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All together now?
Renewal, revitalisation and the
trade union equality representative

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Declaration

I declare that this thesis is all my own work and has not been submitted
for a degree at another university.

List of Abbreviations and acronyms

ACAS	Advisory, Conciliation and Arbitration Service
AEEU	Amalgamated Engineering and Electrical Union (merged with MSF to form Amicus in 2001)
ATL ¹	Association of Teachers and Lecturers
Amicus ²	General union formed by the merger of MSF and AEEU in 2001
ASLEF	Associated Society of Locomotive Engineers and Fireman
BECTU ³	Broadcasting, Entertainment, Communications and Theatre Union
BME	Black and Minority Ethnic
CHE	Campaign for Homosexual Equality
CIPD	Chartered Institute for Personnel and Development
COHSE ⁴	Confederation of Health Service Employees
CVIR	collective voice/ institutional response
CWU	Communication Workers' Union
EHRC	Equality and Human Rights Commission
ER	equality representative/equality officer (volunteer role)
FDA	formerly the Association of First Division Civil Servants
FTO	Full time officer
GFTU	General Federation of Trade Unions
GMB	Formerly the General, Municipal, Boilermakers and Allied Trades Union
GMPU ⁵	Graphical, Media and Print Union

¹ In 2017 the ATL and NUT amalgamated to form the National Education Union

² In 2007 Amicus and the TGWU merged to form Unite.

³ In 2017, BECTU became a sector of the Prospect trade union following the merger of the two unions

⁴ In 1993 COHSE, NALGO and NUPE amalgamated to form Unison

⁵ In 2004 GMPU merged with Amicus

List of Abbreviations and acronyms (cont.)

LGBT	Lesbian, gay, bisexual and transgendered
MSF	Manufacturing, Science and Finance Union (merged with AEEU to create Amicus in 2001)
NALGO ⁴	National and Local Government Officers' Association
NAPO	National Association of Probation Officers
NASS ⁶	National Association of Stable Staff
NASUWT	National Association of Schoolmasters Union of Women Teachers
NEO	National equality officer
NGSU	Nationwide Group Staff Union
NUJ	National Union of Journalists
NUPE ⁴	National Union of Public Employees
NUT ¹	National Union of Teachers
PCS	Public and Commercial Services Union
SEPO	Senior Equality Policy Officer
SMO	social movement organisation
SMT	social movement theory
SOR	Society of Radiographers
TGWU ²	Transport and General Workers' Union (merged with Amicus in 2007 to form Unite)

⁶ In 2017 NASS changed its name to the National Association of Racing Staff (NARS)

List of Abbreviations and acronyms (cont.)

TSSA	Transport Salaried Staffs Association
TUC	Trades Union Congress
UCU	University and Collee Union
ULR	union learning representative
UMF	Union Modernisation Fund
USDAW	Union of Shop, Distributive and Allied Workers
WERS	Workplace Employment Relations Survey
WWC	Women and Work Commission

Abstract

Whilst academic interest in trade union modernisation has largely focused on the ‘organising turn’ and strategies to recruit new groups of members, less attention has been paid to initiatives seeking to modernise the way that trade unions represent their members at the workplace. This thesis explores this under-researched aspect of union modernisation through an evaluation of the trade union equality representative (ER). Based on a mixture of survey, interview and documentary data obtained from trade union officers, specialist staff and individual ERs from a broad range of British trade unions, this thesis examines how the role has contributed to trade union renewal, revitalisation and effectiveness outcomes. The findings confirm the existence of a sizable and diverse cadre of ERs, contributing both to the renewal of trade union workplace presence and to the revitalisation of union repertoires of practice in a way that places equality issues within the mainstream of workplace trade union concerns. Informal equality alliances between ERs and senior managers rather than more formal avenues for collective voice are identified as an important avenue through which ERs can influence employer’s equality practices. Facilitation-related activities relating to support and advice provided to individual union members are also identified as important factors contributing to the likelihood of successful influence. Informal communities of practices amongst ERs are highlighted as an important source of support they receive. Influence over sexual orientation equality practices is more likely if an ER identifies as LGBT and influence over race and religious belief equality more likely where an ER identifies as BME. Overall, the ER is found to be making a valuable contribution both to union modernisation and, to the cause of workplace equality justice, that could be further extended if the role were granted the statutory rights enjoyed by other trade union workplace representative roles.

Chapter One

The challenge to modernise

Introduction

Attempts by successive British governments over nearly forty years to cast trade unions as an anachronism in the modern workplace have yet to deal them a fatal blow. Although trade unions may not enjoy the same level of economic or political power as they have been able to lay claim to in the past, their efforts to broaden their appeal in recent years appear to be bearing some fruit. The diversity now found within the trade union membership base is one example of the extent to which modernisation that has already taken place. The typical trade union member is no longer the traditional white, male, manual worker of the past. Today, more women than men employees are members of a trade union; union density is higher amongst employees who identify as black or black British than amongst those who identify as white and the proportion of union members in professional occupations is higher than that in skilled manual trades (Department for Business, Energy and Industrial Strategy, 2019).

The increased diversity now found amongst their membership base has placed an onus on trade unions to modernise the ways in which they represent their members and to advocate for improvements to the disadvantageous employment experiences associated with being a woman or a member of a minority group (Kirton, 2019). One of the more recent initiatives introduced by a number of trade unions as a means through which to bolster their claims as champions of such causes has been the establishment of a new volunteer (lay) trade union position; the trade union equality representative (Moore, 2011; Bacon and Hoque, 2012).

The trade union equality representative (ER) is an unpaid, volunteer trade union position, the holder of which is expected to act as a source of specialist support and advice on behalf of their union on equality and diversity matters, both for their fellow union members and their fellow union workplace representatives (TUC 2014b). Over the following seven chapters, this thesis will explore how the establishment of the ER role within trade union structures has contributed to

modernising the way in which trade unions give voice to a wider range of workplace concerns and seek to win workplace improvements for a broader diversity of members than was previously the case.

In doing so, this thesis responds to calls to address the lack of research into the ways that trade unions have sought to modernise themselves from an internal perspective; along what Behrens, Hamman and Hurd (2004) characterised as the ‘institutional dimension’ (Behrens, Hamann and Hurd, 2004: 20). Modernisation outcomes along this dimension, Behrens et al. argued, have a potential to support the internal modernisation necessary to embed major shifts in trade union strategy through ‘reforming [trade union] identities and structures’ (*ibid*: 24). The efforts over recent years to increase the strategic priority afforded by trade unions to the needs of women and minority groups (Colgan and Ledwith, 2002a) is one such adjustment and the establishment of the ER within traditional trade union workplace structures an initiative conceived to help achieve it.

Institutional change was just one of four dimensions along which, according to Behrens et al, modernisation outcomes could be conceived as being situated. The other three; a membership dimension, an economic dimension and a political dimension are also of relevance in relation to this examination of the ER and are outlined below. Turning first to the membership dimension, Behrens et al. were keen to highlight that an increase in membership numbers was not necessarily a modernisation outcome *per se*. To be considered as modernising, membership recruitment had to be focused on gaining new members from outside of traditional membership groups or on ‘changing the attitudes and expectations of existing membership’ to make new constituencies of members feel more welcome (Behrens et al., 2004:21).

The economic dimension was defined as encompassing outcomes arising out of ‘traditional and innovative methods to increase economic leverage’ (Behrens et al., 2004: 21). Although, as originally conceived, this dimension was largely concerned with modernisation outcomes that improved the ability of trade unions to secure pay increases through collective bargaining, the authors included in their economic dimension outcomes that improved unions’ ability to secure non-wage benefits relating to ‘hours and working conditions’ (*ibid*: 22), both of which were

areas that could encompass equality-related workplace improvements. Behrens et al. acknowledged that modernisation outcomes along the economic dimension might also include the identification of new avenues through which unions might be able to influence employers to improve aspects of working life (Behrens et al., 2004: 22). Lastly, the political dimension was defined broadly to include modernisation outcomes that helped trade unions improve their ability to wield political influence ‘at all levels of government’ (Behrens et al., 2004:22). Outcomes along this dimension were conceived as opening up opportunities for unions to contribute to policy and legislative developments that might, for example, result in improvements to individual or collective statutory rights for workers (*ibid*).

The potential for mutually supportive interactions between institutional modernisation and modernisation along other dimensions was also highlighted by Behrens et al. (2004), but prior to this study had not been explored empirically. Findlay and Warhurst (2011), for example, used Behrens et al.’s four dimensions to examine the impact of trade union engagement with the Scottish Union Learning Fund, established during the mid-2000s. Their study identified outcomes of the Fund related to the institutional, membership economic and political dimensions. However, Findlay and Warhurst (2011) did not specifically explore the mutually supportive interactions that Behrens et al. had suggested might take place between these dimensions of modernisation.

An opportunity to engage in an exploration of those interactions is afforded through the examination of the ER role that is the focus of this thesis. Early expectations expressed by trade union officers and senior lay representatives and analysed by Bennett (2010) suggested that the state-led initiative to establish the ER role had a potential relevance to all four of Behrens et al.’s modernisation dimensions. As an initiative aimed at encouraging the introduction of a new role into trade union internal structures, the foremost expectation was the delivery of modernisation along the institutional dimension. However, the possibility was raised by the union officers and senior representatives interviewed by Bennett that the initiative might also have relevance to union modernisation outcomes aligned to Behrens et al.’s membership, economic, and political dimensions as well.

In respect of the membership dimension, the presence of an ER was identified by the union officials as having the potential to encourage the existing membership and workplace representative base to be more welcoming to women and minority group members and to give greater priority to equality issues at the workplace (Bennett, 2010:518). As far as the economic dimension was concerned there were early aspirations amongst union officials and senior lay representatives that the role would contribute to the effectiveness with which trade unions were able to achieve improvements to employer's equality practices (Bennett, 2010: 517).

Whilst the trade union expectations for the ER were generally positive in respect of the role's potential to deliver modernisation outcomes along institutional, membership and economic dimensions; they were less so in respect of outcomes along the political dimension. A number of trade unions officials highlighted the failure to secure political agreement to introduce statutory rights for ERs as part of the Equality Act 2010 as representing, not only a missed opportunity in its own right, but also a barrier to the role delivering outcomes along the other three dimensions (Bennett, 2010: 518).

The remainder of this chapter will outline the initial emergence of the ER role within a small number of British trade unions and the subsequent state-led initiative to promote the role as a modernisation initiative across the whole trade union movement. It will start by setting out the nature of the modernisation challenges that trade unions have been facing and will then go on to consider the strategies that they have adopted in response to those challenges. The emergence of the early forerunner to the ER role, the subsequent development of a state-sponsored ER initiative and the background to the decision by the government of the day not to grant statutory rights to the role, will then be described. The chapter will conclude with an outline of how this thesis and the examination of the contribution of the ER role to trade union modernisation that it is concerned with, will be presented over the remaining six chapters.

Changes and challenges

A useful starting point to examining the contribution of the ER initiative is a review of the changes that have taken place to the employment relations environment in Britain in recent years. The changes that are of particular relevance relate to the scope and nature of trade union membership, trade union workplace representation and collective bargaining between unions and employers.

Turning first to the changes that have taken place to trade union membership, the picture during the 1980s and 1990s was one of overall decline with membership numbers falling 40 per cent between 1979 and 2001 (Howell, 2005). More recently, however, trade union membership has partially recovered and might now be better described as being in a state of remission (Novak, 2015; Kelly, 2015). In 2018, the most recent trade union membership figures available at the time of writing, trade unions recorded 6.5 million members, a 1.6 per cent increase on the previous year and the second annual increase recorded following a period of slight decline between 2016 and 2017 (Department for Business, Energy and Industrial Strategy, 2018). Union membership has also changed in its demographic characteristics with a current profile that is far less male and manual worker dominated than in the past. The majority of union members (56 per cent) are women and 39 per cent work in professional occupations, compared to just 6 per cent in skilled manual trades (*ibid*). The increase in diversity amongst members that these changes have brought have challenged trade unions to identify ways in which they might better represent and seek workplace justice for women and minority groups within the workforce (Colgan and Ledwith, 2002a).

Alongside the challenge of representing a more diverse range of members in terms of their social group characteristics, a more recently recognised, age-related challenge has also emerged. Union membership has become noticeably concentrated amongst older workers as the proportion of younger workers joining trade unions has fallen over time (Department for Business, Energy and Industrial Strategy, 2019). This challenge of attracting younger workers into trade union membership in greater numbers is one that is currently pre-occupying academics and trade unionists alike (Tapia and Turner, 2018). It concerns not only the ageing profile of the membership base, but also the ageing profile of union workplace representatives

such as shop stewards and health and safety representatives. . The most recent Workplace Employment Relations Study (WERS) noted, for example, a growing proportion of shop stewards in older age groups. Whereas 82 per cent of shop stewards had been aged over 40 in 2004, that figure had risen to 90 per cent by 2011 (van Wanrooy et al. 2013).

Not only has the trade union workplace representative population been ageing, it has also been declining in its availability to members, creating a representation gap in a high proportion of union organised workplaces where members find themselves with no trade union workplace representatives available on site. Only 34 per cent of workplaces surveyed in the 2011 WERS where the employer recognised a trade union had an on-site workplace representative (van Wanrooy et al. 2013). This workplace representation gap represents a noticeable change from the previous employment relations landscape in which ‘union shop stewards, the closed shop, and joint consultative committees were deeply embedded in the workplace’ (Howell, 2005: 122). In 1980, for example, the equivalent proportion of workplaces where a union was recognised and there was an on-site shop steward was 79 per cent (Charlwood and Forth, 2009).

The changes that have occurred in the membership profile of trade unions and in the availability of volunteers willing to take up workplace representative positions, have created twin renewal challenges for trade unions. The first challenge is one of membership renewal, particularly in respect of younger workers and the second is one of workplace representative renewal. The former has received more attention both in terms of trade union renewal activity and in terms of the literature, despite the central role that volunteer workplace representatives play as the public face of unions for their members and potential members at the workplace (Murray et al. 2013). Their presence and their ability to influence employers’ day-to-day decision making are pivotal in delivering tangible local benefit to members, making their renewal important in dealing with a third challenge that trade unions face, related to their power to influence change on behalf of their members. It is to that third challenge, that the chapter now turns.

The changes that have occurred to trade union power and their ability to influence the decision making of employers have their roots in a prolonged period of

hostility associated with a succession of Conservative governments that first came to power in 1979. That period has been characterised as ‘... the most sustained assault on trade unionism amongst advanced capitalist countries in the post-war period’ (Howell, 1995:166). The privatisation of a number of large nationalised industries and the reorganisation and outsourcing of parts of the public sector through competitive tendering had a negative impact on collective bargaining in these areas of the economy that had traditionally benefitted from strong union organisation (Howell, 2005). Newly established workplaces in engineering, manufacturing and transport from the mid-1980s onwards also tended not to recognise trade unions, in stark contrast to the strong traditions of union recognition in those sectors that has existed in the past (Brown, Bryson and Forth, 2009). These trends helped to contribute to a cumulative reduction in the overall coverage of formal mechanisms for collective bargaining, and, where formal collective bargaining remained, its relocation from the multi-employer, industrial level to the level of the individual enterprise, or even workplace (Marginson, 2015).

As a result, trade unions experienced a serious decline in their influence over the working conditions of their members. Not only had the scope for joint regulation of members’ terms and conditions through formal mechanisms of collective bargaining been substantially reduced, the ability of trade unions to take industrial action had also been curtailed through a cumulative body of restrictive legislation. (Hyman, 2001:106). The very public and symbolic defeats of groups of workers such as car, steel, mine and print workers who had hitherto been perceived as possessing considerable collective industrial strength led Kelly (1998: 59) to suggest that the mantra of ‘management’s right to manage’ would henceforth be the prevailing motif for relations between employees and their employers.

To summarise, fundamental changes have taken place in the institutional position of trade unions that have posed three modernisation challenges of relevance to the emergence of the ER role. Firstly, trade unions faced the challenge of attracting and retaining a more diverse (and younger) group of members than they had been representing. Secondly, trade unions faced the dual challenge of renewing their workplace representative base and revitalising their activities to better reflect the issues of concern to the new membership constituencies they wanted to attract.

Thirdly, trade unions faced the challenge of enhancing their abilities to influence employers in light of the weakened and increasingly localised nature of collective bargaining.

Of the three challenges outlined above, it is the last that is potentially of greatest importance (Gall and Fiorito, 2016:189). Without the ability to demonstrate their effectiveness on behalf of their members, trade unions' ability to attract new members and to subsequently encourage some of those new members to go on and volunteer to become workplace representatives, is likely to be limited in the future. Membership recruitment campaigns will not be sustainable if new members are not be able to associate their membership with tangible improvements in their experience of work; whether in relation to pay rates, terms and conditions of work or in relation to receiving individual support should they experience a problem at work (Kelly, 2005). However, this challenge is also particularly onerous given the weakened position of collective bargaining as a mechanism of influence over employers. Nevertheless, trade unions have sought to respond to all of the challenges outlined above; the ways in which they have done so are outlined in the following section.

Rising to the challenge

Trade unions have responded to the challenges they face in a number of ways that are often referred to interchangeably as renewal and revitalisation strategies (Murray, 2017:10). Whilst much of the literature in this area has treated these terms as synonyms, some authors have sought to draw a distinction between the strategic objective of renewal and that of revitalisation. For the purposes of this thesis, renewal and revitalisation are defined as separate, rather than conflated concepts, to reflect the multi-dimensional nature of the potential modernisation outcomes associated with the ER initiative.

Such an approach was previously advocated by Heery (2003). He defined modernisation initiatives concerned with internally facing challenges as strategies for renewal and initiatives aimed at addressing externally facing challenges as strategies for revitalisation. Renewal strategies, according to Heery, focus on

modernising the profiles, roles and interactions between paid, full time union officers and staff; the grassroots membership, those members who participate in union activities in some way, hereafter referred to as union activists and those union activists who perform specific roles within union workplace or internal democratic structures, hereafter referred to as union representatives. Revitalisation strategies, on the other hand, are concerned with the modernisation of trade union representational and bargaining strategies and policies in ways that might encourage the evolution of new kinds of relationship with employers or the broadening of the range of interests trade unions collectively represent.

Other authors have also recognised the distinction between renewal and revitalisation but have sought to make a case for the importance of one or the other as contributors to modernisation in isolation. Fosh (1993), for example, considered union modernisation through a purely renewal lens. She drew attention to the need for trade unions to effectively represent the voice of their members at the workplace, and the important role that the grassroots membership plays in that process. Fosh emphasised the participative nature of her vision of renewal, arguing that members who put themselves forward for union workplace representative roles such as that of a shop steward have the opportunity to ‘lead in a way that encourages [other] members to become involved...thus increasing the strength of workplace unionism’ (Fosh, 1993:589).

Turner (2004) on the other hand, when considering trade union modernisation, focused solely on its revitalisation aspects, which he defined as having the objective to ‘both broaden the perspective [of trade unions] and reverse the decline [in influence]’ (Turner, 2004:2). Echoing this theme and focussing more specifically on the impact of the increased diversity represented within trade union membership, Kelly (2015) defined revitalisation as being concerned with reinforcing the role of trade unions as ‘agents of social justice, equality and meaningful employee voice’ (Kelly, 2015: 16).

The strategies that trade unions have adopted in their efforts to modernise can, accordingly, be separated into those with predominantly renewal-related objectives and those with predominately revitalisation-related objectives. These are considered below.

Trade union strategies for renewal

Although definitions of renewal have acknowledged the importance of renewing workplace representation by encouraging more members to volunteer for such roles, the renewal strategies adopted by trade unions have largely focused on the renewal of the membership base rather than that of workplace representatives. The earliest of these strategies emerged from a decision made by the TUC in the mid-1980s, that a ‘new realism’ would have to prevail in light of a sharply declining membership base, that had financial implications for their future viability (Fairbrother and Stewart, 2003: 164). There was a general acceptance as part of this new realism that efforts towards renewal would have to be focussed on the imperative to recruit members in new or hitherto unorganised sectors of the economy and amongst the demographic groups discussed above, who had previously been seen as outsiders to the trade union mainstream.

An early strategy explored by the TUC was based in a ‘service model’ of trade unionism, the focus of which was an individualised range of services such as credit cards, insurance or legal advice passively provided, alongside support from a full-time union official should a problem at work arise as a *quid pro quo* of a membership fee (Mason and Bain, 1991). Potential trade union members were to be conceptualised as “discerning and calculating consumers who must be deliberately attracted into the trade union field “(Heery and Kelly, 1994:7). Under such a model, in order to recruit and retain the new ‘target groups’ of members, services or would be developed, based on market research or focus groups, which would then be promoted to the would-be recruits (*ibid*).

However, this consumer-based model of trade unionism did not sit comfortably within the British trade union tradition of active member participation and collectivism (Fairbrother and Waddington, 1990; Smith, 1995). It was argued that these principles were important characteristics that distinguished trade unions from other service-based or campaigning organisations (Fairbrother and Waddington, 1990; Flynn et al., 2004; Heery, Williams and Abbott, 2012). In the end, alternative strategies, most notably those advocating the ‘organising model’ that conceptualised members as active participants in their trade unions, gained greater

prominence as the preferred method by which trade unionism would seek to achieve renewal (Simms, Holgate and Heery, 2013: 2).

The focus on organising became institutionalised through the creation of the TUC Organizing Academy in 1998. Although the primary aim of the Organising Academy was to create a new capacity amongst trade union full time officials to rebuild membership levels, Simms, Holgate and Heery (2013) drew attention to other objectives that have received far less attention. These included ambitions to encourage newly recruited members to become active participants in their trade unions as part of wider cultural change. The importance of encouraging membership activism as part of organising activity had been highlighted not only by the TUC's objectives for its Academy, but by a number of academics (e.g. Fairbrother, 2000; Kelly, 2005). New groups of members recruited through organising activities would need to find that union membership made a real difference to them at the workplace if their membership was to be retained (Nowak, 2009, Kelly 2015). That, in part, relied upon the development of a degree of union activism within new membership groups (Martinez Lucio and Stuart, 2009), and on the identification of volunteers from amongst them, willing to take on workplace representative roles. Through these new workplace representatives trade unions had the potential to demonstrate their effectiveness after an organising campaigning had come to an end (Fairbrother, 2000a). Although the aims of organising had always, in theory, included the development of networks of local union activists and workplace representatives to work alongside full-time officials (Simms, Holgate and Heery, 2013:7), the reality was somewhat different. Organising tended to focus more on the recruitment of new members than the cultivation of membership activism and identification of volunteer workplace representatives to support the ongoing membership of new recruits (Nowak, 2009).

There was also a concern that the 'organising turn' had become 'disconnected from wider [union modernisation] concerns... a strategy without a mission, purpose or ideology attached to it' (Martinez Lucio and Stuart, 2009:26). In particular, organising had failed to contribute to union revitalisation objectives, aimed at broadening trade union collective identity to (re)emphasise the association between trade unions and the promotion of social justice at the workplace (Hyman,

2007; 2015). It is to the trade union modernisation strategies that have sought to address this revitalisation objective, to which I now turn.

