

Health, Safety & Racism in the workplace

A study of Black workers' experiences

July 2022

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Introduction

This project stems from the experiences of frontline workers during the pandemic, and the knowledge that Black workers make up a disproportionate minority of union health and safety representatives. Existing research has shown that sectoral and occupational segregation on the basis of race and migration status goes some way to explain the disproportionate impact of Covid-19 on Black workers and communities. The pandemic has meant different experiences of health and safety for Black workers, often defined by direct or indirect racism and discrimination. It thus raised issues about how frontline workers are represented over health and safety and the relatively low proportion of Black workers who become health and safety reps.

This report, commissioned by the TUC, draws upon a survey and focus groups of Black workers and reps, including health and safety reps, to identify experiences of frontline workers during the pandemic and the role unions have played and could play. It records how Black workers feel that their health and safety can best be represented, potential barriers to representation and how the TUC can support a new generation of health and safety reps.

Research Questions

The research seeks to address the following research questions

- i) How do Black workers interact with health and safety frameworks in their workplaces?
- ii) In what ways does racism affect the health, safety and welfare of Black workers in the workplace?
- iii) How are employers engaging with Black workers on health, safety and welfare during the Covid-19 pandemic?

Research Methods

The research is based on a mixed methods approach involving qualitative and quantitative data collection and analysis.

- Phase 1: qualitative scoping – discussions with project Advisory Group of Black trade union reps and officers to identify key issues and research samples;
- Phase 2: a survey designed to achieve responses from Black union and non-union members;
- Phase 3: focus groups of Black workers to explore in more detail the salient issues identified in the survey and also give participants the space to explore their own concerns.

The TUC uses the term 'Black workers' to indicate people with a shared history. 'Black' is used in a broad, political and inclusive sense to describe people in Britain who have suffered from colonialism and enslavement in the past and continue to experience racism and diminished opportunities in today's society. This includes those of African, Asian, Arab, Caribbean heritage, including those of mixed heritage.

Summary

- There was a widespread perception that the pandemic produced specific experiences of racial discrimination because frontline workers, disproportionately Black workers, were subject to greater exposure and risk. Focus groups evoked a clear relationship between health and safety risk and unequal treatment suggesting that health and safety is racialised.
- The survey recorded that a third (32%) of respondents felt significant compromises, or shortcuts were taken when workers' safety was at stake. Nearly a quarter (23%) did not perceive that health and safety conditions in their workplace were good and a slightly higher proportion (28%) reported that worker safety was not a priority for management.
- The survey found experiences of racial discrimination in the workplace and perceptions that there was unequal exposure to health and safety risks, including based on race. The focus groups discussed how Black workers were pushed onto the frontline, while racial hierarchies meant disproportionately white management were able to isolate.
- Exposure was a particular issue for those on non-standard contracts with limited employment rights, in particular access to occupational sick pay during the pandemic. Respondents described workers unable to survive on Statutory Sick Pay (SSP) and attending work when symptomatic.
- Risk assessment was variable, particularly those that identified specific risks on the grounds of race and ethnicity. There were no reports of Equality Impact Assessments of the impact of Covid-19.
- The provision and adequacy of personal protective equipment (PPE) also varied, but frontline workers all reported the difficulties of social distancing at the workplace.
- While participants often focussed on the physical aspects of health and safety, it was clear the pandemic led to stress and risks to mental health, including racial abuse by the public being a catalyst.
- Focus group respondents highlighted the positive role that unions have played in workplace risk prevention and thus public health during the pandemic:
- Over a third (35%) of respondents reported that there was a union health and safety representative in their workplace, but 40% did not know if there was. Of those who reported the existence of a health and safety representative, over one quarter (28%) had regularly interacted with the representative and a similar proportion (27%) indicated occasional interaction.
- The perceived importance of union health and safety representatives in the workplace was reported in terms of communicating with workers (60%), ensuring employer compliance with workplace health and safety standards (57%), and protecting worker health and safety (63%). However, the role of the union was considered to be more important in pay and disciplinary issues than in health and safety.
- Over one quarter (28%) disagreed or strongly disagreed that union health and safety representatives are representative of the racial and ethnic composition of their workforce. One in five disagreed or strongly disagreed that Black workers were equally encouraged to take on union roles (22%) and specifically union health and safety roles (21%).
- Overall, 16% of respondents indicated that they would consider taking on the union health and safety role. However, there was more willingness to take on a general union representative or workplace role (38%) followed by the equality representative role (32%). The majority of those who provided a

reason for not wishing to consider a union role suggested that they are under time and workload constraints associated with their current roles at work.

- Some Black health and safety reps had become active in response to a critical incident, such as a family member suffering an industrial accident, whilst others had a family history of union or political activism. However, most were persuaded to become reps by colleagues or existing union reps and there was an emphasis on identifying and nurturing suitable candidates and boosting their confidence.
- The focus group findings were supported by the survey where interaction with a health and safety representative was associated with an increased likelihood of considering becoming a health and safety representative. In addition, having difficulties fulfilling commitments outside work because of the amount of time spent on the job was nearly twice more likely to prevent workers from considering taking on a health and safety representative role than where respondents indicated otherwise.
- A number of participants raised concerns of victimisation as reasons for not considering a safety rep role, others identified a lack of access to support or opportunities due to others already holding the role. The positive effect of role models or mentors was raised by numerous respondents.

Findings

The interplay of race and health and safety – Frontline workers during COVID-19

The Survey - Discrimination

Over one third of the sample reported experiencing discrimination in their workplaces on the basis of race, ethnicity, skin colour, or national origin (37%). Lower proportions experienced discrimination on the basis of gender (18%), age (17%), sexuality (5%) or disability (7%). Over a quarter of respondents reported witnessing discrimination in their workplaces on the basis of race (26%).

