

# COVID 19 BAME Disproportionality Project ASC & Shielding

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# Overview of data / context

This reports sets out information relating to the experience of people who are Black, Asian and from any other Minority Ethnic groups (BAME) who are known to adult social care during the covid-19 pandemic. It considers both the impact of the pandemic itself and whether Adult Social Care's (ASC) response to it had any disproportionate impacts. It also considers the impact on ASCs and the local care sectors BAME workforce.

The report draws on national and local data and is informed where possible by feedback from voluntary sector organisations and other sources of qualitative information.

[The Public Health England \(PHE\) review confirms](#) that the risk of dying among those diagnosed with Covid-19 is higher in those in BAME groups than in white ethnic groups. After accounting for the effect of sex, age, deprivation and region, it found that people of Bangladeshi ethnicity were at most risk, with around twice the risk of death than people of White British ethnicity. 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. The risk of mortality for people of Bangladeshi ethnicity was in line with other research, [by the Office for National Statistics \(ONS\)](#) and [Institute for Fiscal Studies \(IFS\)](#), but for other ethnicities it was generally lower.

Whilst the data is important to understand any specific impact on people who are BAME it does not tell the full story. The term BAME can be problematic and risks the perception that it describes a homogenous group and this is far from the case. What was lacking from the PHE review was any genuine voices of the lived experience of people from the many different backgrounds represented by 'BAME'.

We know that some people who are BAME who either work providing care or have social care needs themselves will be acutely aware of the added risk to their health and their family's. Adult Social Care has a high number of BAME workers and some have stated that with Covid-19 and the George Floyd murder and resultant protests in the US they have been left feeling less safe.

There is more work to be done to hear the voices of people affected by Covid-19 and work with them to address the social and economic inequalities Covid-19 has exposed.

# Headlines from the data

- The care workforce is disproportionately from BAME backgrounds and therefore at greater risk of both infection and serious illness if they do become infected (*source: local data and skills for care 2019 social care workforce review*)
- Some evidence that carers from some BAME backgrounds are less likely to access support through traditional channels (*source: local VCS partner feedback and some indications from our local data*)
- No evidence currently that BAME people known to ASC disproportionately impacted by Covid 19 when considering local social care data such as deaths of people in receipt of social care, changes to care received, (with acknowledgement that the data picture is currently incomplete)
- No evidence from the data that Adult Social Care's emergency response has disproportionately impacted people who are BAME but we need to hear more from the people we work with to develop our understanding of this (*source: local quantitative data*)
- Voluntary sector and other feedback received has highlighted the difficulties the Bangladeshi community has faced including increased social isolation and a number of the community needing to shield due to health conditions such as diabetes.

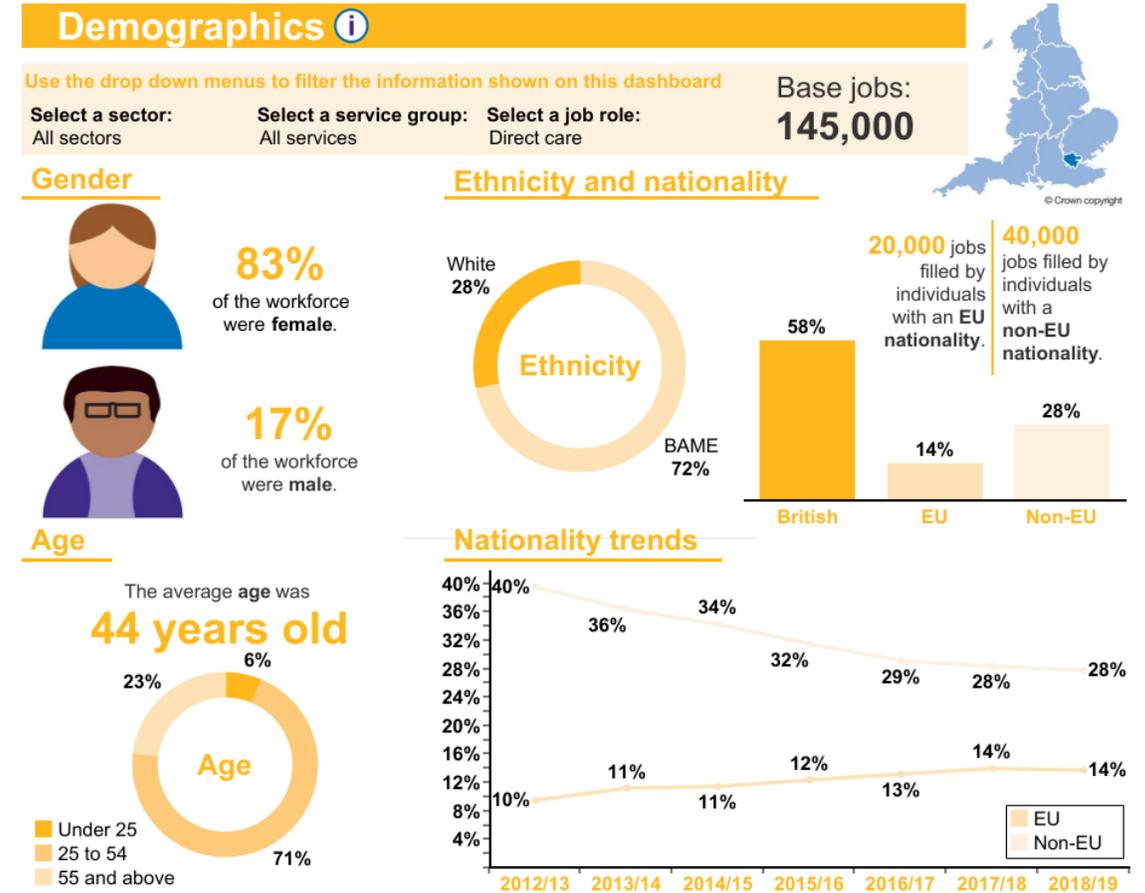
## Section 2: Demographic data

This section (slides 5-7) sets out:

- demographic information on BAME people delivering direct care in the wider social care sector
- information on Camden's ASC workforce
- Demographic information on people receiving ASC support in Camden