Trade union strategies for revitalisation

The trade union revitalisation strategies that are relevant to this thesis had their genesis in a recognition that the decline in trade union power and influence outlined above, had not been solely attributable to political, economic and legal changes introduced by the British state. Instead, other factors, related to the perception of trade unions as defenders of the vested interests of white, male, relatively privileged groups of workers may have made it more possible for the state to attack trade unions in this way (Towers, 1997:87; Hyman, 2001:110). The ‘vested interests’ image of trade unions had made it easier for employers to use the rhetoric of Human Resource Management to establish more individualised relationships with their employees, to marginalise the influence of collective bargaining and thereby to reinforce managerial prerogative (Bacon and Storey, 1993:6). Whilst individualisation was being used by employers to give them ‘greater freedom in the management of social relations in the firm’ (Howell, 2005: 133), it was being portrayed as a reflection of employee preference.

This portrayal of trade unions as anachronistic had its origins in ‘postmodernism’ and its accompanying vision of a ‘post-industrial society’ (Piore and Safford, 2006: 308). That vision heralded ‘a new era of post-Fordist production, social movement politics and the decay of the labour movement as a major political actor’ (Kelly, 1998: 108). In this brave new, post-industrial world, conflict between worker and employer was presumed to be a thing of the past, negating the need for trade unions to continue to exist (*ibid*: 116). Piore and Safford (2006) sought to use such ‘post-modernist’ arguments based around the increased diversity in the workforce as a way to represent trade unionism as an outdated force for workplace change in respect of equality issues in particular. They suggested that trade unionism had been displaced by employee representation through social movement organisations based around individual identities. Thus, they argued, organisations with memberships based around diversity characteristics such as gender, race,

disability or sexual orientation were becoming more important as advocates for workplace equality justice than trade unions (Piore and Safford, 2006: 305). For them, individualisation of the employment relationship had been ‘driven, not by neo-liberal ideology, but rather by a shift in the axes of social mobilization from mobilization around economic identities associated with class, industry, occupation and enterprise to mobilization around identities rooted outside the workplace: sex, race ethnicity, age disability and sexual orientation’ (Piore and Safford, 2006:300).

There is, however, little evidence to support the claim that trade unions in Britain have been displaced by identity-based social movement organisations (Kelly, 1998; Heery, 2018). On the other hand, there is evidence, based on the increased diversity of the trade union membership base presented earlier, of an alternative view of trade unions as having remained as the only independent organisations capable of representing the interests of employees, whether on workplace equality issues, or on other matters of work-related concern. The successful adoption by trade unions of a number of strategies to revitalise both their external policies and practices and their internal structures has lent further weight to the argument that trade unions have gone a long way towards establishing a ‘fusion’ between the new identity politics and the traditional trade union agenda, helping to establish a new conceptualisation of trade union collectivism, at the national level at least (Heery, 2018). The strategies adopted to achieve this ‘fusion’ can be seen as ways in which trade unions have sought to change the previous perception of unions as defenders of vested interest and ‘labour market rigidity’ (Kelly, 2015:16) to unions as swords of justice working on behalf of groups of marginalised workers most in need of a voice at work (Flanders, 1970).

It was the opening up of the representational scope of trade unions to hitherto under-represented workers, which started this process. This had been prompted, in part, by pressures exerted by feminist, anti-racist, lesbian, gay and disability rights campaigners inside and outside trade unions during the 1970s and 1980s (Coote and Campbell, 1987; Virdee, 2014; Purton, 2017; Humphrey, 2002). Those campaigners were eventually successful in persuading trade unions, at a national level at least, to recognise their workplace concerns (Humphrey, 2002:3; Ledwith and Colgan, 2002:1).

One early response to these pressures came from the TUC, who decided to re-launch under the 'New Unionism' banner; as 'a body that speaks on behalf of a broadly conceived labour interest' (Heery 1998a: 342). Whether an issue was one specifically concerning trade union members, or the more general 'world of work', the TUC now sought to promote economic and employment policies that would improve the working lives of all, not just those who happened to work in areas of strong union organisation. Hand-in-hand with this strategic re-orientation came a renewed emphasis on campaigning on the issues of importance to women and minority groups. Equality issues were becoming more prominent within 'the range of issues which are generally recognized as part of the appropriate business of trade unions' or what has been called 'the trade union agenda' (Munro, 1999:2).

The new interest that trade unions were showing towards women and minority groups stood in sharp contrast to the hostility that had previously been shown towards these groups, by some sections of the trade union movement. Local full-time officers (FTOs) and shop stewards had, on occasion, been found to be colluding with employers to circumvent equal pay and sex discrimination legislation (Snell, 1979: 49). Workplace issues such as sexual harassment or the need for childcare facilities had not always been taken seriously by male workplace representatives or branch officials (Boston, 1987: 335). Trade union restrictive practices that tacitly, and sometimes even overtly found expression in racial discrimination and harassment, instigated by FTOs and shop stewards, had also been experienced by black and minority ethnic (BME)⁷ workers (Virdee, 2000a:550). The existence of homophobic attitudes within the-then male dominated trade unions were highlighted during the early 1980s by the Campaign for Homosexual Equality (Humphrey, 2002:20). Whilst trade unionism had not been particularly associated with outright hostility towards disabled workers, it had struggled with how to collectively represent concerns that were, at a workplace level at least, seen as being individual in nature (Foster and Fosh, 2010).

⁷ The term black and minority ethnic (BME) will be used throughout this thesis as it can encompass long established visible minority groups, traditionally described by the trade union movement as Black workers (Virdee and Grint, 1994:202) and those who do not necessarily self-identify as 'Black', following the approach adopted by Holgate (2004).

Whilst it had been the women's and BME workers' agendas that were most prominently featured in the new equality-based strategic focus of the TUC and individual trade unions that emerged during the 1990s, other civil rights movements also had an influence on an emerging trade union equality agenda. Trade unionists who identified as lesbian and gay first began to have an impact during the late 1970s and early 1980s within the public sector unions (Humphrey, 2002: 20). During the 1990s this influence extended to the TUC and also began to specifically acknowledge and involve those who identify as bisexual and transgender (Purton, 2017). By the late 1990s, the TUC had held its first conference dedicated to discussing lesbian, gay, bisexual and transgendered (LGBT)⁸ issues and a number of individual unions had developed LGBT self-organised groups, both formal and informal in nature (*ibid*). The campaign to place disability rights on the trade union equality agenda gained momentum during the 1980s and 1990s spearheaded by trade union members who were also disability activists, again most notably within the public sector unions such as NALGO (Humphrey, 1998: 589). The TUC produced its first guidance on disability issues in 1993 (Humphrey, 2002:17) and in 2002 held its first Disability Conference (TUC, 2012a).

Although the pace of change across the whole union movement was 'uneven, piecemeal and incremental' in nature (Colgan and Ledwith, 2002a:154) somewhat ironically it was given impetus by the growth in centralised bureaucratic power created in trade union central offices as an unintended consequence of elements of the anti- trade union legislation of the 1980s that had required unions to keep accurate membership records (Flynn et al., 2004:324). The increased role for trade union central offices, the bureaucratic support provided by teams of specialist advisors and researchers and the creation of centralised, computer-based records of members, created opportunities to promote centrally derived and co-ordinated strategies for trade union activity and campaigning that had not been available

⁸ Although recently the TUC and a number of individual trade unions have adopted an additional + to the acronym LGBT to reflect the inclusion of a variety of non-binary identities (Purton, 2017:168) in this thesis the LGBT acronym will be used. This reflects the nomenclature used by the research participants and their trade unions at the time the research was being conducted and the nomenclature used in the majority of academic literature concerned with workplace discrimination on the grounds of sexual orientation and gender identity (e.g. Colgan and McKearney, 2012).

previously (*ibid*). Indeed, the ‘New Unionism’ relaunch of the TUC discussed above is an example of a major policy change largely conceived through professional and specialist officers within the TUC, rather than through a grassroots member-led call for change (Heery, 1998a: 352).

Of particular significance as far as this thesis is concerned, was the way in which the new-found strategic power of TUC officers and the central office staff of its affiliates opened up possibilities for national trade union leaderships to introduce new internal committee structures and specialist equality officer positions to promote a more progressive trade union agenda. Support for such innovations could now be gathered from women and minority groups in membership through direct communications with them rather than having to go through the intermediary of local FTOs and shop stewards, many of whom saw the new representative structures and the new trade union equality agenda they were promoting as a threat to their established powerbases (Smith, 1995: 139; Colling and Dickens, 2001: 141).

In the case of women’s structures, the strategies adopted started with the recommendations of the TUC Women’s Charter of 1979 to its affiliates to create women’s advisory committees to influence the national policy making that took place on trade union executive committees (Flynn et al. 2004: 330). Trade unions were also encouraged to create new specialist women’s FTO posts within national and sometimes also regional officer teams. These new specialist roles had the remit to provide bureaucratic support to the new women’s advisory structures described above and to help promote the equality bargaining and campaigning priorities that had been accepted as a result of their influence and that of the incumbents of reserved seats on executive committees, so that they were more likely to become local realities (Kirton and Healy, 1999:37).

The extent to which specialist women’s officers were able to do this was restricted by their lack of involvement in the front-line process of collective bargaining. The priorities adopted in those arenas still lay in the hands of local, industrially focused FTOs and senior lay activists (*ibid*). There was far less support for the new equality agenda amongst this male-dominated cadre of local FTO and shop stewards (Kelly and Heery, 1994). This encouraged trade unions to consider strategies to encourage more women to take up positions that would involve them

directly in the process of collective bargaining, on the grounds that they would be more likely to prioritise equality issues such as childcare, equal pay and sexual harassment than were their male colleagues (Heery and Kelly, 1988). Trade unions initially looked to self-organised structures, such as women's committees as a way to provide a first stepping stone into activism (Kirton and Greene, 2002:170).

Self-organisation has been described as a way to create a space within a trade union in which women and other under-represented groups can:

...debate that group's concerns, develop consciousness, confidence and skills, experience and acknowledge the diversity of priorities amongst the group, formulate policies and practices and build strategies to get these on to the trade union agenda (Colgan and Ledwith, 2002a: 162).

It was women who benefitted more commonly from self-organised structures, although the principles of self-organisation were adopted in some trade unions for BME members, LGBT and disabled members as well; most commonly, but not exclusively in the public sector unions (Humphrey, 1998). What began to emerge was a trade union movement that was, within its internal democratic structures and national policies and priorities at least, committed to promoting workplace equality for women and minority groups.

The new, socially progressive, positioning that the TUC and its affiliates subsequently adopted at a national level in relation to a range of equality issues concerning women's, race, disability and LGBT equality thus reflected, in part, the influence of lay activists who now had a voice in policy and priority setting through trade union self-organised structures. It also reflected, in part, the influence of centrally based specialist officers and research staff that a number of trade unions were establishing. Some specialist national equality officer posts were focused on women's equality alone, some worked alongside a colleague officer who focused on race equality, and others were appointed to cover a range of equality strands (Kirton and Greene, 2002:165). These national equality officer roles, whether narrowly or broadly defined, were typically focused on the running of the union's self-organised structures and activities and on disseminating the bargaining and campaigning

priorities identified through those structures. To this end they were often supported by specialist research officers who shared a similar focus to the officers they worked for (*ibid*). Specialist equality officers were not generally directly involved in collective bargaining or membership support and representation activities at the workplace level so much of their work involved trying to influence local FTOs and senior workplace representatives who were the key members of local bargaining, support and representation teams (Kirton and Healy, 1999: 34).

Union efforts to win workplace improvements for women and minority groups as identified through specialist officers and self-organised structures followed one of two strategies: the first being focused on seeking to influence the political environment in which they were operating,; while the second focussed on the more traditional avenue of influencing employers through collective bargaining (Heery, 1998b:354-355). The strategy of using collective bargaining as an avenue of influence through which to seek workplace equality improvements had been recognised as having the potential to become ‘part of the solution to the elimination of inequality and discrimination at work’ (Blackett and Shepherd, 2003:431). It was, therefore, suggested that trade unions make use of their existing negotiating mechanisms to seek to persuade employers to introduce systematic equality monitoring of recruitment, promotion and pay outcomes and seek to establish local equality committees through which joint regulation of these matters might take place (Blackett and Shepherd, 2003: 437-438). However, just as trade unions were becoming more enthusiastic about putting equality on their bargaining agendas, the influence of collective bargaining itself fell into decline, reducing the impact trade unions were able to have (Colling and Dickens, 2001:140).

Nevertheless, determined to make the most of the collective bargaining opportunities that did still exist, trade unions began to make more concerted efforts, supported by their self-organised structures, to encourage their negotiating teams to place equality issues high on their bargaining priorities. However, the impetus to include equality issues on bargaining agendas often came from the national level structures, rather than from the grassroots membership at a particular workplace, and were sometimes resented locally for being imposed ‘from above’ by trade union central office bureaucracies (Fairbrother and Waddington, 1990:31). Coupled with

the male-dominated nature of the local FTO and workplace representative cadres, it could sometimes be difficult for unions to persuade their workplace representatives and local full-time officers to support a new collective bargaining agenda that gave a greater priority to equality issues (Heery and Kelly, 1998).

Trade union specialist national equality officers and the members of national-level self-organised structures were keen to promote the adoption of the new policies and priorities, but they often had no direct links with local FTOs or shop stewards in what was an increasingly decentralised collective bargaining environment. A tension was thus being created between centrally set equality objectives and the agendas being pursued in formal and informal local meetings with employers. In those meetings, local shop stewards often worked with considerable autonomy, taking their priorities from their local membership base rather than from their trade union at a national level (Kelly and Heery, 1994: 129). Where FTOs were involved in bargaining, they worked closely with local shop stewards, often holding pre-meetings in which they would jointly determine the bargaining agenda (*ibid*:130). Given the chequered history of local FTOs and shop stewards themselves sometimes being the agents of marginalisation in respect of women and minority group interests, it is not surprising that there was often a resistance to prioritising equality issues at a local level (Munro, 1999:203).

Trade unions may have been more successful in gaining a degree of acceptance amongst national negotiators to prioritise equality related matters in their engagement with employers (Bercusson and Weiler, 1998; Dickens, 1999; Dex and Forth, 2009). However, the challenge of encouraging local FTOs and shop stewards with workplace level collective bargaining responsibilities to take up these policies and priorities was more difficult to resolve (Parker, 2009). Equally difficult was the challenge to equip negotiators at the local level with sufficient expertise on equality issues to enable them to bring equality issues to the bargaining table (Dickens, 2000:205).

The development of the ER role

The forerunners of the contemporary ER role emerged during the 1980s and 1990s as trade unions were beginning to open themselves up to the new membership constituencies discussed above. Trade unions wanted to become more effective in representing their new groups of members adequately at the workplace through giving priority to equality issues in their bargaining, campaigning, representative and supportive activities on behalf of members at the workplace (Gilbert and Secker, 1995, Dickens, 1997). However, it was also recognised that this aspiration was not necessarily going to be easy to deliver without encouraging more diversity amongst their workplace representative cadre.

One of the suggested reasons for why women and minority groups were not found amongst union workplace representatives in proportionate numbers to their union membership was the lack of existing role models (Kirton and Greene, 2002:167), so trade unions initially focussed on how this could be addressed. However, there were other potential barriers to participation that were harder to overcome. Women, for example, were still more likely to have caring responsibilities than men, and the time commitment involved in being a workplace representative often presented a major barrier to volunteering for such a role (Coote and Campbell, 1987: 169; Ledwith et al, 2001: 116). For BME members, or members from other minorities, becoming a volunteer trade union representative of any type came with an additional risk, possibly not always perceived as strongly by others, that their job security or their career prospects might be weakened, over and above the workplace disadvantage already associated with their minority status (Healy, Bradley and Mukherjee, 2004: 462).

A small number of trade unions tried to encourage greater diversity amongst their workplace representative cadre through introducing forerunners of the ER role; new lay workplace and branch-based roles that had a particular equality focus (Kirton, 2006:67). These roles were positioned as being less demanding than a traditional shop steward role as they did not involve responsibility for local collective bargaining with managers. As a result, it was hoped that they would be viewed as less likely to jeopardise an individual member's standing with their employer (Kirton and Healy, 1999:37). As well as potentially contributing to an

increased diversity amongst union workplace representatives, another objective of these prototype ER roles was to provide enhanced levels of support to members facing problems such as sexual or racial harassment at work (Colgan and Ledwith, 2002a).

The National Union of Journalists (NUJ), the Transport and General Workers' Union (TGWU), the Manufacturing, Science and Finance Union (MSF) and the Graphical, Paper and Media Union (GMPU) were all early adopters of local specialist equality roles (Bennett, 2010: 510; Kirton, 2006: 143; Colgan and Ledwith, 2002a: 174). The roles initially focused specifically on gender rather than having the broader equality remit that is associated with the ER role of today, possibly reflecting the degree to which elements of the trade union movement at the time were still contesting the need for specialist representation for BME (Virdee and Grint, 1994: 207; Kirton and Greene, 2002:162;) LGBT+ and disabled members (Humphrey, 2000:15-21). These prototype roles were also limited in that they were only found in a small number of trade unions. It was only when the idea of a specialist workplace equality role was taken up by the state that a much broader opportunity opened up for trade unions to use these roles as a way to improve their representation of their newer membership constituencies.

That opportunity arrived with the election of a New Labour government in 1997, which was comparatively less hostile to trade unions than their Conservative predecessors. New Labour professed an interest in encouraging trade unions to innovate and, in 2005, launched the Union Modernisation Fund (UMF) to support this objective. The stated aim of the UMF was to provide grants to support projects that would help trade unions to adapt to the labour market conditions in which they found themselves, particularly in relation to the increased demographic diversity of the workforce (Department for Business, Innovation and Skills, 2009).

At face value, the funding provided through the UMF reflected the common ground that existed between New Labour and the trade union movement over the importance of ensuring a continuing role for trade unions at the workplace. However, beneath the surface, tensions existed over the nature of the modernisation that was being aspired to. The UMF's stated aspiration was to encourage a collaborative role for trade unions in which "unions could be seen as legitimate

partners in social dialogue with employers” (Bryson, 2007:183). However, there were concerns in some quarters that New Labour’s interest in providing UMF grants had the aim of encouraging unions along paths that would lead them into new territory where their focus on members’ interests may be diminished and they would be expected to ‘sustain not challenge management’ (McIlroy, 2009: 81). Others were less concerned and offered a more positive view of the potential for UMF financial support to open up opportunities for trade unions to engage with contemporary work issues and for union officials to learn new skills such as project management (Stuart et al., 2010). The point was made that trade unions were not obliged to engage with the UMF and that the projects they might seek funding for were of their choosing and design, with the UMF following a matched funding principle (*ibid*: 642).

A number of trade unions did make use of the opportunity, afforded by the first phase of UMF funding, to propose projects designed to support the development of the emerging ER role and a number of these bids were successful. This first round of ER-related UMF projects; involving the Wales TUC, the TGWU and the NUJ, was primarily concerned with designing and delivering specialist training for ERs. The latter two projects also aimed to produce best practice guidelines and draft model agreements to help clarify how the role might operate at different workplaces (Department for Business, Innovation and Skills, 2009) Following the launch of these initial projects, a potential was recognised for the ER role to contribute to governmental objectives to encourage employers to improve their equality practices. The Women and Work Commission, a body set up by New Labour following the Warwick Agreement of 2004⁹, to identify actions that could be taken to reduce the gender pay gap (Grimshaw, 2007) gave its support to the development of a network ERs within British trade unions. However, they stopped short of recommending full statutory recognition for the role.

The TUC’s submission to the Women and Work Commission inquiry had made a case for ERs to be granted a package of statutory rights, as had previously

⁹ The Warwick agreement arose from a meeting at the University of Warwick between key New Labour officials and the leaders of the largest trade unions to agree policy commitments in advance of New Labour’s third election and subsequent term of government (Grimshaw, 2007)

been conferred to other types of trade union workplace representatives, citing three reasons why these rights were required for the role to be effective (Trades Union Congress, 2005). The first reason was the need for ERs to be protected from victimisation from their employer arising from their role as a union workplace representative. The principle of such basic employment protection had been accepted in relation to other categories of union representatives, in recognition of the additional vulnerability that a worker might experience as a result of taking on such a role. The second argument advanced by the TUC was the need for ERs to be able to access paid time off to undertake their ER duties and for training. Without this, the TUC argued that ER would not be able to carry out their duties or attend the training courses they needed to without having to rely solely on the goodwill of their employer.

Finally, and perhaps most significantly, the TUC argued that affording statutory rights to ERs would send a clear signal to employers that ‘they needed to engage the voice of employees on a systematic basis in developing their own strategies and employment practices’ (Trades Union Congress, 2005, paragraph 202). The TUC pointed out that there was already precedence for this in respect of raising the profile of workplace safety achieved through giving statutory status to the health and safety representative in the 1970s. The health and safety representative role has generally been accepted as having achieved considerable success in improving standards of workplace safety since it was established during the 1970s (Reilly, Paci and Holt, 195: 283). Based on this record of impressive influence at the workplace, the role was offered up as an example for ERs to aspire to in terms of the impact that a specialist trade union workplace representative could potentially have, given the right support framework, on employers’ policy and practice in their area of speciality (Jaffe, McKenna and Venner, 2008:40; Bennett, 2010: 521).

The framework of support for health and safety representatives included the right to be consulted by employers over health and safety matters; the right to request a joint union-management health and safety committee and the right to investigate health and safety related complaints. They also had the right to paid time off to attend training and also paid time off to carry out the health and safety functions that the law had specified for them (James and Walters, 2002; Munro and

Rainbird, 2004). Both the concept and practice of the health and safety representative and the system of health and safety enforcement they sit within have proved remarkably resilient given the decline in trade union influence witnessed in other areas of workplace life (James and Walters, 2002; TUC, 2016). However, for the ER, such comprehensive statutory support was not to be made available.

The Women and Work Commission's final report, delivered in 2006, acknowledged the potential benefits that ERs could bring to both employers and trade unions. For employers, they argued, ERs could help promote 'the business benefits associated with equal opportunities policies' (Women and Work Commission, 2006: 85). For trade unions, they recognised a potential for ERs to 'provide a lens of equality across workplace practices, raise issues related to equality and diversity, tackle discrimination, resolve conflict and seek solutions with management, alongside other union colleagues' (*ibid*: 86). The Commission also recognised the potential for the ER role to contribute to the renewal of the trade union workplace representative cadre, observing that 'The TUC and unions believe that ...the role of equality reps would attract a more diverse group of union members to become involved' (*ibid*: 85).

In the end, the trade union and employer representatives on the Commission were not able to come to unanimous agreement over the question of granting statutory rights to the ER role. Their final report stated that:

Some of us feel that ...following a period of capacity building, union equality reps should be placed on a statutory footing to ensure that they have paid time off for duties and activities and for training. Without this, equality reps would not be sufficiently effective nor achieve their potential for adding value in the workplace. Others among us are unconvinced of the need for a statutory basis for equality reps without evidence of added value (Women and Work Commission, 2006: 86).

Despite having representation amongst the members of the Commission, the TUC and its affiliates had been unable to wield sufficient political influence to win the

debate within the Women and Work Commission as to whether to recommend statutory rights for ERs. Thus, as far as Behrens et al.'s political dimension was concerned, an opportunity to establish new collective representational rights around the determination of equality practice at the workplace had been lost. A subsequent attempt by the TUC to introduce an amendment to the Equality Bill (later to become the Equality Act 2010) was rejected by the New Labour government because of 'a lack of empirical evidence' over the benefits that statutory rights might bring (Hepple, 2012:60).