The Survey - The impact of the pandemic

Only five per cent of the respondents were furloughed during the pandemic, while 1% were made redundant. A proportion of the respondents (40%) reported a hybrid arrangement combining working from home and attending the workplace. Approaching one third (31%) reported solely working from home, and just under one quarter (23%) attended their workplace during Covid-19. A small minority of respondents reported changes as a result of the Covid-19 pandemic, namely involving overtime (5%), working hours (4%), a reduction in wages (2%), non-wage benefits (3%) or required to take unpaid leave (1%).

In terms of safety climate, one third (32%) indicated that significant compromises, or shortcuts were taken when workers safety was at stake and a similar proportion (33%) suggested that employees and management did not work together to ensure the safety possible working conditions. Nearly a quarter (23%) disagreed that the health and safety conditions in their workplace were good and a slightly higher proportion of respondents (28%) reported that worker safety was not a priority with management.

The Focus Groups – The racialisation of health and safety

There was a widespread perception that the pandemic produced specific experiences of racial discrimination because frontline workers, disproportionately Black workers, were subject to greater exposure and risk. Focus groups evoked experiences of both racism in the workplace and health and safety risk, suggesting that Covid-19 has exposed that health and safety is racialised. Highlighting how the differential impact of Covid-19 on Black workers was being noted and discussed within trade union branches by Black members, one focus group participant stated:

'We lost a frontline black member during Covid... We're overwhelmingly in the lower grades... you're less likely to be able to have a laptop and work from home. So that's the indirect way how this has manifested itself.' (Black-Caribbean Male, Health Worker – Unison Black Members Group).

A Black-African female project worker for a large homelessness charity called into question her employer's initial generic - one size fits all – approach to risk assessments that was (at least) indirectly discriminatory:

'And I think there was a risk assessment sent out, they tried to say that there weren't any problems... So the fact that in 24/7 hostels staff had to go in, even before they had adequate PPE. So it was a problem. And it might not have been deliberately aimed at black members of staff but the majority of staff doing that work are black. And did they show any particular compassion? Did they show any understanding? I wouldn't have said they did..' (Black-African female, homelessness charity project worker, Unite rep)

‘When I came into the railway, it took me four years to work myself up, to progress through the ranks and get to where I am. But then I became a union rep because there was so much borderline discrimination’

The occupational segregation of Black workers employed in lower paid and lower grade roles, in contrast to predominantly white colleagues represented in more senior roles, was seen by focus participants as the key racial and ethnic fault-line constituting ‘structural racism’ as expressed in the words of a focus group participant from the health sector:

‘I did say that with regards to health and safety and its impact on BAME staff, the Council have acknowledged the fact that there’s a disproportionate number of black and minority ethnic staff at the lower grades, who are more frontline. And therefore they’re more exposed to the virus. (Black-Caribbean Male, Health Worker – Unison Black Members Group).

The public transport focus group participants provided insights into how racism affects the health, safety and welfare of Black workers. One participant reflected on how from his perspective some of the relative race equality gains that had been made in the workplace had been set back by the racialisation of the virus:

‘And when I came into the railway, it took me four years to work myself up, to progress through the ranks and get to where I am. But then I became a union rep because there was so much – I don’t want to say discrimination but borderline discrimination that I wanted to make personal changes to. When you get people joining a union you have a bigger voice... And this pandemic has segregated it all again

*because when it first started, when the pandemic set in, in 2020 it was an oriental thing, it was an Asian thing. So everybody was calling names, Asians and then you had the Indian variant which they had to rename, which they changed to the Delta variant because they knew that Asians from the subcontinent... were getting blamed for bringing this. Now, this new Omicron is a South African variant, which is again, where my brothers from Africa are getting this “keep away from them, they might be spreading it.” So the government is not doing enough to stop this, the fatigue bit, if you’re on the frontline all the time, they just [want] you to be there all the time. They never want to give you a break.’
(South Asian male, ASLEF rep).*

The education focus group participants discussed how the exclusion of Black workers from management positions contributed to disproportionate infection rates with Black workers in various employment sectors, including education, thrust into the frontline. In this context, one participant highlighted the risk of low teacher-to-pupil class size ratios, with himself as a Black male teacher continually being pushed into supervising 40-50 children at a time whilst white colleagues and the Senior Leadership Team went missing:

‘What tends to happen in my school, I don’t want to sound bad, but if you’re a white male you tend to be more in a senior leadership role... but me obviously, I am not at that level so I have to be sacrificed! ... and be put on the frontline, just like a war, the British Empire, the Caribbean were put on the frontline. So this is the modern contemporary version, so I’m put on the frontline in this pandemic and regardless of anything that any kids they throw at me, I’ve got to deal with

it and still turn up to work and be stoic, don't complain.' (Black Caribbean male, secondary school teacher NASUWT rep).

Similarly, a H&S rep in the health service also made the point about racial hierarchies:

'They pushed us on to the frontline. The managers are Caucasian, and they won't go into the frontline. They were working from home. The manager's actually said "if you don't go you can take unpaid leave or annual leave." That was the two options. You go on to that ward with Covid with no protection, no full training, no checks on your background and whether you're suitable to go on to that frontline.' (Black-Caribbean female, Health, Unite H&S rep)

'They pushed us on to the frontline. The managers are Caucasian, and they won't go into the frontline.'

The Focus Group - Contractual differentiation

The focus groups confirmed the importance of contractual differentiation, with workers on outsourced or agency contracts having less access to employment rights and experiencing unequal treatment.

