

**June 2020**

**GMB Trade Unions response to the Health, Social Care and Sports Select Committee inquiry into the COVID-19 outbreak**

GMB members working in Domiciliary care and Care homes across Wales, have been on the frontline during this pandemic, They have been working excessive working hours under great stress and risking their own health to protect others, in some cases we have seen Care workers staying within the care homes as they have been to afraid to return home due to the fear of transmitting Covid to their families.

GMB has long campaigned for the recognition of the Social care workforce as professionals who are undertaking skilled work and providing essential highly skilled care and support to those that require it within Wales.

This Covid Pandemic has proven that the Social care sector is a vital one, and one that needs to be recognised for its role within Wales in supporting the NHS, thereby enabling it to cope with the pressures that have arisen. Yet despite the dedication and hard work of those carers, the Social care workforce still do not enjoy parity of pay with its NHS colleagues who are carrying out similar work of equal value.

GMB has been campaigning for Social care to be recognised as a profession that is carried out by a highly skilled, and dedicated Workforce. These staff are low paid, largely part time and predominantly a female workforce, GMB has made representations to Welsh government on many occasions, that Social care pay and terms & conditions in Wales should be agreed through sectoral collective bargaining. This view was supported by the work and recommendations that have been agreed in the Fair work Commission report and reflected in the Ethical procurement code in Wales.

Throughout the COVID pandemic GMB members have been seeking advice on the concerns that they have faced during this period.

**PPE**

GMB was concerned that the majority of employers were not adequately prepared for the COVID outbreak, Public health guidance was complicated and confusing, the advice and provision of PPE was seriously lacking, we witnessed many care providers seeking assistance from the public for donations of PPE via social media and were even making their own material masks as they could not keep up with the demands.

GMB members working in the sector were terrified that the only provision that they were being provided with to deal with the COVID outbreak were gloves and plastic

aprons, this was woefully inadequate and GMB believed that this left the workforce at high risk of infection and heightened the risk and the number of deaths in the care homes.

GMB campaigned for the full provision of PPE including FFP2 masks for all staff who were working in social care, irrelevant of the COVID status of the person they cared for, GMB members raised serious concerns that it was impossible to socially distance themselves if they were providing personal care which included toileting which made increased the risk of infection without adequate PPE.

The Welsh Government took action to distribute to social care settings on the 21st March and from central stocks to Health Boards on the 25th March, but many providers still struggled to maintain supplies for a number of weeks after this date. GMB members who were providing ancillary support in care homes contacted us seeking advice as they were told that their PPE would be taken off them to supply the care staff as they were the priority,

A recent Survation poll, conducted on behalf of GMB during Covid-19, identified that we were facing a social care crisis, as 4 in 5 care workers were expecting colleagues to quit, with low pay being one of the main factors. 79% thought that staff shortages were inevitable as people were unwilling to continue working at the current levels of pay amidst the increased risk posed by Covid-19.

Other results from the survey were:

- 71% believed that colleagues would die after being infected with Covid-19 at work.
- 20% had considered quitting over the lack of PPE.
- 85% felt their health was at risk due to inadequate PPE.
- 86% were worried about taking Covid-19 home to their families.

## TEST, TRACE & PROTECT

From early on in this pandemic GMB recognised and raised concerns with Welsh Government over the risks to the Social care sector due to the workforce being unable to afford to take time off work if they were sick or were required to isolate. (Letter to Health Minister 30<sup>th</sup> March) (Response from Deputy Health Minister 28<sup>th</sup> April)



Letter to  
Health Minister 30th



Letter from  
Minister.pdf

The GMB believes that any worker following a Government instruction to self-isolate should not suffer any financial detriment. SSP is set at £95.85 and is not in any way sustainable for individuals. Therefore, it is highly likely that staff will be forced to ignore your Governments advice and attend work anyway.

Within the TTP policy it states “ **tracing those individuals who have been in close contact with the person who has tested positive on any occasion during a period beginning up to two days before they started experiencing symptoms, and requiring them to take precautions and self-isolate (for 14 days.**

**Contact tracing means people may be asked to self-isolate multiple times. The more often people come into contact with others, the more likely it is that they will be required to self-isolate. We recognise the strain that this may place on individuals and their families if they are having to isolate on numerous occasions. This is something that we must all prepare for. If we are to maintain the gains that have arisen from lockdown, if we want to keep the R0 transmission rate down, then isolating to break the link in transmission is vital.**

**We will also talk to the UK Government about how they can ensure people are enabled to self-isolate through appropriate provision in terms of individual employment rights and the social security system.**

The document makes no reference to how employees get paid for isolating, GMB assumes that this would mean that those who are informed that they must self-isolate for 14 days would only be entitled to Statutory Sick Pay (SSP). This is unacceptable to the GMB and we believe that this would put significant risk on the future recruitment and retention of Social care in Wales.

