



**Trade Unions and Black and
Minority Ethnic (BME) Communities
in Yorkshire and the Humber:
Employment representation and
community organisations in a context of change**

Robert Perrett and Miguel Martínez Lucio

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List of abbreviations

BME – Black and Minority Ethnic
BRM – Black and Racial Minorities
CAB – Citizens Advice Bureau
CRE – Commission for Racial Equality
ESOL – English as a Second Language
GOYH – Government Office for Yorkshire and the Humber
NACAB – National Association of Citizens Advice Bureaux
PCT – Primary Care Trust
REC – Racial Equality Council
VCS – Voluntary and Community Sector
VSO – Voluntary Sector Organisations

Executive summary

This section outlines the main areas of enquiry and summarises the key findings of the study. Section 1 of this report presents a brief overview of labour market and ethnicity characteristics for Yorkshire and the Humber. Section 2 highlights the research methods adopted for this study. Section 3 seeks to identify the extent to which BMEs endure inferior working conditions, the role of 'other actors' and whether BME employment representation is inadequate. Section 4 outlines the extent to which unions have built alliances with the BME voluntary sector, established credibility within BME communities and how BMEs perceive trade unions. Section 5 comments on the potential for the development of alliances and joint projects between unions and BME support groups. Section 6 outlines the complexities of BME networks in terms of communication and coordination difficulties. A summary and general discussion is presented in Section 7. The focus of this report relates to the attitude and actions of organised support groups inside BME communities, an approach that has not had much attention paid to it by practitioners and academics. The report does not purport to provide a general overview of all BME related issues however.

This report illustrates that despite recent government claims that working conditions for minority groups have significantly improved, BME employees are still greatly disadvantaged within the workplace. A large number of less traditional organisations, often embedded within the community, have emerged independently of trade unions to represent BME interests. Although some are highly developed, most do not address specific workplace grievances or representation and the level of employment support for BME workers remains inadequate. The report suggests, therefore, that this sector is far from saturated and that there is a potential role for trade unions in the representation of BME workers and further involvement in community projects.

Many of the difficulties often endured by BME workers, for example, marginalisation, lower pay, limited promotional opportunities, lack of qualifications and training or access to more skilled employment, form part of union agendas. Moreover, to varying degrees, unions have long histories of dealing with such issues in relation to a broad canvass of workers. The report, therefore, suggests that as a result of their expertise, trade unions are ideally placed to extend their collective coverage to BME workers and so reduce the apparent BME representation gap. The report also suggests that trade union learning agendas, within the workplace and within the community, not only provide a great opportunity for BME recruitment but also raises the profile, trust and credibility of the union within BME communities.

The report shows that, with the exception of TUC anti-fascist campaigns which were greatly valued by the voluntary sector, when they were aware of them, and extended union influence beyond the workplace, trade unions appear to have done little to engage with either BME communities or support groups outside of the workplace. The report illustrates a fundamental lack of communication between trade unions and BME community based support groups, which is concerning given that such groups represent an access point to BME communities and therefore to workers.

The report highlights the main criticisms levied against trade unions by BME community support groups in respect of their potential to improve their representation of BME workers. These include, first; that they had too few BME officials/representatives at all levels and so exhibited a lack of understanding of BME concerns, second; that their representation of voluntary sector employees was inadequate or unclear, and third; that they did not adequately engage with BME communities or support groups. The report suggests that this lack of communication and engagement has resulted in a fundamental lack of understanding of trade union functions and uncertainty as to their relevance outside of the workplace or in representing BME concerns. An absence of contact is resulting in unions being perceived with scepticism and is undermining their credibility and the trust BMEs invest in them. This is clearly problematic for trade unions.

However, despite this lack of interaction between trade unions and BME support groups, most do not harbour underlying tensions or antipathy towards unions. This report suggests that the potential for building alliances with the BME voluntary sector is great and that the majority of such groups would welcome the opportunity. Far from opposing union intervention (or what some might believe to be interference) in employment support and representation of BME workers, this report suggests that a large proportion of BME community support groups share common views or common objectives with trade unions, would work with them and signpost BMEs to them for advice and expertise, and would welcome alliances and partnership projects. Moreover, the heightened competition, structure and fixed-term funding nature of the BME voluntary sector means that alliances with trade unions are, potentially, more likely than alliances with other (competing) community groups.

The prospect for unions to develop their links and partnership working with BME community groups has never been greater and offers unions the opportunity to significantly improve their presence, influence, image, and credibility amongst BME communities. **This report suggests that a first step towards these ends would be for unions to increase their engagement and involvement with both BME communities and support groups; to better market and promote their services and benefits; and to improve their own BME internal representation and to make this more visible where improvements have been made.**

A short review of some of the key findings from the research is presented below. These predominantly report on the survey findings from Sections 3 to 6 of this report which incorporate the substantive empirical datum. On a whole, the qualitative findings incorporated throughout this report complement the survey data.

BME issues and employment representation: A gap for unions to fill? (Section 3)

This section indicates that the level of employment support for BME workers was lacking and that this sector was far from saturated. Moreover, it appeared that trade unions were ideally placed to extend their collective coverage to BME workers and further develop their involvement in community projects.

Some of the key survey findings are listed below:

- 86 per cent of survey respondents believed that BME employees were more disadvantaged within the workplace than their white British counterparts. Just five per cent believed this not to be the case.
- The most frequently cited difficulties facing BMEs within the workplace included; 1) discrimination and marginalisation by the employer and other employees, 2) limited promotional and developmental opportunities or equal pay; 3) lack of qualifications or workplace training and language barriers. All areas of union expertise.
- Two-thirds of respondents believed that 'newly arrived' migrant labour had specific training and educational requirements; most frequently cited included 'English as a Second Language' (ESOL); cultural, citizenship and community training; and skills and training relating to gaining and maintaining employment.
- Seventy-seven and 78 per cent of voluntary and statutory organisations respectively did not believe that the level of employment support received by BME groups was adequate, representing a potential opportunity for unions.
- Sub-regional, regional and national representation of BME needs was very low and just two per cent of voluntary organisations and no statutory bodies believed that BME employment issues were 'represented and engaged with effectively at regional level'.

- When asked where BME workers went for employment advice or support, most frequently cited were the Citizen's Advice Bureau, voluntary sector community support groups and solicitors or law centres, all of which were likely to be embedded in local communities in a way that unions were not.

Transparency and trade unions in the community (Section 4)

This section highlights a fundamental lack of trade union engagement with BME communities or support groups or any form of partnership relations or projects. This lack of communication had resulted in great uncertainty about the relevance of trade unions outside of the workplace or in representing BME concerns.

Some of the key survey findings are listed below:

- Sixty per cent of all respondents indicated that unions had either no, or a low presence in the BME communities they represented or engaged with, 26 per cent were unsure and just 14 per cent believed that unions had a presence in some areas but not others.
- No voluntary sector organisations claimed that a union had contacted them to 'involve them in any of their campaigns or for advice or consultation'. Just one in ten stated that they had worked with or involved a trade union in promoting the interests of BME communities.
- Respondents were asked to briefly summarise their views of trade unions in respect of BME communities. Most commonly cited fell under the following categories; 1) lack of engagement with BME communities, 2) lack of BME union officials and a lack of understanding of BME issues, and 3) failure to establish credibility within BME communities.
- Just 18 per cent of voluntary sector respondents believed that trade union members worked at their organisation. Interviewees stated that if unions could not adequately represent members of the voluntary sector, why should the voluntary sector recommend trade unions to their affiliates or members of BME communities?
- A large proportion of respondents were unaware of how unions viewed BME communities. There appeared to be a lack of understanding or misinterpretation of union motives and activities; responses included: 'too difficult to recruit', 'unions fearful of approaching', 'BMEs not a priority', 'not much value to unions', 'a tokenistic target'.
- Thirty-nine per cent of survey respondents were unsure as to the extent to which trade unions had improved the working conditions of the BME groups that they represented or engaged with; 30 per cent believed that unions had done nothing, 18 per cent stated that they had done 'just a little' and 13 per cent indicated that unions had done a 'moderate amount'.
- Fifty per cent were unsure of the extent to which trade unions had influenced national employment policy in respect of working conditions for BME groups; 10 per cent believed that unions had no influence, but 40 per cent, to varying degrees, believed that they had.

The potential for union involvement with BME organisations (Section 5)

This section shows that despite the apparent lack of engagement and communication, the potential for building alliances with the BME voluntary sector was great and that the majority of such groups would welcome the opportunity to work with trade unions.

Some of the key survey findings are listed below:

- A third of respondents considered trade unions to be potential allies in promoting the interests of BME groups, 39 per cent were unsure and just 29 per cent did not.
- Forty-four per cent of voluntary sector respondents believed that they shared some common views with trade unions, 36 per cent were unsure and 20 per cent did not. Furthermore, there appeared to be a considerable amount of common ground between trade unions and the BME voluntary sector whose organisational objectives included; assisting with education and training, assisting in employment matters, assisting in health issues, and community cohesion and social welfare.
- Eighty-four per cent of all survey respondents believed that trade unions had the potential to contribute in a positive capacity to the interests of BME groups (just 3 per cent did not and 13 per cent were unsure).
- Seventy-two per cent of all organisations stated that they would be prepared to work with trade unions in promoting and improving the interests of BME groups (7 per cent were not and 21 per cent were unsure).
- Seventy-two per cent indicated that they would recommend an individual consult a union for advice if they were having difficulties at work (four per cent would not and 24 per cent were unsure).
- Two-thirds of respondents indicated that organisations working in the interest of BME groups should become associated with unions (just four per cent did not think this to be the case and 29 per cent were unsure).
- Survey respondents and interviewees recommended that unions increase their engagement and involvement with BME communities and support groups, better promote their services and the benefits of membership, and improve BME representation within trade union structures.

Understanding the complexities of BME network communication and co-ordination (Section 6)

This section outlines some of the serious communication and co-ordination deficiencies that exist within some BME support networks that trade unions should be aware of prior to engagement. The fixed-term funding nature of the BME voluntary sector represents an opportunity for trade unions to build alliances and increase their involvement with BME organisations as they would not be seen as in direct competition.

Some of the key findings are listed below:

- Acquiring funding is of paramount importance for the BME voluntary sector. Almost eight out of ten voluntary sector respondents found it very difficult or quite difficult to identify and acquire funds.
- A lack of funds has resulted in increased competition between voluntary organisations as well as limited partnership arrangements. As unions do not compete for the same funds, partnership arrangements are more likely. Any union support would be accepted because of limited resources within the voluntary sector.
- Fifty-one per cent of respondents strongly disagreed or disagreed that organisations working in the interest of BME communities frequently share information or consult each other (just 26 per cent believed this to be the case).

- Forty-eight per cent of respondents strongly disagreed or disagreed that organisations that represent the interests of a specific ethnic group frequently communicate with organisations that represent the interests of other ethnic groups (31 per cent thought that this was the case).
- Just 11 per cent of respondents believed there to be a clear voice and leadership for the BME voluntary sector within the region (64 per cent believed that this was not the case). Just 26 per cent of respondents agreed that it was easy for individuals within BME communities to identify organisations engaged in promoting their varying interests.
- Twenty-four per cent of respondents reported being part of a large, well organised network (36 per cent indicated that they were not and 41 per cent were unsure). Ninety-five per cent of respondents strongly agreed or agreed that greater co-ordination within BME networks was required.
- Sixty-six per cent of voluntary organisations agreed that they worked closely with public bodies or local authorities (11 per cent stated that they did not and 23 per cent were unsure). Just 14 per cent of respondents believed that the government adequately supported BME organisations and networks (62 per cent thought that they did not and 24 per cent were unsure).