There was evidence that existing ethnically defined hierarchies in the workplace generated tensions and were conducive to favouritism and inequitable allocation of frontline hazardous work. One of the reps suggested that Black staff working for outsourced contractors were more likely to have to deal with Covid-19 patients.

A Black-Caribbean support worker and rep alluded to racialised and gendered occupational regimes within an education system where Black workers, predominantly women, on part-time

and zero hours contracts are employed as support staff:

'I know in one of the schools in the Trust that I spent some time in, there was a lot of concern from the lunchtime supervisors who were majority Asian. They did have a risk assessment and because I was the only non-white leader - even though I hadn't been there very long - they used to come to me for reassurance really and if there were any concerns which I would always flag up with the head teacher'. (Black-Caribbean, female, Education, NASUWT rep)

A Black-Caribbean male focus group participant linked the racialized exclusion of Black supply teachers to structural racism and institutional racism as key factors impeding the recruitment and educational career path of Black teachers.

Risk Prevention

The Survey – Inequality of Risk

In the context of the pandemic, over one quarter (29%) did not believe that there was equal exposure to health and safety risks in their workplaces and the same proportion that all workers were equally consulted over measures to protect their health and safety. Just under one third (31%) disagreed that all workers received an equal level of management support for their health and safety.

More specifically, respondents indicated racial discrimination. Over one in ten (17%) did not believe that Black workers faced equal exposure to health and safety risk as other workers in their workplaces. Similar proportions perceived inequality between Black and other workers in terms of support for working from home (15%), as well as on consultation on risk assessment (12%), access to health and safety training (8%), and access to Personal Protective Equipment (PPE) (6%).

The Focus Groups - Risk and Equality Impact Assessments

A porter employed by a Private Finance Initiative (PFI) contractor reported that risk assessments that took into account race and ethnicity were not introduced until after the deaths of two of his colleagues:

'After the passing of my two colleagues, who I was very close to, I refused to go back into work. I went off sick actually. When I contacted my GP they were saying that 'you need to get a letter from the government that they see you as high risk' or something like that. Which they were sent to other people but it took a while for me to get mine...But I know for a fact that after we had a loss of a few colleagues, our black workers were risk assessed and

the ones that had underlying health conditions were told to isolate. So there was quite a few. I believe that had things happened faster, we probably could have saved a few lives'. (Black-Caribbean Male, NHS Porter – Unison member).

Describing the mechanisms and processes by which the employer engaged with Black workers on health, safety and welfare during Covid-19, a participant in the health focus group highlighted the role of his trade union in pressing the employer to implement risk assessments and equality impact assessments in relation to Covid-19. Here there was a formal health and safety infrastructure:

"We all had risk assessments, every one of us. Because they send us – it's a risk assessment template, to all the team. And that is used to determine particularly people at higher risk. They gave numbers to different scenarios – if you score a certain number then you are at higher risk. And then they were put in place, maybe you are working from home etc. And then come into the office sparingly. They did that, but it took time before we all got it.' (Black-African male, project worker, Unite workplace rep).

Elsewhere in the NHS a H&S rep noted that in her workplace ethnicity was ignored as a risk factor with managers focusing on other issues such as obesity:

'Now in my workplace ... we're the majority of BAME. But the managers were doing the forms and they would look at you and say – ok, you're not obese, you're fine. I'm serious.' Black Caribbean female, NHS, Unite H&S rep)

Another rep underwent risk assessment as part of his induction in a new post. Other security guards, including a supervisor working at a

university, were not clear what risk assessments were and whether they had taken place.

In Vauxhall the H&S rep took it upon himself to educate his managers on the risks of Covid-19 for Black staff and eventually the management took notice:

'Covid was initially affecting a lot of people from these backgrounds. So I had to print out a lot of information from the NHS, educate the managers to let them have the knowledge that "look hang on, there is bigger risk on certain ethnic backgrounds and we need to be more cautious". But are we actually putting them at a higher risk in the roles they are in?' (South Asian male, Vauxhall, Unite H&S rep)

None of the focus group participants identified an Equality Impact Assessment in relation to Covid-19.

One health focus group participant said that despite union demands the employer did not conduct an equality impact assessment:

'We argued to do it, but they didn't do it. To my knowledge, I don't think they did because we asked them. Because after getting the evidence that Covid disproportionately affects BAME people, with the fatalities that were coming out of the hospital we did suggest that they should do it.' (Black-African male, project worker, Unite workplace rep).

The Survey - Sick pay

Access to occupational sick pay has been crucial to the prevention of infection. When asked about access to sick pay nearly three quarters of survey respondents appeared unclear about occupational sick pay and a third (34%) about Statutory Sick Pay (SSP). Over half of the respondents (57%) reported that all workers in their workplaces had access to SSP compared to

just 17% who reported that all workers had access to company or occupational sick pay. A minority reported that those on private contracts were excluded - 7% from SSP and 3% from occupational sick pay. No access to SSP for any worker was reported by 3% of the respondents and no access to occupational sick pay by 1% of the respondents.

The Focus Groups – Sick pay

The focus groups confirmed confusion and low levels of awareness of rights to sick pay, particularly in the case of outsourced staff. The security guards were not clear about the types of sick pay available. One, a non-union member, suggested that sick pay was at management discretion with one manager putting people on SSP and another putting staff on more generous occupational sick pay.

