TUC
Changing the world of work for good

# Dying on the job

## Racism and risk at work

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# Executive summary

The impact of coronavirus on BME people has shone a spotlight on multiple areas of systemic disadvantage and discrimination. There have been numerous reports produced over the years – some commissioned by the government itself – that have recommended action to tackle discrimination and entrenched disadvantage.

If these recommendations had been acted on, BME workers would perhaps not have suffered the disproportionate number of deaths that have occurred during this crisis.

Current inaction cannot be allowed to continue when the Covid-19 crisis has shown us clearly that this inequality not only limits Black people's life opportunities but also contributes to prematurely ending their lives.

BME workers experience systemic inequalities across the labour market that mean they are overrepresented in lower paid, insecure jobs. These inequalities are compounded by the discrimination BME people face within workplaces. Our research carried out just before the outbreak of Covid-19 revealed that BME people's experiences at work are blighted by discrimination: almost half of BME workers (45 per cent) have been given harder or more difficult tasks to do, over one third (36 per cent) had heard racist comments or jokes at work, around a quarter (24%) had been singled out for redundancy and one in seven (15%) of those that had been harassed said they left their job because of the racist treatment they received.

Yet very few had felt able to raise these issues.

As the disproportionate impact of Covid-19 on BME workers became clear, a range of individuals and organisations debated why this was the case, with a variety of explanations being put forward. Nowhere in these debates were the voices of BME workers heard. We set out to rectify this, launching a call for evidence to properly understand the issues workers were facing and what their preferred solutions were. What people told us was shocking but not surprising as it directly reflected our research conducted before the pandemic and the experience of BME workers over the years.

One in five of those who responded to our call for evidence said they had been treated unfairly because of their ethnicity at work during the pandemic and around one in six said they had been put at more risk at work because of their ethnicity. BME workers told us about being singled out for higher risk work, denied access to PPE and appropriate risk assessments, unfairly selected for redundancy and furlough and hostility from managers if they raised concerns. Workers repeatedly said that the fact that they were agency workers or did not have permanent contracts was exploited through threats to cancel work or reduce hours, both to silence them and force them to work in higher risk situations.

Workers highlighted several areas where they felt that action was needed to change their experiences of discrimination at work. In the short term, and in response to the pandemic, there are urgent steps that employers need to take.

These include conducting appropriate risk assessments for BME workers. These risk assessments should, drawing on the latest public health advice, consider the particular risks for Black and ethnic minority workers, who have suffered disproportionate harm from the impact of Covid-19. Any assessments should be informed by thorough, sensitive and comprehensive conversations with BME staff that identify all relevant factors that may influence the level of risk they are exposed to, including any underlying health conditions and work arrangements. All workers must have access to appropriate PPE.

BME workers must be able to raise issues without fear of victimisation, and with the belief that things will change for the better. This must involve better reporting and accountability mechanisms, and a willingness for senior staff to actually listen and properly respond to the concerns of BME staff. To support this, more equal BME representation is needed both at a senior and line-manager level.

Employers need to have a clear vision of what a workplace free from racism looks like and be transparent about the levels of diversity within their organisations.

Ethnic monitoring and regular reporting are essential if businesses and other employers are to identify and address patterns of inequality in the workplace. Organisations need to collect baseline data, update this information regularly so that the information can be seen in the context of wider trends, and measure results against clear, timebound objectives.

Employers do not need to wait for the government to introduce mandatory ethnicity pay- gap reporting and action plans.

We recognise that many employers, especially in the private sector, do not currently have detailed systems for ethnic monitoring. However, we urge these employers to act swiftly to introduce workforce ethnic monitoring that allows them to develop an evidence-based plan addressing inequality experienced by BME staff. Without up-to-date ethnic monitoring data on areas such as retention, recruitment and promotion, training and development opportunities and performance management, employers will find it difficult to develop a clear picture of their workplace and identify any areas where BME staff are underrepresented or potentially disadvantaged.

But wider systemic issues also need to be resolved and this scale of change cannot be driven by individual employers alone. Clear leadership is needed from government. The coronavirus crisis, with its terrible impact on BME people, must be a turning point in government willingness to address systemic inequalities for BME people, including at work. Anything short of this clearly signals a satisfaction with the status quo; a state of affairs where lives are blighted and prematurely ended by racism.

# Introduction

In May 2020, the Office of National Statistics (ONS) published an analysis of the number of Black and minority ethnic (BME) workers that had died because of Covid-19, revealing the full disproportionate impact of the pandemic on BME groups. Tragically, before official statistics were released, it was only through pictures of those who had died being shared that this truth was brought into the spotlight.

The analysis shows that when taking into account age, Black men and Black women are 4.2 and 4.3 times respective more likely than white men and women to die from coronavirus. Similarly, men in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a coronavirus-related death than white men when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for women, the figure is 1.6 times more likely.

The ONS analysis found that while geographic and socio-economic factors accounted for over half of the difference in risk, these factors do not explain all the difference, suggesting that other causes are still to be identified. The TUC believes that these other causes include the effects of institutional racism and structural inequality that exist in the world of work.

Unfortunately, the government response to date has failed to fully accept the extent to which structural drivers influence disproportionate death rates, instead suggesting that cultural or genetic factors are playing a larger role. Its coronavirus policy response has failed both to take account of the institutional and structural inequality BME people face and to mitigate its impacts. Strategies for dealing with the pandemic have not taken account of the economic position of people in BME communities, the racism that shapes the lived experience of people from BME backgrounds and the role that race inequality plays in the world of work. Racism remains a matter of life and death.