TRADE UNIONS AND BLACK AND MINORITY ETHNIC (BME) COMMUNITIES IN YORKSHIRE AND THE HUMBER:

Employment representation and community organisations in the context of change

Robert Perrett and Miguel Martínez Lucio

Introduction

Black and minority ethnic (BME) communities incorporate some of most disadvantaged workers within the UK labour market, a sector of the economy that is rapidly increasing in size and represents an ever expanding challenge to trade unions in terms of representation. However, trade unions, it appears, have not been overly successful in consistently or effectively encouraging BME collectivism through trade union membership and so BME workers often continue to be excluded from independent representation within employment.

This report represents a preliminary phase of a broader engagement with the key question of trade unions and BME communities, especially the networks and bodies that constitute such communities. There is a need to understand the collective tapestry of BME communities and their diversity and dynamics if trade unions are to develop a broader view of employment beyond unionised workplaces. Hence the research focuses, in this instance, on the institutional dimension of ethnicity and employment. This report seeks to identify; whether there is a BME employment representation gap that trade unions could potentially fill; what alliances and partnerships currently exist between unions and the BME voluntary community support sector and respective networks; how BME support organisations and BME communities view trade unions (union profile and credibility); and perhaps most importantly, the report seeks to identify the potential for the development of alliances between unions and support organisations and an increased union role within BME communities.

Unlike much of the extant literature within this area, this research paid more credence to the roles and views of individuals from the BME voluntary sector, rather than focussing specifically on trade unions, as it is these frontline organisations that work with BME communities on a day-to-day basis and represent a rarely tapped resource that might prove invaluable in improving union credibility and allowing access to BME communities. The research therefore took a multi-method approach incorporating a survey of (mainly) voluntary sector BME community support groups within Yorkshire and the Humber followed by 25 in-depth interviews with representatives from BME networks and umbrella organisations. Additional interviews were undertaken with 'mainstream - white' voluntary sector organisations and a further twenty-two interviews were conducted with both national and regional union officials and TUC representatives in respect of union renewal strategies; although the empirical evidence presented in this report is based primarily on the views and experiences of BME voluntary support organisations.

The research builds on, and extends, the work carried out for the TUC by other researchers. For example, through three in-depth case studies and a survey of union delegates at the 2002 TUC Black Workers Conference, Holgate¹ (2004) comments on how unions are developing strategies to bring more BME workers into union membership in London. Fitzgerald and Sterling² (2004) undertook 16 BME group interviews in the North East so as to identify positive approaches to engagement with BME groups. They sought to identify the extent of BME group and community engagement with trade unions and how this could be developed in the future. Our research compliments and further expands upon such findings, the main differences are the research methods adopted, many of the themes addressed, the variety of bodies interviewed and the region under investigation.

Section 1 of this report presents a brief overview of labour market and ethnicity characteristics for Yorkshire and the Humber so as to locate the region within the wider context. Section 2 highlights the research methods adopted for this study and is divided into two stages. The former documents the extensive, survey based, research including information on the survey sample, method of distribution, response rates and respondent characteristics. The latter details the intensive, interview based, segment of the research. Section 3 seeks to identify the extent to which BMEs endure inferior working conditions, the role of 'other actors' and whether BME employment representation is inadequate. Section 4 outlines the extent to which unions have built alliances with the BME voluntary sector and established credibility within BME communities. Section 4 also comments on BME perceptions of trade unions given their lack of communication, engagement and representation. Section 5 comments on the potential for the development of alliances and joint projects between unions and BME support groups. It presents respondent recommendations as to how unions could develop these relationships and better promote themselves to BME communities. Section 6 outlines the complexities of BME networks in terms of communication and coordination difficulties as trade unions must understand and appreciate the institutional dynamics of organisations and their networks prior to engagement. A summary and general discussion is presented in Section 7.

According to National Statistics guidelines³ (2003: 7), there is considerable debate and discussion as to what constitutes an ethnic group or ethnic minority. A number of different terminologies have been used to group minorities together, however, when analysing data on ethnicity it is important to acknowledge that there is usually no real common experience among different minorities and where possible different ethnicities should be analysed in isolation. For example, the Census (2001) ethnicity self identification question registered 81 possible ethnicities, illustrating the heterogeneity of what are termed as minority groups⁴.

The terminology black and minority ethnic (BME) was utilised in the empirical research for this report. This terminology was also utilised in a recent Government Office (2005) report⁵ as well as the recent TUC research projects by Holgate (2004) and Fitzgerald and Sterling (2004) outlined above. Holgate's definition of BME was that of 'non-white' minority groups, similarly the definition of BME given in tables presented in Section 1 below (Office for National Statistics) exclude 'white Northern Irish' or 'white other'. The empirical research for this report, however, also incorporated 'white minorities' as recent migration patterns of central and eastern Europeans was also of interest. However, these groups were still very small within Yorkshire and the Humber compared to other groups and so, in reality, there was little difference in the definitions used.

The overarching research conducted by the authors, explores the work of trade unions in relation to BME groups and the wide range of responses and strategies that have emerged. These issues shall be addressed in detail in the second Yorkshire and the Humber regional TUC report (to be published late 2006), however this is not the subject of this particular report. Judgements about trade union roles within BME communities are considered from the perspective of organised BME community groups, not individual workers. This approach to the broader structures of BME communities has not had much attention paid to it by practitioners or academics.

¹ Black and minority ethnic workers and trade unions: Strategies for organisation, recruitment and inclusion

² Black Minority Ethnic Groups Views of Trade Unions

³ Ethnic groups statistics: A guide for the collection and classification of ethnicity data

⁴ See Table M221b Census, 2001 – commissioned Tables, 30 September 2005

⁵ Proposing options for effective Black and Minority Ethnic Voluntary and Community Sector Engagement Across Yorkshire and Humber (March 2005)

Section 1 – Yorkshire and the Humber in perspective

The population of Yorkshire and the Humber currently stands at over five million. According to the Government Actuary Department (See ONS 2004 – Table 2.1), between 1971 and 2003 the population increased from 4,902,000 to 5,009,000, an increase of 2.2 per cent in comparison to the UK as whole which increased by 6.5 per cent. Yorkshire and the Humber are divided into four sub-regions each incorporating a number of local authorities. The Humber has four unitary councils, West Yorkshire has five metropolitan councils, South Yorkshire has four metropolitan councils, and North Yorkshire has one County Council with seven district councils and York which is a City Council and Unitary authority.

Table 1.1 below, taken from Region in Figures: Yorkshire and the Humber (Winter 2004/05 – Table 2.3), illustrates that in 2001 6.5 per cent of the Yorkshire and the Humber region was characterised as non-white, lower than the UK average of 8.7 per cent (however this was the result of sub-regional variations as explained below). By far the largest proportion of the non-white population within Yorkshire and the Humber was that of Pakistani, representing 45.2 per cent of the non-white population within the region; the corresponding figure for England and Wales as a whole was just 15.8 per cent.

⁶ 'Humberside' County Council was abolished in the mid 1990s and so Humberside no longer existed as an administrative entity.

Table 1.1 – Resident population: by ethnic group, April 2001¹

	Percentage of total population		Percentage of non-white population	
	Yorkshire and the Humber	England and Wales	Yorkshire and the Humber	England and Wales
White	93.5	91.3	-	-
White British	91.7	87.5	-	-
White Irish	0.7	1.2	-	-
Other white	1.2	2.6	-	-
Non-White²	6.5	8.7	100.0	100.0
Mixed				
Mixed White and Black Caribbean	0.4	0.5	5.6	5.3
Mixed White and Black African	0.1	0.2	1.3	1.7
Mixed White and Asian	0.3	0.4	4.4	4.2
Other Mixed	0.2	0.3	2.6	3.4
Asian or Asian British				
Indian	1.0	2.0	15.9	22.9
Pakistani	2.9	1.4	45.2	15.8
Bangladeshi	0.2	0.5	3.8	6.2
Other Asian	0.2	0.5	3.8	5.3
Black or Black British				
Black Caribbean	0.4	1.1	6.6	12.5
Black African	0.2	0.9	3.0	10.6
Other Black	0.1	0.2	1.0	2.1
Chinese	0.2	0.4	3.8	5.0
Other	0.2	0.4	2.9	4.9

¹ Census data have been used in this table so that as much detail as possible can be provided about the ethnic composition of the area.

² Non-White ethnic group includes all minority ethnic groups but not White Irish or Other White groups

Source: Census 2001, Office for National Statistics

Although the proportion of non-white population within Yorkshire and the Humber was lower than the proportion for England and Wales as a whole, this varied considerably by sub-region. According to recent Census figures (Region in Figures: Yorkshire and the Humber, Winter 2004/05 – Table 2.10), in the area categorised as the Humber (excluding York), the average proportion of the population which were from non-white ethnic groups was 1.9 per cent (York was 2.2), the corresponding figure for, the largely rural, North Yorkshire was 1.1 per cent, 4.8 per cent for South Yorkshire and 11.4 per cent for West Yorkshire. Hence the greatest non-white concentration was in West Yorkshire and to a lesser degree, South Yorkshire. The five local authorities with the highest levels of non-white population were Bradford (21.7 per cent), Kirklees (14.4 per cent), Sheffield (8.8 per cent), Leeds (8.2 per cent) and Calderdale (7 per cent).

In respect of unemployment, Table 1.2 (Region in Figures: Yorkshire and the Humber, Winter 2004/05 – Table 4.13) illustrates minority ethnic unemployment to be substantially greater than that of white unemployment within Yorkshire and the Humber and Britain as a whole. The decline in unemployment between 2003 and 2004 was most marked within Yorkshire and the Humber, even more so for minority ethnic groups within the region. However, minority ethnic unemployment within the region was still 274 per cent greater than white unemployment, compared to 238 per cent for Britain as a whole.

Table 1.2 Unemployment rates: by ethnic origin^{1,2}

	Yorkshire and the Humber		Great Britain	
	2003	2004	2003	2004
All origins ³	5.3	4.2	4.8	4.6
White	4.9	3.9	4.4	4.2
Minority ethnic groups ⁴	12.0	10.7	10.9	10.0

¹ The data in this table have been adjusted to account of the Census 2001 population data

² This table uses the National Statistics interim standard classification of ethnic groups

³ Includes those who did not include their ethnic origin

⁴ Some estimates are based on small sample sizes and are therefore subject to a higher degree of sampling variability.

Source: Labour Force Survey, Office for National Statistics

Turning now to recent (Commissioned August 2005 – figures refer to Autumn 2004) Labour Force Survey statistics⁷. Table 1.3 below illustrates the distribution of white and BME workers, within Yorkshire and the Humber and Britain as a whole, by industry⁸. Even with the relative decline over the past decade, manufacturing still accounted for the largest proportion of employment within Yorkshire and the Humber. This was even more prominent for BME workers within the region, 22 per cent of who worked within this industry (this figure has declined from over 25 per cent in 1994). Table 1.3 also demonstrates a relative concentration of BME workers within wholesale, retail and motor trade (probably more so in wholesale and retail), hotels and restaurants, transport, storage and communication, and health and social work.