Although falling short of the TUC's original aspirations to achieve statutory support for ERs, the Commission's final report offered a partial endorsement of the potential 'added value' that the ER role might bring to the workplace. This helped to ensure that the second round of UMF funding included a specific priority to fund '[c]apacity building to support training and development for equality representatives' (Department for Business, Innovation and Skills, 2010a). A further tranche of ER projects was thereby launched. One of these projects was delivered through the TUC Education Department. A further six were delivered by individual unions, namely: Unite; UNISON; the Public and Commercial Services Union (PCS); Prospect; the National Union of Teachers (NUT) and the Transport Salaried Staff Association (TSSA). The eighth was jointly run by the General Federation of Trade Unions (GFTU)¹⁰ and Connect, one of its affiliates (Trades Union Congress, 2010:3). All eight projects, which ran from 2007 to 2010, were aimed at training, supporting and promoting ERs in a range of industries and occupations (Stuart, Martinez Lucio and Charlwood, 2010).

There was early optimism amongst some about the 'added value' that the UMF supported ER projects might be contributing to trade union renewal and revitalisation objectives (Godwin, 2008; Jaffe, McKenna and Venner, 2008; Bennett, 2010). However, others (McIlroy and Daniels, 2009a: 140) continued to have a distinctly pessimistic view of their likely contribution. They pointed to the

¹⁰The General Federation of Trade Unions provides educational, training and other support to its 23 affiliates, who are smaller, specialist trade unions and specialist sections of larger, general unions.

lack of statutory support being offered to those taking up the ER role which, they argued, would limit their ability to challenge managers over equality related matters. That suggestion was not necessarily borne out by the small body of extant ER research that was carried out during the period of the UMF projects. One strand of that research focused on the motivations of those who had volunteered to become ERs during the UMF projects run by a small number of public sector trade unions (Moore, 2011a; 2011b; Wright, Conley and Moore, 2011; Moore and Wright, 2012). Another strand focused on ERs' contribution to the revitalisation of union effectiveness and was based on a national survey of ERs recruited as part of the UMF projects managed by the TUC and covering ERs in both the public and private sectors (Bacon and Hoque, 2012).

Since this early research was conducted, changes to the political and economic environment in Britain have created new challenges for trade unions that may have had an impact on the ER initiative once the state funding provided by the UMF had come to an end. This chapter will conclude with a consideration of these, more contemporary, developments.

The post-UMF context

Towards the end of the 2000s, the UMF projects that had sought to encourage the establishment of ERs within trade union structures were coming to an end just as the impacts of the global financial crisis of 2008 on the British economy were becoming apparent. After almost 15 years of continuous growth, the economy had contracted more than at any time since the depression of the 1930's (van Wanrooy et al. 2013). Although the financial crisis had ultimately been caused by global neoliberal economic policies (Crouch, 2011:13-21) it was subsequently used, without a hint of irony, by the Coalition government that replaced New Labour in May 2010, as a justification for introducing an even more neoliberal policy agenda (Grimshaw and Rubery, 2012; Karamessini and Rubery, 2014).

The Coalition government's programme began with a concerted attempt to dismantle existing state welfare support systems and reduce the size of the public sector (Grimshaw and Rubery, 2012: 107; Rubery and Rafferty, 2014: 128). Thus

began ‘the most far-reaching and precipitate attempt to achieve fundamental restructuring in an established welfare state in a larger Western economy in recent years’ (Taylor-Gooby, 2011: 61). The programme of public spending cuts that ensued introduced the UK to its ‘austerity phase’ (Rubery and Rafferty, 2014: 123). The decreases in public spending impacted on the private and voluntary sectors as well as the public sector itself, since outsourcing had made them more dependent on income derived from performing public service functions (Grimshaw and Rubery, 2012).

At a workplace level, the impact of austerity was experienced through wage freezes and wage cuts, redundancies and recruitment freezes, reorganisations and work intensification (van Wanrooy et al., 2013). Unsurprisingly, in the light of all this uncertainty at the workplace, perceptions of job security also fell, most markedly in the public sector. The 2011 WERS found that just 47 per cent of public sector employees perceived their job as being secure compared to 64 per cent of private sector employees. Those figures represented a reduction in perceptions of job security when compared to 2004 when a majority of employees (66 per cent in the public sector and 68 per cent in the private sector) had believed that their jobs were secure (van Wanrooy et al., 2013: 36). Ethnic minority workers were particularly affected by this growing work insecurity, finding themselves ‘either towards the front of queues in terms of redundancy decisions or towards the back of labour queues regarding employer hiring decisions’ (Rafferty, 2014: 353). This was reflected in the stark reality of unemployment rates for BME workers, which had increased more than for other groups in the aftermath of the economic crisis (*ibid*: 351).

Alongside this heightened workplace uncertainty and work intensification, the levels of discrimination and harassment experienced by groups perceived as ‘outsiders’ in society at large also increased as the impact of austerity policies unfolded. The rhetoric used by sections of the British media to justify welfare cuts aimed at disabled people; portraying them as new ‘folk devils’, potentially threatened the gains that had been made of the acceptance of disability rights at the workplace as well as in society at large (Briant et al., 2013: 887). A climate in which racism and xenophobia was becoming more acceptable also began to develop,

not only in Britain but across Europe, potentially increasing the discrimination experienced by visible ethnic and religious minorities at the workplace (European Commission against Racism and Intolerance, 2015; ILO, 2011:5). The EU referendum in Britain in 2016 and the resulting decision that the country would leave the European Union heralded an increase in cases of harassment of individuals based on their race or nationality, much of which took place at the workplace (Trades Union Congress, 2016a).

The election of a majority Conservative government in May 2015 marked the start of a new era of hostilities between the state and trade unions. The new government's anti-union credentials were quickly affirmed by the introduction of the Trade Union Act 2016 containing measures to further restrict unions' ability to engage in industrial action (Trades Union Congress, 2017). Of particular relevance to this thesis were the provisions designed to bring greater public scrutiny over voluntary facility agreements in the public sector (Lane, 2017). These provisions introduced an obligation on public sector employers to publish details of the costs of the facility time and other forms of support given to their recognised trade union workplace representatives (Trades Union Congress, 2017). These costs were to be published without a note of the benefits associated with facility time, such as the enablement of greater partnership working between employers' and trade unions (Hoque and Bacon, 2015). There was, therefore, a danger that publishing these partial estimates of trade union representatives' impact could 'undermine the ability of representatives to represent their members effectively and to promote membership in the workplace' (Lane, 2017: 134).

The challenges posed by the contextual changes outlined above that occurred in the post-UMF era, have had the potential to impact on the resilience of the ER initiative and the early contributions that the role had been making to renewal and revitalisation objectives (Moore, 2011; Bacon and Hoque, 2012; Foster, 2015). The analysis contained in the following chapters examines the contemporary contribution of the ER initiative against the background of those contextual changes.

Chapter summary

In this chapter, I introduced the ER as a response to some of the modernisation challenges facing British trade unions that have arisen as a result of changes to the political and economic climate in which they are situated. I discussed how trade union membership has become more diverse and how this has challenged trade unions to identify ways in which they can better represent the interests of their new membership constituencies at the workplace and increase the diversity of their workplace representatives accordingly.

The chapter went on to show how the emergence of the ER role was inspired by the need to supplement the establishment of trade union self-organised participation. The chapter outlined how a number of trade unions had established new posts for national equality officers and specialist research staff to help deliver the equality focused policies and priorities that their self-organised structures were helping to influence. It explained how it had proved to be difficult to ensure that the progressive direction that was being set at a national level was being implemented at the level of the workplace. The identification of the ER initiative as a potential contributor to bridging this implementation gap was noted and the overall objective of the thesis; to examine the contemporary contribution of the ER to trade union modernisation was set out.

An outline of how the thesis is developed over the following six chapters is provided below.

Outline of thesis

The thesis evaluates the contribution that the ER has made to union renewal, revitalisation and effectiveness as follows:

Chapter Two outlines the analytic frameworks that guided the empirical research that is presented in this thesis. It reviews previous research that evaluated the early impact of the ER initiative and develops the questions that the research underpinning this thesis set out to answer.

Chapter Three presents the methodological approach adopted for this study. An account is given of why a mixed methods approach was considered most appropriate to address the research questions and of how data was collected from a number of different sources: officials from the TUC Equal Rights Department; trade union national equality officers and specialist staff and individual ERs themselves.

Chapters Four, Five and Six present the results of the research study. Chapter Four outlines the findings in respect of the contribution the ER initiative has made to the renewal of the trade union workplace representative cadre. Chapter Five addresses the contribution of the ER initiative to the revitalisation of the local trade union agenda to reflect trade unions' nationally set equality policies and priorities. Chapter Six focuses on the contribution of individual ERs to trade union effectiveness at their workplaces.

The final chapter presents the conclusions drawn from the findings and discusses the implications of those conclusions for the ER role itself as well as broader lessons of relevance to future trade union modernisation initiatives.

Chapter Two

Examining the equality representative initiative

Introduction

As outlined in the previous chapter, the Women and Work Commission report set out a number of expectations for the ER role. If trade unions could be encouraged to adopt the role formerly within their structures, a greater demographic diversity amongst the union workplace representative cadre might be expected to be seen over time. If ERs were to become a more common feature within union internal structures, trade unions might be expected to become a much more pro-active force in promoting equality and diversity at the workplace both from a member's and an employer's perspective. Thus, the expected outcomes of the ER initiative related to three of the four dimensions of modernisation defined by Behrens et al., (2004); institutional, membership and economic. In respect of the fourth, the political dimension, Chapter One outlined how the relevant outcome, the introduction of statutory rights for ERs had already proved to be unsuccessful when the Equality Act 2010 was passed without such any rights for ER being included within its provisions. It was the outcomes that the ER initiative had delivered in respect of the institutional, membership and economic dimensions in the contemporary context that were the focus of the empirical examination of the ER that is reported in the following chapters.

The expectations within trade unions largely concurred with those of the Women and Work Commission but, unsurprisingly, with more emphasis on the benefits to members rather than employers that an increased focus on workplace equality practice might accrue. As outlined in Chapter One, one expectation within trade unions had been for an institutional outcome involving the establishment of the ER role within their structures (Bennett, 2009:445). Another had been the expectation that the role would contribute to a renewal of trade union workplace representation; creating an avenue through which more women and minority group members would be encouraged to take their first steps into union volunteer activity (Bennett, 2010: 518). With regard to the membership dimension, as outlined in

Chapter One, Bennett reported that the trade union officers and senior union representatives he interviewed had hoped that, as a result of the activities involved in establishing the ER role within union workplace representative structures, a revitalisation of trade union collective identity might also be achieved. Their aspiration was that this revitalised identity would encourage a broader acceptance of equality issues as part of the workplace trade union agenda thereby encouraging other workplace representatives, such as shop stewards, to view championing equality issues as one of their core trade union activities (Bennett, 2010: 518). Both these membership related outcomes had the potential to make trade unions more welcoming to women, minority groups and to clearly distance modern trade unionism from the hostility that had been experienced by these membership constituencies from local trade union representatives and officials in the past (Boston, 1987; Virdee, 2000a).

The establishment of the new ER role as a member of local trade union workplace representative teams was also expected to contribute to outcomes along Behrens et al.'s economic dimension of modernisation, which they had defined broadly to include not only outcomes that improved the economic aspects of work but also outcomes that improved other aspects of working life. In this regard, it was envisaged by those union officers and senior lay representatives interviewed by Bennett that the activities of an ER at a particular workplace might enhance a trade union's ability to influence their employer to improve their equality policies and practices (Bennett, 2010:517).

In this chapter, I review the extant academic literature that has considered some aspects of these early expectations and introduce the analytic frameworks relevant to my contemporary examination of the ER initiative in respect of its potential outcomes along the institutional, membership and economic dimensions of modernisation. The analytic frameworks that I identify are associated with the three different strategic perspectives through which the ER initiative can be viewed: firstly, as a strategy to promote union renewal; secondly as a strategy to encourage union revitalisation and thirdly as a strategy to enhance trade union effectiveness. The chapter considers each of these strategic perspectives in turn. In respect of each perspective, the chapter outlines the analytic frameworks identified as relevant to

this research study and then reviews relevant literature, in order to develop the research questions that guide my empirical investigation.

That relevant literature includes the small body of research that has specifically examined the outcomes of the ER initiative; consisting of the work of Bacon and Hoque (2012), Moore (2011a; 2011b) and her colleagues (Wright, Conley and Moore, 2011; Moore and Wright, 2012). Foster (2015) also published a study of ERs focused on the Welsh context and the ER role in promoting disability equality issues. These studies each approached the ER initiative from a different perspective; either as a renewal strategy, a revitalisation strategy, or as a strategy to enhance workplace effectiveness. This thesis seeks both to update and synthesise these different perspectives, considering all three within the same research study and drawing on the body of literature pertaining to trade union renewal, revitalisation and effectiveness more generally.

The first strategic perspective, viewing the ER initiative as a renewal strategy with the potential to contribute to the institutional dimension of modernisation will be considered first.

The ER initiative as a trade union renewal strategy

In Chapter One it was noted that much of the renewal literature to date has focused on the renewal of the trade union membership base rather than the renewal of its workplace representative base. It was also noted that this focus had been reflected in the considerable body of extant literature relating to organising (e.g. Heery et al., 2003; Simms, Holgate and Heery, 2013). The ER initiative had been identified early on as a potential contributor to the other, neglected, side of renewal. Trade unions in Britain, uniquely in Europe, rely upon volunteer (unpaid) workplace representatives, particularly shop stewards, as a resource to supplement a relatively small cadre of (paid) full-time officers (Terry, 1995). As discussed in Chapter One, whilst they have become both less numerous and older in age profile in recent years, the renewal of workplace representatives has been placed by some at the heart of the modernisation challenge facing trade union today.

Fairbrother (1990; 2000a; 2000b) is probably most associated with this viewpoint. His 'renewal thesis' (Gall, 1998) promoted a workplace-based vision of trade union renewal, arguing that:

...any decisive reversal in the fortunes of trade unions will take place at a workplace level... it is in the workplace that unions organize, sustain and renew themselves. Without vital and active organizations, unions must necessarily remain rather hollow shells (Fairbrother, 1990:147).

Fairbrother proposed that, as national bargaining had given way to more locally determined negotiations carried out by workplace shop stewards, this had created an impetus for trade unions to replenish, empower and upskill their shop steward cadre, to rise to the challenge of their new bargaining responsibilities. When national bargaining had been the norm, Fairbrother suggested, local workplace representation had been suppressed by the supremacy of the national bargaining frameworks, which would only involve the most senior shop stewards. Fairbrother argued that these senior workplace representatives were often more concerned with 'continuity and stability' than with challenging the status quo or encouraging new representatives to come forward from amongst the members they represented (Fairbrother, 1998:161). The 'rank-and-file' found it difficult to find a way to actively participate in their trade union in such circumstances and as a result, a passive rather than active culture amongst union members had become the norm.

Challenges to this view of renewal as necessarily involving: 'the way unions organize and compose themselves ...so as to lay the foundations for active, engaged and participative forms of unionism' (Fairbrother: 2000b: 18) have come from those who argue that the decline in traditional sources of union influence such as national bargaining arrangements have diminished, rather than enhanced, the role of workplace representatives such as shop stewards (e.g. McIlroy and Daniels, 2009a). However, accounts of the continuing effectiveness of some groups of shop stewards in winning improvements for the members they represent, such as those within parts of the transport sector suggest that this pessimistic view may be an over-generalisation (Darlington 2009; 2010). A more fundamental criticism that has been levelled at the view of the workplace representative as the vanguard of union

modernisation is the narrow trade union agenda they have typically promoted; focused on traditional issues of pay rather than issues of social justice at the workplace, such as the discrimination and harassment faced by women and minority groups within the workforce. The research on the activities of shop stewards conducted by both Fairbrother and Darlington reflected this narrow concept of the trade union agenda and was characterised by a notable absence of the voices and concerns of women, BME, LGBT and disabled members.

Gall's (1998) critique of Fairbrother's renewal thesis is relevant to consider at this point, as it made the case for its vision of a localised, almost autonomous, renewal of workplace trade unionism to be considered as a starting, not an end point in achieving modernisation objectives. Gall argued that, whilst developing strong networks of local workplace representatives was important, it was not sufficient from a modernisation perspective. Trade union modernisation would also require workplace representatives to lift their sights beyond their immediate localities and align their activities to the national policies and priorities set by their trade union at a regional and national level (Gall, 1998: 151). Nowhere was it more essential for this to take place than in respect of equality policies and practice, particularly in light of the history of some local shop stewards being a source rather than a solution to issues of workplace discrimination and harassment.

If the ER initiative was contributing in the contemporary context to workplace representative renewal in the ways described above, it would have first had to have survived the ending of the UMF projects and the withdrawal of state support in the late 2000s. The starting point for the present research study was therefore to establish the contemporary size of the ER presence within trade union structures. The national ER survey conducted by Bacon and Hoque (2012) had provided indicative estimates of the size of the ER population at a time when the UMF projects were still actively encouraging trade unions to promote and sustain the role. That research had been based around a sample frame of circa 500 ERs, largely drawn from lists of ERs who had been trained through either the TUC UMF project or the UMF projects run by the Unite and PCS trade unions. Based on this estimate, the size of the ER cadre had not reached the target that the TUC had set of 1,400 ERs to be embedded within trade union structures by the time that the UMF

projects came to an end (Trades Union Congress, 2010:9). Whether that target had subsequently been achieved was the first area of interest for the present study.

There has been little ongoing monitoring of the ER presence within union structures, other than reports included in the TUC's biennial equality audits. These audits have continued to report an ER presence within a number of trade unions; however, they have not published any estimates of the size of the ER population (Trades Union Congress 2014a:35, 2016b:11). The 2014 Equality Audit, which had a specific focus on the internal structures that unions had introduced to improve diversity of representation and participation, made particular note of the inclusion of the ER role as part of those structures (Trades Union Congress, 2014a: 22-23). This audit reported that 19 unions, who collectively represented 87% of union membership, had some provision in their structures for ERs and this list formed the starting point for my study. My first area of interest was thus aimed at establishing the size and distribution of the contemporary ER population amongst British trade unions.

However, as discussed above, interest in the ER's contribution to workplace representative renewal went beyond purely numerical outcomes. Moore (2011a; 2011b) in her early explorations of the ER initiative had positioned it as a renewal strategy that might encourage a more diverse group of members into representing their trade union at their workplace for the first time). Moore's research had examined the ER role during the UMF projects and had reported some optimistic indications in respect of the role acting as a 'new route to activism' for a diverse group of first-time workplace representatives (Moore, 2011b: 266). However, the limited sample on which these observations were based meant that these findings could only be considered indicative of the potential contribution that the ER initiative was making in these respects.

A more comprehensive picture of the characteristics of ERs was provided by Bacon and Hoque (2012). Bacon and Hoque's national survey explored, amongst other aspects of the early ER cadre, the extent to which its members were holding their first workplace representative ER role. Their findings indicated that it was the case for only a minority of ERs, hereafter referred to as 'new representative' ERs. The majority had previously held other union positions, hereafter referred to as

'existing representative' ERs. Similar conclusions as to the relatively small proportion of new representative ERs were arrived at by other researchers during the UMF projects (Moore and Wright, 2012: 440; Foster, 2015: 160). As there has not been any research on the ER cadre since those early studies, it is currently not known whether the role has continued to provide an avenue through which members are being encouraged to take their first steps into union workplace representation; a gap that the present study seeks to fill.

Moore (2011a; 2011b) predicated her suggestion that the ER role had the potential to contribute to union renewal on the assumption that it would indeed be offering members a stepping stone into union workplace representation. The traditional route involved moving straight into a shop steward role; a role that involved a broad range of responsibilities including formal collective bargaining at a local level that could be daunting to someone new to trade union workplace representation (Moore, 2011a: 104).

Early research into the ER initiative did find some evidence that such a contribution to renewal through the ER role might be taking place. Some of the early tranche of ERs had used the ER role as their first step into union workplace representation and had gone on to take up other union representative positions. Bacon and Hoque (2012) found that 43 per cent of new representative ERs had gone on to become 'hybrid' ERs, meaning that they had volunteered for additional trade union roles which they were carrying out alongside that of the ER. Bacon and Hoque suggested that ERs were being encouraged to take on these additional roles in order to gain access to the statutory rights and additional facilities provided by employers that were associated with them (Bacon and Hoque, 2012:247). However, their study was unable to offer evidence in support of this suggestion, due to the quantitative nature of the survey upon which it was based. The present study provided an opportunity to explore not only whether the ER role is providing a way to encourage new representatives to take on other union roles such as that of the shop steward or safety representative, but whether ERs are being encouraged to do so to avail themselves of the statutory and voluntary support they also bring.

The present study also provided an opportunity to examine a concern that had been expressed in the employment relations literature at the time of the UMF

initiative over the opportunity costs to trade unions that might be associated with their workplace representatives covering more than one union position at a time (McIlroy and Daniels, 2009b: 105). Particularly where someone was combining the role of an ER with that of a shop steward, the concern was that the joint responsibility might diminish the ability of the individual to give due attention to both roles. This, argued McIlroy and Daniels, could have serious consequences for the ability of trade unions in respect of 'challenging managerial prerogative' through local collective bargaining, a key part of the shop steward role (McIlroy and Daniels, 2009b: 105; McIlroy and Croucher, 2009: 306). An ER who was also a health and safety representative might, as a result of the additional workload of both roles, find it difficult to conduct investigations into members' safety-related complaints or to complete regular joint management-union health and safety inspections; and other time-consuming but necessary duties of the role (Walters et al, 2005).

The last aspect of renewal that I was interested in examining related to the diversity of the individuals taking up ER positions. A number of the ERs interviewed by Moore (2011a; 2011b) were from the new trade union constituencies, suggesting that the role may have also been encouraging a greater diversity amongst union workplace representatives. Moore's short case studies featuring the ERs whom she had interviewed provided examples of women, BME and LGBT members for whom the ER had been the first role that they had considered volunteering for within their trade union's structures. Bacon and Hoque (2012)'s findings provide a supplement to this exploratory research with a generalised view of ER diversity. They reported that 60 per cent of ERs who were new to union representation were women and 26 per cent were from an ethnic minority. In respect of both gender and ethnicity the diversity found amongst the new representative ERs was considerably higher than that found amongst traditional workplace representatives (van Wanrooy et al., 2013).

The diversity of ERs in respect of disability and LGBT identities was not examined by Bacon and Hoque, although the indicative case studies provided by Moore (2011a; 2011b) suggest that these aspects were worth further investigation in the present study. I was particularly interested in examining whether the diversity amongst the ER cadre that existed towards the end of the UMF projects in respect of

gender and ethnicity had been maintained in the contemporary context and whether a similar diversity might also be found in respect of disability and LGBT identity. The increase in workplace insecurity described in Chapter One might have deterred union members from minority groups from putting themselves forward for workplace trade union roles such as that of the ER. Concerns of this nature may have been further exacerbated amongst these groups in light of the continuing lack of statutory protection for those holding that role.

