



## **Black workers on the Covid front-line: exposed and at risk**

Earlier this year UNISON surveyed its Black members, asking about their experiences at work during the Covid-19 pandemic. This was in response to concerns staff expressed about the disproportionate impact the virus was having on Black people's working lives and livelihoods. More than 10,000 members responded, giving harrowing accounts of how they had been placed at risk as key workers.

The survey revealed the widespread failure of employers to conduct individual and specific risk assessments. It highlighted concerns about the safety of workplaces and whether they were truly Covid-secure, as well as continuing problems with the supply of appropriate safety kit.

Testimony from school, NHS, police and council workers revealed shocking and inexcusable racial bias, delays in carrying out risk assessments and a lack of urgency to take action to protect the lives of Black workers.

### **Safety at work**

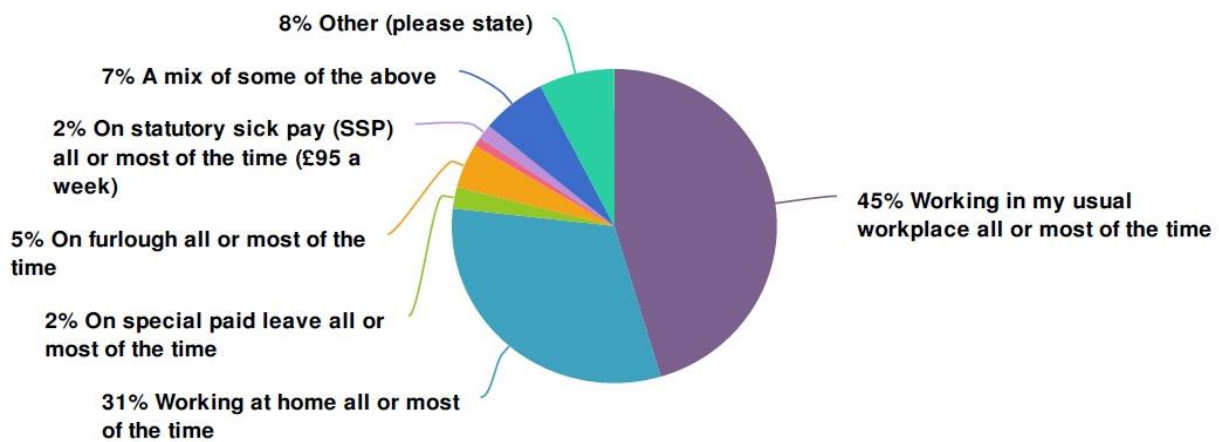
From 19 June to 5 July 2020, UNISON surveyed Black members on their experiences of work and Covid-19.

There were 10,286 responses from across the UK. Nearly four fifths of respondents (76.5%) were women, reflecting UNISON's membership. Half (50.8%) work in healthcare and more than a quarter (28.7%) in local government services. Almost one in five (19.8%) deliver social care.

The largest groups in terms of ethnic origin describe themselves as Black African (34%) or Black Caribbean (29%). Other groups represented include Asian British (9%), Indian (6%), Asian (4%) and Pakistani (3%).

More than two fifths of respondents (45%) continued doing their jobs in their usual workplaces during the pandemic (Table 1 below).

**Table 1 - During the Covid-19 crisis, which of the following describes how you have been working?**



Just 6% had been redeployed to a new job role to allow them to work from home or do less risky work. More than a third (35%) felt pressured to go to work when they did not feel their workplace was safe. When completing the survey only two fifths (40%) had been offered an individual risk assessment – the remainder (60%) had not. Of those who had an individual risk assessment, a significant minority (35%) did not feel it adequately addressed the risks they faced.

Among all responses, almost four in five (79%) of members said their employer had not talked to them about the risks they faced as a Black worker. This is despite clear and well-publicised evidence of the increased risks of serious illness and death to Black workers from Covid-19. The Public Health England study into the impact of Covid-19 on different ethnic groups can be read [here](#).

When asked about government guidance on safe working, such as social distancing and access to handwashing facilities, almost two fifths (39%) said they were not confident their employer was following this guidance. The most common issue was in relation to social distancing, with nearly half (47%) saying the two-metre rule – the government advice at the time of the survey – was not being observed in their workplace.

Two thirds (67%) of respondents said they needed personal protective equipment (PPE) to ensure their safety at work. But only half (50%) were given the correct level of PPE for the setting in which they work. More than half (58%) had not received training in the safe use of PPE (putting on, taking off, laundering, disposal). One in ten (11%) had a request for PPE turned down by their employer.

Respondents included some detail on the issues they were facing. In addition to having to work while unwell, vulnerable or shielding, and/or without risk assessments, the main issues included:

- Supply, access, fitting and training in the use of PPE for all at-risk staff, including those in administrative roles

- Inconsistent advice on the use of PPE
- Employers asking staff not to wear PPE for fear of the reaction of patients and the wider public
- Access to Covid-19 testing.

