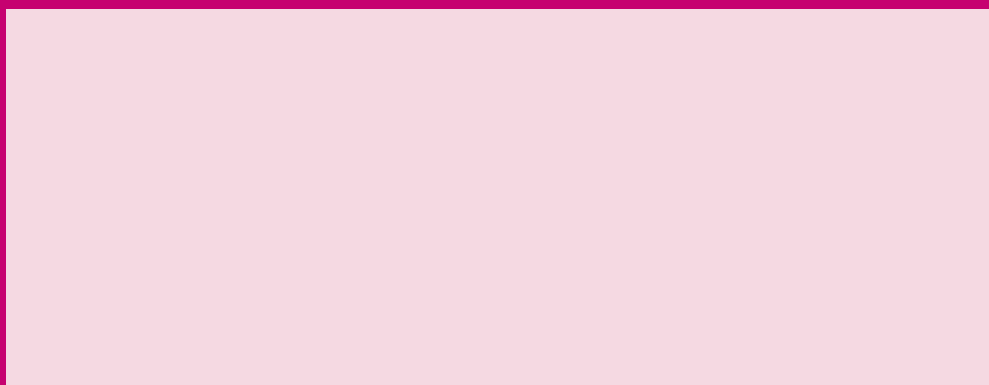
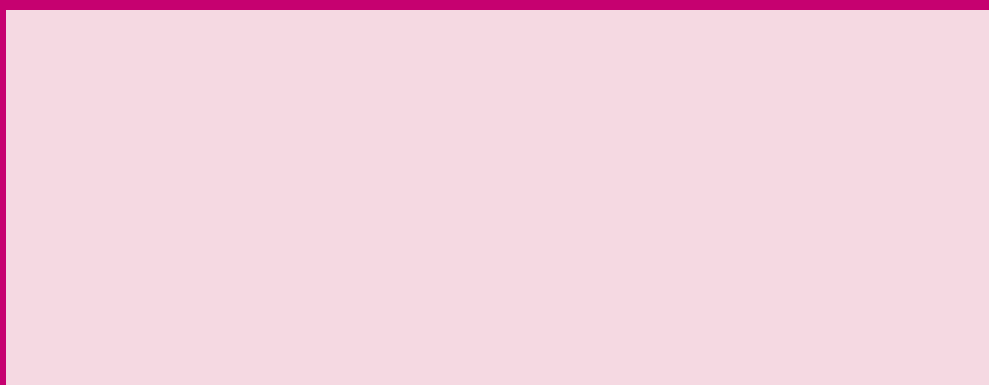


The experience of black and minority ethnic staff in higher education in England



Acknowledgments

This report was researched and written by Professor Valerie Hey, Dr Máiréad Dunne and Dr Sarah Aynsley, Centre for Higher Education and Equity Research, University of Sussex; Dr Maki Kimura, Dr Alice Bennion and Professor John Brennan, Centre for Higher Education Research and Information at the Open University; and Jiten Patel. The report was edited by Gary Loke, ECU.

Equality Challenge Unit (ECU) would like to thank the Higher Education Funding Council for England (HEFCE) for funding this research through its leadership, governance and management fund. ECU and the research team would like to thank all those who have contributed to this research. We are particularly grateful to all the participants for their time and willingness to share their experiences.

We would also like to thank the members of the race forum, who supported the research project and provided essential advice and direction:

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- = **Clive Anthony**, Middlesex University and UNISON
- = **Denise Bertuchi**, UNISON
- = **Professor Gargi Bhattacharyya**, Aston University and University and College Union (UCU)
- = **Vikki Burge**, Higher Education Funding Council for Wales
- = **Dr Lai Fong Chiu**, University of Leeds
- = **Anjana Choudhuri**, Swansea University
- = **Delroy Creary**, Manchester Metropolitan University and UNISON

-
- = **Fariba Dashtgard**, HEFCE
 - = **Dr Bill Gulam**, UCU (from October 2009)
 - = **Garry Guye**, Unite
 - = **Bilal Haveliwala**, University of Leicester and Unite
 - = **Maureen Henry-Johnson**, Sandwell College and UCU (until October 2009)
 - = **Helen Howard**, Higher Education Academy subject network for sociology, anthropology and politics
 - = **Dr Zainab Hussain**, University of Liverpool
 - = **Patrick Johnson**, University of Manchester and Higher Education Equal Opportunities Network
 - = **Maeve Landman**, University of the West of England and UCU
 - = **Chris Nicholas**, UCU
 - = **Dr Bertha Ochieng**, University of Bradford
 - = **Dr Henry Odeyinka**, University of Ulster
 - = **Naina Patel**, Birkbeck College and Universities Human Resources
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Foreword

If I were to distil one key message about the report recommendations it is that now, more than ever, higher education institutions cannot continue practices and cultures which damage the career development, aspirations and life chances of some racial groups for the benefit of others.

The freedom to study and work in an environment free from racial discrimination and prejudice is surely at the heart of any higher education institution, regardless of location or the staff and student demographic. This report shows that whatever ideals we aspire to within our institutions, the reality is frequently rather different.

While things are changing very slowly, many senior managers are, like me, white, and from a particular social background. How many of us have experienced the stifling impact of discrimination at work? This report emphasises how the lived experience of discrimination damages individual lives, suffocates talent and fundamentally undermines the very purpose and efficiency of the institutions in which we work.

I was invited to chair the forum, which brought together an immensely experienced group of colleagues from across the sector to work together in a robust, challenging and collegial way to advise on the research questions and input into the methodologies. Discussions at forum meetings brought starkly home just how damaging and deep-seated issues of race inequality are in our institutions. The lived experiences that forum members articulated were powerful and often moving reminders of the problems caused by race discrimination.

The forum played a part in forming the nature and direction of the research but this report is the product of an independent research team. Reading through some of the sections I can still hear the strong, often passionate debate from forum members about particular examples, sets of proposals or key issues which were felt to discriminate. Such cultures and practices, whether conscious or unconscious, are especially reprehensible in institutions built on academic freedom and values.

The recommendations in this report point the way to areas of best practice. I would urge colleagues to take note of these, to be prepared to accept that our institutions may well fall short in some area and to be open and constructive in dealing with issues that are so central to everyone who works in higher education.

Professor Mark Cleary
Vice-Chancellor and Principal
University of Bradford

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1 Introduction

This research report aims to explore the lived experiences of BME staff, and how institutional policy and practice may affect BME staff differently.

It is self-evident that there are significant challenges facing the higher education sector. The current financial climate, and uncertainty around the effects of the new fees and funding system, have led to some restructuring, redundancies and reduction in services. These may have a greater negative effect on particular groups, and historically this has included black and minority ethnic (BME) people.

An earlier literature review from ECU highlighted some of the continuing issues facing BME staff.

ECU (2009) *The experience of black and minority ethnic staff working in higher education: literature review 2009*
www.ecu.ac.uk/publications/experience-of-bme-staff-in-he

The introduction of the Equality Act 2010 means that higher education institutions (HEIs) are now working within a new legislative framework. Where this research highlights a disparity between previous legislative ambition and the lived experiences of staff, the new legislation may provide a fresh opportunity for HEIs to drive equality forward for the benefit of those staff and society.

1.1 Background

The Race Relations (Amendment) Act 2001, born out of the Stephen Lawrence Inquiry, introduced a statutory general duty upon public authorities, including HEIs, to promote race equality. The general duty had three elements, to:

- = eliminate unlawful racial discrimination
- = promote race equality
- = promote good relations between people of different racial groups

Underpinning this general duty were several specific duties: statutory requirements designed to help institutions meet the general duty. These specific duties required HEIs to:

- = produce and publish a race equality policy with a clear, targeted action plan
- = monitor recruitment/admission and progression of staff and students according to racial group

- = assess the impact of all the institution's policies and procedures on race equality
- = publish monitoring data annually, and the results of impact assessments as they are carried out

The intention was to help HEIs provide fair and accessible services and to improve equality of opportunity for people of different racial groups. The Race Relations (Amendment) Act has been repealed and replaced by the Equality Act 2010, which continues the positive duty that HEIs have with regard to race. However, at the time of writing, there are no specific duties for England.

Despite this legislative framework, evidence highlights ongoing discrimination experienced by BME staff.

Meanwhile, as with the population of Britain, staff and student populations in HEIs have become increasingly diverse, with consequent challenges for HEIs in delivering their core functions.

Previous research in the higher education sector

Debates about multiculturalism and identity, ethnicity and religion, and issues of diversity and differences have been the subject of teaching and research in HEIs over several decades. With an expanding and increasingly diverse student population, there have been numerous studies exploring the participation and experiences of different student groups, including BME students (Pilkington 2002; Housee 2004).

There is growing recognition that an ethnically diverse higher education workforce positively affects the ability of institutions to deliver their core functions fully to an increasingly diverse student population. Evidence from the NUS (2011) highlights that BME students want a more representative workforce, diverse teaching practices and more BME role models. Many institutions have therefore demonstrated a strong policy commitment to race equality.

Yet, despite this, there is extensive evidence that BME staff are underrepresented at senior levels in HEIs. Compared with studies on BME students, research focused solely on the effects of ethnicity of staff in HEIs is limited. However, it has been illustrated

that discrimination against BME staff exists (Smith 2007: 116–7). This is substantiated by previous studies (Carter *et al.* 1999; Blackaby and Frank 2000; Law *et al.* 2004; Jones 2006) indicating the existence of institutional racism in higher education.

Additionally, a programme of research funded by the higher education funding councils for England, Scotland and Wales reported BME staff members' experiences and perceptions of discrimination in promotion opportunities and career progression (Deem *et al.* 2005). There are well documented accounts from BME staff of isolation and marginalisation; challenges to their status, authority and scholarship; high levels of scrutiny and surveillance of their work; and difficulties in gaining promotion (Heward *et al.* 1997; Deem *et al.* 2005; Jones 2006; Mirza 2006, 2009; Wright *et al.* 2007; ECU 2009). The analysis of a survey conducted by the University and College Union (UCU) also shows that 'almost half of black members have experienced racism or racial discrimination at the workplace' (UCU 2009).

1.2 Policy and practice in higher education

In various race equality policy materials, institutional policy documents and promotional materials, including websites, HEIs conventionally pledge to promote, value or respect diversity and (race) equality. This is confirmed in studies of HEIs in Britain, where the expression of 'commitment' to race equality was often identified in institutional policy documents (Kimura 2006: 47; Ahmed 2007). However, what does this 'commitment' mean, and what is its effect in practice?

It is also important to note the characteristics of universities. Often they are organisations with strong traditions of professional autonomy and freedom in decision-making at basic unit or departmental levels, which make institutional policies and strategies complicated to implement successfully (Clark 1983; Becher and Kogan 1992). Rather rigid employment division in most institutions between different categories of staff – academic, administrative, manual – is another factor with implications for equality and diversity.

The question remains as to whether writing policy documents that state a commitment to equality and diversity helps to improve racial equality. Evidence from previous research into the experiences of BME staff suggests that documents alone

cannot remove racism from the institution. Ahmed (2006) argues that 'speech acts', such as those that commit the HEI to equality or diversity, do not do what they say – 'saying it' does not bring about actions that 'do things'.

Ahmed (2006) suggests that not only can such speech acts fail to deliver what they promise, they potentially can block rather than enable action. The claim to be committed to anti-racism 'can function as a perverse performance of racism' (Ahmed 2007: 601) as institutions may fail to recognise the existence of racism. Furthermore, in HEIs where student diversity has a strong marketing appeal, there is a sense that diversity and equality has been achieved. However, as Ahmed (2006) notes, there is a huge difference between being diverse and 'doing diversity', especially in relation to the staff population.

The significant disparity between universities' policy commitments and the experiences of BME staff suggests ongoing institutional barriers and discriminatory practices in the higher education sector. The starting point of this project, therefore, was to explore institutional policies and compare them with the lived experiences of BME staff.