In summary, my first area of research interest concerned the contemporary contribution that the ER role is making to the renewal of trade union workplace representation. I was interested in a number of aspects of that renewal. The first aspect concerned its scale as indicated by the size of the contemporary ER cadre. The second aspect concerned the extent to which the ER role was encouraging members to volunteer for a union workplace representative position for the first time. The third aspect related to the extent to which those who had been encouraged to take this first step into workplace representation were going on to take up other workplace representative roles, such as that of the shop steward. The fourth and final aspect of renewal that was of interest concerned whether those being encouraged to become workplace representatives through the ER role were more representative of the diversity within the grassroots trade union membership than is typically found amongst other workplace representative roles. This first area of interest for the study, covering the different aspects of renewal discussed above, is summarised in my first research question, namely:

To what extent and in what ways is the ER role contributing to a renewal of trade union workplace representative resources?

The aspect of renewal relating to a potentially increased diversity within the workplace representative cadre, was also relevant to the next perspective that this chapter will take on the ER initiative; considering its potential as a revitalisation strategy. As discussed in the previous chapter, revitalisation is concerned with 'broadening the perspective' of trade unions, identifying 'alternative strategies' and 'promoting alternative viewpoints' (Turner, 2004:2). At the start of the UMF projects, encouraging a more diverse volunteer union workplace representative base

through the ER role had been seen by union officers and senior lay representatives as a starting point from which such revitalisation might be achieved (Bennett, 2010). The next section will consider the ER initiative from this second perspective in more detail.

The ER initiative as a trade union revitalisation strategy

Aspects of the early ambitions that TUC and trade union officers had for the ER initiative, outlined in the previous chapter, had focused on its potential as a revitalisation strategy, helping to give a greater priority to equality issues within local trade union agendas (Bennett, 2010:518). The need for trade unions to modernise their priorities at a local level had been highlighted in research looking at previous attempts to better reflect the needs of women and BME workers, so as to achieve ‘a redefinition of collectivism to bring in marginalised workers’ (Healy, Bradley and Mukherjee, 2004:463) However, as I discussed in Chapter One, trade unions at a national level had sometimes encountered difficulties in disseminating the new, more inclusive trade union collectivism they had embraced at a national level down to their volunteer representatives at the level of the workplace. One of the expectations that officers and senior lay representatives within unions had invested in the ER role was that it would be a means to bridge this gap (Bennett, 2010: 518). It was hoped that it would do this by contributing to the creation of a consensus at a local, as well as a national level, over the imperative of including equality issues on workplace trade union agendas.

In order to consider how the establishment of the ER role within union structures might contribute to the creation of such a consensus, I turn to the social movement literature and the group of theories, often referred to in the singular as social movement theory (SMT), that underpin that literature. SMT ‘tries to explain how collective action actually emerges and develops’ (Foley, 2003: 249). It should be noted at this point that there has been a certain reluctance within the employment relations literature to apply SMT to employment relations phenomenon, beyond the well-known example of Kelly’s (1998; 2005) development of mobilisation theory

(Tilly 1978). That reluctance is linked to an ongoing debate over the appropriateness of regarding trade unions as forms of social movement organisation at all.

Snow, Soule and Kriesi (2004) define social movements as:

...collectives acting with some degree of organization and continuity outside of institutional or organizational channels for the purposes of challenging or defending extant authority, whether it is institutionally or culturally based, in the group, organization, society or world order of which they are a part (Snow, Soule and Kriesi, 2004:11).

Whilst it can be argued that during their early history, trade unions could more clearly be defined as organisations working within a social movement tradition (Hyman, 2001:60), as their internal structures became more bureaucratised and their position within the broader political and economic systems became more institutionalised, trade unions have become distanced from their social movement origins (Fantasia and Stephan-Norris, 2004).

Nevertheless, it has been recognised that elements of trade union activity can still be regarded as social movement in nature and therefore suitable for analysis using concepts borrowed from SMT (Gahan and Pekarek, 2013). Trade union activities aimed at challenging existing notions of what constitutes the trade union agenda are one such subject areas within employment relations, as they involve progressive initiatives aimed at redefining the interest base of trade unions (Heery and Conley, 2007:6). Thus, I considered SMT as appropriate to call upon to analyse the potential for the ER initiative to contribute to this aspect of trade union revitalisation; specifically, the theories that have developed around the concept of collective action frames.

Collective action frames

Collective action frames are the guidelines, shared and accepted by members of social movements, that enable a social movement organisation (SMO) to define the range of issues that they are trying to change or improve, and the actions that the

SMO wants to encourage in pursue of those aims (Benford and Snow, 2000). It is through influencing these collective action frames that the establishment of the ER role was expected to impact on the redefinition and broadening of the local level trade union agenda in the ways that this study is interested in. The body of literature within SMT known as framing theory is of particular relevance in analysing how such influence might be wielded. Framing is the term used within SMT to describe the process through which a social movement organisation (SMO) exerts such an influence over its activists through defining and redefining the organisation's collective action frames (Gahan and Pekarek, 2013: 760).

Framing theory derives from an individual level psychological construct originally conceived by Goffman (1974). Goffman's notion of frames, and the act of framing through which they are created, sought to explain the mechanism through which an individual defines the events they observe occurring around them in order to answer the question 'What is it that's going on here?' (Goffman, 1974:8). Although Goffman situated his original concept of framing at the level of the individual, he also hinted at the possibility that, by analysing individual frames of reference, insight might be afforded into how to 'awaken people to their true interests' (*ibid:14*) through making them aware of the collective resonances of their individual frames. Therein lies the important link between individual frames of reference and the collective action frames promoted by social movements.

The potential contribution of the ER initiative to redefining trade union collective action frames at a local level has not been directly examined in the literature to date. However, Moore's (2011a) exploratory study of ERs did consider ERs' motivations for taking up the role and in doing so, whilst not specifically referring to the work of Goffman, touched upon ERs' individual frames of reference in relation to equality issues and their place within the trade union agenda.

Moore had been interested in the motivations of newly active ERs for volunteering to take up the role and she explored this through examining their life histories. The ERs who were featured in Moore's study were all members of Unison and all identified with at least one of the new membership constituencies. Moore found that their individual frames of references were typically organised around the equality area (or areas with which they most identified with; be that as a woman, or

a BME, disabled or LGBT union member alongside a belief in trade union collectivism as a means through which to challenge equality injustices at work (Moore, 2011a:169).

Based on these observations, Moore proposed that the establishment of the ER role was encouraging a broader diversity of members into trade union workplace representative roles, and also helping to embed a broader and more inclusive conceptualisation of trade union collectivism. However, as Moore's focus was on the individual level, she did not explore how the individual level frames of ERs were being aligned with the collective action frame that had been defined for the ER role. This research study aims to conduct just such an exploration; examining how individual level frames such as those described by Moore (2011a) become aligned to the shared collective action frame associated with the ER role, that emphasises activity on equality across all strands, rather than just one and how that collective action frame subsequently contributes to a revitalisation of local trade union agendas.

This study expands on Moore's individual level analysis in three important ways. Firstly, it focuses on how ERs' individual level frames of reference become collectivised through the collective action frame shared between ERs through processes of frame bridging. Secondly, it focuses on how that shared ER collective action frame becomes more broadly shared amongst other workplace representatives, through the process of frame amplification, thereby building a broader consensus around its legitimacy at the local level. Thirdly, it focuses on how this new collective action frame develops in respect of mobilisation framing; the aspect of a collective action frame that encourages an SMO's activists to engage in certain patterns of action in support of its objectives; in this case, encouraging union workplace representatives to strive for equality-related improvements at the workplace. These three framing strategies; frame bridging, frame amplification and motivational framing will be considered in turn. The first two, both of which are forms of frame alignment are considered below.

Frame alignment

In respect of the first area of interest, that of collectivising individual frames of reference, the concept of frame alignment borrowed from SMT's framing theory is of relevance. Frame alignment is 'the linkage of individual and SMO interpretive orientations such that some set of individual interests, values and beliefs and SMO activities, goals and ideology are congruent and complementary' (Snow, Rochford, Worden and Benford, 1986: 464). Framing theory suggests that this can take place through a range of frame alignment strategies enacted through what Snow et al. call 'micro-mobilisation tasks' (*ibid.*: 465). Of the number of potential frame alignment strategies identified by Snow et al., one was of relevant to this first area of interest; frame bridging.

Frame bridging refers to the strategies employed by SMOs to enlist individuals to become active participants in their cause, or a particular element of their cause's activities. It has been defined as the process by which a social movement organisation reaches out to individuals who 'share common grievances and attributional orientations but who lack the organisational base for expressing their discontents and for acting in pursuit of their interests' (Snow et al., 1986: 467). In the context of this study the concept will be used to analyse how trade union activities concerned with promoting the ER role also serve to collectivise ERs' individual frames of reference in line with the collective action frame identified by trade unions at a national level as desirable for all ERs to adopt.

A second frame alignment strategy identified by Snow et al., frame amplification, is relevant to the study's second identified area of interest around collective action frames. This focused on how the collective action frame associated with the ER initiative might be disseminated beyond the ER cadre to influence other local trade union workplace representatives. Frame amplification refers to a process that seeks to achieve 'the idealisation, embellishment, clarification or invigoration of existing values or beliefs' in order to persuade individuals to adopt a new or revised collective action frame (Snow et al., 1986: 469). Although this aspect of the ER initiative's potential contribution to revitalisation has not been directly examined in the literature to date, Moore and Wright (2012) have previously suggested that the ER initiative might be uniquely placed to exert such an influence over existing union

workplace representatives such as shop stewards in a way that self-organised structures within trade unions had not been able to in the past.

Motivational framing

The third aspect of the ER-related collective action frame that this study is interested in examining relates to its motivational framing. Motivational framing is concerned with shaping SMO activists' views of 'what is to be done?' and has been described as the "call to arms" within a collective action frame. Motivational framing describes how a SMO communicates to its activists what it wants them to be doing to remedy the 'problem' or issue that their collective action frame is trying to resolve (Benford and Snow, 2000:617).

Traditionally, motivational framing for trade union workplace representative roles has been disseminated to those taking up those roles through the medium of trade union education (Terry, 1995: 207). When the health and safety representative role was first established during the 1970s, for example, an extensive programme of trade union education was introduced, with one of its objectives being to embed the motivational framing necessary to guide those taking on the new roles (Bennett, 2000). Alongside this formal training programme, however, another mechanism for motivational framing also developed; involving health and safety representatives meeting with one another through local and regional groups. Bennett (2000) documented how these safety-focused informal groups and networks were concerned with building on the formal training that they had received, beyond the technical knowledge concerning the law. These informal networks were focused on helping health and safety representatives to build an understanding of how to fulfill the duties of their new roles and on developing amongst them a 'determination to make the workplace safer and a desire to convert fellow workers to the cause of safety' (Bennett, 2000: 77, my emphasis). In this way these informal groups and networks were a vehicle for motivational framing, aimed at revitalising the trade union agenda so as to encourage a greater priority to be given to safety issues.

This alternative mechanism for motivational framing shared the characteristics of a 'community of practice' (Lave and Wenger, 1991). A

community of practice is a method of learning a particular ‘practice’ outside of a classroom setting. Rather than following the traditional model of learning whereby knowledge is transferred from expert to novice in a formal learning situation, knowledge is built up by a novice as a result of the social exchanges that take place through being part of a community shared with others who have more experience of the practice in question (Lave and Wenger, 1991:29).

As far as the ER role was concerned, formal trade union education provision was encouraged through the UMF projects, albeit on a much smaller scale, than that associated with the establishment of the health and safety representative. The funding provided through the UMF had been largely focused on supporting the development of specific trade union education modules for ERs, which were expected to provide the main vehicle for disseminating motivational framing to the new ERs (Bennett, 2010: 517). To date there has been no research into the detail of that formal ER trade union education provision; a gap that this study seeks to fill in order to examine its motivational framing aspects, particular in respect of how it is being deployed as a way to encourage ERs to challenge the content of local trade union agendas and raise the priority they afford to equality issues.

The present study was also interested in the ways in which communities of practice surrounding the ER role might be providing additional motivational framing for the contemporary ER cadre. The communities of practice associated with the health and safety representative role had provided a means through which connections had been built between health and safety representatives at different workplaces, and between those local representatives and their trade union at a national level. Whether communities of practices had developed in a similar way around the ER role was of interest to the present study, as the influence from sources external to an individual local workplace were potentially a useful source of revitalisation to that local workplace’s trade union agenda (Gall, 1998: 152).

In summary, this contemporary study of the ER employs the collective action frame concept to explore the way that the framing activities associated with the ER role; namely frame bridging, frame amplification and motivational framing (including framing through communities of practice), support the prioritisation of

equality issues within local trade union agendas. This research objective was captured in my second research question:

In what ways are framing activities associated with the establishment of the ER role contributing to an equality-related revitalisation of the local trade union agenda?

The interest, discussed above, in exploring the motivational framing associated with the ER initiative highlights a relevant characteristic of collective action frames; that they are essentially ‘action -oriented’ constructs, aimed at encouraging an SMO’s activists to engage in actions in support of its objectives (Benford and Snow, 2000: 614). The motivational framing around the ER role was expected to reflect the early expectations that TUC and trade union officials had for the ER role (Bennett, 2010) and be focused on encouraging ERs to work with members fellow union representatives and even managers to influence the equality practices of employers . It is to this third perspective of the ER initiative, as a strategy to enhance trade union effectiveness in respect of workplace equality practices that the chapter now turns.

The ER initiative as a strategy to enhance trade union effectiveness

Whilst the potential contributions of the ER initiative to trade union renewal and revitalisation were not reliant on the co-operation of employers, their potential contribution to trade union effectiveness depended firstly, on the willingness of employers to engage with them over equality matters and secondly, to change their equality practices as a result. Thirdly it also depended on ERs identifying suitable avenues through which to advocate for such change.

Turning first to the question of employers’ willingness to engage with trade unions; as far as equality and diversity¹¹ management is concerned, employers have

¹¹ Employers typically use the rhetoric of ‘managing diversity’ alongside more the traditional ‘equal opportunities’ discourse as a frame for their initiatives related to workplace equality (see Kirton and Greene, 2006 for a more in-depth discussion).

been characterised as ‘...generally unitarist and management- led, leaving little room for involvement of stakeholders such as trade unions’ (Greene and Kirton, 2009:1). One of the reasons why granting statutory rights to ERs as part of the Equality Act 2010 would have been beneficial from a trade union perspective was the signal it might have sent to employers that working with trade unions through their ERs, was a state- sanctioned response to the obligations in respect of workplace equality contained within the Equality Act 2010 (TUC, 2005). The Women and Work Commission suggested that such voluntarism on the part of an employer might be found where joint working between ERs and ‘management’ (at an unspecified level) was perceived as being of ‘value’ to the employer, in connection to an employer’s own equality initiatives (Women and Work Commission, 2006:85).

Such initiatives were, perhaps, more likely in response to the new Equality Act. The extension and updating of employers’ equality and diversity policies and practices was being actively encouraged as a result of the passing of the new equality legislation even if the inclusion of stakeholders such as trade unions in the work was being positioned as optional. Advisory bodies, such as the Advisory, Conciliation and Arbitration Service (ACAS) and the Equality and Human Rights Commission (EHRC) issued guidance urging employers to bring their equality policies and practices in line with the requirements of the new law and ensure they polices covered the nine protected characteristics¹² the law now defined (ACAS, 2011; EHRC, 2011). Findings from the 2011 WERs suggested that some employers did respond positively to this encouragement; with an increase (from 66 per cent in 2004 to 77 per cent in 2011) in the proportion of workplaces where there was a formal written equality or diversity policy (van Wanrooy et al., 2013: 116). The existence of such written policies was most common at public sector workplaces (99 per cent) and at larger workplaces (92 per cent). However, the most noteworthy increases in coverage were found in private sector workplaces, up from 62 per cent coverage in 2004 to 74 per cent coverage in 2011 (*ibid*).

¹² Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Indeed, even before the introduction of the new Equality Act, there had been an enthusiasm amongst larger employers to be seen to embrace the ‘new organizational paradigm’ of diversity management (Gilbert et al, 1999). This enthusiasm was reflected in their participation in organisations campaigning for greater justice in respect of particular equality strands, in pursuit of the reputational, ‘external’ business case benefits this was expected to bring (Urwin et al., 2013: 9). Thus, many employers, whether in the public, private or not-for-profit sectors, used their membership of organisations such as the gender equality campaigning group Opportunity Now, the race equality campaigning group Race for Opportunity, the Employers’ Forum on Disability or the LGBT campaigning organisation Stonewall as evidence of their commitment to equality and diversity improvements (Greene and Kirton, 2009:25). This also created potential leverage for trade unions, particularly where they were already recognised for the purposes of collective bargaining, to argue for an employer to adopt a ‘stakeholder approach’ to their equality and diversity policy development and engage with them as the recognised representatives of their employees (*ibid*: 231).

Not only did an employers’ own equality and diversity initiatives and their link to CSR objectives create leverage for trade unions to press for their inclusion in the process of policy implementation and ongoing review, the shortcomings of employer’s initiatives created leverage for trade unions to argue for their improvement particularly since employers’ equality initiatives are inevitably ‘contingent, variable, selection and partial’ (Dickens, 1999:9) The discrepancy between employers’ publicly avowed equality and diversity commitments and the *de facto* empty shell nature of their practices, particularly from the perspective of non-managerial staff (Hoque and Noon, 2004), create opportunity structures from which ERs might gain leverage to seek to influence change. The findings of the 2011 WERS confirmed that there were still ample opportunities of this nature given the continuing ‘empty shell’ nature of the equality and diversity policies of many employers.

The proportion of workplaces where equality and diversity policies were accompanied by substantive equality practices such as monitoring recruitment, selection and promotions for potential discrimination and bias, or monitoring and

reviewing pay rates for equality issues were relatively low and had hardly changed since 2004 (van Wanrooy et al., 2013: 117). There were also a number of employers who had yet to extend their equality policies to cover relatively new protected characteristics such as sexual orientation and age. The WERS data indicated, for example, that a quarter of workplaces had equality and diversity policies that did not cover sexual orientation and a third where the policies did not cover age (van Wanrooy et al. 2013:116). A potential thus existed for trade unions to use these discrepancies as leverage to persuade employers to introduce or improve their equality and diversity practices as well as to extend both policy and practice to cover additional protected characteristics.

Gall and Fiorito (2016) have highlighted the importance of trade unions making use of ‘deliberate and usable leverage with employers’ such as this as part of their strategies to enhance their effectiveness (Gall and Fiorito, 2016: 194) and the three-factor framework proposed by Dickens (1999) has highlighted the contextual factors that might help an ER to leverage influence over an employer’s equality practices for the benefit of fellow union members. Dickens suggested that there are three sources of leverage that can work in combination to encourage an employer to improve their equality and diversity practice. The first of these is legislation, the second the employer’s own ‘business case, whether internal or external, and the third, a trade union’s ability, by virtue of their role in representing the collective voice of its members to advocate for equality improvements that meet the needs of employees at all levels of the organisation.

Dickens (1999) envisaged trade unions taking advantage of these three potential sources of leverage through pre-existing collective bargaining arrangements and previous research has suggested that local full-time officers and shop stewards can, in the right contexts, successfully wield these sources of leverage using workplace level negotiating or consultative forums (Heery and Kelly, 1988; Kelly and Heery, 1994). Opportunity structures have also been identified at an organisational rather than workplace level that unions, often with the input of national equality officers are able to use to influence employers’ equality policies as well as their accompanying practices in line with their trade union’s own equality agenda (Gregory and Milner, 2009:140). However, it was not immediately clear

how an ER might enhance union effectiveness at either level given that it was shop stewards rather than ERs who traditionally had the remit to participate in formal negotiations with employers at the level of the workplace (Charlwood and Terry, 2007:320). Neither was it clear how an ER might be able to use the opportunity structures that might be available to them to advocate for changes that achieved trade union rather than employer objectives. If the ER's contribution to enhancing trade union effectiveness was to be truly worthwhile then it was important that they used available opportunity structures as 'appropriate levers of power to gain *their* purposeful goals' (Gall and Fiorito, 2016: 194): my italics) was important. Effectiveness from a trade union perspective centres around achieving trade union-oriented objectives that will 'meet the expectations of their members' (Boxall and Haynes, 1997: 571) and demonstrate the value of trade union membership (Bryson 2003)

Bryson (2003) identified two different types of effectiveness from a members' point of view; organisational effectiveness and delivery effectiveness with the former helping to support the latter. Organisational effectiveness is an individual level phenomenon and refers to 'the factors which give a union the capacity to represent its members' (Bryson, 2003:5). Of the seven factors identified by Bryson as being associated with organisational effectiveness, two are of direct relevance to the ER initiative. The first of these relates to the ability of a union to provide information and advice to its members and the second, the responsiveness of a union to problems that members might face at work. Both these factors were highlighted by the union officers and senior lay representatives interviewed by Bennett (2010) as areas in which they were expecting ERs to contribute (Bennett, 2010: 521) and will be considered in turn below as potential avenues through which ER might influence their employer's equality practices.

Individual level effectiveness

The most basic level of union effectiveness from a member's point of view is that associated with individual representation in respect of problems they might face at work (Waddington and Whitston, 1997:520). In order to demonstrate organisational

effectiveness through this avenue of activity a trade union must have the organisational ability to provide adequate information, advice and representation to members for this purpose. The ER role was, from its very early incarnations intended to enhance trade unions' ability to provide such support to members in respect of equality related problems they might encounter. The expectations at the time of the UMF projects amongst union officers and senior lay representatives were that the specific training that ERs would receive would improve the expertise available within the trade union representative team to offer to members who might be contemplating taking a complaint through their employer's grievance procedures (Bennett, 2010: 518).

The threat to invoke equality legislation in respect of a potential Employment Tribunal case on behalf of an aggrieved individual member was a clear opportunity for an ER to 'provide levers, legitimacy and impetus' (Dickens, 2012: 213) that might be used, not only to persuade a manager to implement individual redress in respect of a specific complaint or grievance but to also make recommendations for improvements to be made to workplace equality policies and practices more generally. Kelly (1998:2005) highlighted the important role played by such activities in contributing to general perceptions of union effectiveness amongst the local membership through; '...helping members to identify and raise injustices at work; persuading them that their employer has it within their power to remove those injustices and creating '... a sense of agency (or efficacy), i.e. the belief that collective organization and action can make a difference' (Kelly, 2005: 144).

The early research into the impact of the ER role indicated that providing information, advice and support to members was indeed an activity that many ERs were engaged in. Bacon and Hoque (2012) found that 53% of the ERs who participated in their national survey reported that they had represented members in this way and a further 20 per cent had assisted members with the investigation necessary to build their case, although they had not directly represented the member (Bacon and Hoque, 2012: 261). Bacon and Hoque suggested that such activities represented ERs providing a contribution to the facilitation effects of their trade union (Budd and Mumford, 2004). Bacon and Hoque (2012) suggested that such

activity on the part of an ER contributed to trade union effectiveness at an individual level, by making it more likely that the member concerned might benefit personally from a remedy to a discrimination or harassment related problem they were facing (Bacon and Hoque, 2012: 241).

