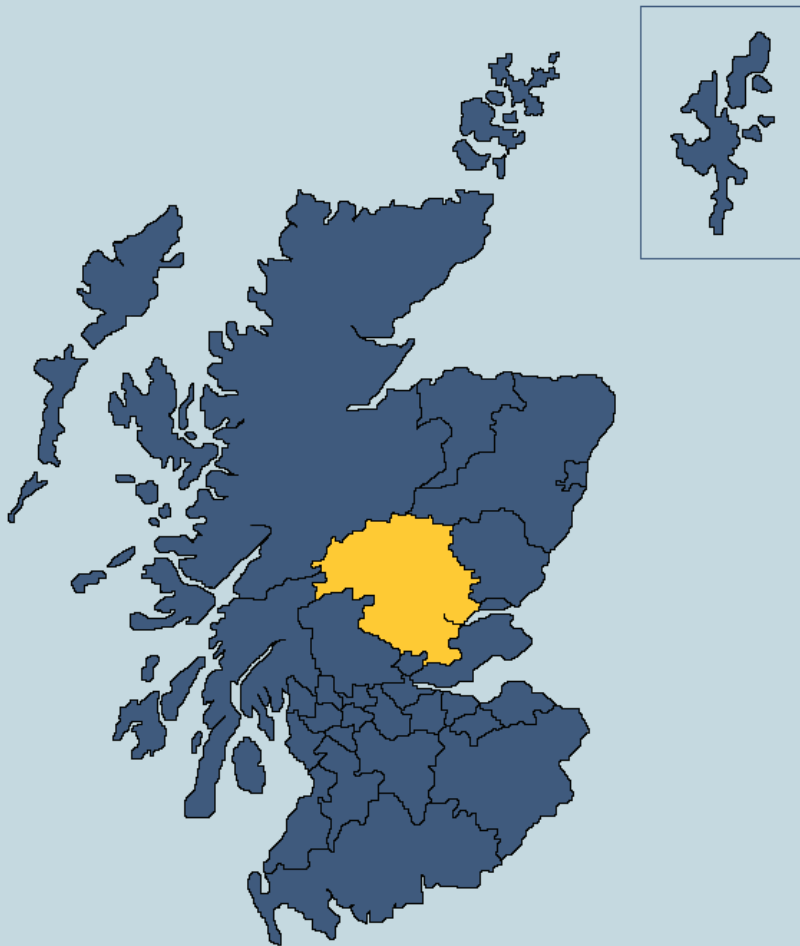


# Working to Live

A study of employment issues amongst  
BME workers within Perth and Kinross



*Based on the evidence of  
Perth Citizens Advice Bureau and the  
Minority Ethnic Access Development  
Project (MEAD)*

*by Andrew Scobie, Social Policy Researcher*



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## A study of employment issues amongst BME workers within Perth and Kinross

By Andrew Scobie, Social Policy Researcher, Perth Citizens Advice Bureau

Perth Citizens Advice Bureau is one of Scotland's largest independent advice network. CAB advice services are delivered using service points throughout Scotland, from the islands to city centres.

### **The CAB Service aims:**

to ensure that individuals do not suffer through lack of knowledge of their rights and responsibilities, or of the services available to them, or through an inability to express their need effectively

### **and equally**

to exercise a responsible influence on the development of social policies and services, both locally and nationally.

The CAB Service is independent and provides free, confidential and impartial advice to everybody regardless of age, disability, gender, race, religion and belief and sexual orientation.

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# Introduction

BME or 'Black and Minority Ethnic' citizens play a highly active role in the UK labour market. Furthermore their role in the former has increased in recent years as factors such as the enlargement of the European Union and the impact of the global financial crisis have contributed to a dramatic increase in the number of BMEs entering the UK seeking employment. This research seeks to explore the employment experiences of BMEs living within Perth and Kinross by satisfying the following aims and objectives:

- To find out what kind of employment related issues are most prevalent amongst BME communities in Perth and Kinross.
- To explore both positive and negative work related experiences BME individuals have and determine the extent to which BME communities are aware of basic employment rights.
- To determine if BME employees are as vulnerable and disadvantaged in their workplace as suggested by previous research.

It is our plan to use the research findings to produce good practice guides for employing BME workers to distribute to local employers within Perth and Kinross. At this stage it should be noted that we use the term 'BME' in its widest possible context. Traditionally the term has been used to identify ethnic groups who have been 'longer term' settlers in the UK who are not 'white' such as Indian, Chinese and Pakistani; the former are recognised as 'traditional' BMEs (FMR Research, 2007). Indeed many within this category have lived in Scotland for decades and generations of their family have been born here. Recently however, the heavy influx of migrants from the new EU member states (known as 'A8' countries) in Eastern Europe has led to the term BME being expanded to accommodate both 'nationality' and 'ethnicity' (FMR Research, 2007). This is the approach taken by this research.

## BME workers in the Scottish Economy

The Scottish Government argues that BME workers are vital to sustaining the Scottish economy for the future given the indigenous population is ageing (Brocklehurst, 2014, 01). Whereas the UK government has sought to restrict further migration into the UK, the Scottish Government has followed a different course by actively encouraging migrants to come to Scotland through initiatives such as the 2004 'Fresh Talent Scheme' and allowing migrants graduating from Scottish universities more time to remain in the country to work (Kyambi, 2011, 02). In 2012 an estimated 37,000 BMEs travelled to Scotland to seek work, the majority where from Eastern Europe whereas others were from Asia and Africa. In addition the high unemployment rate in Spain has witnessed numerous young Spaniards seeking work in Scotland. All were attracted by what they saw as ample job opportunities and lower living costs than other areas of the UK (Reynolds, 2013, 01).

## BME Populations within Perth and Kinross local Authority

According to population data from the 2011 Census, the percentages of BME groups (both traditional and otherwise) within Perth and Kinross were as follows:

- White Irish 0.8%
- White Polish 1.7%
- Other White 2.4%
- 1.3% Asian, Asian Scottish and Asian British
- 0.8% other ethnic groups

(Scotland's Census, 2011)

In terms of the overall population, BME groups comprise only 7% of the population; the remaining 93% identifying themselves within indigenous categories as either 'White Scottish' or 'White British'. Nevertheless whilst comprising only a small minority, Perth and Kinross has the highest overall BME population compared to adjoining local authorities with similar geographical characteristics, i.e. predominant rural terrains. BME groups comprise 10.7% of the overall population of Dundee City; however this local authority highly differs geographically and has been excluded from comparison.

**Table 1: Migrant/BME % of overall population by Local Authority**

| Local Authority | Migrant/BME % of overall population |
|-----------------|-------------------------------------|
| Perth & Kinross | 7                                   |
| Fife            | 5.7                                 |
| Aberdeenshire   | 5.7                                 |
| Stirling        | 5.7                                 |
| Highland        | 5.5                                 |
| Argyll & Bute   | 4.5                                 |
| Clackmananshire | 4.3                                 |
| Angus           | 4.2                                 |

(Scotland's Census 2011)

In addition to the above the census data acknowledged that the percentage of Polish residents within Perth and Kinross is higher than Dundee City (1.4%). Perth's Polish percentage is even higher than Glasgow City (Scotland's most populated local authority). In terms of Scotland as a whole, the proportion of Polish migrants in Perth and Kinross exceeds the national average which is 1.2% (Scotland's Census, 2011).

Regarding the local economy, the top 5 industries in Perth and Kinross are wholesale and retail, health and social work, construction, hospitality, and education in that order (Scotland's Census, 2011). A report published in 2011 by Migrants Rights Scotland highlighted that the sectors employing the most migrants in Scotland were catering and hospitality, agriculture, business admin and management, food processing, manufacturing industries, construction, and health services (Kyambi, 2011, 04). Whilst this does not correspond exactly with the main industries within Perth and Kinross, there are ample parallels between local and national to partially justify why the former has the higher proportion of migrants than its neighbours.

More specifically, migrants in P&K, particular those from A8 countries have found employment in industries such as fruit farming in areas such as the 'Carse of Gowrie' and in food processing (Mackay, 2013, 02).

## BME Workers and Work Place Inequalities

Whilst the Scottish authorities have followed an inclusive approach towards BME workers, previous research commissioned by both governmental and third sector bodies exploring employment experiences of recent BME migrants revealed that they are vulnerable to numerous unjust treatments. Qualitative research by the Scottish Government examining poverty in rural areas (such as Perth and Kinross) highlighted that migrants were overly prone to poverty as they worked in highly 'seasonal' industries i.e. agriculture and tourism, meaning that outside the busy months they had no employment and faced homelessness, largely due to the fact that accommodation was provided by a seasonal employer (Scottish Government, 2009, 09).