# The adult social care sector - BAME workforce

- The infographic shows detail from the 2019 report from Skills for Care '[state of the adult social care sector and workforce in England](#)' and includes data for the wider social care workforce including private care organisations.
- We do not have reliable data on the demographics of Camden's commissioned care services but can have a degree of confidence that the London wide picture represented here is representative of the situation in Camden
- The care workforce in London is made up of a much greater proportion of BAME people (72% of direct care workforce against 40% of population of London (2011 census))
- 23% of the workforce is over 55 years old so BAME people in this group can be considered to be at much greater risk of serious illness from Covid 19\*



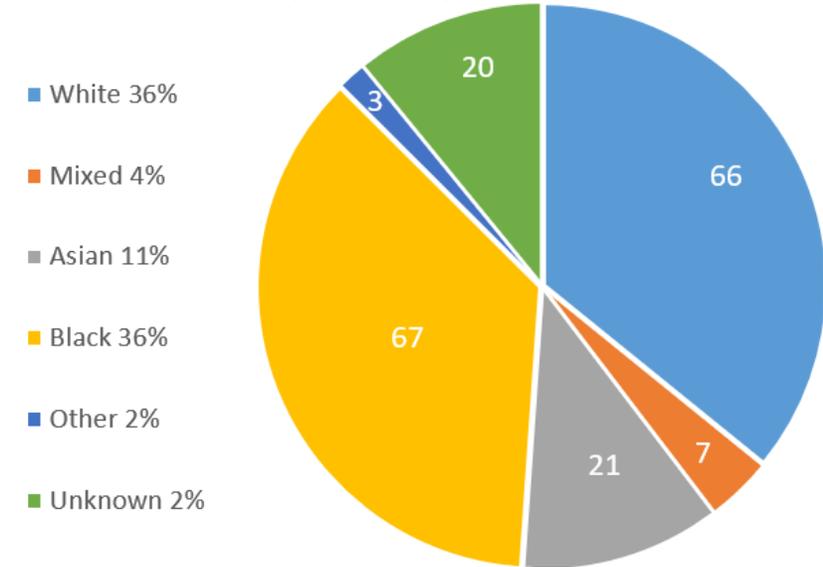
*\*Intensive Care National Audit and Research Centre found that patients most likely to survive in intensive care were those between 16 and 49, 76% of whom were discharged. The number fell to 50% for those aged 50 to 69, and to 32% for those aged 70 and over*

# Camden ASC workforce

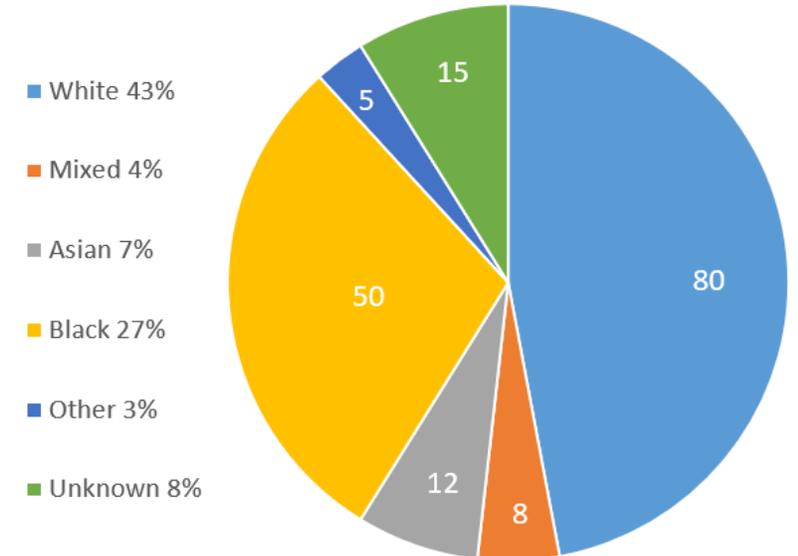
- Adult Social Care has a significant number of staff members who are black (32%) when compared to the demographics of the borough of Camden (15%\*)
- 45% of workforce are BAME compared to 37% of Camden\*  
(\*population data source: GLA 2016-based Ethnic Group Projections - mid-2020)
- When ethnicity broken down by job role and grade that proportion is higher with 51% of staff at levels 1-3 from a BAME background.

Section	White	Mixed	Asian	Black	Other	Unknown	Grand Total
Community Integrated Learning Disabilities Service	18	2	2	15	1	0	38
NHS Foundation Trust	22	2	2	14	1	8	49
Service Provision	27	1	7	25	1	13	74
Support and Safeguarding Adults	63	7	16	50	3	13	152
Transformation and Performance	22	3	6	13	2	1	47
<b>Grand Total</b>	<b>152</b>	<b>15</b>	<b>33</b>	<b>117</b>	<b>8</b>	<b>35</b>	<b>360</b>