Some key factors which have placed BME workers are greater risk are:

- Levels of in work poverty are disproportionately higher in BME communities, as racial discrimination traps BME workers in low-waged occupations and into situations where they are expected to do the hardest and most dangerous work.
- BME workers are disproportionately working in the frontline jobs that are keeping our communities going during this crisis. Whether it is nursing the sick in hospitals, looking after the elderly in care homes, keeping public transport going or producing and distributing food, BME workers have to go out to work in environments with a higher risk of exposure to coronavirus. The growth of casualised forms of work designed to circumvent employment rights has increased the risks these BME workers face.
- The UK's limited social security safety net has left disproportionately more BME workers with no choice but to work during the crisis to pay the rent and feed their families. Often there is no safety net at all, leaving BME workers with no choice but to juggle several precarious jobs to survive.
- The government's hostile environment policy, which set out to make staying in the UK as difficult as possible for those without leave to remain, has left many BME workers with no recourse to public funds, or at the mercy of unscrupulous employers who know that because of arbitrary changes in immigration rules they are now undocumented. This places them at much higher risk of working in unsafe conditions.

It is these risk factors, not the ethnic origins of BME workers, that have led them to experience disproportionate numbers of coronavirus deaths.

However, despite growing public discussion about the impact of coronavirus on BME workers, the reality of their lived experiences has largely been excluded from the debate.

From the beginning of the coronavirus outbreak, unions have told us that BME people (including migrant workers) have been discriminated against in a number of ways - being singled out for more dangerous or difficult work, not getting access to adequate PPE, not being protected despite having underlying health conditions, being targeted when hours or jobs are being cut and being racially abused by colleagues or customers. We wanted to understand more about this and to put the voices and experiences of BME workers at the heart of the debate about the disproportionate impact of Covid-19. It is only through listening to BME workers and acting on their experiences and preferred solutions that we will effectively identify the issues that we need to address and find the best ways forward. That is why in June 2020 the TUC put out a call for evidence. We wanted to give BME workers an opportunity to place their experiences on record. Over 1,200 workers responded and told us their stories. The findings show how discrimination has compounded the impact of the pandemic on BME workers.

Before the pandemic, we had also commissioned ICM to undertake a survey of over 1,200 black and minority ethnic (BME) workers. This report also sets out the results of this survey, which provides further evidence on BME workers' experience of discrimination at work.

# BME workers' labour market experiences

The unemployment rate among BME people is significantly higher than it is among white people (6.3 per cent compared to 3.6 per cent).[1] BME graduates with a first degree are also more than twice as likely to be unemployed as white graduates.[2]

In part, this is because BME people face discrimination when applying for jobs. A 2019 report by the Centre for Social Investigation at Nuffield College found that, despite having the same skills, qualifications and work experience, job applicants from an ethnic minority backgrounds had to send 60 per cent more applications than white British candidates before they received a positive response.[3]

Discrimination continues once BME people are in work. There are around 3.9 million BME working people in the UK who are far more likely to be in precarious jobs than white workers.

- BME workers are more than twice as likely to be on agency contracts than white workers.
- BME workers more likely to be on zero-hours contracts – one in 24 BME workers are on zero-hours contracts, compared to one in 42 white workers.
- One in 13 BME workers are in temporary work, compared to one in 19 white workers.[4]

Many BME workers experience the double impact of underemployment and low pay.

BME working people are twice as likely to report not having enough hours to make ends meet and pay in temporary and zero-hours jobs is typically a third less an hour than for those on permanent contracts.[5] This places many BME workers and their families under significant financial stress and has constrained the choices that these workers have during the pandemic around whether they can afford not to attend work.

The stress and uncertainty created by the unpredictability of insecure work blights the lives of workers in ordinary times. But the Covid-19 pandemic has added a more deadly aspect to this lack of workplace power. Many of those filling key roles such as caring, in retail, warehouses or in food delivery are on insecure contracts. But they are reliant on their employers providing adequate equipment and working environment to enable them to work safely. Their insecure contracts make it harder for them to assert their rights for a safe workplace and appropriate PPE; to take time off for childcare responsibilities as schools have closed; and to shield if they or someone they live with is vulnerable. Their insecurity has increased their vulnerability, with all the risks to health and life that that brings.

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[1] TUC analysis of the Labour Force Survey (Q1 2020)

[2] *Black, Qualified and Unemployed*, TUC (2016). Available at: https://www.tuc.org.uk/sites/default/files/BlackQualifiedandunemployed.pdf

[3] *Are Employers in Britain Discriminating Against Ethnic Minorities?* Centre for Social Investigation at Nuffield College (2019). Available at: http://csi.nuff.ox.ac.uk/wp-content/uploads/2019/01/Are-employers-in-Britain-discriminating-against-ethnic-minorities_final.pdf

[4] "BME Workers Far more Likely to be Trapped in Insecure Work", TUC: https://www.tuc.org.uk/news/bme-workers-far-more-likely-be-trapped-insecure-work-tuc-analysis-reveals

[5] Ibid

The McGregor-Smith Review[6] into race in the workplace found that structural bias stands in the way of BME workers' progression at work:

> *"In many organisations, the processes in place, from the point of recruitment through to progression to the very top, remain favourable to a select group of individuals."*

BME employees are overrepresented in the lowest paid occupations and underrepresented in the highest paid occupations.[7] An ONS study on ethnicity pay gaps showed that, on average, BME employees earn 3.8 per cent less than white employees.[8] This varies by region, rising as high as 21.7 per cent in London. It also masks disparities by ethnicity. Despite these significant ethnicity pay gaps, and the underlying inequality that they reflect, ethnicity pay gap reporting is still not mandatory in the UK. Government consulted around 18 months ago on the introduction of mandatory reporting for employers,[9] with a range of organisations, including the TUC, signalling their strong support for this approach. Despite the consultation's stated aim of enabling "government and employers to move forward [on ethnicity pay gap reporting] in a consistent and transparent way" government has failed to take any further steps, including not yet publishing a consultation response.