2 Project overview

2.1 Background

ECU established a race forum to advise the research, made up of individual members of BME academic, professional and support staff, and representatives from:

- = Higher Education Funding Council for England (HEFCE)
- = Higher Education Funding Council for Wales (HEFCW)
- = Universities Human Resources (UHR)
- = Universities and Colleges Employers Association (UCEA)
- = UNISON
- = UCU
- = Unite

The forum first met in December 2008 and continued to meet throughout the research project. Members were from England, Wales and Northern Ireland (ECU's remit at the time the project commenced), although the research was limited only to England as it was funded through the HEFCE leadership, governance and management (LGM) fund.

The forum recommended a literature review (ECU 2009), which was conducted by the Institute for Policy Studies, London Metropolitan University. From this, and through discussions with the forum, further work was commissioned from the Centre for Higher Education Research and Information (CHERI) at the Open University and the Centre for Higher Education and Equity Research (CHEER) at the University of Sussex, to fill some of the evidence gaps and facilitate improvements in the experiences of BME staff working in HEIs through examining:

- = processes and use of data and monitoring
- = management practices
- = relationships and support frameworks
- = leadership and development opportunities

The research focused on UK national BME staff in academic, professional and support roles. UK national staff were targeted because there is concern that this specific group incurs the greatest 'race' penalty in terms of promotion and progress within the sector. This does not imply that international BME staff are

not discriminated against, but rather takes into account that their status and experiences are different. Pertinent issues relating to race that were raised by international BME staff in the research are highlighted in this report.

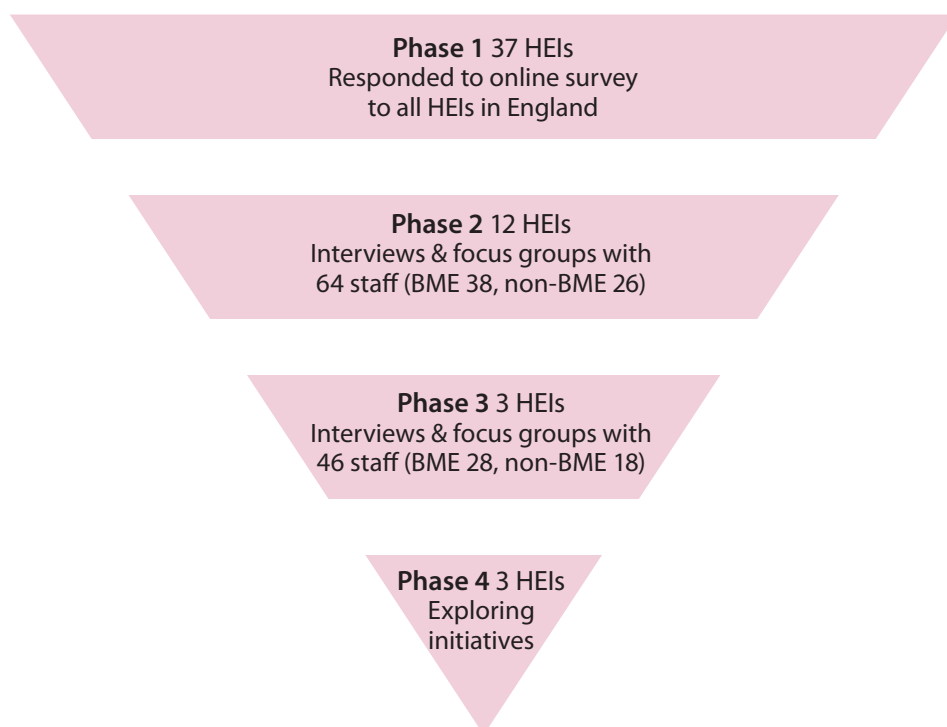
2.2 Methods

Methodological choices have a direct influence on the type and quality of data gathered and the potential for analysis. In particular, there is a clear distinction between an analysis derived from large data sets profiling trends within a predetermined sample and that obtained from more personal research encounters. This study aimed to collect both types of data using quantitative and qualitative methods (including focus groups and semi-structured interviews), which made it possible to compare data to illuminate staff experiences within the higher education context.

All responses have been anonymised. Interviews and focus groups were recorded digitally when consent was given by participants.

2.3 Research design

The research was designed in four phases. Data collection in phases 1 and 2 focused on the policy, role and actions of HEIs in relation to their equality agendas. In phase 3, case studies were gathered from BME staff about their actual experiences within these institutions, to draw comparisons with the data gathered in phases 1 and 2. Phase 4 explored and piloted initiatives that might advance race equality. There was limited success in piloting initiatives; this is explored in section 4.



Phase 1

Phase 1 involved an online survey invitation to all HEIs in England. The survey focused on HEIs' policies and practices on staff data collection and monitoring, management, leadership and development in relation to BME staff. The survey was disseminated via Universities UK; 37 HEIs responded.

Additionally in phase 1, a secondary analysis of the data from the Changing Academic Profession (CAP) surveys was undertaken (see www.open.ac.uk/cheri/pages/CHERI-Projects-CAP.shtml). For CAP, CHERI collaborated in an international study of the academic profession, which examined the changes being experienced by academics in different countries through various themes, including management and internationalisation. In the CAP survey of UK academics, respondents included a representative sample of BME staff and covered nationality alongside other personal characteristics, as well as views on work situation, personal influence, institutional decision-making and promotion. This informed and assisted in the design of the phase 1 survey and the interview schedule developed in phase 2. Relevant data from the CAP survey is interspersed in this report, and in annexe 5.

Phase 2

Staff from 12 of the institutions that participated in the phase 1 survey were invited to participate in face-to-face, semi-structured interviews. Staff support framework coordinators and middle-management staff responsible for equality and diversity issues, including human resources (HR) managers, equality and diversity managers and selected heads of departments, as well as trade union branch representatives, were selected for these interviews. BME staff in these roles were sought out as well. Interviews enabled the 'formal strategic voice' of the HEI to be noted, but some staff also shared more candid views about the realities confronting them. This facilitated the mapping of 'formal' HEI equality and diversity policies and practice.

Given the limited size of the sample, it was not fully representative of the sector. However, selection was informed by geographical spread and the type of institution – higher education colleges, and post-2004, post-1992, research-intensive (Russell Group) and other pre-1992 universities – to balance the sample.

Phase 3

Building on the contacts made in phase 2, three institutions were identified for more in-depth fieldwork. The case-study institutions differed in geographical location (north, midlands and south); two were pre-92 (with different subject focus) and the third was a post-92 HEI in a previously industrial town.

The aim was to interview senior members of BME and non-BME staff (either face-to-face or by telephone), and to conduct focus groups with less senior members of BME and non-BME staff. Non-BME people were included in the research to allow comparisons of experience to be made.

Originally, it was planned that participants in the focus groups would also be invited to take part in interviews, but due to time and resources limitations these participants were asked to provide additional contributions via email if they wished to do so. To assist with organising the interviews and focus groups and to encourage staff participation, a lead contact was appointed within each HEI.

In addition, throughout these activities, informal consultations took place with various stakeholders including trade unions at national level, and with employer representatives at UHR and UCEA. This provided greater contextual understanding of the issues.

Phase 4

The aim of the final phase was to develop and pilot initiatives in three institutions that would improve the experiences of BME staff. In doing so, current practices in both public and private sectors were reflected upon.

In considering types of initiative, it was found that the vast majority currently in use appear to adopt a deficit model, where an issue in BME staff groups is regarded as a deficit that needs fixing. Such initiatives may previously have had some success by identifying direct forms of discrimination in policies and practices. However, they generally do not address the cultural and systemic barriers that BME staff face in the workplace. There were other examples of positive action initiatives aimed at BME staff, such as developing skills for successful job applications or promotion.

Following background research and consultation with stakeholders, the research team concluded that this phase needed to build on successful initiatives in each HEI and, importantly, to focus on both BME staff and organisational approaches. This was essential for initiatives to have positive sustained effects and address systemic barriers. In addition, it was agreed that initiatives should meet the identified needs of BME staff and those working with them, rather than being imposed from above or from outside. The initiatives developed are outlined in section 4.

2.4 Challenges

A number of challenges presented themselves during the course of the research. These were largely around accessing a suitable sample of staff to take part, and concerns regarding the discourse used when considering issues to do with race.

Access

There were some enthusiastic partners, but at times there was a need to press individuals regarding access to staff within some HEIs, as well as seeking to ensure a range of different job roles in the groups we wished to interview. Most equality and diversity practitioners were very supportive, although they were often limited by the time, resources and local influence at their disposal. The difficulty in gaining access to staff may in itself indicate some reluctance to engage with the issue of race in higher education. One HEI suggested that as it had few BME staff, race was not an issue!

The research sought to capture a range of data from BME and non-BME staff across a range of roles (senior and middle-level managers, academics, services staff and manual staff). However, access was reliant on individual equality and diversity staff brokering and facilitating interviews and focus groups. Most equality and diversity staff were, in turn, dependent on people's cooperation as well as their availability. It is not clear how many people were reached by the initial invitation to participate, but the contact mechanisms included personal friendship, use of bulletins, and generic posts to websites and departments.

Lack of representation

Early in phase 2, a concern arose regarding the lack of BME experiences being gathered. Following advice from the race forum, two additional focus groups that included BME manual staff were conducted.

Subsequently, the research team was able to generate a sufficiently diverse sample that included both BME and non-BME managers, equality and diversity staff, and trade union representatives. They did not, however, manage to secure a representative sample of heads of departments or unit managers. The main reason cited for this reluctance to participate was their heavy administrative burden.

Although the accounts gathered cannot work as quantifiable indicators, they are nonetheless informal measures that represent the experiences of some BME staff. The full breakdown of staff participation is provided in annexes 1 and 2.

Research challenges

The investigation of issues around race contains inherent challenges and sensitivities. There are potential risks in raising a claim of race discrimination, which can lead to the claimant becoming more visible and vulnerable. This is especially so when there are difficulties in assigning race as the underlying explanatory factor behind adverse experiences of employment. This may lead to BME staff being reluctant to discuss issues of race and racism and, as a consequence, to managers not feeling confident or comfortable discussing such issues. Overall, this can lead to an institutional culture and space that is wary of raising issues around race, making such research difficult. Indeed, the project encountered several cases where BME staff members had preferred not to complain about quite clear cases of discrimination for fear of escalating a problem and endangering their longer-term career.

The research aimed to capture the lived experience of staff and explore the relationship with race. To support this, the race forum provided guidance and advice, including trialling some case-study prompts in forum groups and then submitting some of their own examples. This was of particular use in noting the distinctions in experiences between academic, professional and support staff. In interpreting the research results that follow, the existence of these personal, professional, political and institutional contexts needs to be borne in mind.

3 Initial research findings

This section provides a thematic discussion of the research findings collected across the first three research phases, including evidence from the CAP survey.

The data is presented under the themes:

- = processes and use of data and monitoring
- = management practices
- = relationships and support frameworks
- = leadership and development opportunities

The themes intersect and affect one another, operating within different contexts and cultures, including the informal operations of power within each HEI. This includes exclusionary and discriminatory practices that may not be racist in intent, but are in effect. Throughout the research, there were comments about day-to-day disrespect and harassment faced by BME staff, and it is these everyday occurrences that erode self-esteem and value. This research therefore focused on institutional policy, informal operations of power, and the experiences of BME staff.

In the phase 1 survey, 56% of institutional responses noted that if racism was experienced by their BME staff, it was evident to varying degrees, mirroring previous research findings by Carter *et al.* (1999) and Jones (2006). In the CAP survey, UK national BME staff reported less collegiality in decision-making (13%, compared with 20% non-BME and 22% international BME). This provides context for the other research findings, where BME staff expressed concern over their unequal access to and control of resources, position, decision-making and power within an HEI's hierarchical structure.