In terms of working hours and pay, further qualitative research by De Lima et al, (2007) into the experiences of migrants in the adjoining Grampian region revealed that migrants typically worked long and irregular hours ranging from 30 to 75 per week. Migrants were most commonly paid at the level of the National Minimum Wage, although some stated that they were paid more. It was raised also that employers made deductions from wages in occasions where accommodation was provided (De Lima et al, 2007, 45). It should be noted here that although migrant workers are amongst those most likely to be paid no more than the Minimum Wage, Scottish Government (2009, 53) assert that statistical evidence verifying this issue is scant and qualitative studies such as De Lima (2007) are not designed to compensate for the lack of numerical data. Henceforth care must be taken not to make statements that cannot be numerically verified. Alongside long hours an issue of further prominence to BME workers in Scotland is 'underemployment'. A substantial proportion of the BME population living in Scotland hold both academic and professional qualifications. Despite their skills however, many are employed in low skilled occupations and are denied the opportunity to further their skills (FMR Research, 2007, Kyambi (2011, 05). Under-employment is further sustained by the fact that BMEs can be forced to remain outside the labour market. Research exploring the experiences of asylum seekers in Scotland who had been granted refugee status revealed that they were either unemployed or heavily segregated into unskilled and low paid occupations. This was attributed to UK government policy which prohibited them from securing employment before being granted asylum. Consequently many enter the labour market with long periods of joblessness and undeveloped skills to their name (Mulvey, 2014, 224-225).



At this stage in the discussion it can be argued that whilst long hours, mediocre wages and underemployment are problematic to BME workers, they are not wholly distinguished from issues faced by indigenous workers. Having said this, these difficulties are compounded by the following factors:

- Workers not considering long hours and minimum wage to be exploitative in that they are grateful for opportunities
- Working conditions in Scotland are generally better than those in native countries
- Consequently the above factors result in BME workers being more accepting of working conditions and less motivated to learn English
- Lack of English in turn impairs ability to seek advice on employment issues and employment rights.
- Lack of English impairing workers capacity to refine their skills and progress in their employment.
- Besides housing deductions, BME workers employed through agencies endure further wage deductions to pay for the 'service' provided by the latter
- Qualifications acquired in other countries not readily transferable to entry requirements for positions within UK labour market.
- Many BMEs live in isolated and deprived communities where there are few employment opportunities and/or poor transport restricts access to areas where opportunities are more readily available

(De Lima et al, 2007, 45: FMR Research, 2007, 07: Scottish Government, 2009, 09, 54: Kyambi, 2011, 05)

Employment issues confronted by BME workers are not entirely confined to the workplace. Past research revealed that BMEs confront substantial difficulties dealing with state agencies designed to support those both in and out of employment. For instance FMR Research (2007, 08) highlights that BME workers are less likely to seek support from agencies including Jobcentre Plus (JCP), Skills Development Scotland, etc. This can in part be attributed to the factors previously listed, particularly language barriers. However cultural barriers may also play a part, for instance women from Asian families may face familial pressure not to register as unemployed at JCP (FMR Research, 2007, 08).

## Forced Labour

Employment issues experienced by BME workers vary in severity. Though potentially harmful, those previously accounted for by and large represent the milder end of the exploitation spectrum. Studies commissioned by the Joseph Rowantree Foundation illustrate the level of severity BME exploitation can reach; 'forced labour' being amongst the most prominent. In their study of forced labour amongst Chinese workers in the UK, Kagan et al, (2011, 02) define 'forced labour' not simply as someone working against their will, but more broadly where work is forced by fear of deportation, threats of violence, imprisonment, etc. Moreover employers practicing forced labour commonly withhold and/or deduct heavily from an employee's wages (Kagan et al, 2011, 02). Qualitative case study evidence from victims of forced labour; the majority in Chinese run businesses, highlighted issues including 6 and half day working weeks, each day consisting of shifts lasting approximately 14 hours with scant breaks. Wages as expected were drastically below the minimum wage. Informants reported being paid between £100 and £200 for a 90 hour working week, which equates to an hourly rate of roughly £2.00 (Kagan et al, 2011, 03). Furthermore victims reported feeling powerless in that they could speak neither Cantonese nor English and those who were in the UK illegally could not approach authorities as it would most likely result in arrest and deportation (Kagan et al, 2011, 03).

Whilst illegal migrants are the most likely BME group to endure forced labour, it must be noted however that BMEs of all categories can be victims. Another Joseph Rowntree study by Scott et al, (2012) on forced labour within the UK food industry sampled both Asian and A8 migrants including those in east central Scotland and revealed similar findings to Kagan et al (2011). In addition the study highlighted that employers exploited their sponsorship of work permits to control BME workers. This was accompanied by overly heavily production targets, continuous surveillance, confiscating of passports, constant threats of dismissal and xenophobic and racist treatment from colleagues. Altogether these mutually reinforced powerlessness and exploitability (Scott et al, 2012, 02-03).

Unsurprisingly, Scott et al, (2012) asserted that forced labour contributed to ill health and poor general wellbeing. Informants reported physical health issues such as muscular pain; often so severe that pain-killers were required to carry out duties. Anxiety, depression, anguish and frustration were widely cited mental health problems. As to wellbeing, scant wages meant that despite long hours worked; those in forced labour remained trapped in poverty, which further escalated their powerlessness. Long shifts also generated isolation in that work took up so much time that victims were unable to uphold social lives and relationships (Scott et al, 2012, 02-03).

# Data collection

The study employed two methods of data collection. The first was a survey which was targeted primarily at BME residents within Perth and Kinross. The second was a series of micro case studies taken from Perth CAB's client records.

## Survey

The survey questionnaire was designed by the staff at PKAVS' Minority Ethnic Access Development Project (MEAD). Founded in 2010, MEAD is a specialist advocacy service for BME citizens living in Perth and Kinross. The group has numerous remits, which include providing advice and support on issues including employment and empowering clients to overcome language barriers either through translation and interpretation or providing opportunities to develop fluency in English (PKAVS, 2014).

Before the survey was distributed editions were made by Perth CAB's social policy team. The survey sought to generate quantitative data and consisted largely of 'tick-box' style questions which covered the following issues:

- Demographic Details: i.e. nationality, age, gender, length of residence in the UK
- Working conditions i.e. relationship with colleagues, training opportunities, etc.
- Employment rights i.e. employment contracts, holiday entitlements
- Work hours and wages
- Unemployment and welfare benefits

The survey also contained various comment boxes to allow informants to share any additional details if they wished to do so. The survey was targeted primarily at BME citizens; however indigenous residents were not excluded from participation. To enable as many differing BME groups as possible to complete the survey, it was translated by MEAD into Polish, Chinese and Urdu as well as being available in English. Participants were recruited online using 'Survey Monkey' though paper copies were available on request. Posters and flyers citing the link to the surveys were displayed in partnering organisations, public venues and in the CAB waiting room. Staff at MEAD also circulated the link to their clients. Initially it was agreed that the surveys would be available for 1 month, however this was extended to 7 weeks. A total of 41 completed surveys were returned; 22 Polish, 12 English, 6 Chinese and 1 Urdu.

## Case Studies

To complement or 'triangulate' the survey findings, a selection of micro case studies were taken from CAB's electronic client data base. Records dating from September 2013 (when the project was initially discussed) until the end of June when the surveys closed were explored for appropriate cases. Those selected were done so on a 'purposive' basis i.e. that the content was relevant to the research topic. As with the survey findings, every possible step was taken to anonymise subjects; gender and age were not revealed and nationality and occupations were identified in the least specific context possible.

The qualitative data from the case studies was complemented by evidence from a specialist BME worker.

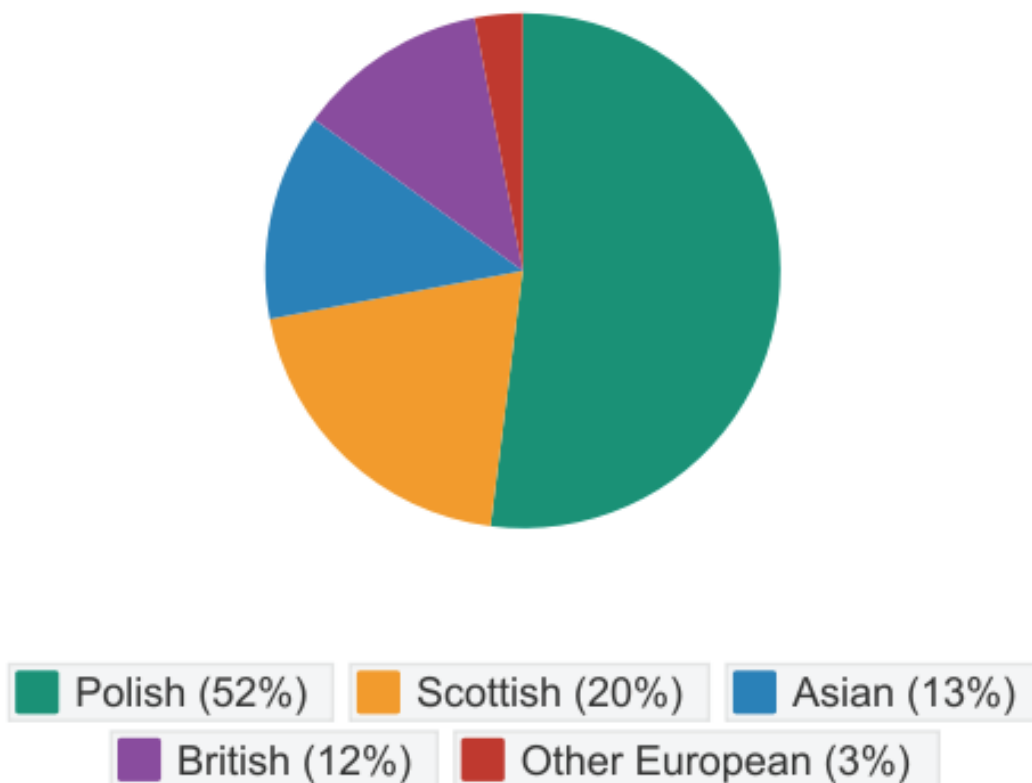
## Demographics

Exactly 66% of survey informants were female whilst the remaining 34% were male. Those aged between 25 and 44 were the largest group of participants (63%). Whilst 1 informant selected not to disclose their age, the remaining informants were aged either 45-60 (29%) or 60+ (5%). No informants were below 25.