While we still wait for government to 'move forward' on mandatory ethnicity pay gap reporting, most companies are not voluntarily monitoring and publishing their ethnicity pay gap. Many are not even in a position to do so. A report by the Equalities and Human Rights Commission (EHRC) found that only 36 per cent of employers have monitoring systems in place that would allow them to collect and analyse data to identify if there are differences in pay between different ethnic groups.[10]

During the crisis there has rightly been a recognition of the important role that workers that provide essential services to support our communities have played. BME workers are more likely than white workers to be in this key worker group. Forty per cent of BME workers work in key-worker occupations, compared with 35 per cent of white workers.[11]

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[6] *Race in the workplace: The McGregor-Smith Review,* GOV.UK – Department for Business, Energy and Industrial Strategy. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594336/race-in-workplace-mcgregor-smith-review.pdf

[7] *Pay in Working Class Jobs,* TUC. Available at: https://www.tuc.org.uk/research-analysis/reports/pay-working-class-jobs?page=3

[8] *Ethnicity Pay Gaps in Great Britain*, ONS. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/ethnicitypaygapsingreatbritain/2018

[9] *Ethnicity Pay Reporting Consultation* GOV.UK – Department for Business, Energy and Industrial Strategy. Available at: https://www.gov.uk/government/consultations/ethnicity-pay-reporting

[10] *Measuring and Reporting on Disability and Ethnicity Pay Gaps,* Lorna Adams, Aoife Ni Luanaigh, Dominic Thomson and Helen Rossiter IFF Research, August 2018. Available at: https://www.equalityhumanrights.com/sites/default/files/measuring-and-reporting-on-ethnicity-and-disability-pay-gaps.pdf

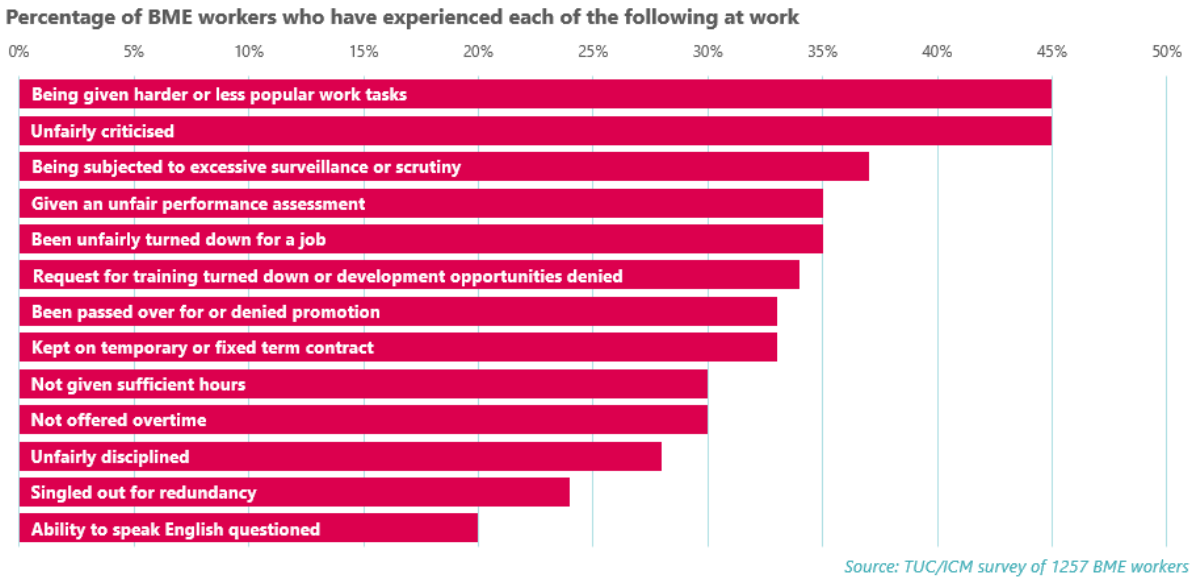
[11] *A £10 Minimum Wage Would Benefit Millions of Key Workers*, TUC. Available at: https://www.tuc.org.uk/research-analysis/reports/ps10-minimum-wage-would-benefit-millions-key-workers

The ONS has released data showing coronavirus-related mortality rates by occupation[12]. The release listed ten occupations as having high male mortality rates. BME men were significantly overrepresented in eight of these occupations. Security guards and taxi drivers were the two occupations with the highest male coronavirus-related mortality rates. Whereas 12 per cent of all men in employment are BME, 28 per cent of men working as security guards and 43 per cent of male taxi drivers are BME[13].

Shortly before the outbreak of the coronavirus pandemic, the TUC conducted research with over 1,200 BME workers to understand their experiences of discrimination and disadvantage in the workplace. The findings show significant numbers of BME workers experiencing discriminatory treatment across a range of areas. They paint a clear picture of BME workers being systematically undermined, excluded and forced out of work.

The chart below shows the percentage of BME workers who report experiencing different kinds of discrimination and disadvantage at work including:

- 45 per cent who report being given harder or less popular tasks at work
- 45 per cent who report being unfairly criticised at work
- 35 per cent who report being given an unfair performance assessment
- 35 per cent who report being unfairly turned down for a job
- 24 per cent who report being singled out for redundancy.




[12] Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020, ONS www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020

[13] TUC analysis of Labour Force Survey Q1 2020

# BME workers' experiences during the coronavirus pandemic

## Greater exposure to coronavirus risk

As reported above, our recent survey revealed that before the outbreak of coronavirus BME workers experienced significant levels of discriminatory treatment at work, including being given harder and less popular tasks.

Their experience was echoed in the responses to our call for evidence for BME workers. We asked workers to tell us if they felt they had been treated differently because of their race during the coronavirus crisis, including being put at more risk.

One in six of those responding to our call for evidence said that that during the pandemic they had been put at more risk because of their race or ethnicity. BME workers described being forced to undertake risky tasks, frequently on the frontline. These tasks were often those that white colleagues had previously refused to do.