3.1 Data and monitoring

Collecting and analysing a wide range of quantitative and qualitative data provides HEIs with evidence of staff representation and experiences, which can be used to identify areas of concern to advance race equality, such as discrimination and barriers to equality of outcome.

BME category and the link with identity

As the category 'BME' is widely used in institutional monitoring, it has been used in this research, while recognising that it is problematic as a term. In both the process of selecting participants and the interview encounters themselves, the use and significance attached to the category was variously

contested. The category 'BME' is not homogeneous, and groups together divergent historical and social experiences (between different minority ethnic groups, or between home and international BME, for example), which disappear when differences are aggregated, as they are in data and monitoring activity. In addition, using race as an identity marker at an individual level has produced a certain hesitation and resistance. The unease over the term BME was explained in various ways:

- = a desire not to be defined through just one category
- = resistance to only ever being seen as BME and the burden of representation that entails
- = concern that privileging this aspect of identity somehow undermines claims to merit
- = an inference of being in post by virtue of an imagined informal 'quota'

Cumulatively, these reservations about claiming BME identity show the effect of significant friction regarding race in social and institutional life, not least the sector's 'institutional whiteness', which places pressure on the few, and thus 'hyper-visible', BME staff (Ahmed and Swan 2006). The acute awareness around race may be a reason for non-disclosure in some circumstances.

Type of data collected by HEIs

There is a lot of data gathered with regard to equality monitoring. In HEIs, this appears to be driven largely by current legislation, national policy, and requirements of higher education funding councils. All the institutions that participated in the survey ask staff to disclose information on ethnicity and gender. A majority also ask for information on age (93%), nationality (94%), highest qualification (70%) and disability (85%).

With regard to the collection of ethnicity data, the majority of respondents to the survey said that this data was used to monitor:

- = workforce composition (95%)
- = recruitment (90%)
- = promotions (70%)

Only half the institutions in the survey said that they use this data to monitor leavers, and fewer than half the institutions use it to monitor training and development opportunities. The survey results show that 77% of responding HEIs thought that their institution has procurement policies and practices that take into account equality and diversity issues. However, during the interviews, the difficulty of obtaining monitoring data, in particular on the equality and diversity of manual staff (who may be contracted out), was repeatedly raised. Challenges to institutions in this regard include the high rate of non-disclosure of ethnicity, and maintaining and analysing data consistently and centrally. There were numerous references by equality and diversity officers and BME staff regarding the politics of disclosing. As one senior equality and diversity manager put it:

‘the most significant negative return in staff survey was expressed by those who did not want to identify their ethnicity... they do not feel safe to declare some aspects of their identity.’

How is the data used?

HR managers were the most likely to review equality and diversity data (88%), closely followed by senior management (68%) and equality and diversity managers (68%). Others (43%) include equality and diversity committees and vice chancellors (annexe 4, question 3). Equality and diversity managers were seen to be vital to push data gathering beyond legal requirements.

Equality and diversity data is used in a number of ways by different institutions. The majority of institutions noted that data is used either to improve existing policies and practices on equality and diversity issues (82%), or to inform the development of new policies or positive actions to address inequalities (77%). However, during the interviews it was also expressed that often data collection is seen as an activity not to make changes happen, but to do what the legislation requires. Nevertheless, one institution stressed that, although it is proactive on staff surveys, it is also aware of the importance of what lies beneath the data.

When data is used effectively, this is mainly to improve existing policies and practices, such as improvements in student/staff

engagement, the development of communication channels, or elaboration on promotion guidelines and improvements in recruitment and selection procedures; or to inform the development of new policies or positive actions to address inequalities. Examples from HEIs included:

- = the introduction of new mentoring schemes for BME staff
- = talent management and succession planning
- = recruitment campaigns to increase diversity

It is worth noting that these activities often appear to be directed at individual BME staff rather than at changing the culture of an institution. Initiatives that may support culture change are discussed in section 4.

Some HEIs compare the equality data of their student and staff populations. The three institutions that participated in phase 3 noted that the staff ethnic profile does not reflect that of the student body, and in some cases that of regional diversity more generally. This was regarded as problematic and in need of attention. These institutions had used data as evidence to initiate activities attempting to reach local communities for staff recruitment. It is important to note that, given the severe underrepresentation of BME staff at senior levels, any attempt to reach local communities should be undertaken at all levels. There is a risk that strategies to engage local BME communities do so only at lower levels, thus perpetuating the problem.

Where there is a small number of BME staff, different issues may emerge. An equality and diversity lead in one HEI questioned their involvement with the research as there were few BME staff at the institution, and felt that issues around BME staff were therefore not a high institutional priority. However, Wright *et al.* (2007) suggest the opposite: that it is often single BME staff, isolated and unsupported in distinct departments or faculties, who may find that their professional and working lives are particularly desolate.

Overall, the emphasis was less on the collection of monitoring data, and more to do with analysis, interpretation and dissemination of the data, and how the results feed into determining an HEI's priorities and decision-making processes.

Additionally, there may be a need for more groups (including BME networks) within institutions to prepare commentaries on BME data, and for middle managers to utilise the data to prepare regular reports on the implications and action plans for their units.

3.2 Management practices

When developing and implementing equitable management practices, institutions must make sure that all staff, in particular managers, value race equality and diversity, and that practices mirror the institution's equality policy commitments and 'speech acts' – public, spoken commitments to equality or diversity (Ahmed 2007). As highlighted in the literature (Ahmed 2007), there are disparities between policies set by institutions and their implementation in practice, which is evident from the number of responses from participants experiencing discrimination in working practices.

There were examples of procedures in place at a managerial level to deal with allegations of racism, including dispute resolution and grievance policy procedures, staff bullying and harassment policies/procedures, and confidential support; 68% of institutions that responded to the survey thought these procedures were effective.

It also appears that, while senior managers (vice-chancellors and executive boards) establish a vision and an institutional commitment to equality and diversity, how this is then put into practice may not always be considered.

One equality and diversity manager remarked:

'They [senior managers] think equality a jolly good thing to do, but they do not quite see it as their job.'

One BME interviewee noted that 'the issue of diversity is very low on senior management's agenda.'

One BME staff member commented on the lack of respect for diversity at the higher levels of the HEI. They remarked that, although there is talk about respecting different cultures, this isn't put into practice. For example, earlier in the year, when a family member died, they were expected to return to work immediately, although it was part of the staff member's culture to stay with their family to grieve. Although, in principle, staff are entitled to take compassionate leave, colleagues 'pulled a face' when the staff member didn't come back to work immediately. As a consequence, the staff member had been unwell for a long time because of the stress.

Interestingly, participants expressed some cynicism about institutions' interest in ethnicity, with one participant stating that 'research into race issues seems to be initiated when it's a trendy issue, but then other issues take over, such as expenditure cuts'. In the current economic climate, with the threat of redundancies, there is a particular need for managers at all levels to deliver on their responsibilities to race equality practice, and to comprehend the value of diversity. Instances of poor practice can be perceived as validating the *status quo* and serving to maintain the discriminatory disparities between policy and practice – between 'saying it' and 'doing it' (Ahmed 2007). In an era of austerity and reduced funding for higher education, attracting and retaining talent becomes more crucial. Serious consideration should be given to rewarding HEIs that effectively widen access for their staff and thus make serious amends for the discriminatory experiences of their BME staff.

Policy and practice development and implementation

The survey of HEIs indicated that senior managers were thought to be those most commonly consulted during the process of developing (65%), implementing (73%), evaluating (75%) and improving (65%) institutional policy and practice. With BME groups underrepresented at this management level, there are limited opportunities to influence any policy or practice decisions. From the CAP survey results, we can see that UK BME staff perceive themselves to have less personal influence than other groups at departmental, faculty or institutional levels (table 1). Interestingly, international BME staff perceive that they have the same levels of influence as non-BME staff.

Table 1 Personal influence (percentage answering 'very/somewhat influential') – from CAP survey

Level	BME		Non-BME (%)
	UK citizen (%)	Non-UK citizen (%)	
Department	35	45	46
Faculty, school	13	24	21
Institution	4	8	8

HR and equality and diversity staff appear to have a strong understanding of the national policy and legislative requirements that have been translated into institutional policy and practice at the central level. There is, however, a disconnection from academic unit management, in which heads of departments have certain levels of autonomy.

Equality policy is often developed by HR departments, then disseminated to all levels of the organisation. However, once policy leaves the central HR department, it becomes subject to local variation and interpretation. Staff narratives suggest that institutional policies may be implemented inconsistently, as local units and departments carry on 'how we have always done things around here'. There appears to be an uneven awareness of equality and diversity in practices concerning staff appointment, workload and the equity aspects of promotion. Fewer than half of the institutions responding to the survey thought equality and diversity policies and practices were used to inform academic research (43%), academic support (43%), course/programme leadership (38%) and administration (43%).

Some BME staff felt that there are too many policies and not enough action around equality and diversity issues; this was given as a reason why people start to disengage from the issue. In one support staff focus group, there was consensus that the HEI possessed policies on equality and diversity, but that these worked in different ways in different settings. The approach taken by different heads of department was crucial to how the issues were taken on board. Dissemination of equality and diversity policies and practices across an HEI can thus become rather hit-and-miss, according to BME academics.

This suggests that the principle of open access and opportunity does not characterise practice. At one HEI, the effectiveness of this process has been improved since the appointment of an active equality and diversity manager. At another, there is an equality and diversity coordinator in each department and 'they are now delivering equality impact assessments'. Evidence was presented that, as people do not like to be told they are 'wrong', there is a need to develop a way to address the issue without disengaging those involved. This has been dealt with by, for example, equality and diversity training using theatre and performance.

The disconnection between policy and implementation can be illustrated by reference to the management practices of:

- = recruitment
- = workload allocation
- = promotion

Recruitment

Data on ethnicity is increasingly being collected during recruitment, but 'this is standard practice for HR purposes and does not seem to be acted upon' [a BME interviewee at one HEI]. Through monitoring equality data collected during recruitment, it is clear that there is a problem in attracting BME people to apply. This is particularly prominent in academic posts; in one institution, only two out of 30 eligible applications for a lecturer post in a health-related department were from BME groups. It was argued at one HEI that there is no concern about inequity or favouritism regarding the appointment of academic staff, but once it gets to senior level there seems to be less equality. 'The lack of BME staff at senior levels is due to the low numbers both applying and being selected', it was claimed at another HEI. Several universities officially describe development opportunities as widely advertised in the HEI and open to anyone who wants to apply.

Workload allocation

In the survey, department managers were regarded as the most influential when it comes to allocating workloads (70% agreed), more so than senior managers (48% agreed) and individual staff (18%). Similarly, department managers were regarded as most influential when it comes to allocating specific job roles.

At one HEI, there is a central model of workload management, which is handled at faculty level, although there is no consistent monitoring of workload distribution at present. Workloads are documented in different ways depending on staff roles: academic staff have duties laid out in a spreadsheet (notional workload), which allows academic managers to see individuals' responsibilities, while administrative staff rely on the discretion of line managers controlling workloads. Consequently, there is scope for favouritism, and some evidence was presented of a tendency to pigeonhole people. As found by Deem *et al.* (2005), there was a belief that BME staff are expected to be experts in equality and diversity issues.

Commonly, for academic staff there is an annual review of workload, and there was some evidence that these staff can engage in more open negotiations on workload than professional and support staff, who work to job descriptions. Local practices related to workload and promotions tend to escape HR attention, and are not necessarily fed back to equality and diversity officers.

In one HEI, different workload models are used in annual performance reviews (the model being dependent on department preference), but there is a move to introduce a standard model.

In one HEI, it was noted that 'race is not an issue in the allocation of workloads', although 'BME staff tend to be found at the lower levels'. There appears to be no transparency in the allocation of particular roles and duties, and this could lead to inadvertent favouritism and unequal allocation of work between BME and white staff.

