# Managing & Mitigating the COVID-19 Risk to the ASC Black, Asian, and Minority Ethnic Workforce

A practical toolkit for managers in adult social care to understand the risks, and what they can do to assess and mitigate them

This short document is intended to be a practical toolkit for managers working in any adult social care (ASC) environment. It provides practical advice and guidance to organisations on risk assessing staff from Black, Asian, and Minority Ethnic (BAME) backgrounds, and identifying appropriate mitigations. The toolkit includes a range of references and links to examples of risk assessment tools currently being used across health and social care, which organisations can utilise in their own settings. It also includes a case study from the sector, and some useful links and 'top tips' for colleagues undertaking this important work. The current version of this resource can be found at https://www.nwadass.org.uk/bame-risk-tool

This toolkit is based on the following key principles:

- The risk assessment should be part of the wider risk assessment approach to **vulnerable and at-risk groups**
- It is designed for managers to support their staff in highlighting and documenting individual risks with a view to mitigating these and ensuring employees have the correct support and equipment to **stay in work safely**
- Is data led and evidence based
- It is designed to equip managers to have **individual conversations** with their staff
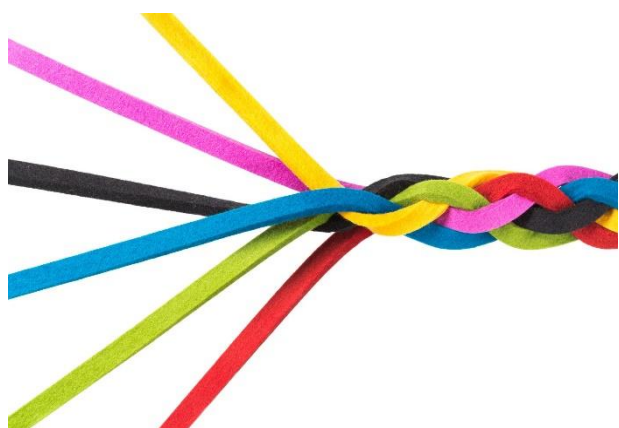
Understanding the Risk

Public Health England through its Review of disparities in the risk and outcomes of COVID-19 outcomes found that:

- People who are from Black, Asian and Minority Ethnic backgrounds are more likely to contract COVID-19 and die from it compared to people who are White British
- The risks are therefore higher overall but are also very different across groups. For example, compared to White British people Bangladeshi people have around twice the risk of dying of COVID-19, while Black men specifically are almost four times as likely to die
- Some of the underlying causes for this disparity are believed to include historical systemic inequalities including access to healthcare, poverty, living in poorer quality multiple occupancy housing, and working in sectors where they are more exposed to COVID-19. Racism, discrimination, stigma, fear, and trust are also underlying factors

We know from research in the NHS that people from Black, Asian and Minority Ethnic backgrounds are less likely to raise concerns if they feel unsafe or unhappy at work. In the North West, the ASC Black, Asian and Minority Ethnic workforce account for approximately 9% (around 16,000 people) of the total workforce. Therefore it is crucial that managers act and respond effectively and timely, in order to protect Black, Asian and Minority Ethnic colleagues and communities.

Guidance and Support

The following are a range of links to different sources of guidance and support you may find helpful. The links provided are from a range of sources including government guidance, integrated care systems, the NHS and local government.

National

Department of Health & Social Care

The COVID-19: adult social care risk reduction framework has been developed to help employers with supporting their staff that may be more vulnerable to infection or adverse outcomes from COVID-19. It encourages conversations with line managers and where a worker is identified as high risk, encourages mitigating actions such as redeployment or adjustments to work arrangements.

Examples of mitigating actions that employers can put into place to ensure safe working include:

- If the employee can continue to work from home in their current role, they should be supported to do so
- Where it is not possible to work from home, wherever possible, staff at increased risk from COVID-19 should be supported to work in roles or settings which have been assessed as lower risk, for example in office functions or by performing lower risk activities
- Employers should continue to assess risk and respond flexibly to factors which may increase risk in the workplace, such as an ongoing outbreak, or an increase in the community level of the virus

Integrated Care Systems

The All Wales COVID-19 Workforce Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus. The tool asks a number of questions that are designed to identify whether a person is at higher risk from COVID-19 and then encourages a conversation with line managers to agree a plan and ensure appropriate protection. You can access the tool here.

Surrey Heartlands Health and Care Partnership (ICS) have worked closely with their provider organisations and co-produced and implemented a risk assessment for Black, Asian, and Minority Ethnic staff. They have encouraged all providers to share this widely with their staff. Their resources include guidance, the social care risk assessment tool, and good practice examples.

Greater Manchester Combined Authority (GMCA) and NHS in Manchester Risk Assessments of Black, Asian and Minority Ethnic Staff at Risk of COVID-19. This resource aims to provide a high-level framework to support employers to reduce the risk to staff in relation to COVID-19.

Local Government

City of Wolverhampton Council - Staff Work Risk Assessment for COVID-19 risk Tool and Guidance

The City of Wolverhampton Council has developed a risk assessment toolkit to allow employers to better understand what the grades of risk are for their staff. The toolkit focuses on individual risk as well as workplace risk levels.

Camden Council Individual risk assessment for staff at increased risk from COVID-19

Camden Council has developed an individual risk assessment form designed for managers to complete with their staff. It encourages line managers to discuss the possible risks to staff to help them take appropriate personal responsibility for managing risks.