A number of responses highlighted workers being asked to go on external visits when no one else would:

> *"I was made to do home visits when patients refused to come into hospital for the maternity care. Some of my white colleagues refused and I was given no choice."*

> *"I was sent to cover in another branch because they were low on staff due to some of them being high risk or abroad. Other colleagues didn't have to go because they were scared of putting themselves at risk; however, that didn't seem to be a reasonable reason not to ask me to."*

Lack of workplace rights, and the knowledge that hours can be reduced or temporary contracts not renewed, shapes the workplace experience of insecure workers, meaning they often have little choice but to comply with demands to expose themselves to higher levels of risk. As one worker explained when asked to do visits to the vulnerable and elderly during the pandemic.

> "*My other colleagues refused, I am still under a short-term contract and don't have similar rights as they did to refuse to do tasks.*"

Other BME workers were exposed to higher levels of risk within their usual workplaces. One nurse, for example, told us that she was always allocated to work with the patients with coronavirus, something that didn't happen to white colleagues. When she asked if staff could be rotated so that no one person was always looking after coronavirus patients, her manager exploited her insecure status as an agency worker, threatening to inform her agency and stop booking her for work. She was then faced with a stark choice between being able to earn an income and continuing to be placed at increased risk which could threaten her life.

> *"I had to make a decision to either die on the job or move away quietly to save my dignity and health."*

The nurse felt that the experience typified the "racism and injustice" that she faced on a daily basis in her workplace, adding that in the past it had caused her to leave a permanent senior role.

A recurring theme that emerged from the responses to the call for evidence was problems around access to adequate personal protective equipment (PPE). BME workers told us that their requests for PPE had been turned down, and in some cases, that PPE was provided to white colleagues but not to them.

A train driver explained how he was given one disposable face mask to last for two shifts, while white colleagues were fully equipped.

Others described having information that was important to maintaining safe working withheld from them.

> *"Information about PPE were given to some teams but not others.... the team that got the information were all white and the team that didn't get information had majority BME workers. The team that was unaware of this email only found out after a colleague from another team shared this."*

While some workers described discrimination in distribution of PPE between white and BME workers carrying out the same role, other respondents highlighted the impact of the lack of PPE in roles where BME workers were concentrated. One respondent who works as a cleaner on trains described her experiences:

> *" Without proper PPE they put me to clean the train that someone vomited in. After [I] finished cleaning … they told me that the person that vomited … had been suspected of Covid 19."*

> *"Shortage of PPE in care home. [I was] expected to go into Covid patients without appropriate PPE. [and ] wash deceased Covid patients without appropriate PPE ( seven in total) whilst white colleagues have not had one."*

As BME workers became aware of the higher risks they faced, they described their anxiety at not having adequate PPE and at this issue not being taken seriously.

> *"Not been provided with enough PPE despite my workplace knowing the high risk of the virus to BME staff. I was expected to go to work and expose myself to the virus and when asked about PPE I was told whatever has been provided was enough!"*

> *"We never had PPE equipment and was expected to work full shifts, we weren't supported by anyone in management as they all decided to work from home and leave us to it… I'm a BME member so like others in my position, we are more at risk yet no one has come forward to give us any support or guidance."*

## Failure to conduct risk assessments

Another recurring theme in responses to the call for evidence was failure to conduct effective risk assessments. BME workers repeatedly highlighted both a failure to conduct risk assessments and, when they were carried out, a lack of acknowledgement of the increased risks for BME people that they identified. One teacher, for example, told us that despite working in a school where the majority of pupils, and around half of staff, are from a BME background, higher levels of risk for BME people had never been discussed when planning to reopen the school, and no risk assessment had been undertaken.

> *"No risk assessments have been done addressing the increased risk to the BME community."*

*"I've been working throughout the pandemic with no risk assessment done while still dealing with the public. Just been provided some hand gel … I don't feel safe at work … I asked my manager to do a risk assessment he said I should do my own assessment!"*

*"When it became evident that BME people were vulnerable to Covid I had to approach the manager and ask for a risk assessment. It would have been great if managers actually thought about our safety."*

Workers described the stress and anxiety that they were experiencing as a result of employers' failure to properly assess the risks that they faced. One worker described how her underlying health conditions had been ignored and the consequent impact on her mental and physical health.

*"Going onto the ward without proper PPE exposed to washing a patient who had Covid-19. I caught coronavirus, was recovering at home. And my manager called me to come back to work. I followed medical advice. On returning to work they placed me back on the Covid ward, even though I have underlining health conditions. My blood pressure is…now extremely high because I am anxious and worried."*

## Being denied opportunities to work from home

Responses to the call for evidence also highlighted a range of issues in relation to whether BME workers could work from home, how they were treated when they were there and whether or not they were furloughed. A number of respondents reported still having to come into work while white colleagues, carrying out similar work, were allowed to work from home or were furloughed. One respondent, for example, told us how on the day that the government recommended everyone work from home if they can, all of his colleagues were sent to work from home. He was the only member of staff still expected to come into work. He is one of only two BME employees at his company. Similar experiences were described by a number or respondents.

*"I was asked to go out while everyone else was working from home. This was before I had PPE and before I had been given any by work."*

*"Most people have been able to work from home. I have watched other colleagues being able to work from home. I feel I have been treated unfairly because till now I have not been told why I am not able to work from home when other non-black colleagues are working from home."*

*"I'm the only mixed-race worker at work…One Asian lady with underlying health conditions. On the 23rd of March everyone was sent home whilst I was the only one asked to work in room where social distancing is not possible to work with families."*

In some responses, this issue would overlap with complaints about all, or the vast majority, of the senior staff in an organisation being white.