Promotion

In professional and support roles, posts are set out with job descriptions. Internal promotion is difficult, and when jobs arise they have to be applied for. The CAP survey found that UK national BME staff members reported lower levels of support (compared with the views of non-BME and international BME staff) for professional development of administrative and management roles (annexe 5, table A5.6).

In one HEI, there is an annual call for promotions for academic staff, while technical and administrative staff can only apply for vacancies as they appear. At another HEI, the roles of heads of department rotate every three to four years, but the process of recruitment is not transparent.

One BME academic in an elite HEI talked about the opaque promotion process at her HEI, which seems to be entirely contingent on a network of sponsors. She commented on the culture, which was deemed 'individualistic, competitive, secretive and arbitrary'. She felt that 'they withhold information from you – and if you don't know things, they say you aren't a team player'; and that 'if you had put me on Mars I would have felt more welcome'.

There was a positive example given, with one BME interviewee stating that there was the possibility to become director of finance at some point, and that her 'race wouldn't stop her applying'.

Yet it is important to acknowledge that not all staff members seek promotion.

One BME member of staff in a pre-92 HEI had been in her present post for some time and regarded her career as 'static'. She was not unhappy with the situation, as her work-life balance was what she considered to be the most important aspect – time for domestic and social commitments as well as congenial working relationships. 'Promotion is not everyone's ambition. And it is your personal choice.' It should be noted, however, that she had started at the HEI as an office secretary, and had been supported by the HEI to take a degree and subsequently promoted to middle management.

3.3 Relationships and support

Relationships with colleague and managers have a great impact on the lived experience of all staff members.

Relationships

Relationships with line managers, senior management and colleagues were intrinsic to the experience of BME staff. Within a status-conscious higher education environment, there is much scope for exerting one's position within the hierarchy, in both formal and informal settings. The majority of BME staff who participated in the research had experienced the damaging effects of being treated in a subordinating or excluding way because of their race. This highlights that the daily experiences of working relationships and institutional support matter a great deal. The corrosion of confidence created by lack of respect, support and recognition affected some BME staff so severely that they simply gave up.

A BME academic, who had been in an HEI for over 20 years at lecturer level, commented on the latest round of restructuring in her faculty:

'[I] spoke with a person... who was [also] not promoted and you begin to think is this because of my colour or my skills... we may not apply – [I] have not applied for a senior lecturer post, [but] I have not ever been encouraged to do that – some of that is to do with me and my personality... people in HE look out for themselves... a term that has been applied to me is that of a "work donkey", but I have seen others overtake me. Yes, they are white, less experienced people have overtaken me, and I have not had that support and have felt that [I] was being watched more closely.'

Manager–staff relationships

The worst instances of discriminatory treatment related to examples of casual racism in the behaviour of managers. The evidence is limited to what our interviewees said about some specific encounters, but these were clearly placed within antagonistic histories of working with particular individuals. One female professional staff member spoke of herself and other BME colleagues in her unit being deliberately targeted and asked to 'serve' their white manager tea. This was despite the manager herself already having two personal assistants:

“Can you go and get us breakfast?” [Her manager] just came out and put £20 on the table and... then she came out again with cups and said “can you go and get us some tea?”... it had been going on for some time to the only non-English girls... and an admin person complained... on [our] behalf... because [the manager] had said things like “can we go and get the coloured people to get us some tea”.

This white manager’s overt racism was notorious, but the fact that the manager was not removed from her post reveals institutional indifference to the situation. Other offensive remarks emerged in casual conversation. One white, female member of staff commented to a BME colleague about a young woman who came to interview for the role of student adviser, who was wearing a niqab (facial covering worn by some Muslim women), describing such a style of coverage as ‘ninja’ and stating that wearing such covering would not be useful for the role of adviser, as people needed to see her face. The BME staff member suggested that, given the large number of BME students, including young Muslim women, who also wear facial coverings at the institution, students may be reassured to receive advice from a person they can relate to.

A feeling of being deliberately ignored was mentioned several times in one focus group.

‘I have experienced it when staff members come into the office... totally ignore me there... and... speak to my boss – why would they not look at me and talk to my boss... it’s not all persons, but especially the higher ones... I’m just a little receptionist.’

Being ignored and being ‘micro-managed’ by managers featured a lot in the stories collected during the fieldwork, although many respondents were careful to make distinctions between these racist incidents and the inclusiveness found in good working relations and support networks.

How BME staff and the HEI respond to such behaviour also says something about the culture of an institution. One equality and diversity lead commented on the few reported incidents of grievance on the grounds of racism, but felt that this might not reflect reality. It should be noted that there were seven

grievances on the grounds of racism in 2008, but this was out of a total of 17 grievances.

'Either there are incidences that are not being reported, or they're not happening. There were some comments in the 2005 staff survey, which suggest the former.'

The same HEI has purchased an online equality and diversity course designed for universities. The equality and diversity officer's view was that every member of staff should have equality and diversity training, but this online course was voluntary and fewer than 10% of staff had taken it by September 2009.

Relationships with colleagues

A considerable amount of data has been collected showing the vital (although unmeasurable) 'social capital' – the value of social relationships – accumulated in English HEIs from staff attendance after work in pubs and bars. Many BME members, both professional services staff and academics, both male and female, experienced exclusion or discomfort about being asked to socialise in forms and spaces that took no account of cultural preferences and patterns, echoing ECU's (2011) research into the experiences of staff and students with a religion or belief. Some BME staff members did not drink alcohol and would not normally choose to go to a pub. This could cut them off from establishing social relationships with colleagues and also, in some instances, from receiving important information.

ECU (2011) *Religion and belief in higher education: the experiences of staff and students*

www.ecu.ac.uk/publications/religion-and-belief-staff-and-students-in-he

The kind of conversations held in more social environments between colleagues can reveal important information; one young BME professional discovered significant information regarding salaries from colleagues during a trip to the pub, with which he was able to contest his current salary with his institution and arrange an increase. Issues relating to career development and opportunities should be discussed openly

and transparently in the institutional environment to ensure transparency and allow for equality of access. More could also be done by HEIs to generate informal social spaces within the institution, to make it easier for BME staff to access social contacts and capital.

There was also the issue of feeling welcome. One BME academic felt like she was being coerced to be sociable on terms that were not her own. She noted: I had a sense of being seen as an ‘uppity black woman’.

In one focus group, there was the same shared sense of being ‘outside the club’: one BME female professional staff member said:

‘Some people [are a] a bit reluctant to challenge – the certain level of managers and leaders you hold things back in some groups... you are concerned if people see you as a trouble maker.’

A fellow member of the group talked about ‘nepotism and old boys’ network’; another echoed this, saying ‘it’s who you know...’.

Many other situations were raised of BME professional staff being overlooked. The work behaviour of colleagues is crucial in creating a more even environment. As there are positive actions taking place in all types of HEI, it is difficult to relate the ‘culture of fairness’ to sector type. Instead, what was more significant was the calibre of the local leader or head in the BME staff member’s specific work environment, and their practices.

Support mechanisms

There was significant evidence of formal support mechanisms resourced by both HR and unions, though not all of them were BME-specific.

Most institutions (85%) indicated that general support frameworks and arrangements for staff exist, but fewer reported more targeted support, either for BME staff (33%) or for other groups (46%).

‘There are formal support mechanisms through line management, HR, unions, harassment and bullying officers (with special training).’

‘There are counselling and conciliation services, harassment advisers, mediation network and unions.’

However, the equality and diversity lead in the institution did not know how much staff knew about these services, or whether these services had a high profile.

Support arrangements are typically publicised on institutional intranets (83%), internal emails (75%) and institutional websites (68%), as well as through meetings and workshops (73%) and via posters and leaflets (65%).

In the CAP survey, home BME staff in academic roles reported that they felt much less well informed about what is going on in their institutions (17%) than other staff groups (40% overall), including international BME staff (44%).

Many respondents were unaware of any union presence at their institution (see table 2).

Table 2 Do trade union representatives from the following organisations work specifically with BME staff in your institution?

Union	Yes (%)	Not sure (%)
UCU	33	30
UNISON	25	40
Unite	10	45
GMB	0	40

Staff network or special interest groups

The importance of staff support networks in improving the experience of employees and contributing to a healthy organisational culture has been acknowledged in both private and public sector organisations. As found in this research, and by an HEFCE-funded project (Gaule 2007), HEIs have started to take this issue on board by implementing such networks and groups.

One HR diversity specialist noted that their HEI had support groups for senior female academics and for postgraduates.

'They are very informal. There were attempts to start a BME staff group and a disabled staff group, but they didn't really work. There are a lot of BME staff... but they may not all want to be in a BME-only group. There are also limited [staffing] resources...'

Within the same institution, a staff member recalled being invited to a BME group by the previous diversity specialist, but didn't attend.

Another HEI equality and diversity coordinator noted that there was some resistance to formal support targeted at specific groups. This may be due to several factors, such as how well these mechanisms are communicated. There may also be a lack of confidence in formal mechanisms run by the HEI, especially if BME staff already feel alienated by their experiences.

Some organisations had tried direct support through a BME network meeting, with varying success.

'Only between six and 18 people turned up to meetings. Staff did not want to be seen as a "race group" or to be defined primarily in terms of their ethnic identity.'

'Special interest groups don't appear to be very active. All groups have seats on the equality and diversity network and are invited to the equity forums. There are, in addition, formal support mechanisms through line management, HR, the equality and diversity unit, and trade unions. The chaplaincy offers advice and guidance to all staff, regardless of religious beliefs. The university pays for counselling through Relate and has an occupational health provider on campus.'

Another initiative was the introduction of a mediation service which, according to an equality and diversity staff member, aims to restore healthy working relationships when people are experiencing conflict.

'Staff are trained for this role, and the service is proving to be very popular. The issue was raised as to whether one of the trade union reps, who is also a mediator, may find there is a conflict of interest in holding both roles.'

The sustainability of support groups is contingent upon the particular local context and resources.

Equality and diversity leads

The level of staff resources for equality and diversity differed in the various participating institutions. This ranged from a 0.5 full-time equivalent (FTE) post for all equality work, through to a well resourced unit staffed by a senior lead, two equality and diversity assistants, and a full-time secretary with some temporary help.

There was consensus that the crucial element in delivering effective support was the approach taken by the head of unit, and how management took this issue on board.

Making equality policy work in complex organisations requires focused resourcing, support mechanisms and a unity of purpose. There is a wide variation in how equality and diversity are resourced and located. The research found many tenacious and often inspirational equality and diversity leads, who are only too well aware of the challenges of equality work.

The design of support initiatives, including networks, is highly contingent on the local experience or approach of the designated lead. The issue of race was seen to be so troubling that devising a strategy for tackling race inequalities often has to work through other forms of action. One equality and diversity lead took the decision to 'rebrand' equality work without referring to race, using new words for old inequalities and calling her initiatives 'Skills for Success'.

Because of the highly localised and context-specific practices within HEIs, it is difficult to provide good practice examples of suitable support. It should be recognised that there is currently a lack of suitable support provision for BME staff.

Equality champions

One important factor shaping institutions' willingness and ability to sustain equality and diversity work is the stability of the senior management group. Some HEIs appoint equality champions to provide strategic leadership within this group. However, unless their work has been embedded into the rest of the organisation, it may unravel when they leave, especially if there are no clear outcome measures for the champion.

Heads of professional services and heads of department are central to the implementation of policy and its subsequent monitoring in terms of staff workloads, promotion and progression. However, few in the study showed evidence that these department and services heads consider equality. To address this, it is recommended that equality and diversity responsibilities form part of all managers' job descriptions. The success of this approach may eventually be measured by an increased representation of BME staff members in middle and senior academic or professional services management roles.

