

# Covid-19 - Call Centre Workers and Health-Safety, Union Challenges and Organisation

Working in call centres in the weeks following WHO declaring Covid-19 a pandemic (11 March 2020) generated an extraordinary depth and breadth of anxiety

In spring 2020, every Thursday at 8pm, communities across the UK celebrated the dedication of those fighting to save lives from Covid-19. The focus was those working on a visible front line, the nurses, doctors, paramedics, cleaners in the National Health Service and on the shockingly underpaid and vulnerable care home workers coping with the most extreme human tragedy. Recognition was also given to shopworkers, pharmacists, delivery drivers, postal workers and others, who keep people supplied, fed and protected. Yet, other workers perform active service on an *invisible* front line, namely call / contact centre workers, even saving lives through their skills on emergency or help lines. With face-to-face service prohibited, phone, email, internet and other contact become vital. Vulnerable people, shielding, may rely on telecom call-handlers for connectivity, or financial service agents responding to urgent money queries or civil servants processing state benefits or furlough payments<sup>1</sup>.

Trade unions have long campaigned (e.g. UNI's Call Centre Action Month) against often harsh and unhealthy working conditions - repetitive, pressurised, highly-targeted, emotionally exhausting work. Low status and poor pay contrast starkly with the social value of call-handlers' labour, revealed by the Covid-19 crisis. The impact of the virus on call centre workers is hugely significant, not least because of the size of the global workforce (Taylor, 2015); around 4 million workers in the US, 1 million in the UK, 600,000 in Germany and, in the global South, almost 1 million in the Philippines and perhaps 600,000 in India.

This article reports on a study of UK / Scottish call-handlers (April-June 2020), based on an online survey [https://phil.onlinesurveys.ac.uk/covid19-call-centre-back-office-workers\\_savelives](https://phil.onlinesurveys.ac.uk/covid19-call-centre-back-office-workers_savelives) which elicited 3,000 responses (Taylor, 2020a). The self-completed questionnaires and 200,000 words of written testimony constitute 'lay worker epidemiology', a methodological approach privileging worker experience as a diagnostic resource. The study followed the STUC (Scottish Trades Union Congress) and UK unions, notably CWU, Unite the Union and USDAW, receiving anecdotal accounts of hazards, inadequate safety measures and worker infection. Robust evidence was urgently needed that could inform union interventions to make workers safe, particularly homeworking. Incoming data revealed sector-wide hazards, so an ancillary objective became the publication of reports that could impact public policy and strengthen regulation.

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## Contact Centres and Covid-19

Crucially, the technologies integral to call centres facilitate the centralisation of remote servicing and sales activities. The cost-minimisation imperative driving efficiencies has created high-density, maximum occupancy office floors in, mostly, large workplaces, with workers tightly clustered in closely adjacent workstations in open-plan offices in sealed buildings. Hazards from Heating, Ventilation and Air Conditioning (HVAC) systems have been identified. Re-circulated air was widely reported in previous studies as causing illness: 'air conditioning - it's an incubator of germs' (Taylor et al, 2003:446). In this typical workspace configuration, call-handlers are potentially vulnerable.

For Covid-19, two transmission routes are dominant (REHVA, 2020), via droplets (particles emitted when sneezing, coughing, shouting, talking<sup>2</sup>) and surface (formite) contact (hand-to-hand, hard surfaces). A third is the faecal-oral route, with safety implications from toilet use. Airborne transmission has two exposure mechanisms (Guan *et al*, 2020). Close contact transmission, through large droplets >10 microns, which are released and fall to surfaces not further than 1-2m from an infected person. Yet, experts maintain, many airborne particles can travel long distances, including through HVAC ductwork. The second airborne transmission is through small particles (<5microns) which may stay airborne for 3 hours indoors, be transported longer distances and remain for 2-3 days on surfaces at common indoor conditions, implying that 'keeping 1-2m distance from infected persons might not be enough' (REHVA, 2020:2).

Given duration of exposure (long periods of sedentary work), workers' close proximity, the effects of HVACs and no fresh air, aerial bacterial dissemination may be far more problematic than hitherto recognised.