⁷ 'no answer given' and 'does not apply' figures have been excluded from tables

⁸ Agriculture, hunting and forestry, fishing, mining and quarrying, private households, extraterritorial organisations, and workplaces outside of the UK have been excluded as they make up a very small part of overall employment

Table 1.3 – Industry of employment: by region, ethnicity, working age (2004)

	Yorkshire and the Humber			Britain		
	White	BME	Total	White	BME	Total
Manufacturing	16.2	22.9	16.6	14.2	10.5	13.9
Electricity gas & water supply	0.7	0.8	0.7	0.7	0.4	0.7
Construction	9.6	1.6	9.2	8.7	3	8.3
Wholesale retail & motor trade	15.5	18.8	15.7	15.4	17.9	15.6
Hotels & restaurants	4.3	6.5	4.4	4.2	7.7	4.4
Transport storage & communication	7	7.4	7	6.8	9	7
Financial intermediation	4	4.2	4	4.3	4.3	4.3
Real estate renting & business activity	9.3	8.4	9.3	11.4	13.4	11.5
Public administration & defence	5.6	2.9	5.5	7.3	6.5	7.3
Education	10.5	7.2	10.3	9.4	6.5	9.2
Health & social work	12.4	16.5	12.6	11.8	16.3	12.1
Other community social & personal	4.8	2.7	4.7	5.7	4.4	5.6
Total	99.9	99.9	100	99.9	99.9	99.9

Source: Labour Force Survey August 2005, Office for National Statistics - figures refer to Autumn 2004
Note: BME does not incorporate 'white Northern Irish' or 'white other'

In respect of BME trade union membership within the region, Table 1.4 illustrates that the proportion of BME employees (all sectors) within Yorkshire and the Humber that were trade union members was just 21.5 per cent. Although not considerably lower than the UK as a whole, just the North West, North East and Wales had a lower proportion of BME workers who were trade union members in Autumn 2004.

Table 1.4 – BME employees of working age who were union members: by region

Region	% of BME employees who were union members
UK	23.4
Merseyside	36.8
West Midlands	28.2
East Midlands	24.9
Eastern	24.7
London	23.4
South East	22.4
South West	22.4
Scotland	21.7
Yorkshire and the Humber	21.5
Wales	19.8
North East	19.2
North West	16.9

Source: Labour Force Survey August 2005, Office for National Statistics - figures refer to Autumn 2004
Note: BME does not incorporate 'white Northern Irish' or 'white other'

Table 1.5 (below) provides a comparison, and illustrates the changing composition, of trade union membership, across the UK and within Yorkshire and the Humber, between 1994 and 2004. This table provides information from both white and BME individuals of working age, within employment, who claimed to be a trade union member. To summarise, although the proportion of individuals claiming to be working union members had declined overall between 1994 and 2004, both nationally and within the region, the private and public sectors within Yorkshire and the Humber experienced some unique trends. While the proportion of BME workers who were union members within the private sector had declined considerably more than the national average, the proportion of BME workers who were union members within the public sector had increased, a trend contrary to the national average. The private sector decline has been most stark within Yorkshire and the Humber, there are many reasons for this including the continued decline of industries with traditionally high levels of unionisation, such as manufacturing. As Table 1.3 illustrates manufacturing within Yorkshire and the Humber accounts for a large proportion of BME employment and so any decline will disproportionately affect BME workers and BME union membership. It is also worthy of note that as a high proportion of BME's are effected by retracting manufacturing (de-industrialisation), so a disproportionately high number experience the unions' inability to protect their jobs; something that many find hard to forget and relay to younger generations. The opposite appears to be true for BME union membership within the public sector. The proportion of BME public sector workers within Yorkshire and the Humber that were union members in 2004 was higher than the white regional figure, the overall national figure and the BME figure for 1994.

Table 1.5 - UK working age population in employment who are union members

	Private	Public	Total
	% Yes - Union member	% Yes - Union member	% Yes - Union member
1994			
UK			
White	20.4	62.4	30.5
BME	17.8	62.8	29.0
Total	20.3	62.5	30.4
Yorkshire and the Humber			
White	22.6	68.6	33.6
BME	21.2	52.0	29.0
Total	22.5	68.2	33.5
2004*			
UK			
White	16.1	58.9	26.6
BME	12.7	56.3	23.4
Total	15.8	58.7	26.4
Yorkshire and the Humber			
White	18.3	59.1	28.7
BME	10.9	59.7	21.5
Total	17.9	59.1	28.3

Source: Labour Force Survey August 2005, Office for National Statistics - * figures refer to Autumn 2004

Note: BME does not incorporate 'white Northern Irish' or 'white other'

This section has presented a brief overview of some of the key features of the labour market within Yorkshire and the Humber. This will hopefully allow the reader to better locate the research findings within both the regional and wider context. **The following section outlines the research methods adopted for the empirical research.**

Section 2 - Research methods

A multi-method approach, comprising three key stages, was adopted for this research. Through unstructured discussions, focus groups and observation at meetings and conferences key themes and concerns were identified in respect of trade union renewal within black and minority ethnic (BME) sectors of society and the operation and co-ordination of BME networks across the region (stage 1). These preliminary themes and concerns were developed and incorporated into a questionnaire which formed the basis of a survey of (mainly) voluntary sector BME community support groups and networks (stage 2). The survey was used to establish relationships and correlations, the dynamics of which could be explored in more depth following analysis. Stage three comprised 25 in-depth interviews with representatives from BME networks and umbrella organisations. Additional interviews were undertaken with 'mainstream - white' voluntary sector organisations and a further, twenty-two interviews were conducted with both national and regional union officials and TUC representatives in respect of union renewal strategies; although the empirical evidence presented in this report is based primarily on the views and experiences of BME voluntary support organisations. This intensive research stage took many different forms depending upon interviewee preference. These included both semi-structured and unstructured interviews and forms of observation at relevant meetings and panels. This report focuses on the second two research stages, the findings of which were, on the whole, complementary rather than competing.

Section 2.1 - Survey of BME community support groups

The survey sample population

Within Yorkshire and the Humber there are many thousands of small voluntary sector organisations that represent the varying interests of BME groups. The majority of these were concentrated in West and South Yorkshire around major conurbations such as Leeds, Bradford and Wakefield and Sheffield, Rotherham and Barnsley. The decision was taken early on in the research to focus the survey on a more narrowly defined sample of BME organisations within the region. The primary reasons for this were both practical limitations and considerations of the value of the data collected in terms of the level of union engagement with BME groups. In respect of the former, at the time of research there was no definitive list of the thousands of voluntary sector organisations within the region. Many such organisations were very small, often operating from the family home and sometimes by retired members of the community without being affiliated to larger networks or having their own web pages. The short term, small grant nature of the funding that characterised much of this industry meant that, on the one hand, new organisations were set up on an ongoing basis but, on the other hand, existing organisations often ceased to operate on an ongoing basis making it impossible to accurately list all organisations at any one time. Such characteristics are themselves an important indication of the fluidity of the sector and raise important questions and challenges in respect of coordination. Finally, the cost of distributing a postal questionnaire to the whole industry would have been immense.

Moreover, for the practical reasons highlighted above, in addition to limited union resources, it would have been impossible for trade unions to effectively engage the whole BME voluntary sector and other related parties. Furthermore, the cost for trade unions in directly engaging with some very small organisations with limited community influence were likely to far outweigh the benefits generated. **The question for trade unions, therefore, is how do they most effectively raise their profile and influence across the largest proportion of the industry as possible; this is a question relating to the potential 'level' of BME engagement.**

Although there are many co-ordination difficulties, these shall be addressed in Section 6 of this report, much of the voluntary sector is well 'networked'. The smallest organisations are often affiliated to larger umbrella organisations that are in turn part of larger networks, usually operating on a sub-regional or regional basis. There is often considerable overlap between different networks and umbrella organisations. It would therefore, probably, be most beneficial for unions to engage, in the first instance, with **second or third tier BME organisations. Such organisations could subsequently pass information down to frontline affiliates raising the potential for an increased union role**

within the community and to develop partnerships with BME support groups. Furthermore, being affiliated with well established and trusted umbrella organisations is most likely to raise a union's credibility within BME communities, many of which appear to have had little experience of trade unions.

For the reasons highlighted above, the Yorkshire and the Humber Regional Forum's BME information service network was used as the sample for the survey. The Regional Forum is funded by the Home Office's Active Communities Unit and since April 2004 has been managed by the Government Office for Yorkshire and the Humber. It is a strategic organisation for the voluntary and community sector across the region and it attempts to ensure that its membership is properly represented when decisions about regional planning and development are being taken. The promotion of effective and sustainable regional and sub-regional BME infrastructure falls under the remit of the Regional Forum and as such they have established a BME information service as a communication channel. Whilst there were other networks and umbrella organisations it was felt that this one would act as a representative and broad constituency with regard to our research questions.

Although no such criteria was introduced by the Regional Forum, many interviewees suggested that members of the Regional Forum's BME information service network were more 'strategic actors', many of whom had affiliates of their own or were engaged in more strategic level projects, dissemination or decision making. Responses to the survey indicated that this assumption was correct, however, respondents also suggested that the network also incorporated a large number of frontline BME community support groups as well, allowing data to be collected from both first and second tier organisations. There is no doubt there are many issues concerning the nature and stability of such groups, but these groups form part of the broad tapestry of BME politics which is rarely addressed by workplace studies and research. Third tier data were collected through in-depth interviews with the Government Office for Yorkshire and the Humber and discussions with the Regional Forum. It is interesting to note that, despite this network being well established and involved in strategic regional policy, no trade unions were affiliated or engaged with it.

Survey distribution, response rates and respondent characteristics

The questionnaire incorporated 50⁹ questions over three sides of A4 paper. It was designed to be as 'user friendly' as possible, using mainly closed questions with filters where appropriate, although nine open, exploratory questions were included to allow respondents to expand upon their answers.

The Regional Forum's BME information service network incorporated 250 affiliated organisations across Yorkshire and the Humber. Fifty of these organisations were not BME support groups but rather organisations with a BME interest, for example local authorities, primary care trusts (PCTs) or more general advice centres. Owing to the Data Protection Act, the contact details of the sample were not provided to the researchers. Therefore, 250 sealed envelopes each with a questionnaire, cover letter and pre-paid self addressed envelope¹⁰ enclosed were passed to the Regional Forum for distribution. Respondents were given the option to provide their contact details to the researchers if desired.

After referring to religious and cultural events calendars, the questionnaires were initially distributed in mid-April 2005, generating 40 responses. A reminder letter was sent in early May 2005 generating a further 39 responses giving an overall response rate of 32 per cent. Given the difficulties associated with postal questionnaire response rates and a) very small organisations, b) the voluntary sector, and c) organisations with very limited experience of trade unions, a response rate of almost a third can be viewed as relatively high giving credibility to the questionnaire design and demonstrating a heightened interest (or concern) in the issues addressed by the questionnaire.

Table 2.1 presents responses by sub-region and illustrates that the expected and observed response rates (Columns 2 and 5), although not identical, are very similar implying that the survey findings can be confidently generalised to the wider population in respect of geographical location.