The vice-chancellor at one institution works with his deputy to ensure that equality and diversity are properly resourced; equality is becoming systemic through routine reporting of progress to senior management. Moreover, the senior equality and diversity officer follows up all relevant suggestions.

Informal support mechanisms

Given that there are so few BME staff in senior positions within institutions, BME mentors are deemed to be vital in supporting fellow BME staff members by helping to counter cultural assumptions. However, from the perspective of the mentor, this may come at some cost to the BME senior person.

Senior BME academics, for example, were relied upon by HEIs to 'showcase' their equality and diversity credentials, and it was found that BME senior staff are regularly invited onto committees as representatives of the BME voice, whether or not they want that role.

Although there was some resistance from BME staff to joining dedicated support groups, the isolated position of lone BME workers could be overcome by meeting other BME colleagues outside their unit or department. This socialising could work to transmit key information about job opportunities, social changes in the organisation, and so on. As one BME academic noted:

'There seems a kind of hidden camaraderie between ethnic minorities... a sense of some injustice taking place.'

Slightly isolated in her own department, an academic sought out and contacted international staff elsewhere in the HEI. She arranged, and received, mentoring from someone in another faculty, and some advice and mentoring from a pro vice-chancellor. She had also been able to shadow people in their jobs, and reported this to be 'really great' and 'fascinating'. She noted that there was a special mentoring scheme for BME and international students, but not for staff, although staff too could 'lack confidence, networks and "know-how"'. She had achieved her own personal development through her own proactivity (and ambition). She had clearly benefited from it, not least because it took her outside her own department to find friends and supporters elsewhere in the HEI. This was valuable, not only for the expertise and experience, but because relationships within one's own department can sometimes be competitive and less conducive to mutual support.

Departments with several BME staff members provide opportunities for immediate support in the work environment. Staff members who are the only BME person in their department will need to go elsewhere to obtain similar support. Following a BME staff focus group, which the project organised in one of the institutions, the research team was subsequently contacted by a group member to say how useful the participants had found the occasion and that they would now be meeting up on a regular basis.

However, self-organisation and informal support may create additional pressures by asking those most affected by inequality to take on the additional burden of organising against it. There may therefore be a greater need to focus on providing institutional resourcing and support.

3.4 Leadership and development opportunities

The research indicates that BME staff are less likely than non-BME staff to be in leadership and management positions within institutions.

Having BME staff in senior positions within institutions is important, for a number of reasons. Senior staff can:

- = act as role models for other BME staff, providing a confidence boost and increased expectations of where they can aspire to be
- = 'normalise' diversity within senior roles, changing the perception of the characteristics of senior staff members and indicating that the institution is committed to equality and diversity
- = help encourage greater cultural diversity across an institution, making it more appealing to a greater number of people
- = encourage applications (from both prospective students and staff) from wider communities, which will become increasingly important as the new fees and funding system leads to a greater reliance on market values within the sector, with greater student choice
- = help to demonstrate an HEI's compliance with the public sector equality duty, especially with regard to advancing equality of opportunity for BME people

However, BME staff in senior positions are more likely to shoulder expectations and become 'responsible' for race equality issues within institutions, which can lead to additional pressure on them. Institutions may also be led to believe that they have achieved race equality because of such appointments. And some senior BME staff may not wish to articulate a position on race equality, which can lead to their being labelled as 'sell-outs' by other BME staff.

In the survey of HEIs carried out in phase 1, 51% of institutions reported that they had methods, such as annual diversity reports, to encourage the governing body to reflect on the social composition of the institution.

The existence of specific mechanisms to enable personal development in the areas of supervising and managing staff, developing research ideas and publishing academic papers was reported by 85% or more of the institutions that responded to

the phase 1 survey. The proportion of respondents agreeing that specific mechanisms exist for BME staff dropped dramatically, to 26% or fewer (see table 3).

Table 3 Are there specific mechanisms that enable personal development in the following areas?

Skill	For all (%)	Specifically for BME staff (%)
Supervising and managing staff	93	26
Developing research ideas	85	13
Publishing academic papers	85	21
Other skills development	58	18
Other career development and training	50	12

Forty-five per cent of the institutions that responded to the phase 1 survey believed that there are barriers to personal development and progression in their institution. These barriers include capacity for time off, the length of courses, and the funds available. With regard to barriers for BME staff specifically, interestingly only 14% of respondents believed there were any.

Some interviewees emphasised that they would hate to think they had benefited from special treatment related to their ethnicity. Equally, they would hate to think they had suffered adverse treatment related to their ethnicity. Aspirations and expectations for BME staff can sometimes be set by others, and set at lower levels than would be justified on meritocratic grounds.

Promotion opportunities

The CAP survey indicated that UK BME staff may be achieving less, or at least differently, than both international BME and non-BME staff. For example, it noted that UK BME staff are less likely to be involved in writing academic papers that contain research findings, or to serve as a peer reviewer, than non-BME staff or international BME staff.

Two BME academics in the same elite HEI reported unseen cultural promotional practices at play, which reproduce a traditional elite in a traditionally elite institution.

Firstly, a female BME academic within a male-dominated discipline and faculty reflected on her struggles for recognition in promotion.

'There are blockers here... Too many people with too many agendas – it's very much the old school – been there for 20 or 30 years... They were blockers – oh, get this one in – not that one... It's word of mouth I never got through faculty... [they are] more comfortable with me sweeping the floors than teaching, I'm sure. I see myself as a pro vice-chancellor, while they see me as a toilet cleaner, that's the difference.'

The second, a male BME academic in the same institution, with three unsuccessful attempts to gain a promotion, disclosed the same type of experience about lack of transparency in promotion.

'I have been mentoring [a] junior colleague and handed over the masters to junior colleagues... two of them got their promotion with no academic teaching experience and one of the researchers in the project also got promotion – she was offered a senior lectureship... no doubt there are clubs... my colleague was approached by the dean, there are people who have supporters in high places... there's no doubt about it...'

Similarly, a male BME technician clearly felt something of an outsider in relation to promotional opportunities. 'If you don't go to the pub with the boys after work, you're excluded', was his perception of his work situation. While qualifications and experience were formally the key to promotion, he believed that job descriptions were often written to favour pre-selected candidates ('one of the boys'). He made related points about such things as feedback on promotion decisions, decisions about who went on training courses, and assignments of special responsibilities that would look good on a CV. In his opinion, some people were favoured over others, not necessarily because of race, but BME staff could definitely be among those who are disadvantaged by biases.

At a formal level, there are clear and equitable institutional policies and procedures. As one BME academic said, 'if there are any promotional opportunities, everyone in the department receives an email'.

However, as described by the academic staff, it is less clear who receives encouragement and 'direct access' to the post. BME staff spoke of being ruled out for promotion; of not being encouraged to apply; of being given no good reason for their lack of progress; of having to insist on being considered for training opportunities. In sum, of their being stuck, and being made to stick, for no clear reason in relation to less experienced white colleagues making advances in their careers.

The obscurity around reasons for selection and non-selection for training opportunities and lack of career advancement was deemed to reflect the operation of an unspoken rule – a preference for institutions to fill themselves with 'people like us'.

One female BME equality and diversity lead stated:

'Females [are] less likely to apply, but when they did were more likely to get it... while BME [female] staff are more likely to apply, but less likely to get it... and if a black man is going for a senior job – just forget it!'

A non-BME faculty HR adviser expressed the view that a focus on equality in appointments and promotions decisions comes too late. She argued that it is more important to work on the aspirations, qualifications and skills of all staff in order to achieve a level playing field when it comes to promotions. This includes considering which staff receive additional responsibilities that could lead to promotion, and how informal decision-making could cut across formal procedures and good practice.

Mechanisms employed for advancement

Whether a level playing field can ever really be achieved on such issues is questionable – it would be impossible to stop people making friends, sharing information, giving advice and encouragement, and so on. However, there are actions that can be taken to mitigate this.

One significant finding from this study is that the exercise of high levels of personal discretion by senior staff was felt by BME staff to rule their likelihood or not of being understood, supported and advanced in their career.

Initial sponsorship was seen as crucial – a significant recommendation by a manager could propel BME staff towards opportunities, and the lack of support leads to frustration. BME staff recounted negative experiences of individual managers deliberately blocking their ambition, and reported not receiving feedback to explain the reasons for their lack of success in accessing training and promotion opportunities.

The underrepresentation of BME staff in immediate leadership roles is significant as BME staff thus have no easy or informal access to encouragement. The role of key people in professional networks, who can aid progress, share news and be allies, is vital within HEIs.

One female BME academic took drastic action that relied entirely upon her own confidence and anger about prior treatment blocking her promotion. Following a complimentary note from the vice-chancellor on a conference paper she had written, she asked to see him and explained the 'obscure' promotion process in her faculty. After some time, with his support, she managed to gain a promotion to senior lecturer. However, such 'upward delegation' for resolving the matter is not an option for everyone.

BME leaders and senior managers

The project had intended to obtain the views and experiences of BME leaders and senior managers. In fact, such people were very difficult to find. There was one interview with a BME senior staff member – a director at a post-92 HEI. He gave the following recommendations to support leadership and development opportunities for BME staff.

- = Having a mentor is helpful (he had received leadership and management mentoring).
- = Being comfortable with, and confident about, yourself is important. Confidence, respect, integrity, leadership, being solution-focused and having good communication skills are all essential elements.
- = Knowing the rules of the game matters (to identify the opportunity to either fight, freeze or flee).

These reflect the importance of informal relationships and sources of knowledge, which had been pointed out by staff in more junior positions in HEIs. The first point is suggestive of how support can be provided more widely for staff. For BME staff, there may be particular benefits from having a BME mentor who can help with confidence and communication skills, which are difficult to develop as a single, isolated member of any minority. This is a different sort of mentoring from that which can be provided by any senior member of an HEI, irrespective of ethnicity, whose role is more concerned with the requirements of particular jobs and organisational characteristics of the HEI.

The relatively few BME staff in senior and leadership positions may result in a lack of institutional awareness of the difficulties faced by BME staff members, and there is a need to critically examine management practices that generate underrepresentation. The lack of presence of BME staff in senior roles, and their feelings of marginalisation and, in some cases, deliberate exclusion from training and development opportunities, impede their careers and stymie their progress compared with that of white colleagues.

4 Implementing change

The original intention of phase 4 to implement pilot initiatives within participating HEIs met with limited success – which in itself illustrates the challenges institutions face in adopting initiatives in practice.

Analysis of this research highlights systemic issues as well as institutional and individual perceptions, and illustrates significant challenges for BME staff across all levels of the HEI workplace.

- = Opportunities for career development are generally advertised on HEI intranets, but sometimes only selected individuals are informally encouraged to apply for them.
- = Systematic and sustained mentoring is rarely available.
- = Formal promotion procedures and opportunities can come too late for disadvantaged groups. Staff may need support and assistance in understanding the importance of CV building in raising their expectations and achieving greater visibility.
- = A variety of support is available in all institutions, but there is little evidence of targeting of specific groups of staff.
- = Opportunities and support appear to differ according to career stage, gender and academic/non-academic distinction.
- = Heads of unit and line managers rarely receive relevant training to support the key role they play in influencing the career development of team members.

Phase 4 of the research sought to work collaboratively with HEIs to identify pilot initiatives that would help to address one or more of the issues identified. This involved working with HEIs to reflect upon their current support frameworks and successful initiatives, in order to develop types of initiative that could develop within the context of any individual HEI.

To identify potential pilot initiatives, the research team undertook a scoping exercise. Based on the research findings and the scoping exercise, it was agreed that there was a requirement for two kinds of initiative:

- = initiatives to support BME individuals
- = initiatives to address organisational and cultural issues identified

4.1 Challenges and HEIs' concerns

The HEIs that contributed to this project noted a number of concerns with regard to the implementation of initiatives.

