

Still Not Visible

Research on Black and minority ethnic women's experiences of employment in Scotland



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Executive summary

In Scotland, Black and minority ethnic (BME) women face an intertwined set of gendered and racial barriers that affect their ability to enter, progress and stay in good quality employment. However, despite the importance of disaggregated data and qualitative information, there is a dearth of Scotland-specific research seeking to understand BME women's experiences of the labour market. While there are gendered commonalities in the experiences of all women in the labour market, BME women's lived experiences of employment are also inflected by racism and, for some, Islamophobia or other religious discrimination. An intersectional approach to policymaking and employer interventions to advance equality is therefore critical.

This research is based on an analysis of existing literature and new quantitative and qualitative information gathered through survey and focus group data, and aims to provide insight into the lived experiences of BME women at work in Scotland.

Key findings

The research captures data on key aspects of employment, and highlights the discriminatory and negative experiences of BME women as they engage with the Scottish labour market, including:

- Around three-quarters (72 per cent) of survey respondents reported that they had experienced racism, discrimination, racial prejudice and/or bias in the workplace, with those working in the public sector more likely to report this.
- Just over half of respondents (52 per cent) who had experienced racism, discrimination and/or harassment in the workplace said that they did not report it. Of those who did report, less than a quarter (23 per cent) were satisfied with how their complaint was handled.
- Around half of BME women (49 per cent) felt that they had been overlooked for a development opportunity because of racism, discrimination, racial prejudice and/or bias, with this rising to 61 per cent for those working in the public sector.

- Almost half (47 per cent) said that they had experienced racism, discrimination, racial prejudice, and/or bias when applying for a job, while 41 per cent reported that they had experienced this at an interview for a job.
- 42 per cent of respondents indicated that they had experienced bullying, harassment or victimisation in the workplace because they are a BME woman.
- Almost two-thirds (62 per cent) of survey respondents said that their caring roles have affected their ability to do paid work and 59 per cent of respondents with childcare responsibilities indicated that they do not use paid-for childcare.
- Three-quarters (73 per cent) of migrant BME women had not converted their qualification to the UK equivalent because of a range of barriers including the process being too long (31 per cent) and too complex (26 per cent).

Recruitment

BME women face a range of barriers in securing employment, and around half of survey respondents reported experiencing racism, discrimination, racial prejudice, and/or bias both when applying for a job and at interview stage. Non-transparent recruitment practice was viewed by BME women as being laden with racial and gender bias, and a lack of meaningful feedback creates a lack of clarity around how women can enter employment and progress in their careers.

BME women also felt discriminated against for having a ‘foreign-sounding name’ and there was a perception that employers make prejudiced assumptions around an individual’s English language skills based upon their name. Language was seen as a real barrier for migrant BME women in recruitment, but more in terms of employer bias and discrimination around certain accents and language, as opposed to any genuine skills deficit. No matter how competent they had become in speaking English, migrant BME women felt that they would always be marked as a non-native speaker by their name or their accent.

Training and development

A lack of transparency around training and development opportunities impacts BME women’s ability to upskill and progress. Less than half (42 per cent) of BME women reported that their employer provides clear development opportunities. Exclusionary informal networks, which are often tinged with racial prejudice, and BME women’s propensity to work part-time to accommodate their caring roles make it difficult to access training and development opportunities. This hinders their progression and reinforces their concentration into different types and levels of work.

Underemployment

Many BME women were working below their skill level. The challenges that many migrant BME women face in converting qualifications gained outside the UK leads to under-employment in terms of skills, with many migrant and other groups of BME women concentrated in low-paid, undervalued sectors such as sales, catering and textiles and clothing manufacture (EHRC, 2017). Employability services were perceived as reinforcing patterns of occupational segregation with the race- and gender-blind design of employability programmes failing to meet the needs of BME women.

Workplace culture

Toxic workplace cultures are central to the negative employment experiences of BME women. BME women reported that they face many forms of overt racism and discrimination, and implicit bias. The ‘microaggressions’¹ that BME women face on a daily basis include colleagues giving them a nickname or changing their name to something that is seen as ‘easier to pronounce’; being treated as though they were less intelligent than their colleagues; and stereotypical expectations about the type of work or position they would hold, for example presuming they are a cleaner or secretary.

Although the vast majority of BME women had experienced some form of racism, discrimination or inequality at work, more than half did not report it to their employer. Of those who did, less than a quarter were satisfied with how their complaint was handled. Reasons for not reporting included feeling that their line manager would not support them or, indeed, it was their line manager being discriminatory; feeling that it would not make a difference; a belief that their complaint would not be kept confidential; and a belief that reporting would make things worse. This signals a core failing in employer equalities practice, resulting in undue organisational complacency, a lack of confidence among BME women employees in complaints handling mechanisms, and ultimately racism, discrimination and inequality going unchallenged.

Caring responsibilities

BME women’s caring roles, particularly childcare responsibilities, were identified as a key barrier to entering and progressing within employment. The research found that BME women find it difficult to plan work around childcare with women forced

¹ Microaggressions are brief and everyday verbal and non-verbal behaviours, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudices toward women and/or any protected group.

to use sick leave and annual leave to manage their caring roles due to the inflexibility of both working practices and childcare provision. A lack of quality part-time work, and assumptions about BME women's preferences and interests in progression, also results in fewer opportunities for progression in the workplace and sustains their under-representation in senior roles.

Accessing affordable, appropriate childcare was identified as a significant barrier for many BME women, and a particular challenge for some migrant BME women. For migrant BME women, the absence of informal networks of family or friends close by to help with childcare increased the burden of childcare, limiting their ability to enter the workforce or increase their working hours. It was also highlighted that some BME women did not feel comfortable using formal childcare, or may be unaware of the services available to them. There were perceived difficulties in preserving minority cultures within childcare settings, for example providing halal food options, scheduling activities that highlight a range of religious holidays or providing books and materials that feature ethnic minority characters. BME women reported a lack of cultural sensitivity, which in part is a cause and consequence of a lack of workforce diversity; the early years workforce in Scotland is overwhelmingly white.

Education and skills

Qualifications gained outside the UK are often not recognised in Scotland and converting qualifications was viewed by migrant BME women as a complex, counter-intuitive, demoralising and often contradictory process. Challenges in converting qualifications were identified as contributing to the cycle of underemployment, with many migrant BME women having to take jobs below their skill level and then becoming trapped in low-skilled and low-paid work when they struggled to convert their qualifications.

At the same time, the expectation that a UK-based education will lead to good quality employment was not the reality, as prejudiced assumptions about language skills and toxic environments in higher and further education were also seen as a barrier to success.

The public sector: Leading the way or falling behind?

The research found that BME women working in the public sector were more likely to report experiencing racism, racial prejudice, discrimination and bias than respondents from the third and private sectors. This is especially concerning considering that the majority of public sector workers are women and, with the exception of Indian and Chinese women, ethnic minority women are more likely

to work in the public sector than white British women (EHRC 2017). It is also oft-repeated that the public sector should lead the way in building inclusive workplaces.

Public bodies in Scotland have been required to tackle discrimination and advance equality for more than a decade, yet the public sector equality duty has not resulted in the transformational change that was envisaged. Moreover, public bodies are very far away from taking an intersectional approach which means the experiences of BME women are largely invisible in the design and delivery of policy and programmes. Where once it was a given that the public sector was leading the way on equality, there is now mounting evidence that racism, discrimination, and racial prejudice and bias is a growing problem in the sector.

While this research highlights particular challenges in the public sector, existing evidence on poor equalities practice in the private sector still stands. Private sector employers tend to be less engaged in the equalities agenda, particularly smaller employers. There are fewer regulatory levers to enable change in the private sector, and it therefore may be the case that in general employees in this sector are themselves less familiar with employer efforts to advance equality. Trade union density is also lower in the private sector, and therefore employees are often less aware of their employment rights.

Without targeted interventions from employers across the labour market, BME women's inequality will persist, and will continue to have a detrimental effect on the health, wellbeing and the higher rates of poverty of BME women.

Conclusion

Overall, the results of the focus groups and survey reinforce existing research about BME women in Scotland, and in the UK. The main conclusion drawn from this research is that BME women continue to face high levels of racism, racial prejudice, discrimination and bias in the labour market which ultimately impacts their ability to secure, retain and progress within sustainable, good employment.

Advancing BME women's labour market equality requires transformational change through targeted action by both employers and policymakers. An important starting point for improvement is the development of gender-sensitive employment practice. This means offering flexible and part-time working at all levels of the organisation, conducting equal pay reviews and analysing the data by gender and race, providing support with childcare, and developing work that will address occupational segregation. However, while BME women will benefit from gender-

sensitive policies, employers must go further and adopt an intersectional approach. Employers should consult with BME women employees to gauge their perceptions on workplace culture and complaint-handling procedures with a view to making changes. Importantly, only strong leadership can change workplace culture, and this must include ensuring robust practice on reporting incidents of racism, harassment and discrimination. It should be set out clearly that staff who raise concerns about racism will be supported, and that those perpetrating racism, harassment and discrimination will be held to account.

For Scottish Government and its delivery agencies, the use of gender- and race-disaggregated data in policymaking is critical to capturing the experiences of women with multiple, intersecting identities. Taking an intersectional approach means ensuring that key policy frameworks, such as the Race Equality Framework, are gendered and that BME women's lives are visible. The benefits of addressing BME women's labour market inequality are wide-ranging, and not only for BME women and their families. Employers will be able to harness the skills and talents of BME women which are currently under-used, which in turn leads to economy-wide gains. The challenge for policymakers, employers, trade unions and other stakeholders is to commit to substantive action that will meaningfully tackle the barriers BME women face in the workplace. Advancing BME women's labour market equality is a necessary step if Scotland is to realise its ambition for genuine inclusive growth.



1. Introduction

In Scotland, Black and minority ethnic women face an intertwined set of gendered and racial barriers that affect their ability to enter, progress and stay in good quality employment. However, despite the importance of disaggregated data and qualitative information, there is a dearth of Scotland-specific research seeking to understand Black and minority ethnic women's experiences of the labour market. The Scottish Government has placed renewed focus on race equality which has included the development of key policy frameworks. However, policymaking on race equality is not well gendered, with BME women's distinct experiences of employment often not visible. There is also little evidence that employers are taking an intersectional approach to their employment practice, even in the public sector where public bodies have been required to proactively advance equality for a number of years.