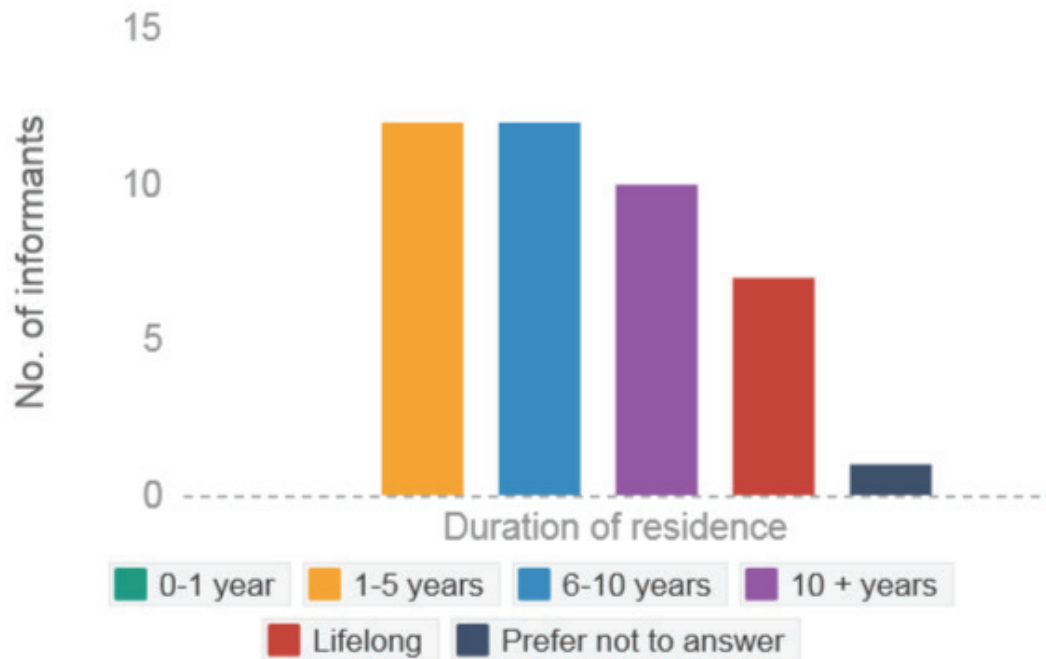
In terms of nationality, Polish was the largest group, comprising 52% of informants. After this the largest was Scottish (20%) followed by Asian (13%) and British (12%) and other European (3%) (see Figure 1). It should be emphasised that choice of survey was not an indicator of nationality. For instance more than half of those who completed the Chinese survey declared themselves as either Scottish or British, whilst all Indian informants completed the English version. Given that these groups fall into the 'traditional' BME group this comes as no surprise.

All informants had lived in UK longer than 1 year. Duration of residence varied between 1 year to lifelong (see figure 2).

**Figure 1: Informant Nationality**



**Figure 2: Length of Residence in UK**



## Employment Status and Details

The majority of survey informants (68%) stated that they worked in Perth and Kinross. It is not known whether the remaining 32% commuted to the neighbouring rural local authorities or to the City of Dundee. 83% stated that they were employed at the time they completed the survey; the remaining 17% either were unemployed or declined to answer. Moreover 49% stated that they worked full time, 20% part time and 2% self-employed, whilst 29% did not know or did not answer. No informant stated that they were on a 'zero-hours' contract. This does not mean that no informant was on a zero-hours contract, it is possible that some may have been employed on this basis without being aware of it. Working hours varied from less than 16 to over 40 (see Figure 3). The number of days worked each week ranged from 2 to over 5; 61% falling into the latter (Figure 4).

The questionnaire also sought to explore the sectors BME workers were employed in. Unfortunately the response rate to the question "What type of job do you do?" was poor as over half the respondents did not answer. For those answering there was no overall majority, instead responses by and large were distributed between hospitality, care, agriculture, administration, health, retail and education. When broken down in terms of survey language, an overwhelming majority of those declaring that they worked in 'hospitality' and 'agriculture' had completed the Polish version. Responses for 'care' were more evenly distributed between Polish, English and Chinese whilst responses for 'health' were all in English.

Figure 3: Hours worked per week

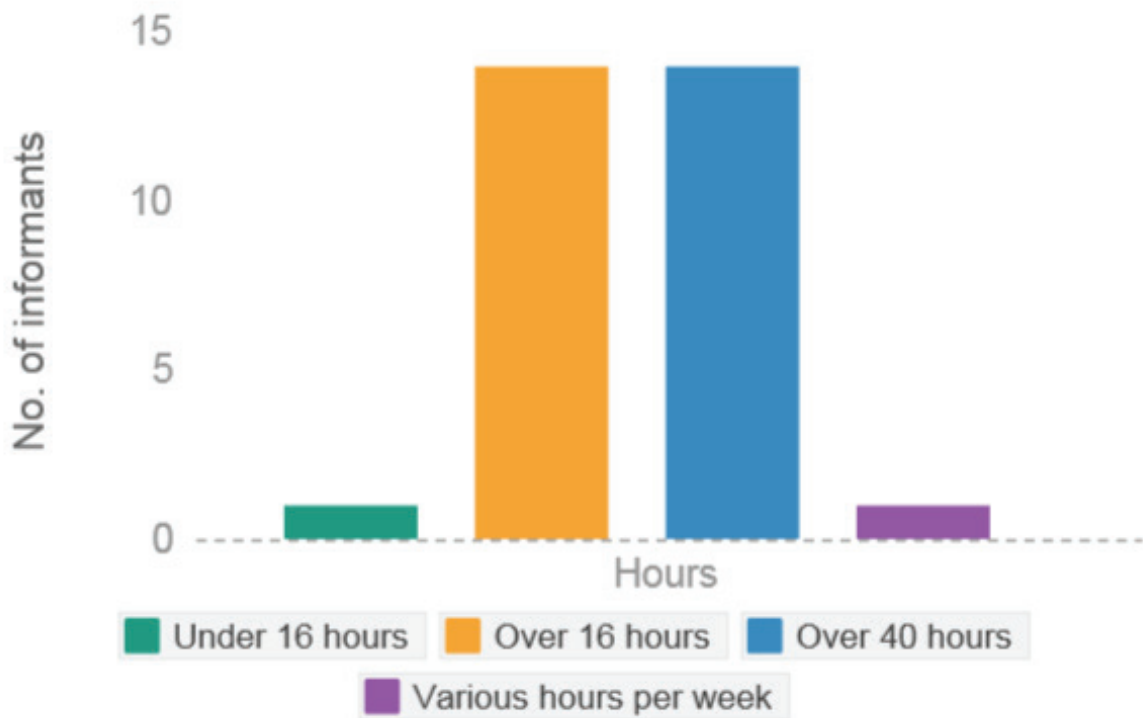
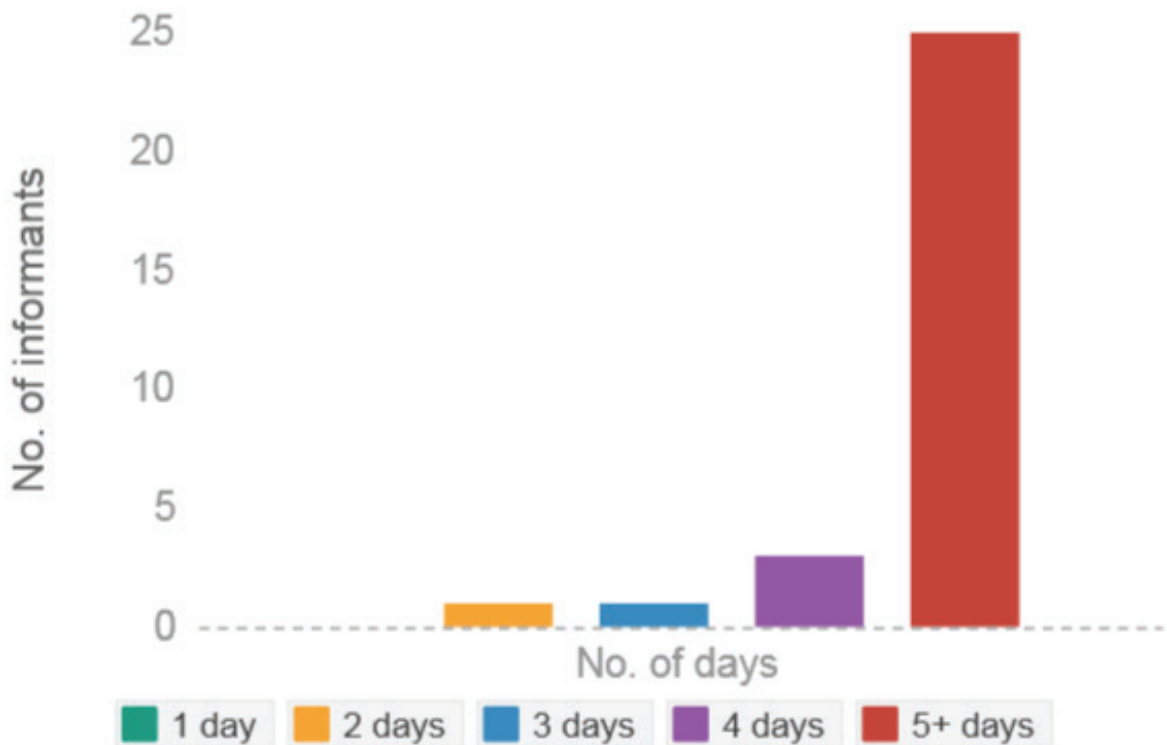