The following comments were typical of the responses received:

*“I was told I didn’t require a gown and face mask to administer medication and attend to the patient. The white staff who transferred the patient to our ward had gowns and face masks, not just aprons and gloves.” – Female NHS worker.*

*“I initially asked for masks and gloves in March and was told it was only for clinical staff. After an administrator died in April we were given PPE.” – Female NHS worker*

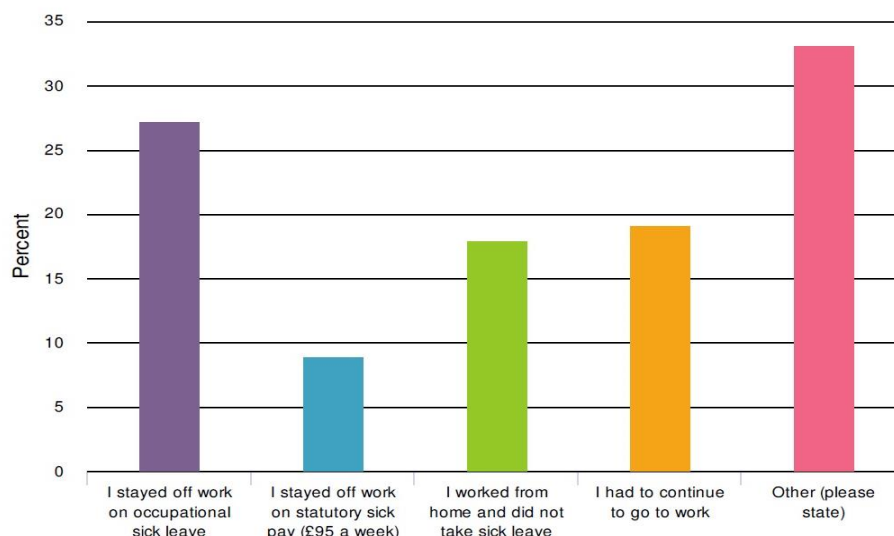
*“PPE often runs out. Not enough has been ordered. This is a young person’s centre for people with physical and learning difficulties and no risk assessments for staff or clients have been completed. Most of the time staff and young people are in the building without face masks.” – Female social care worker*

*“My problem is more than PPE. I am a cleaner and they send me to clean different stations. I have been employed in one permanent place but at this difficult time they have been sending me from place to place.” – Male cleaner, police and justice worker*

Asked about testing for Covid-19, more than half (54%) were not confident or unsure whether they could access testing if needed. Under a quarter (24%) were very confident they could access testing.

Respondents were asked whether they had been infected with Covid-19, or been in contact with someone who had, and what happened next. Almost a fifth (19%) said they had to continue to go to work (see Table 2 below).

**Table 2 - What happened when you think you may have had Covid-19 or had been in contact with someone who had it?**



The following comments were typical responses:

*“We had a patient who was positive with Covid-19 but we weren’t tested and we just reported to work. I think there was no clear policy at that time.” – Female NHS worker*

*“I’m long-term agency staff. If I don’t work, I don’t get paid. Eventually, my workplace did furlough me, but I was still working, and therefore exposed, after many people were working from home.” – Male school worker*

Worryingly, more than a third (34%) did not know or were not sure how to raise concerns about the risk faced by themselves, their colleagues or the public. More than one in five (22%) said they would be uncomfortable or very uncomfortable raising safety issues at work.

### **Conclusion and next steps:**

The snapshot survey findings highlight the need for robust measures to be taken to ensure Black staff are kept safe at work.

Black public service workers have been hit particularly hard during the Covid-19 crisis. They tend to be concentrated in lower paid, frontline roles, with many on insecure contracts.

Black staff additionally face racism at work, exacerbating the risks they face. This can be a barrier to raising concerns with managers and being able to access safe working conditions, including home-working, redeployment, appropriate PPE and social distancing.

Progress has been made in some sectors since the survey was conducted - the NHS completed risk assessments for 96% of Black staff last month – but other sectors are lagging far behind and the consistent quality of assessments are still in question.

### **UNISON is calling for:**

- Mandatory individual risk assessments for Black workers, with risks addressed effectively, and mandatory spot checks and sanctions by HSE inspectors
- All frontline workers to have recommended PPE for their role, regardless of whether they work in the public or private sector and whether employee, contractor or agency worker
- Where the workplace cannot be made safe for that individual, alternatives provided, such as homeworking, redeployment or remaining at home on full pay
- Employers to ensure decisions on working from home, deployment, redeployment, furloughing and redundancy are not discriminatory and do not result in financial or employment detriment to Black workers, now or in the future
- Employers to listen to and act on the issues and concerns Black staff have about their circumstances and experiences
- Care workers to have same rights and protection as NHS/local government staff, including proper sick pay, equivalent annual leave, paid breaks, unsocial hours payments, pensions, learning opportunities and job security.

The findings also reinforce the need for urgent action to be taken to tackle the wider structural disparities, entrenched disadvantages and discriminatory practices in society that the pandemic has amplified.

Over the past three years three major reports have been commissioned into the disproportionately negative outcomes Black people face in a range of areas, from the criminal justice system to immigration policy: the [Lammy Review](#), the [Race Disparity Audit](#) and the 2020 [Windrush Lesson Learned Independent Review](#).

Yet despite UNISON's repeated calls for the reviews' recommendations to be implemented – so lessons can be learned, practices improved and lives saved – the government has resisted.

Further, given the clear links between economic deprivation and increased risk during the pandemic, UNISON calls for urgent action to address social inequality. UNISON is also calling for government action to reduce the ethnicity pay gap, building on action already taken to tackle the gender pay gap.

### **UNISON**

UNISON has around 185,000 Black members, mainly working in health and local government services, with significant numbers in social care and schools. Many deliver frontline services, and many are low paid.

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**UNISON equality**

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