This research aims to address the evidence gap around Black and minority women's experiences of the labour market, and to provide insight to policymakers, employers and unions on the entrenched inequalities that Black and minority ethnic women face in Scotland. The focus of the research is Black and ethnic minority women, with an emphasis on African, Bangladeshi, Chinese, Indian and Pakistani women. Aligning with the definition adopted by Kalliani Lyle, the Scottish Government's former Independent Race Equality Adviser, this report uses the term Black and minority ethnic (BME) to refer to visible minority ethnic women (Lyle, 2017). The word 'Black' is a recognition of a political identity, and we acknowledge that not all those who face racial inequalities will identify in this way (Ibid). The term 'racism' is used to describe covert (and sometimes implicit) and overt activity that places the importance and value of one ethnic group's identity, appearance, culture or way of life above others (CRER, 2016a).

There is very little primary research exploring BME women's experiences of employment in Scotland (Kamenou et al., 2013) and it has been suggested that this may be partly due to the relatively small percentage of BME women living in Scotland (Netto et al., 2001). Though the figures have doubled over the period of 2001 to 2011 and continue to grow, BME women currently account for approximately 2 per cent of Scotland's population (See Scottish Government Equality Evidence Finder). Ultimately, if Scotland is to build an inclusive economy,

BME women should be a key focus for policy interventions and a small population size should not legitimise inaction.

The small population size makes a statistical analysis of BME women in Scotland challenging and consequently not all ethnic minority groups can be rigorously represented within a research sample (Scottish Government National Statistics, 2016). A significant challenge in understanding the experiences of such a small population is striking a careful balance between recognising the important experiential distinctions of the different groups of BME women (which can be divided by ethnicity, culture, immigration status and more), whilst drawing conclusions about the shared experiences of BME women. Despite some unique differences between different groups of BME women, the primary and secondary data in this research point to many cross-cutting actions that policymakers, employers and civic Scotland can take to improve the labour market experiences for a range of BME women in Scotland.

This report begins by describing the methodology used to approach the research; it sets out the existing literature on BME women's experiences of the labour market in Scotland and the UK; describes the key findings; and finally offers conclusions.



2. Methodology

The research was undertaken by Close the Gap over 2017-2018. The findings and recommendations are based on analysis of primary and secondary data. The primary data was collected through four focus groups and an online survey. The secondary data comprises national administrative data, survey data, and academic and grey literature from the UK.

Four focus groups were held in Glasgow, Dundee and Edinburgh. There were 23 self-selected participants, who were recruited through Close the Gap's networks (including race equality and other equality organisations, and public bodies) and social media. The groups had two facilitators and the participants were informed that their contributions would be anonymously used in this report. Each group was structured using a set of topics including:

- **discrimination and racial prejudice** including recruitment, progression, pay, and workplace culture;
- **caring roles** including childcare and long-term care;
- **education and skills** including further and higher education, non-UK qualifications, and training and development in the workplace; and
- **employability services.**

The online survey comprised 51 closed-ended questions, 8 demographic questions, and 1 open-ended question. There were 127 participants who were sourced through newsletters of partners, stakeholders and equality organisations, through Close the Gap networks, and social media. The majority (60 per cent) of the participants self-reported as being 26-45 years old. 58 per cent of survey respondents spoke English as their first language and 82 per cent of survey respondents were UK citizens. 8 per cent of respondents considered themselves to be disabled. The most common race/ethnic group of respondents was Pakistani (31 per cent) and when asked about religion or belief, 45 per cent of respondents identified as Muslim.

As there were different routes through the survey depending on how questions were answered, in addition to some non-responses to some questions, the number

of responses varies across the specific questions. Further detail on survey participants and response rates are available in the appendix.

The sample size is fairly small, and the views presented will not, therefore, be completely representative of all BME women in Scotland. However, despite the limitations, the data and analysis presented glean useful insight about the employment experiences of an under-explored group of women in Scotland, and highlight the importance of an intersectional approach to policymaking related to the labour market.



3. The policy context

Race equality policy has been in development in Scotland for a number of years and Scotland has an active network of third sector organisations working to promote race equality. This has culminated in a number of key policy developments in recent years. Devolution has enabled an increased number of Scottish-specific initiatives to be developed, producing a rhetorical shift and enhanced political commitments toward broad equality agendas, including advancing race equality and addressing the barriers that prevent people from minority ethnic communities from realising their potential (Scottish Government, 2016a).

Notable recent developments in this policy area in Scotland are:

- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Scottish Government's Race Equality Framework in 2016.
- Removing Barriers: Race, Ethnicity and Employment Inquiry - Report by the Scottish Parliament's then Equal Opportunities Committee in 2016.
- Addressing Race Equality in Scotland: The Way Forward - Report from the Scottish Government's Independent Race Equality Adviser in 2017.
- Scottish Government's A Fairer Scotland for All: Race Equality Action Plan 2017 - 2021 in 2017.

A significant piece of political commitment was realised through the Scottish-specific Duties. The public sector equality duty, which was created under the Equality Act 2010, came into force in 2011 and replaced the existing race, gender and disability duties. It obliges public bodies in Scotland, England and Wales to have 'due regard' to the need to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations. This is known as the general duty. The Scottish-specific duties came into force in 2012, and are intended to help public bodies meet the general duty. Listed public bodies in Scotland are required to, amongst other things, do equality mainstreaming; gather, analyse and use employee data disaggregated by protected characteristic; develop equality outcomes, and report on progress to deliver these; publish their gender pay gap; and publish an equal pay statement, including occupational segregation information, by gender, race and disability.

However, the public sector equality duty has not resulted in the transformational change that was intended. Analysis of employer reporting under the duty by Close the Gap, Coalition for Racial Equality and Rights (CRER), and the Equality and Human Rights Commission has concluded that there was limited evidence of change for protected groups (CRER, 2018). Analysis by equalities organisations in Scotland has also concluded that the public sector equality duty has contributed to the diminution of focus in the identity-based inequality experienced by particular groups, including Black and minority ethnic people (Equality Sector Response, 2017).

In collaboration with CRER, and with support from the Scottish Government's race equality intermediaries, the Scottish Government developed the Race Equality Framework in 2016. This long-term framework outlines the national strategy for promoting race equality and tackling racism and inequality until 2030 (Scottish Government, 2016a). The framework sets out key actions across a range of areas including community cohesion, participation, education and employment. Employability and employment ambitions contained within this framework cover reducing employment inequalities, ensuring access to appropriate early learning and childcare for minority ethnic families and ensuring robust policy responses that support race equality in relation to income and poverty. While the employability and employment section of the framework does contain a reference to 'gender and race intersect(ing) to create extra barriers', little explicit consideration is given to gender throughout the report or within framework's actions.

Scotland's Independent Race Equality Adviser, Kaliani Lyle, in the 2017 report 'Addressing Race Equality in Scotland: The Way Forward', made key recommendations across a number of policy areas including childcare, poverty and employer engagement. This report recommends better data collection and co-ordination of BME equality policy at the Scottish Government; developing BME-sensitive services; improved representation of BME people in workplaces; and greater provision of affordable and inclusive childcare for parents and children from all ethnicities. Crucially, one of Lyle's recommendations is that policymakers focus more on demand-side interventions. In other words, a focus on improving employer capacity to recruit and retain BME women, rather than supply-side interventions that aim to build capacity in BME women to find and retain employment (Lyle, 2017).

Informed by the work of the Independent Race Equality Adviser, and intended to take forward Lyle's recommendations and to set out further actions to support the implementation of the Race Equality Framework for Scotland 2016-2030, the

Scottish Government published the Race Equality Action Plan in 2017. This outlined the actions to be taken over the course of this Parliament (2017-2021) to advance race equality, tackle racism and address barriers faced by minority ethnic communities. This wide-ranging action plan covers a range of policy areas including employment, education and housing. In the realm of employment, recommendations cover working with stakeholders to review current employment support measures, actively promoting the Workplace Equality Fund as an opportunity for increasing employment opportunities for people from minority ethnic backgrounds and developing measures and targets for ethnic minority communities who face disadvantage in the labour market. The actions relating to employment do not mention BME women specifically.

The policy framework to realise racial equality in Scotland has therefore been developed. However, while the national-level rhetorical and political commitment has been praised as distinct, the extent to which they have translated into meaningful national action is contested (CRER, 2016). To date, there have been limited updates on the progress made against these various objectives. Race equality and intersectionality considerations have not yet been mainstreamed in Scottish Government policymaking, equality impact assessments are not completed to a sufficient standard and the public sector equality duty is not operating as intended (CRER, 2018).



4. What we already know

Despite the increasing emphasis on race equality policy in Scotland, and a growing consensus on the need to move toward intersectional approaches to equalities work, the experience of BME women has not been afforded significant focus. In particular, the experience of BME women in employment is an under-researched area. This section draws upon available Scottish and UK-wide data and research to provide an understanding of BME women's experiences of the labour market.

Understanding the labour market experiences of BME women is critically important for both policymakers and employers. Research by Close the Gap identified that addressing women's labour market inequality could add up to £17bn to Scotland's economy (Close the Gap, 2016). For policymakers, inclusive economic growth and labour markets can only be achieved through intersectional approaches which acknowledge, and actively seek to overcome, the barriers faced by particular groups such as BME women, disabled women and LBT women.

For employers, beyond the arguments for equality and human rights, there are clear economic incentives and regulatory levers for public sector employers to tackle inequalities faced by BME women. There is a mounting global evidence base to suggest that the gains to employers in advancing equality and diversity are wide-ranging (Close the Gap, 2016). This includes improved staff morale; reduced costs through higher retention; enhanced creativity and innovation in product and service design; enhanced productivity and profitability; reputational gains and being able to recruit from a wider talent pool; and reduced financial risk by avoiding costly tribunal claims (McGregor-Smith, 2017).