ASC roles Level 1-3 by ethnicity



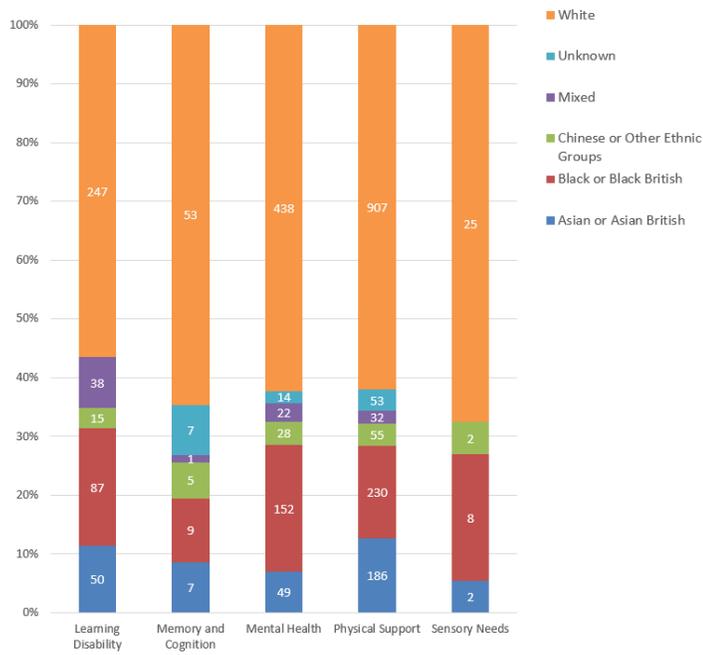
ASC roles Level 4-5 by ethnicity



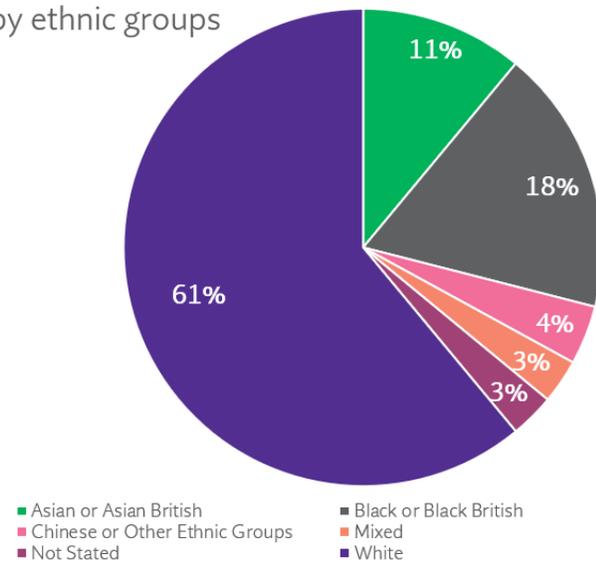
# Adult Social Care - ethnicity

- Adult Social Care supports a large number of people across the borough (and outside the borough) in a variety of settings. Of the people known to ASC and receiving a service (2775 people), the majority (61%) are white with 36% from BAME backgrounds.
- This approximately aligns with the demographics of the borough.
- When broken down by age, people known to ASC who are white make up a greater proportion in the older age groups (71% of people over 80)

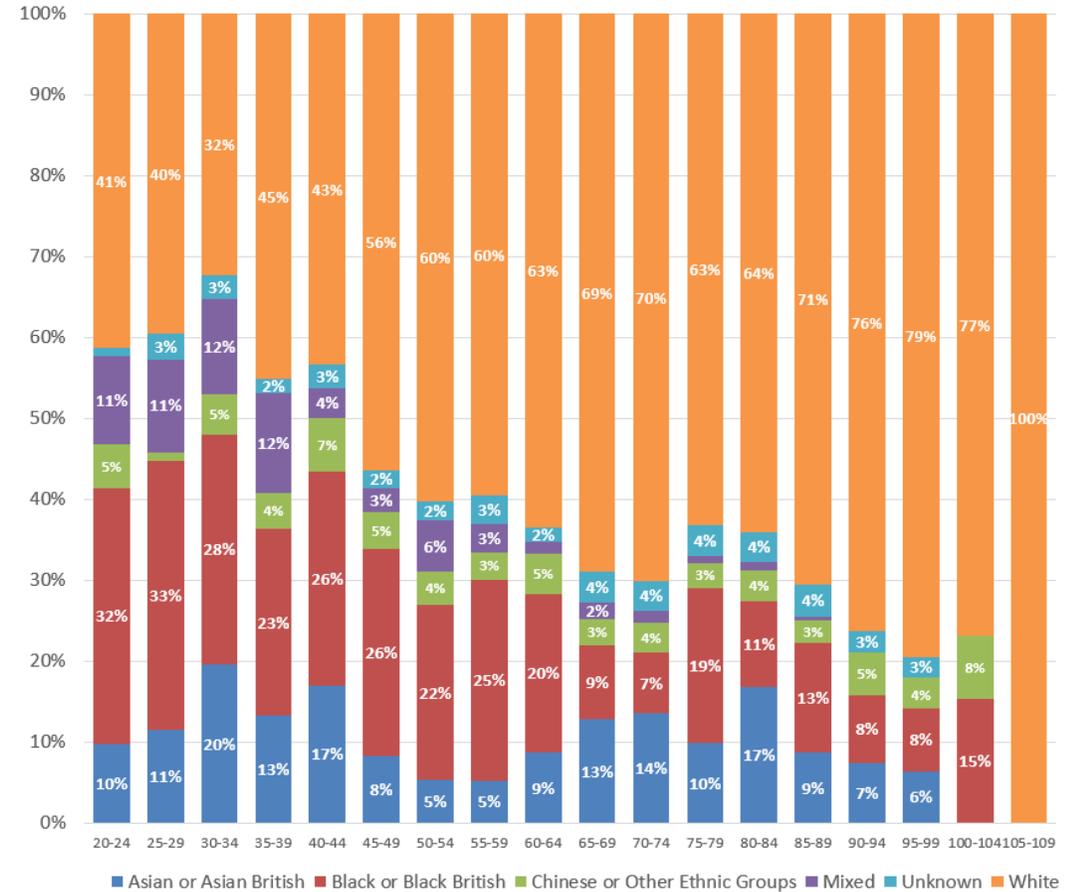
Ethnicity by 'primary support reason'



People known to ASC by ethnic groups



Ethnicity of people known to adult social care by age



## Section 3: ASC Activity

This section (slides 9-15) sets out information on Adult Social Care activity during Covid-19 and looks at data relative to ethnicity including the ASC cohort of Camden's shielded residents

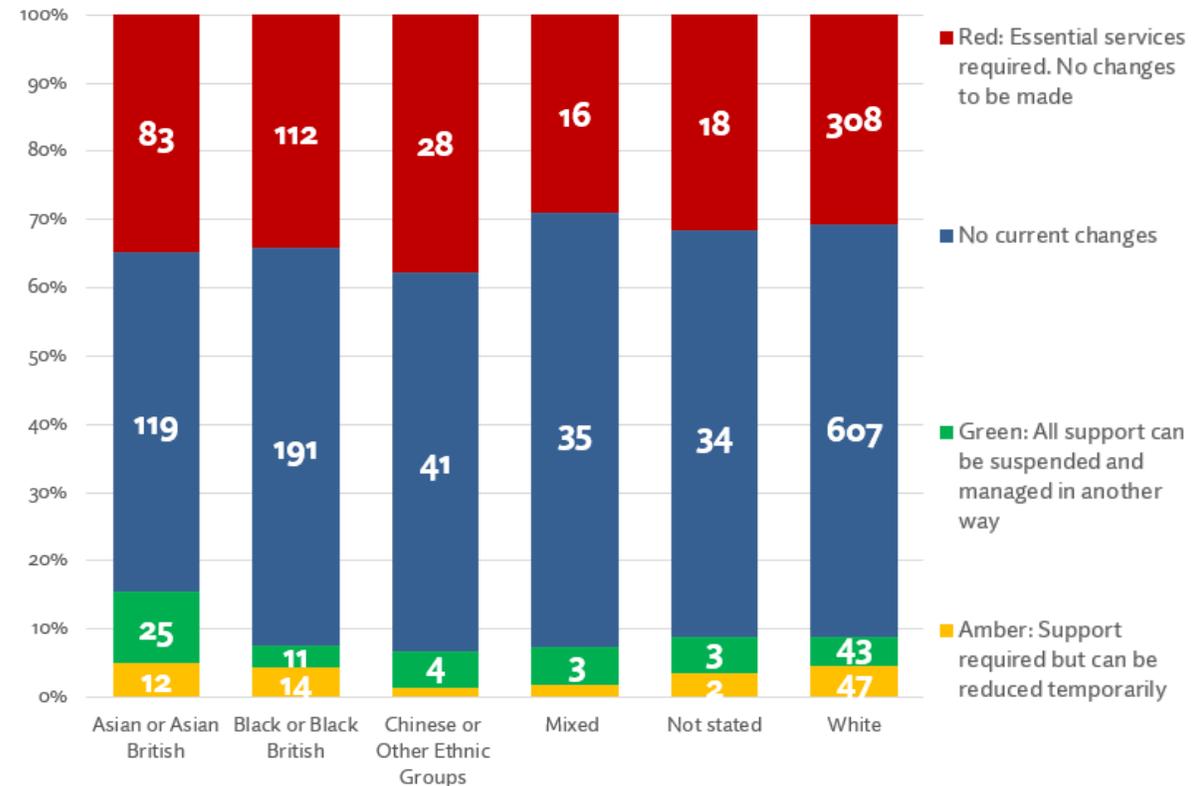
# Changes to ASC provision during Covid-19