Another avenue through which ERs might be able to enhance trade union effectiveness at an individual level, but in an indirect way, was identified by Bacon and Hoque in a later study they conducted into another specialist union position, the disability champion, (Bacon and Hoque, 2015). In that research they proposed that, as well as the ‘hard’ facilitation described above that provided support direct to a member, union workplace representatives might also sometimes provide ‘soft’ facilitation, working ‘alongside multidisciplinary teams’ from the management side, for example, a line manager and an occupational health or equality specialist to facilitate the implementation of a remedy for an individual members’ problem or issue (Bacon and Hoque, 2015:235). In the case of a disability champion, such ‘soft’ facilitation was proposed to take place in connection with arranging reasonable adjustments, but for a ER, it might also include working with a line manager and a HR practitioner to assist in reassuring a member that they could now return to work after successfully raising a case of harassment related to a protected characteristic.

Unfortunately, the quantitative nature of Bacon and Hoque’s 2012 ER survey meant that they were unable to examine directly whether facilitation of either the hard or soft varieties were indeed avenues through which ERs were able to enhance trade union effectiveness from an individual member’s perspective. The present study provides an opportunity to examine these two proposed individual level avenues of ER impact in more detail. It also provides an opportunity to examine how ERs might be able to use these individually based avenues of effectiveness to influence an employer’s equality practice at a collective level. It is to this question that the chapter now turns.

Collective level effectiveness

As discussed above, since workplace level collective bargaining is the role of a shop steward and not an ER, the avenues through which ERs might be able to have an

influence over an employer's equality practices at a collective level were not clear. Nevertheless, the early speculation around the contribution that the ER role might make included the potential for a collective level impact. The union officers and senior lay representatives interviewed by Bennett (2010) had voiced their expectations that ER would be able to 'work with management on equality projects and analyse the effects of initiatives' (Bennett, 2010:517). These expectations had parallels with elements of the second type of effectiveness that Bryson (2003) identified in his typology; that of delivery effectiveness. Delivery effectiveness concerns a union's 'ability to "deliver" for employees in improving work and working conditions' (Bryson, 2003:5). Two of the aspects of delivery effectiveness that Bryson identified were of relevance in relation to the early expectations for the ER; protection against unfair treatment and the promotion of equality opportunities, both of which were potentially delivered through ERs having influence over the way that employer's equality initiatives were being implemented, and were monitoring their impact amongst union members and using members' issues and concerns to suggest improvements.

Where ERs were able to persuade employers to improve their equality practices for the benefit of union members in this way, Bacon and Hoque (2012) proposed that their actions could be understood as an example of collective voice – institutional response (CVIR). CVIR describes how union representatives effect change by bringing matters of collective concern to the attention of an employer, with a view to negotiating suitable collective level solutions, often in the form of new, or amended workplace policies or practices (Freeman and Medoff, 1984: 20-21). CVIR is traditionally associated with formal collective bargaining, however, as has been noted already, ERs were not expected to be engaging directly in collective bargaining meetings in their own right. In light of this, Bacon and Hoque (2012) suggested that ERs might use other formal settings, more specific to their area of expertise, such as employer's equality committees or forums to raise and seek a response to their collective issues (Bacon and Hoque, 2012: 242).

The existence of an equality committee or forum at an ER's workplace in itself suggested a degree of commitment on the part of an employer to move beyond an 'empty shell' approach to workplace equality improvements (Hoque and Noon

2004). Such committees typically bring together people from different parts of an organisation to oversee and monitor progress on the organisation's priority equality initiatives (Kalev, Kelly and Dobbin, 2006). Such committees might be expected to involve representatives from the management side with a particular interest or responsibility for equality policy and practice as well as representatives of the workforce and to have a remit to 'monitor existing equality initiatives, identify new problems and recommend policy and workplace changes' (Blackett and Sheppard, 2003: 438). Participation in such a forum has the potential of giving an ER the opportunity to directly influence not only the implementation of an employer's equality and diversity policies, but also their formulation. The individuals who might be responsible for setting and revising such policies, namely the employer's equality and diversity specialists and/or senior managers acting as 'champions' for equality and diversity, might be expected to be amongst an equality committee's participants (Greene and Kirton, 2009:117). Unfortunately, for many ERs the opportunity to participate in an equality committee was not available to them because one did not exist at their workplace. 53 per cent of ERs who responded to Bacon and Hoque's national survey were in this position and a further 19 per cent had an equality committee at their workplace but did not attend, possibly because their management did not want to engage with them formally over their equality initiatives.

In addition to the specialist forum of an equality committee, Bacon and Hoque suggested that ERs might also be able to engage in more traditional forms of collective voice where they were able to influence the local shop steward whose role it was to negotiate formally with the employer. This avenue for ER influence would depend first on their union being recognised for collective bargaining purposes by their employer and secondly on their employer being willing to negotiate with the union over equality issues. This last avenue through which ERs might be able to influence employer equality practice, albeit indirectly could be understood by reference to what Clegg (1976) called the 'depth' of bargaining at a workplace, or the extent of local involvement in the collective bargaining process and its outcomes.

The presence of an ER could be seen as enhancing the depth of collective bargaining in respect of equality issues, resulting in greater propensity for those representing the union in collective bargaining to include equality issues on their bargaining agendas and in a greater legitimacy in seeking improvements that were of demonstrable concern to employees. Unfortunately, bargaining over equality is not a widespread phenomenon; only 26 per cent of the ERs who responded to Bacon and Hoque's survey were at a workplace where formal negotiations over equality matters were taking place. Nevertheless, Bacon and Hoque saw this form of collective voice, which reinforced traditional trade union channels of effectiveness, as 'an important avenue by which equality representatives might exercise influence' (Bacon and Hoque, 2012: 256).

However, Bacon and Hoque suggested that there was another avenue potentially available to ERs that might circumvent the unavailability of a formal setting through which they might be able to influence employer equality practice. That was through engaging representatives of management in informal 'meaningful and regular dialogue' over equality issues (Bacon and Hoque, 2012: 241). Although Bacon and Hoque were not specific about the level or type of managers they envisaged engaging in such dialogue, it might be expected that if an ER wanted to influence equality policies or the guidance into their implementation, their attention might best be directed towards informal discussions with the employer's equality and diversity specialists, or senior manager equality and diversity 'champions' who might have been expected to be participating in formal equality committees (Greene and Kirton, 2009:117).

Table 1. Potential avenues of ER effectiveness

Level	Avenue	Other actors involved
Individual level (effecting change for an individual)	Providing information, advice and support to members with equality related problems at work (hard facilitation)	Line managers
	Providing information to line managers to assist in dealing with a member's complaint (soft facilitation)	Line managers HR practitioners Occupational health practitioners
Collective level (effecting change for the collective)	Participation in employer's equality committee or forum (formal collective voice)	Senior manager equality and diversity 'champions' Equality and diversity specialists
	Raising common equality concerns through traditional collective bargaining mechanisms (formal collective voice)	Local union full time officer Shop steward
	Informal dialogue with management diversity practitioners (informal collective voice)	Senior manager equality and diversity 'champions' Equality and diversity HR/CSR specialists

The five potential avenues of ER effectiveness identified in this chapter are summarised in Table 1. All are examples of potential ‘opportunities to act’ (Kelly, 2005; Kirk, 2018) through which ERs might contribute to trade union effectiveness at both individual and collective levels (Kirk, 2018: 652). A key aim of the present research was to examine which, if any of these five potential opportunities to act were indeed avenues that ERs sought to use in order to contribute to trade union effectiveness at their workplaces. As well as examining the avenues through which ERs might be contributing to trade union effectiveness in respect of workplace equality issues, the present study was also interested in the extent of success that they had in doing so in the contemporary context. The earlier research by Bacon and Hoque (2012) had found that ERs were reporting a reasonable degree of success in relation to a broad range of legally protected characteristics: gender, race, disability, sexual orientation, age, and religion and belief. Over half of ERs reported at least some impact in relation to their employers’ gender, race, disability and age equality practices. However, less than half of ERs reported some impact in the other two areas of equality practice; sexual orientation and religion and belief. The most notable impact was reported in the area of disability, in which 13 percent of ERs reported ‘a lot’ of impact. This was just over double the proportion of ERs who reported ‘a lot’ of impact in respect of religion and belief practices, which were the area of least self-reported influence (Bacon and Hoque, 2012: 248).

The political, economic and employment relations changes, outlined in Chapter One, that had taken place since the UMF projects had come to an end were expected to have had a negative impact on the extent of ER influence over employers’ equality practices. As a result of the financial crisis and subsequent introduction of austerity across large parts of the public sector, the business case for pro-active equality and diversity practices at the workplace had been weakened (Karamessini and Rubery, 2014:334) and so the leverage that ERs might have been able to employ may have been reduced. The present research study provided an opportunity to explore whether this had indeed been the case, through a comparison between the extent of impact reported by ERs in the Bacon and Hoque study with the extent of impact reported in this contemporary study.

Thus, the third research question that this research sought to answer concerned, not only the avenues of ER influence, but also the extent to which these are being successfully utilised, asking specifically:

Through what avenues do ERs seek to influence the equality practices of employers and to what extent, in the contemporary context, are they able to do so?

Given the given the increased hostility of the political and economic climate and the challenges that this is expected to have created for ERs' continued ability to have a positive impact on employers' equality and diversity practices, the final area of interest for this study concerned the factors that might be associated with an ER's ability to influence their employer's equality practice in the contemporary context. It is to this final aspect of the study, with potentially the most relevance from a practical perspective, that this chapter will now turn.

Re-visiting the determinants of ER effectiveness

One of the notable findings of the previous research by Bacon and Hoque (2012) was the considerable variation in the levels of influence that individual ERs reported having over their employer's equality practices and it was expected that a similar pattern of variation would be found in the present study. Identifying the factors associated with the relative success of individual ERs in the contemporary context is of particular interest to this study as it has the potential to help trade unions develop evidence-based guidance in support of workplace effectiveness (Gall and Fiorito, 2016). An understanding of how those factors may have changed since Bacon and Hoque's research also has the potential to contribute to theoretical development in the field of employment relations, particularly in light of recent suggestions that new forms of trade union influence are developing in response to the long-term decline in formal collective bargaining coverage (Sullivan, 2010).

Bacon and Hoque (2012) considered the impact of antecedent factors on ER effectiveness by reference to the Activity-Support-Characteristics (ASC) framework they had previously applied to factors relevant to ULR effectiveness (Bacon and

Hoque, 2010, 2011) and later also applied to the relative effectiveness of trade union disability champions (Bacon and Hoque, 2015). The ASC framework suggests that, when seeking to identify factors that might be associated with union representatives' effectiveness, one should consider the activities that the union representative might engaged in, the types of support they might be receiving, and the characteristics associated with them as individuals. Bacon and Hoque (2012) identified three activities that increased the likelihood that an ER might successfully influence their employer's equality practices. The first of these was related to individual level effectiveness and involved ERs representing members who were taking up grievances related to their experiences of discrimination or harassment experiences at the workplace. The second was related to collective level effectiveness: attending an employer's equality committee or forum. The third; having direct contact with managers at least once a month could potentially have been related to both individual and collective level effectiveness, depending on the type of manager involved.

Surprisingly, given the more formal role that an equality committee might be expected to play in determining employer's equality practices, it was the other activities of representing members and having direct contact with managers that had more relative impact on the likelihood of ER influence (Bacon and Hoque 2012: 248-9). In addition to these three activities, Bacon and Hoque highlighted the importance that an ER had adequate time to carry out their duties to their likelihood of effectiveness ERs who reported spending five hours or more on activities related to their role were more likely to have influenced their employer's equality practices than those ERs who were not able to devote as much time to their role. Whether there had been any change to the relevant importance of these three activity factors, or to the importance of time available to carry out the role, was of particular interest for the present study in light of the insight this might provide into the kinds of activities that might represent worthwhile 'opportunities to act' in the contemporary context for trade unions (Kirk, 2018).

Turning next to the types of support that ERs might benefit from, Bacon and Hoque (2012) found that the bargaining climate for equality at a workplace was particularly important, suggesting that in some way the efficacy of an ER was

related to an acceptance on the part of the employer, that trade unions were legitimate stakeholders in the process of determining equality and diversity policy. When situated at a workplace where it was accepted practice for managers to negotiate with the union over equality matters, an ER was considerably more likely to report successfully influencing employers' equality practices than when situated in a workplace where this was not the case (Bacon and Hoque, 2012: 253).

Finally, in respect of the characteristics of individual ERs, two were highlighted as associated with the likelihood of influencing an employer's equality practices. The first was being an ER who had not previously held a union representative position; a new representative ER. The second was being an ER who was holding additional union positions; a hybrid ER. Somewhat counter-intuitively, new representative ERs were more likely to report successfully influencing their employer's equality practice than those who had some previous experience with a union position and those ERs who were holding more than one union role were more likely to report success than those who were dedicated solely to the ER role (Bacon and Hoque, 2012: 254). In the case of new representative ERs, Bacon and Hoque suggested that they may have been specifically encouraged into union representation by the ER role itself and as a result carried out their duties with a 'particular vigour' (Bacon and Hoque, 2012: 256). In the case of hybrid ERs, there was a suggestion of a 'spillover effect' whereby the ER was able to progress equality issues through their activities in their other representative roles (*ibid*). Whether these ER characteristics had remained important or whether other characteristics may have become more important in increasingly the likelihood of ER effectiveness in the contemporary context was a question that the present study sought to answer.

To summarise, the fourth and final research question aimed identify the ASC factors associated with ER effectiveness in the contemporary context and consider how specific factors may have become more or less important over time.

Specifically:

What ASC factors increase the likelihood that an ER is able to influence the equality practices of their employer in the contemporary context and how have these changed over time?

Chapter summary

This chapter has considered the three different perspectives through which the ER initiative can be viewed; as a renewal strategy, as a revitalisation strategy and as a strategy for enhancing trade union effectiveness. Using the lenses afforded by each of these perspectives the chapter identified theories and frameworks relevant to the research aims of my study and developed the specific research questions that my empirical investigation focuses on.

In relation to analysing the ER initiative as a renewal strategy, specifically addressing the need to renew workplace representation in ways that might also modernise the diversity of the workplace representative cadre and the trade union agenda by which they operate. From this developed the first research question, concerned with the extent to which the ER initiative is contributing to the renewal of trade union workplace representation in respect of absolute numbers of ERs, their demographic characteristics, and also the proportions who come to the ER role new to workplace representation and who are subsequently encouraged to take up other vacant trade union workplace representative positions.

The chapter then turned to the perspective of the ER initiative as a revitalisation strategy and introduced social movement theory and its concept of collective action frames. Collective action frames and the different processes of framing through which they are established were identified as pertinent to how fellow local representatives might be encouraged to view the concerns of women and minority groups as intrinsic, rather than peripheral to the workplace trade union agenda. A second research question was thus developed, concerned with the ways in which framing activities associated specifically with the promotion of the ER role might contribute to the broader revitalisation of local trade union agendas in respect of raising the priority afforded to equality issues.

The chapter then considered the perspective of the ER initiative as a strategy for enhancing trade union effectiveness, reviewing first how the lack of statutory support for the ER role had meant a reliance upon employers' voluntary agreement to engage with them over equality matters. The conditions in which this was most likely to occur were identified: where an employer had made public pronouncements

of intent in respect of equality objectives; where improvements to their equality practice had been identified and where the trade union was already recognised for the purposes of collective bargaining. The avenues through which an ER might seek to have an influence over their employer's equality practices, given that the ER has no formal role in collective bargaining, were discussed. The third research question, seeking to clarify those avenues and the extent to which they are successfully used by ERs in the contemporary context was thus identified. A fourth and final research question was then specified, focused on the potential determinants of ER effectiveness. Guided by the ASC framework of factors, this fourth research question sought to identify the factors that were relevant to the likelihood of ER influence in the contemporary context and how that profile of factors may have changed over time, in response to the changing employment relations environment.

The methodology that was used to examine the four research questions developed in this chapter will be outlined in the next.

Chapter Three

Methodology

Introduction

The previous chapter reviewed the literature relevant to the trade union ER initiative and the contribution that this relatively new workplace representative role might be making to trade union renewal and revitalisation. It also outlined the four research questions that were the focus of my research study.

Those four questions were as follows:

To what extent and in what ways is the ER role contributing to a renewal of trade union representative resources?

In what ways are framing activities associated with the establishment of the ER role contributing to an equality-related revitalisation of the local trade union agenda?

Through what avenues do ERs seek to influence the equality practices of employers and to what extent, in the contemporary context, are they able to do so?

What ASC factors increase the likelihood that an ER is able to influence the equality practices of their employer in the contemporary context and how have these changed over time?

This chapter will detail the process by which appropriate research strategies were identified and implemented in order to answer these four research questions. It starts by providing transparency to the postpositivist assumptions that underpinned my research. The chapter will go on to outline the reasons why a mixed methods design involving a series of qualitative interviews; a quantitative survey and the qualitative analysis of a number of documents was chosen. A detailed account is then provided of how the data requirements set out in the research questions were

operationalised, why particular sampling strategies and data collection methods were chosen over others and how the data collection was carried out. The chapter then details the analyses that were carried out on the data thus collective. Following an evaluation of the steps taken to maximise the reliability and validity of the data and of the subsequent analyses that were carried out the chapter concludes with a summary of the ethical considerations and associated decisions taken during the research process.

Research design

Creswell (2014) recommends that the process of research design should begin by making explicit the paradigm underpinning that design. Defining one's paradigm is to make specific the assumptions being made by the researcher about '... how one might begin to understand the world and communicate this as knowledge to fellow human beings' (Burrell and Morgan, 1979:1). Creswell suggests the term 'philosophical worldview' to replace reference to research paradigms and I have chosen to adopt Creswell's terminology in the discussion below, in the belief that it provides a more accessible description of what is meant by the term 'paradigm'.

Philosophical worldview

Creswell defines a researcher's philosophical worldview as ' a general philosophical orientation about the world and the nature of research that a researcher brings to a study' (Creswell, 2014: 6). In relation to this study, the philosophical assumptions that underpinned my approach had their origins within the postpositivist tradition.

Postpositivism represents the current version of 'the traditional form of research...sometimes called the scientific method or doing science research' (Creswell, 2014:7). Whilst its ontological position is firmly objectivist, subscribing to the existence of an external, objective reality, postpositive research is more flexible than its positivist forebear in the degree to which it accepts that truth can only ever be approximate, not absolute. Postpositivism accepts the fallibility inherent in all observation and acknowledges the existence of biases in human

perception (Phillips and Burbules, 2000). In common with positivism, postpositivism sees social scientific research as having as its objective the identification of law-like relationships between social phenomenon but in contrast to positivism it accepts that we can only ever know these laws in an imperfect way, couched in probabilities but having the objective of progressively improving the accuracy of prediction over time (Tashakkori and Teddlie, 1998:28).

Postpositivism is most commonly associated with the use of inferential statistics, however, it is also open to the consideration of a mixed methods research design aimed at collecting and analysing both quantitative and qualitative forms of data (Onwuegbuzie, Johnson and Collins, 2009). A mixed methods design appeals to the postpositivist concern for validity, since validity can be enhanced through the triangulation of findings from several different types of data source (Crook and Garratt, 2011: 215). The advantages that accrued from adopting a mixed methods design for this research study, based on the purposes of the study, persuaded me to adopt such an approach. The reasoning behind my decision is outlined below.

Developing an appropriate mixed methods design

A mixed methods approach to research involves the use of two or more different kinds of data gathering and analysis within the same study (Greene, Kreider and Mayer, 2011). Greene, Caracelli and Graham (1989) propose a conceptual framework through which justification for the use of mixed methods can be made by reference to five potential reasons why such an approach might be taken. Those five reasons are: complementarity; development; triangulation; initiation and expansion.

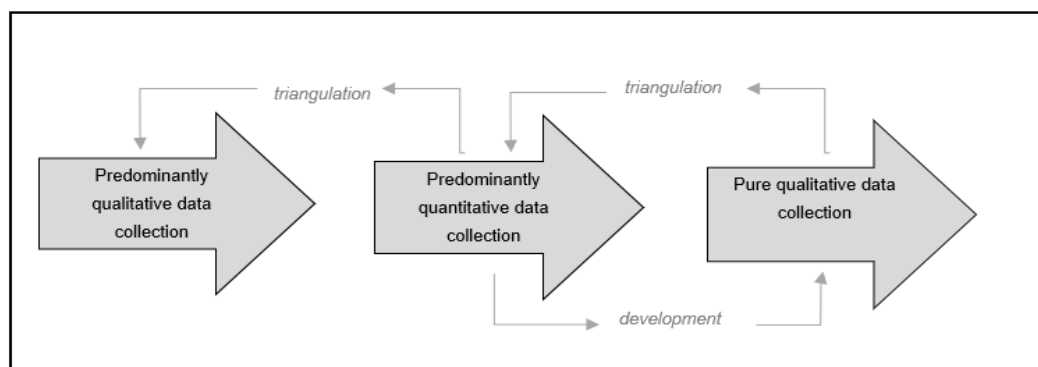
In relation to this study, the first purpose for which mixed methods was that of complementarity or using mixed methods to “measure overlapping but also different facets of a phenomenon, yielding an enriched, elaborated understanding of the phenomenon” (Greene et al. 1989: 258). The way in which I chose to use both quantitative and qualitative lenses to complement one another to enhance our understanding of the ER initiative is discussed in more detail in the sections that follow.

My decision to adopt a mixed methods approach also had the purpose of providing a means for data triangulation. It did this by providing a means through which the reliability of data (whether obtained from a qualitative or quantitative source) could be checked through comparison with data from at least one other source. The mixed methods approach also contributed to the overall quality of this research project through what Greene et al. (1998) labelled the purpose of development. Development, in their words, “seeks to use the results from one method to help develop or inform the other method, where development is broadly construed to include sampling and implementation as well as measurement decisions” (Greene et al. 1998:259). In the case of this research, data collected during the quantitative stage were used to identify participants for interview through a process of purposive sampling for a subsequent qualitative stage of data collection. This is discussed in further detail below.

As alluded to above, the process of data collection was designed to take place through a series of qualitative and quantitative stages. In order to ensure that opportunities for triangulation and development were taken advantage of, a preferred sequence for the data collection was devised. This sequence of events grouped together the requirements for data collection by data type. Figure 1 provides an overview of the phases of data collection that were thus identified.

Figure 1. The mixed methods research design

(Adapted from Saunders et al, 2016:170)



Identifying the most appropriate design for a research study depends, in part, on its purpose as defined through the questions it is seeking to answer (Saunders, Lewis and Thornhill, 2016). Saunders et al. identified three potential research purposes: description; explanation; exploration. Descriptive research questions seek to establish an accurate picture of a phenomenon. Explanatory research questions are focused on the identification of possible causal relationships that might account for the way a phenomenon is occurring. Exploratory research questions are concerned with the discovery of new insights into a topic. Elements of all three featured in the research questions formulated for this research project.