Initiative fatigue/apathy

There was concern that any proposed initiative would be perceived as temporary and would lose drive and focus after a while. The perception among BME staff was that institutions tend to instigate a range of unrelated initiatives that appear to have little substance within the overall strategy of the respective HEI. In addition, BME staff are sometimes wary of so-called special treatment, feel conspicuous and fear resentment from white colleagues.

Resourcing

Often there was a distinct lack of dedicated resources to push forward initiatives to address underrepresentation at all levels within HEIs. In a number of cases, it was reported that the lead on equality and diversity was the only person accountable and had little formal support, and therefore often felt overstretched. Instead, they relied on the goodwill of colleagues to carry through on the work. In some respects, this could be seen as positive, but only if those colleagues were then somehow made accountable, as well as the equality and diversity lead.

Lack of authority

Conceptually, the principle of equality and diversity is accepted as a given for most of the people interviewed in the qualitative part of this research. However, in ensuring its practical application, equality issues are not always given sufficient importance and priority in strategic and operational planning. By way of example, it was rare that the lead on equality and diversity was accountable directly to a pro vice-chancellor (or above). Additionally, while some reported to a functional head, often the role reported to a deputy within HR. As a result, the equality and diversity lead was often not visible and had little perceived authority.

4.2 Piloted initiatives

Against this background, the researchers chose to develop the same initiative for each institution.

Piloted initiative: two-way mentoring

The first initiative piloted in each institution was two-way mentoring. In this model, both parties simultaneously adopted the roles of both mentor and mentee. Usually, because of the existing hierarchy of an HEI, the non-BME individual assumes a mentor role in matters of career and organisational culture, while the BME individual assumes mentorship in terms of social, cultural and diverse background. Such an arrangement provides career support for the BME individual and, at the same time, has the potential to have an impact on institutional management and culture.

There were a number of reasons for selecting two-way mentoring:

- = the need to work within an environment of limited and reducing resources
- = the institutions had, or were considering, a mentoring programme
- = the institutions felt comfortable with managing the initiative beyond the end of the research project

This initiative is still being piloted at two HEIs, and has yet to be evaluated. One of the HEIs in phase 3 decided to not proceed with implementing this initiative.

Other potential initiatives

A number of other potential initiatives were identified, drawing on the experiences of the participant HEIs and broader experiences of how equality and diversity issues are identified in other organisations.

Networks

While institutions may have been proactive in setting up BME support networks, attendance was sometimes limited. In many cases, for a network to succeed, there is a single person or small group of people who are committed to running it and driving it forward. Once the person or people in the respective committees

relinquished their responsibilities, there was often no resource available to continue the work. There was then a tendency for the network to continue, but in name only, with a largely dormant committee. A more fundamental reason for this dormancy lay in the fact that a significant number of BME individuals expressed a fear that, in identifying themselves as part of a BME support network, they were self-selecting for special treatment. This made them feel conspicuous and vulnerable within their respective working environments. Additionally, BME staff felt exposed in needing to ask their line management for time off to attend events and meetings.

By way of example, a staff member at a pre-92 HEI contacted the research team with a request to meet. When arranging a time, this individual felt very restricted and was unwilling to ask their manager for time off to attend the meeting, instead preferring to meet during a scheduled lunch break and at a location away from their office.

To run networks effectively, a number of issues need to be considered, including the timing of meetings and how they affect members in different ways. As primary caring responsibilities for children or older people often rest with women, while neither men nor women wished to request time off to attend meetings and events, women in particular may not be in a position to attend after-work events/meetings because of family responsibilities.

In addition, some people may feel stigmatised by joining networks that are exclusively for BME staff, and perceive a level of resentment from their peers or line management for receiving an advantage that is unavailable to the majority community. Clearly communicating the purpose of the network and the rationale for it may help reduce any stigma. Having a senior member of staff (BME or not) as a sponsor may also give it greater visibility and gravitas, which may help to reduce uncertainty about the network.

In order to address this in a dynamic and pragmatic way, one HEI proposed to make its network more inclusive. The network would be restructured so that it not only supports the needs of BME staff, but also engages broader groups in the institution. The intention was to have a network that is available to all staff,

regardless of ethnicity, but that would also work out a plan of events targeted at specific groups within the network. For example, if the committee agrees to host four events in a given period, at least one of these would be for the whole membership, a second might be for all BME staff, a third might be for BME women, and a fourth might be a joint event with other staff support networks or in conjunction with external networks. The new network seeks to engage the broader community to take a more active interest in the need for such initiatives.

Planning, communication and accountability

A major issue identified as a hurdle to the progress of BME staff in HEIs is a perception that equality has already been achieved. This research shows that this is not true, and there may be a need for initiatives to consider how equality issues are integrated into strategic planning.

A key issue highlighted was communication within the workplace. Equality leads and chairs of networks felt that they were unduly restricted when providing information across the HEI. There often appeared to be restrictions on communications about equality and diversity issues to the whole of the institution, citing the need to reduce email and other communication traffic. One solution is to prioritise equality, diversity and inclusion in the annual strategic and business planning cycle.

The qualitative research showed that, while every HEI considered itself to have an equality and diversity policy, there was little being done outside the remit of the institution's equality lead to integrate the principles of equality across the HEI. For example, it was recounted that although vacancies are circulated to all staff, individual encouragement of staff to apply varies.

In view of this, another possible initiative would be the inclusion of equality and diversity-related objectives into the annual objectives of every employee having supervisory or line management responsibilities. The objectives would need to be drafted in line with the SMART (specific, measurable, action-based, realistic, time-framed) principle so that line managers become accountable for demonstrating how they have worked towards being fair and equitable in managing and developing all staff.

4.3 Additional initiatives

Recognising that there appeared to be a limited number of initiatives for BME staff in the sector, there were several discussions with the race forum about other potential initiatives. ECU also issued to its networks a call for examples, resulting in a number of responses. Several institutions are progressing BME networks. Two HEIs in the same locality decided to hold a joint network event for BME research staff and students.

One HEI had conducted its own research into the progression experiences of BME staff, which recommended provisions including opportunities to develop skills and knowledge and to provide evidence for skills and knowledge accumulation; interview feedback; reviewing progression opportunities; and enhancing the transparency of the application, selection, interview and appointment processes.

In many ways, the responses elicited from the further call for examples echo the findings of this report. There is already recognition nationally about the need to progress and develop BME staff, for example through HEFCE's LGM funding of a BME leadership development programme, which was renamed Stellar HE (www.hefce.ac.uk/lgm/build/lgmfund/projects/show.asp?id=175&cat=3).

This research was unable to pilot any further initiatives. However, in discussion with the race forum, ideas that were mooted include:

- = shadow reporting – BME staff may, for example, produce a race equality action plan and compare that with the institutional plan to highlight how priorities may overlap or differ
- = training for managers, staff with recruitment responsibilities and assessors in objective assessment – covering equality, diversity and inclusion
- = clarifying and enhancing the role of equality and diversity units – understanding and strengthening the authority and resource base
- = other means of individual development – such as coaching and other positive measures to help build skills

Based on the evidence that exists on initiatives, and on suggestions from the race forum, ECU has embarked on an action learning project with a number of HEIs to build capacity and develop and implement good practice initiatives for race equality in higher education.

www.ecu.ac.uk/our-projects/systemic-change-pilot-advancing-race-equality

5 Conclusion and recommendations

The research confirms a picture of race discrimination, inequality and underrepresentation, of which BME staff working in higher education will be only too well aware.

Commitments to ethnic diversity and equality in institutional policies and strategies are not always matched by the experiences of BME staff working in these institutions. Several previous studies (Carter *et al.* 1999; Blackaby and Frank 2000; Jones 2006) have pointed to similar conclusions concerning higher education, and research in other employment sectors provides a broadly similar picture.

Discrimination based on ethnicity may be more widespread than is commonly thought. Both BME staff and their managers are sometimes fearful of the consequences of escalating problems by assigning their underlying cause to ethnicity. Recognising the risks involved in raising a claim of race discrimination, staff may prefer no action to highly visible and contentious action.

HEIs have a legal duty to advance equality of opportunity and prevent discrimination, harassment and victimisation; however, institutional policies and actions may focus on legal compliance, rather than realistic strategies and actions to promote institutional change in work practices, including recruitment, promotion and development. Institutional race equality policies are sometimes given limited priority, authority and resourcing, and some have failed to generate real institutional change.

The higher education sector has recently experienced restructuring that affects jobs. In such situations, HEIs need to be especially mindful of their equality responsibilities.

There is growing awareness in some institutions that an HEI's ability to cater for the needs of diverse student populations and to coexist productively with diverse local communities has an impact on performance, and consequently on the appeal to students. While some institutions appear to feel they do not have a problem because they do not have many BME staff, it is precisely the absence of BME staff that constitutes their problem. Research from the NUS (2011) indicates that BME students want to see more BME staff, and this may become an increasingly important consideration, given the need to widen access.

In considering the particular challenges of achieving race equality in higher education, two distinctive features of HEIs need to be remembered.

- = The higher education workforce has quite rigid boundaries separating academic, administrative and manual staff groups, and very different rights, statuses and rewards enjoyed by the separate groups. As was remarked to the researchers on more than one occasion: 'this university has a good ethnic mix in its staffing, but only until 9 am' (until the cleaners leave).
- = The significant autonomy of academic staff groups, departments and centres may cause resistance to top-down implementation of institutional policies. Central policies are sometimes resisted, subverted or recontextualised into something else at different levels within the organisation. It can also be argued that policies which are not implemented through performance targets and appraisals linked to reward and incentive systems are unlikely to have much impact.

Although this study has found some examples of initiatives taken by HEIs to address these issues, there appears to be limited evidence of their effectiveness. Initiatives that challenge institutional structures and cultures may be challenging to implement but, in the long run, are likely to be more effective.

The research team observed little action arising from the collection of monitoring data on ethnicity. In addition, there remain problems with the establishment of support networks, which sometimes fail to attract active participants; and with the implementation of staff recruitment and promotion policies, which are undermined by informal relationships and information exchange.

Although support networks work well in some institutions, the picture is mixed, and they may not reach all who need to be involved. They may frequently be seen as having no effective links to authority and decision-making.

BME staff in units with no other BME staff may face particular problems and need support from outside their unit. The issue here is not just isolation and lack of local support, but a greater difficulty in interpreting the reasons for particular actions and treatment, without recourse to comparisons with other BME staff in the same unit.

While the above conclusions cut across institutional types, others relate more to some institutions than others. In some of the institutions visited, a high proportion of BME academic staff were international staff. While these international BME staff could face particular challenges, for example in terms of English language proficiency and knowledge of local culture, these were largely shared with other international academic staff, whether or not they were BME.

In some institutions, there appeared to be very few UK BME academic staff. This often seemed to correlate with the prestige of the institution, which may indicate the interrelationship between ethnicity, social class and region of origin in accounting for both discrimination and opportunity.

One of the objectives of this project had been to investigate the experiences of BME staff who had achieved senior managerial positions. The difficulty here for the researchers was that there were very few such staff to be investigated. But discussions with both senior and more junior BME staff confirmed the importance of having some senior BME staff members, both as role models for more junior colleagues, and to demonstrate that there are real opportunities for BME staff in the particular institutional setting.

Finally, the research confirmed the importance of middle management and the practices and cultures of particular departments within an institution. This is where decisions affecting most individuals are made. This is where most information is obtained, where ideas and aspirations are shared, where opportunities are identified and pursued (or not). However, it was found that few departmental equality and diversity leads are given any special training in respect of the role, nor are they subject to much serious appraisal and accountability in how the role is performed. Where unit heads are more supportive and effective, there is some evidence that BME staff, in particular, benefit from activities and networks outside their normal workplace unit.

Common factors behind the unsuccessful implementation of initiatives were the absence of resources and authority for the initiative, and sometimes fatigue and apathy towards new initiatives where previous staff experiences tend to be of

unsuccessful initiatives that achieved neither substance nor sustainability. However, initiatives are needed, and are capable of having a significant impact both on individual BME staff and on the institution as a whole.