## Excessive scrutiny and a lack of support while working from home

BME workers working from home still reported experiencing unfair treatment from senior colleagues. Responses to our survey showed some BME workers who are working from home have been put under increased scrutiny and surveillance. Some workers faced not just extra scrutiny of their work, but extra scrutiny if they reported the need to work from home or called in

sick. This mirrors a finding in our pre-coronavirus survey where over a third of BME workers (37 per cent) told us that they'd been subjected to excessive surveillance or scrutiny while at work.

> *"While working from home I have felt more micromanaged than my white colleagues by senior management. I feel I am asked for more justification for what I have been working on. I also have not received the same level of sympathy and have been expected to do the same and quite often more than what I would at the office."*

> *"I had to fight to work from home, as I am asthmatic and take steroid inhaler. I had to go to occupational health for them to say yes, I need to work from home. While I was working from home, my work tripled, I became stressed as I was working well into the night to complete the work. I did report it. There was a] lack of support for us working at home. Like we are second class. I felt alone, and not supported."*

> *"I suffered from Covid symptoms and it was made out to look as if I were being dishonest. Two other colleagues who are white were given special paid leave, where I was told to come back to work or I would not be paid."*

Others experienced the opposite: being told to work from home but left adrift and excluded once there.

> *"I have just been left at home without any regular contact with managers, no access to work equipment to do my job, no internet access or dongle, and I can't even get a referral back to occupational health to raise my request for … work equipment."*

A recurring theme in responses to the call for evidence was feeling unsupported. One respondent spoke about the upsetting contrast between watching press conferences where the prime minister would speak about the higher death rate for BME people and then going to meetings in which colleagues would make flippant jokes about coronavirus. One journalist spoke about how just being checked in on would have been appreciated:

> *"Although I don't feel like I have been singled out and given difficult work, as the discussion of race has started only one colleague has checked up on me despite hundreds of racist comments from readers."*

BME workers also reported a lack of support with adjustments that would have enabled them to stay at work. A teacher explained that they had been turned down when they asked for adjustments, while white colleagues making the same request had not:

> *"I asked to bring my child in to work with me because I don't drive and could not take her to her school. I was told it was not possible. However, my white colleague asked to bring her child into work, and she was told yes. Her child will be in her class bubble though she also does not attend our school. Same request, different treatment."*

When another respondent, working in a school, expressed concerns to their employer about contracting the virus and passing it to their family, they were called into the headteacher's office:

> *"I was made to feel as if I was overreacting and they told me to call a number because they were worried about my mental health. I started crying at this because all I wanted from them was to give me some guidance and reassurance about how to stay safe. I told them that I am concerned about my parents and grandma and their health, however this fell on deaf ears."*

## Undue criticism and poor performance management

Our pre-coronavirus survey found that 45 per cent of BME workers have been unfairly criticised while at work, and 35 per cent have been given an unfair performance assessment.

Undue criticism has continued during the pandemic. One respondent to our call for evidence talked about how, despite all the extra effort during the lockdown, praise has not been forthcoming:

> *"There is also hardly ever any praise for the fact work has not slipped despite lockdown. I was ready for work immediately the next morning after lockdown yet my white colleagues took two weeks off to adjust and that was seen as fine. However when I did get ill despite my out of office people continued to pile on work for me via emails and someone made a comment about me enjoying the sun in the garden when I was so weak I could barely eat or go to the toilet. It was clear they felt I am faking my illness when I had symptoms of Covid-19."*

Another respondent outlined the extra effort BME workers must put in just to avoid the criticism of white colleagues:

> *"People of colour should feel valued and not just pushed to work … the majority of BME are really hard workers and feel that if we aren't giving 150% others call you … lazy or not a team player. The expectation for people of colour is so high and what white people get away with BME workers would never get away with."*

BME workers aren't just singled out for undue criticism. Almost a quarter of BME workers (24 per cent) in our pre-coronavirus survey reported being singled out for redundancy at one point during their working lives. Again, this was reflected among the responses to our online survey.

> *"I have been fired during the pandemic whilst my white male colleague who is the same rank as me has not. I am a brown woman."*

## Racist harassment and abuse

Our survey of BME workers found that before the outbreak of coronavirus 36 per cent of respondents have heard racist jokes or "banter" in the workplace. Around a third (32 per cent) had experienced verbal abuse directed at them or at others, and a similar percentage had witnessed racist verbal or physical abuse in the workplace or at a work organised social event.

Just over three in ten (31 per cent) BME workers have been bullied or harassed at work, and the same number have had racist remarks directed at them or made in their presence. Twenty-nine per cent of BME workers have been subjected to questioning about their culture or religion that made them feel offended or humiliated.

Social media can also be used as a vehicle for racist harassment with more than one in five BME workers seeing racist images or other content shared through social media at work.

As with other areas, our pre-coronavirus survey findings were reflected in responses to the call for evidence. One worker in the rail industry shared his anxiety around continuing to work with a colleague who had posted racist content on social media, while another BME worker described the kind of racism that she had experienced at work:

> *"I've had a number of racist comments prior to Covid from people in the office I worked in. Comments such as my manager would be scared of me and I was also told by a work colleague that their parents were so racist they would rather she was a lesbian than go*

*out with a black man. A work colleague also mistook me for another black person working in the organisation."*

Racism in the workplace can escalate past jokes, remarks and the sharing of racist content. Our survey found that, around a fifth of BME workers (19 per cent) report that they have faced physical violence, threats and intimidation in work.