A third security guard, also not a union member, highlighted how he caught Covid-19 at work and was refused occupational sick pay despite challenging management and he highlights how workers struggled to survive on SSP:

'when I came back to work I only got the statutory sick pay which was no good ... I told them "oh I'm off my pocket, but the government say you to pay the loss". They said no they don't cover that aspect according to their company law. And I told them next time I am going to take you to court.' (Black-African male, security)

Table 3: Access to Sick Pay

	All workers	Excl workers on private contracts	None	No response
Statutory Sick Pay	84(57%)	10 (7%)	5 (3%)	34 (34%)
Occupational sick pay	25 (17%)	4 (3%)	2 (1%)	107 (72%)

A NHS porter described how Black and migrant workers employed by agencies on zero hours contracts were subject to less favourable terms and conditions. They had limited or no access to adequate sick pay compared to their colleagues employed 'in-house' on NHS standard contracts who have been able to receive full occupational sick pay during the pandemic. Here there was a three-tier workforce with those on in-house standard contracts; those on 'Retention of employment' (RE) contracts with NHS terms and conditions, but managed by a private contractor and those engaged by agencies on zero hours:

"If you are in employment as I am, you will receive full sick pay. If you are agency BAME you don't receive it... The agency don't really have that support." (Black-Caribbean Male, NHS Porter– Unison member).

A Unite rep from St Barts also outlined contractual differences and the multi-tiered nature of sick pay in the NHS:

'There were so many different protocols. There was obviously, some people are permanent staff will get sick pay anyway. But as agency they weren't getting that at all.', (Black-African female, St Barts, rep Unite)

Differences between outsourced and directly employed workers were also evident in manufacturing. A Unite rep outlined how directly employed staff had access to occupational sick pay whilst agency staff, who were predominantly Black, did not and often were financially obliged to attend work whilst unwell posing a threat to their own and colleagues health:

'There were some elements of discrimination. Where if someone from Vauxhall, a production worker caught Covid-19, they were able to go off work and get paid fully. Whereas within the cleaning team, if they caught Covid they would have to refer to the sick pay policy scheme. Lower paid people will

be forced to come to work even if they had Covid because if they thought they were going to lose financially, the right thing would be to stay at home and isolate. But then you are given a difficult decision to make, do you stay in poverty, try to survive or do you come into work?' (South Asian male, Vauxhall Health & Safety rep Unite)

The Focus Groups - Personal Protective Equipment

Different narratives arose in relation to access to PPE and the quality of PPE during the pandemic, particularly in the early stages. In general, public sector workers had better access whilst those working in outsourced companies were less well provided for. In retail provision was variable:

'You might start a shift in the morning and there's a box of gloves and sanitisers, but by the afternoon people who start at 4 o'clock, there's nothing left. And the company will say "oh, there's nothing available."' (Black-African male, retail, USDAW rep)

In the case of outsourced security workers in the universities, the direct employer did not supply adequate PPE, but the university did. Linking health and safety issues during Covid-19 to the structural discrimination faced by lower paid and outsourced Black NHS and migrant workers located in occupational hierarchies and ethnically segregated workplaces, a porter at a large NHS Trust discussed how it took the deaths of close colleagues to ensure adequate PPE:

'At the start of the pandemic, we quickly lost two porters and there were issues around PPE. Because we are porters, when we go to do jobs on the wards, or departments, they were insisting that the PPE they have was for their staff members on the wards and not porters. So, we started to do the job, we got the trust involved and we

started receiving after the passing of two ethnic minority staff members. It was a big issue basically because a lot of porters were refusing to do jobs and go on the wards or departments where they were insisting they weren't going to give you the PPE. And the Trust stepped in, the manager stepped in and provided some. And then we started getting regular supplies after that. But this is all after the fact that something bad happened.” (Black-Caribbean Male, NHS Porter – Unison member).

Here it was the NHS Trust rather than the Private Finance Initiative (PFI) contractor managing the outsourced NHS porters that eventually took responsibility. In contrast an outsourced worker in the NHS was not supplied with adequate PPE by the employer or Trust and had to provide his own. An outsourced NHS worker at St Barts, also reported:

‘The majority of the problem was the lack of PPE. We felt we weren’t protected enough and it was the responsibility of Serco to provide PPE and to look for our health as well, and underlying health. We had members that passed away due to Covid as well.’ (South Asian male, St Barts security, Unite rep)

The Focus Groups - Social distancing

Frontline staff in all sectors covered by the focus groups stressed the problems related to the inability to social distance during the pandemic and how this led to stress, infection and in some cases death.

One health worker who worked in the back office for a private company contracted by the NHS outlined how those in her department were obliged to take on frontline duties or take unpaid leave. The inability to socially distance led to the spread of infection:

‘[We] were told [we] had to go or take unpaid leave. Now they wanted us to hot desk and share desks, there was no two metre distance, there was nothing in place, absolutely nothing. And we all caught Covid-19 through the workplace.’ (Black-Caribbean female, NHS, H&S rep, Unite)

The Focus Groups - Mental health

While physical risk was more evident, the focus groups also referred to risk Covid-19 constituted to mental health. In education the participants highlighted how the pandemic had contributed significantly to teacher stress, anxiety, adverse mental health and burn-out linked to the burden of additional roles and responsibilities over and beyond teaching duties. A female African-Caribbean deputy headteacher discussed responsibilities placed on her as a member of the school senior leadership team (SLT):

‘So the main focus of primary teaching is teaching but I do find with teaching, especially since the pandemic, you are counsellor, social worker, nurse, doctor, police, everything seems to come back to the school as a hub. Obviously, we are not qualified in all those different fields and especially with mental health that is an issue that has arisen since Covid 19... teacher burnout is real.’ (Female African-Caribbean deputy headteacher/NASUWT Rep).