The first research question is descriptive in purpose in that it seeks to establish an indication of the extent and ways in which the ER role is creating an avenue through which new union representatives are being identified and how they are being encouraged to take on other union roles, thereby helping to renew the volunteer trade union representative base. The second research question is exploratory in nature in that it seeks to gain insight into how the role of ER is being framed so as to encourage the establishment of a more inclusive trade union agenda at the workplace level. The third research question is descriptive, seeking to identify the ways and establish the extent to which ERs are influencing the equality practices of their employers. The fourth research question is explanatory in purpose, seeking to identify factors that may explain which activity, support and characteristic factors are of importance in increasing the likelihood of an ER reporting having a positive influence on their employer's equality practices.

Following the advice of Maxwell (2009), a data planning matrix was drafted, summarising the research questions I had identified, the data I would need to collect in order to answer them, whether that data would be quantitative or qualitative in nature, where that data would be collected from and how I intended to collect it. Those decisions are summarised in Table 2. The table provides a useful reference point summarising the overall design of my study. It sets out how I planned to collect both quantitative and qualitative data such that they complemented one another to help develop a better overall understanding of the ER phenomenon. It also illustrates the 'equivalent status' that the qualitative and quantitative data were given within the research design (Tashakkori and Teddlie 1998:44). The next section

will outline how decisions relating to data collection were made. These decisions involved designing and carrying out a sampling plan in order to collect the required data (Henry, 2009:77).

The sampling plan

Table 2. summarises the data sources that were identified through the research questions as relevant for this research study. These data sources; the TUC, individual trade unions with an ER presence in their structures and individual ERs active in British workplaces; were the basis on which the sampling plan was derived. Three different data gathering plans were drawn up, one for the TUC, one for individual trade unions and a third for individual ERs.

The first plan, aimed at collecting relevant data from TUC sources, was initially based around the contact that my supervisor, Kim Hoque had previously made with TUC personnel as a result of having conducted the previous ER survey. Of his pre-existing contacts, the TUC Senior Equality Policy Officer (SEPO) had indicated a willingness to assist with the present study and a meeting was held with her in February 2014. A second face-to-face meeting and a number of email communications between myself and the TUC SEPO followed, during which I gathered information from her, as a research participant, about the contemporary status of the ER initiative from the TUC's perspective after having providing her with a participant's information sheet, outlining the aims of the research and the purposes that it would be used for (Appendix A) and stating her right to withdraw from the research at any time in the body of an email. At a subsequent meeting held with the SEPO (in July 2014), the TUC Education Officer was identified as a second source of TUC-related data pertaining to the ER initiative and a face-to-face meeting was subsequently held with her, also during July 2014. The TUC Education Officer was also provided with a participant's information sheet and clear communication about her right to withdraw from the research at any time. Further descriptions of the method and procedure by which data were collected from these two participants can be found later on in the chapter.

The TUC SEPO was asked to assist with formulating a sampling plan for the proposed research through which relevant data might be collected from the individual trade unions who had an ER presence within their structures. She suggested basing that plan around a list of nineteen trade unions with an ER presence that was to be included in a soon-to-be published TUC Equality Audit (TUC, 2014a). Her recommendation was to adopt a plan to collect data from the national officer responsible for equality matters for each of these trade unions, and this was the plan that was adopted. Given the relatively small size of the group of national equality officers who were of interest for the study, instead of adopting a sampling approach, I decided to take a census approach in respect of my target group of participants. A census approach, where the entirety of a group, rather than just a selection of its members, can be an appropriate alternative to sampling where a study population is sufficiently small (Henry, 2009 :77). A summary of the nineteen trade unions represented by the national officials whom I initially contacted in March 2014 can be found at Appendix B. A list of the interviews obtained with TUC officials, national trade union officers and specialist trade union staff is included at Appendix C. A discussion of the representativeness of the sample achieved can be found later in this chapter. All the officers and specialist staff who were interviewed were provided in advance of the interview with a participant's information sheet and information making it clear that participation was entirely voluntary and could be withdrawn at any time.

The third data source that had been identified as relevant to this research were the individual ERs active in British workplaces. Three different sampling strategies were identified and employed for this study population, the first of which related to the collection of quantitative data and the second and third to the collection of qualitative data. Taking the quantitative data first, although the size of the total active ER population was not known, based on its estimated size at the time of the Bacon and Hoque (2012) study it was thought to be small enough to aim to target all of its members in the sampling plan. It was established through the trade union officers who had been contacted during the previous phase of the study, that email lists were available through which contact with individual ERs could be established through which to administer a survey. Details of the sample that was

Table 2. Summary of data sources and collection methods

Research question	Data required	Nature of data	Source of data	Data collection method	
1 To what extent and in what ways is the ER role contributing to a renewal of trade union workplace representative resources?	Number of ERs by trade union	QUANT	TUC Individual trade unions	Secondary data	
	Workplace and demographic characteristics of ER population	QUANT	Individual ERs	Survey	
	The paths to taking up an ER role	QUAL	Individual ERs/Trade union national officers and specialist staff	Interview	
	Past and present union roles covered by individual ERs		QUANT	Individual ERs	Survey
			QUAL	Individual ERs/Trade union national officers and specialist staff	Interviews
2 In what ways are framing activities associated with the establishment of the ER role contributing to an equality-related revitalisation of the local trade union agenda?	Promotional material associated with ER role	QUAL	Individual ERs/Trade union national officers and specialist staff	Interviews	
	Details of relevant TUC/individual union training and education courses aimed at ERs and other workplace representatives			Documents	
	Guidelines on expected ER duties and activities				
3 Through what avenues do ERs seek to influence the equality practices of employers and to what extent, in the contemporary context, are they able to do so?	Examples of how influence is sought by ERs	QUAL	Individual ERs	Interviews	
	Measures of ER influence on employers' equality practice	QUANT		Survey	
4 What ASC factors increase the likelihood that an ER is able to influence the equality practices of their employer in the contemporary context and how have these changed over time?	Measures of ASC factors of potential relevance	QUANT	Individual ERs	Survey	
	Measures of ER influence on employers' equality practices				

Key QUANT: quantitative
QUAL: qualitative

achieved when the survey was distributed in April 2017, and its representativeness are discussed later in this chapter.

Turning now to the sampling strategies that were undertaken to identify ERs through which to collect qualitative data, both came under the general umbrella of purposive sampling. In purposive sampling ‘particular settings, persons or events are deliberately selected for the important information they can provide’ (Maxwell, 2009: 235). The first form of purposive sampling that was used was snowball sampling where participants identify other potential participants to the research, based on their having information or experience relevant to the research (Bryman, 2012: 424). The snowball sampling of ERs took place during an initial phase of qualitative data collection when individual ERs were identified by virtue of being known, either to the national trade union officers or to the specialist support staff whom I had interviewed, as being particularly active ERs. These potential participants were contacted, and an initial set of ER interviews was conducted between July 2014 and September 2014.

The second form of purposive sampling employed in respect of ER interviews was criterion-based (Gray, 2014: 221). The criteria that were applied related to ERs’ responses to the survey that had been distributed through the aforementioned trade union contact lists in April 2017. This second wave of ER interviews that followed the survey took place between April 2019 and May 2019. ERs were selected for potential interview initially by virtue of having indicated in the survey that they were happy to be contacted for this purpose. Of that list of 177 ERs, ten ERs who had reported being new to union representation (having not held a union position prior to their ER role) and ten ERs who had reported being existing union representatives having held a union position prior to their ER role) were initially selected randomly from the list. This group of twenty ERs were the first who were contacted for interview. Due to an initial low response rate to my email invitations to this first group of ERs to contact me to arrange an interview, further random sampling from each of the two groups defined by whether they had held union position prior to becoming an ER was carried out, until a total of 15 interviews had been achieved. That additional sampling was carried out with the aim of keeping numbers interviewed from both groups as equal as possible. There was an aim to include at least one ER from each of the following identity groups; BME,

LGBT and disabled. An effort was made to include ERs from a mixture of public, private and not-for-profit organisations. An effort was also made to achieve a broadly equal number of men and women. Further discussion on the response rate to my requests to interview can be found later on in this chapter. All the ERs who were interviewed were provided with a participant information sheet together with information making it clear that participation in the interview was wholly voluntary and that they could withdraw from the research at any time.

Appendix D contains a list of the ERs interviewed in both the first and second waves of ER interviews, together with their demographic information, sectors of employment and union representation histories (i.e. whether the ER role was their first union position or whether they had previously had experience of union representation roles).

Data collection methods

Having devised appropriate strategies to identify study participants from the TUC; from trade union national officer cadres and their specialist staff; and from the contemporary network of ERs in British workplaces, the next step in the research design was to consider the methods through which the relevant data sets would be collected.

Qualitative data collection methods

Turning first to the three waves of qualitative data collection; two of which that took place prior to the distribution of the ER survey and one of which that took place after that survey, I decided that semi-structured interviews would be the most appropriate method for data collection as they would provide the flexibility in respect of the data that was being sought (see Table 2). Semi-structured interviews also provided flexibility in the medium through which they could be carried out; as either face to face or telephone methods could be adopted. Semi-structured interviews involve the interviewer preparing “a series of questions that are in the general form of an interview schedule but [the interviewer] is able to vary the

sequence of questions” (Bryman, 2012: 212). In this way the semi-structured interview affords the researcher a degree of flexibility in the way data can be captured whilst still providing for an element of standardisation in how each interview is conducted (*ibid*: 471). As the opportunity for a degree of standardisation was important in light of the postpositivist underpinnings of the study, a standard protocol was followed in respect of each set of interviews. Those protocols are described below.

As referred to above, the first set of interviews were conducted with trade union national officers between April 2014 and April 2015. Prior to each interview being arranged, participants were sent some background information about the research. A reminder participant information sheet was provided to participants just before the interview started together with a consent form to complete. An interview schedule had been prepared in advance, based around the research questions of relevance for each element of data collection (see Table 2) to ensure that I covered the same areas of broad questioning with each participant (King, 2004a:15). The relevant interview schedule used during the interviews with trade union national officials and staff can be found at Appendix E.

The interviews with ERs took place in two distinct sets which were conducted following slightly different protocols. The first set involved participants who had been identified through snowball sampling, as outlined above during the first wave of data collection. This first wave of ER interviews took place between July 2014 and September 2014, prior to the distribution of the ER survey. The protocol adopted for this set of interviews was similar to that employed for the interviews with trade union officers, but a revised interview schedule was used (Appendix F) that reflected the different emphasis of the research questions that the data from this group of participants were aimed at addressing. The second wave of ER interviews took place between April and May 2019, after the survey had been conducted. The participants in this second wave of ER interviews had been identified through criterion sampling based on individual survey responses. This second set of ERs was interviewed during a later interview wave that took place between April 2019 and June 2019. The protocol for this set of interviews varied

from that used for the first two sets of interviews. Those variations are discussed below.

Background information about the research study had already been provided to this set of ERs, in connection with their participation in the survey I had conducted. They had also, through the survey already provided confirmation of their informed consent. However, a reminder about the research purpose and an opportunity to confirm consent to be interviewed were also provided to this group of interviewees as part of the e-mail invitation they received to participate in a follow-up interview. A third interview schedule (Appendix G) was drafted for this group of interviewees, based on the interview schedule used for the first set of ERs but revised to reflect the sharper focus on aspects of the research questions that had developed from the analysis that had been undertaken on the survey data prior to the interviews taking place. In respect of all three of the interview schedules that were prepared, the initial interview schedule was reviewed after the first two interviews that were carried out so that (minor) improvements could be made to improve the flow of the interview process (Bryman, 2012: 476).

Documents were also used in the study as a supplementary source of qualitative data, primarily for the purposes of triangulation (see later section on validity). A broad definition was applied to the types of document that would be potentially included in the study's data set. That definition included researcher-generated meeting notes as well as printed and electronic information. Of the documents that were not self-generated, most were identified during interviews when the participant referred to a report or some other document. In these circumstances the participant was asked whether they could provide me with the report for reference. Other documents of relevance were identified during the data analysis stage, where I came across a reference in an interview to an event or report that could be cross referenced through an internet search to a relevant document. A list of the relevant documents identified during or after interviews and meetings with the TUC, with individual unions at a national level and with individual ERs are included as Appendices H, I and J.

Quantitative data collection method

I decided to collect my quantitative data from my identified population of ERs through a survey. A survey can be used to collect quantitative data for both descriptive and explanatory purposes (van Vaus, 2016), both of which had been identified as relevant to the research questions that the survey data would be used to answer in this study. As the census strategy that was planned implied a relatively large number of participants, I judged that the most appropriate method of survey distribution would be that of self-completion. Of the possible options of a postal or web-based self-completion questionnaire, a web-based survey was identified as the most appropriate medium, based on information provided by trade union national officers as to their usual means of contacting their active ERs.

Web-based surveys are a relatively new method through which a questionnaire can be distributed by e-mail for research purposes. The distinguishing characteristic of a web survey is that the survey is accessed through a hyperlink provided to participants in an e-mail. The hyperlink connects the participants to a website on which the questionnaire is hosted and which is then completed on-line (Bryman, 2012: 671). One of the advantages of using a web-based survey is that the participant is able to complete it using a variety of electronic devices including a desktop computer, a tablet computer or a 'smart' mobile telephone (Dillman et al. 2014). Web surveys can also be designed to 'skip' questions that are not relevant to a participant based on a previous answer, thereby potentially reducing the complexity of the survey as it is presented to any one individual (Bryman, 2012: 676). There are also advantages for the researcher such as the elimination of manual data entry of survey responses, reduced costs of distribution and a faster response time, as postal services are not required to distribute or respond to the survey (*ibid*).

Some disadvantages were identified to adopting a web-survey as my method of quantitative data collection, most notably that it would, by definition, exclude any ERs who did not have access to the internet. Given that e-mail was already being used by the individual trade unions as a means of communication with their workplace representatives and the majority of adults now have access to email (Office of National Statistics, 2017) this was not judged as being a particular issue in the context of this study.

Having identified the web-based survey as the mechanism through which I would distribute my survey, I then turned to designing its content. The starting point for this process was the summary of data requirements that had been compiled during earlier stages of the research design process (see Table 2). Turning first to the descriptive purposes of the survey's data collection, requirements had been identified in relation to the demographic and workplace characteristics of individual ERs, the past and present trade union roles they may have undertaken and the types of support they might be receiving from within their trade union structures. The quantitative data on union support that would be collected was also of value for triangulation purposes in respect of the qualitative data collected through interviews that has been discussed above.

As I had access to the text of the postal questionnaire that has been used by Bacon and Hoque (2012) for their previous survey of ERs, I decided to base my question wording as far as possible on the wording and pre-determined categories of response that they had used. This was to facilitate comparisons between the findings of the two surveys where possible. However, my survey included a number of new questions, reflecting the aspects of the ER role that had not been previously researched. These new questions related most notably to the support that ERs might receive from within their trade union structures.

The types of support specifically referred to in the survey were identified from data gathered through the interviews with trade union national officers and with the group of ERs who were interviewed prior to the survey being circulated. New questions were identified from these sources covering the networking opportunities that trade unions offer to ERs and their provision of support materials such as guidance packs. New questions were also included in the survey relating to an ER's participation in trade union self-organised groups and internal union committees as well as the workplace roles that had previously been included in the Bacon and Hoque survey.

One of the key data collection requirements of the survey was to capture quantitative data on the impact that ERs were having on employers' equality practices, as this data would be required to answer the second research question. To fulfil this requirement, I used the same method of measurement as had been adopted

by Bacon and Hoque, namely a self-report measure based on a Likert scale. The relevant questions asked individual ERs to rate their own impact on their employer's equality practices in respect of race, gender, disability, age, sexual orientation and religion and belief equality practices on a four-point scale ranging from "none" to "a lot" (Bacon and Hoque, 2012: 246). The measures that I took to assess the reliability of these ratings are discussed towards the end of this chapter.

Considering next the explanatory purposes that were intended for elements of the survey data, the measures of ER impact discussed above were identified as relevant measures of the outcomes of interest. In relation to the predictors of those outcomes, data relating to the ASC factors proposed by Bacon and Hoque (2012) were needed as a measure of individual ER variability in: the different activities that they might be engaging in, the support they might be receiving (from managers, fellow reps or their union more broadly) and aspects of their personal characteristics.

In relation to ER activities, my survey questions were largely based on Bacon and Hoque's items with a few amendments, mainly reflecting additional support factors that I had identified relating to support provided to ERs by their trade union, most notably the opportunity to participate in face to face networking opportunities. Once I had finalised the text of the questions that would be included in the survey, I next considered how I might best present them to the participants, mindful of the objective of achieving as high a response and completion rate as I could achieve. A professional software package (Qualtrics) was used to create a web-based version of the draft survey. This software package gave me access to a number of features such as the ability for participants to save and return to a partially completed survey that, it was hoped, would contribute to the minimisation of missing data.

In order to encourage participation in the survey I approached the TUC to provide an endorsement, which they agreed to do. This endorsement took the form of a letter that conveyed a message from the TUC General Secretary, encouraging ERs to complete the survey, and providing a hyperlink through which the survey could be accessed. A copy of the covering letter can be found in Appendix K. Appendix L includes a text version of the survey. This first page asked the participant for their informed consent before proceeding any further. If this consent

were not forthcoming, the participant would be taken to a page ending their survey interaction. Towards the end of the survey a further consent question was included, asking whether the participant would be willing to be interviewed as part of the research (Question 53). As an incentive to responding to the survey, participants were invited to enter a prize draw to win a £50 book token.

Summarising the decisions that have been described above, three methods of data collection were identified as appropriate for the purposes of this research study: semi-structured interviewing; a self-administered web-based survey and the collation of relevant documents. The next section will consider my role as a researcher in relation to this research study, in acknowledgement of the important role that reflexivity plays particularly, but not exclusively, where qualitative methods are used in research.

My role as researcher

Reflexivity can be defined as a ‘recognition that the involvement of the researcher as an active participant in the research process shapes the nature of the process and the knowledge produced through it’ (King, 2004a: 20). I have chosen to conclude this section of the chapter focused on my research design with a reflexive account partly, but not solely because that design included the use of qualitative interviewing. Qualitative interviewing is a data collection method in which the researcher co-creates the data in an interaction with the participant (Dingwall, 1997:60). Data obtained through a qualitative interview can thus be influenced by the biases or characteristics of the interviewer, just as much as it can be influenced by the desire for positive self-presentation on the part of the participant (Creswell, 2014:191).

More generally, whether employing qualitative or quantitative methods, all forms of research can be affected by the characteristics and personal history that the researcher brings to bear on the research process. Holgate, Hebson and McBride (2006) suggest that the potential influences that a researcher may have had on the research situation may relate to their personal identity, access to power, as well as their gender and ethnicity. I will attempt to provide transparency across all these dimensions in the paragraphs that follow.

I start by providing transparency over my motivations to conduct research into the ER phenomenon, which were partly influenced by my personal history as a former trade union research officer. This identity meant that the research topic had a personal as well as academic resonance for me. As well as providing me with my initial motivation to research in this area, my previous history of working within the trade union movement gave me a degree of privileged access to the trade union officers and specialist staff who were participants in this research, some of whom I had worked with in the past. In particular, my previous contacts within the trade union movement helped me in obtaining a supportive message from the TUC General Secretary when circulating the ERs' survey.

I was also in the privileged position of being supervised for my PhD by Kim Hoque, who had been involved in the previous national survey of ERs (Bacon and Hoque, 2012). This gave me easy access to elements of the previous survey, such as the wording of the questions. It also helped me to gain initial access to and support from the TUC, when the present study was positioned as a follow up to the previous research.

The combination of my previous trade union career and my link with the previous ER survey may have contributed to the collaborative relationship that developed between myself and the TUC officers during the early stages of this study. At the time I started the process of data collection for this study, the TUC had been engaged in political lobbying in support of new statutory rights for ERs. I agreed to provide the TUC with a set of short vignettes featuring anonymised case studies of ERs, in exchange for their assistance and support to complete my broader study. These vignettes eventually featured both in a TUC briefing on the ER (TUC, 2014b) and in a book chapter, jointly authored by myself and the TUC Senior Equality Policy officer included in a publication by the Equality and Diversity Forum¹³ (Mamode and Brett, 2015).

Finally, it is worth providing some transparency into my personal characteristics that may have been of specific relevance in the context of some of the

¹³A civil society national network of organisations promoting equality and human rights.

interview interactions that took place. Kvale (1983) observed that the interview is an interaction in which ‘interviewer and interviewee react in relation to each other and reciprocally influence one another’ in ways that can engender either positive or negative feelings depending to the degree of reciprocal respect that is established (Kvale, 1983:178). In this regard, my gender (female) and ethnicity (BME) may have had an influence on the extent to which female and BME interview participants were more able to talk about equality matters relating to gender and race than would have been the case with another researcher with different demographic characteristics. My own experience of having previously held a union lay position as a workplace industrial representative may have also helped develop a rapport with my ER participants, thereby encouraging disclosure on their part during their interviews (Rapley, 2001).

The chapter will now turn to the practicalities of the processes through which the qualitative and quantitative data for this research study were collected.

Data collection process

This section presents an audit trail of the process by which data was collected from the three groups of participants that had been previously identified as relevant to the study’s aims, namely TUC officers, trade union officers and specialist staff and individual ERs. Each will be considered in turn.

TUC officers

My approaches to the TUC had three intentions relating to my data collection plans. First was the data collection from the TUC itself, related to the TUC’s contemporary support for ERs. The second was to seek assistance in defining the members of the required study population of individual trade unions. The final intention was to explore possible ways in which to gain access to the population of active ERs. It was initially hoped that the TUC might be able to help with the latter as they had facilitated contact with the majority of the ERs who participated in the previous

survey, through a list of those who had undergone TUC-provided training (Bacon and Hoque, 2012: 245).

I held a total of two meetings with the TUC SEPO. I have already discussed above how I was provided with guidance at the meetings on defining and contacting an appropriate study population of national trade union officials. The two meetings also provided me with an opportunity to collect primary data relating to the ongoing support being provided to ERs by the TUC. Although I did inquire about any secondary quantitative data that they might be able to provide me relating to the number of ERs that were active at the time, I was informed that no such data was being collated by the TUC.

One particular area of potential support that I had been particularly interested in was the provision of specialist training for new ERs, as this had been one of the key features of the UMF projects. It became clear during my first meeting with the TUC SEPO that she was not in a position to provide any information on current training provision. However, the SEPO did arrange a meeting for me with the TUC's Education Officer, who would be able to provide the required information. At that subsequent meeting I was informed that the TUC had stopped providing ER training at the end of the UMF projects. This also meant that contact lists used by the previous research were no longer being maintained. The TUC Education Officer did suggest however, that individual trade unions may have continued to provide training courses for ERs and might also be maintaining ER contact lists. These suggestions were further investigated during my data collection activities with trade union officers, described below.

First, however, to summarise the process of data collection that was undertaken with the TUC; three meetings were held with TUC officers between February 2014 and July 2014 (listed in Appendix C). Handwritten notes were made at each of the three meetings which were saved and included in the data analysis described later on in this chapter. A number of documents were also collected that were relevant to the discussions that were either provided to me either during one of the meetings or shortly afterwards which were also considered during the data analysis. These are listed in Appendix H.