*Source: TUC/ICM survey of 1257 BME workers*

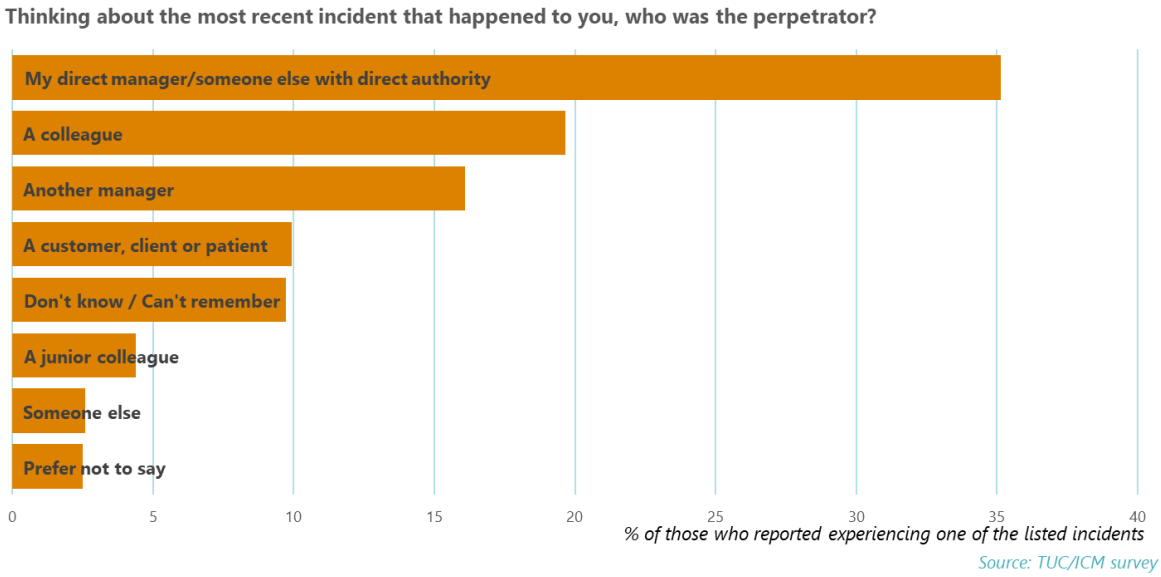
Racist remarks and attacks have also been a feature of the experience of BME workers during the coronavirus crisis. The labelling of the virus as a "Chinese disease" by politicians, the media and by other commentators has fuelled a dramatic rise in hate crime against people in the Chinese and East Asian communities.

BME workers in our call for evidence told us how hostile expressions of racism from both colleagues and third parties affected their working lives:

> *"The client group have become more hostile during the lock down… a client gave me a Nazi arm signal, this and other things [racist incidents] were reported to the line manager….no action is taken."*

> *"The rudeness and contempt I am treated with by otherwise mild-mannered people who would not dream of writing emails or speaking to white colleagues the way they do to me. Undermine any praise others give. Blame me if anything goes awry. Take out their anger and frustration on unrelated matters on me."*

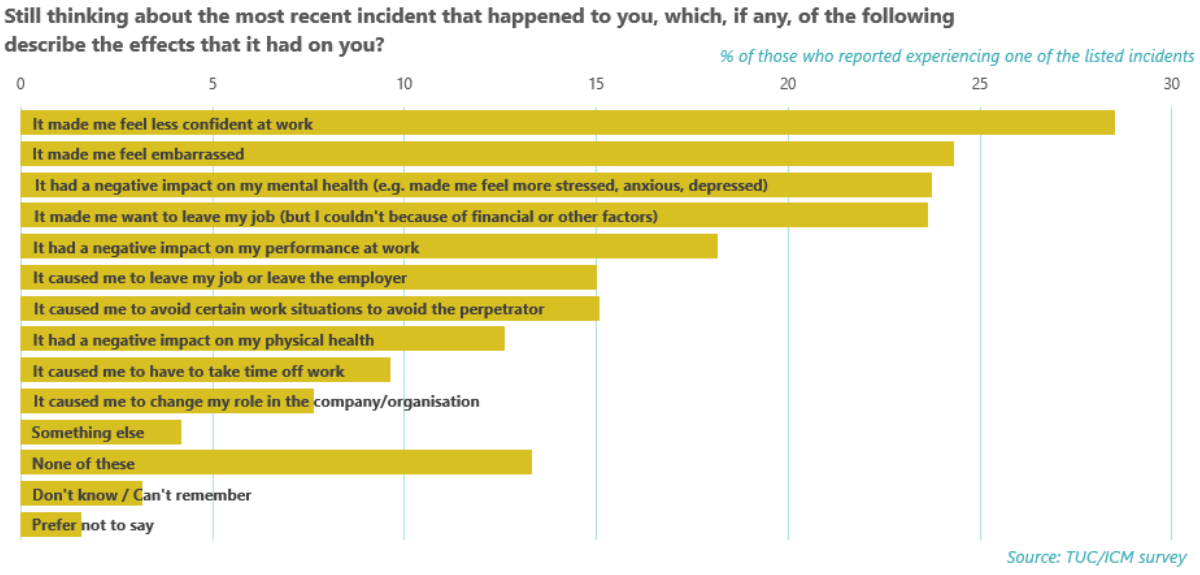
In our pre-pandemic ICM polling we asked BME workers about the perpetrators of racism in the workplace. The most common response was "my direct manager or someone else with direct authority" (35 per cent). One in five people told us it was a colleague, and 16 per cent told us it was another manager. For one in ten people, it was a customer, client or patient.




We also asked BME workers about the impacts that racism in the workplace had on them. Of those who experienced a racist incident, three in ten reported feeling less confident in work because of the most recent incident. Around a quarter (24 per cent) reported feeling embarrassed, and the same percentage said that the incident had a negative impact on their mental health. For 13 per cent, their physical health was impacted, and around one in ten people had to take time off work.

Some found it impossible to continue in their job following experiencing racism. Sixteen per cent of those who have experienced one of the listed incidents at work said that the most recent experience led them to leaving their job, and a further 24 per cent said that they wanted to leave their job, but financial circumstances or other factors stopped them doing so. Eight per cent changed their role within the organisation.