In public transport a H&S rep told how workers faced a combination of poor or non-existent PPE and an inability to social distance, limited control of their interactions with the public and nonsensical government policies such as incentivising employers to force staff to accept cash payments. The rep reported that Black transport workers were abused when they requested customers to wear masks:

‘If you challenged somebody on the bus and if you were from the BME community, to say “can you please

make sure that you wear your mask, we're asking you". You would get verbal abuse, "you black this and black that, who do you think you are?" ' (South Asian, male, transport, Unite)

'If you challenged somebody, you would get verbal abuse, "you black this and black that, who do you think you are?"'

While retail workers were less likely to report racism from management, they were on the receiving end of racist abuse from customers, a situation which worsened during Covid-19 and had implications for mental health:

'Customers become more rude. If you stop and you ask them, you say something, it's always ending up with a racial abuse comment. Quite a few times it happens, and because I am obviously from an Asian background, I've been told a lot of abusive words regarding my race and ethnicity.' (South Asian Female, retail, H&S rep USDAW)

The Focus Groups - The role of unions

A number of respondents highlighted the positive role the union played in protecting workers' health and safety during the pandemic:

'They were the ones that made sure that we had our PPE and they told us if we didn't have the right PPE, do not go into the rooms. They were really supportive.' (Black-African Female, St Barts, Unite rep)

Participants in retail discussed how the union had run campaigns to increase respect for shopworkers and how this had been effective since they were subsequently regarded as keyworkers. At the same time one participant in retail suggested that union officials had become more distant when working from home and had

less face-to-face contact. They suggested that unions reps should also be classified as frontline workers.

The disproportionate impact of Covid-19 on frontline workers brought into relief the link between worker health and safety and overt and covert forms of racism as articulated by a focus group participant working for London Underground who reported that of the 200 people in her depot about 27 had lost relatives:

'I think one thing that the pandemic highlighted is that, when we looked at health and safety and decision makers, not many of them are Black Asian or ethnic minority. But their perspective, sometimes you even have to convince them that there are extra issues that we will face... But they just don't see the problem.' (Black-Caribbean Female, Transport for London, ASLEF rep)

'When we looked at health and safety decision makers, not many of them are Black, Asian or ethnic minority'

A Unite health and safety rep, in the context of the pandemic, explored the relationships between race, language and social power and how this played out in the workplace. He highlighted the critical role unions can play in supporting Black workers to mitigate these power imbalances. He focused on language and the confidence to challenge management.

'One of my biggest concerns is that sometimes it's the language barriers of understanding and acknowledging what their rights are. What they can refuse, what they need.' (South Asian male, Vauxhall Health & Safety rep Unite)

Health and Safety Representation

The Survey: Health and Safety representation

The majority of the respondents (83%) indicated that their workplace recognises a trade union and 91% reported that they were a member of a trade union, which reflects the predominance of trade union channels in the distribution of the survey. Just under one third (30%) reported that management had a positive attitude towards trade union membership, with one in five (21%) indicating a negative attitude. A quarter (25%) considered that their managers were neutral.

Over half of respondents (55%) considered a trade union as best to represent their interests over workplace health and safety issues. Approaching one third (31%) indicated that line managers would be best and a slightly smaller proportion said themselves (30%). Under one in ten (6%) indicated a non-union representative or another employee (3%) would be most appropriate. Interestingly higher proportions perceived the importance of trade union representation if disciplined by a manager (69%) and seeking a pay increase (65%) than over health and safety.

While over a third (35%) of respondents reported that there was a union health and safety representative in their workplace, 40% did not know if there was. A smaller proportion (16%) indicated there was a non-union health and safety representative.

Among those who reported the existence of a H&S rep, over one quarter (28%) had regularly interacted with the representative and a similar proportion (27%) indicated occasional interaction. Nearly half of the respondents (45%) reported no interaction with the representative. The perceived importance of union health and safety representatives in the workplace was seen in terms of communicating with workers (60%), ensuring employer compliance with workplace

health and safety standards (57%), and protecting worker health and safety (63%).

Over one quarter (28%) disagreed or strongly disagreed that union health and safety representatives are representative of the racial and ethnic composition of their workforce. One in five (22%) disagreed or strongly disagreed that BME workers were equally encouraged to take on union roles and specifically union health and safety roles (21%). In terms of gender 15% disagreed or strongly disagreed that union health and safety representatives are representative of the workforce and 11% suggested that women and men are not equally encouraged to take on health and safety representative roles.

Over one quarter (28%) disagreed or strongly disagreed that union health and safety representatives are representative of the racial and ethnic composition of their workforce.

Overall, 16% of respondents indicated that they would consider taking on the union health and safety role. There was more willingness to take a general union or workplace role (38%) followed by the equality representative role (32%).

The majority of those who provided a reason for not wishing to consider a union role suggested that they are under time and workload constraints associated with their current roles at work. Related to this over half of the respondents (53%) suggested that they find it difficult to fulfil their commitments outside of work because of the amount of time spent on their jobs, while 14% indicated difficulties in doing their job properly because of commitment outside of work.

Over one third (39%) had childcare responsibilities and one in five (20%) responsibility for dependent adults.

The Focus Groups: Routes into activism

This section reflects on the focus group held with H&S reps. Participants discussed a range of reasons informing their journey into activism.