## Adult Social Care Day Services:

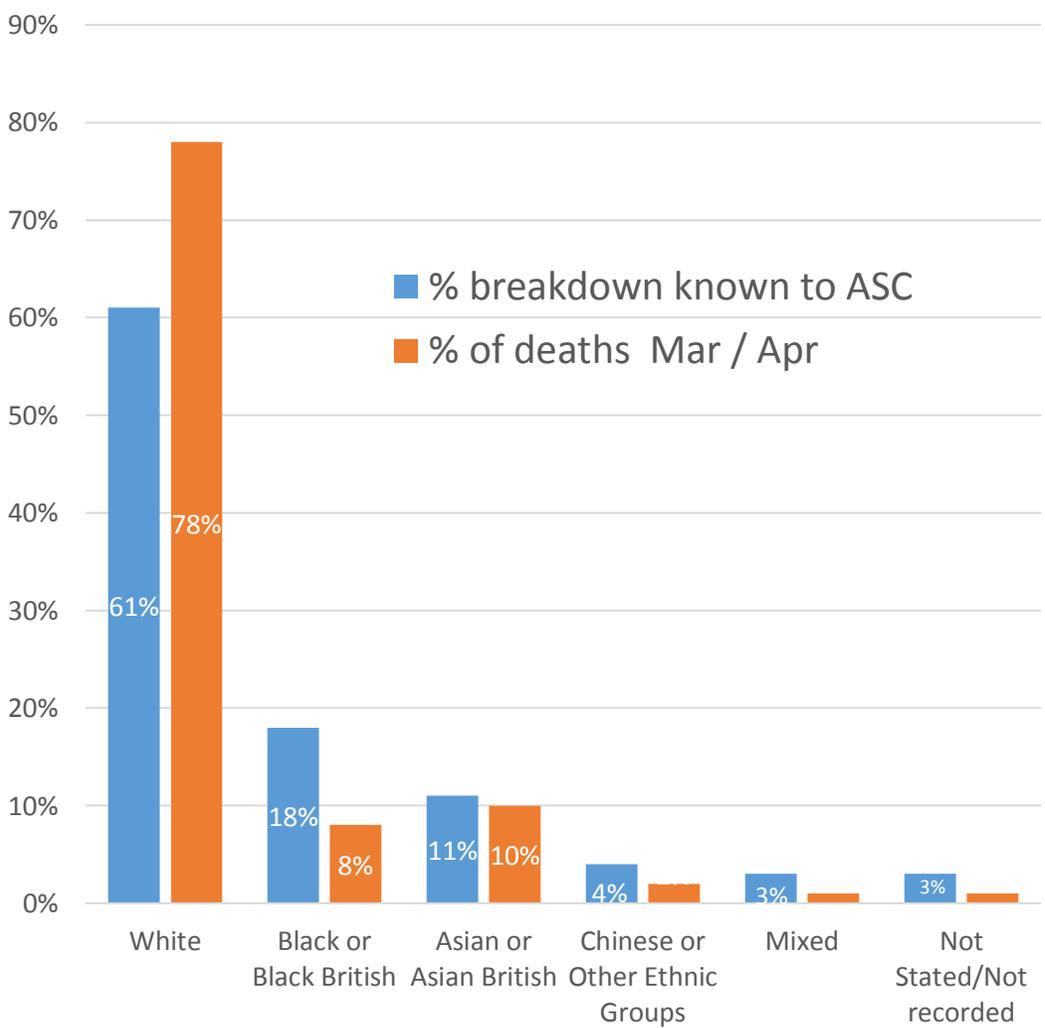
Adult Social Care took the decision to close day services during the pandemic apart from Breakaway respite care. All people receiving day care provision have continued to have their needs met in other ways and currently there is no evidence that this has disproportionately impacted any group. This is kept under close and frequent review.

## Homecare changes

- Over 700 individuals receiving homecare have been contacted to check in with them and to discuss their care
- Following a conversation and risk assessment some people wanted to voluntarily reduce or suspend their care on a temporary basis
- There does not appear to be any significant changes to care arrangements based on ethnicity



# ASC mortality by ethnic group (service held data not official statistics)



- Of the people recorded as died in adult social care during March and April (measured by 'service end date') – more white people died when compared to the proportion of white people known to ASC (78% of deaths compared to 61% of people)
- Most deaths have been amongst much older people who in Camden are more likely to be white than the younger population.
- The average age of white people who died known to ASC during this period was 81 years old
- The average age of people from BAME groups who died was 77 years old
- Further details on deaths are available through Office of National Statistics data