5.1 Recommendations

- = Ensure equality and diversity training is made available to departmental managers with responsibility for making decisions affecting their department.
- = Regularly monitor the performance of managers with respect to equality issues.
- = Undertake wider institutional dissemination of monitoring data on ethnicity and the messages contained within the data. Actions taken within units and departments in response to the data should be reported and monitored.
- = Initiate a range of BME staff development opportunities, which may include mentoring and other skills development initiatives; this may help to mitigate occupational underrepresentation and promote career progression.
- = Make available opportunities for BME staff to gain experience and contacts within their institution beyond the unit in which they are currently located.
- = For any support networks for BME staff, ensure proper resourcing, authoritative support and links to decision-making.
- = Ensure 'safe' mechanisms are available for BME staff to report dissatisfaction with their progress and experiences, for example concerning access to training, assignment of responsibilities and duties, feedback on performance, or promotion opportunities. Take appropriate action where there is dissatisfaction.
- = Monitor grievance and disciplinary processes to ensure unusually high levels of BME staff grievances are reviewed and tackled (while acknowledging that initial increases may indicate that incidents are actually being reported, which may be a step forward for some institutions).
- = Introduce staff satisfaction surveys and encourage BME staff to participate. Surveys could be anonymous to ensure BME staff feel able to respond.

- = Equality and diversity leads in institutions should report at pro vice-chancellor level as a minimum, and their regular reports should then be fed into the agendas of governing councils.
- = Ensure strategies, policies and processes pay due consideration to equality and to underrepresented or excluded groups. This will be necessary to truly address systemic barriers and discrimination.

In implementing these or other recommendations, proper resourcing is always necessary, and realistic timescales should be allowed for. Progress on certain matters will inevitably be over the long term – for example, changes in the staff profile in particular areas will depend on rates of staff turnover in those areas. Progress on other matters, such as staff networks and mentoring, satisfaction surveys and performance monitoring, may be made quite quickly.

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Annexe 1 Research questions

The specific research objectives were to:

- = explore how management practices (including recruitment and workload allocation and management) affect BME staff – specifically whether they affect them differently from non-BME staff and, if so, in what ways
- = explore the kinds of support frameworks that exist for staff in general and specifically for BME staff and how such frameworks could be better utilised and integrated within the structures of HEIs
- = explore the experiences of senior BME staff and leaders in higher education and whether these inhibit or encourage other BME staff to take such roles
- = explore whether BME staff are affected by different issues according to their roles (academic and professional/support)
- = provide practical outputs (recommending, developing and piloting initiatives) to guide institutions in improving the experiences of BME staff
- = inform and make recommendations for further work on the experiences of BME staff working in higher education

Four interconnected thematic areas were identified by the literature review, and agreed upon by ECU and the race forum, as central to the experience of BME staff:

- = processes and use of data and monitoring
- = management practices
- = relationships and support frameworks
- = leadership and development opportunities

Each theme was subsequently explored from the perspectives of institutional strategies and policies, management practices and experiences, and the experiences of BME staff members themselves. The specific research questions were defined as follows.

Data and monitoring

- = What kinds of equality and diversity (ethnicity) monitoring data is collected in HEIs?
 - Does the HEI collect data on: workforce composition; recruitment; promotions; training and development opportunities; leavers; grievance, bullying and harassment; and disciplinary cases?
 - = How is this data used to improve policies and practices or develop new ones?
-

Management practices

- = What kinds of policies and practices exist in allocating:
 - teaching and research workloads
 - different types of workload for professional and support staff
 - course/programme leadership roles
 - different administrative duties
 - = At what level are decisions made and who is allocated which kinds of roles and workload patterns?
 - = What kinds of development opportunities exist in:
 - developing research ideas?
 - publishing academic papers?
 - other career development and training?
 - = How do such policies and practices impact on BME staff?
-

Relationships and support frameworks

- = What kinds of support frameworks exist for staff in general, and BME staff in particular?
- = How are these frameworks publicised and what types of staff use them? How do trade unions work with BME staff in HEIs?
- = How do BME staff perceive trade unions, and to what extent do BME staff interact with trade unions?
- = What kinds of informal networks, if any, do BME staff use to obtain advice and support in career and work-related issues?

Leadership and development

- = What kinds of mechanisms exist in HEIs to enable staff to move to leadership positions?
- = How are internal and external development and leadership opportunities made available to staff?
 - How are they advertised?
 - How are decisions made on who can attend?
- = And how do such policies and practice impact on BME staff?
 - How do senior BME staff and leaders reflect on their experiences?
 - What are the experiences of BME staff of governance arrangements?

Annexe 2 Phase 2 – staff interviewed and in focus groups

Interviews

HEI (12)	Location	Total	Academic	Professional	Union rep	BME	Non-BME	Female	Male
A	North-East	3		3		1	2	2	1
B	North-West	15	4	10	1	10	5	8	7
C	Yorkshire and Humber	5	3	1	1	1	4	4	1
D	Yorkshire and Humber	3		2	1		3	3	
E	West Midlands	4	2		2	4		3	1
F	East Midlands	4	1	2	1	3	1	1	3
G	East Midlands	1		1		1			1
H	South-West	7	1	2	4	2	5	5	2
I	South-East	4	2		2	2	2	2	2
J	London	3		3		2	1	2	1
K	London	4	1	3		2	2	3	1
L	London	4		4		3	1	3	1
Total		57	14	31	12	31	26	36	21

Focus groups

Group	Participants	Academic	Professional	Manual	BME	Non-BME	Female	Male
1	4		4		4		3	1
2	3	2		1	3		1	2
Total	7	2	4	1	7		4	3

Annexe 3 Phase 3 – staff interviewed and in focus groups

HEI (3)	Type	Staff	Academic	Professional	Manual	BME	Non-BME	Junior	Middle	Senior	Female	Male
C	Interviews	3	2		1	2	1		2	1	3	
	Focus group	8			8	4	4				4	4
E	Interviews	6	3	3		2	4		3	3	4	2
	Group interview	8	3	5		4	4	3	5		6	2
J	Interviews	8	3	5		6	2	1	2	5	5	3
	Focus group	13				10	3				7	6
Total	Interviews	17	7	9	1	10	7	1	7	9	12	5
	Groups	29				18	11				17	12
	All	46				28	18				29	17

Annexe 4 Phase 1 – institutional policies and practices survey

Summary

Respondents

Thirty-seven institutions responded to the survey.

Data and monitoring

All institutions ask staff to disclose their ethnicity; all but four institutions claim that this correlates with the census categorisation.

The majority of responding institutions use this data to monitor workforce composition (95%), recruitment (90%) and promotions (70%); but only half the institutions use this data to monitor leavers, and fewer than half to monitor training and development opportunities.

Management procedures

- = 72% of institutions responded that there were specific mechanisms in place to access and monitor the impact of policies and procedures on BME staff. These include conducting equality impact assessments before policies and procedures are approved, and a review of all potential policies by the HR policy group.
- = Between 75% and 53% of institutions responded that specific groups of staff (including equality and diversity committees, staff and student forums and trade unions) are consulted most during the process of developing institutional policy and practice.
- = Just over half of all responding institutions believed equality and diversity policies and practices are used to inform the allocation of teaching workloads. However, fewer than half the responding institutions think that equality and diversity policies and practices are used to inform academic research, academic support, course/programme leadership and administration.
- = 55% of institutions responded that racism is evident to varying degrees at their institution.
- = The procedures in place at managerial level to deal with allegations of racism include dispute resolution and grievance

policy/procedures, staff bullying and harassment policies/procedures and confidential support. 68% of responding institutions thought these procedures are effective.

Support frameworks

85% of institutions responded that support arrangements exist for all staff at their institution. 46% responded that there are support arrangements in place for specific groups of staff, including disabled staff and lesbian, gay, bisexual and transgender staff, but only 33% thought there are support arrangements for BME staff.

69% of institutions responded that these support frameworks are very or slightly effective for BME staff.

There appears to be uncertainty within institutions about whether trade union representatives work specifically with BME staff.

Leadership and development

Over 85% of institutions responded that there are specific mechanisms to enable personal development in the areas of supervising and managing staff, developing research ideas and publishing academic papers.

However, the proportion of responding institutions agreeing that specific mechanisms exist for BME staff drops dramatically (about or under 25%).

45% of responding institutions believed there are barriers in their institution to personal development and progression. These barriers include capacity for release time, length of courses and funds available. Only 14% of responding institutions believed there are specific barriers for BME staff. However, there is a predominance of BME staff in lower grades and less representation at senior levels.

51% of responding institutions have formal policies/informal procedures in place (such as annual diversity reports) that encourage the governing body to reflect the social composition of the institution.

Analysis of results

Data and monitoring

All institutions ask staff to disclose their ethnicity, and all but four institutions claim that this correlates with the census categorisation.

The majority of responding institutions use this data to monitor workforce composition (95%), recruitment (90%) and promotions (70%). However, only a half of institutions use this data to monitor leavers, and fewer than half to monitor training and development opportunities (question 1).

Question 1: Does your institution use ethnicity to monitor the following?

	Percentage
Workforce composition	95
Recruitment	90
Promotions	70
Grievances	63
Disciplinary cases	60
Bullying and harassment	55
Leavers	50
Training and development opportunities	45

All institutions ask staff to disclose information on gender, and a majority ask for information on age (93%), nationality (94%), highest qualification (70%) and disability (85%) (question 2).

Question 2: Does your institution ask staff to disclose information in the following?

	Percentage
Ethnicity	100
Gender	100
Nationality	94
Age	93
Disability	85
Highest qualification	70
Religion or belief	45
Marital/civil partnership status	42
Sexual orientation	30
Gender reassignment	20

88% of institutions responded that HR managers are the most likely to review this data (88%), closely followed by senior management (68%) and equality and diversity managers (68%). 'Others' (41%) included equality and diversity committees and vice chancellor groups (question 3).

Question 3: Who reviews this data?

	Percentage
Human resource managers	88
Senior management	68
Equality and diversity managers	68
Other	43
All staff	18

82% of responding institutions use this data to improve existing policies and practices on equality and diversity issues. Examples include improvements in student/staff engagement, the development of communication channels, elaboration on promotion guidelines, and improvements to recruitment and selection procedures.

77% of responding institutions use monitoring data to inform the development of new policies or positive actions to address inequalities. Examples include the introduction of new mentoring schemes for BME staff, talent management and succession planning, and recruitment campaigns to increase diversity.

The data is used either to improve existing policies and practices on equality and diversity issues, or to inform the development of new policies or positive actions to address inequalities.

77% of institutions responded that their institution has procurement policies and practices that take into account equality and diversity issues.

Management procedures

97% of institutions responded that institutional mechanisms exist for the impact assessment and monitoring of institutional policies and procedures. 72% of institutions responded that there are specific mechanisms in place to access and monitor the impact on BME staff. These mechanisms include conducting equality impact assessments before policies and procedures are approved, and a review of all potential policies by the HR policy group.

A majority of institutions responded that senior managers are consulted during the process of developing (question 4), implementing (question 5), evaluating (question 6) and improving (question 7) institutional policy and practice. Between 75% and 53% of institutions responded that specific groups of staff (including equality and diversity committees, staff and student forums and trade unions) are consulted during these processes.

Question 4: Who is consulted during the process of developing institutional policy and practice?

	Percentage
Specific groups of staff	75
Senior managers	65
Unit managers	40
All staff	23
No-one	3

Question 5: Who is consulted during the process of implementing institutional policy and practice?

	Percentage
Senior managers	73
Unit managers	60
Specific groups of staff	58
Trade unions	50
All staff	18
No-one	3

Question 6: Who is consulted during the process of evaluating institutional policy and practice?