⁹Equivalent to 80 SPSS data variables prior to re-coding
¹⁰Address given was that of the researchers rather than the Regional Forum

Table 2.1 – Expected and observed responses by sub-region

Sub-region	Actual count	% of sample n-244*	Expected count n-78	Actual responses	% of responses n-78*
	Column 1	Column 2	Column 3	Column 4	Column 5
The Humber	21	8.6	6.7	5	6.4
West Yorkshire	155	63.5	49.5	52	66.7
South Yorkshire	63	25.8	20.1	19	24.4
North Yorkshire	5	2	1.6	2	2.6
Total	244	100	78	78	100

* Note – 6 organisations from the overall sample and 1 respondent did not provide details of their geographical location

Of the 79 respondents, 72 gave details of their company status. Of these, 63 (88 per cent) were from the voluntary sector and nine (13 per cent) were statutory bodies. These included five local authorities, one Primary Care Trust (PCT), one social services office, one higher education institution and one 'unspecified'. The views and experiences of these organisations were deemed to be both relevant and important to the research as such institutions engage with BME communities, are part of external BME networks and frequently operate their own internal BME representative committees (particularly since the introduction of the Race Relations (Amendment) Act 2000), fund BME projects, and often play a co-ordination role in voluntary sector and BME networks. A quarter of voluntary organisations stated that they were funded primarily by statutory bodies. Sixty-one per cent indicated that they were funded primarily through donations, fundraising, the lottery and grants and 14 per cent stated that they were funded by 'numerous sources'. However, it is probable that, although not their primary source of funding, many of these organisations acquire smaller funds and grants from statutory bodies. What the constituency of respondents tells us is how broad and expansive BME networks are and how important voluntary labour and human resources are.

The BME voluntary sector was typified by smaller workplaces as Table 2.2 illustrates. Sixty-two per cent possessed 10 or fewer staff and 82 per cent had 20 or less. Furthermore, Table 2.2 is likely to considerably over exaggerate the number of staff within organisations in terms of full-time equivalents. Many voluntary sector organisations rely on volunteers who give up their own spare time. This could range from, for example, a retired individual who works for a voluntary organisation on a full time basis, to volunteers who can only spare a few hours a week. In terms of trade unions engaging with such groups it shows that coordinating resources may be an important factor.

Table 2.2 – Size of voluntary sector organisations

No of staff	1 to 5 staff (%)	6 to 10 staff (%)	11 to 15 staff (%)	16 to 20 staff (%)	Over 20 staff (%)
Voluntary sector	34	28	11	9	17
Cumulative %	34	62	73	82	100

The term 'staff' was used as many such organisations rely upon volunteers and may not categorise them as 'employees' or 'workers'.
 N-53

Respondents were asked to briefly summarise the objectives of their organisations. These were coded following analysis and, as Table 2.3 illustrates, were varied and covered a wide range of BME support activities. Respondents frequently gave more than one code-able objective, which often corresponded closely to trade union activities and agendas. The most frequently cited objectives included: assisting with education and training, assisting in employment matters, health issues and community cohesion and social welfare, these are all issues that trade unions have traditionally been involved in.

To varying degrees, all respondents represented the interests of specific BME groups. These were typically focussed around spatial dimensions, for example representation of all BME groups within a specific geographical area/community, or around specific racial or religious characteristics. Some respondent stated that they represented the interests of individuals from specific religions, including, Hinduism, Islam, Judaism and Sikhism. Similarly, some respondents claimed to solely represent the interests of specific races/or those with an ethnic background relating to a country or continent. Responses included, for example, Asian (varied – mainly Pakistani), Black, Black African, Black Caribbean, Middle and Far-Eastern, Central and Eastern European. There were also organisations representing the interests of travellers, asylum seekers and refugees.

Table 2.3 – BME group organisational objectives

Company objectives	Freq	Company objectives	Freq
Employment related		Community advice	
Assist with education/training	17	General BME/community advice	4
Assist with employment	11	Community/resource centre	3
		Promote recreational activities	3
		Use of arts, music or dance	2
		Drop-in/social inclusion	2
		Provide housing services	2
Community needs and cohesion		Health issues	
Bring communities together/cohesion	9	Assist in health issues	11
Promote social and economic welfare	9	Issues surrounding depression	1
Promote culture/religion	8	Social and psychological support	1
Raise awareness of needs	5		
Promote relations between faith groups	5	Network and VCS support	
Assist in integration into community	5	Capacity building/support for (BME) VCS	7
		Promote and support available services	6
		Initiate and fund community projects	3
Total number of code-able objectives 138*			

* Respondents frequently gave more than one code-able objective

It is also worthy of note that 64 respondents (81 per cent) requested a copy of the research be sent to them on completion and 34 (43 per cent) requested their contact details be passed to the regional TUC for future contact.

Section 2.2 - Interviews with the BME organisations and groups with BME interests

The interview stage of the research aimed to generate qualitative data to assist in the development of an in-depth understanding of how trade unions can increase their influence, profile and representation amongst BME communities. Unlike much of the extant literature within this area, this paper pays more credence to the roles and views of individuals from the BME voluntary sector, rather than focussing specifically on trade unions, as it is these frontline organisations that work with BME communities on a day-to-day basis and represent a rarely tapped resource that might prove invaluable in improving unions' credibility and allowing access to BME communities.

Some interviewees were identified through the course of the extensive research, some through conferences and others were approached as they were known to be influential within BME communities by the researchers. As highlighted above, interviews were conducted with 25 BME voluntary sector organisations (VSO) ranging in size and influence across the Yorkshire and the Humber region. A small number of additional interviews were undertaken with 'mainstream - white' voluntary sector organisations and a further twenty-two interviews were conducted with both national and regional union and TUC officials. The findings outlined in this report are based primarily upon the BME VSO interviews the majority of which were undertaken over a six month period from June to October 2005. Table 2.4 provides a summary of some of the organisations that were interviewed. This has been included in the report so as to illustrate the diversity of the types of organisations that were involved in the study. Although happy to participate in the research some organisations requested their identity be omitted for confidentiality reasons – these have been excluded from Table 2.4, however it is worthy of note that those omitted were typically smaller, front line organisations. All requested a copy of the final report.

Data collection took a number of different forms depending upon the convenience and preference of the individual. These included semi-structured interviews, unstructured interviews, a focus group and observation at meetings, panels and conferences. A tape recorder was used in the majority of interviews and, where possible, full verbatim transcriptions were typed up.

Table 2.4 – Characteristics of interviewee organisations.

Job title	Objectives
Director	Working with 'hard to reach' BME communities to sustain funding, improve partnership working and to increase participation of BMEs in decision making bodies.
Manager	Arts promotion organisation with a mission to 'bring people together through South Asian arts'.
Capacity Building Officers – 3 interviewees	National umbrella organisation for BME VSO. Network to develop capacity and sustainability in BME VS – 9000 members
Board of Directors – 5 interviewees	Regional BME umbrella organisation, network and communication channel Individuals were also responsible for their own individual BME support groups from across the region
Manager – 2 interviewees	Work with 11 to 15 year olds (usually BME) at risk of being excluded from school or trying to integrate them back into school
Community cohesion project manager	City wide organisation that aims to raise the achievements of pupils (DfES guidelines). Involved with BME communities
Diversity: Team Leader	Works with individuals and organisations to promote diversity and community cohesion. Changing local perspectives on race and offering advice to BMEs.
Officer	Signpost local Muslim men to other support organisations, i.e. housing, immigration, benefits and employment
Community adviser	Seeks to highlight and address difficulties faced by the local Bangladeshi communities
Youth worker	Work with local schools and community centres to provide activities for children in deprived (predominantly BME) areas
Director	Sub-regional organisation and network aimed at promoting racial equality and tackling racial discrimination – advises individuals within the community
Manager	Sub-regional BME voluntary sector organisation and network – individual and organisational advice and consultation
Chief Executive	To bring together multicultural groups in order to improve health, raise awareness about social welfare and educational issues
Network officer	Government funded strategic organisation for the regional voluntary and community sector
Community policy and diversity team	Regional representative of central government
Business management consultant (Diversity)	Umbrella organisation with almost 500 voluntary sector organisation across the UK offering general advice
Membership networks officer	A national umbrella organisation and network of over 350 regional networks for the voluntary sector
Chairman and councillors – 4 interviewees	Council BME workers network – to provide support and advice to BME council workers

Please note: All trade union interviews and most mainstream white organisations have been excluded from the table. Furthermore, 12 BME VSOs have been omitted for confidentiality reasons.

Section 3 – BME issues and employment representation: A gap for unions to fill?

This section seeks to identify the current situation surrounding the representation of BME workers and the extent to which there is space for greater trade union involvement and representation within this sector. It identifies BME employment difficulties and requirements, whether BME support is currently believed to be adequate and what 'other actors' participate in the representation of BME issues.

Responses to the survey indicate that trade unions have a role to play in representing the interests of BME employees and migrant labour. The vast majority of respondents, 86 per cent, believed that BME employees were more disadvantaged within the workplace than their white British counterparts. Just five per cent did not believe this to be the case and seven per cent were not sure. Table 3.1 presents what respondents believed to be the 'greatest difficulties facing BME groups in respect of employment'. By far the most frequently cited was **racism, discrimination and marginalisation** by the employer or other employees. Other frequently cited difficulties, all of which also form part of union agendas, included limited promotional and developmental opportunities or equal pay; lack of qualifications, workplace training and access to skilled employment; limited and inadequate BME support networks; and language barriers, all key issues relating to trade union rhetoric and policy.

Table 3.1 – Greatest difficulties facing BME groups in respect of employment

Difficulty faced by BME workers	Frequency	% of total
Racism/discrimination/marginalisation by employers and other employees	47	31
Limited promotions, opportunity to develop or equal pay	29	19
Lack of qualifications and training	25	16
Lack of access to employment, skilled sectors or work experience	16	11
Inadequate BME support groups, poor leadership, funding and co-ordination deficiencies	16	11
Language barriers	14	9
Application forms	1	1
Childcare	1	1
No understanding of employment law	1	1
Total*	150	100

*Respondents could give more than one response

In respect of '**newly arrived' migrant labour**, two-thirds (67 per cent) of respondents believed that they had specific training and educational requirements. The most frequently cited included; 'English as a Second Language' (ESOL); cultural, citizenship and community training; and skills and training relating to gaining and maintaining employment. Some interviewees believed that such training represented an opportunity for trade unions through their learning agendas, an area of trade union engagement that has risen in prominence since the late 1990s. There was a general acceptance that unions could contribute in a positive capacity to training needs within the workplace, including those specific to 'newly arrived' migrant labour. Furthermore, some interviewees acknowledged the benefits generated by unions' learning agendas within the community. **Most frequently applauded by**

interviewees were learning centres usually either based within a community centre or attached to sporting venues, often run by unions and other voluntary organisations. Practical examples of such centres were highlighted by interviewees in Bradford, Hull, Leeds, Rotherham, and Sheffield.

Table 3.2 indicates that BME workers do not receive adequate support in respect of employment within the region suggesting the existence of a **representation gap** and a potential for increased union involvement and co-ordination of BME employment issues. Seventy-seven and 78 per cent of voluntary and statutory organisations respectively did not believe that the level of employment support received by BME groups was adequate (15 and 11 per cent respectively were unsure and just 8 and 11 per cent respectively believed BME support to be adequate). Furthermore, just two per cent of voluntary organisations and no statutory bodies believed that BME employment issues were 'represented and engaged with effectively at regional level'. There are clearly concerns about the inability of regional government, local authorities and voluntary sector BME umbrella organisations to engage with BME issues, disseminate BME information and to co-ordinate and lead at regional level. Many interviewees felt that **BME issues of concern, highlighted at community level, were not being portrayed to the wider community and so were not taken seriously because of a lack of vertical co-ordination and channels of communication within BME networks.** These issues are addressed in greater detail in Section 6.