Some became active in response to a critical incident, one respondent mentioned that a family member had suffered an industrial accident, whilst others had a family history of union or political activism, as with one rep in retail:

'I think you asked about who encouraged us to be part of the trade union before. It was something that has been in the family for a long time; my dad and my mum used to be union reps a long time ago back in Africa, working for a textile company. And I'm just trying to keep the legacy going, when I came to the UK and I know that there is an opportunity for me to be able to support colleagues that have no voice as well. (Black-African male, Retail, USDAW rep)

'My dad and my mum used to be union reps a long time ago back in Africa, working for a textile company. And I'm just trying to keep the legacy going'

However, most were persuaded to become reps (not necessarily health and safety) by colleagues or existing union reps, as for one of the reps in retail:

'I didn't actually choose it, I was chosen by my colleagues. They sort of said you're the one with the big mouth and the one that managers seem to be scared of within my store, so you're going to be the rep for the store. So, I ended up being a rep and I've been it now for 19 years. They sort of pushed

me into the role.' (Black-Caribbean male, Retail, USDAW rep)

'I didn't actually choose it... They sort of pushed me into the role'

A rep at St Barts outlined how she was nominated by colleagues soon after joining the union:

'I was recommended by my work colleagues to become a rep, which was a shock because I didn't actually know that they were voting. And at first I was umming and ahing but I decided, let me try it, and ever since then I've been a rep.' (Black-African Female, St Barts, Unite rep)

A Tesco rep was also identified by colleagues and encouraged by the existing rep to take over their post:

'I was encouraged by my colleagues and a stand down rep. So, we had a situation that was ongoing where colleagues were always clashing with management. And I used to talk to them and calm them down, reason, try to talk to the management and see a point of compromise about situations. And I think that's where I was identified and then they just shoved me into the role. Like "hey, you will be good at this!"' (Black African Female, Retail, USDAW rep)

Some reps emphasised the influence of a mentor or supporter who encouraged them to take on the role. An ASLEF rep was nurtured by an existing rep, but also driven by her own experience:

'I saw the demographic change and more people coming on like me. And I didn't want them to go through what I went through. And I feel like I'd feel embarrassed for you to walk into situations that I have allowed to

continue. I'm thinking no, no, no, no, no, we have to change. Things have to change to be more accommodating. And then I feel that I have to do what many black people within my company at least have not done because you put your head above the parapet, and you don't get that promotion. And so I was lucky enough to have someone within my union who left that door open and who was that singular person in my union. ASLEF is a very white union, white male union and he opened up that door and was like "come, let's go." And he took me to every meeting and he took me to regional meetings and I got to meet the General Secretary, and I was fortunate that I had someone at my back – "yeah, yeah, you go, you be assistant branch secretary now." ' (Black-Caribbean Female, Transport for London, ASLEF rep)

'I saw the demographic change and more people coming on like me. And I didn't want them to go through what I went through.'

Another worker in retail had been encouraged to fill the health and safety role by another rep on the basis of his personal qualities:

'When I first became a union rep, we didn't have any health and safety rep in my store at all and we had a few issues. So I was basically nominated to go on the course and try out being a health and safety rep... I became a union rep originally because of another rep. She pushed me into it saying she thought I'd be really good because of how outspoken I am and how I like to get involved and help people. If I see something going wrong, I'm like "oh no you shouldn't be doing it like that". And I don't like people being taken

advantage of. So, she said "you would be really good "and here I am, about seven or eight years later.' (Black Caribbean male, Retail, H&S rep USDAW)

'She said "you would be really good "and here I am, about seven or eight years later.'

Other reps also reported that their ability to speak out led others to put them forward: Another H&S rep in retail was encouraged to take the role by his partner. For him his assertiveness and willingness to stand up to management made him an ideal candidate:

'My partner, she turned round to me and said you've got a gob on you. You will say what's wrong. And the colleagues I was working with at the time when I was made health and safety rep all said "yes you will go and tell managers". So there were no barriers put for me. If anything, I think management were more scared of me because I knew what I was talking about.' (Black Caribbean male, retail, H&S rep, USDAW)

An NHS health and safety rep discusses how she was identified because of her ability to speak out and communicate, suggesting that elements of the role were extensions of her role as a mother:

'I was approached to be a health and safety rep because I spoke up and I think I wasn't shy to voice my opinions. And I was able to communicate with all different levels of people. I've always been a health and safety freak anyway, just making sure everything is safe, maybe that's just being a mum.' (Black-Caribbean Female, Health, Health & Safety rep Unite)

A H&S rep in retail underlined that in his workplace health and safety reps were not old

white men, he is BME and the other rep is female:

'There's two health and safety reps in my store. The other one is a female, her name is Leslie, she's quite loud, she rides a motorbike. And nobody would mess with her anyway.' (Black-Caribbean male, retail, H&S rep USDAW)

There was a perception that there was much more demand for health and safety reps than union roles, such as equality reps and this led some to take on the H&S role. In the health service one participant would have preferred to be an equality rep, but there was no vacancy so she became a H&S rep

'I was just asked really because I prefer equality and diversity. But my colleague who's a union rep as well, she's diversity and equality so I think I was just asked to fill the gap for health and safety.' (Black-Caribbean Female, Health, Health & Safety rep Unite)

For a Unite H&S rep taking the role was about not taking the obvious route of becoming an equalities rep:

'Health and safety is something that makes a difference sometimes to people's lives. And it makes a difference to everybody's life and we as a trade union movement – we have to be there for everybody regardless of who they are and where they come from. And the other thing is, I'm a bit of a maverick character. I want to do things differently. If somebody sees me in an equalities role, I don't want to do that. Because let somebody else do it, there's a lot of people that can do that.' (South Asian, male, transport, Unite)

This notion of health and safety being a role where one can make a difference recurs in several testimonies, for a rep at St Barts seeing

inequalities in his working life led him to take up two roles:

'I'm a workplace rep and a health and safety rep... I do my own investigation, risk assessments. I have talks with the managers in regard to if there is anything they can change or improve. Any hazards, near misses, accident reports. So I deal with that and any breaches that the company actually does that could jeopardise or come to a serious incident.' (South Asian male, St Barts security, Unite rep)