To date, however, there has been a lack of intersectional equalities work by employers, and equalities work in general is not delivered to a high standard. For example, under the public sector equality duty, and previously under the race equality duty and gender equality duty, employers are required to do gender and race mainstreaming and gather disaggregated data. However, there is little evidence of this happening and research by Close the Gap on the gender and employment aspects of the public sector equality duty found no discernible change for women, and no evidence of an intersectional approach to their equalities work

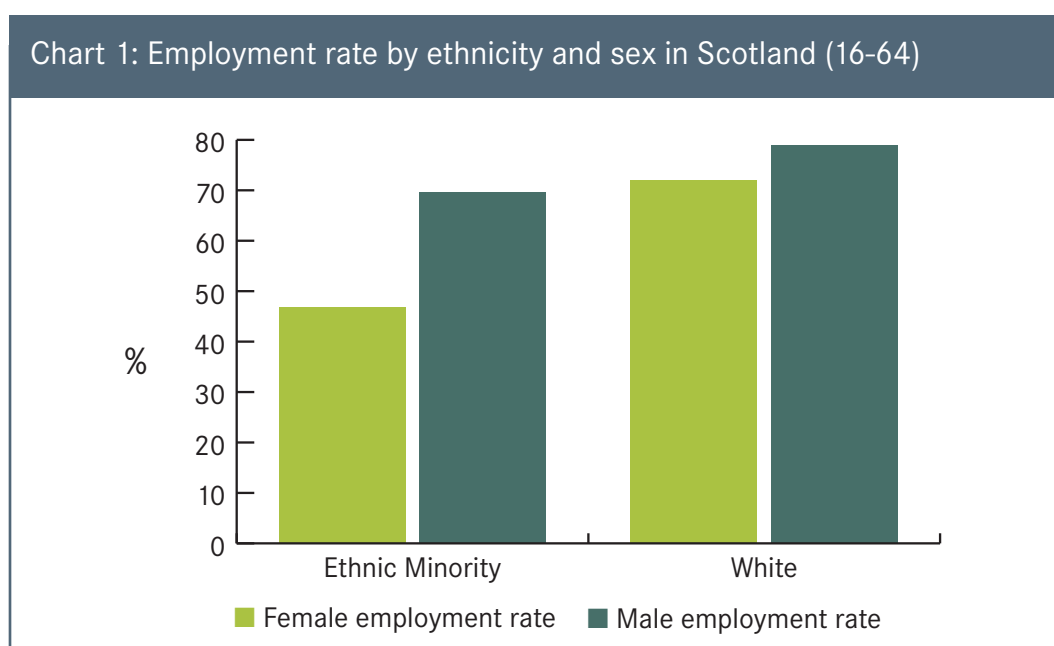
from public sector employers (Close the Gap, forthcoming). Indeed, more broadly, there is currently a lack of quality data relating to BME women’s experience of employment in Scotland. This is something that must be rectified as the gathering of robust disaggregated data is essential to understanding the experience of BME women and subsequently developing evidence-based solutions (CRER, 2016a).

Labour market participation and pay gaps

Two important indicators of BME women’s income and labour market equality are labour market participation and pay gaps. Much of the pre-existing research in these areas focuses on providing a comparative analysis between particular groups of the population. Within these analyses, the selection of which groups and figures to compare has analytical implications. For example, some studies have looked primarily at ethnic minority women compared to white men (Longhi et al, 2008). Others focus on the experience of ethnic minority women relative to white women to better understand the particular challenges that an ethnic minority identity layers on top of women’s identity-specific challenges (Longhi et al, 2017).

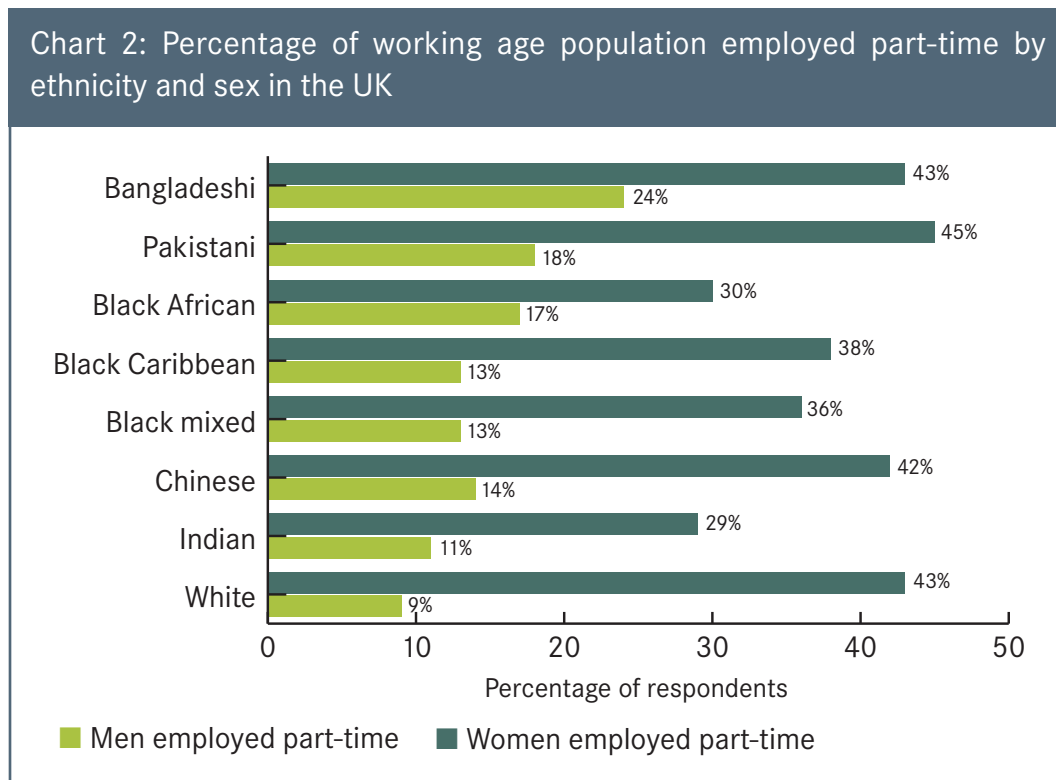
Labour market participation

Chart 1 shows that the Scottish employment rate (defined as the ratio of those employed amongst the economically active) of BME women (46.9 per cent) is significantly lower than white women (72 per cent), white men (78.9 per cent), and BME men (69.6 per cent).



Source: Data extracted from NOMIS, (July 2017-June 2018) Annual Population Survey

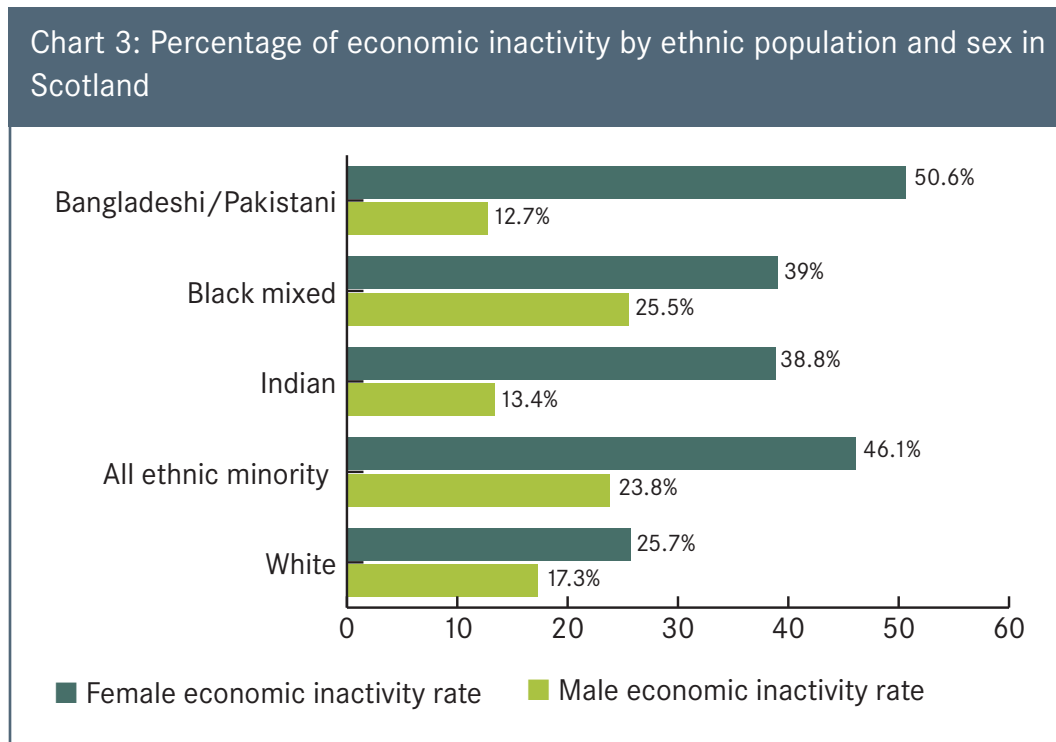
Of those who are employed, it is important to distinguish full-time from part-time employment. Most part-time work is found in the lowest paid occupations and sectors, often with less job security, and concentrated in undervalued work such as care, retail and cleaning which are predominantly done by women. Chart 2 shows that at the UK-level, women across all ethnic groups are considerably more likely to be working part-time relative to their male counterparts. Indian and Black women, while being more likely to be working part-time than their male colleagues, have the lowest rate of part-time work relative to other women. Across the ethnic groups, Pakistani women are most likely to be employed part-time.



Source: Full-time and part-time employment rates by ethnicity and gender. Data were taken from EHRG 2009 report: Pay gaps across the equality strands 2001-2004 (This uses the most up-to-date data available analysed by Heath and Cheung, 2006, using LFS data)

Another important measure is economic inactivity defined as those who are neither employed or have been seeking a job in last 4 weeks and/or are unable to start work within the next 2 weeks. ‘Economically inactive’ also includes those not in employment because of unpaid caring responsibilities. Chart 3 shows that in Scotland, when compared to other groups of women, white women (25.7 per cent) are the least likely to be economically inactive, followed by Indian women (38.8 per cent). Bangladeshi women are most likely to be economically inactive. Men in each ethnic category are more likely to be economically active than their female counterparts, with the starkest difference visible among Bangladeshi and

Pakistani people. This speaks to the gendered dimension of unpaid care, with women twice as likely to give up paid work in order to care, and women providing 70 per cent of unpaid care in Scotland (Engender, 2015). These charts highlight that the way different groups participate in and experience the labour market is segmented along both gendered and racial lines.



Source: Data extracted from NOMIS, (July 2017-June 2018) Annual Population Survey

Pay gaps

The lack of data disaggregated by gender and race makes analysing the pay gaps experienced by BME women challenging. Due to available data, the pay gap reference in this report represents the percentage difference between median average hourly earnings at the UK level. In this report, the pay gap is defined as the difference between the average hourly pay of BME women and white British women. When BME women are paid less, overall, than white British women they experience a pay gap. When they are paid more, they experience a pay advantage.

On average, across the UK, BME women have tended to earn more than white British women in most categories, with the notable exception of Pakistani and Bangladeshi women. However, the picture is very different for migrant BME women and there are significant differentials between British-born and migrant women within the same ethnic group, particularly among Black African women. In other words, while British-born Black Caribbean, British-born Black African, British-born

Indian and British-born Chinese women experience a positive pay gap when compared with white British women, only Chinese and Indian migrant women are paid, on average, more than white British women (EHRC, 2017b).