For others, their behaviour at work was affected. Fifteen per cent said that it made them avoid certain work situations, such as meetings, courses, locations or particular shifts, in order to avoid the perpetrator. And almost one in five people (18 per cent) said their performance at work was negatively affected.

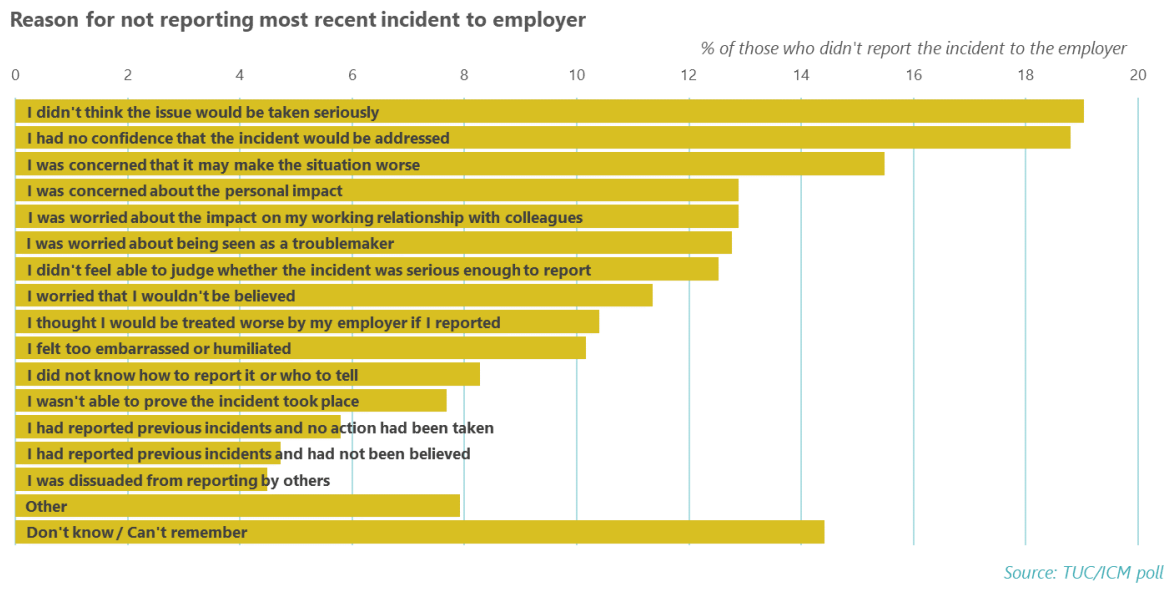


## Unreported racism at work

The majority of BME workers who experienced an incident chose not to report the most recent incident to their employer.

Only 16 per cent of BME workers who experienced one of the listed incidents reported the most recent incident to their employer. Thirty-one per cent told a member of their family or a friend, an d around a quarter (27 per cent) told a colleague. A significant number (28 per cent) chose to tell no one. Eight per cent sought help from their union.

When asked why they chose not to report racism to their employer, the reasons varied. Respondents could choose more than one option. Around one-fifth (19 per cent) didn't think the issue would be taken seriously, and the same proportion had no confidence the incident would be addressed. Fifteen per cent felt it would make the situation worse, and 13 per cent worried about the personal impact. The same proportion (13 per cent) worried about being seen as a troublemaker, or worried about the impact on their working relationship with colleagues. Around one in ten worried they wouldn't be believed, and a similar percentage felt too embarrassed or humiliated.




*Source: TUC/ICM poll*

For those who did report the incident to their employer, they only stood a 50/50 chance of getting a satisfying outcome. Our survey found that those who reported the issue were about as likely to be left dissatisfied as satisfied with their employer's response (43 per cent dissatisfied compared to 44 per cent satisfied).

We asked those who did report the incident what their employer's response was. Respondents could choose more than one answer. The most common response (29 per cent) was an informal investigation, with only 25 per cent of respondents saying there was a formal investigation. Only a quarter said that the complaint was dealt with fairly, and the same proportion felt their complaint was dealt with promptly. One in five of those who reported the incident said the complaint was ignored, and 11 per cent said the complaint was not believed.

Regarding specific actions employers took, the most common answer was that no action at all was taken (25 per cent of respondents). Again, respondents could choose more than one answer. Only 22 per cent said that their employer took action to prevent future harassment, and only 19 per cent said that disciplinary action was taken against the perpetrator(s). Seventeen per cent said another form of action was taken against the perpetrator. Some faced negative action from their employer. Seven per cent were subject to a counter complaint. Some BME workers who reported racist incidents to their employer faced being transferred to another department or workplace (6 per cent), facing disciplinary procedures (4 per cent), or were isolated from colleagues (3 per cent).

Half of those who reported incidents felt they were then treated better by their employer, but one in ten said they were treated worse, and 37 per cent said there was no change.

It's clear that much workplace racism goes unreported. This is for a range of reasons, including BME people believing that their complaints won't be taken seriously, or having no confidence that their employers will address the incident. For those who do report incidents of racism, a satisfactory outcome isn't guaranteed. Some will see no action, or insufficient action taken, and others will themselves face negative consequences as a result of reporting racism to their employer.

Many BME workers feel that they as if they are 'banging their heads against a brick wall' when trying to challenge racism experienced at the hands of their manager(s). They feel unable to speak out or directly challenge racism because this often meant addressing the racist views and actions of a more senior colleague. This feeling of powerlessness has meant that many BME workers who have been placed in dangerous situations during the coronavirus crisis feel that they have no choice but to get on with it. Attempts to go higher up the chain of command are often met with indifference. As one worker responding to our call for evidence succinctly put it:

> "*The assumption was that because of my colour I would do what I was told.*"

# Conclusions

This report brings into focus the reality of BME workers' lived experience during the coronavirus crisis and the way that racism shapes the negative experiences that endanger their health, safety and wellbeing. We believe that this is a key factor in the disproportionate number of deaths of BME workers during the pandemic. The report also shows how the institutional racism and discriminatory treatment that BME workers experience has intensified during the crisis.