Figure 4: Days worked per week

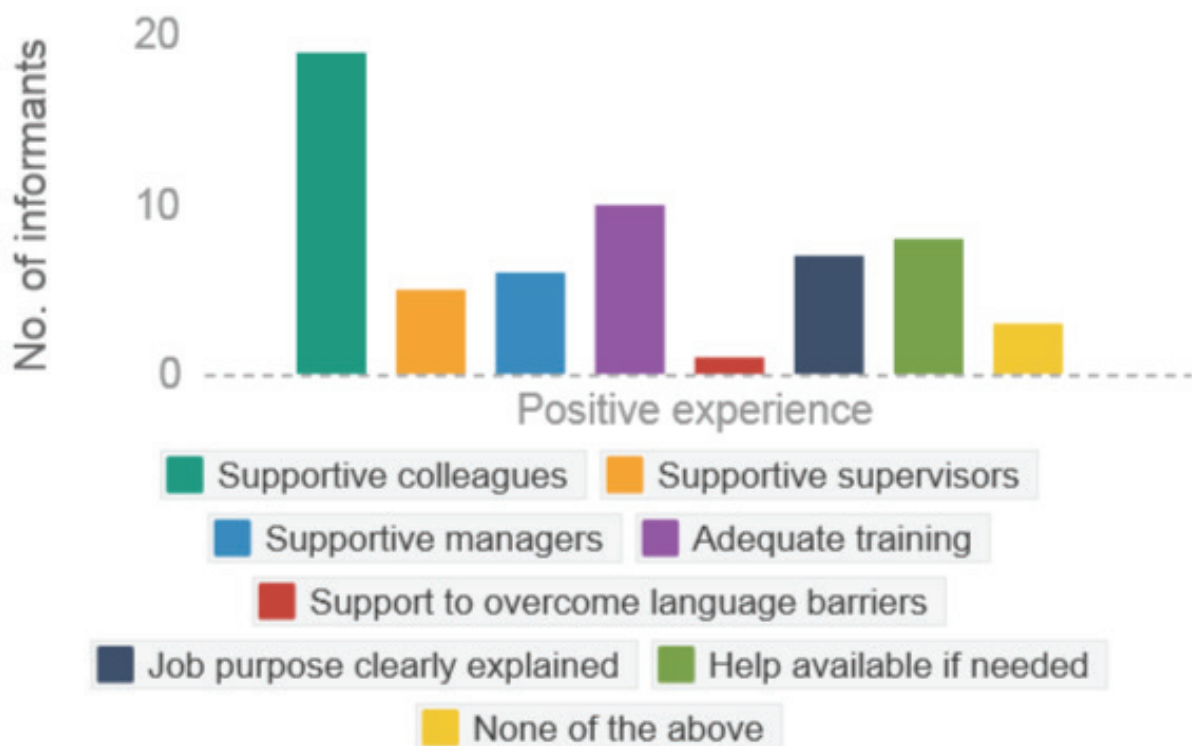


## Employment experiences and issues amongst BME workers

### Positive Work Experiences

When questioned about positive experiences, the response rate was generally sound with 68% of respondents answering this question. Please note that unlike the previous questions, respondents could select multiple answers. As Figure 5 illustrates, the vast majority of respondents has experienced either one or more forms of positive treatment whilst employed in the UK; having 'supportive colleagues' being the most widely cited by far, followed albeit at a slight distance by having 'adequate training' to do their job.

Figure 5: Positive employment experiences



Besides the above, positive employment experiences were illustrated by respondents who had encountered good workplace practices, more specifically being given a hard copy of their contract of employment and having their holiday entitlement explained to them. Of the respondents who answered the question 87% stated that they had been given a copy of their contract of employment. Moreover respondents were asked if they knew whether or not they were entitled to ask for a copy of their contract. Again some skipped this question but for those answering, 87% believed that they were entitled.

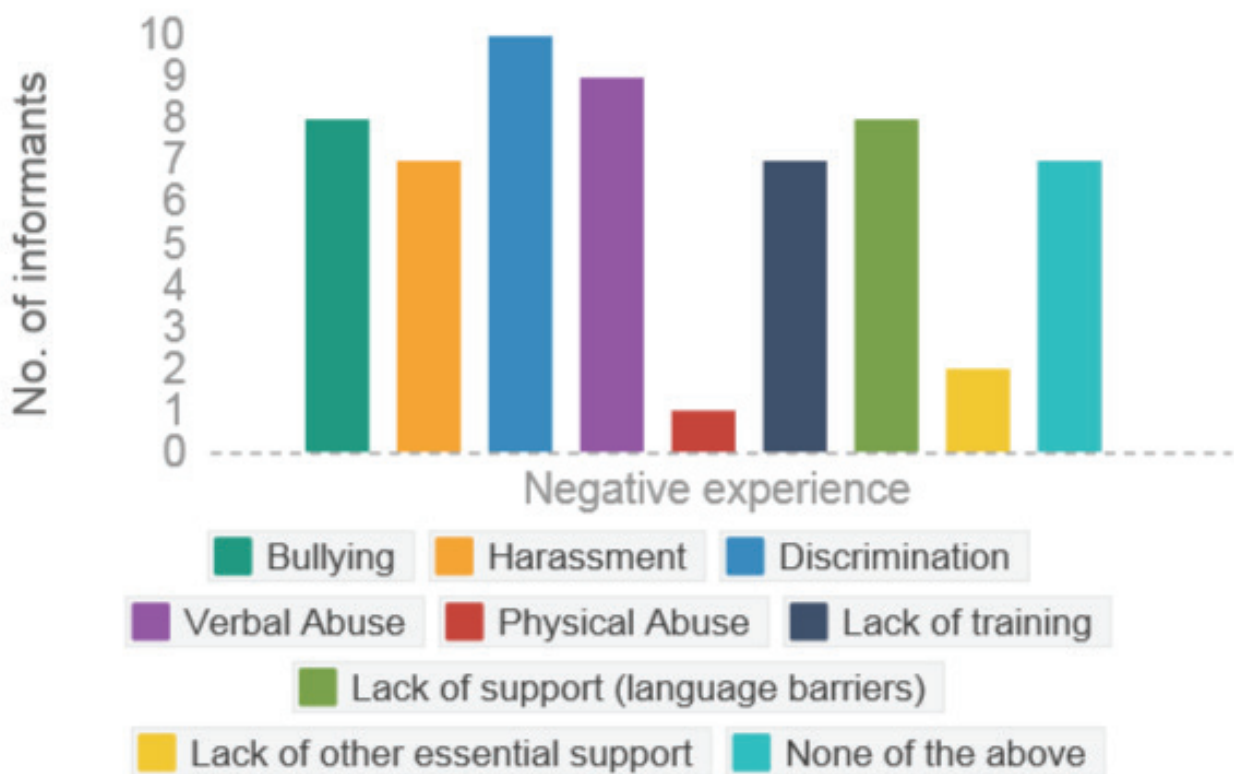


The number of respondents acknowledging that their employer had explained their holiday entitlement to them was lower (69%). Nevertheless this percentage comprised the majority of those answering the question. The provision of health and safety training by employers was also included in the questionnaire. Again amongst those answering over half stated that they had been given adequate health and safety training.