Trade union national officers and specialist staff

The main objective of approaching relevant trade union national officers of the nineteen trade unions that had been identified as potentially having an ER presence was to gather data on the extent to which they were supporting the role internally. A second objective was to collect secondary data on the number of ERs who were active in their structures and a third was to obtain contact lists of ERs for the circulation of a planned self-completion survey. The interviews that were held, between April 2014 and April 2015, are listed in Appendix C.

The TUC SEPO facilitated some of the early contact I had with trade union officers in my target group. First, she brought my research to the attention of the members of a TUC working group campaigning to secure statutory rights for ERs. This resulting in eight trade union national equality officers (NEOs) and researchers agreeing to participating in the research, representing the following trade unions: CWU, NUT, PCS, TSSA, Unison, Unite (all of whom had been involved in the original UMF projects) and the Association of Teachers and Lecturers (ATL) and the University and College Union (UCU) who had not. A further three contacts with NEOs and research staff were provided through the TUC at a later date representing: the NUJ and Prospect (who had been involved in the original UMF projects) and the Associated Society of Locomotive Engineers and Firemen (ASLEF) who had not. I had now contacted a total of eleven out of the nineteen trade unions I had targeted.

For the remaining eight trade unions, I used the information contained in the 2014 TUC Directory (TUC, 2014c) to identify a contact. Of these eight, contact was achieved with four using the contact thus identified: GMB (formerly the General, Municipal, Boilermakers and Allied Trades Union); the FDA (formerly the Association of First Division Civil Servants; the National Association of Probation Officers (NAPO) and the National Association of Schoolteachers Union of Women Teachers (NASUWT).

In respect of those trade unions who responded to my requests for an interview, I had successfully positioned the TUC as a 'known sponsor' of the research (Patton, 2015:396; Shenton and Hayter, 2004:224), although their sponsorship was not of a financial nature. In the case of the four trade unions who

did not participate, however, this approach proved to be ineffective, possibly because they had no specific links to the TUC's ER-related campaigning work at the time. Neither did they have any informal links with the unions with whom I had managed to establish contact. One possible reason for their non-response was, therefore, the lack of connection between them and other participants who might have encouraged their participation through my research being positioned as a contribution to the TUC campaign to secure statutory rights for ERs. A further discussion of the implications of these non-responses for the generalisability of the study can be found towards the end of the chapter.

Contact with each trade union was first sought with their NEO, or with a national officer identified as having responsibility for equality in the TUC Directory. If no officer was thus identified, contact was first attempted with the union's general secretary. If a union's equalities researcher had been provided as a contact point by the TUC, then the researcher was used as the first contact. In these circumstances, endeavours were subsequently made to interview a national official as well. In the case of Unite, a series of interviews were undertaken with a number of different officers and specialist staff including the Assistant General Secretary as well as the NEO, the equalities researcher and the national equalities education tutor. The Unite equalities researcher was the first point of contact and she identified the other officers and staff as having potentially useful information of relevance to my study. I was informed that the National Equalities Education Tutor was involved in delivering specialist ER training courses. The Assistant General Secretary was identified as she had considerable involvement in the original UMF projects in her previous role as the TGWU's National Organiser for Women, Race and Equalities. She had also been involved in earlier TGWU-specific initiatives to establish workplace women's representatives, discussed in the introduction to this thesis.

All the union national officers and specialist staff who participated in this phase of the research were enthusiastic in their participation and willing to share both positive and negative aspects of their work in support of the ER role within their union's structures. However, it was noticeable that some participants, most notably those representing members in the public sector and in journalism appeared to be under considerable work pressures which made arranging a face-to-face

interview difficult to achieve. It was in the case of one such trade union (the NUJ) that a telephone interview eventually had to be arranged with the NEO as it had proved too difficult to arrange to meet in person. To supplement the data provided through the interviews, participants were asked to provide examples of leaflets, booklets, workbooks, guidance notes and other forms of documentary evidence related to the ER role and equality initiatives that they had spoken about during their interviews. These documents (listed in Appendix I) were collated for later analysis.

In all, a total of twenty interviews were held with trade union officers and specialist staff from the fifteen trade unions that constituted my achieved sample at this stage of the study. All but one of the interviews took place in a one-to-one format with myself and the interviewee present. One of the interviews was held in a two-to-one format as two officers from the same trade union asked to be interviewed together. Participants were invited to choose their preferred location for the interview and the vast majority chose to be interviewed at their place of work. One participant preferred to be interviewed at a cafe and one participant was interviewed over the telephone, due to the difficulties finding time in her diary to arrange a face-to-face meeting. Participants were advised to expect the interview to take approximately one hour, but the final length of the face-to-face-interviews ranged from 26 minutes to 69 minutes in length, with the median length being 46 minutes and the mean length being 48 minutes. Four of the face to face interviews lasted longer than the hour originally estimated. In contrast the telephone interview was shorter than the typical face to face interview, lasting 35 minutes in total.

The majority of the interviews (16) were recorded using an electronic recording device and later transcribed by a professional transcription service. In order to check the accuracy of these transcriptions, I then listened to the interview recordings and corrected them as necessary. This also helped me to re-familiarise myself with their content prior to the commencement of data analysis. One interview was partially recorded electronically and partially covered by contemporaneous note taking due to the technical failure of the electronic recording device during the interview. I transcribed this interview myself. Three of the interviews were not electronically recorded due to technical difficulties with the recording device, but I took notes by hand contemporaneously and then typed them

into an electronic format shortly after the interview took place. These notes together with the transcripts were used for the data analysis, which is reported later on in this chapter. The national trade union officer and specialist staff participants were not given participant labels as this would have made it possible to attribute quotes to individuals who had been promised anonymity. However, where interview quotes are used in later chapters, indicative characteristics of that individual such as gender and ethnicity are included.

As well as providing primary data on their trade unions' support for the ER role, these interviews had the objective of gathering secondary quantitative data on the numbers of ERs active in each union. One of the final questions asked during each of the interviews related to this request for data, together with a request for agreement to circulate a survey to their active ERs. A summary of the outcomes of both of these requests is provided in Appendix M.

Individual ERs

I had identified a number of different sets of data planned for collection from individual ERs, some of which were qualitative in nature, to be collected through interviews, and some of which were quantitative and to be collected through a survey. This section will first discuss the process through which the interviews were obtained and then turn to the process through which the survey was distributed.

ER interviews

The first set of interviews involved ERs who had been identified either by a trade union national officer or by one of the union specialist staff during, or shortly after, their own interviews for the study. The majority were identified through a question asked during the interview as to whether the participant could put me in contact with a 'successful' ER. It was explained that this was both for the purposes of this study and to contribute to TUC campaigning literature. An additional group of ERs interviewed at this point in the research process were identified through an item that one of the equalities researchers included in a newsletter that they circulated to their active ERs just after their interview had taken place. In total, seven ERs were

interviewed in this first set of interviews. Of these seven, three were interviewed face-to-face and the remaining by telephone. The face to face interviews took place in public places and ranged in length from 44 minutes to 135 minutes with the median length being 60 minutes and the mean 67 minutes. Of the ERs who were interviewed in this first set, three were women and four were men. All except one had previous experience in trade union representation.

The second phase of ER interviewing took place after the distribution of the web-based survey and involved ERs who had been identified based on the criterion identified earlier on in this chapter (see section on study populations and sampling plans). The process of identifying specific cases for interview was as follows. First, I reviewed the list of survey respondents and identified those ERs who had given their consent to be contacted for a follow-up interview. Then I reviewed the survey responses of those who had been thus identified in relation to the selection criteria that had been determined. Participants were then separated into new and existing representatives and then selected at random whilst trying to maintain quotas representing the various criteria that had been identified, such as a range of impacts on employers and a range of levels of trade union support.

34 newly active ERs and 34 ERs who had already been existing representatives were contacted in total to try and arrange an interview. Of those contacted, a total of eight ERs eventually responded positively; offering to make themselves available to be interviewed. This response rate is discussed later in the chapter. All these interviews took place over the telephone with the shortest lasting 18 minutes and the longest 63 minutes. The median length of interview was 40 minutes and the mean 41 minutes. Of those interviewed five were women and three were men, four were new to trade union representation and four were existing union representatives.

To summarise, a total of 15 ERs were interviewed for the research study in two separate stages. In order to maintain anonymity, they were renamed ER 1 to ER 15 and will be referred to by those labels henceforth. In order to distinguish those ERs who had been interviewed prior to the ER survey being conducted from those who had been interviewed after the survey, the former group were given the suffix 'a' after their participant number e.g. ER 1a. The latter group were given the suffix

'b' after their participant number, e.g. ER 8b. A full list of these participants can be found in Appendix D together with a summary of their relevant characteristics. Overall eight male and eight female ERs were interviewed. Ten of these ERs were existing representatives and six of them were in their first union representative role. All the interviews were recorded either during the face-to face encounter or during the telephone call using an electronic recording device and then transcribed. I personally transcribed two of the interviews (ER 2a and ER 14b) as the interview recordings were of poor sound quality. The other interview recordings were sent to be transcribed by a professional agency. I checked the third-party transcriptions against the original recordings for accuracy in preparation for the data analysis, which will be detailed after I outline how my quantitative data was collected through a web-based survey of ERs.

ER survey

The survey collected quantitative data from a sample of the total population of ERs, as identified through their respective trade unions. As mentioned briefly in the previous section, during the interviews with national union officers and specialist staff, participants were asked whether their union would be prepared to distribute a survey to their active ERs to assist in my research study. None of the participants who were asked this question refused to assist in principle and there was a broad consensus that the most convenient method for circulation would be e-mail.

In April 2017, each of the fifteen trade unions who had been represented in the previous stage of research was asked to circulate an invitation to participate in the survey to their contact list of ERs and to confirm the date and number of people it was circulated to. A request to recirculate the invitation was made in July 2017. Eleven of the fifteen trade unions who were initially contacted provided the confirmatory details that had been requested. The details of the non-responding trade unions and an assessment of the impact this may have had on the generalisability of the study's findings can be found towards the end of the chapter. An analysis of the response rates achieved for each trade union that did circulate the survey is provided below, alongside an outline of the other data analyses that were conducted.

Data analyses

The mixed methods research design that I employed for the study necessitated two very different phases of data analysis to be conducted and for those analyses to then be combined to answer each of the research questions of interest. In this section, I will report on the qualitative and quantitative data analyses in turn. Chapters Four, Five and Six will present the combined findings of these qualitative and quantitative analyses as they related to the four research questions that the study was focused on.

Qualitative data analysis

The qualitative data analysed for the purposes of this study were mainly derived from the interviews conducted with the range of TUC, trade union officers, specialist staff and individual ERs detailed above and documents identified through those interviews. In all three cases, the data were analysed following the thematic analysis method set out by Braun and Clarke (2006). Thematic analysis is a core qualitative method involving “identifying, analysing and reporting patterns (themes) within data” (Braun and Clarke, 2006: 79). It was particularly well suited for use in this study as it is a flexible method compatible with a postpositivist worldview (*ibid:81*).

My process of analysis began with a clarification of how I would define a theme. I adopted the simple definition suggested by Braun and Clarke as a conceptual label that “captures something important about the data in relation to the research questions and represents some level of *patterned* response or meaning within the data set” (Braun and Clarke, 2006: 82, authors’ emphasis). I chose to define “patterned” in terms, not only of the extent to which a concept recurred across a particular data set, but also where it recurred within a single data item, such as an interview with one particular union officer (King, 2012: 430). Following the advice of Braun and Clarke (2006: 84), I also defined the ‘level’ at which my themes would sit as the surface level, meaning that I would not be looking to interpret anything in the data beyond the face value of the data in question.

I used a particular thematic analysis technique known as template analysis (King, 2004b; 2012). Template analysis refers to a process that a researcher can follow to identify and then organise the themes present in text-based data, as they relate to particular research questions. Codes are assigned to relevant sections of the text to identify the representation of themes. Those themes are organised in a hierarchical list, or template, that is progressively refined as new data items are analysed. The output of a template analysis is a hierarchical framework of themes underpinned by a list of codes and a bank of associated selections of text that represent those themes (King, 2004b: 256).

I chose to use the template analysis technique because of its systematic nature, its capacity to be applied to a variety of data sources including both interview and documents and its ability to provide a clear audit trail of the process of theme identification during the analysis (King, 2012: 433). It also offers the researcher the choice of defining *a priori* themes, before the analysis begins, whilst also allowing the flexibility to modify and adapt those pre-identified themes as the analysis unfolds (King, 2004b: 259). This approach enabled me to clearly focus the analysis on the research questions that I had previously defined whilst allowing me flexibility to adapt those initial themes to reflect the content of the data.

The first step in my template analysis was to define my *a priori* themes, which I decided to base around my research questions. Using these themes as a starting point I developed an initial template, based on the interview and documents provided by the most senior participant from Unite, the union that had reported the largest population of ERs. This data set was chosen as the first to be analysed because it was expected to be particularly rich in content, given the long involvement of this particular participant with the ER initiative and its forerunners. A qualitative data analysis software programme¹⁴ was used to support, but not conduct, the template analysis process (Gibbs, 2014: 278). The support provided by the software programme included: assistance with the management of individual qualitative data items and the provision of tools to create visual representations of emerging data themes (Bazeley, 2007 2-3). The initial template that I developed

¹⁴ NVivo

based on the interview identified above was then applied and amended iteratively to all the interviews and identified documents in the set of data related to the trade union officers.

The order in which the data was analysed was as follows: Each trade union was taken in turn, in order of the size of their reported population of ERs (Appendix M). For each individual participant, their interview data were analysed first, followed by any related documents. Where there were multiple participants from a single trade union, the data were analysed by participant in order of seniority. The data relating to those trade unions who had not provided an ER population estimate were analysed last, in alphabetical order. After all the data collected from individual trade unions had been analysed, the TUC related data were analysed. With each analysis, the initial template was progressively refined through the insertion, deletion and merging of the initial themes (King, 2012:433-9). In some cases, the definitions of themes were refined, and themes were also re-ordered to better reflect the patterns being observed in the data (*ibid*: 443-4).

Once I had analysed all the data related to the TUC and trade union officers, I commenced my second stage of template analysis, using my first template as the starting point. The data related to ER1 was analysed first and the analysis then proceeded for each ER in turn. In respect of each participant, their interview was analysed first, followed by any relevant documents following a similar process through which the previous template was created.

As well as the qualitative data that had been collected through interviews and documents, a small amount of qualitative data was derived from the web-based survey that had been circulated to ERs. This related to five free text response options that had been included. A very basic thematic analysis was conducted on those responses, summarising them into broad categories to enable some discussion of the themes that emerged to be included in the following chapters, where relevant to do so. The majority of the data collected through the ERs' survey was, however, quantitative in nature and it is to an account of my analysis of this data that I now turn.

Quantitative data analysis

A total of 3,475 surveys were reported as being circulated by trade unions and a total of 377 individuals opened the link to the survey and confirmed their consent to participating in the research. The responses from each of these 377 cases were given a case number. Of these, cases were excluded from the data set where confirmation of their membership of a workplace-facing British trade union or their ER status were not confirmed.

The analyses subsequently undertaken on the data associated with the remaining cases took place in two stages. The first stage involved descriptive analyses, mainly of variables relevant to the research questions, but starting with an analysis of the response rates, based on the 323 cases where ER status had been confirmed and valid trade union membership details had been provided (summarised in Appendix M). Although the overall response rate of 9.3 per cent was low in comparison to previous surveys of ERs, it was judged to be acceptable in comparison with other surveys of union representatives where third-party distribution through trade unions had been used. Wood and Moore (2005) distributed a survey using existing union ULR contact lists and recorded a comparably low response rate, which they explained by reference to the inaccurate contact details being relied upon by the trade unions and a degree of inactivity amongst the ULR population (Wood and Moore, 2005: 8). Bacon and Hoque (2011) similarly used an existing TUC contact list of ULRs and reported a 14 per cent response rate to their survey (Bacon and Hoque, 2011: 393).

In contrast, Bacon and Hoque (2012) achieved a 46 per cent response rate and Foster (2015) achieved a 32 per cent response rate for their ER surveys. Both these surveys used distribution lists directly linked to recent attendance at training courses for at least a proportion of their survey distribution. That method of distribution was not available for this survey, as discussed previously, and the consequential reliance on trade unions' own contact lists is likely to have been affected by the inaccuracy of some of those lists. It is also possible that those lists included individuals who were incorrectly identified as ERs or no longer active as ERs.

Appendix M illustrates the considerable variation in response rate associated with different unions; ranging from just 1 per cent for the NUT sample to 38 per cent for the PCS sample. This gives additional weight to the possible link between administrative practices and the response rates achieved, as it is likely that the different trade unions had varying standards of record keeping, subsequently reflected in the response rates achieved. This possible explanation was further explored through the analysis of the trade union official's interviews and the insights thus identified are discussed towards the end of this chapter.

Of those 323 cases where ER status was confirmed, and trade union membership details provided, just over half (54 per cent) were members of Unite. A large proportion of the remaining respondents were members of UCU, Prospect, PCS or CWU. Together these five trade unions represented just over 80 per cent of the sample of ERs who participated in the survey. A breakdown of the achieved survey sample by trade union membership can be found in Figure 2. Within the remaining data set, despite all the measures that were taken to encourage the full completion of the survey, a number of participants failed to complete all the required questions, with the incidence of missing data increasing as the survey progressed. The potential impact on the study's generalisability arising from the concentration of cases within five trade unions and the incidence of missing data within individual cases are explored later on in this chapter.

A number of descriptive statistical analyses¹⁵ were undertaken on the data in respect of relevant aspects of the research questions such as the demographic characteristics, histories of trade union activity, types and levels of support received from each case's trade union structures. The survey had asked specific questions about the participant's perceived impact on their employer's equality practices in respect of the six protected characteristics defined by the Equality Act 2010. Descriptive analyses were conducted on these self-reported impacts together with the types and levels of support reportedly received by each case from managers and fellow workplace representatives at their workplaces. The results of all the

¹⁵ Using SPSS statistical software

descriptive analyses are presented in the following three chapters as they relate to the study's research questions.

In order to answer the third research question, which sought to identify the factors that made it more likely that an ER would have an influence on their employer's equality practices, it was necessary to undertake an appropriate inferential statistical analysis. The majority of the variables that were of interest for this analysis were categorical in nature. In particular the relevant dependent variable, the self-reported impact on an employers' equality practices, was categorical and ordinal. An ordered probit analysis was therefore identified as the most appropriate statistical analysis to identify which, if any, of the activity, support and characteristic factors highlighted in Chapter Two did in fact correlate with the likelihood of an ER reporting a degree of influence over their employers' equality practices.

A total of 264 cases were included in the ordered probit analysis after cases with missing data points were excluded¹⁶. A summary of the independent variables included in the analysis together with their mean values is included in Appendix N. The results of the ordered probit analysis are presented in Chapter Six.

Issues of reliability, validity and generalisability

The issues of reliability, validity and generalisability are fundamental to the pursuit of good quality research and this methodology chapter will conclude with a specific consideration of all three in relation to this study. The concepts of reliability, validity and generalisability, although traditionally associated with quantitative research, can be broadened to also apply to qualitative data collection and analysis (Taskhakkori and Teddlie, 1998; Mason, 2002: 38-39) provided that one is not adopting a purist social constructivist worldview (Bryman, 2012: 390). My postpositivist standpoint was therefore commensurate with the application of these quality criteria.

¹⁶ Conducted using STATA statistical software

I will review my data collection and analysis in respect of each of these quality criteria in turn. It is worth noting that, whilst carrying out this review, I have adopted a broad definition of measurement as ‘the process of assigning labels or values to different levels, magnitudes or qualitative aspects of an event or an attribute’ (Tashakkori and Teddlie, 1998:78-79). This encompasses both qualitative and quantitative elements of my study, where the labels were respectively verbal and numerical in nature.

Reliability

Since reliability is the foundation stone on which claims of validity are based, I will consider the former criterion first. Reliability is concerned with the consistency and accuracy of measurement or observation (Mason, 2002:39). In relation to this research study a number of elements of the design had potential implications for the reliability of the data collected its subsequent analysis.

The familiarity of the interview as a method of information is the source both of advantage and potential disadvantage. Our over-familiarity with the method due to its omnipresence in our ‘interview society’ (Atkinson and Silverman, 1997) can mean that the weakness in reliability of the interview may not be always be acknowledged (Alvesson and Ashcraft, 2012). Interviews only provide the researcher with an indirect representation of a phenomenon that exists outside of the interview situation that can be affected by the participant’s concern to provide a positive self-presentation for the benefit of the interviewer (Dingwall, 1997:59). King (2004a) suggests that one way to overcome the potential unreliability of information provided during a qualitative interview is to triangulate the data thus collected using other methods such as documentary analysis or a quantitative survey (King, 2004a:12). In the case of this research, both these methods of triangulation were employed to verify information provided by participants during the interviews that were conducted.

Another element of potential inconsistency in relation to my interviews concerned the different mediums through which they were conducted. It has been suggested that in some circumstances, the lack of visual cues in a telephone

interview may result in a different interactional pattern between interviewer and participant (Irvine, Drew and Sainsbury, 2013). I compared the characteristics of my telephone and face to face interviews, firstly in relation to the average length of interview, and secondly in relation to the breadth of coding achieved during the template analysis. The face to face interviews were, on average, of a longer duration, with a mean length of 83 minutes (range 54 to 135 minutes) than the telephone interview, which were on average 46 minutes long (range 18 to 63 minutes). Despite the shorter average duration of the telephone interviews, they yielded as rich a set of themes coded during the template analysis as had the face to face interviews. A review of a sample of the telephone and face to face interview transcripts highlighted a greater degree of ‘small talk’ occurring at the start and finish of the face to face encounters, which provided an alternative explanation for their longer length to any suggestion of inconsistency in the richness of the data collected.

I also considered the issue of inter-observer consistency in relation to the quantitative variables derived from my survey, as this is often highlighted as a potential area of concern in respect of reliability (e.g. Gray, 2014:377). Of particular interest were the self-reported ratings by ERs of their impact on their employer’s equality practices. In order to explore this aspect of reliability, which might be of particular concern in respect of ERs reporting ‘a lot’ of impact, I triangulated a two examples of ER reporting such a level of impact, with the descriptions provided during interview and found them to be broadly consistent with one another. Further details of these and other examples of the various levels of ER impact will be provided in Chapter Five.

The final potential source of inconsistency that I considered related to the analysis of the data I derived from my interviews and the subjective process of identifying themes. To enhance this aspect of the study’s reliability I developed a codebook that clearly defined the themes which I subsequently used to review and refine my coding in order to minimise any inconsistencies in the identification of themes.

Validity

Tashakkori and Teddlie (1998:77) suggest that, in the context of mixed methods research, it is useful to separate validity into two components, the first being concerned with the process of data collection (measurement validity) and the second being concerned with the validity of the inferences drawn after data analysis (internal validity).

In relation to the first, Bryman defines measurement validity as “the issue of whether an indicator (or set of indicators) that is devised to gauge a concept really measures that concept” (Bryman, 2012: 171). In respect of interviewing, Gray (2014:388) suggests that measurement validity can be established by ensuring that the content of the questions asked corresponds to the research questions under investigation. As described in the data collection procedure section the questions included in the interview schedules were drafted so as to ensure that data relating to all the relevant questions were collected from each participant.