The following pay gaps and pay advantages represent the difference in median wage per hour when compared to the median hourly wage of a white British woman in the UK:

- British-born Bangladeshi women experience a 0.9 per cent pay gap and this rises to 12.3 per cent for a Bangladeshi migrant woman.
- A British-born Black African woman has a 19.4 per cent pay advantage over a White British woman. However, no such advantage exists for Black African migrant women who experience a 6.1 per cent pay gap.
- A British-born Black Caribbean woman has a 15 per cent pay advantage while migrant women of the same ethnicity experience a 1.7 per cent pay gap.
- Both British-born and migrant Chinese women experience a pay advantage over a White British woman, at 26.5 per cent and 11 per cent respectively.
- Indian women are the only other ethnic group to have a pay advantage over white women regardless of whether they are British-born (14.9 per cent) or migrant (5.4 per cent).
- Finally, the pay gap for a Pakistani woman is 5.8 per cent if they are British born and 7.9 per cent if they are a migrant (EHRC, 2017b).

This data highlights the need for targeted interventions as BME women cannot be treated as a homogenous group, with significant differentials evident in terms of ethnicity and whether people are born in the UK or abroad.

Workplace experiences

There is clear evidence that BME women face discrimination throughout the recruitment process, disproportionately not progressing beyond interview or, once in the workplace, not progressing within roles (Butler, 2012 and McGregor-Smith, 2017). Once employed, as per the female population more broadly, BME women are often segregated in gender-specific sectors and jobs such as administration, customer service and social services (Equal Opportunities Commission Scotland, 2007). These jobs are undervalued and low-paid because they are female dominated (Grimshaw and Rubery, 2007). As a whole, ethnic minorities are overly represented in low-paid precarious occupations including catering, hairdressing, sales, textiles and clothing manufacturing (Longhi et al, 2017).

BME women are also more likely to enter self-employment, but evidence about whether that is a preferred or imposed choice is conflicting (Netto et al, 2001 and Inal et al, 2013). Self-employment can be a path to prosperity and can enable proactive use of ethnic minority networks. On the other hand, it can be a forced choice stemming from discrimination, which masks poor working conditions, and produces poorer outcomes (Clark, 2015). There is evidence that women take up self-employment having been forced out of the labour market by inequality, a lack of flexibility or negative workplace cultures (Close the Gap, 2017). It is likely that the discrimination element is compounded for BME women, encouraging BME women to take up self-employment to escape discriminatory workplace practices.

The rise in women's self-employment has also coincided with a rise in low-paid self-employment, and part-time self-employment has also been growing more rapidly among women. Of the total increase in self-employment in the UK since 2008, 29 per cent has been among women working part-time compared with 18 per cent for men (TUC, 2016). While some self-employed women work in relatively well-paid professional occupations, there is a high number in very low paying work with elemental cleaning occupations the most frequent occupation for self-employed women (Close the Gap, 2017).

Research conducted by the TUC found that BME women in the workplace are subjected to physical abuse, harassment and verbal abuse, such as racist remarks directed at BME workers or sharing racist material in the workplace. The study found that just under half (42 per cent) of BME women did not feel able to report their experience of discrimination to their employers. BME women were also less likely to report incidents of bullying and harassment than BME employees overall, with 44 per cent of BME women not reporting incidents of bullying and harassment, compared to 38 per cent of all BME workers. The reasons for not reporting included a fear of losing their jobs or creating adverse relationships at work (TUC, 2017). For example, more than a third (35 per cent) of BME women reported being treated less well after reporting assault and/or physical violence. 57 per cent of BME women polled in the same research indicated that the bullying and harassment affected their mental health. The reluctance to report harassment, and the perception that reporting will have a negative impact on individual women, highlights the impact of toxic workplace cultures which can leave BME women isolated in the workplace, and affects their relationships with friends and family.

Education

Despite higher rates of unemployment and economic inactivity, overall BME women tend to be more educated than white women (Botcherby, 2006; The Young Foundation, 2008; Equal Opportunities Commission Scotland, 2007). However, they are also less likely to be accepted to universities than white women (Johnson et al, 2007). Furthermore, there is evidence to suggest that BME women experience discrimination and racist behaviour in university settings (Equal Opportunities Commission Scotland, 2007; Johnson et al, 2007). This manifests in stereotypical assumptions by academics and administration around their career aspirations, such as expecting BME women will prefer certain fields, such as medicine or human rights law, over other fields (Equal Opportunities Commission Scotland, 2007).

Although there is no data relating to pay gaps for BME women graduates specifically, evidence shows that there is a graduate gender pay gap with female graduates earning less than male graduates (Williams, 2013). Research also highlights that black graduates earn 23 per cent less on average than white workers with degrees and the unemployment rate for ethnic minority graduates is 5.9 per cent compared to 2.3 per cent for white women graduates (EHRC, 2016). It is therefore reasonable to presume that there will also be a pay gap for BME women graduates.

Modern Apprenticeships

At present, there is minimal publicly available intersectional data relating to Modern Apprenticeships (MA) which makes it difficult to fully understand the experience of BME women in apprenticeships. Despite the Equality Action Plan committing Skills Development Scotland to ‘improving the successful uptake of Modern Apprenticeships by individuals from Ethnic Minority communities’ (Skills Development Scotland, 2017), the representation of BME women in MA starts has remained stagnant since 2015-16. From the available data, women who self-identify as being from an ethnic minority background accounted for 1.8 per cent² of MA starts in 2017/8 (Skills Development Scotland, 2018). However, there is no publicly available information relating to ethnicity, gender and MA frameworks and therefore no conclusions can be made around occupational segregation and how the skills pipeline impacts BME women’s experience of the labour market.

² Women from a Mixed or Multiple; Asian; African; Caribbean or Black; and Other ethnic group account for 1.8 per cent of modern apprenticeship starts in 2017/8 with a known ethnicity

Caring roles

Another challenge impacting a significant number of BME women is their propensity to have caring roles, which is an important factor in shaping employment experiences. A lack of affordable, accessible and appropriate childcare creates a critical barrier to employment, training and studying for many BME women (Equal Opportunities Commission Scotland, 2007; Scottish Parliament's Equal Opportunities Committee, 2016). Many British Muslim women take time out to care for their children and evidence shows that they are less likely to take up formal childcare (The Young Foundation et al, 2008).

Racist and sexist attitudes and discrimination

BME women can face a complex set of issues related, but not limited, to race, gender, poverty and class (Equal Opportunities Commission Scotland, 2007; Close the Gap, 2018b). These factors can work together explicitly and implicitly in interconnected and reinforcing ways to prevent BME women from entering, staying in and progressing within good employment (Equal Opportunities Commission Scotland, 2007). For all groups of BME women, a significant and deep-rooted issue is the persistence of racist and sexist attitudes, and discrimination about BME women in Scottish society (Equal Opportunities Commission Scotland, 2007). Indeed, positive rhetoric around race equality and refugees has been seen by many to distract from the fact racism continues to exist in Scotland (Davidson, 2018).

Migrant BME women

While migrant BME women face the same barriers as British-born BME women, they also face additional challenges which manifest in poorer labour market outcomes. Migrant BME women can struggle in progressing from low-paid work (Netto et al, 2015) and refugee migrant women have difficulty accessing refugee-sensitive employability services (Refugee Women's Strategy Group, 2011).

Language is seen as a key barrier to employment for migrant BME women. Figures from the recent UK Race Disparity Audit using English figures highlighted that Bangladeshi and Pakistani people were most likely (1 in 5) not to speak English well or at all (Cabinet Office, 2018). The Audit showed that whether or not a person can speak English is strongly related to age, with those aged 65 or over least likely to speak English. For example, while almost half of Bangladeshi women and a third of Pakistani women aged 65 and over could not speak English, among those aged 16 to 24, only around 1 per cent could not speak English. Women were more likely than men to have poor English proficiency and this is particularly pronounced among Pakistani and Bangladeshi adults.

Not being able to speak English at an expert level presents difficulties for some migrant BME women. However, BME women also face prejudiced perceptions and judgements about their language skills, often not rooted in reality, which creates a separate challenge that is also difficult to address.

The ‘triple penalty’ experienced by Muslim women

In some cases, religious belief can produce specific challenges for BME women’s equality in the labour market. A UK-level inquiry by the House of Commons Women and Equalities Committee into employment opportunities for Muslims suggested that Muslim women suffer a ‘triple penalty’, in that they face racism, sexism and discrimination pertaining to their beliefs. The latter can involve family pressures around traditional roles of women in the household and Mosques, a lack of government support, discrimination in recruitment, and, related to that, Islamophobia, which disproportionately affects Muslim women (Women and Equalities Committee, 2016). It is important to note that whilst discrimination and Islamophobia persists, family pressures around traditional roles vary by generation (Dale, 2008), communities and families.

BME women and poverty

Another key area of concern is the rate of poverty for BME women. Higher rates of poverty among women are inextricably linked to the inequality faced by women in the labour market (Close the Gap, 2018b). In line with the multiple labour market barriers experienced by BME women, there is a particularly high rate of poverty among BME women (Close the Gap, 2018b). BME women are more likely to be under-employed, live with dependent children, have large families, and live in poor households (Women’s Budget Group and Runnymede Trust, 2017). These factors, coupled with the causes of BME’s women’s workplace inequality mentioned above, adversely affect the ability of BME women to participate equally in the labour market.

Social security should be an important anti-poverty measure for women. However, as a result of austerity and welfare reform, this is not currently the reality. The Women’s Budget Group found that Asian families in the poorest fifth of UK households will see their living standards fall by over £11,600 a year on average from cuts to benefits and services. For Black families, the real-terms annual average loss will be over £8,400. As a result of benefit cuts and tax changes, Black women in the poorest households will lose on average 14 per cent of their income (Women’s Budget Group and Runnymede Trust, 2017). While it is well evidenced that ‘welfare reform’ has severely disadvantaged women, it must be recognised

that women did not enjoy economic equality with men before welfare reform. The imbalance in impact can be explained by BME women's pre-existing inequality.

It is vitally important that staff employed by delivery agencies, such as Scotland's Social Security Agency, have race and gender competence. This includes policymakers and front-line staff. It is therefore concerning that while 7.6 per cent of applicants were Black, Asian and minority ethnic, only 2.1 per cent of those interviewed were Black and minority ethnic. This figure falls to 1.1 per cent for those who have a recorded start date with Social Security Scotland (Scottish Government, 2018) meaning that BME individuals will be vastly under-represented within the agency.



5. Findings

The findings presented are based on the analysis of the focus groups and the online survey. The findings cover employment, education and skills, employability services, and caring responsibilities, reflecting the inter-related causes of BME women's inequality in the labour market.

Employment

Employment is the central topic of this research, with focus group participants and survey respondents reflecting on their experiences of recruitment, training and development, pay and hours, and workplace culture. The findings show that in all aspects of employment, BME women experience discrimination and inequality in a range of ways.

Recruitment

Nearly half of survey respondents (47 per cent) said that they had experienced racism, discrimination, racial prejudice, and/or bias when applying for a job while 41 per cent indicated that they had experienced racism, discrimination, racial prejudice, and/or bias at an interview for a job. Pakistani women were less likely to report that they had experienced racism when applying for a job (40 per cent) and less likely to believe they had experienced racism at an interview (37 per cent).