## Negative Work Experiences

Whilst the number of respondents not answering the negative experiences question was slightly higher than the positive experiences question (63%) a wider variety of variables were selected by the former (again each informant could select multiple responses to this question). In contrast to positive experiences, no single negative experience had an overall majority; instead Figure 6 shows that responses were more widely distributed. The highest however where 'discrimination' followed closely by 'verbal abuse', 'bullying' 'lack of support for language barriers', 'lack of training' and 'harassment'.

**Figure 6: Negative employment experiences**



In addition to the numerical data, some survey respondents used the comments box to share further information on negative workplace experiences. An Eastern European informant stated:

- ▶ **“I have been forbidden to speak in my native language”.**

Two indigenous respondents also took the opportunity to elaborate on their responses:

- ▶ **“I previously worked in an environment where colleagues were often hostile towards one another”**
- ▶ **“I experienced bullying and verbal abuse from senior manager....when complained I was told that is just the way they are”**

Micro case study evidence serves to further illustrate that BME workers are susceptible to mistreatment at work; specifically bullying, harassment and discrimination.

- ▶ **A client employed in hospitality industry reported that their manager had aggressively terminated their employment in front of customers. Also they were now homeless as their accommodation was provided by the employer**
- ▶ **A client who had been absent due to a life threatening illness reported that on their return to work they were subjected to verbal abuse from their supervisor and unreasonable requests to provide documentation to justify their absence**
- ▶ **A client employed in custodial work by local authority enquired if they could request a transfer to as they felt excluded by their colleagues due to their nationality**
- ▶ **A client who had lived in UK most of their life reported that they had experienced discrimination within their latest employment on the part of their nationality, which amongst other factors had forced them to take sick leave due to mental ill health**

As to the employment practices discussed previously, whilst a generally positive picture may have been painted by the survey findings, case study evidence serves to illustrate that BME workers can often encounter negative practices:

- ▶ **A client reported working 56 hours each week. When asked if they had been contracted to work these hours, they revealed that they had asked to see their contract but had not been given a copy. On top of this the client acknowledged that they had experienced harassment at work and had been refused leave on ‘Scottish’ holidays as they were**

## Eastern European

- ▶ A client who had seen their contract stated that their workload had exceeded the contracted hours with no notice from their employer
- ▶ A client had been given a copy of their contract but was unable to understand it as it was written in English and no support with language barriers had been offered
- ▶ A client had been told to sign an 'unknown' document when their employment commenced. When they asked to see said document their employer refused
- ▶ A client with little English was given no contract of employment, which they believed allowed their employer to exploit them by not giving them any holiday pay
- ▶ A client employed in hospitality industry had suffered a serious burn whilst working. Despite reporting the accident to their employer, it was not recorded in an accident book. Employers are not legally obliged to do this, however the client believed that the accident was overlooked and no steps were taken to prevent a similar incident from occurring

Amongst the most troubling of the case studies were incidents where BME workers had been dismissed from employment with scant notice:

- ▶ A client stated that they had been spontaneously dismissed along with their colleagues as there was no longer any work for them. The client elaborated by stating that their accommodation was provided by the employer and consequently they faced homelessness
- ▶ Two further BME clients stated that they had been dismissed without notice, one added that throughout the duration of their employment they had been given no payslips

## Underemployment

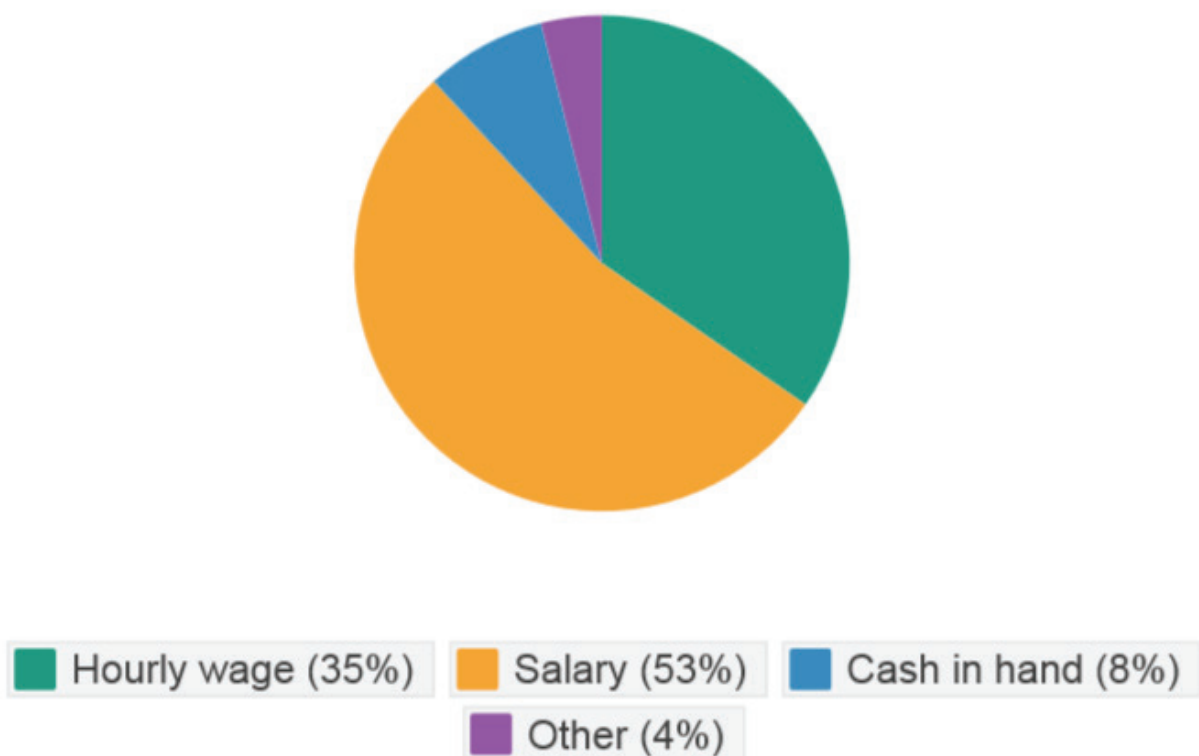
Respondents were asked if they believed that they were employed in a job which was "below their qualification". Out of 28 respondents answering this question, 68% believed themselves to be working below their qualification. This was most prevalent amongst those completing the Polish version; half of the 22 respondents identified themselves as being in this category.

An Eastern European respondent elaborated on their response by stating that they were attempting to advance their employability by studying.

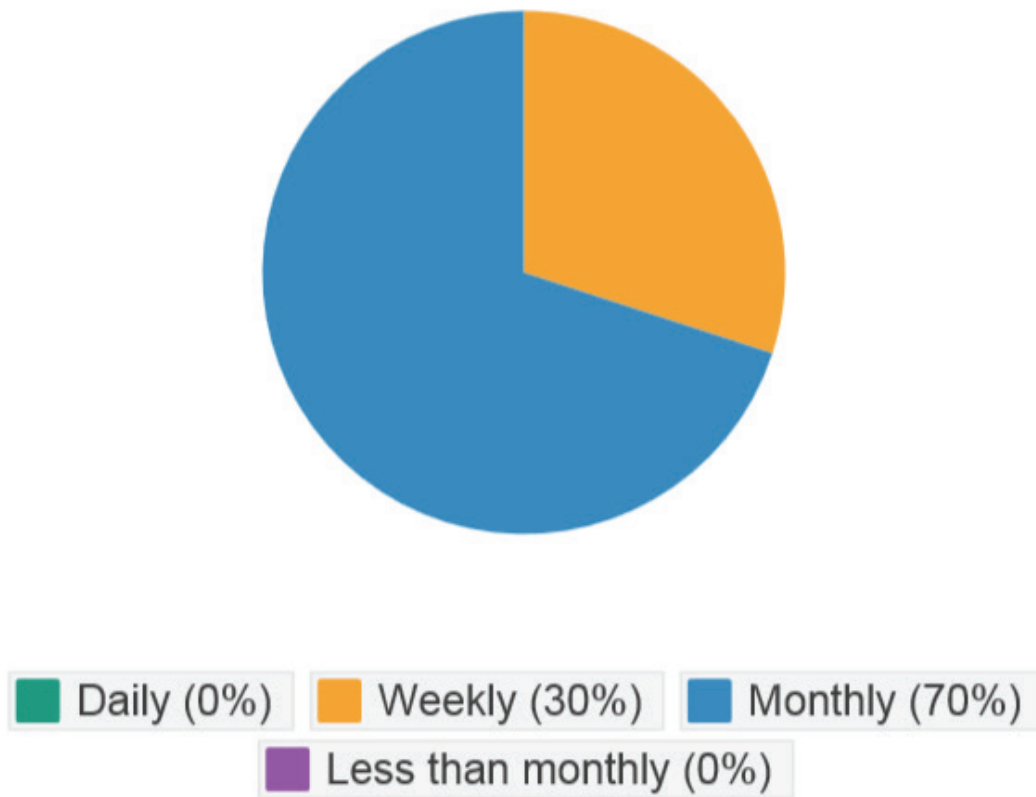
## Income and Wages

The survey included questions asking informants how their wages were paid, i.e. salary, hourly wage and when they were paid i.e. weekly, monthly. Salaries were the most widely cited method of payment; 54% of those who answered this question acknowledged that they were on a salary whilst only 35% were paid hourly. For those who answered the second question, being paid monthly was the most widespread. Full responses are outlined in Figures 7 and 8:

**Figure 7: Payment methods**



**Figure 8: Timing of wage payment**



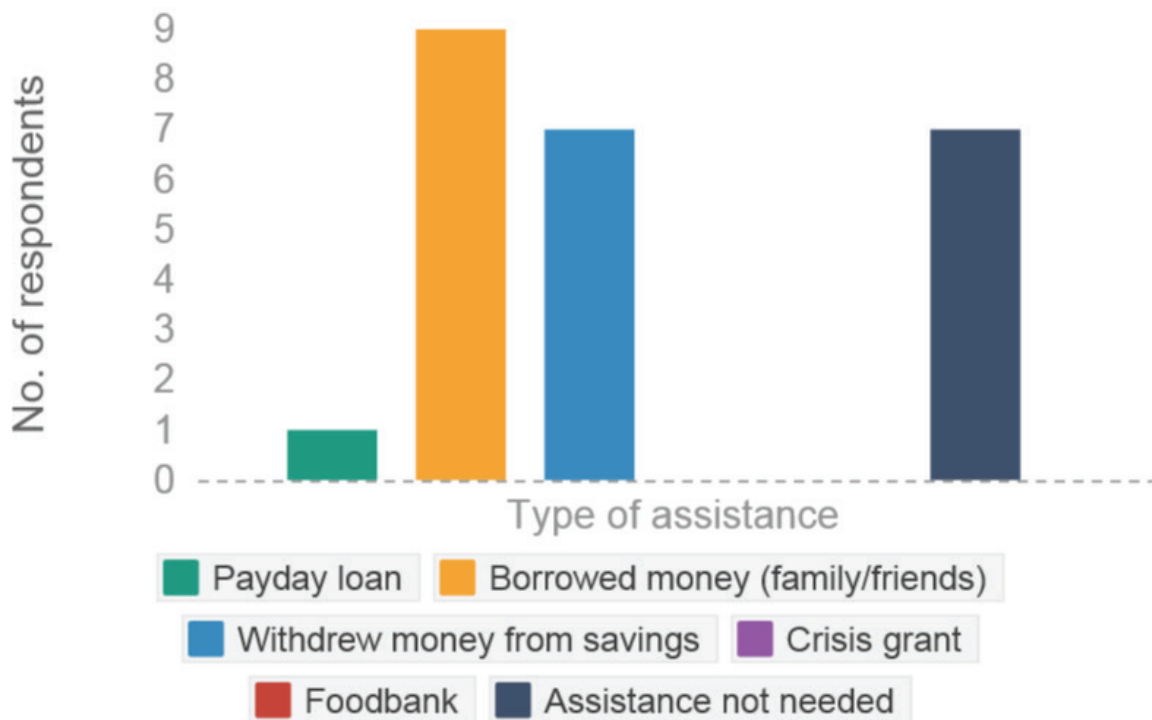
Besides methods and timings, Perth CAB and MEAD were interested in how well BME workers could live off their wages. As illustrated by Figure 9 responses were evenly split (both 31%) amongst those who could “comfortably live off their wages and afford everything they need” and those who “could live comfortably off their wages but struggled slightly to afford what they need”. The remaining 38% was unevenly divided amongst those who “could live of the wages but could not afford everything they needed” (23%) and those “unable to live of their wages and dependent on external support” (15%). At first glance Figure 9 paints a generally optimistic picture of the wage sustainability of BME workers, however it must be emphasised that less than a third of respondents could afford everything they needed without any form of struggle.

**Figure 9: Wage sustainability**



As to what forms of external support BME workers used the survey gave respondents the option of selecting all that applied. Borrowing money from family and friends was identified as the most widely utilised method, which was followed closely by withdrawing money from savings; Figure 10 gives a full breakdown of response to this question:

**Figure 10: External assistance used**



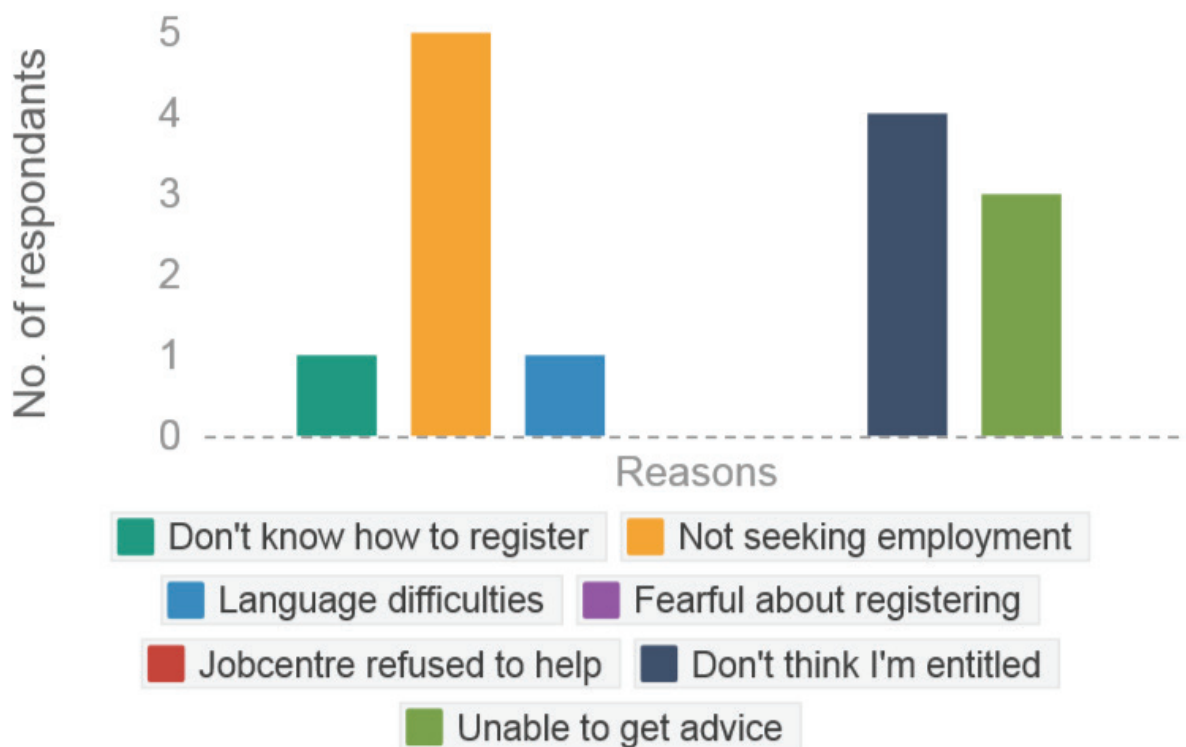
In tandem with the above, “overdrafts”, “credit cards” and “student loans” were quoted by some informants as methods of acquiring extra financial support.

## Unemployment registration

The survey sought to explore the experiences of unemployed BMEs, more specifically experiences of ‘signing on’ as unemployed at Jobcentre Plus and claiming benefits. As mentioned earlier only 6 respondents stated that they were unemployed. When asked if they were “formally registered as unemployed by Jobcentre Plus” only three respondents said yes. One was registered unemployed on the part of ill health and another due to dismissal. The third did not state why they were registered as unemployed.