The TUC believes that the most damaging of these factors are that:

- BME workers are overrepresented in the lowest paid occupations and are far more likely to be in precarious jobs than white workers. As a result, many BME workers may have felt that they had little choice but to work during the crisis (even where there was no access to PPE or other protections) because of the insecure nature of their jobs and lack of access to full employment rights.
- The experience of not having complaints of racism taken seriously or feeling that there may be negative consequences of raising complaints about racism has resulted in BME workers feeling that they have little power to affect their working environment. Many of the comments from BME workers in the report demonstrate that whilst they were aware of being disproportionately exposed to dangerous working situations during the coronavirus crisis, they didn't feel that they could do anything about it.
- Racism in the workplace has led to BME workers being more likely to be assigned the worst tasks and most dangerous jobs in the workplace. A number of BME workers reported that they were deployed into frontline jobs while white colleagues were kept out of danger. Even when it was possible for them to be furloughed during the crisis BME workers complained that their employers insisted that they remain in the workplace. These experiences highlight the reality of BME workers not being valued as people or as workers.
- The inadequate provision of PPE has had a major impact on BME workers and their ability to protect themselves from Covid-19. A recurring theme in responses to our call for evidence was BME workers reporting feeling forced to work in dangerous situations without PPE where white colleagues were not or that the provision of PPE was discriminatory, even when it was available.
- The failure to conduct risk assessments to identify measures that could be put in place to reduce the risk of exposure to the virus was repeatedly highlighted by BME workers. This resulted in BME workers with underlying health conditions being unnecessarily exposed to the virus.

The TUC believes that it is essential for the voices of BME workers to be listened to and that their experience inform the decisions about what action needs to be taken to tackle racism within the workplace. If these experiences are ignored then, as in the past, the policies and practices that are implemented will not result in the transformative change that we need.

# Recommendations

In order to identify effective solutions to the issues highlighted in this report, it is crucial we centre the voices of those workers who experience racism at work on a daily basis. We therefore asked all those who responded to our online survey what changes they would like to see made to tackle the discrimination that they faced.

Some of those that responded were understandably pessimistic about the possibility of changing the entrenched inequality in their workplaces. A number of respondents felt that the only route open to them was to leave their current role, as one IT worker noted:

> *"In a case where I am outnumbered, the best thing is to move on, avoid further stigma."*

Others highlighted action that needed to be taken immediately, with the issues most frequently raised including access to PPE for all workers, thorough health and safety risk assessments which properly took into account the increased risks to BME people, and greater protection for those raising complaints.

The need for broader action to change things in the longer term was also frequently raised as a preferred solution. Respondents called for strengthened legislation and real commitment from government and employers to tackle entrenched systemic discrimination. The lack of BME staff at senior levels was repeatedly highlighted as evidence of the need for change.

> *"There are 'discrimination laws' in place but a complete absence of anything to deal with the systemic and institutional racism that create the conditions that I have referred to above. THAT NEEDS TO CHANGE."*

> *"In most companies and organisations still, why are black people not in senior posts? Racism needs to be rooted out from the core."*

Current systems of tackling racism were widely seen as ineffective. Respondents called for effective training to be prioritised, particularly for managers.

In developing our recommendations, we have taken into account the views expressed by the BME workers who responded to our call for evidence. Below we set out our recommendations for how structural and institutional racism in UK workplaces should be addressed.

Government should take immediate action to:

- create and publish a cross-departmental action plan, with clear targets and a timetable for delivery, setting out the steps that it will take to tackle the entrenched disadvantage and discrimination faced by BME people; in order to ensure appropriate transparency and scrutiny of delivery against these targets regular updates should be published and reported to parliament
- strengthen the role of the Race Disparity Unit to properly equip it to support delivery of the action plan
- introduce mandatory ethnicity pay-gap reporting alongside a requirement for employers to publish action plans covering recruitment, retention, promotion, pay and grading, access to training, performance management and discipline and grievance procedures relating to BME staff and applicants
- introduce a ban on zero-hours contracts, a decent floor of rights for all workers and the return of protection against unfair dismissal to millions of working people

- demonstrate transparency in how it has complied with its public sector equality duty through publishing all equality impact assessments related to its response to the coronavirus pandemic.
- Allocate EHRC additional, ringfenced resources so that they can effectively use their unique powers as equality regulator to identify and tackle breaches of the Equality Act in relation to the impact of Covid-19 on BME workers.

Employers should:

- undertake proper job-related risk assessments to ensure that BME workers are not disproportionately exposed to coronavirus and take action to reduce the risks, through the provision of PPE and other appropriate measures where exposure cannot be avoided
- establish an ethnic monitoring system that as a minimum covers recruitment, promotion, access to training, performance management and disciplinary and dismissal, and then evaluate and publish this monitoring data alongside an action plan to tackle any areas of disproportionate under or overrepresentation identified.
- undertake a workplace race equality audit to identify institutional racism and structural inequality
- work with trade unions and workforce representatives to establish targets and develop positive action measures to address racial inequalities in the workforce.

As representatives of workers, trade unions also need to take action to ensure that BME workers are able to raise issues of race discrimination in the workplace and to increase BME workers' confidence that they will be supported in their struggles for fair treatment at work. Unions need to:

- ensure BME workers are represented at all levels in union structures and on the main decision-making bodies of their organisations
- consult BME workers about their work, to improve their confidence in unions' abilities to represent them
- ensure BME workers' cases are speedily assessed, and concerns addressed
- take account of the race equality aspects of collective bargaining
- discuss with BME workers the bargaining issues that are relevant to their workplace experiences and set out how the mainstream negotiating agenda impacts on BME people's working lives.

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