

Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings

At the start of May 2020, the NHS released their [call to action to support BAME NHS people](#) and communities during and beyond COVID-19. A draft NHS England document proposed trusts ensure every staff member has a risk assessment to keep them safe, and that guidance will be provided to support employers to create proactive approaches for BAME staff, covering physical and mental health.

While it may not yet be clear why the danger of contracting COVID-19 and subsequent mortality rates are higher for BAME colleagues, it should be clear that a bespoke health and wellbeing offer for BAME staff should be developed and rolled out not just within the NHS, but also across the education system as we start to encourage more teachers and children back into face to face contact. Through acknowledging the very different outcomes for BAME people in particular with regards COVID-19, this could be a vital opportunity to not only put in place safeguards for colleagues now, but also affect lasting change in the imbalance of power, decision-making and representation for BAME colleagues within our education organisations as a whole for the long term.

The following are what an equivalent set of top five calls to action would look like in the education sector if they were to mirror that of the NHS guidance:

- 1) **Protection of staff** which includes risk assessments that specifically take into account the physical and mental health of BAME staff. The NHS has provided [guidance](#) for employers on risk prioritisation and management which includes ethnicity. This includes ensuring that line managers are supported to hold conversations with BAME staff that are sensitive and comprehensive, and that these should be held on an ongoing basis as physical and mental health are prone to changes.
- 2) **Engagement with staff** and relevant networks is paramount. Communication with these should be strengthened so that managers can hear and learn from lived experience - this includes initiating webinars and facilitated discussions including BAME and non-BAME colleagues within unions, MATs, BAME network leaders, local authorities, the DfE, leadership and governance associations and other stakeholders with the aim of starting a meaningful dialogue that will result in some real change across the education sector.
- 3) **Representation in decision making** is critical to include BAME staff as key influencers in decisions that may be made that directly affect them. There should be a national audit of BAME representation (segmented into the respective groups and not lumped together as a broad category of 'non-white' peoples) across educational leadership, governance and leading policy-making functions of all education organisations. This should be tackled head on and the imbalance addressed from school level and right up into government policy as a matter of urgency.
- 4) **Rehabilitation and recovery** to make sure there is bespoke and continuing health and wellbeing support throughout and beyond the crisis. The disproportionate impact of COVID-19 on BAME communities is acute, both personally and professionally. Teaching colleagues are already under pressure as frontline actors in uncertain times. We need to ensure that the unique needs of our BAME colleagues are met both now, and in the future. This could be the start of a long-awaited change.
- 5) **Communications and media**. The media representations of the education sector do not tend to include BAME colleagues. To create positive representations from, with and about BAME staff and students, we should be holding to account all education organisations from the

smallest school settings and through to the higher echelons of decision-makers and power holders, to ensure that their media and other communications are positive about BAME colleagues and students and representative in terms of optics as well as content matter.

We are indebted to our education professionals, teachers and support staff alike, who are going above and beyond to adapt and excel, teaching and caring for the young people they serve in these difficult times. We need to harness our collective passion, and commitment to true equality for all, at a time of increased complexity, challenge and emotional strain. We hope we can make real and lasting change for our BAME colleagues and the communities we all serve.

The duty of care

There are a range of statutory requirements that together form part of the duty of care that schools owe to their staff, and by extension to pupils and visitors such as parents. In the school setting these would include

- **Section 1 (2) Health and Safety at Work etc Act 1974** which states: “It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.”
- **Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999** which provides that: “Every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking”
- An Equality Impact Assessment or some other means of meeting the requirement of the **Public Sector Equality Duty contained in section 149 of the Equality Act 2010**, which requires public authorities to have due regard to a number of equality considerations when exercising their functions.

The duty of care is to all staff, and by extension pupils and visitors. No one should work in an environment where foreseeable risk has not been mitigated or removed as far as is reasonably practicable. Staff (including managers) have a duty of care to themselves, to colleagues, to those they manage or employ and to those they provide services to.

We know from Public Health England, from the Office of National Statistics and from a range of recently published research that some groups of people are more at risk from COVID 19, notably those with certain long term health conditions. BAME staff are particularly at risk, and the NHS has specifically identified the importance of risk assessments for BAME staff

This evidence has underpinned the NHS approach to risk assessment for all staff, not simply those in high risk areas. The core document being used to underpin risk assessments is <https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection>

If we were to have a parallel risk assessment guidance document and tool for staff in education settings, they may look like this:

Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in school settings

Introduction

There is an officially acknowledged high and disproportionate number of deaths of Black, Asian and Minority Ethnic (BAME) people due to COVID-19. As such, there is a need for initial guidance on risk mitigation for urgent implementation across all education settings.

Risk assessment

Risk assessment should be carried out for all staff, but especially for BAME staff as a priority, so that a personalised risk mitigation plan can be put in place for each member of staff. This requires an open and collaborative one to one conversation between the staff member and line manager, aided by the HR or occupational health team as required. It should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff member should see the risk assessment document and paperwork before the one to one conversation takes place.

Risk mitigation

Surveys and accounts from various professional medical and nursing bodies indicate that BAME staff face particular issues with being supported with measures to reduce their exposure to risk. The assumption is that this may be the same across other caring professions, including for teaching and school support staff professionals.

Measures to reduce exposure to risk must be implemented as a priority to protect the lives of staff and students. The measures will need to be in place for some time as the pandemic takes its course, so need to be sustainable. There is a widespread assumption at senior levels of the NHS that a “second wave” of COVID 19 is likely in late Autumn 2020. Regular feedback to see whether interventions are working is vital.