Table 3.2 – BME support and representation

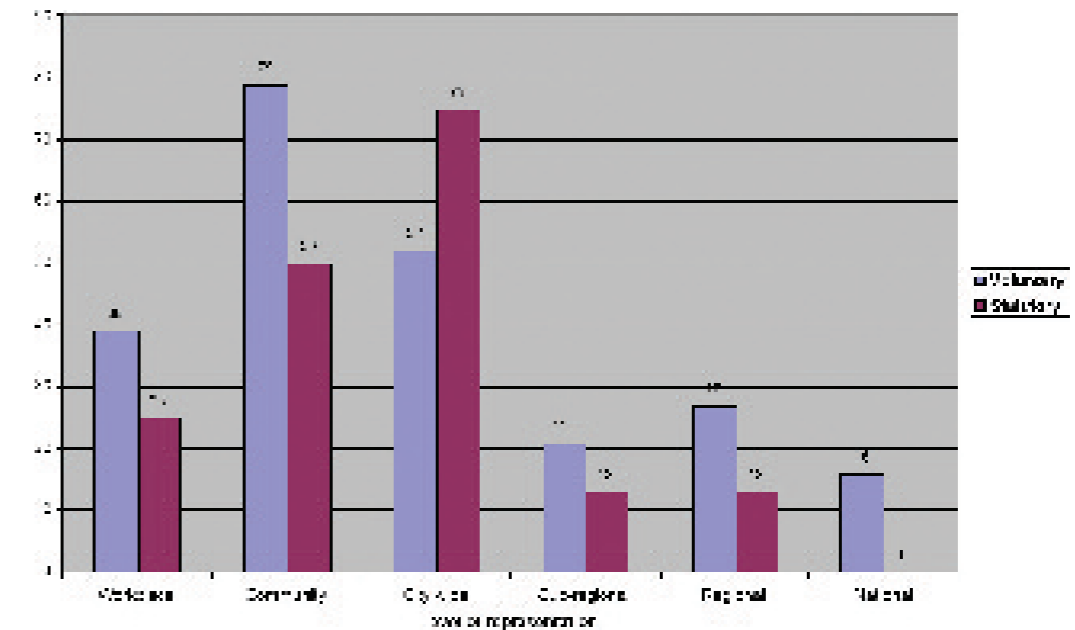
BME representation		Yes (%)	No (%)	Don't know (%)
Is employment support for BME groups adequate?	All organisations	9	74	17
	Voluntary organisations	8	77	15
	Statutory bodies	11	78	11
Are BME employment issues represented and engaged with effectively at the regional level?	All organisations	3	59	39
	Voluntary organisations	2	61	37
	Statutory bodies	0	67	33

n-63 for voluntary sector and n-9 for statutory bodies

Note: Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give company status

Respondents were asked to indicate the levels at which they represented the interests of BME groups. As Chart 3.1 illustrates, voluntary sector BME support groups operated primarily at the community level and, to a lesser degree, the city-wide level. By contrast, statutory bodies operated primarily at the city-wide level and, to a lesser degree, the community level. However, sub-regional, regional and national BME representation was considerably lower. Almost two out of five voluntary sector organisations and one in four statutory bodies stated that they represented BME interests at the workplace level. In-depth interviews revealed that this was primarily through representing their own employees or by 'signposting' community members to other support agencies as opposed to representing their workplace issues themselves. Hence, on the one hand, such organisations do not represent a substantial challenge to the traditional workplace role of trade unions, but on the other, some interviewees indicated that they would 'signpost' individuals to law centres and private community solicitors.

Chart 3.1 – Levels of representation: Voluntary and statutory sector



Given the concerns relating to BME employment conditions, the question inevitably emerges as to how support and representation is sought by BME workers. Respondents were asked to indicate where they thought the BME individuals they engaged with went for advice and support if they were having difficulties at work. Table 3.3 presents the most frequently cited agencies and further demonstrates the importance of 'other actors' in employee relations and BME communities. **Most frequently cited was the Citizen's Advice Bureau, followed by voluntary sector community support groups, solicitors or law centres and trade unions.** Racial Equality Councils (RECs) should really be incorporated within voluntary sector support groups (part funded by the Commission for Racial Equality and part through fundraising), however, as they were the only consistently mentioned voluntary sector support groups, this warranted its own separate entry. It therefore emerged that the role of intermediary bodies dealing with employment issues is highly significant. One should note the role of the CAB, community groups and direct access to solicitors, many of which maybe embedded in local communities in a way that trade unions are not.

Table 3.3 – Employment support provided by 'other actors'

Go for employment support or advice	Frequency	% of total
Citizen's Advice Bureau	30	27
Voluntary sector community support groups	25	22
Solicitors or law centres	15	13
Trade unions	15	13
Don't know	7	6
Racial Equality Councils	6	5
Statutory bodies including ACAS and Job Centre	5	4
Colleagues or managers where employed	4	4
No where	3	3
Commission for Racial Equality	2	2
Total*	112	100

*Respondents could give more than one response

In-depth interviews confirmed the importance of community based advice centres and give an indication as to how well-developed such organisations can be. For example, one interviewee, representing the interests of a mainly Pakistani community stated that:

I can tell you exactly the places they [BME communities] go to. In a lot of areas you have local forums or voluntary community organisations, not just for BME people, they cover the whole community and lots of these types of organisations are springing up ... There's one in my area, they've got a computer suite in there, they have drop-in days, they have somebody that comes in to do training support, help with CVs and advise on job interviews. Also attached to that, there's an advice centre. So this advice centre is really helpful for people who are kind of like our parents' generation who don't have the English skills ... they probably wouldn't be able to give you legal advice, they could give you general advice but they could signpost people elsewhere, the Law Centre for example [for specialist advice].

A summary list of the key implications from this section is presented below. These points are discussed in more detail in Section 7.

- BME workers continue to be amongst the most disadvantaged within the labour market.
- Despite the emergence of 'other actors' in the representation of BME interests there remains a deficiency in the level of employment support for BME workers.
- Many of the difficulties typically endured by BME workers form part of union activities and agendas.
- 'Newly arrived' migrant labour has specific training needs which could be provided through unions' workplace and community learning agendas.
- The current level of support meant that BME employment issues were not well represented at or above regional level.
- The sector is far from saturated and so there is a potential role for trade unions in the representation of BME workers.

Section 4 - Transparency and trade unions in the community

Section 3 has identified the inadequate representation of BME employment issues, potentially representing an opportunity for an increased role for trade unions. This section, therefore, seeks to outline the extent to which unions have built alliances with the BME voluntary sector and established credibility within BME communities given these deficiencies. It also seeks to outline BME perceptions of trade unions as these views are likely to determine the level of success unions have in engaging with BME support groups and communities.

For trade unions to increase their representation of BME individuals outside the workplace, they must have a presence and an increased profile in two key areas. First within BME communities themselves so as to gain their trust and to be seen as an institution prepared to take on BME issues seriously and to represent their best interests; and second, with frontline voluntary sector community support groups as it is these organisations that maintain contact with BME communities on a day-to-day basis and 'signpost' individuals to relevant support agencies. However, findings suggest that trade unions have got a lot of work to do in both of these areas. Interviews suggested that the trade union presence within the community was negligible and that unions had done little to engage with BME communities or address BME issues. One interviewee, representing the interests of BMEs in a mainly rural area stated that:

The community really hears very little about unions ... just last week I was talking to a Filipino [lady] who was having some employment problems and I asked her if she was interested in joining a union. She said that she would be very interested but was unaware of whether there was even a union in the area, never mind which union to join.

Similarly, a British born, South Asian council worker stated that:

If you go onto the web site for [name of union] you'll find that it looks really flash and good and that it looks like things are happening. But when you talk to people in the local area, the reality is that nothing is happening and the union is looked at as boring, not understanding, or particularly bothered, what we are about ... and are unaware of many of the issues that affect black workers and are not able to engage with us. On the web site there might be stuff around black workers groups and things like that but locally people just don't know about it.

The survey findings compliment these views. Respondents were asked whether trade unions had a presence within the local BME communities that they represented or engaged with. Sixty per cent of all respondents indicated that unions had either no, or a low presence in these communities, 26 per cent were unsure, 14 per cent believed that unions had a presence in some areas and not others and no respondents believed that unions had a high presence (Table 4.1).

Table 4.1 – Union presence within BME communities

Union presence within BME communities		Frequency	Per cent (%)
Within some areas and not others	All organisations	11	14
	Voluntary sector	8	13
	Statutory bodies	1	11
Low presence	All organisations	23	30
	Voluntary sector	19	31
	Statutory bodies	2	22
No presence	All organisations	23	30
	Voluntary sector	19	31
	Statutory bodies	3	33
Don't know	All organisations	20	26
	Voluntary sector	15	25
	Statutory bodies	3	33
Total	All organisations	77	100
	Voluntary sector	61	100
	Statutory bodies	9	100

Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give their company status

The BME voluntary sector represents an access point for trade unions to BME communities and workers and so contact with these groups could be of potential benefit to unions. However, respondents highlighted the lack of communication and coordination between unions and BME support groups. Respondents were asked whether a trade union had ever contacted them to 'involve them in any of their campaigns or for advice or consultation'. This question generated the greatest level of consensus by the voluntary sector out of the whole questionnaire. All voluntary sector respondents indicated that they had never been contacted by a trade union for advice or consultation or to become involved in their campaigns (Table 4.2), similarly all interviewees believed that this was the case. Just two of the nine statutory bodies that responded indicated that a union had contacted them for advice or consultation or to become involved in joint campaigns. A diversity business management consultant for a large national voluntary sector advice organisation stated that:

I've not seen them be active basically. I'm a trade union supporter, my heart says they are a good thing but I just haven't seen them do very much, and certainly not around race issues ... They have never contacted me, I think they should become a bit more high-profile.

Just one in ten voluntary sector organisations stated that they had worked with or involved a trade union in promoting the interests of BME communities. Where this was the case these were typically short-term arrangements centred on anti-fascist campaigns as opposed to long-term partnerships around employment matters. However, these campaigns are increasing in breadth and depth and may serve as a platform for future developments.

Table 4.2 – Organisations' experiences of trade unions

Experiences of unions		Yes (%)	No (%)	Don't know (%)
Has a union ever contacted you for advice or consultation?	All organisations	4	96	76
	Voluntary sector	0	100	60
	Statutory bodies	22	78	9
Have you involved or worked with unions in promoting the interests of BMEs?	All organisations	15	86	76
	Voluntary sector	10	90	61
	Statutory bodies	25	75	8

Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give their company status

Respondents were asked to briefly summarise their views of trade unions in respect of BME communities. Respondents could give more than one response. Forty-eight individuals¹¹ gave their views generating 63 varying responses (Table 4.3). Sixteen per cent of comments were positive towards trade unions, however, 84 per cent of all comments were negative. Table 4.3 identifies three primary areas of criticism in respect of trade unions and BME communities. Forty-six per cent of comments given related to trade unions' inability and lack of engagement with BME communities. A local authority Councillor and manager of a city-wide BME network gave the following view which closely corresponded to those of other interviewees:

They [trade unions] don't engage with black workers at all and they didn't even have a clue that this black workers group had been set up ... I don't think that this lack of engagement is particularly because they don't want to talk, it is more about them not knowing how to.

A quarter of survey respondent comments referred to internal BME union representation deficiencies and a lack of understanding of BME issues. A diversity business management consultant for a large national voluntary sector advice organisation claimed that:

They [trade unions] are scared stiff of race issues, and, in fact, I haven't seen that many black or minority ethnic trade union reps either, or officials, I've not seen a single one ... They need to be more representative, within the local community because they are still very, very white, and male, and middle-aged.

Finally, 13 per cent of survey respondent comments referred to the unions' failure to establish credibility within BME communities. The director of an influential city-wide BME VSO highlighted the difficulties facing unions in respect of their credibility within BME communities.

You know, I'm not sure that even now there's anything really that they [trade unions] can offer me that I can't do myself or get the support from elsewhere ... I would say that they [BME communities] would see unions as a workplace organisation. Unions deal with work at work, you know, they are not seen as campaign groups or able to represent community issues. It is a question of credibility.