As why people had not registered, more respondents answered this question than those who announced that they were unemployed. Nevertheless Figure 11 highlights the reasons given by those who answered as to why they had not registered:

**Figure 11: Reasons for not registering as unemployed**



An insightful point raised by an Asian respondent who was not working but not registered unemployed concerned the availability of opportunities for migrant workers who were educated but lacked experience:

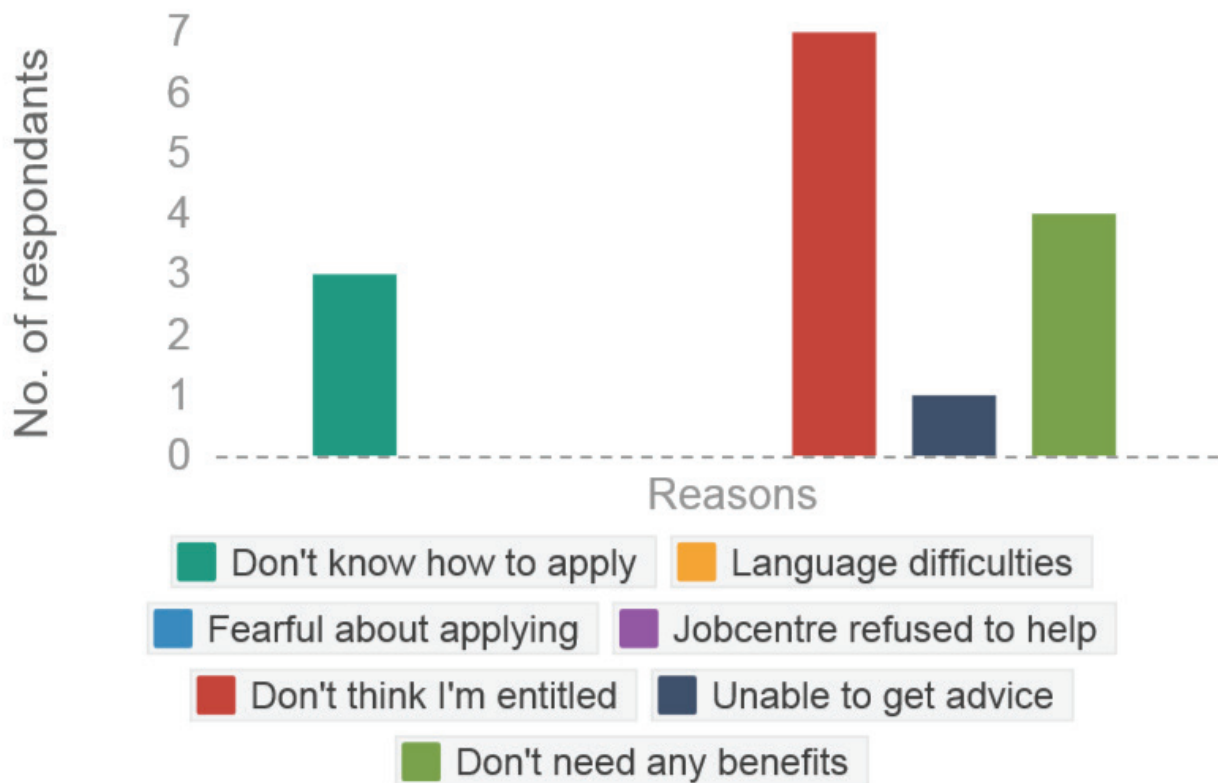
▶ **“I do not have a job because I have no experience and there are no opportunities for educated unexperienced migrant people”**

## Benefit Claiming

As with those registered unemployed, the majority of respondents were not claiming benefits at the time they completed the survey. For those who were, the most widely claimed were Tax Credits (both Working Tax Credit and Child Tax Credit), Child Benefit, Housing Benefit and Jobseekers Allowance (JSA). In addition to active claims, 6 informants stated that they had applied but were waiting for a decision from the DWP, 1 had been refused and 1 had been sanctioned. The remainder of those responding had not attempted to apply. For those presently not claiming, we wanted to see whether or not those within this category understood why they were not. Responses indicated that amongst those answering the relevant question, 80% understood why there were not claiming, whilst 20% did not. As to specific reasons why, Figure 12 illustrates the responses informants gave as to why they were not claiming/had not applied for benefits:



Figure 12: Reasons for not claiming benefits



Furthermore some respondents used the comments boxes to elaborate on their answers:

- ▶ **"I am in full time work"**
- ▶ **"At the moment I do not have to use benefits"**
- ▶ **"I do not qualify"**
- ▶ **"Very difficult to apply to government for welfare housing, must wait two or three years to be considered"**

Case study evidence supports the numerical data provided in Figure 12 to further verify how uncertainty about benefit eligibility can be a problematic issue confronted by BME workers

- ▶ **In addition to being publically dismissed, the client described in the previous section was unaware that given the duration of their stay in UK they were entitled to JSA whilst unemployed**

A statement made by a BME support worker employed within Perth and Kinross further elaborates on the reasons why BME citizens may not apply for benefits despite being potentially eligible. The worker stated that many BMEs are discouraged by the prospect of something going wrong with their claim (both during and after the application process) and enduring complicated encounters with the DWP, made even more difficult by language barriers. Expressed simply they “do not want the responsibility”.

The general picture of BME workers in both Scotland and the UK portrayed by previous research is of a group which is vulnerable to exploitation and wholly powerless to challenge it. Both the survey findings and case studies serve to both merit and challenge such discourses.

## Exclusion, Neglected Rights and Underemployment

There are clear links between our findings and past research, verifying that the issues they raise continue to blight the experiences of BME workers today. Exclusion of BME workers can take two forms; either 'bottom-up' or 'top-down'. The former concerns exclusion that takes place at 'grassroots' level i.e. relationships with fellow colleagues. Top-down refers to mistreatment taking place within workplace hierarchies, such as the relationship between an employee and a superior. As to 'bottoms-up' exclusion, the survey data on negative work experiences emphasises that there is a significant possibility that migrant workers will be at the receiving end of negative treatment from indigenous colleagues; discrimination, bullying and harassment being the most likely. In comparison to past research, our case studies focus largely on the economic exploitation of migrant workers and overlook forms of bottoms up exclusion such as bullying and harassment. However the two case studies describing the former demonstrate how it has virtually equal potential to damage mental health, confidence and wellbeing. It can be noted here also that bottoms up and top down exclusion can manifest themselves in similar ways. This can be clearly illustrated by the fact that discrimination, harassment and verbal abuse were used against BME workers by superiors, for example the case of the manager aggressively dismissing an Eastern European in front of customers.

Further evidence of top down exclusion serves to demonstrate where similarities lie between our findings and previous research. On par with the findings of De Lima (2007) were problems caused by accommodation being conditional to employment. Whilst our cases made no mention of deductions from wages, the evidence was equally prevalent in justifying the serious problems this can cause, particularly when employment was terminated abruptly. This points leads into another connection concerning the availability of work. Scottish Government (2009) stresses how 'seasonal employment' can result in abrupt termination of employment which brings subsequent hardship. Whilst the precise causes are unspecified, case study evidence illustrates that 'abrupt termination' of employment is an issue which BME workers face within Perth and Kinross. Those who have only moved to the UK having no power to challenge given that they do not meet the two year quota on claiming unfair dismissal (AdviserNet, 2014). Alongside instances where BME workers have scant rights, top down exclusion can manifest itself through failure to honour basic employment rights. Amongst these were terms and conditions of employment such as working hours. Employers may not have to provide written copies of contracts for

the first two months of employment; however they are required to inform employees if there are going to be changes, such as to their working hours (Adviceguide, 2014). The case studies revealed instances where employers overlooked this right, such as changing work hours without consulting the employee. This point is reinforced further by cases where employers either did not provide payslips to employees or honour their right to holiday pay. In all cases the clients provided no indicators that they should be exempt from these rights.

Perhaps the clearest correlation between our findings and past research concerns the issue of underemployment. Kyambi (2011) emphasised how migrant workers are heavily segregated in low skilled and low paid employment. Although our findings were split on the problems caused by low wages, a clear majority of survey respondents (68%), particularly Polish agreed that they were working below their qualification. Furthermore this point offers implicit reference to De Lima (2007) FMR Research (2007), Scottish Government (2009) and Kyambi (2011) on foreign qualifications having poor transferability to the UK. Unfortunately the survey did not ask informants about qualifications held, however it is likely that many informants identifying themselves as underemployed will hold diplomas, degrees, etc. which they will be unable to use within their present employment.

Our data on unemployment registration and benefit claiming is minimal given that the majority of informants were employed and not claiming. However we can derive some themes. From those answering, there appears to be a noteworthy degree of uncertainty surrounding both processes. To be more precise, BMEs being unsure whether they are entitled to register as unemployed and/or claim benefits and how to do so if they believe they are. The numerical data is supported in part by respondent testimonies and case study evidence, most specifically the client who did not know they could apply for JSA after losing their job. The survey findings revealed no instance of a BME individual not registering as unemployed or applying for benefits out of fear. This said the testimony from the BME support worker serves to suggest that whilst it may not specifically be 'fear', potential BME applications are discouraged by the daunting process and the likelihood that things may go wrong. Given the little evidence shared on this issue, there is little that can link our findings to previous research.

Very obvious is the fact that our findings made no suggestion that any informant was a victim of forced labour. In hindsight this is not surprising as in all likelihood victims for the reasons given by Kagan et al (2011) and Scott et al (2012) would be unable and/or unwilling to approach advice agencies such as MEAD and CAB or have access to IT to access the survey online. Given that it is such an insidious problem, the existence of forced labour within Perth and Kinross cannot be ruled out.