By contrast, the figure was higher than average for African women with 57 per cent identifying as experiencing racism, discrimination, racial prejudice and/or bias when applying for a job and 64 per cent at interview stage.

In terms of sectoral differences, respondents from the public sector were more likely to report experiencing racism, discrimination, racial prejudice and bias when applying for a job (54 per cent) when compared to the third (42 per cent) and private (33 per cent) sectors. At interview stage, 44 per cent of respondents from both the private and public sector reported experiencing racism, compared to 35 per cent of respondents from the third sector.

In the focus groups, participants felt that typical recruitment practices disadvantage BME women in direct and indirect ways. One participant argued that practices such as psychometric testing and assessment centres are laden with racial and gender bias and can therefore be alienating to BME women. These tools are often not equality-proofed, can be Westernised, can reward stereotypically male traits and are therefore inherently exclusionary to some BME women. This therefore particularly disbenefits some migrant BME women. One of the most significant concerns raised by focus group participants was that they received little or no feedback for unsuccessful job applications or interviews. The absence of meaningful feedback leads to a lack of clarity around how women should progress with their job search, and their career. The surmised explanations for not being recruited included having a foreign sounding name, a non-UK nationality and a lack of qualifications and/or experience. One participant said:

“They’d be, ‘Oh, you’ll hear back in two weeks’ and in two weeks when [I had] not heard back I email[ed] them and [they say], ‘Oh, we can’t give you feedback. You just didn’t fit the bill.’ That’s what you mostly get. So now I just applied for a Masters.”

Where women experience a persistent lack of feedback, as reported by this participant, they often feel that their only option is to undertake further study. However, others indicated that despite having several qualifications, they still have trouble entering and progressing in the labour market, and finding good quality employment. Being highly educated and holding qualifications does not, therefore, guarantee a route into employment for BME women.

Language was a recurring topic in focus group discussions around recruitment. Not being able to speak English to the standard of native English speakers was cited as a substantial barrier to employment amongst participants who were born and raised in countries with an official language other than English. At the same time, other focus group participants indicated that their language insecurities come from viewing themselves through the prism of the discriminatory employer, rather than objective reality. Several participants expanded on this, explaining that no matter how competent they had become in speaking English, they felt that they would always be marked as a non-native speaker by their name or their accent. A teacher, who began speaking English in primary one (age 4/5) and has Scottish-born children, explained how the staff on her initial teacher education programme asked if she could make her accent “more Scottish”.

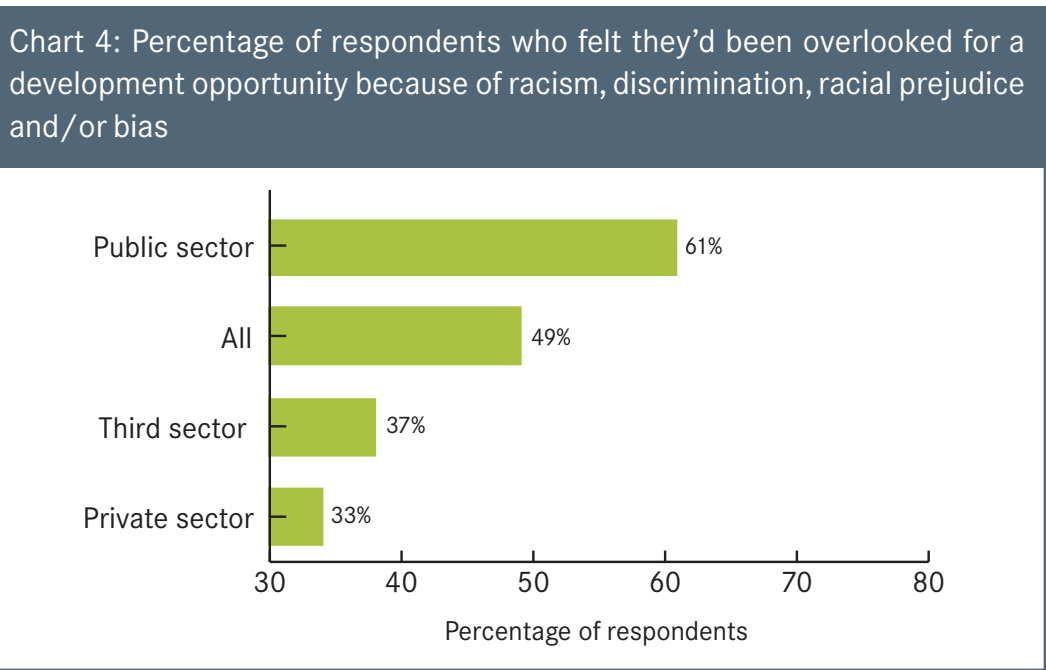
The survey results indicate that a significant number of participants have been consciously aware of racism, discrimination, racial prejudice or bias during the recruitment process. The focus group results provide qualitative insight into the

ways in which some of those experiences materialise. A lack of transparency and biased hiring practices can work to prevent BME women from obtaining employment. It also seems that language can be a real barrier for some women, but more in terms of the judgement, bias, and discrimination around certain accents and language, as opposed to any genuine skills deficit.

These results are concerning for a few reasons. Firstly, the figures relating to racism in recruitment are potentially conservative due to the often covert nature of racial prejudice and racism. Secondly, a lack of transparency in hiring practice means that it is difficult to fully understand the extent to which racism, discrimination and bias persist in recruitment processes. Additionally, the discussion around discrimination and language skills highlights that this prejudice not only impacts BME women's ability to obtain good jobs, but is also causing women to doubt their own valuable skillset.

Training and development

Chart 4 shows that around half of survey respondents (49 per cent) felt that they had been overlooked for a workplace development opportunity because of racism, discrimination, racial prejudice and/or bias. There was significant variation by sector with respondents from the third sector (37 per cent) and private sector (33 per cent) less likely to report experiencing this. This figure was significantly higher among public sector employees with almost two-thirds (61 per cent) of respondents believing they has been overlooked for a workplace development opportunity because of racism, discrimination and racial prejudice (Chart 4).



When asked whether their employer provides clear development opportunities, less than half (42 per cent) of respondents agreed. The remainder of respondents indicated that exclusionary informal networks and working reduced hours prevent them from accessing opportunities. While some respondents reported that there were no available opportunities for them, others said that there are opportunities if you know the right people, that they had not been encouraged by their manager to take up opportunities, and they would have to change their working hours to access development opportunities. Given that women account for three-quarters of part-time employees in Scotland, the lack of training opportunities for those who do not work full-time hours has a profoundly gendered impact. Again, these gendered barriers to training and in-work development are compounded by racial inequality for BME women.

A Black woman in the focus group spoke about trying repeatedly to get onto a training course. She explained that the 20 people who did get on were those with Scottish names and that colleagues tried to convince her that it was “just a coincidence”. The lack of formal process, transparency and disaggregated data around accessing development opportunities contributes to BME women’s perceptions that they are being discriminated against, whether intentionally or not. Overall, these results indicate that racism, discrimination and bias is prevalent in recruitment, training and development. Ultimately, there is a pervasive sense amongst participants that discrimination and bias is preventing them from securing employment and also progressing within employment.

Throughout the research, BME women working in the public sector were more likely to believe they have experienced racism in recruitment and training. Inequality in the public sector around in-work development opportunities is particularly concerning given that a relatively high number of women work in this sector (Engender, 2017). Also, research by the Equality and Human Rights Commission has shown that, with the exception of Indian and Chinese women, ethnic minority women are more likely to work in the public sector than White British women (EHRC, 2017a). There have also been regulatory requirements on public sector employers to take action on gender inequality since 2007, and on race inequality since 2001. This also calls into question the oft-repeated claim that the public sector should lead the way on building inclusive workplaces.

Equal pay

There is a lack of publicly available pay data, and pay data which is disaggregated by gender and race is particularly difficult to access. It is therefore challenging to understand the extent of unequal pay experienced by BME women. However, there is a widespread culture of secrecy around pay across the labour market in general,

and only a minority of employers in Scotland have done an equal pay review, with those that have been done often of poor quality (Close the Gap, 2013). Accordingly, around a third (34 per cent) of respondents indicated that they think they have been paid less than a white and/or male colleague because they are a BME woman. Again, this points to the need for pay transparency, improved data collection, and improved pay practice by employers.

Under-employment

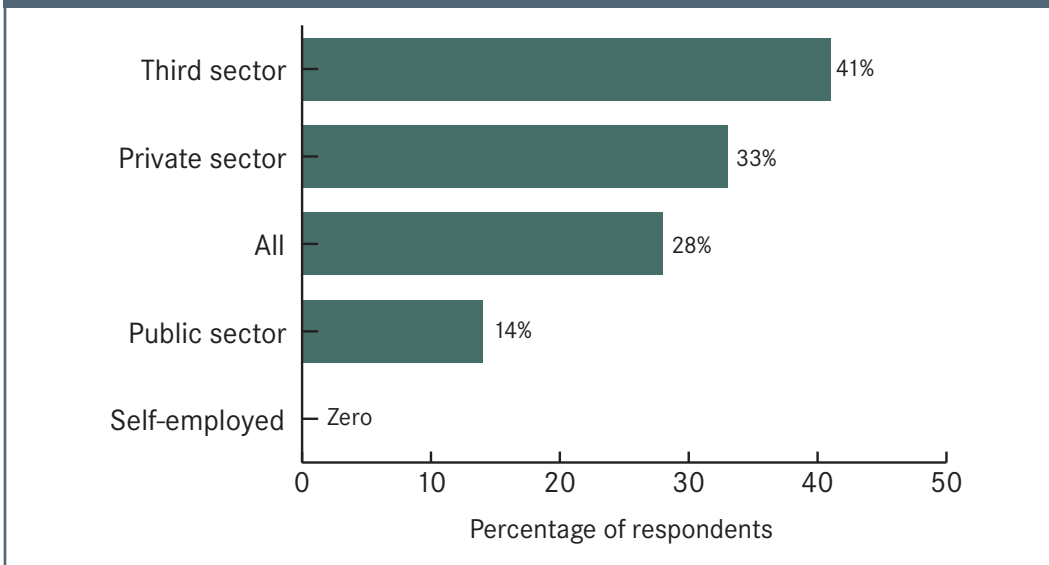
46 per cent of respondents reported working part-time. However, only 26 per cent indicated that they did not wish to work full-time and 42 per cent indicated that they do not work the number of hours that they wish. These figures speak to BME women's under-employment both in terms of high skilled workers in low skill jobs and part-time workers who would prefer to work full-time. This represents not only a barrier to BME women, but also a significant loss to employers and the wider economy.