¹¹As this was an open question requesting individuals expand upon their answers, the response rate was expected to be lower.

Table 4.3 – Views of trade unions in respect of BME communities

View of trade unions	Freq	View of trade unions	Freq
BME engagement - (46%)		Credibility within community - (13%)	
Do little to engage with BMEs	21	Prefer not to engage them	2
Not heard anything/much from them	8	Reservations of union role	2
		An outsider - Not trusted	1
		Lost credibility with community	1
Internal representation - (25%)		All words no action	1
No internal union BME representation	7	BMEs work in non-unionised jobs	1
Not aware of cultural and religious issues	4		
Reps are inadequate	2	Positive views - (16%)	
Only reflect needs of members	1	Can be helpful and supportive	5
Improvements should benefit all	1	Good	3
No action because of language issues	1	Some proactive, others not	1
		Potential ally to support groups	1
Total number of comments – 63		Total number of respondents – 48	

Note: figures in brackets represent the % of all comments made (i.e. sum 100%) as individuals could give more than one response

Not only were there deficiencies in terms of alliances or joint community projects, but there also appeared to be representational deficiencies in respect of unions representing the needs of employees within the voluntary sector. Just 18 per cent of voluntary sector respondents believed that trade union members worked at their organisation, 71 per cent claimed that they had no union members and 12 per cent were unsure. In-depth interviews suggested that where union members were present, it was typically one or two individuals who agreed with the principle of collective representation but had very little contact with the union they had joined and felt 'despondent' about the union's ability to adequately represent them. It appears, therefore, that many BME voluntary sector employees were inadequately represented by unions and so such organisations had little experience of working with unions internally. One interviewee who represented a predominantly black community within West Yorkshire commented that:

I've never come across a voluntary organisation that has said, 'Our staff have joined a union', or 'a union is helping us do this' ... If trade unions are unable to represent the interests of low paid employees working within the voluntary sector, why should we recommend our affiliates or members of the community consult them?

This lack of contact, communication, engagement or representation has resulted in a subsequent lack of understanding of trade union functions or the benefits that unions can, and indeed do, generate. **Put simply, trade unions have an image and credibility problem in respect of BME support groups and BME communities.**

Respondents were asked how they thought trade unions viewed BME communities. This question was open so a lower response rate was expected, however, this question generated the lowest overall response from the questionnaire. Twenty-nine individuals left this question blank and 23 simply wrote 'don't know'. There are a number of possible explanations for this however it is probable that the lack of communication or co-ordination between trade unions and BME interest groups had resulted in BME organisations and communities not knowing what the unions' position was in respect of BME groups or they had misinterpreted union motives. For example, excluding the response 'don't know', only 27 respondents (34 per cent of all respondents) gave an answer to this question and these included 'too difficult to recruit', 'unions hesitant/fear of approaching', 'BMEs not a priority', 'think BMEs are non-cooperative', 'not much value to unions', 'a tokenistic target'. The interviews revealed on many occasions a lack of awareness of trade unions in terms of training, representation and in some cases diversity issues. A director for the Racial Equality Council (REC) acknowledged that unions were

instigating positive initiatives but believed that these were not being communicated to communities or BME organisations:

There has been a massive investment by the unions in terms of learning and health and safety and all kinds of stuff but I don't think the TUC and the unions have really grasped how bloody important that is. I don't think that they are spreading this important message enough or engaging communities in their agenda ... it's like there's a lot of complacency going on in terms of the trade union movement ... I really don't think they've grasped quite how important it is to communicate what they are doing with other people. (REC director).

When asked to what extent trade unions had improved the working conditions of BME groups that they represented or engaged with, the largest proportion, almost 40 per cent, were unsure which again reflects the limited amount of experience many organisations had with trade unions in respect of BME issues. Thirty per cent believed that unions had done nothing to improve BME working conditions, 18 per cent stated that they had done 'just a little' and 13 per cent indicated that unions had done a 'moderate amount' (Table 4.4a). In relation to the extent to which trade unions had influenced national employment policy in respect of working conditions for BME groups, the largest proportion, almost 50 per cent were, again, unsure. Ten per cent believed that unions had not influenced national employment policy but 40 per cent, to varying degrees, believed that they had (Table 4.4b). **This raises important questions not only in respect of how trade unions interact and communicate with BME communities and voluntary sector organisations but also how they promote the benefits they generate as well as past successes in respect of BME interests and working conditions.**

Table 4.4 – Extent to which unions have improved BME conditions and influenced employment policy

a) Extent to which unions have improved BME working conditions			b) Extent to which unions have influenced national employment policy in respect of BMEs		
	Frequency	Per cent (%)		Frequency	Per cent (%)
Significantly	All organisations	0	Significantly	All organisations	3
	Voluntary sector	0		Voluntary sector	2
	Statutory bodies	0		Statutory bodies	1
A moderate amount	All organisations	10	A moderate amount	All organisations	11
	Voluntary sector	8		Voluntary sector	9
	Statutory bodies	1		Statutory bodies	0
Just a little	All organisations	14	Just a little	All organisations	17
	Voluntary sector	11		Voluntary sector	14
	Statutory bodies	1		Statutory bodies	2
Not at all	All organisations	23	Not at all	All organisations	8
	Voluntary sector	19		Voluntary sector	6
	Statutory bodies	1		Statutory bodies	0
Don't know	All organisations	30	Don't know	All organisations	38
	Voluntary sector	23		Voluntary sector	30
	Statutory bodies	6		Statutory bodies	6
Total	All organisations	77	Total	All organisations	77
	Voluntary sector	61		Voluntary sector	61
	Statutory bodies	9		Statutory bodies	9

Note: Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give their company status

Finally, many interviewees believed that unions' primary focus was that of the workplace and **workplace related grievances and conflict** and therefore questioned the relevance of unions within the community. In certain instances unions were seen as a relic of the 1970s having been undermined by the Thatcher years and some believed that they still had a very 'old-fashioned/traditional image'. However, respondents were not opposed to increasing their understanding and relations with respect to organised labour as the following section highlights.

A summary list of the key implications from this section is presented below.

- Community support groups represent an access point to BME communities and, therefore, to BME workers.
- Support for, and the organisation of, anti-fascist campaigns showed unions/the TUC to be working in the interest of BMEs. This was appreciated by many BME organisations and extended union influence beyond the workplace, however, it did little to promote unions as employment specialists.
- Unions' credibility was undermined by the lack of BME union officials and subsequent lack of understanding of BME concerns.
- Union representation of voluntary sector employees was deemed inadequate.
- There was a fundamental lack of communication between trade unions and BME support groups, or with BME workers outside of the workplace.
- Communication and engagement deficiencies and the unions' inability to adequately promote their services meant that they were viewed specifically as workplace institutions, not particularly representing BME concerns.
- Relevance of trade union learning agendas not adequately promoted.

Section 5 - The potential for union involvement with BME organisations

Section 4 identified a fundamental deficiency in respect of communication and coordination between trade unions and BME organisations which had resulted in a lack of experience and understanding of union functions and the benefits they can generate. However, this section investigates the potential for the development of alliances and joint projects between unions and BME support groups and, perhaps surprisingly, finds that interviewees and respondents to the survey were optimistic in respect of the potential role unions could play in promoting the interests of BMEs as well as the potential for alliances and working together in partnership.

Based upon their experiences, respondents were asked whether they considered trade unions to be potential allies in promoting the interests of BME groups (Table 5.1). A third of voluntary sector organisations believed that unions were potential allies but an even larger proportion (38 per cent) was unsure, again illustrating the lack of understanding and communication between unions and BME sectors. Most positive for trade unions, however, was that just 28 per cent of voluntary sector organisations did not consider unions to be potential allies. Forty-four per cent of voluntary sector respondents believed that they shared some common views with trade unions, 36 per cent did not know and just 20 per cent did not believe this to be the case. Similarly, referring back to Table 2.3 (Section 2), findings indicate that many organisational objectives of respondent BME support groups corresponded closely to trade union activities and agendas. For example, frequently cited objectives included assisting with education and training, assisting in employment matters, health issues and community cohesion and social welfare. There is therefore a considerable amount of 'common ground' between trade unions and BME organisations and so a potential for joint projects and the development of alliances and partnerships.

Table 5.1 – Shared interests and common goals

Experiences of unions		Yes (%)	No (%)	Don't know (%)	Frequency
Do you believe unions to be a potential ally in promoting BME interests?	<i>All organisations</i>	33	29	39	77
	<i>Voluntary sector</i>	34	28	38	61
	<i>Statutory bodies</i>	22	22	56	9
Does your organisation share any common views with trade unions?	<i>All organisations</i>	43	20	38	77
	<i>Voluntary sector</i>	44	20	36	61
	<i>Statutory bodies</i>	33	11	56	9

Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give their company status

Respondents were less unsure, and substantially more positive, about trade unions when asked about the potential for forging alliances in the future. As Table 5.2 illustrates, 84 per cent of all respondents believed that trade unions had the potential to contribute in a positive capacity to the interests of BME groups. Just three per cent did not believe this to be the case and 13 per cent were unsure. No statutory bodies believed that unions did not have the potential to contribute positively to the interests of BME groups. The chief executive of a small organisation that aimed to bring communities together through social welfare and educational issues stated that:

I think that in the absence of many support mechanisms, trade unions are ideally placed to offer support and help minority people ... they are large organisations with expertise that people need.

Seventy-two per cent of all organisations stated that they would be prepared to work with trade unions in promoting and improving the interests of BME groups. Just seven per cent indicated that they were not prepared to work with unions. This corresponds closely with research by Fitzgerald and Sterling (2004: ii) who found that three-quarters of their interviewees would welcome contact with trade unions. Although just over half (56 per cent) of statutory bodies stated that they would work with trade unions, none stated that they would not. A diversity team leader working in community cohesion stated that:

I mean, I don't really know enough about unions to be able to comment. I think if they, if they were a body of support for BME people then I think they would be very useful ... if we could work together in a positive way, I would welcome their interest and support.

Similarly, a diversity business management consultant commented that:

I'm sure there's loads of room for partnerships between trade unions and [our organisation], if they want to be forward thinking, we're ready.

Although Section 4 highlighted the lack of communication between BME interest groups and trade unions, almost three-quarters of all respondents indicated that they would recommend an individual consult a union for advice or expertise if they were having difficulties at work. Just four per cent stated that they would not. Again, although just over half of statutory bodies indicated that they would recommend an individual consult a union, none stated that they would not. Two-thirds of all respondents indicated that organisations working in the interest of BME groups should become associated with unions. Just four per cent believed that they should not. Again, no statutory bodies disagreed with this question. **To this extent there does not appear to be any underlying tension or antipathy vis-à-vis trade unions.**

Table 5.2 – Potential for increased union involvement with BME support groups

Prospects for unions		Yes (%)	No (%)	Don't know (%)	Frequency
Do you think unions have the potential to contribute positively to BME interests?	<i>All organisations</i>	84	3	13	76
	<i>Voluntary sector</i>	84	3	13	62
	<i>Statutory bodies</i>	89	0	11	9
Would you be prepared to work with trade unions in promoting BME interests?	<i>All organisations</i>	72	7	21	75
	<i>Voluntary sector</i>	72	8	20	61
	<i>Statutory bodies</i>	56	0	44	9
Would recommend an individual consult a trade union if they were having difficulties at work?	<i>All organisations</i>	72	4	24	76
	<i>Voluntary sector</i>	73	5	23	62
	<i>Statutory bodies</i>	56	0	44	9
Should BME organisations become associated with trade unions?	<i>All organisations</i>	67	4	29	75
	<i>Voluntary sector</i>	64	5	31	61
	<i>Statutory bodies</i>	67	0	33	9

Voluntary sector and statutory sector responses do not sum to total responses as some respondents did not give their company status

The findings have shown that there is great potential for trade unions to build alliances with BME community groups, further develop partnership projects and become more involved with BME communities. However, responses have shown that unions must first address the criticisms levied against them by the BME support sector (see Table 4.3). Respondents were asked how trade unions could better promote themselves, and the benefits of membership, to BME groups and communities. The 56 respondents to this question generated 103 overlapping suggestions which are documented below in Table 5.3. Suggestions fell into three broad categories. Half of all comments made related to **trade unions' increasing their engagement and involvement with BME communities** and support groups and so improving their credibility. A representative for a large national voluntary sector advice organisation explained how they had attempted to improve their engagement and suggested that unions could potentially do the same.