## Confidence, Inclusion and Wage Sustainability

Survey data and case study evidence reinforce discourses in previous research that BME workers are overly powerless, marginalised and exploited. Nevertheless, our research revealed alternative discourses, namely those which suggest that whilst these characteristics may apply to BME workers, they are confident enough to challenge exploitative treatment. Whilst it is not mandatory for employers to provide 'written' contracts of employment, if an employee has been employed for two months they are entitled to request a 'written statement' of the terms and conditions of their employment (Adviceguide, 2014). The encouragingly high percentage of respondents saying they believed they were entitled to see a 'contract' suggests that BME workers are not naturally passive and more likely to query treatment such as overly long working hours, which they consider to be unorthodox. This argument can be further justified by the fact that the selected informants had the stamina to approach CAB to seek advice. The findings on positive employment experiences suggest that although BME workers may face mistreatment and exploitation, observers should be careful not to over-generalise and make sweeping assumptions. Indeed the data revealed substantial evidence that BME workers can be integrated comfortably into largely 'indigenous' work environments. The findings showed that bottoms up exclusion can be mirrored by bottoms up 'inclusion'. By far the soundest evidence illustrating this concept is the fact that 'supportive colleagues' was the most widely cited positive experience. As to 'top down inclusion' the data from Figure 5 suggests that whilst not as widespread as supportive colleagues, supportive managers, support with language barriers, and adequate training are not atypical work experiences for BME workers. The data on holiday entitlement and health and safety training further supports the positive experiences evidence given that the general majority responded favourably.

The data revealed no abnormalities in the timings of wage payments; the vast proportion of respondents identified to being paid either weekly or monthly. In addition the survey data did little to suggest that typical payment systems employed were less than legitimate. Although 31% of respondents stated that they could live comfortably off their wages without a struggle, this figure does little to inspire confidence in the sustainability of wages paid to BME workers. This argument can be emphasised by the fact that the remaining 69% of respondents admitted to experiencing financial hardship to some degree, ranging all the way to dependence on external sources of support. A working day week of 5 or more days was reported as being the most common amongst BME workers and responses were evenly matched amongst those working either more than 16 or more than 40 hours. In her study of migrant workers in Grampian, De Lima (2007) condemned the exceedingly long hours worked by migrant workers. Whilst our data remotely suggests that migrant workers in Perth and Kinross work long hours, the evidences provides scant indicators to actual length of working times and henceforth is of little effective use to make comparisons with previous research.

## Critical Reflection

Overall the execution of the survey went smoothly. A sound number of responses were gathered and we were able to pull a variety of sustainable themes from the data and satisfy the research objectives. However the analysis of the data revealed some issues with the data collection. As was mentioned repeatedly throughout the results section, questions being skipped caused some problems. Although we know more or less from past research and local knowledge what industries BME workers in Perth and Kinross are most highly concentrated in, it would have been useful to have fresh statistical data to validate or potentially challenge this knowledge.

What can be derived from the number of skipped questions is that there were weaknesses in the design of the survey. One possibility is length; the survey comprised 34 questions. It is plausible that as respondents' attention began to decline they skipped questions to complete the survey more quickly. Measures had been taken to make completion more straightforward. For example Survey Monkey's navigational tools were applied that automatically skipped a respondent to the next relevant question pending on an answer given. In hindsight such measures were clearly not enough. Given that we intended to cover a broad range of topics, producing a shorter survey would have been extremely difficult, however in future research close attention will be paid to survey length to determine if there are any further means by which completion can be more practical for informants.

In addition alternative data collection methods including focus groups and interviews will be considered in that clients may share more insights if they are engaged in faced to face discussion. A further design issue is that the answer options for some questions did not fully tease out the 'problems' affiliated with certain employment issues. For instance the questions on hours and days worked each week, should have given respondents the option to specify if they worked more than 48 hours and more than 6 days, as opposed to capping responses at 40+ hours and 5+ days. This would have allowed us to differentiate between those who worked over 40 hours legitimately such as those exceeding 48 hours by their own choice, and those whose work hours constituted a likely violation of their statutory employment rights.

## Conclusion

To recap this study set out to answer three objectives. The first was to find out what kind of employment related issues are most prevalent amongst BME communities in Perth and Kinross. The second was to explore both positive and negative work experiences amongst BME workers and to determine the extent to which they are aware of basic employment rights. Finally we set out to determine if BME employees are as vulnerable and disadvantaged in their workplace as previous research suggests.

In terms of the first objective it can be concluded that BME workers confront a multitude of issues, however there is no issue which is overly prevalent. Some are clearly more widely reported than others, for instance reports of bullying and harassment greatly exceed physical abuse. Both the survey evidence and case studies illustrate the diversity of employment experiences; this diversity is demonstrated further when both positive and negative experiences are juxtaposed. It can be argued henceforth that there is no such thing as a 'typical' BME work experience. In acknowledging the diversity of experience, we have already addressed part one of the second objective, which leads us to what the findings revealed about awareness of basic employment rights amongst BME communities. Whilst some were uncertain of what they were entitled to and/or unclear about specific details, an encouraging majority were aware of basic statutory rights such as holiday pay. Even when something was not strictly 'statutory' such as being given a hard copy of a contract, it is encouraging to know that the majority of informants were mindful of the fact that as workers they have rights and are not powerless in the face of mistreatment.

Our research verifies in part previous research which illustrates the vulnerability and disadvantage surrounding BME workers. The data concerning bottoms up and top down exclusion further validates existing research findings on the ways BMEs can be vilified and exploited by both fellow colleagues and those in positions of authority. Having said this, the findings such as those used to address the second objective, remind us that whilst they can indeed be vulnerable and easily exploited; particularly those who are dependent on an exploitative employer for employment and living arrangements, care must be taken not to overgeneralise. As a group they may share similar experiences, however every member of the BME communities within Perth and Kinross is an individual with their own experiences, sadly some have better experiences than others. However we can take heart from the fact that our findings revealed that those within the latter category are not without incentive to challenge mistreatment and should be empowered to do so at all levels.

# Recommendations

This section lists the recommendations for local employers on employing BME workers. These recommendations have been informed directly by the research findings and suggestions from the staff at MEAD. It should be noted that whilst some are explicitly concerned with BME workers, others are more generic and apply equally to both the former and indigenous workers.

## Workplace rights and wellbeing:

- Employers must treat reports of bullying, harassment, and discrimination seriously as they have the potential to cause damage to the health and wellbeing of employees at the receiving end of the above
- Investigations should be carried out into working hours should an employee report an unreasonable or irregular number of working hours per week and/or they complain about an extra workload put on them
- Systems should be in place where concerns and complaints can be lodged anonymously without fear of retribution
- All health and safety concerns raised by employees must be taken seriously and investigated. The same applies to any mental health issues associated with a workplace
- Employers could run induction sessions where they would inform employees about standard employment rights including holiday entitlement, wages, sick pay, etc.
- BME workers should be given the opportunity to use their qualifications (including those achieved in native countries) and employers should ensure that access to career development opportunities is open to all
- Employers should not be loathed to the idea of linking employees with legal and other support agencies. In contrast they should encourage BME workers to use organisations such as CAB
- Women who are pregnant or returning to work following maternity leave should not be threatened with job loss by their employer, as this puts extra pressure on women who already confront a multitude of gendered inequalities within the workplace



### Accommodation of language and culture:

- Employers could consider having some parts of employment contracts translated into different languages for BME employees who speak little or no English. The same system could be used for other documentation, particularly those pertaining to health and safety
- Employers could consider offering 'English for Speakers of Other Languages' (ESOL) classes for BME employees. External funding may be available for these classes
- Whilst providing opportunities for BME workers to learn or improve English, employers should remove practices stating that only English be spoken in the workplace as this is a form of indirect discrimination
- Employers should ensure that they have an extended knowledge about cultural diversity within their workforce and they cultivate understanding and respect for the former

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# Glossary

|                        |   |
|------------------------|---|
| <b>A8 Countries</b>    | Former communist countries in Eastern Europe that joined the European Union in 2004, these include: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. |
| <b>BME</b>             | Black or Ethnic Minority  |
| <b>CAB</b>             | Citizens Advice Bureau  |
| <b>Carse of Gowrie</b> | Highly agricultural district east of Perth incorporating settlements including Errol and Inchtute.  |
| <b>DWP</b>             | Department for Work and Pensions  |
| <b>Grampian</b>        | Collective name used to collectively acknowledge Aberdeenshire, Aberdeen City and Moray (former local authority until 1975 system was replaced in 1996).                                |
| <b>JCP</b>             | Jobcentre Plus  |
| <b>JSA</b>             | Jobseekers Allowance  |
| <b>MEAD</b>            | Minority Ethnic Access Development Project  |
| <b>P&amp;K</b>         | Perth and Kinross   |



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**The CAB Service aims:**

to ensure that individuals do not suffer through lack of knowledge of their rights and responsibilities, or of the services available to them, or through an inability to express their need effectively

**and equally**

to exercise a responsible influence on the development of social policies and services, both locally and nationally.

The CAB Service is independent and provides free, confidential and impartial advice to everybody regardless of age, disability, gender, race, religion and belief and sexual orientation.

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