

28/10/20

BASW England position statement on the Minister for Equalities

The British Association of Social Workers (BASW) is the professional association for social work in the UK with offices in England, Northern Ireland, Scotland and Wales. With over 21,000 members we exist to promote the best possible social work services for all people who may need them, while also securing the well-being of social workers working in all health and social care settings.

This BASW England position has been formulated with the views of social work academics, practitioners, managers and students.

As an Association we have tirelessly advocated and championed the values and ethics of anti-oppressive practice, equality, human rights and social justice. We have long campaigned against structural inequalities, highlighted the impact they have on marginalised and vulnerable members of society and empowered social workers to challenge this at every level.

BASW England cautiously welcomes the [press release](#) and the Hansard [report](#) from the Minister for Equalities published on 22/10/20 regarding the disparate impact of COVID-19 on Black & Ethnic Minority communities.

However, we have a number of concerns and observations about the press release, as follows:

- The press release does not refer to racism in any form, which appears to be a glaring omission. A Public Health England report in June clearly stated: “Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about personal protective equipment or risk.” The acknowledgment of ‘occupational exposure’ and ‘existing medical conditions’ in the press release indicates the impact of institutional and structural factors but is unclear why ethnicity would not have been further considered given the conclusions by Public Health England. We feel this needs further independent and holistic exploration.
- The press release outlines the role of ‘Community Champions’, which could certainly be beneficial, however, it remains unclear if the appointees will be employed simply to convey the Government narrative or whether the Community Champions will be funded roles, with delegated authority to access independent data and intelligence to advocate for and implement local and national agreed actions.
- The press release states that ‘more than 95% of frontline NHS staff from ethnic minority backgrounds have had a risk assessment and subsequently have agreed any necessary action as a result.’ However, this does beg the question, what about other frontline professionals in social work and social care who are exposed to the virus as part of their roles too? Also, in relation to the NHS, some staff from ethnic minority backgrounds (especially those on short-term contracts), with unconfirmed immigration status, in more junior roles or those dealing with asymptomatic patients, felt bullied or mistreated by their managers to continue working in relatively risky situations in hospitals or in the community without PPE. More granular level research is needed to establish whether structural racism and/or discrimination on the part of managers and poor-quality NHS and social care practices that contributed to COVID-related deaths.

- The press release (and the report that follows) may be met with some trepidation and scepticism by the Black & Ethnic Minority community given the experiences of and mishandling of the Windrush generation; the continuation of the 'hostile environment' (despite statements to the contrary) and the recent condemnation of Critical Race Theory and 'white privilege' by constituent and government representatives.
- Collation and reporting of data has changed throughout the pandemic and this is exemplified by the data relating to 'number of people contracting the virus 'during the last 28 days cases' and 'number of deaths'. Data collation is one source of information and is subject to interpretation, comparison data is important at a locality, regional, national and international level.
- We wholeheartedly oppose comments that: "structural racism is not a reasonable explanation" in response to disproportionate outcomes for Black and Ethnic Minority people from COVID-19. From a social work perspective, economic, institutional, interpersonal, internalised and structural racism are pervasive factors that affect all citizens, including social workers and people with lived experience. COVID-19 has exacerbated and highlighted inequalities for marginalised communities that have existed for many years.
- We agree with Dr Hajira Dambha-Miller that the report "does not go far enough in exploring the wider social factors that may contribute to viral transmission and death."
- We urge the government to acknowledge and act upon the findings in Lady Lawrence's recent report, which concludes that decades-old structural racism is leading to disproportionately worse COVID-19 outcomes for Black and Ethnic Minority groups in the UK. The report found Black and Ethnic Minority groups are over-represented in public-facing industries, industries where they cannot work from home, are more likely to live in overcrowded housing and are put at risk by the government's efforts to facilitate COVID-secure workplaces - which in many cases have failed.

Collectively, we must do our utmost to ensure that Black and Ethnic Minority communities are given accurate information and are ethically involved in the science shaping all of our futures.

We strongly recommend the Government does more to recognise the broken trust with many Black & Ethnic Minority communities (including social workers and people with lived experience). Primarily, this would involve working more collaboratively, compassionately and transparently. On the premise of promoting human rights and social justice, our position is this approach must be swiftly enacted by the Government to redeem any sort of credibility.

We hope this feedback is helpful and received in the constructive spirit with which it is intended.

For further information please contact:

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