Long term work designed to improve organisational culture and capability will also enhance risk management.

Personal protection equipment (PPE)

Appropriate PPE should be made available and clear instruction and training should be provided to school staff regarding how to wear and dispose of, or re-use these, where fitting. There is ongoing debate for and against use of face masks/face coverings in general for staff, students and the public - guidance should be updated as the evidence evolves and is made available.

Students should be offered an explanation and reassurance about staff wearing PPE.

Staff testing

There is now a national testing process for England. It should be offered to staff with consideration given to prioritising BAME staff and their families, to enable healthy staff to attend work.

Aids for remote working

It is advised that organisations provide resources for remote working for all staff as priority.

Redeployment

BAME staff should be considered for redeployment to lower risk work areas or home working. A proactive offer by the manager as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members' needs are being taken seriously.

Working from home

If completely working from home or redeployment is not possible, a balance between working from home and school may be a way of reducing COVID-19 risk exposure. This should be carefully and actively considered rather than staff being made to feel guilty.

Other infection prevention and control measures

Social distancing in all work areas including staff rooms, classrooms and dining areas and hand washing should be undertaken as described in national guidance and should be strictly maintained.

Support for BAME school setting employees to manage additional impact of COVID-19

Vitamin D supplements

Although there is no evidence to suggest that Vitamin D gives specific protection against COVID-19 or prevents complications associated with the virus, low levels of Vitamin D may predispose to severe infection. Staff should be encouraged to have their Vitamin D levels tested, especially BAME staff members. Line managers should meet to discuss ways of making this advice available to staff, especially BAME staff as a priority, as they may be overrepresented in those with low levels of Vitamin D.

BAME staff engagement

Engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This can ensure the BAME voice is heard by leaders. Staff forums can be useful mediums to initiate debate. It is vital to discuss this issue in all mainstream staff side forums and not just with BAME colleagues. These issues are not just BAME issues but have relevance to all staff and to the whole organisation.

Psychological safety

Staff will need reminders of avenues available to speak out about issues such as poor access to equipment, bullying, and other issues, with an aim to reduce fear of raising concerns and ensuring there is a safe space to do so.

The risk assessment process

The risk assessment tool (below) is a means of structuring the assessment

Risk assessment tool for staff during the COVID-19 pandemic

General information					
Staff member's name(s)			Job title		
Line manager			Manager's job title		
Work location			Working hours		
Date of assessment			Review date		
Individuals underlying health condition category / other factors	<i>Please tick appropriate box</i>		Current post involves	<i>Please tick appropriate box</i>	
	Notified as on 12 week shielding (very high risk group)			Direct contact with other adults	
	Age (>65 years) Please tick if age is over 50 for BAME staff			Direct contact with children under 12	
	Diabetes			Direct contact with children over 12	
	Chronic lung disease			Providing support to colleagues within the setting (e.g. cleaning, estates, IT)	
	Chronic heart disease			Providing support to colleagues but not directly in the setting (e.g. training)	
	Cancer				
	Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present				
	Immunosuppression				
	Pre-existing disability that impacts on respiratory morbidity				

	Impact of carers stress or concerns about family		
	BAME background		
	Gender (please tick if male BAME above 50)		
	Is there a anyone that you live with who is “shielded” in according with the Public England schedule of conditions requiring shielding		

What are you already doing?		
Interventions	Current position	Additional action to reduce risk
Can this work be done at home?		
Could alternative work be undertaken at home or elsewhere across the school/trust (redeployment)?		
Can face to face interactions be limited?		
Have arrangements been made for remote working?		
PPE		
Access to swab testing and prioritising at-risk groups and their family members		
Has the individual had any sickness in the past linked to their health condition?		
Has the individual had a Vitamin D test showing deficiency?		
What arrangements are you going to put in place to ensure		

regular contact/wellbeing?		
Other considerations:		

Assessment			
<i>Please tick appropriate box</i>		Monitoring / further action	
Actions agreed as detailed above reduce the risks to the colleague		Manager to review and monitor	
Actions agreed as detailed above do not fully reduce the risk to the colleague / some concerns remain		Seek further advice and support	
Additional notes			
Please add any additional notes as appropriate / following discussion with appropriate advice and support provider			
Individual's signature (can be electronic signature of reference to email confirmation)		Date signed	
Print name			

Line manager's signature (can be electronic signature of reference to email confirmation)	Line manager's job title
Print name	
HR manager's signature (can be electronic signature of reference to email confirmation)	HR manager's job title
Print name	

Guidance notes:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. There should be guidance produced for staff and line managers to follow should there be a disagreement regarding either the outcome of the risk assessment or the follow up action to be taken.
3. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
4. It is recommended that the risk assessment is completed by a line manager, co-signed by a member of staff and further validated by the HR department
5. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate, and the staff member should be told with clarity as to what happens immediately
6. Please refer to NHS advice on risk factors and the government advice on shielding staff [here](#)
7. Suggested approach to interpreting risk factors are below:

Number of risk factors	Proposed action
Singular risk factor	Consider home working
Multiple factors (>/=2) or have a very high risk single risk factor	Strong emphasis on home working

Acknowledgements: based on Lincolnshire Partnership NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Somerset Partnership NHS Trust, Royal College of Psychiatrists and Faculty of Occupational Medicine guidance and assessment.