	Percentage
Senior managers	75
Unit managers	55
Specific groups of staff	58
Trade unions	53
All staff	18
No-one	3

Question 7: Who is consulted during the process of improving institutional policy and practice?

	Percentage
Senior managers	65
Trade unions	58
Unit managers	55
Specific groups of staff	53
All staff	23
No-one	15

Approximately half of all responding institutions believed equality and diversity policies and practices are used to inform the allocation of teaching workloads (question 8). However, fewer than half of responding institutions thought that equality and diversity policies and practices are used to inform academic research, academic support, course/programme leadership and administration.

Question 8: Are there any equality and diversity policies and practices that are used to inform the allocation of workloads in the following areas?

	Percentage
Teaching	53
Research	43
Academic support	43
Course/programme leadership	38
Administration	43

Unit managers were regarded as most influential when it comes to allocating workloads (question 9).

Question 9: How influential are the following in allocating workloads?

	Influential?			na (%)	Don't know (%)
	Very (%)	Slightly (%)	Not at all (%)		
Senior managers	48	30	10	5	8
Unit managers	70	15	3	5	8
Individual staff	18	60	8	5	10
na, not applicable					

Similarly, unit managers were regarded as most influential when it comes to allocating specific job roles (question 10).

Question 10: How influential are the following in allocating specific job roles?

	Influential?			na (%)	Don't know (%)
	Very (%)	Slightly (%)	Not at all (%)		
Senior managers	50	25	5	13	8
Unit managers	60	18	0	13	10
Individual staff	10	53	10	18	10
na, not applicable					

56% of institutions responded that racism is evident to varying degrees at their institution (question 11). However, 45% of institutions responded that racism is not evident at all in their institutions.

Question 11: If racism is experienced by BME staff, how evident is it to your institution?

	Percentage
Very evident	23
Slightly evident	33
Not evident at all	45

Examples of procedures in place at managerial level to deal with allegations of racism include dispute resolution and grievance policy/procedures, staff bullying and harassment policies/procedures, and confidential support. 68% of responding institutions thought these procedures are effective (question 12).

Question 12: How effective would you rate these procedures?

	Percentage
Very effective	23
Effective	45
Neither effective nor ineffective	5
Ineffective	8
Don't know	20

Support frameworks

85% of institutions responded that support arrangements exist for all staff at their institution (question 13). 46% thought that there were support arrangements in place for specific groups of staff, including disabled staff and lesbian, gay, bisexual and transgender staff.

Question 13: Do any support arrangements exist for staff at your institution?

	Percentage
All staff	85
BME staff	33
Other	46

Question 14: How effective do you feel these support arrangements are for the following groups of staff?

	Effective?			na (%)	Don't know (%)
	Very (%)	Slightly (%)	Not at all (%)		
All staff	39	42	0	5	13
BME staff	25	44	9	16	6
Other	19	48	0	24	10
na, not applicable					

The most common means of publicising support arrangements seems to be through internal intranets (question 15).

Question 15: How are these arrangements publicised?

	Percentage
Internal intranet	83
Internal emails	75
Meetings/workshops/seminars	73
Institutional website	68
Posters/leaflets	65
Unit webpages	38
Other	18

There appears to be uncertainty within institutions about whether trade union representatives work specifically with BME staff (question 16).

Question 16: Do trade union representatives from the following organisations work specifically with BME staff in your institution?

	Yes (%)	Not sure (%)
UCU	33	30
UNISON	25	40
Unite	10	45
GMB	0	40

Leadership and development

In addition to the areas outlined below, responding institutions suggested other areas where specific mechanisms enabled personal development, including leadership development, interpersonal skills, presentation skills and mentoring (question 17).

Question 17: Are there specific mechanisms which enable personal development in the following areas?

	Percentage
Supervising and managing staff	93
Developing research ideas	85
Publishing academic papers	85
Other skills development	58
Other career development and training	50

When asked about BME staff specifically, the proportion of responding institutions agreeing that specific mechanisms exists dropped dramatically (question 18).

Question 18: Are there specific mechanisms that enable personal development in the following areas?

	Percentage
Other career development and training	26
Developing research ideas	13
Supervising and managing staff	21
Publishing academic papers	18
Other skills development	12

The most common means of publicising internal and external development and leadership opportunities are through institutional websites and internal emails. Staff also learn about such developments through line managers, learning portals, induction programmes and noticeboards (question 19).

Question 19: How do staff hear about internal and external development and leadership opportunities?

	Percentage
Institutional website	90
Internal emails	90
Colleagues	73
Posters/leaflets	58
Other	48
Unit webpages	48

All institutions responded that line managers make decisions on who can attend internal and external development and leadership events (question 20).

Question 20: Who makes decisions on who can attend internal and external development and leadership events?

	Percentage
Line managers	100
Unit managers	73
Senior managers	68
Individual staff	55

45% of responding institutions believe there are barriers in their institution to personal development and progression. These barriers include a lack of expertise in needs analysis and associated management skills by line managers, the length of courses and the funds available. Only 14% of responding institutions believed there are specific barriers for BME staff. However, there is a predominance of BME staff in lower grades and less representation at the senior level.

51% of institutions responded that their institution has in place formal policies or informal procedures (such as annual diversity reports) that encourage the governing body to reflect the social composition of the institution. The suggested impact of these policies or procedures includes targets being set on the BME profile of staff with a view to increasing the size of underrepresented groups, and training workshops on race issues.

Annexe 5 Selected results from CHERI's CAP survey

Table A5.1 Profile of respondents

		All [1667] (%)	BME [116]		Non-BME [1218] (%)
			UK citizen at birth [46] (%)	Non-UK citizen at birth [65] (%)	
Gender	Male	51	54	59	50
	Female	49	46	40	50
Age	Under 35	17	20	17	14
	35–54	61	67	68	61
	55 and over	22	13	15	25
Mode of employment	Full-time	89	94	94	88
	Part-time	11	6	6	12
Contract	Permanent	84	92	75	84
	Fixed term with permanent employment prospects	8	6	11	7
	Fixed term without permanent employment prospects	7	3	11	7
	Other	2	0	4	2
Institution type	Russell Group	29	19	22	29
	Other pre-1992	45	61	61	44
	Post-1992	17	13	10	17
	Post-2004	3	3	2	3
	Higher education college	7	3	4	7
Position	Professor	18	19	16	18
	Senior lecturer/researcher/reader	40	39	31	38
	Lecturer	31	33	44	31
	Researcher	7	3	7	7
	Other	6	6	2	6
Citizenship (at birth)	UK citizen	78	100	/	81
	Non-UK citizen	22	/	100	19
First language	English	85	76	31	89
	Welsh	1	4	0	1
	Other	14	20	69	11

From a total 1667 responses there were 116 BME and 1218 non-BME respondents. Five BME respondents had unknown nationality; about 300 respondents had unknown ethnicity. The further analysis is based on (known) BME staff and non-BME staff.

BME staff work on a full-time basis more than non-BME groups. This differs from previous research.

Table A5.2 Involvement in service activities

Service activity	BME		Non-BME (%)
	UK citizen (%)	Non-UK citizen (%)	
Served as a peer reviewer	46	63	62
Served as a member of national/international scientific/boards/bodies	20	35	26
Served as an editor of journal/book series	20	29	21
Been a member of a community organisation or participated in a community-based project	24	15	19
Served as an elected officer or leader in a professional academic association	11	14	15
Worked with a local, national or international social service agency	20	14	10
Been substantially involved in local, national or international politics	7	5	4
Served as an elected officer or leader of a union	0	2	3

Non-UK citizen BME staff are more actively involved in service activities, for example, have served as a peer reviewer, a member of a national/international scientific body, or an editor of a journal/book series than UK BME staff or non-BME staff. The UK citizen BME group are least active in these roles, but most active in community-based organisations and projects, and in local, national and international social service agencies.

Table A5.3 Involvement in service activities by gender

Service activity	BME		Non-BME	
	Male (%)	Female (%)	Male (%)	Female (%)
Served as a peer reviewer	62	48	66	58
Served as a member of national/international scientific/boards/bodies	31	24	28	25
Served as an editor of journal/book series	31	16	24	18
Been a member of a community organisation or participated in a community-based project	12	26	17	21
Served as an elected officer or leader in a professional academic association	9	16	14	16
Worked with a local, national or international social service agency	12	22	9	11
Been substantially involved in local, national or international politics	6	4	4	3
Served as an elected officer or leader of a union	0	2	5	4

Both BME and non-BME women are less likely to be involved in service activities, for example, have served as a peer reviewer, a member of a national/international scientific body, or an editor of a journal/book series.

However, they are more likely to be involved in community-based activities, and in serving as an elected officer or leader in a professional academic association.

Table A5.4 Personal influence (percentage answering 'very/somewhat influential')

Level	BME		Non-BME (%)
	UK citizen (%)	Non-UK citizen (%)	
Department	35	45	46
Faculty or school	13	24	21
Institution	4	8	8

BME groups are less likely to have personal influence at the department level, but non-UK citizens have most personal influence at faculty and school level.

Table A5.5 Personal influence (percentage answering 'very/somewhat influential') by gender

Level	BME		Non-BME	
	Male (%)	Female (%)	Male (%)	Female (%)
Department	57	25	50	42
Faculty or school	20	17	23	19
Institution	9	3	10	7

Both BME and non-BME female staff are less likely to have personal influence at all levels than their male colleagues.

**Table A5.6 Views on management of the institution
(percentage agreeing/strongly agreeing)**

Statement (agree/strongly agree)	BME		Non-BME (%)
	UK citizen (%)	Non-UK citizen (%)	
A cumbersome administrative process	70	70	78
A top-down management style	74	62	73
A strong performance orientation	74	74	68
A strong emphasis on the institution's mission	52	50	63
A supportive attitude of administrative staff towards teaching activities	39	44	44
Professional development for administrative/management duties for individual faculty	17	33	42
A supportive attitude of administrative staff towards research activities	32	43	33
Good communication between management and academics	9	21	23
Collegiality in decision-making processes	13	22	20

BME groups are less likely to feel that there is a cumbersome administrative process in their institutions. However, they are also less likely to feel there is a strong emphasis on the institution's mission, professional development for administrative/management duties, and good communication between management and academics. They also are likely to hold the view that there is a strong performance orientation in the institution.

Table A5.7 Views on the management of the institution (percentage agreeing/strongly agreeing) by gender

Statement (agree/ strongly agree)	BME		Non-BME	
	Male (%)	Female (%)	Male (%)	Female (%)
A cumbersome administrative process	59	83	77	80
A top-down management style	66	70	75	72
A strong performance orientation	66	83	70	66
A strong emphasis on the institution's mission	44	63	60	65
A supportive attitude of administrative staff towards teaching activities	47	38	44	44
Professional development for administrative/management duties for individual faculty	33	28	47	37
A supportive attitude of administrative staff towards research activities	43	37	35	31
Good communication between management and academics	23	13	23	22
Collegiality in decision-making processes	18	21	20	21

Both BME and non-BME female staff are more likely to feel that there is a cumbersome administrative process and a strong emphasis on the institution's mission. However, they are less likely to feel that there is professional development for administrative/management duties or good communication between management and academics.

Table A5.8 Views on administration and faculty involvement (percentage agreeing/strongly agreeing)

Statement (agree/strongly agree)	BME		Non-BME (%)
	UK citizen (%)	Non-UK citizen (%)	
I am kept informed about what is going on at this institution	17	44	40

UK citizen BME staff are less likely to feel informed about what is going on within their institution.

Table A5.9 Views on administration and faculty involvement (percentage agreeing/strongly agreeing) by gender

Statement (agree/strongly agree)	BME		Non-BME	
	Male (%)	Female (%)	Male (%)	Female (%)
I am kept informed about what is going on at this institution	39	31	38	42

Equality Challenge Unit

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