During Covid-19 within the NHS, health trade unions including the GMB, have successfully secured Covid Special Leave for all staff that have to take time off work due to Covid-19 related reasons. Covid special leave entitles them to full and normal pay during the absence and has no impact on non-Covid sickness absence records.

**We would expect this to extend to requirements imposed upon staff under the track and trace programme.**

Formatted: Font: Bold, Complex Script Font: Bold

Most of the social care workforce however have been completely abandoned by their employers and Westminster Government when it comes to sick pay. After pressure from the GMB, SSP was extended to be payable from day one, but this is still unacceptable to us and our members. To reiterate again, the GMB does not believe any worker should suffer a financial detriment for following Government advice. We

continue to lobby Westminster, Welsh Government and private care providers on this crucial issue for our members.

There is no end to Covid-19 in sight as we move into the second phase and an attempt is made to lift lockdown measures. Therefore, there is the potential for an increased risk of exposure to Covid-19 due to travelling on unsafe public transport and the continued difficulties accessing appropriate PPE and testing. This will no doubt lead to further financial impacts of Covid-19 and this is a real and continuing fear for our members.

GMB welcomed that during Covid-19 the Government committed extra funding to social care, including £600 million, with Wales receiving £35Million, as an emergency fund for Infection, Prevention and Control (IPC). However, we have real and genuine concerns that this money is not reaching the frontline.

On the 19<sup>th</sup> May GMB again wrote to Welsh Government requesting to be involved in early discussion to make sure that the money got to the frontline as quickly as possible.



GMB Social Care  
Letter .docx

A crucial element of IPC in social care is strict adherence to self-isolation guidance from the Government, yet as the vast majority of the social care workforce are only entitled to Statutory Sick Pay (SSP), this has proven to be difficult advice for our members to follow, as £95.85 per week SSP is simply an unrealistic amount of money to be able to survive on, especially when social care workforce are only on minimum rates of pay. This is driving the social care workforce even further into poverty.

Any future funding must provide for increasing and recognising the value of social care work. This includes:

- Pay justice – in line with Local Government care rates of pay.
- Access to and employer contributions into the Local Government Pension Scheme.
- Full contractual sick pay.
- Increased staffing levels to assist in alleviating the pressures on the current workforce and to enable to needs of the residents and service users to be met sufficiently.
- Sectoral collective bargaining to ensure this hugely fragmented sector is represented fairly.

In the aftermath of the coronavirus outbreak, economic justice for the Social care workforce that has sacrificed so much must be achieved.

Prior to Covid-19 there were already reports of significant vacancies within social care. This puts extreme pressures on the ability to provide services to adequate standards. Without proper investment in social care, professional recognition for the workforce and pay justice, this will not be resolved.

Social care is not seen as an attractive profession due to low pay and high demands. Public support and perceptions of the social care workforce prior to Covid-19 was a workforce of low skill. However, this has changed. Covid-19 has shone a light on who the essential workers are in our society and the social care workforce are at the top of the list. Despite this, the social care workforce is considered to be lower in the hierarchy of importance when compared to colleagues working in health.

The social care workforce has been let down and feel absolutely abandoned by the Westminster Government and this has been exacerbated by Covid-19. The workforce was left out of original Personal Protective Equipment (PPE) guidance, priority was given to the NHS for access to PPE, severe delays and poor access to testing, as well being denied full pay for Covid-19 related absences and self-isolation instructions. All of this on minimum rates of pay. It is no wonder that there a few people coming forward to work in social care.

The profile of the workforce raises concerns about the heightened risk of coronavirus infection and mortality, which is likely to pose acute recruitment and retention problems at a time when there are unprecedented demands on the sector. Care was one of the three broad occupational groups identified as having statistically significantly higher than average increases in excess deaths in 2020 compared to all occupations, along with security and professional drivers.

There are also concerns about the very much privatised nature of social care, which is currently almost entirely provided by independent companies. In the last 10 years we have seen crisis in two major care providers: Southern Cross collapsed; Four Seasons Healthcare went into Administration.

The current financial model of social care is unsustainable. The potential impacts of Covid-19, a 'no deal Brexit' and Westminster Governments Immigration Policy are yet unknown. Funding within social care is unclear. Some reports suggest that there is not enough money going into the social care system and further investment is needed from Government to support the independent care sector that is providing care for state funded residents. However, other reports suggest that large amounts of profits are being extracted out of social care via hidden profit extraction mechanisms, high rents, loans and dividends paid to investors.