Workplace culture

Across the focus groups and survey, workplace culture was highlighted as often toxic for BME women both in terms of overt discrimination and implicit bias. A number of survey respondents and focus group participants reported racism, discrimination, and bullying. Focus group participants explained how these experiences lead to feelings of exclusion in the workplace. Both survey and focus group participants explained that they do not usually report instances of racism, discrimination or harassment.

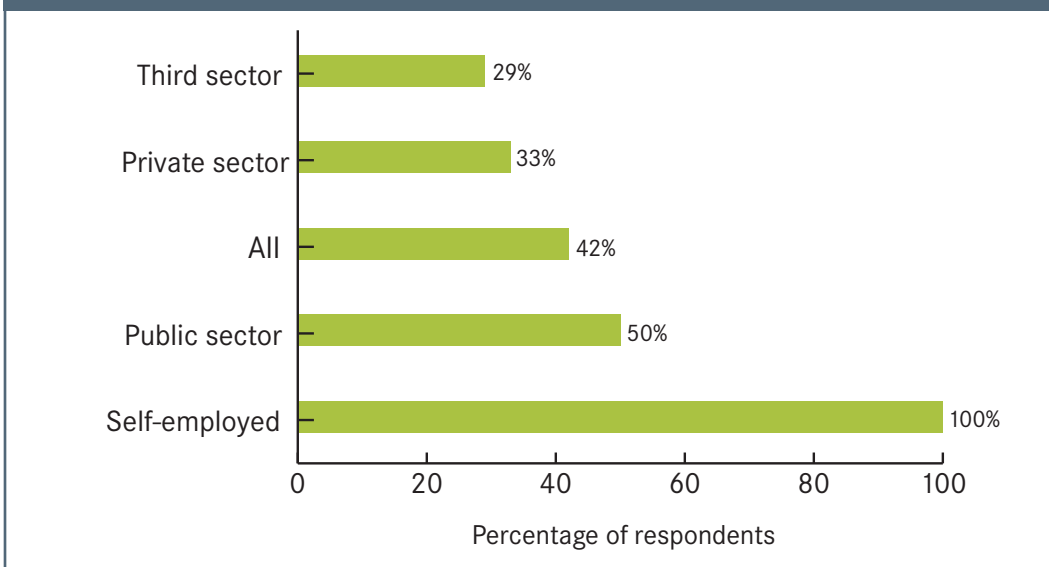
Around three-quarters (72 per cent) of survey respondents indicated that they had experienced racism, discrimination, racial prejudice and/or bias in the workplace with 27 per cent indicating they had experienced this in the last year and 40 per cent within the last two years. Overall, only 28 per cent of survey respondents had never experienced racism, discrimination, racial prejudice and/or bias in the workplace (Chart 5). Muslim participants were more likely to report never experiencing workplace racism (41 per cent). Participants working in the private sector (33 per cent) and third sector (41 per cent) were more likely to never have experienced racism in the workplace. Conversely, in keeping with the findings on training and development, the respondents from the public sector were more likely to have experienced racism, discrimination, racial prejudice and/or bias, with only 14 per cent saying that they had never experienced racism, discrimination or racial prejudice (Chart 5).

Chart 5: Percentage of respondents who have never experienced racism, discrimination, racial prejudice and/or bias in the workplace

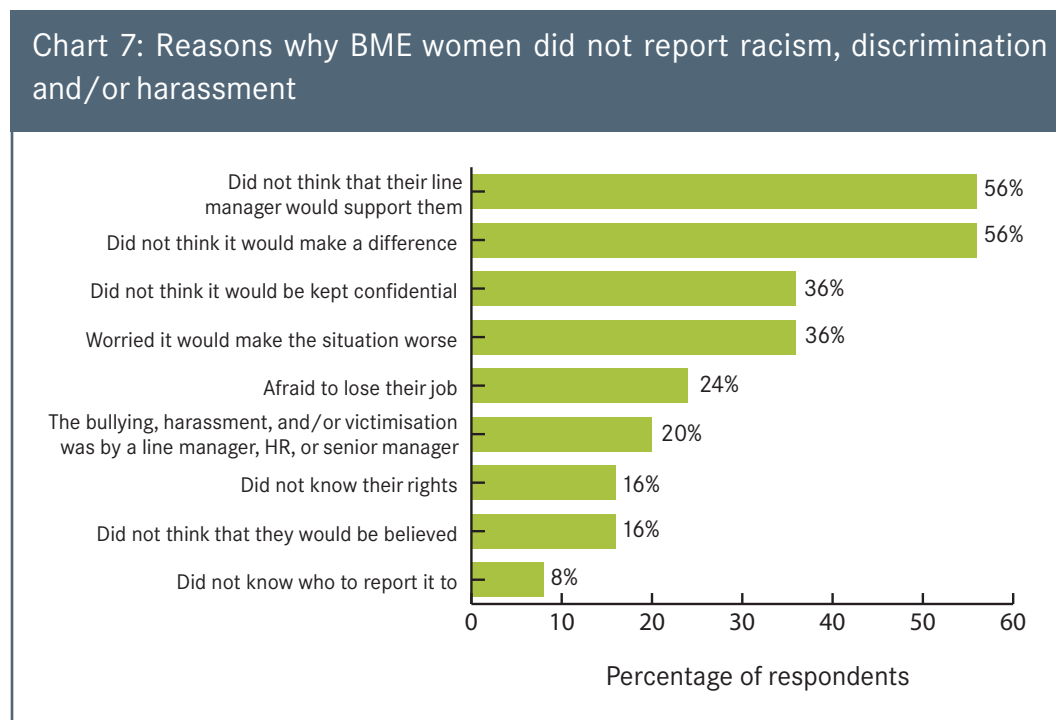


More specifically, 42 per cent of respondents indicated that they experienced bullying, harassment or victimisation in the workplace because they are a BME woman (Chart 6). Again, this figure was higher amongst respondents from the public sector (50 per cent) when compared to the third (41 per cent) and private sector (33 per cent). However, all three self-employed respondents believed that they had experienced bullying/harassment because of their BME identity.

Chart 6: Percentage of respondents who have experienced bullying, harassment or victimisation because of being a BME women



More than half of the respondents (52 per cent) who had experienced racism discrimination and/or harassment in the workplace said that they did not report it. Of those who did report, only 23 per cent were satisfied with how their complaint was handled which highlights potential problems with a culture where complaints are not adequately addressed. There were a number of reasons offered as to why individuals did not report bullying or harassment (Chart 7). The most common reasons for not reporting were thinking that their line manager would not support them and thinking that it would not make a difference. That 20 per cent did not report because the bullying was by a line manager, HR or senior manager presents particular challenges and highlights the need for significantly improved workplace practice around bullying and harassment. However, there were also fears around the complaint not being kept confidential or that reporting would make the situation worse.



Several focus group participants also explained that they usually made the decision not to report racial discrimination or prejudice. The reasons expressed for making this decision were similar to those detailed by survey respondents, including feeling that their line manager would not support them. Others felt that it would damage their progression prospects or felt they had not been with the organisation long enough. Importantly, some felt that not reporting it was an act of self-preservation:

“They’re afraid that discrimination is real because they suffer it and they’re afraid to acknowledge that... because if you disacknowledge it

then you might be able to get by. If you recognise it then you try to confirm it, you are making waves, you are making life difficult for yourself as well as the community.”

This reflects a recurring theme throughout the workplace culture discussions: that in addition to experiencing everyday racism and sexism, challenging the complex and insidious nature of these types of oppression in the workplace can itself be a painful and alienating experience for BME women, perhaps leading to further discrimination.

Some participants explained how they had been spoken down to, treated as if they were less intelligent or as if they did not understand certain things. One participant explained how she felt that she was being left out of work on purpose because of this:

“They [colleagues] email my colleague when it’s about my piece of work, or about commissioning something, and I feel like they leave me out on purpose because maybe thinking that I might not understand ... Sometimes I think I’m overly paranoid but other times I think actually they just think, because of the way that my name’s spelt, that I won’t understand.”

Other participants explained that they had been subjected to stereotypical expectations around the type of work or the position they would hold. For example, one participant working in the health sector explained how colleagues and patients would continually assume that she was a care assistant instead of a staff nurse. Another participant, who is a teacher, explained that she was often mistaken for a secretary. A further participant explained:

“They go, ‘Polish, blacks,’ like in hospital when they see you, they will just think you’re the cleaner.”

These experiences led participants to reflect on the more subtle aspects of workplace racism and sexism and the impact this has on wellbeing and self-confidence:

“The discrimination and the bias is not as obvious. If it’s obvious it’s easier to tackle, if they turn around and say, ‘We don’t like you because you’re a black whatever’, it’s easier to tackle. It’s this insidious drip, drip, drip effect, is this undermining you or is this sort of saying you wouldn’t understand, that sort of condescending terms or it might be too high level for you.”

Taken together, these experiences highlight that bullying, harassment and bias, based upon gender and race, can manifest in both overt and subtle ways. Participants also reflected on how difficult it can be to change racist and sexist cultures within organisations:

“We talk about an organisational culture of some sort, but an organisation is made up of people; it’s made up of society. And we can have all those policies in place and at that door we can say we’re anti-this, anti-that, zero tolerance, whatever it may be, but do you know how as an individual, if I’m a racist, sexist or whatever it may be, how do I leave that at the front door? How do we actually deal with that, tackle that with the individuals?”

This comment and others pointed to the idea that workplaces are composed of individuals, who bring their own perspectives and experiences. It was noted that despite recent rhetoric about Scotland’s prioritisation of equality, individuals in Scotland are often not as inclusive as is commonly thought. While this was viewed as a challenge, it is ultimately down to employers to show leadership and prioritise building inclusive workplace cultures.

Several participants spoke about the lonely experience of being the sole person from their ethnic background in their jobs, experiencing racism, discrimination, bullying, and generally feeling misunderstood and unrecognised. Several participants in the focus groups highlighted that colleagues often change their name to something that is seen as ‘easier to pronounce’, or allocate a nickname to BME women in the workplace.

“First of all they would resist to pronounce my name – that’s why the whole idea of every day I make sure I spell out my name, ‘cause I didn’t have the confidence. I allowed them to give me a nickname.”

It was further discussed how acceptance is predicated on the recognition of their identity. Some participants mentioned the use of self-deprecating ‘banter’ as a way of bridging the gap between themselves and others:

“I know that I draw a lot of attention to probably my culture, my race, and I crack the jokes because it makes it easier for other people then to be able to ask those questions. And I don’t know if I’d go as far as saying it’s like casual racism of some sort but I’ll talk about being the brown person and I’ll talk about being this and being that... it was easier because of a lot of people, they think all equalities issues are a bit taboo.”