They should come and meet and talk to the community ... We are encouraging [our officers] to go and make those links and to work in partnership with community organisations, there are loads of occurrences where [our officers] are doing outreach sessions within the communities and delivering the service directly through them ... or we are working with them in terms of training them up to give advice ... when people get to know you on a personal level, within the community, you start getting a huge amount of referrals ... We are aware that partnerships are the way forward.

Thirty-four per cent of survey suggestions (Table 5.3) related to unions **better promoting or marketing their services** and the benefits of membership. A number of interviewees believed that union services needed to be 'more clearly and better sold' to BME communities and support groups. Suggestions included clear guidelines, flyers in appropriate languages, cultural events, presentations in community or religious centres, and spreading their message through existing community organisations and networks. Finally, 16 per cent of recommendations of how unions could better promote themselves related to **improving BME representation within trade union structures**. A manager of an organisation that assisted, predominantly, black children back into school following exclusion described how, earlier in his career, he had been represented by a union at a grievance hearing:

It was very difficult for me to be in a room being represented by a white person challenging my boss who was white with two other representatives that were white talking about black issues and how I felt. They didn't have anybody within the union that could represent black employees which I found bizarre ... if they want to be taken seriously, unions must sort this out.

Table 5.3 – How can unions better promote the benefits of membership to BME groups?

How can unions better promote themselves to BME groups	Frequency
BME engagement and credibility - (50%)	
Communicate with/visit BME groups	29
Greater action/involvement	9
Promote equality in employment	6
Empower BMEs	4
Give greater support to BMEs	4
Better marketing of union services and benefits - (34%)	
Publicise, send info/promote benefits	23
Road shows/workshops	5
Publicity in different languages	4
Highlight previous BME success	3
Internal representation - (16%)	
Improve internal BME representation	10
Give consistent service	3
Reps dedicated to BME issues	2
Reduce subs	1
Total number of comments – 103	Total number of respondents – 56

Note: figures in brackets represent the % of all comments made (i.e. sum 100%) as individuals could give more than one response

A summary list of the key implications from this section is presented below. A list of practical recommendation given by (BME community group) interviewees is presented after Section 7.

- On the whole, BME support groups were very positive about the role unions could play within the sector and the potential for alliances between unions and BME support groups was high.
- Many BME support groups undertook similar activities to those of trade unions and claimed to share common goals and objectives raising the potential for joint projects with unions.
- A large proportion of support groups claimed that they would be prepared to work with trade unions and would recommend individuals consult a union if they were having employment difficulties.
- To improve their credibility and aid their entry into the sector, BME support groups recommended that unions increase their engagement and involvement with both BME communities and support groups; better market and promote their services and benefits; and improve their own BME internal representation.

Section 6 – Understanding the complexities of BME network communication and co-ordination

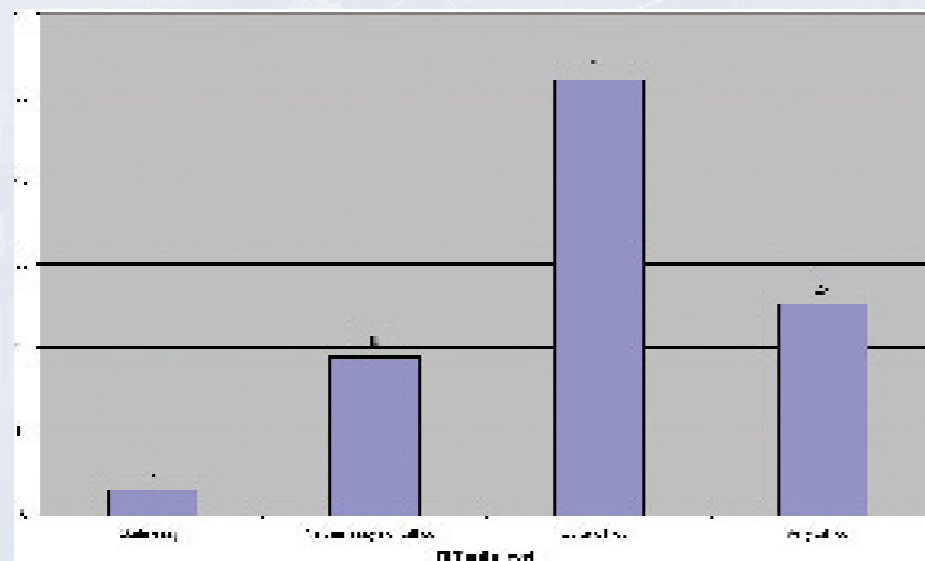
The findings suggest that one entry point for greater union BME representation is through increased co-operation and partnerships with voluntary sector BME support groups and networks. Survey and interview data also indicate that there is clearly a desire within a variety of BME groups for a greater relation with, and awareness of, trade unions. However, the findings suggest that such networks endure their own structural and political difficulties that trade unions must be aware of and sensitive to prior to engagement. The institutional dynamics of organisations and their networks must be understood and appreciated, as must the challenges they face, if trade unions are to be successful in becoming part of them or working with them.

The issue of funding is of paramount importance to organisations within the voluntary sector. Many interviewees complained that even if they secured government related, lottery or European grants, these were for a fixed period which meant, therefore, that much of their time was spent trying to secure additional funding. In addition, the time and resources spent applying for such grants, regardless of the services being delivered, must be appreciated. A director of an organisation that worked with 'hard to reach' BME communities in Leeds summarised these difficulties:

I think short-term funding is a huge issue, huge issue ... funding cycles tends to be two or three years, so just as it starts to become, you know, very effective the funding is in crisis again and so a lot of time and effort and energy is spent in just searching for funding. Groups constantly go under because, you know, you can't do two jobs at once. You can either search for funds or you can do your job and provide a service. One or the other suffers.

As Chart 6.1 illustrates, almost eight out of ten voluntary sector respondents found it very difficult or quite difficult to identify and acquire funds for their organisation. Just three per cent found it quite easy and none found it very easy. This gap in, and demand for organisational capacity presents unique opportunities for the forging of alliances.

Chart 6.1 – Level of difficulty in identifying and acquiring funds: Voluntary sector



Many interviewees complained that the 'pot of funds' available to the BME voluntary sector was considerably smaller to that available to 'mainstream, white' voluntary organisations. This had resulted in increased levels of competition for funds within the BME voluntary sector, funds being 'spread too thinly' across a large number of organisations, increased tensions between groups and a lack of partnership arrangements and even raised animosity towards mainstream voluntary service providers. A director for the Racial Equality Council claimed that:

There is a lot of division between different ethnic groups and a lot of competition for funding, competition for recognition, acknowledgement, upsets that some groups may have got more money than others ... there are all these other groups and it's not viable for them all to have their own community centre to do their own thing, but they're also not wanting to work together to actually generate kind of economies of scale.

Although detrimental to the efficient operation of the BME voluntary sector, competition for funds might actually offer trade unions the opportunity for an increased involvement with BME organisations given the relevant expertise being developed by trade unions, exposed to similar challenges in terms of learning and partnership funds. **As they do not compete for the same funds, BME organisations are more likely to forge alliances with trade unions or work in partnership on specific joint projects.** Furthermore, as many voluntary sector organisations are under resourced, under staffed, often under skilled and usually over worked, if unions offered either financial support or resources in terms of shared projects, human resources or out-sourced workers, they would be very likely to receive a warm welcome.

There are a number of tensions between different BME organisations and structural difficulties within the networks in which they operate, many of which fall outside the remit of this paper (see Martinez Lucio and Perrett, forthcoming: 2006). Respondents identified serious communication and co-ordination deficiencies that trade unions should be aware of prior to deciding upon their means and level of engagement. Although respondents were commenting on their own experiences with specific BME networks, in-depth interview data suggest that such difficulties are commonplace in many BME networks.

Table 6.1 shows that over half of all respondents either disagreed or strongly disagreed that organisations working in the interest of BME communities frequently shared information or consulted each other. Just 26 per cent believed this to be the case. Just over three-quarters of public bodies disagreed or strongly disagreed with this statement. Almost half of respondents disagreed or strongly disagreed that organisations that represented the interests of a specific ethnic group frequently communicated with organisations that represented the interests of other ethnic groups. Although interviews raised a number of reasons for this lack of communication including political, ethnic, religious and societal differences, the most commonly cited reason, as highlighted above, was the intense competition for funding. A council worker and member of a BME network stated that:

There might be one group that is trying to do a whole range of things and there might be another one just down the road and they are not communicating with each other. So how do you bring this fragmented sector together, and promote information and communication between different organisations?

In respect of the leadership of BME networks and dissemination and celebration of BME information, almost two-thirds of respondents disagreed or strongly disagreed that there was a clear voice and leadership for the BME voluntary sector within the region, just 11 per cent believed that there was. A number of interviewees acknowledged that the voluntary community sector was not proficient at disseminating and celebrating the importance of their work on a wider scale and claimed that few channels were available for dissemination at regional or national levels. Over three-quarters of statutory

bodies did not believe there to be a clear voice or leadership structure which raises the question, what should the role of statutory bodies be within BME networks and should they be taking on a greater leadership, co-ordination and dissemination role? One interviewee stated that:

I think that one of the things that the [local] council needs to try to do is play more of a coordination role within the BME voluntary sector ... this should be done through consultation, without treading on too many toes and must be transparent ... they should disseminate information and promote community successes.

Although communication, both vertically and horizontally, within a network is important, the priority for most BME support groups is to communicate their services to the groups and communities they aim to help. However, as the final row of Table 6.1 illustrates, three-quarters of respondents did not agree that it was easy for individuals within BME communities to identify organisations engaged in promoting their varying interests. Some interviewees commented that the 'vast number' of poorly advertised and inadequately funded support groups had created confusion within the community.