All the Health and Safety reps had been in post for a long time, most over 10 years. Most had envisioned undertaking the role for a short term of one or two years but stuck with the role as they found it interesting and rewarding. In discussing their role, they focused on physical hazards and the importance of understanding procedures and policies and ensuring that they are implemented. One NASUWT rep described how:

'As a rep I will go around every three months with the health and safety people in our school. So making sure that in a classroom especially if there are a lot of hazards and see if those hazards have been covered. And keeping an eye on any accident books and things, making sure that before anything happens we know and we deal with it, especially now with Covid-19, ventilation, making sure it's done.' (South Asian Female, Health & Safety rep NASUWT)

'I see health and safety as a routine and I would get bored very soon... I didn't find it exciting'

The H&S reps stressed how their workloads had substantially grown during Covid-19 in response to member and worker confusion and anxiety:

'The workload has increased dramatically because every single day people are asking questions. People are asking about government policies, about their wellbeing, about their mental status, their sick pay, their sick period. So we are actually spending a lot of time explaining over and over again. At the same time when we are picking up issues, we are then having to meet management.' (South Asian, male, transport, Unite)

The need to keep abreast of changes to the policy environment accelerated and reps expressed thanks that the unions had been supportive in terms of providing guidelines and information for them. This is reflected by on health service rep:

'We had full support from the union. If it wasn't for the union, we wouldn't know where to go with this...so just having their support and having that guidance from them to take it back to the Trust and for our managers to take heed of what we are expecting in order to stay safe.' (Black Caribbean female, Health, H&S rep Unite)

The Focus Groups: Constraints on becoming a Health and Safety Rep

The survey and focus groups suggest a shortage of Health and Safety reps:

'Unfortunately we don't have enough reps and if we do have reps they're inactive. And that's one thing we are lacking, is active reps and we need more reps to come forwards to take cases on.' (South Asian male, St Barts security, H&S rep Unite)

In retail the health and safety reps talked about how there were many vacancies for health and safety reps and how much time they spent trying to recruit reps, particularly in smaller retail units

– a rep from Poundland stores said people did not want the role and he was covering around 20 stores.

There was a perception that health and safety is not intrinsically interesting, requiring the ability to master detailed processes and policies, with potentially less contact with members. A rep in retail had no interest in becoming a health and safety rep:

'I like sitting down and talking to people, so I see health and safety as a routine and I would get bored very soon. I think I do my fair share on it as it is. But it has to be a discipline for the union. I think we did touch a little bit on the health and safety. And I found it a lot to do, in my opinion I didn't find it exciting.' (Black-African Female, Retail, USDAW rep)

Some suggested that H&S reps needed extra training and that this could be a disincentive to take on the role. At the same time a rep in public transport emphasised the legal powers that health and safety reps could access:

'I think it's difficult to be a health and safety rep. Because if you're not aware of the legislation, if you're not aware of the policies of the companies, and the powers that a health and safety rep has.... Because you can bring in agencies where you can't bring them in for any other role.' (South Asian male, public transport, Unite)

'As a black minority guy, I'm just creating an issue for myself which I don't think I need right now'

He also suggested that Health and Safety reps may have a limited understanding of Black, Asian and minority ethnic cultures and that this can undermine their work,

'There are very cultural and traditional ways and just to give you an example. When we got some of the PPE, we said to the management "have you got any non-alcoholic sanitiser?" They said "what do you mean non-alcoholic sanitiser?" We said "because we've got Muslim people working here and they can't touch alcohol." And for so many years, these people have been employed by these employers and they don't understand that side of their culture... They just stereotype.' (South Asian male, public transport, Unite)

At the same time a rep from retail suggested taking on the H&S role could put Black workers in vulnerable positions

'It's something I might be interested in doing, but I just feel like I'm just going to have more issues, because I can see that these things need attention to, like blocking the fire exits, with the cages and all that stuff. So how can I go in there and enforce the law to them and say that cages cannot be there, that cage cannot be there. As a black minority guy, I'm just creating an issue for myself which I don't think I need right now.' (Black-African male, Retail, USDAW rep)

'We've got to make sure that we don't have gatekeepers all the time'

This informant went on to discuss how health and safety rules were breached regularly in small (Express) stores and how powerless he felt to challenge this. He suggested that workers may have to make a choice between career progression and being a union rep:

'We all know we just get on with it because we want to get paid and go

home. When you come to representing black members and it's down to the individual reps to actually challenge them as well, like I said. I've stepped down to be a proper rep, because of the higher you go, the higher you have to be – either you choose Tesco's or you choose the union. So you are in between, you cannot say I want to do both.' (Black-African male, retail, USDAW rep)

'employers don't understand that side of their culture... They just stereotype'

Whilst some H&S reps seem to put reluctance down to personal weakness, a rep from St Barts discussed how a lack of confidence inhibited some Black and women members from wanting to become H&S reps despite encouragement, but also that the employment relationship put workers in vulnerable positions:

'It's just a lot of people have fear in themselves, they don't want to come forward and don't want to take responsibility. Or they feel scared to go ahead against managers because they feel their job is on the line. And there's a lot of mistreatment going on at work as well in terms of how you've been treated and health and safety. It could be victimisation, but it also means that you're a troublemaker. It could be "ok, there's another issue coming from the same person". It's like you're a threat, you're a big troublemaker for them and you're the big fish that they have to tackle first in order for things to calm down... I just think that they're not empowered enough. I think there's not enough encouragement to them.' (South Asian male, St Barts security, Unite rep)

A Unite member in public transport raised wider issues about confidence and encouragement:

'Sometimes it's very difficult to encourage and persuade Black people to go for some of these posts. Because they don't feel confident enough. There is only a handful of people that are outspoken and want to be in people's face and want to do things the right way. There are a lot of silent majority in our communities and also we've got to make sure that we don't have gatekeepers all the time'. (South Asian male, public transport, Unite)

'I just think that they're not empowered enough. I think there's not enough encouragement to them'

Reps suggested that there was a need to identify talent and to nurture people. A health worker who had been a Unison H&S rep in a large NHS Trust indicated that individuals taking up the role need strong collective support from the local branch and wider union so as to not feel isolated and over-whelmed by the role, or placing oneself in 'jeopardy' or at risk of victimisation in the workplace:

'I was the health and safety officer for the branch, at that point I quit. It's a very thankless job and you end up putting yourself in jeopardy because you are reporting things that nobody wants reported. And when you challenge those things, it felt like nothing was being done and they wanted you to just shut up and go away. And I wouldn't do that job again, honestly, I wouldn't do it.' (Black-Caribbean Male, Health Worker – Unison).

However, he also suggested that health and

safety and the role of H&S reps were gaining more prominence as a result of Covid-19:

*'Since Covid it's a different matter on health and safety. I think they're far more conscious that they can be pulled up over stuff. And as a consequence, health and safety reps, their spines have been stiffened by that because they know with everything that's come up on the back of the pandemic, it's there and it's gained more prominence... But the only way we can make it effective is if the unions have a hardcore resolve to it. If your trade union is a campaigning fighting union, I think it's more attractive or it will be easier for black people to join. Whereas if a union sits back or worse still, is seen to be in cahoots with management, then it could be seen as risky, putting your ahead above.'
(Black-Caribbean Male, Health Worker – Unison).*

'If your trade union is a campaigning fighting union, I think it's more attractive or it will be easier for black people to join.'

The Survey: The factors influencing willingness to take on a health and safety role

The initial analysis (Table 4 in the Appendix) shows an association between consideration of becoming a health and safety representative and commitment at work, suggesting that workers who find it difficult to fulfil commitments outside of work because of the amount of time spent on their jobs are less likely to consider becoming a health and safety representative.

There is no association with finding it difficult to do the job properly because of commitments outside of work with consideration of becoming

a health and safety rep. At the same time caring responsibilities has no association with consideration of becoming a health and safety rep. There is also an association between consideration of becoming a health and safety representative and interaction with a health and safety representative.

Having difficulties fulfilling commitments outside work because of the amount of time spent on the job was nearly twice more likely to prevent workers from considering taking on a health and safety representative role than those who indicated otherwise

Interaction with a health and safety representative was associated with an increased likelihood of considering becoming a health and safety representative.

Conclusion

The research draws on the testimonies of Black workers and reps to emphasise how the pandemic has underlined the complex but intrinsic relationship between race and health and safety and the inequality of risk. Racialised occupational hierarchies led to the exposure of frontline workers, disproportionately Black, to extreme risk while disproportionately white management were able to isolate. The report highlights associated psychosocial risk, including the impact of racism from the public towards frontline workers and suggests that concentration on physical risk can overlook the impact of racism as central to the health and safety of workers.

Contractual differentiation resulted in unequal access to employment rights, even when workers were doing the same job, in the same organisation. Agency workers and those working on contracts outsourced by public bodies as a result of privatisation were often denied the employment benefits granted to those directly employed by the organisations for which they worked. Crucially in a pandemic, many had no or limited access to occupational sick pay.

The pandemic has placed renewed focus on health and safety and the crucial role of union health and safety reps in the workplace. As one respondent put it, the pandemic has led to a 'stiffening of the spine' of safety reps. While there has been a general shortage of health and safety reps and the under-representation of Black workers, the survey indicates the importance of interaction with existing workplace health and safety reps for encouraging new recruits to the role and the focus groups advocate the importance of identifying, nurturing, encouraging and supporting a new generation of Black reps.

Appendix I

Table 4: Associations between considering a health and safety representative role and predictor variables

	Would consider HS rep role		Would not consider HS rep role		P
Women	12	8%	63	43%	0.717
Men	14	9%	51	34%	0.961
Full-time job	16	11%	100	68%	0.128
Part-time job	4	3%	8	5%	0.093
Work hours	34.71	14.91	39.76	11.96	0.096
Commitment at work	2.92	1.49	2.31	1.26	0.011
Commitment outside work	3.55	1.54	3.58	1.35	0.902
Caring responsibility	13	9%	81	55%	0.299
No caring responsibility	11	7%	43	29%	0.299
Witnessed & experienced racial discrimination	10	7%	64	43%	0.372
Not witnessed & experienced racial discrimination	14	9%	60	41%	0.372
Diversity of union health and safety representatives	7.68	4.61	7.09	4.32	0.456
Structural issues	9.51	3.79	9.27	3.55	0.704
Treatment of BME workers during pandemic	17.3	5.62	17.72	6.48	0.945
Union as best to represent HS issues	16	11%	65	44%	0.199
Union not the best to represent HS issues	8	5%	59	40%	0.199
Union presence	21	14%	102	69%	0.53
No union presence	2	1%	8	5%	0.737
Union membership	23	16%	111	75%	0.333
Not a union member	1	1%	12	8%	0.383
Manager in favour of union	9	6%	35	24%	0.363
Manager not in favour of union	5	3%	26	18%	0.988
Perceived importance of union HS rep	8.76	4.91	7.95	4.99	0.354
Interacted with HS rep	12	8%	34	23%	0.029
Not interacted with HS rep	12	8%	90	61%	0.029
Psychological safety climate	10.4	4	10.63	3.84	0.739

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