Overall, the sense was that managing racism, sexism and discrimination is exasperating and requires BME women to put on ‘an act’. This constitutes emotional labour whereby women must manipulate their actual feelings, or appearance of their feelings in order to satisfy the perceived requirements of their job. In the workplace, emotional labour also relates to influencing office harmony and being pleasant and tolerant. Discussions in the focus groups imply that BME women are required to undertake significant emotional labour in order to be accepted and to cope with negative workplace culture.

One participant explained:

“I smile... I’m telling you, if you want to survive you have to have a cheerful personality, otherwise you will burn.”

Others consider whether, given their negative experience as a BME woman in the workplace and the energy necessary to manage this experience, maintaining their role is worth it:

“It is quite tough and hostile and you say to yourself: is that worth it for my mental health, to come to a workplace where I don’t feel wanted?”

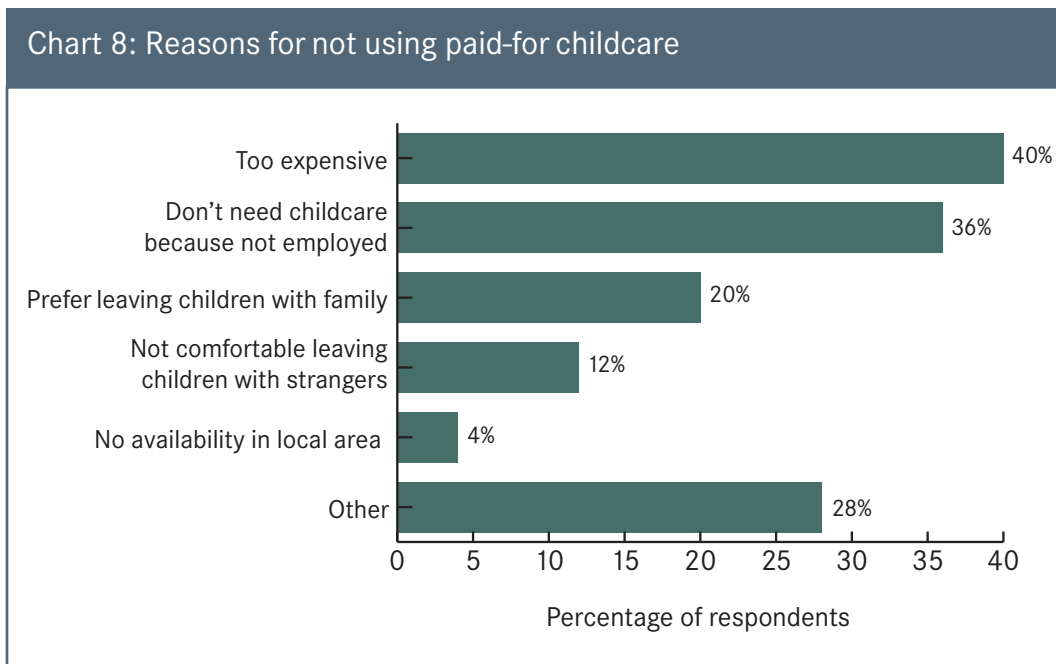
This highlights the heavy burden of working in a culture where racism and sexism is prevalent, and the effect it can have on BME women’s wellbeing, health and sense of self. These results indicate that many of the participants, but particularly those from the public sector, experience harassment, bullying, discrimination, racism, and sexism. Moreover, the way these experiences manifest is complex and difficult to tackle head-on. Even when BME women are able to negotiate recruitment practices, due to the components detailed here, they can be left feeling excluded and lonely in the workplace due to deep-rooted inequality in workplace culture.

It is clear that toxic workplace cultures are a key contributing factor to negative employment experiences for BME women. At present, reporting and support mechanisms are insufficient and do not enable BME women to feel confident in these systems. That reporting is viewed as making BME women vulnerable to further discrimination is a telling indictment of prevailing workplace cultures and the lack of leadership in the workplace. Under-reporting of incidents, coupled with poor data gathering by employers, means that there is a lack of data on, and visibility of, racism and discrimination in the workplace – potentially leading to further employer complacency.

Caring roles

Overall, just under half (44 per cent) of survey respondents indicated that they have childcare responsibilities. Women who spoke English as a second language were more likely (59 per cent) to have childcare responsibilities. Overall, caring roles were seen as a key barrier to the labour market with 62 per cent of survey respondents specified that their caring roles have affected their ability to do paid work.

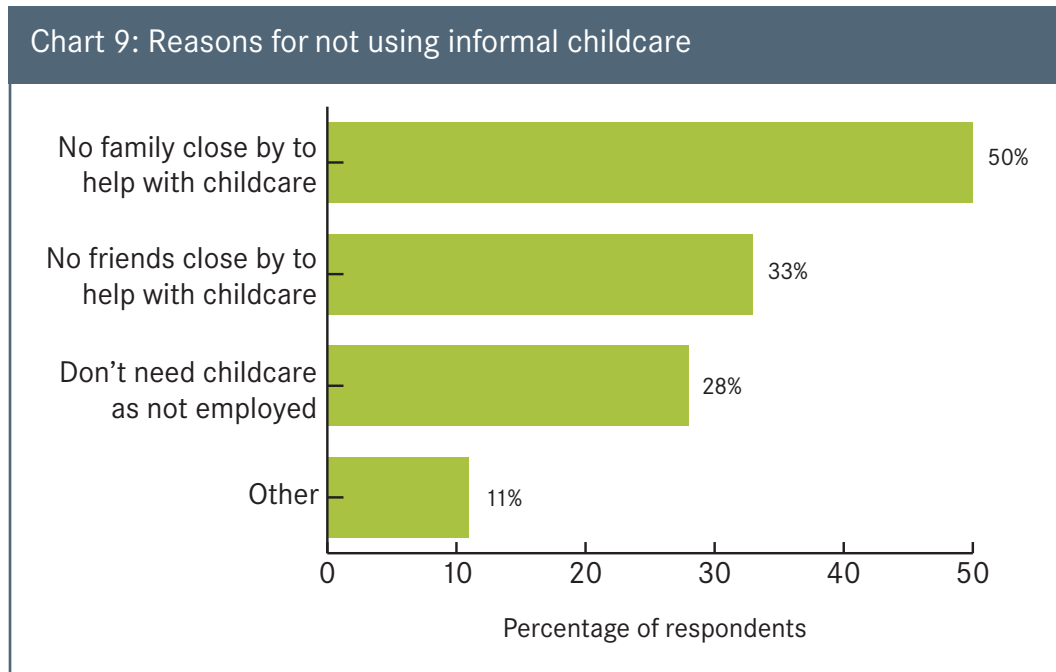
59 per cent of respondents with childcare responsibilities indicated that they do not use paid-for childcare³. Of these individuals, while 36 per cent responded that they do not use paid-for childcare because they are not employed, 40 per cent said they do not use paid-for childcare because it is too expensive (Chart 8). A third of survey respondents also noted that a lack of cultural diversity, specifically the under-representation on BME people among childcare staff, and a lack of cultural sensitivity in service delivery would prevent them from using paid-for childcare services.



While 43 per cent of respondents said that they use family as informal childcare and 14 per cent use friends, 39 per cent of respondents also said that they do not use informal childcare. The reasons for not using informal childcare (Chart 9) include not having friends or family close by to help with childcare (83 per cent).

³ This refers to childcare that has to be paid for as it falls outside of the funded entitlement and is provided in a formal setting (i.e. not provided by friends or family)

This highlights feelings of isolation and that a lack of informal networks can increase the burden of childcare for individual BME women thus limiting women's ability to enter the workforce or increase their working hours.



Across all of the focus groups, caring responsibilities were discussed as a key barrier for BME women in seeking further education and employment. While there was an acknowledgement of other caring responsibilities, for example a quarter (24 per cent) of survey respondents indicated they currently are caring or previously have cared for an older person or disabled person, it was childcare that was most commonly raised. Every participant who had a caring role, regardless of the nature of this role, discussed how challenging it was to balance caring with good quality employment. Several of the participants who did not currently have a caring role discussed their fear around balancing these responsibilities in the future.

Some participants added their experiences of explicit discrimination in education and employment spaces based on having a caring role. Others indicated that they felt discriminated against because of caring responsibilities, highlighting the persistence of implicit bias. A participant explained:

“I was very open with her [supervisor] and I told her that I had problem with the children, I can't find a cheap ... not cheap, but reasonable childcare, so she doesn't like including me in a course. Because she has this in her mind.”

On accessing care, particularly for children, most focus group participants with caring responsibilities discussed the prohibitive cost associated with using formal, paid-for childcare. Others discussed the problems associated with planning work around inflexible childcare provision. This is coupled with a lack of flexibility in working practices as several participants explained having to use, for example, sick leave to make their caring responsibilities work. Several women with caring responsibilities, particularly those born in other countries, discussed the challenges of not having informal networks (i.e. friends and family) to help them juggle work and childcare:

“I phoned to work and I explained them that my daughter’s not well but I don’t have any auntie or granny here who can come and stay with my daughter so that I can come to work... I’m OK but there’s nobody to be with my daughter, that’s the thing. But then my boss was like, ‘No! Try to find someone.’ I’m like, I don’t have, there’s nobody. I can’t leave my daughter with my neighbour... and it’s night-time, she needs to be in her bed, but then I can’t leave her. There’s nobody who can come in and look after her.”

Echoing the survey responses, other focus group participants discussed how some BME women might not feel comfortable sending their children into more formal childcare for a variety of reasons, nor may they be aware of provisions available to them. There was a discussion around the difficulty of ensuring the preservation of minority cultures in childcare spaces which were viewed as lacking cultural sensitivity:

“Some people might not want to leave their children with other people of a different culture... It would be a problem to them, it would be difficult, because they want to keep their culture with them, keep the language and the religion as well is another thing. So you wouldn’t want to leave your child, say two-year-old, with someone who you know has got different religion, got different culture, got different food, and then you leave that child all the day with them... And then you can’t find the person with the same religion as yours, same culture as yours, and if you found them then you can’t pay them. That’s another thing as well!”

Subsequently, there was some discussion about how these spaces can be more inclusive in terms of design and delivery of early years and childcare and also staff diversity:

“I mean we’ve come quite far. In schools now they talk about mosques and Sikh temples and all that sort of thing but when I was in school we

didn't get that until probably high school. So I think it's much better now."

Pre-existing research consistently shows that caring responsibilities pose a significant barrier to employment for all women generally (Close the Gap, 2018a), and BME women particularly (Equal Opportunities Commission Scotland, 2007). The figures from the survey and discussion in the focus groups support this view, highlighting that caring responsibilities affect the employment experiences of BME women in different ways. Moreover, the research highlights that caring responsibilities can be a significant barrier to women entering employment in the first place, for example the often prohibitively high cost of childcare, and can also lead to discrimination in the workplace. While cost is a barrier, there are also some concerns about the cultural insensitivities of available childcare provision which may pose an additional barrier to accessing childcare.