Table 6.1 – BME network communication deficiencies

Communication in BME networks		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
		% of organisations	% of organisations	% of organisations	% of organisations	% of organisations
BME organisations frequently share information with each other	All organisations	8	18	23	38	13
	Voluntary orgs	10	18	24	37	11
	Statutory bodies	0	11	11	44	33
Orgs representing specific ethnic groups communicate with orgs that represent the interests of other ethnic groups	All organisations	4	27	21	33	15
	Voluntary orgs	3	27	23	32	15
	Statutory bodies	0	22	22	22	33
There is a clear voice and leadership structure for the BME sector in Y and H	All organisations	3	9	25	37	27
	Voluntary orgs	3	6	27	38	25
	Statutory bodies	0	11	11	33	44
Easy for individuals to identify BME organisations	All organisations	4	22	27	34	14
	Voluntary orgs	3	24	27	33	13
	Statutory bodies	0	11	22	56	11

n-63 for voluntary sector and n-9 for statutory bodies. n-79 for all respondents
 Note: Individual counts for voluntary and statutory bodies is lower than for 'all organisations' as some did not stipulate type of organisation

Table 6.2 presents respondents views in respect of the co-ordination of BME networks. Respondents were asked to what extent they agreed that the networks they were involved with were large and well organised. This statement generated a high level of uncertainty, probably because of the question design as it incorporated two independent variables i.e. 'large' and 'well organised'. Hence, this could have caused confusion if respondents were part of, what they believed to be, small networks, either well or poorly organised. Just 24 per cent of respondents reported being part of a 'large, well organised' network. The statement, 'Greater co-ordination within BME networks is required' generated the highest levels of agreement. Overall, 72 per cent of respondents strongly agreed with this statement and 23 per cent agreed (total of 95 per cent in agreement). All statutory bodies agreed with this statement. There is clearly a desire for greater coherency and transparency in terms of BME networks, for example, a membership networks officer for a national umbrella organisation highlighted the existence of BME network coordination difficulties in comparison to the 'white, mainstream' voluntary sector:

White mainstream support groups are sustainable and set up a lot smarter than a lot of BME organisations ... There's less politics and the goals seems to be driven in one direction. I think with BME organisations they have too many goals and they're going off in too many different directions and there's not enough coordination ... White mainstream sector have got it together and maybe went through the difficulties 30 years ago that the BME sector is facing today.

Opinions were sought in respect of the extent of network involvement with statutory bodies and government support not just because of funding opportunities but also because of dissemination and possible influence upon policy and decision making bodies. Two-thirds of voluntary sector respondents indicated that their organisation worked closely with public bodies and local authorities. Just 11 per cent implied that they did not. However, sixty-two per cent of respondents either disagreed or strongly disagreed that the government adequately supported BME organisations and networks. Just 14 per cent believed that the government provided adequate support. **There are clearly communication and co-ordination deficiencies within the regional and sub-regional BME VCS that trade unions should be aware of and sensitive to if they are to take a more active role or build alliances within this sector.**

Table 6.2 – BME network co-ordination deficiencies

Communication in BME networks		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
		% of organisations	% of organisations	% of organisations	% of organisations	% of organisations
Networks we are involved with are large and well organised	All organisations	4	20	41	28	8
	Voluntary orgs	2	21	43	29	6
	Statutory bodies	11	22	22	33	11
Greater co-ordination within BME networks is required	All organisations	72	23	1	1	3
	Voluntary orgs	74	19	2	2	3
	Statutory bodies	78	22	0	0	0
This organisation works closely with public bodies and local authorities	All organisations	32	38	19	8	3
	Voluntary orgs	29	37	23	8	3
	Statutory bodies	56	22	11	11	0
The government adequately supports BME organisations and networks	All organisations	6	8	24	35	27
	Voluntary orgs	6	6	24	35	29
	Statutory bodies	0	22	0	44	33

n-62-63 for voluntary sector and n-9 for statutory bodies. n-79 for all respondents

Note: Individual counts for voluntary and statutory bodies is lower than for 'all organisations' as some did not stipulate type of organisation

A summary list of the key implications from this section is presented below.

- The structure and fixed-term funding nature of the voluntary sector meant that unions would potentially be welcomed by BME support groups so long as they were not deemed to be competing with them.
- There are a large number of BME network communication channels, operated to varying levels of efficiency, that unions could utilise to better promote themselves and raise their profile.
- Existing BME networks endure considerable difficulties in terms of coordination, communication, leadership and dissemination which unions must be sensitive to.
- When becoming involved with BME support groups unions must be careful not to inadvertently exclude certain groups.
- The multitude of varying BME organisations implies that, in the first instance, union engagement with BME support groups should be at the level of umbrella organisations and established networks. Further relationships may be developed thereafter.
- Coordination and communication deficiencies within BME networks implies that there might be scope for unions to play a greater coordination role in respect of BME employment related concerns.

Section 7 – Summary and discussion

The research has shown that despite recent claims that working conditions for minority groups have significantly improved; many support groups still believed that BME employees were greatly disadvantaged within the workplace. A large number of less traditional organisations have emerged independently of trade unions to represent BME issues. Although some were highly developed and offered effective services, at the time of research, most did not address specific workplace grievances or representation and so did not pose a direct challenge to trade unions. Despite the emergence of other bodies in the representation of BME interests, a vast proportion of BME organisations believed that the level of employment support for BME workers was lacking. Such findings indicate that this sector is far from saturated and that there is, therefore, a potential role for trade unions in the representation of BME workers and further involvement in community projects.

Many of the difficulties typically endured by BME workers such as, for example, marginalisation, lower pay, limited promotional opportunities, lack of qualifications and training or access to more skilled employment, form part of union agendas. Furthermore, most unions have long histories of dealing with such issues in relation to a broad canvass of workers, even if these were not in an organised BME context. Hence, the apparent BME representation gap and the obvious expertise of trade unions make them ideally placed to extend their collective coverage to BME workers. Furthermore, unions should not underestimate the importance of their learning agendas, and strategies of renewal through them, within the workplace and within the community, particularly in terms of improving the employability of new migrant labour and further improving the unions' profile and credibility.

Despite the apparent lack of BME employment representation, trade unions appear to have done little to engage with either BME communities or support groups outside of the workplace. The research found a fundamental lack of communication between trade unions and BME community based support groups, which is concerning given that such groups not only represent an access point to BME communities and, therefore, workers, but are also involved in similar activities to those of trade unions raising the potential for joint projects. Union support for, and even leadership of, anti-fascist campaigns was appreciated by the voluntary sector and extended union influence beyond the workplace, however, longer-term alliances around employment matters were seen as potentially more beneficial to all parties.

The main criticisms levied against trade unions, in respect of BMEs, were as follows. First; that they had too few BME officials/representatives at all levels and so exhibited a lack of understanding of BME concerns. Second, that their representation of voluntary sector employees was inadequate or unclear. Third; that they did not adequately engage with BME communities or support groups. This lack of communication and engagement had resulted in a fundamental lack of understanding of trade union functions or the benefits they could, and do, generate and uncertainty as to their relevance outside of the workplace or in representing BME concerns. Lack of contact had resulted in scepticism and an absence of credibility and trust. Perceptions were often drawn from media sources or from older generations, who might have lived through de-industrialisation, privatisation and racist work practices. This question of perception gaps is a major finding of the study and is clearly problematic for trade unions. It is important because it highlights a lack of trade union presence even though some indicators show that trade unions do have certain positive effects in areas where BME groups are present. For example, Labour Force Survey (August, 2005) findings indicate that the 'union wage effect' (the increase in a worker's wage as a result of union membership) for BME workers was greater in Yorkshire and the Humber than for England and Wales as a whole. There is clearly a lack of communication and a gap emerging.

Despite structural and funding deficiencies creating barriers to partnerships within the BME VCS and the fundamental lack of communication between unions and the sector, BME support groups did not harbour underlying tensions or antipathy towards unions. In fact, the opposite could be said to be true. Both survey and interview findings suggest that the potential for building alliances with the BME voluntary sector was great and that the majority of such groups would welcome the opportunity. Some

interviewees, who had admitted that they had never previously considered working with trade unions, claimed that it was now an area they would look into and that they felt 'excited by the prospect'. To summarise, a large proportion of BME organisations claimed to share common views or some common objectives with unions, they would potentially recommend individuals consult a union and believed that they should be associated with unions and, perhaps of most importance, around three-quarters stated that they would work with unions. Many stated that they would be more likely to build alliances with trade unions than with other community groups who might be competing for the same funds. The opportunity for an increased involvement with the BME VCS, and therefore BME communities, is there if trade unions want it. A first step towards this would be, as the BME VCS itself has recommended; to increase their engagement and involvement with both BME communities and support groups; to better market and promote their services and benefits; and to improve their own BME internal representation and to make this more visible where it has been improved.

A list of practical recommendations by the BME voluntary sector is presented below. The value of such recommendations is that they emerge from active members of the BME communities and not just academic reflection on the data and findings.

Practical recommendations offered by interviewees

The learning agenda

- Union Learning Fund (ULF) – Funding skills for migrant labour
- Learning hubs within the workplace and community better promoted and exploited
- Union reps better trained in diversity and BME issues
- Offer a CV and employment interview training service within the community
- Integrate ESOL, citizenship and employment training into learning agenda

Marketing the union

- Make better use of BME networks and communication channels
- Clearly promote what trade unions do and the benefits they can generate
- Increase presence in communities, i.e. meetings in cultural and religious centres
- Gain trust through association with other community groups
- Telephone enquiry line
- Advertise on flyers (job centres, libraries, community advice centres, letter boxes)

Internal representation

- Recruit more BME organisers and officials at all levels of the union – Union must be seen to be able to represent the interests of BME workers
- Recruit through identity rather than class

Communication with BME support groups

- Meet with and talk openly to community groups
- Initial communication and dissemination through larger umbrella organisations and networks such as the Council for Ethnic Minority Voluntary Sector Organisations (CEMVO), Racial Equality Councils, the Commission for Racial Equality, 'Connecting Communities' funded projects, the Citizens Advice Bureau (CAB), the Regional Forum's BME information network and GOYH, the National Association of Councils for Voluntary Service (NACVS and CVS) to name just a few

Joint projects with BME support groups

- Joint projects between unions and support groups with similar interests
- Offer financial support or resources in terms of shared projects or human resources
- Become less centralised – Appoint a dedicated officer to each respective community
- Out-post workers in community advice centres (half/one day a week)
- Offer an initial service free of charge to non-members
- Offer training to BME community groups – how to give advice, updates on changes in the law (raises union profile)
- Part fund a voluntary post within the community

TUC reports of potential interest

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TUC (2005), *TUC Equality audit 2005*, Trades Union Congress, London.

Background to Bradford University and the School of Management

The University of Bradford received its Royal Charter in 1966 but its origins date back to the 1860s. Today the University has around 6,300 full-time undergraduates and around 800 full-time postgraduates. The University has over 140 degree courses at undergraduate level and around 80 at postgraduate.

According to The Guardian (April 2005), the University of Bradford was the fifth 'best' in the North of England and has jumped 23 places from its ranking last year to become the 31st best university in the UK and number three in the Yorkshire Region.

Set up in 1963, Bradford University School of Management is Britain's longest established university-based business school. It is a fully integrated business school, offering programmes of management education from undergraduate through MBA to PhD level. Bradford School of Management welcomes around 1,500 practising managers on shorter courses each year. Corporate clients include Ciba Specialty Chemicals, the Royal Bank of Scotland and the airline Emirates.

Almost half academic staff from the School of Management are from outside Britain or have non-UK qualifications. In addition, more than 30 nations are represented on our Bradford campus. In addition to welcoming international students to our Bradford campus, the School of Management has an extensive range of programmes around the world. It runs programmes in Europe (with the associate institution NIMBAS in the Netherlands and Germany), the Middle East, China, India and Singapore. Some 2,000 students are registered for various awards on overseas programmes.

Bradford University School of Management is closely involved with the local community. Bradford's ethnic diversity and need for economic regeneration are issues the School of Management are helping to address, through widening access to courses and outreach to the local community.



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Regional Equality & Diversity Fora include Racial Awareness, Women, Lesbian, Gay, Bisexual & Transgender (lgbt@tuc.org.uk), Retired Members, Disability, and Youth. Please note, these fora are open to all trade union members and officials - for further details please contact Chris Beastall on 0113 242 9696 or at the above address.

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