## 'Call centres are like petri dishes'

Working in call centres in the weeks following WHO declaring Covid-19 a pandemic (11 March 2020) generated an extraordinary depth and breadth of anxiety. Almost four-in-five either 'strongly agreed' or 'agreed' with the statement, '*I think it is likely I will catch Covid-19*', while more than nine-in-ten were worried they would 'give Covid-19 to family or friends'. More than two-thirds said they were 'much more worried', or 'terrified', if compelled to attend their workplace in two weeks' time. While increasing tolls of mortality and illness at societal level intensified fears, specific workplace experiences

exacerbated them. Three-quarters knew colleagues who had developed symptoms and been forced to leave work and self-isolate. The following are typical: 'Nearly 75 percent of the centre', '14 out of 17 in my team' or 'two-thirds of my floor. Accounts of serious illness abounded: '2/3 in ICU', or '1 in critical condition countless others self-isolating'. Most harrowing are the reports of deaths, seven by survey respondents.

Almost one-in-two reported sitting at least two metres distant from their closest colleague, most frequently at workstations in banks, with non-occupied desks between occupied workstations. However, this spatial separation did not guarantee social distancing. Almost four-in-ten sat less than the required 2 metres, and one-in-six reported 1.5 metres or less.

Almost three-quarters believed that moving through the building was 'very hazardous' or 'hazardous'. While most organisations made serious efforts to install one-way systems with strategically-placed signage, walking the floors where corridors are often narrow, exacerbated difficulties.

Compounding inadequate social distancing were continued supervisory practices involving face-to-face contact. More than one-in-three reported still having physical team meetings, huddles in close proximity to colleagues or 1-1 meetings with team leaders.

Significant concerns emerged from call-handlers' experiences of sanitisation and cleanliness. Less than four-in-ten believed management was 'effective' at sanitising toilets and three-quarters regarded management as 'ineffective' or 'very ineffective' in providing personal sanitisers.

Magnifying concerns is hot-desking. Almost 1-in-2 thought management were 'very ineffective' in enabling call-handlers to use their own workstation. Covid-19 brings a festering sore among call centre workers to a very visible surface.

For many years, workers in open-plan, high-density offices have complained about extreme temperature, dry atmosphere and sealed buildings and the circulation of germs and viruses. More than nine-in-ten agreed this was so; 57.6 percent were 'very worried' and 30.7 percent 'quite worried' that HVAC would circulate Covid-19.

## Union Interventions

Scrutinising incoming completed surveys identified centres where workers were facing acute risks. Since the author included contact details on the letter accompanying the survey many respondents emailed or telephoned with, often harrowing, information confirming conditions of widespread infection, serious illness and even death. Collating survey data and combining it with the intelligence provided directly by workers enabled the author to write targeted reports, communicated to national union officers who then intervened. Two cases stand out.

In a financial services centre in north-west England, one worker had died, others were in intensive care and Covid-19 was widespread, yet

management had implemented only selective homeworking, leaving many vulnerable to the reported hazard of a malfunctioning HVAC. Urgent communication by a Unite national officer with senior management, bolstered by participation of on-site union reps, prompted the company to homework or furlough the affected workforce. In a telecoms centre in Yorkshire, conditions were similar in that a death and widespread illness were reported, but the major problem revealed by completed surveys was the absence of social distancing. Although the industrial relations contexts differed<sup>3</sup>, the CWU was similarly able to ensure that management effected homeworking.

## Impact on Policy

Two reports based on the survey findings (Taylor, 2020a;b) influenced the Scottish Government into establishing a Working Group to provide sectoral guidelines. The Scottish Report (2020b) concluded with recommendations which informed the author's and union officers' interventions in the Group. Over several meetings, agreement was achieved on specific guidelines on important protections, including hot-desking and worker involvement in risk assessments. <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-call-centres-and-customer-contact-centre-environments/>.

## Call Centre Collective

An appropriate conclusion is consideration, unavoidably brief, of the *Call Centre Collective (CCC)* <https://www.betterthanzero.scot/callcentrecollective/>. Prompted by the serious risks faced by call-handlers from Covid-19, the CWU, STUC and its organisation campaigning against Zero Hours Contracts established the CCC as a worker-led initiative organising call-handlers across industries. Clearly, protecting workers from Covid-19, giving unorganised workers a voice and challenging bad management practice are immediate priorities. However, given long-standing representation deficits in, particularly, outsourced centres, CCC's longer-term objective is fighting for workers to be rewarded and to gain improved working conditions, justified by the real social value workers create.

## References

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Robust evidence was urgently needed that could inform union interventions to make workers safe, particularly homeworking

## Notes

- 1 Molloy (2020). Farcically, the UK government designated many call-handlers, though performing non-essential activities, key workers, compelling them to attend their workplaces.
- 2 Germane to call centres where talking is a sine qua non.
- 3 In the financial centre Unite utilised established collective bargaining arrangements, while the telecoms centre, following acquisition, had only relatively recently become subject to collective bargaining so that industrial relations practices reflected its non-union past.