Education and skills

The survey and focus groups produced complementary findings as some of more vocal focus group participants focused on overseas qualifications. By contrast, the majority of the survey participants had a UK-based education.

30 per cent of survey respondents had qualifications gained in other countries. However, three-quarters (73 per cent) had not converted their qualification to the UK equivalent. When asked why they did not convert their pre-existing qualifications, the most common reason was that the process was too long (31 per cent) and too complex (26 per cent). 21 per cent did not convert their qualification because it was too expensive.

Several of the focus group participants indicated that they had Masters degrees or higher from their country of birth. However, their prior qualifications are not recognised in Scotland and converting qualifications was reported to be a complex, counter-intuitive, demoralising, and often contradictory process. One participant explained:

"Once they become disheartened, what they need is they need to settle, they need to have money, they have to support their family, their families are expecting something, so they get into a job that is far lower from what they have as education. Once they start working in that field, they get caught and trapped, that perpetuated that underemployment for years. Because they have been further from their qualification, no employer would want them, their qualification becomes functionally illiterate. They are not any longer an engineer that they were ten years ago, an architect ten years ago, whatever."

This participant highlights the complexity between expectation and reality, as well as the vicious cycle that migrant women can find themselves in while trying to improve their employment situation. The difficulty in converting qualifications appears to contribute to under-employment. This participant also went on to explain that many migrants try to disrupt this cycle by obtaining qualifications in the UK. However, the survey respondents indicated that doing this does not always lead to a job that matches their skill level, with a third reporting that their current job does not match their skill or qualification level.

The expectation for many focus group participants, both those born in the UK and elsewhere, is that a UK-based education will lead to good employment. However, in reality, several focus group participants discussed the reasons why this does not always happen. For international students, focus group participants discussed how colleges and universities take advantage of them by charging inflated student fees, without giving them the tools to succeed.

On the subject of international and domestic students taking programmes in the UK, there was a discussion about the discrimination and toxic culture within institutions. Three focus group participants explained how their academic supervisors explicitly overlooked them because of their caring responsibilities. Another participant discussed the prevalence of 'lad culture' in stereotypically male degree subjects:

“There was 60 people, and all guys, and it was really tough ‘cause they all had their own groups and it was hard to be part of that. They would always make stupid jokes and stuff. It was really funny, when it got to third year all these guys who were all ... the lads or whatever, they all dropped out, so then it cut down to about 28, and it was all okay, then I managed to get in there and make friends and stuff. But the first two years it was too hard. There were just so many people, so many guys.”

This comment highlights the way in which institutional culture can lead to an exclusionary space that is toxic to many protected groups, particularly BME women.

Another key area of concern around education and skills was language. The expense of qualifications such as International Language Testing System certification (IELTS) was discussed:

“It’s so expensive, there’s so many barriers to the women getting their IELTS qualification which would open those doors for them. It’s just hurdle after hurdle.”

At the same time, as mentioned previously, other participants discussed problematic and harmful prejudiced assumptions about their language skills, even though they were raised in a predominantly English-speaking environment.

Employability services

Employability services were discussed amongst focus group participants as a potential tool for bridging gaps in education and helping connect BME women to the labour market. One participant suggested that employability services ought to focus more on explaining to migrant BME women how to market yourself and obtain a job in the Scottish labour market, which can be very different to what they might be used to. The participant also explained that employability services ought to be more accessible and sensitive to all BME women, migrant or otherwise; she commented on Job Centre Plus:

“And every time I go ... I just want to cry. If this is me putting thousands and thousands and thousands of money through my work tax, treating me like a drudge to get £70... Which ‘I’m going to squander eating lunch’ – that was the way they were treating people... It’s just a disgrace to be honest. If I was given power I would totally dismantle and restructure Job Centre Plus purpose. Department of Work and Pensions, I don’t know why they keep this system.”

Employability services were not commonly accessed amongst survey respondents, with only 14 per cent of survey respondents indicating that they had ever been on an employability support programme. However, participants highlighted how some employability services seem to funnel BME women into low-paid, gendered, precarious work, such as cleaning or retail, rather than actively disrupting occupational segregation and adopting a personalised approach to support.

These findings show the importance of education to BME women’s employment experience. BME women face challenges in converting their qualifications, accessing expensive language courses and securing work which matches their qualification level. These challenges lead to under-employment and the concentration of BME women in low-paid, undervalued sectors. It is also the case that employability programmes are seen as reinforcing these trends with the design of these services failing to meet the needs of BME women. Instead, these services should recognise that many BME women are highly skilled candidates, requiring race- and gender-sensitive support to enter the labour market.



6. Conclusion

The results from the focus groups and survey complement and reinforce existing research about BME women in Scotland, and in the UK. The main conclusion drawn from this research is that BME women continue to face high levels of racism, racial prejudice, discrimination and bias in the labour market which ultimately impacts their ability to secure, retain and progress within sustainable, good employment. Broadly, the findings highlight how the inequalities faced by BME women in employment are impacted, and compounded, by caring responsibilities, education, skills acquisition and training. Without targeted policy interventions, this inequality will persist, and will continue to have a detrimental effect on the health, wellbeing and rates of poverty of BME women.

BME women face a complex intersection of inequalities in the labour market, facing multiple discrimination based on their race and gender. While the community of BME women in Scotland is small, this research further highlights that BME women are not a homogenous group, but rather a diverse and complex group with differing experiences in employment based upon their ethnicity, race, migrant status and, in some cases, religion. Overcoming the inequalities faced by BME women therefore necessitates a truly intersectional approach. Getting it right for BME women can also help organisations embed meaningful pathways to change, with benefits for business diversity, workplace innovation and economic growth.

The findings show that action to overcome inequality has to be taken across the labour market, in the public, third and private sectors. However, it is particularly worrying that women working in the public sector were more likely to report experiencing racism, racial prejudice, discrimination and bias in recruitment, training and within their daily working lives. This reinforces existing evidence that the public sector equality duty has not had a transformative impact for BME women in the public sector and the potential of the duty has ultimately not been realised.

While this research indicates that there may be particular challenges with employment practice in the public sector, there were fewer specific examples of poor practice in private sector. However, evidence shows that private sector employers have been less engaged in the equalities agenda, particularly smaller employers. There are fewer regulatory levers to enable change in the private sector,

and it is perhaps the case that, in general, employees in this sector are themselves less familiar with employer efforts to advance equality. Trade union density is lower in the private sector, and therefore employees are often less aware of their employment rights. There remains a lack of evidence which examines the experiences of BME women working in private sector companies, and this could usefully be explored in more detail.

To advance BME women's labour market equality requires transformational change, with targeted action by both employers and policymakers necessary. An important starting point for improvement is the development of gender-sensitive employment practice. This includes offering flexible and part-time working at all levels of the organisation, conducting equal pay reviews and analysing the data by gender and race, providing support with childcare, and developing work that will address occupational segregation. However, while BME women will benefit from gender-sensitive policies, employers must go further and adopt an intersectional approach. For example, employers should consult with BME women to gauge their perceptions on workplace culture and complaint handling procedures with a view to making changes. Importantly, only strong leadership can change workplace culture, and this must include ensuring robust practice on reporting incidents of racism, harassment and discrimination. It should be set out clearly that staff who raise concerns about racism will be supported, and that those perpetrating racism, harassment and discrimination will be held to account.

For Scottish Government and its delivery agencies, the use of gender- and race-disaggregated data in policymaking is critical to capturing the experiences of women with multiple, intersecting identities. Taking an intersectional approach means ensuring that key policy frameworks, such as the Race Equality Framework, are gendered and that BME women's lives are visible. The benefits of addressing BME women's labour market inequality are wide-ranging, and not only for BME women and their families. Employers will be able to harness the skills and talents of BME women which are currently under-used which in turn leads to economy-wide gains. The challenge for policymakers, employers, trade unions and other stakeholders is to commit to substantive action that will meaningfully tackle the barriers BME women face in the workplace. Advancing BME women's labour market equality is a necessary step if Scotland is to realise its ambition for genuine inclusive growth.



Appendix: The survey participants

In total there were 127 respondents. Approximately 100 participants completed the self-reported demographical questions. 94 per cent of participants disclosed as a self-identified woman. 79 per cent of participants identified as heterosexual/straight while 4 per cent identified as bisexual, 1 per cent as gay and 1 per cent as lesbian.

Figure 1: Race/Ethnic Group	
	%
British Arab	1
Arab	1
British Asian	1
White Irish	1
Prefer not to say	1
Latin American	2
Black African/White English	2
Scottish Indian	2
Bangladeshi	3
Other Asian background	3
Other White background	6
Sikh	6
Indian	8
Any mixed background	12
African	14
Pakistani	30

Race/Ethnic Group

When it came to self-reporting racial/ethnic identity (Figure 1), the most common response was Pakistani (31 per cent) followed by African (14 per cent) and any mixed background (12 per cent).

Figure 2: Religious or belief group	
	%
Church of Scotland	2
Buddhist	3
Hindu	3
Roman Catholic	4
Prefer not to say	4
Atheist	6
Sikh	9
None	10
Christian	10
Muslim	45
Other	13

Religious or belief group

When asked to report religious or belief group, 45 per cent reported as Muslim, 13 per cent identified as other and 10 per cent identified as having no religion (Figure 2).

Figure 3: Level of education	
	%
GCSE	4
Standard Grade	4
A Levels	5
Highers	4
Advanced Highers	1
Modern Apprenticeship	2
College Qualification	8
Undergraduate Degree	29
Postgraduate Degree	33
PhD	4
Other	7

Level of education

On level of education gained in Scotland or elsewhere in the UK (Figure 3), the majority of the respondents (69 per cent) reported having an undergraduate degree or higher.

Figure 4: Age	
	%
17 and under	0
18-25	12
26-45	60
46-65	25
Over 65	1
Prefer not to say	2

Age

The majority of participants (58 per cent) placed themselves in the 26-45 age category. The second most populous age category was 46-65 (25 per cent) (Figure 4).

Survey response rate

There were different routes through the survey depending on how questions were answered. In addition to some non-responses to some questions, the number of responses varies across the specific questions.

In particular, there were lower response rates on the questions relating to self-employment, employability programmes and overseas qualifications. For example, only seven people had accessed employability programmes and unemployment benefits which again means the response rate for questions on employability are lower. However, this corresponds with lower rates of self-employment and the numbers of individuals accessing employability programmes in the population more broadly.



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Close the Gap works in Scotland on women's labour market participation. We work with policymakers, employers and unions to influence and enable action that will address the causes of women's inequality at work.

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