at one time in a very small room. When i brought the issue forward I got "told take your break now or you don't get one"*

It is perhaps important to note that 34% of all workers were unsure how to make a safety complaint. Lack of knowledge of how to complain is high among Black workers in this group (43.8%).

## Appendix 2: Risk Assessment for Black and Minority Ethnic Workers



We are aware that, on becoming unwell, COVID-19 seems to have a more severe impact on people from a Black and Minority Ethnic (BAME) background than the population in general. Our own survey in Scotland shows that there are higher levels of worry and stress about the impact of the virus among members of BAME communities than the population as a whole.

This paper aims to give a framework for branches to support BAME members when assessing risks and to facilitate discussion with employers regarding any mitigation to be put in place to keep them safe at work. Risk Assessments will need to be reviewed on a regular basis in the event of further evidence.

### Assessment

Member Name		Member telephone and email	
Employer Name		Manager name	
Ward/Department		Manager contact details	
Member date of Birth		Member ethnicity	
Member professional Role		Member country of birth	

### Does the member belong to any of the following high risk groups?

- Solid organ transplant recipients
- People with specific cancers:
  - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.

- People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological).
- Women who are pregnant with significant heart disease, congenital or acquired and children up to the age of 18 with significant heart disease, congenital or acquired.

If **YES**, this means the employee falls into the ‘extremely vulnerable group’. **The member will have official notice that they fall into this group.** Therefore the line manager is required to provide ‘Shielding’ guidance and discuss suitable working from home arrangements as employee will be required to self-isolate for 12 weeks.

Guidance for NHS staff with underlying conditions is available here:

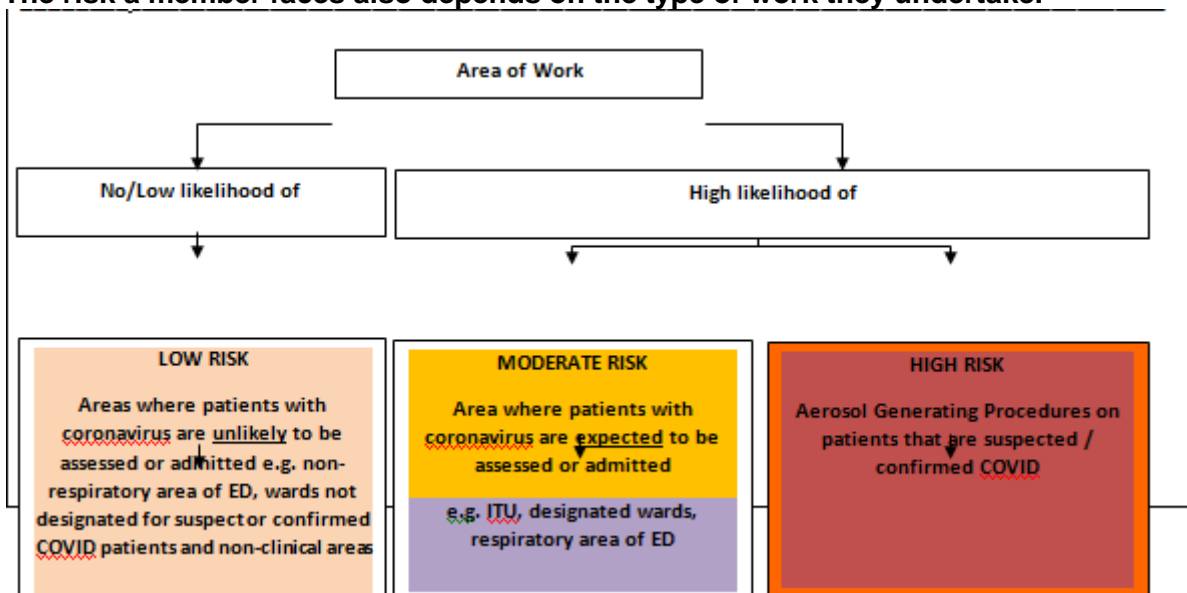
<https://www.staffgovernance.scot.nhs.uk/media/1701/guidance-for-health-and-social-care-and-emergency-servive-workers-with-underlying-health-conditions-30-march-2020.pdf>

**Factors which may increase a person’s risk of severe illness if they contact COVID -19;** For example men and people over 50 appear to be at higher risk

Do any of the following apply?

- Aged 50 or older (regardless of medical conditions)
- Male
- High blood pressure on medication
- Type 2 diabetes
- Angina or heart attack
- BMI > 30 ( = Weight (kgs) / Height (m) squared )
- <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>
- Asthma / chronic chest disease
- Sickle Cell Trait

The risk a member faces also depends on the type of work they undertake.



**Consideration of working arrangements:**

Based on the information accessed above and consideration of the normal working duties a member may wish to discuss ways to mitigate any risk identified with their manager. Mitigation can include PPE, change of duties, redeployment to another area or working from home.

**For cases where the guidance is not clear or where the employee or line manager has specific concerns, a more detailed risk assessment can be carried out by Occupational Health.**

## Available Guidance

*The use of links ensures that you are taken to the most up to date guidance.*

UNISON Scotland information for members: <https://www.unison-scotland.org/coronavirus-covid-19-your-rights-at-work/>

NHS staff guidance: <https://www.stac.scot.nhs.uk/coronavirus-covid-19>

Guidance for NHS staff with underlying health conditions:  
<https://www.staffgovernance.scot.nhs.uk/media/1701/guidance-for-health-and-social-care-and-emergency-servive-workers-with-underlying-health-conditions-30-march-2020.pdf>

NHS Employers' Duty of care: [https://www.sehd.scot.nhs.uk/dl/DL\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)08.pdf)

Endorsed guidance for nhs scotland staff and managers on coronavirus:  
<https://www.staffgovernance.scot.nhs.uk/media/1732/covid-19-endorsed-guidance-for-nhs-scotland-staff-and-managers-on-coronavirus-version-8-5-june-2020-tidied.pdf>

Health Protection Scotland (HPS) general page: <https://www.hps.scot.nhs.uk/>

HPS Care homes page <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/>

PPE guidance [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3048/documents/1\\_covid-19-ipc-guidance-comparison-for-ppe.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3048/documents/1_covid-19-ipc-guidance-comparison-for-ppe.pdf)

Use this section to record concerns for meeting with managers to discuss mitigating any risks uncovered by this assessment. If changes are implemented they can also be recorded here to support any further reviews.

Date of meeting with member

Date of meeting with manager

If you are a UNISON member and need support contact your branch:

<https://www.unison-scotland.org/about-us/contacts/branch-finder/>

Our branches are currently closed with teams working from home. If you experience difficulties contacting your branch email [membershipassistancescotland@unison.co.uk](mailto:membershipassistancescotland@unison.co.uk)