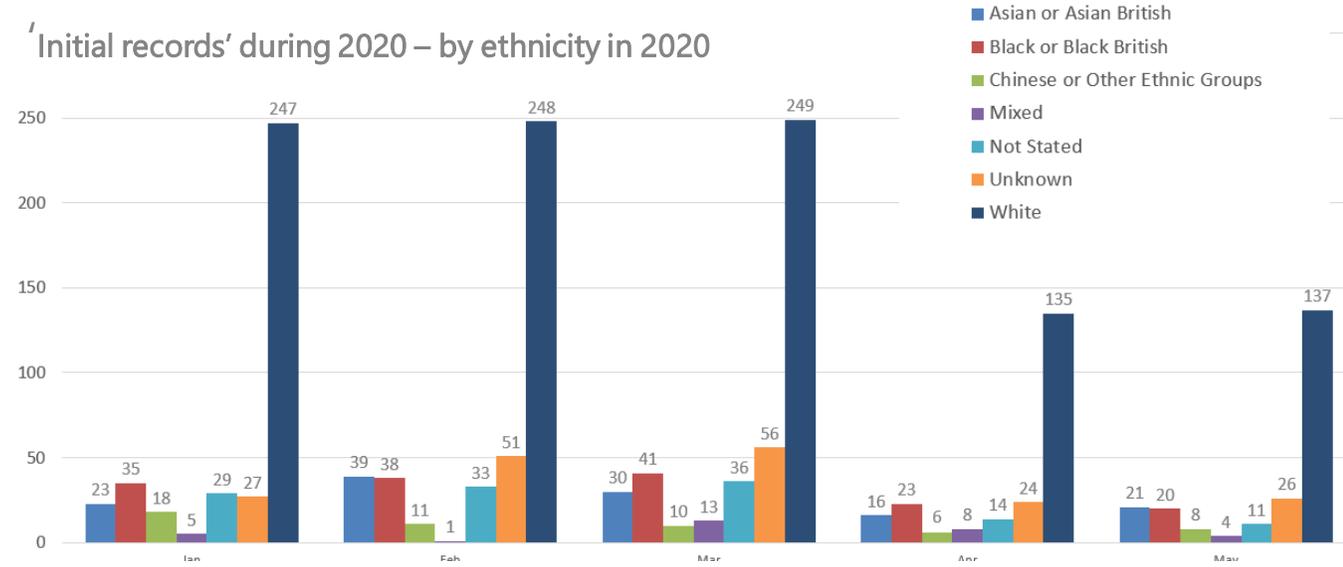
# 'What Matters' Camden approach to Adult Social Care

What Matters is the Camden approach to Adult Social Care and is focussed on a strength based approach. 'Conversation one' is the initial conversation that is had with people who approach ASC and is designed to connect people to resources and activities in their community.

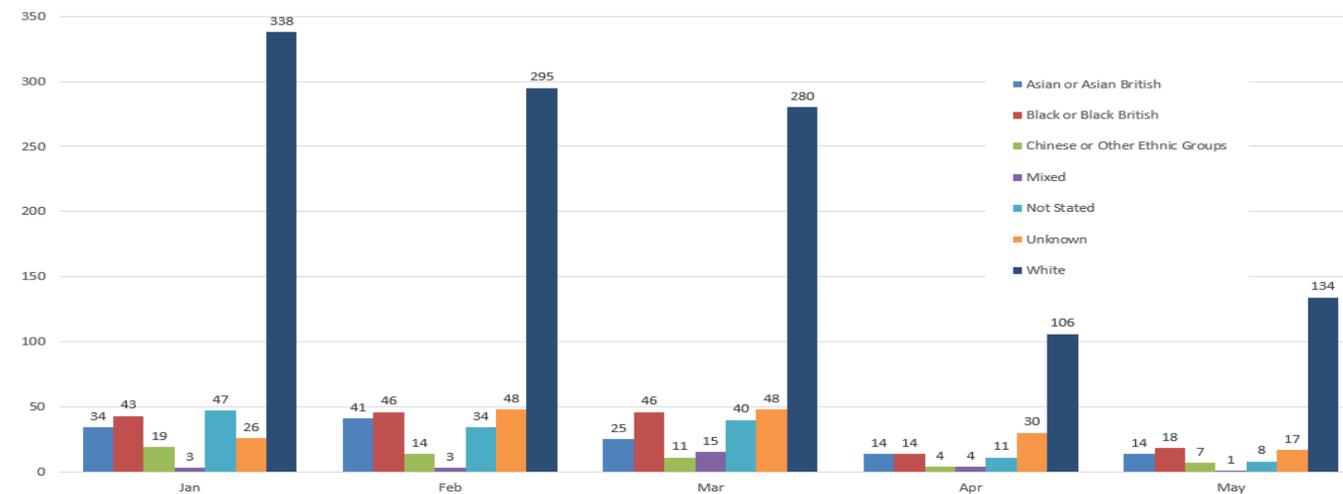
New approaches to Adult Social Care saw a decline during April and May 2020 as did initial conversations with people designed to connect

No evidence that the Covid 19 situation caused a disproportionate impacts on any ethnic group in relation to initial access to ASC, despite the overall decline during this period

