



Cllr Asher Craig
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COVID-19 and Race Inequality from the perspective
of staff in the care sector



Health and social care workforce pre-Covid –an already fragile sector

- 7.3% of roles in adult social care vacant during the financial year 2019–20, equivalent to approximately 112,000 vacancies at any one time
- Skills for Care’s annual State of the Adult Social Care Sector and Workforce Report found that the number of registered nurses had reduced - down 2,800 jobs (7%) between 2018–19 and down 15,500 jobs (30%) since 2012
- Staff turnover rate of directly employed staff working in the adult social care sector was 30.4% in 2019– 20 equating to approximately 430,000 people leaving their jobs over the course of the year
- As around 66% of recruitment was from within adult social care, this meant that approximately 149,000 had left the sector

(Skills for Care data in ‘Workforce Burnout and Resilience in the NHS and Social Care’ House of Commons Health and Social Care Committee May 18th 2021)



Covid 19 and the impact on the social care workforce

- Social care workers working long hours (sometimes not being able to take leave) and needing to be brave, adaptable and resilient in response to changing needs
- UKCA notes that staff have had to “work above and beyond their contractual requirements in an emergency situation” and that this can not be considered a long-term position
- Skills for Care - the percentage of days lost to sickness tripled from 3% to 8% from March to July 2020 compared to usual levels
- This figure would equate to around 6.35 million additional days lost to sickness than would usually be expected in that period
- Self-isolation and quarantine exacerbated absence levels with staff feeling anxiety and guilt about putting their own families at risk



Covid 19 and the impact on the social care workforce

- Care England - Adult social care staff often had to take the place of service users' relatives and loved ones, for example, being at the bedside of dying residents/ clients
- Staff being bereft and grief stricken when residents/ clients died and were concerned for their own safety and their families as a result of a lack of testing
- Physical and mental strain on staff during this period “unprecedented” – high potential for burnout
- The additional pressures placed on care staff accompanied with a feeling of being “abandoned”, with the focus early in the pandemic on protecting the NHS
- View repeated by the Carers Trust - social care and its workforce felt less valued than their counterparts in the NHS

(Workforce Burnout and Resilience in the NHS and Social Care' House of Commons Health and Social Care Committee May 18th 2021)



Covid 19 and the impact on BAME individuals, communities and workforce

Public Health England's report, Beyond The Data: Understanding the impact of COVID-19 on BAME groups (June 2020)

- The highest age standardised diagnosis rates of covid-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males)
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British
- In relation to the health and care sector, of the deaths of healthcare workers reported, “63% were in BAME groups: 36% were of Asian ethnicity (compared to 10% of NHS workforce) and 27% were of black ethnicity (compared to 6% of the NHS workforce)



Covid 19 and the impact on the BAME workforce

- Discrimination also raised as a factor in burnout in report by the Kings Fund for NHS staff
- Black, Asian and minority ethnic staff in the NHS reported worse “and often shocking” experiences compared with white staff and were under-represented in senior posts
- 2020 NHS Staff Survey set out the following data in relation to bullying or harassing behaviour directed towards NHS staff:
 - 26.7% of staff reported being bullied, harassed or abused by patients/service users, their relatives, or other members of the public in the past twelve months
 - 12.4% reported that behaviour by managers
 - 18.7% reported that behaviour by other colleagues

Will also be experienced by social care staff.



Covid 19 and race inequality

- Higher likelihood and risk of BAME individuals and communities contracting, suffering and dying from Covid-19
- Feedback from BAME-led community organisations suggests there has been a significant increase in the number of BAME people who have needed care and support through Covid
- Cultural and language barriers in a very fast-moving health / hospital system during the pandemic, where family and appropriate care and support agencies could not accompany people due to infection procedures
- Particular concerns about mental health - significant increase in people presenting with mental health conditions, disproportionate impact on BAME individuals and communities
- High number of people over the age of 75 who provide full time care, but who have never come forward for assistance or support. Lockdowns significantly increased the pressure on carers – both in terms of the expectations on them but also on their own health and wellbeing.



Covid 19 and the impact on the BAME workforce - Government statement

“ It is clear from the evidence collected by Government, the NHS and other organisations that staff from Black, Asian and minority ethnic groups have been disproportionately affected by the pandemic in a way that has shone a light on deeply worrying divisions in society”

“ Both the Public Health England and BAME Communities Advisory Group reports set out a series of actions to address this problem. We recommend that the Department set out how it plans to implement those recommendations, with a corresponding timeframe”

“We further recommend that Integrated Care Systems have a duty to report on progress made against those recommendations made to improve the support for their staff from Black, Asian and minority ethnic backgrounds”

(Workforce Burnout and Resilience in the NHS and Social Care’ House of Commons Health and Social Care Committee May 18th 2021)