NHS Toolkits

NHS Employers Risk Assessment for Staff

NHS Employers have produced guidance for NHS organisations on how to enhance their existing risk assessments particularly for at-risk and vulnerable groups within their workforce, including Black, Asian and Minority Ethnic colleagues.

Faculty of Medicine Risk Reduction Framework

The Faculty of Occupational Medicine have developed a Risk Reduction Framework for NHS Staff at risk of COVID-19 which can be adapted for use in other organisations. The framework was produced by a multi-disciplinary expert team including clinicians, public health specialists and equality leads. It is designed to be used in conjunction with the NHS employers Guidance and can be used as an aid to decision making and may be incorporated into existing risk templates which may already be in use by organisations.

Case Study

360 Degrees Health Care and Rehabilitation Services Ltd: Providers of care and support to people in their own home to remain as independent as possible across East Lancashire.

What did we do?

As an organisation we were involved in the development of the COVID-19 Adult Social Care Risk Reduction Framework commissioned by the DHSC. This encouraged us to develop our own risk assessment to support our workforce and service users.

The first risk assessment was piloted with our Development Officer who is from a BAME background. It was agreed that, to gain trust from staff, she would be the lead contact for this piece of work. Managers were asked to have a supportive conversation with their staff and, where necessary, carry out an individual assessment to ensure we were taking all steps to support them. In total there were 18 members of staff that undertook the assessment. Our staff fed back that they felt they had trust in the organisation and therefore how the information would be utilised was not a worry.

What impact did this have?

Staff felt they could have honest conversations with the officer leading the assessment process as she was able to talk about her own lived experience. Feedback suggested staff had a positive experience of the process and felt the organisation considered both the welfare of the service users and staff. Due to all staff receiving regular updates from the organisation regarding COVID-19 this had contributed towards a trusting relationship.

What will we continue to do?

Once all the assessments were complete we invited staff to a virtual focus group to feedback on their experiences and make suggestions for change. This was recognised as part of their paid work. We felt that having a group setting would encourage staff to be more confident to make recommendations for change. We achieved a 100% attendance and staff were vocal about their experiences and what worked and what could be improved.

It was agreed that the assessment process would remain a live process rather than a one-off and would be revisited at any one of the following points:

- At regular one-to-one meetings
- At a return to work meeting following a period of sickness or absence
- Before a change of job or duties, or introduction of new technology or ways of working
- Before or after any change in circumstances

Staff suggested that we adopt a similar approach to that recommended by the Government to create support bubbles in each locality (geographical area). This was to ensure that we minimised the risk of infection. It also allowed us to allocate staff equally across districts in the event of local outbreaks.

We know it is vitally important that we continue to think of the impact of the pandemic on people who already face inequalities and discrimination. This is often further compounded by gender, geography, social location, societal priorities, and attitudes which intersect with issues of low paid workforce. We believe it is essential we continue to support our workforce the best and most appropriate way we can.

Useful Links

NHS- Who is at higher risk from Coronavirus: This NHS page summarises who may be at high risk (clinically extremely vulnerable) and at moderate risk from COVID-19.

Overview of government guidance on COVID-19 for ASC: This gov.uk page contains links to key information for ASC providers about COVID-19 guidance and support, such as infection control, reporting outbreaks, securing PPE, and testing

Government guidance on shielding and protecting vulnerable persons: This gov.uk page contains the latest guidance on shielding and protecting people who are extremely vulnerable from COVID-19

COVID19 and health and wellbeing of adult social care workforce: This gov.uk page contains broader information for those working in ASC on managing your mental health and how employers can take care of the wellbeing of their staff during the coronavirus outbreak

Top Tips

1. Employers and managers should ensure or build a culture of trust within their organisation, so people feel comfortable in raising issues and concerns. They should consider the following:
    a. Do you have a whistleblowing policy, and if so, how can this be accessed?
    b. Are staff networks – particularly for Black, Asian, and Minority Ethnic staff - or unions promoted for staff to contact to provide support?
    c. Do organisations routinely consider the impact of policies and practices on under-represented groups e.g. through equality impact assessments?
    d. Are leaders approachable for staff to contact?
2. Employers should consider how their existing processes – such as for supervision and one-to-ones – can be utilised to effectively manage and mitigate the COVID-19 risk to staff such as those who are Black, Asian, or Minority Ethnic
3. Employers and managers should consider their workforce and the intersection of different risk factors for individuals in their employment, to understand the specific risks and possible management and mitigation approaches that a tool needs to offer to work for them
4. The resources and tools referenced in this toolkit can be used to design and adapt an approach that works for each organisation in line with the risks associated with the services being delivered
5. It is important that conversations with staff are conducted in a sensitive manner, where any concerns and worries can be discussed in a supportive and safe way
6. Managers should have ongoing conversations with their staff and not see this as a one-off discussion. For example, they should re-visit the assessment at supervision or one-to-one meetings or after a period of sickness
7. Organisations should consider having safe spaces for staff to speak up if they have any concerns
8. The toolkit should be read in conjunction with the wellbeing advice (NW ADASS have some associated resources that may be helpful here) and government advice on shielding, PPE, and testing
9. Managers should provide regular updates to **all** staff, and be prepared to communicate clearly about why certain groups of staff are at higher risk from COVID-19
10. Managers are encouraged to use peer networks to share their concerns and approaches to workforce risk management and mitigation. NW ADASS and Skills for Care facilitate a range of these for colleagues in local government in the NW, and for Registered Managers