'Initial records' during 2020 – by ethnicity in 2020



"Conversation 1: What matters - Stay well and connected" by ethnicity in 2020

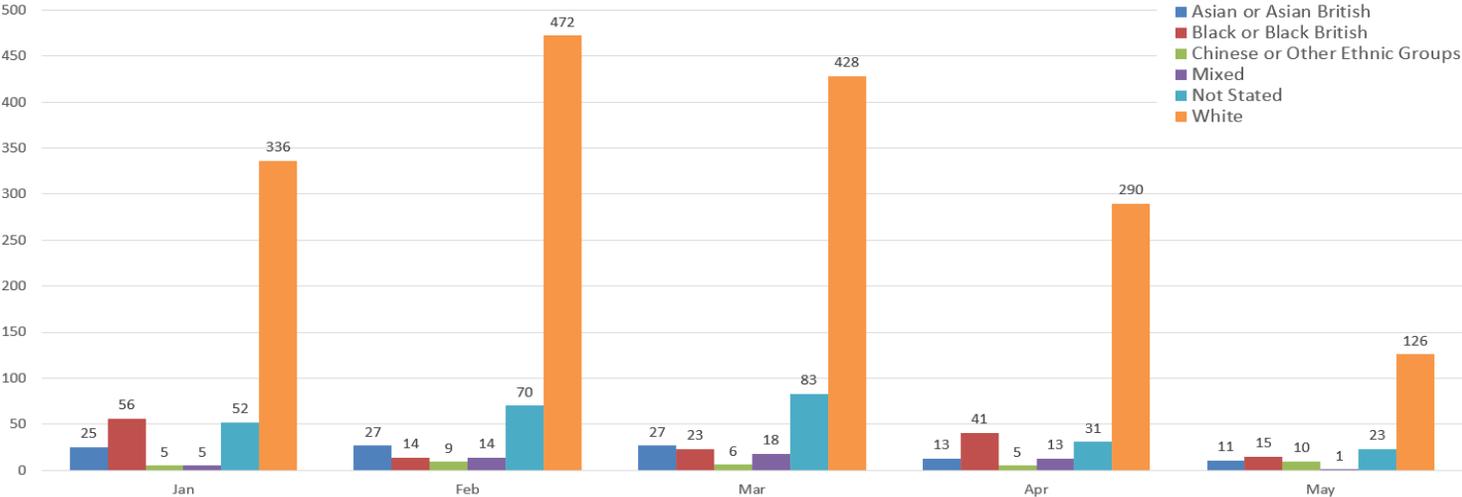


# What Matters' Camden approach to Adult Social Care

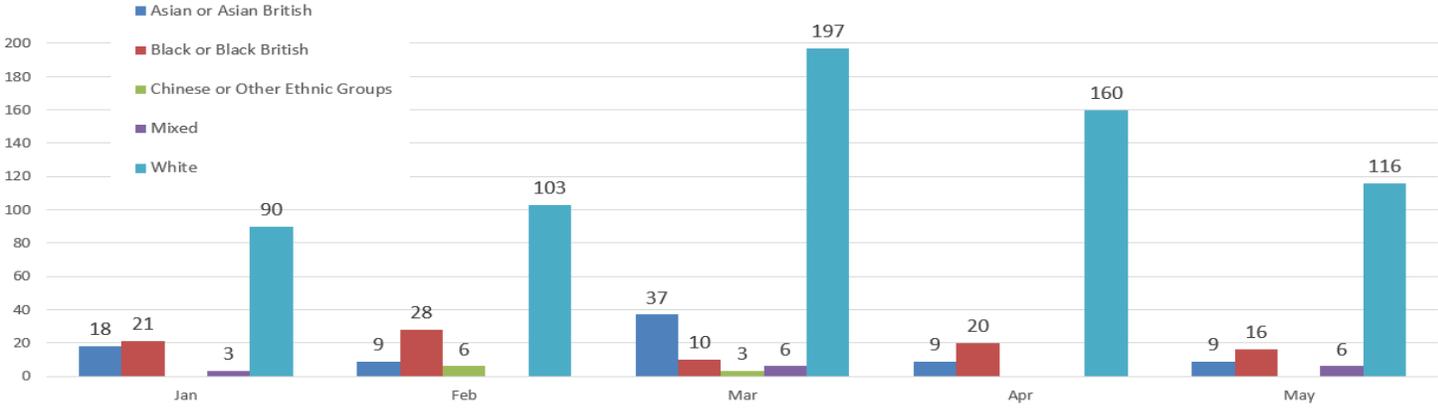
Conversation 2 is focussed on help when you need it – to ensure people get the urgent help they need to stay safe and well – again the decline in activity is consistent across ethnic groups

Conversation 3 is about building a good life and is the point at which Care Act eligibility is determined. Here there is a very slight indication that white people are more likely to reach this stage, however this is accounted for by the fact that older people are more likely to make up a greater proportion of this group – and as outlined previously are more likely to be white

“Conversation 2: What matters - Help when you need it” by ethnicity during 2020



“Conversation 3: What matters - Building a good life” by ethnicity during 2020



# Carers

The impact on carers during covid-19 has been significant and the headline data that we hold in ASC in no way tells the full story. There is a multi-agency task and finish group organised by ASC to understand the impact of covid-19 more fully. Feedback from voluntary sector partners has been coming in and there have been some valuable reflections:

Bengali's Workers Association have reported that *"social isolation is a concern for older people who find it hard to access social media and online tools. This is due to lower levels of digital literacy and due to language barriers in both reading and writing. Additionally overcrowded households mean that it is harder to follow government guidelines"*.

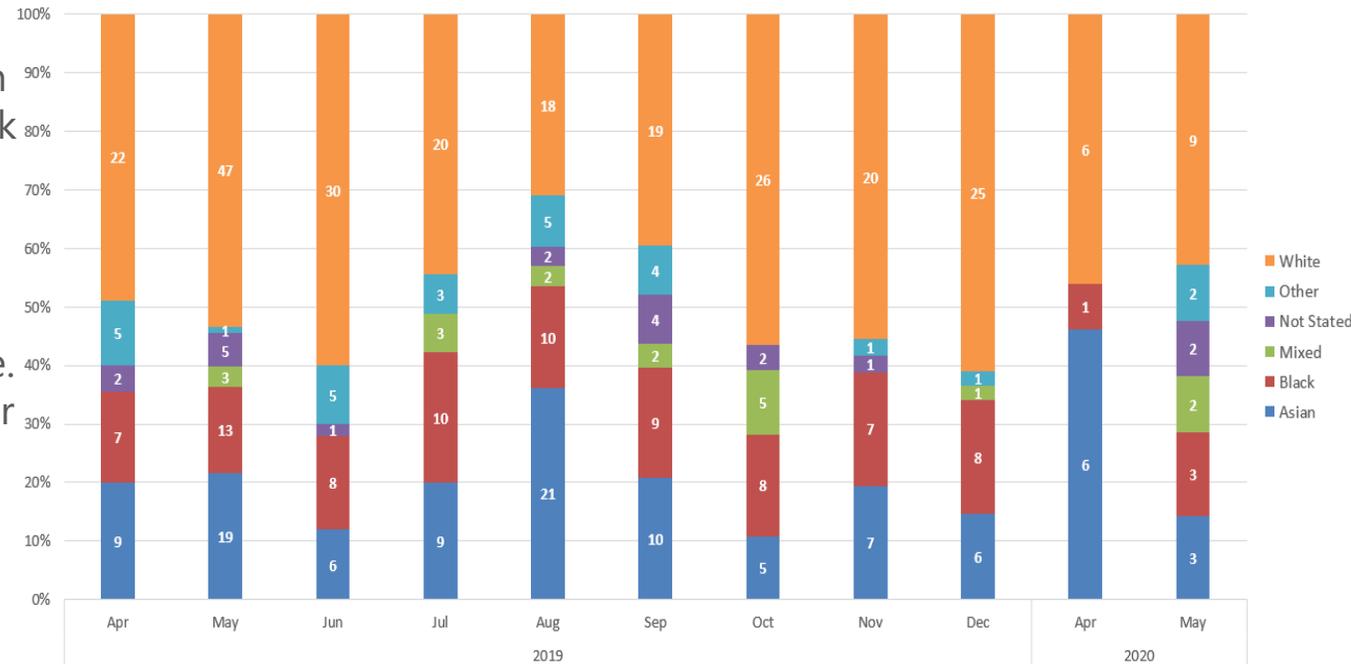
We also know from our partners that carers from a BAME background are less likely to approach 'traditional' services such as ASC or Camden Carers for support although lack data to back up this assertion.

Our plans to address this are set out at the end of this report.

Carer assessments and reviews are shown in the graph opposite.

- There has been a decline in activity since the start of the year and we are working to understand this and ensure we reach more carers who need support.
- The relatively low numbers involved make it difficult to draw any direct conclusions from the data.

Carer assessments and reviews 2019/20 by ethnicity



# Safeguarding

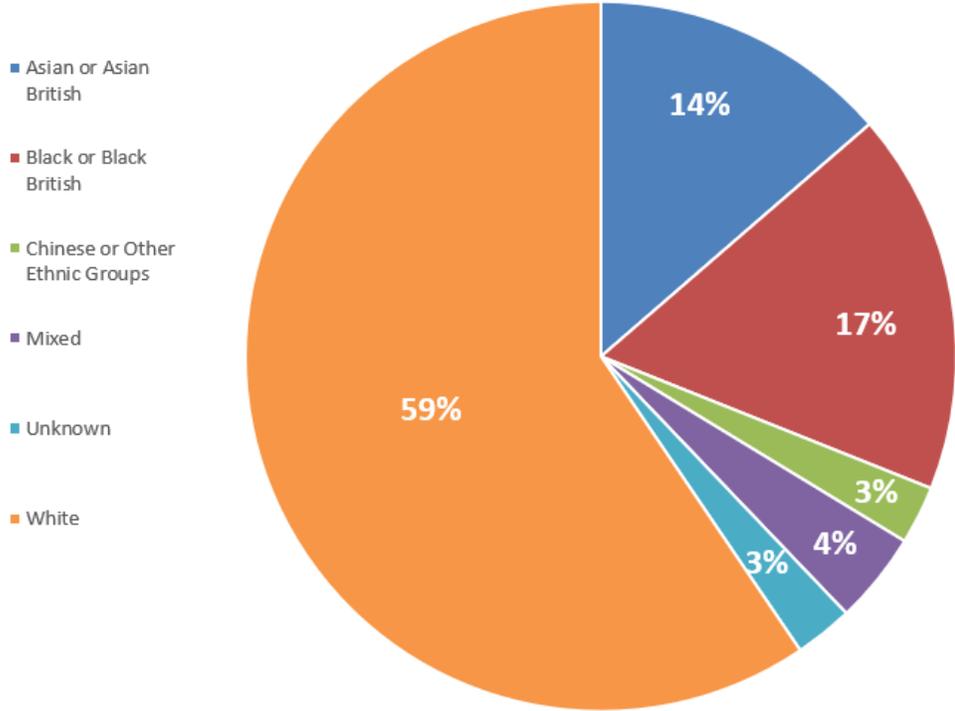
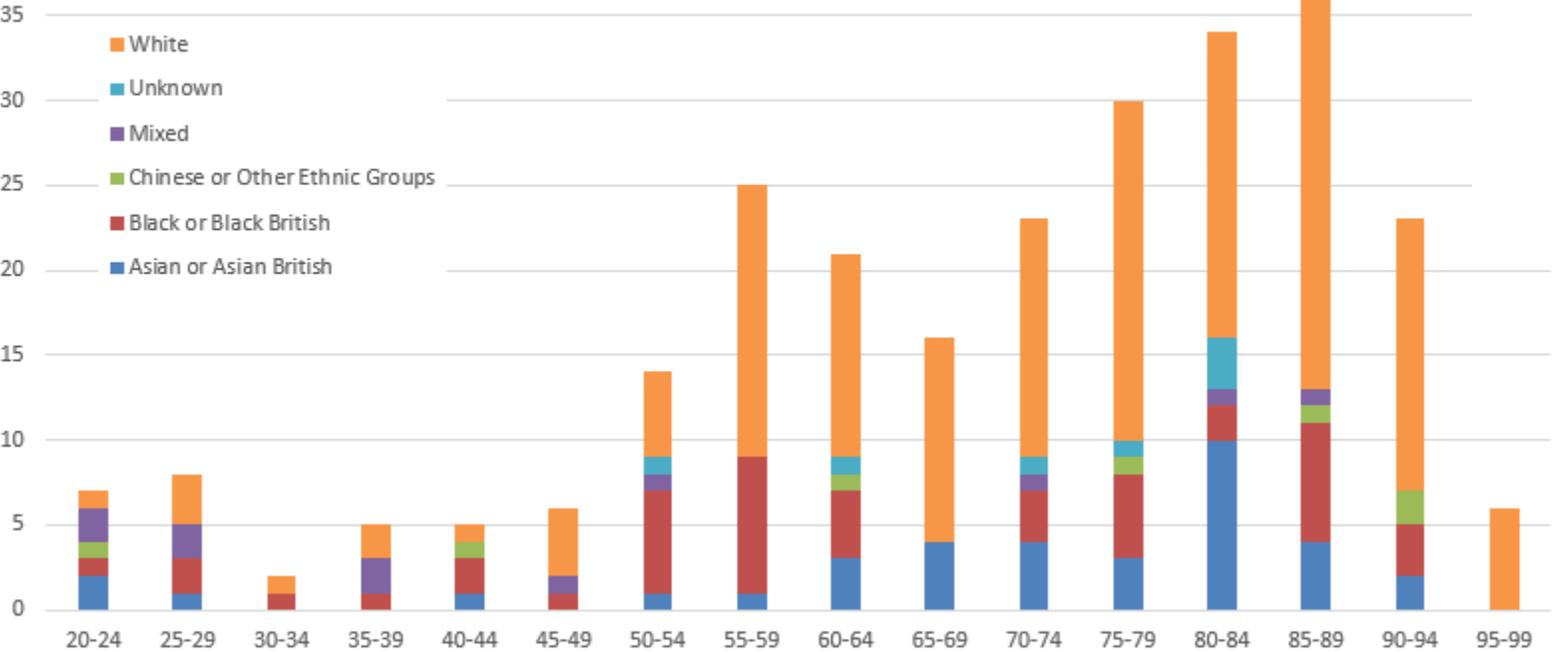
- A dip in safeguarding activity was seen during April but this is preliminary data and requires further analysis to understand the underlying issues. There were some changes to data recording that need to be accounted for
- During March and April there was no proportionate difference between safeguarding concerns and section 42 enquiries when compared to data for the full year for people from BAME background
- There are concerns that safeguarding and domestic violence issues have been under reported during the lockdown

	% of ASC population	SG concerns during full year	SG concerns during Mar/Apr	% of s42 full year	% of s42 Mar/Apr
Asian or Asian British	11%	7%	8%	7%	4%
Black or Black British	18%	11%	13%	14%	18%
Chinese or Other Ethnic Groups	4%	3%	4%	3%	4%
Mixed	3%	2%	5%	2%	0%
Not stated/Unknown	3%	6%	9%	5%	7%
White	61%	71%	60%	78%	67%

# ASC Shielded cohort

There was 826 people on the ASC shielded list. There is limited demographic data on shielded people at present but of the shielded people known to ASC they were slightly more likely to be from a BAME background when compared to all those known to ASC

ASC Shielded cohort by age and ethnicity



# Section 4: ASC Outcomes Framework

# Adult Social Care outcomes framework

What this analysis lacks is the genuine voice of people known to ASC from BAME backgrounds. This is something that we will develop over the next months.

Adult Social Care have co-produced an outcomes framework with people who have lived experience of adult social care. Over a series of representative focus groups a set of outcome measures were produced that ASC can measure the impact of what we do.

The next two slides set out information related to the Adult Social Care outcomes framework which has provided some information gathered **before Covid-19** on the experiences of people who are BAME and in receipt of social care support in Camden.

- Since my contact with ASC I feel more connected to activities and people in my community
- Since my contact with ASC I feel more confident and independent
- My social worker was clear and easy to understand
- My social worker took enough time to get to know and understand me
- I am happy with my friendships and relationships (from UCLA loneliness survey)
- I trust my social care worker
- I get the right support in a crisis or when things go wrong
- My social worker did the things they said they would
- I was able to make decisions about my care and support.
- I was given the right support to achieve the outcomes I identified.
- I was given enough information to make decisions about my care and support
- My social worker let me choose who should be involved in talking about my support
- I feel safe in my community
- I feel safe in my home

# Adult Social Care outcomes framework

During December 2019 and January 2020 Adult Social Care carried out a survey based on the outcomes framework. The responses received were demographically representative. The results were received as the lockdown and emergency response to Covid-19 began so further work to consider the findings is required.

Please note that this is a very early look at these findings and are presented because they are helpful to consider in context of this work, as the survey responses showed some indications that the experience of BAME people was different to white respondents\* before Covid-19.

- Less likely to report being independent
- No noticeable differences across ethnic profile with regards being active
- Less likely to report feeling connected to their local community
- More likely to report getting the right help in a crisis
- Less likely to report that their main contact in adult social care knows what matters to them
- More likely to report that their main contact in adult social care understands their local area
- Much less likely to report having enough support to do the things they want to do
- Much more likely to report being able to find information about adult social care services in Camden
- Much more likely to report that they spend too much time alone
- Much less likely to report that they know how to live healthily

\*Note on the data: For the purposes of this breakdown analysis, all respondents who identified themselves as any white background were placed in one group, and all other respondents were placed in another group covering all BAME respondents. This is standard practice when numbers across multiple ethnicities are low.

# Section 5: Next steps and longer term plans

# Short Term / Immediate Goals and Actions

What did the evidence tell us?	What actions are we proposing?	What does success look like?
<p><b>BAME Adult Social Care &amp; wider sector workforce</b></p> <p>The social care sector in London has a majority BAME workforce delivering direct care.</p> <p>BAME people are known to be at greater risk of serious illness from Covid 19 and social care staff are at risk of contracting the virus in the course of their work</p>	<p>Continuing to ensure good access to PPE</p> <p>Continuing weekly contact with care homes and home care agencies as part of Covid 19 ASC response</p> <p>Testing procedure for homecare and care home staff is ongoing in line with Public Health guidance</p> <p>Gathering feedback from BAME staff members and putting together working group</p>	<p>BAME workforce feel safe and supported and are able to do their jobs without fearing for their health or safety</p>
<p><b>BAME carers</b> are less likely to access support through ASC or Camden Carers Centre</p>	<p>Multi-agency carer action group to look at immediate actions to address carer issues. All individuals in ASC have been written to as part of carers week communications plan</p>	<p>Increased numbers of BAME carers access carer support</p>
<p>Feedback from VCS partners suggested that some people from BAME backgrounds were socially isolated and digitally excluded</p>	<p>There is a multi-agency working group that includes VCS partner, ASC, adult community learning and others considering digital inclusion. This will feed into a renewed ASC digital strategy</p>	<p>People who are BAME can access support and information through digital channels, and use digital access and skills to access remote support and activities during period of social distancing</p>

# Medium and Longer Term Goals and Actions

Adult Social Care is undertaking a comprehensive Covid-19 renewal planning process using our existing ASC Transformation Programme as the vehicle for this work. A clear understanding of the impact Covid-19 has had on people who are from BAME backgrounds as well as those with other protected characteristics will underpin this work.

As this is an ongoing process we cannot set out a clear set of ongoing actions at this point but there are some key themes and activities that are relevant:

- Reviewing the principles and ambitions set out in [‘Supporting People Connecting Communities, our strategic plan for living and ageing well in Camden’](#) in the light of our learning from our emergency response and our early thoughts on renewal planning
- Renewing our approach to co-production and participation ranging from the health and care citizen’s assembly, the learning from our outcomes work referenced earlier in this report, and our approach to co-production across adult social care and commissioning. This will involve hearing the voices of people who have been impacted by Covid-19.
- Continuing to build on our neighbourhood approach. Understanding the needs of our local communities is key to ensuring we can support BAME in ASC. We have seen that community-rooted organisations have proved the most adaptable in the face of Covid-19, using online technology to create and sustain connections which are traditionally carried out face-to-face. New models of care being developed in Camden support this approach, such as [Shared Lives Camden](#) and the upcoming new Charlie Ratchford extra care service built around small homes with self managing teams.
- Improving the way ASC and our partners supports BAME carers is more important than ever and alongside the immediate actions a longer term plan will be co-produced with BAME carers and organisations to address this