Gray also suggests that measurement validity can be established in relation to interviews by ensuring that participants are encouraged to, and are given, sufficient time to fully answer all the questions asked (Gray, 2014: 388). During the interviews that I conducted, the procedure that I followed included prompting participants where necessary to provide information on all the research areas for which data was being gathered. This helped to provide a rich set of data from my interview participants.

Turning now to my other data collection tool, the survey, it was designed so as to ensure that it gathered as valid measures as possible of the quantitative variables that I was interested in. Earlier on in this chapter I detailed how, to this end, the questions were based on an existing measure; the survey previously used by Bacon and Hoque (2012), slight amended to reflect the specific research questions I had developed based on my literature review. This contributed to its validity by ensuring that the survey would elicit appropriate quantitative data to meet the objectives of the study.

Having considered issues of measurement validity I now turn to the question of internal validity, which Tashakkori and Teddlie define as ‘the degree to which we

can *trust* the conclusions/ inferences of the researcher regarding the ‘causal’ relationship between variables/events’ (Tashakkori and Teddlie, 1998:67, authors’ emphasis). There were two main ways in which I tested the quality of my inferences; firstly, through triangulation between my qualitative and quantitative data and secondly through the use of the inferential statistical tests. The detail of how I tested the validity of my results in both these ways will be covered in detail in subsequent chapters.

Another important aspect of a research study that can impact on its internal validity is its planned and achieved sampling (Tashakkori and Teddlie, 1998:71). The study populations and the sampling strategies that were undertaken with them, described in detail earlier on in this chapter, were designed with internal validity in mind. The extent to which those strategies were achieved were of particular relevance in respect of the study’s external validity, also commonly known as generalisability, to which I will now turn.

Generalisability

Generalisability is concerned with the extent to which the findings of a research study can be considered representative of the phenomenon of interest beyond the immediate context of that study (Bryman, 2012:176). In the case of this study, my concern was the extent to which my findings might be generalised beyond the trade unions and individual ERs from whom the data had been derived. There are two main factors that impact on the representativeness of study data: the first being non-response where, for whatever reason, an individual or organisation identified as part of the target population or sample fails to respond to an invitation to participate (Bryman, 2012: 199). The second is the issue of missing data from survey respondents, where some participants failed to complete all the questions included in the survey.

Turning first to the question of non-response, this occurred at four distinct points during the study: firstly, at the stage of the initial approaches to trade unions with an ER presence, secondly at the stage when unions were asked to circulate a survey to their ERs; thirdly when individuals were sent the ERs’ survey and lastly

when some ERs were invited to participate in interviews. I will consider each of these instances of non-response in turn.

In respect of the initial approaches to trade unions, it was noted earlier in the chapter that four trade unions did not respond to my attempts to contact their national official responsible for equality. A review was conducted of the characteristics of these four trade unions to ascertain whether this had resulted in an under-representation of any particular trade union characteristic. Although all the non-responding unions had relatively small membership bases; the achieved sample still included similarly small trade unions, such as TSSA and NAPO. Three of the four non-responding trade unions were notably in their representation of niche groups of members, namely radiographers (SoR), racing stable staff (NASS) or and staff from one particular building society (NGSU). This characteristic was also represented in the achieved sample, with the inclusion of unions such as NAPO, who represent probation officers and ASLEF, who represent train drivers. So, other than identifying the specific non-representation of ERs that may exist amongst radiographers, racing staff, building society staff and media and entertainment workers, it was felt that the general category of specialist small trade unions was represented, in the first phase of the study at least. To estimate how relevant this gap might have been I conducted an internet-based document search on the four non-responding trade unions, looking for any evidence of the extent to which they were supporting ERs within their structures. The documents that were found are listed in Appendix H.

Of the four, BECTU and NGSU were found to have some subsequent references to ERs within their rulebooks at least in the next published TUC Equality Audit (TUC, 2016b). BECTU also had references to ERs on their website, suggesting that the unions were active to some degree in promoting the role. I could find no documentary evidence, beyond the original list that had appeared in the 2014 TUC Equality Audit, of ongoing support for the ER role relating to the other two unions, SoR and NASS (which was renamed National Association of Racing Staff in 2017). I therefore concluded that the non-response of BECTU and NGSU to my initial approaches to participate may have had a minor impact on the generalisability of the study. I will return to this point in Chapter 7.

Overall, however, it was concluded that the achieved sample of trade union equality officers and specialist staff was broadly representative of the ER phenomenon as a whole. The interview participants represented 83 per cent of TUC affiliated trade union membership and included unions of varying size and examples of general trade unions, who organise across a number of different sectors and niche trade unions who cover a highly defined membership. Participant trade unions also had memberships that covered workers in the public, private and not-for-profit sectors, all the major Standard Industrial Classification (SIC) activities and all the major Standard Occupational Classifications (SOC).

The next area of non-response that I considered related to the four trade unions who did participate in the interviews but who did not confirm circulation of the ER survey. In one of these cases, the trade union officer had indicated during their interview that the union did not have a list of their ERs through which they could circulate the questionnaire. In another case, the trade union officer had confirmed that they had a list but had not expressed any confidence that a survey would be responded to “...on the basis that people are just busy”. Subsequent documentary analysis based on an internet search found no evidence that indicated that these two unions had any substantive population of ERs within their structures, and neither had they provided me with any estimate of their ER numbers. It was therefore felt that neither of these two cases of non-response represented missing data from the active ER population.

In the remaining two cases, however, there was evidence that active ERs may have been present in the union structures. In one of the unions, permission had not been forthcoming from the General Secretary’s office to circulate the survey, for reasons that were not shared with the researcher. In the other, the pressure of workload for the union officer with whom I had been in contact with (intermittently and with difficulty) was felt to be the most likely explanation for the lack of response to my request to circulate the survey. Both of these unions had previously provided me with an estimated number for their ER populations yet neither of these populations had been included in the survey.

The third source of non- responsiveness to my data collection efforts occurred in relation to responses from individual ERs to the invitation to complete

the ER survey. As discussed above, the generally low response rate was thought to be, in part, a reflection of inaccurate distribution lists. However, it was also thought to be, in part, a reflection of active ERs being either too busy to respond or not active enough to be motivated to respond. There was certainly evidence to support the assertion that ERs were busy, however the evidence from both the survey and the interviews suggested that many ERs were also very committed to their union work and therefore motivated to take the time to respond to a survey about their role. Of more concern in terms of generalisability was the possibility that ERs with a lower motivation, who also might have been less likely to be having any impact in their roles may have been under-represented in the survey. However, it was felt that my efforts to triangulate my survey findings with interviews with ERs who had been purposively sampled to include some who were reporting no impact at the workplace and/or no support from their trade union, overcame any potential impact to generalisability from this source.

Although not related to non-response, it would be appropriate at this point to consider the representativeness of the ER sample that was included in the survey in relation to the trade unions who had originally been identified as having ERs in their structures. It was noted earlier in the chapter that around eighty per cent of the achieved sample was drawn from just five trade unions. In order to judge the impact this may have had on generalisability, I compared the relative proportions found in the trade union estimates of their own ER populations with the proportions reflected in the survey sample. The results of this comparison are shown in Figure 2.

Figure 2 suggests that there may have a degree of over-representation of Unite and Prospect ERs and an under-representation of NUT and Unison ERs in my achieved survey sample. NASUWT and NUJ ERs were not represented at all, as they did not circulate the survey to their contact lists of ERs.

The third source of non-response was the ERs who did not respond to invitations to participate in follow up interviews after the survey had been completed. A low (thirteen per cent) response rate was achieved to these invitations. There are a number of reasons why ERs may have chosen not to respond to my invitation to interview, for example no longer being in the role or being too busy to

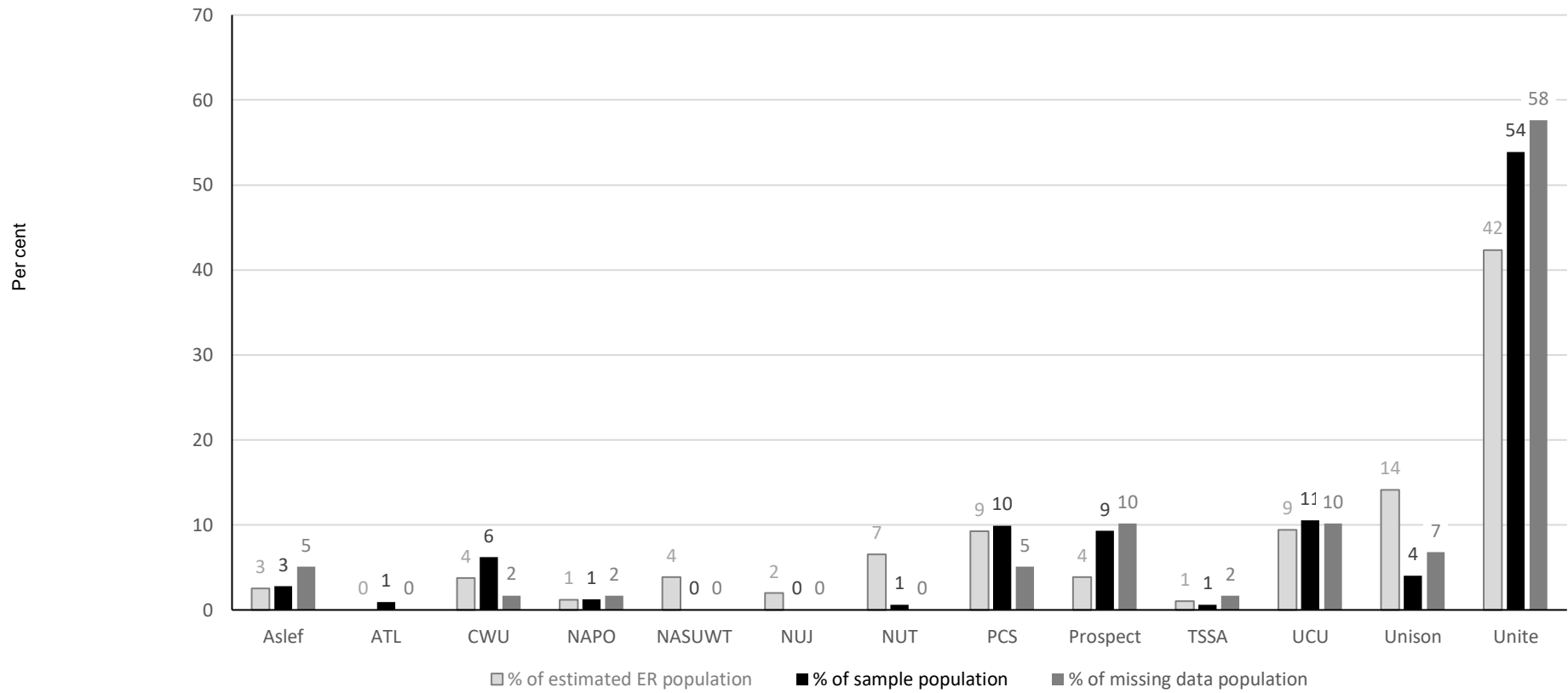
respond. However, the interviews that were conducted still captured the broad range of experiences of success, support and previous union activity that had been sought, helping to mitigate any potential impact on the overall generalisability of the study's findings.

To conclude this section on generalisability, I turn to the issue of missing survey data representing the occasions when a survey participant did not answer a particular question. As discussed earlier, there was a steady attrition rate in the number of responses recorded for each of the survey questions as the survey progressed. In order to ascertain whether there were any particular characteristics shared by the cases in which this missing data was found, compared to the cases where the data was largely complete, an analysis was conducted on the characteristics of the 81 cases that had not been included in the ordered probit analysis because of their missing data points.

The first finding of note related to the trade union memberships represented within the missing data cases (illustrated in Figure 2). Whilst Unison membership had been under-represented in the survey sample as a whole, they were noticeably over-represented amongst the missing data cases, forming seven per cent of this group, but just four per cent of the survey sample as a whole. In contrast members of CWU and PCS were slightly under-represented in the missing data group, constituting respectively six per cent and ten per cent of the sample as a whole but just two per cent each of the missing data sample.

Unfortunately, the number of different trade union categories and the small frequencies involved in some of these categories meant that no further statistical test could be carried out to examine the significance of these apparent differences. However, taken together with some of the themes that were noted in the interviews with Unison full time officers, there was evidence of particular time and workload pressures being experienced in the public sector context. Conversely, the under-representation of CWU and PCS ERs within the missing data group may have indicated a particular dedication and enthusiasm amongst these ERs that was also echoed in the interviews with those trade unions' national officers and equality researchers.

Figure 2. Relative proportions of ER population and samples by trade union



Returning to the public sector theme, it was noted that the missing data cases contained a higher proportion of public sector ERs than the rest of the survey sample (78 per cent against 52 per cent). Chi-square was used to examine whether these proportions varied significantly. There was a significant difference between the proportion of public sector ERs in the missing data group and that in the rest of the survey sample, chi-square (d.f.=1, $n=287$) = 6.09, $p = 0.014$. This lent support to the proposition that ERs in the public sector (where Unison members might predominately be found) might be experiencing workload issues that affected their ability to complete the questionnaire.

Another difference that was noted between the group of missing data cases and the rest of the survey sample was that the missing cases contained a lower proportion of ERs who were currently holding other union posts (hybrid ERs) than did the rest of the survey sample (64 per cent against 78 per cent). Chi-square was used to examine whether these proportions varied significantly. There was a significant difference between the proportion of hybrid ERs in the missing data group than in the rest of the survey sample, chi-square (d.f.=1, $n=323$) = 4.54, $p= 0.033$. Although this may have seen as contradictory to the finding above related to public sector ERs, I interpreted this difference as a possible indicator of the particular enthusiasm that hybrid ERs brought to their ERs and then also applied to completing my survey. However, what it also suggested was that my survey findings would have to be interpreted with the provision that the data may have be based on a sample that contained a higher proportion of hybrid ERs than the ER population as a whole.

Ethical considerations

The ethical considerations underpinning the design and execution of a research study are just as important as considerations relating to reliability, validity and generalisability (Becker, Bryman and Ferguson, 2012). The ethical considerations recommended by most social research professional bodies include preventing harm, showing respect to participants, demonstrating public and professional responsibility

and being honest (*ibid*: 58-59). Following the recommendation of Creswell (2014) I adopted considered these ethical issues at each stage of the research process.

As part of my initial planning, I consulted my institution's Research Code of Practice¹⁷, the Economic and Social Research Council's Research Ethics Framework¹⁸ and the Warwick University Human and Social Sciences Research Committee's (HSSREC) Guidelines for Research Students¹⁹ for guidance. I also paid due attention to the legal requirements of the Data Protection Act, which was the relevant legislative framework relating to data privacy at the time the research was conducted.

On planning my approach to the TUC SEPO for assistance in identifying relevant participants for the research, the first ethical principal that I considered was that of honesty. I was careful to be open and honest in stating the purposes of my research and that it was my intention to submit it as a doctoral thesis. Having worked with the TUC SEPO to identify relevant participants, it was apparent that she would be a useful participant in the research herself and subsequent meetings were used in part to gather data for research purposes. This intention was made clear and the TUC SEPO was provided with a copy of the participants information sheet and consent form for completion as were all the interview participants. The study was now moving into its second stage, that of the commencement of the research itself.

During that commencement stage, considerations of honesty towards, and respect for potential participants were an influence on my decision making from an ethical perspective. In order to ensure the principle of honesty and openness was maintained, all prospective interviewees were provided with a summary of the research aims and objectives and the purposes to which the research would be put. This information either took the form of the participant information sheet

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https://warwick.ac.uk/services/ris/research_integrity/code_of_practice_and_policies/research_code_of_practice/research_code_of_practice_2019.pdf

18

<https://esrc.ukri.org/funding/guidance-for-applicants/research-ethics/our-core-principles/>

19

https://warwick.ac.uk/services/ris/research_integrity/researchethicscommittees/hssrec/student

reproduced in Appendix A, an email with the same information contained within it, or the introductory section of the web-based survey for ERs (Appendix L). In order to uphold respect for participants' right to give or withdraw their participation, the voluntary nature of their participation, and their right to withdraw at any time were made clear to them either in the content of an email, or in the case of survey participants, through a survey question confirming their consent and advising them on how they could withdraw, should they wished to do so.

In respect of data collection and analysis, the two ethical considerations of respect and prevention of harm were both deemed to be of relevance. The way in which I arranged my interviews with union officers, union specialist staff and individual ERs reflected my desire to respect the value of my participants' time; arrangements to conduct interviews at a time and location of their choosing wherever possible. As a result a number of the interviews were conducted at the place of work of the participants (common amongst the union officers and specialist staff) or at a local café in the town or city in which the participant lived (in the case of a number of the ERs). For others, it was most convenient for the participant to be interviewed by telephone and again this was arranged, wherever possible, on a day and at a time of their choosing. By way of demonstrating respect for the assistance of participants, I offered to sharing the findings with interview participants, once the thesis had been completed and noted those who wanted this information to be provided to them. I also offered entry to a prize draw to those ERs who gave their time to complete my web-based survey as I wanted to demonstrate that I valued the time they had given in their participation in the research study. The winner was randomly selected from an anonymised list of survey participants.

The potential harm to participants that I identified related to the possibility of a privacy breach, before, during or after data collection and analysis and this was guarded against by keeping participants' personal data secure from unauthorised access. Personal details were kept in separate computer networks to their interview data so the two aspects of information could not be put together should the security of any one of the systems be compromised. Participants were given pseudonyms when their interviews were sent for transcription to a third party and these pseudonyms were replaced by participant code numbers when the scripts were

uploaded for analysis purposes. The individual responses that participants gave to the web-based survey were only identifiable by a case number for the purposes of analysis and represented little risk of a privacy breach as a result.

Finally during the reporting stage, my main ethical consideration was that of the potential harm to participants that might arise as a result of being publicly identified through summaries of my findings, particularly the interview extracts that were included in my submitted thesis (and in any subsequent reporting of my research findings to the TUC and its affiliated trade unions). My concern was that a participant may suffer harm as a result of any of the views they may have expressed about their employers or the trade union they belonged to, not all of which had been positive in nature. A number of participants made it clear that they were happy to be publicly identified with the data they provided during their interview. However, I took a decision, based in the need to demonstrate professional responsibility, to pay regard not only to the rights of the individual participants to determine whether their identities should be hidden but also to the other union members and managers who were featured in their interview accounts to remain anonymous. I therefore employed various tools such as the use of pseudonyms both for individuals and for organisations to disguise the identities of participants wherever this was possible. However, it should be noted, particularly in relation to the interviews with national equality officers and specialist staff, anonymity was not always possible to retain as the participants were often too obviously linked to the trade union that employed them.

Chapter summary

This chapter set out the detail of the mixed methods research design that I adopted for my study. It outlined the reasons why a mixed methods approach was identified as the most appropriate way in which to answer the study's research questions and described the methods by which the data was collected and subsequently analysed. The chapter went on to consider the reliability, validity and generalisability that might be accorded to the study's findings and concluded with a review of the ethical

considerations that had accompanied the various stages of the research study's progress.

It is to the details of the research findings to which this thesis will now turn with the following three chapters focusing on each of the four research questions in turn. Chapter Four will focus on the first research question, Chapter Five on the second and Chapter Six on the third and fourth.

Chapter Four

Renewing local trade union resources

Introduction

As foreshadowed in the previous chapter, this chapter is the first of three that will present, in turn, my findings in respect of the contributions that the ER role has been making to trade union renewal, revitalisation and effectiveness. Chapter Two set out why it might be expected that the ER role had a potential to create a new vitality around local voluntary trade union representation. Workplace trade union representatives, as discussed in Chapter One are an important resource upon which trade unions depend to maintain their ability to deliver tangible benefits for their members at a local level (Fiorito, Padavic and Russell, 2014; Gall and Fiorito, 2016). My first research question concerned a renewal of the source and nature of that resource, asking specifically:

To what extent and in what ways is the ER role contributing to a renewal of trade union representative resources?

This chapter reports my findings in relation to the level of additional resources that the ER role is providing to the union workplace representative cadre, as measured through the number of individuals who are holding the position in the contemporary context. It then goes on to explore in more detail the ways in which that resource is contributing to union representative renewal, firstly by being made of new rather than existing workplace representatives and secondly by subsequently encouraging those new representatives to go on to take up other union representative roles. The final section of the chapter considers the ways in which the ER role is contributing to renewal by increasing the diversity amongst the trade union workplace representative cadre. Where appropriate to do so, I make comparisons between this study's findings and those of earlier studies of the ER to provide a longitudinal perspective.

Estimating ER numbers

This section presents the findings as to the size of the contemporary ER population. In Chapter Three I outlined my efforts to invite nineteen trade unions identified through their responses to the 2014 TUC Equality Audit (TUC, 2014a) to participate in my study. Of the fifteen who subsequently participated in the first stage of data collection, twelve had been able to provide an estimated figure for the size of their ER population, based on the number of contacts they had on their mailing lists. Those figures (summarised in Appendix M), which have already been referred to in the last chapter, produced an initial estimate for the ER population of 2,833 with individual trade unions reporting populations ranging from 1,200 (Unite) to just 30 (TSSA). This estimate was subsequently revised upwards based on the figures provided by the trade unions when they confirmed the number of ERs to whom my survey had been distributed to a total of 3,475. Thus, my estimate is that the size of the ER cadre is approximately 3,500 strong.

However, the number of contacts to whom trade unions distributed the survey is likely to have included a proportion of ERs who were no longer active in their roles and so is likely to include a degree of over-estimation. On the other hand, there were also four trade unions who had reported an ER presence to the TUC but who did not respond to my invitation to participate in the study. As discussed towards the end of the previous chapter, there was some evidence to suggest that at least two of those unions (BECTU and NGSU) may have been supporting an undetermined number of ERs within their structures that were not included in my estimates of the size of the ER population. However, as those two unions were relatively small, the number of ERs that may have been omitted from my population estimate as a result of their non-participation is likely to have been negligible.

Taking into account the possible aspects of both over and under estimation that might have been represented in the figures that I was able to obtain, it is likely that the ER population had grown considerably above the estimate of almost 600, based on the size of Bacon and Hoque's (2012) survey distribution. This suggests, somewhat encouragingly, that the role has at least not diminished in overall prevalence since the UMF projects came to an end. However, it also suggests that

the role has not become as widespread as might have been hoped, had it received the benefit of statutory support.

Certainly, when compared to the ULR, another specialist trade union role promoted by New Labour government that had been afforded a degree of statutory support, the ER population is relatively small. An estimated 40,884 ULRs are reported to have been trained through the TUC's government supported Unionlearn initiative (Unionlearn, 2018) and it is estimated that ULRs can be found in 16 per cent of union workplace representative teams (van Wanrooy et al, 2013: 60). This independent estimate of the prevalence of the ULR is the result of a specific question on their presence at the workplaces sampled as part of the Workplace Employment Relations (WERS) survey of 2011. The extent of an ER presence in British workplaces has not been monitored through WERS despite a suggestion to that effect being made during the consultation prior to the most recent fieldwork taking place to include such a measure (Department for Business, Innovation and Skills, 2010b:12).

Neither, as reported in Chapter Three, had the TUC been able to provide information about the numbers of ERs that might be found in British workplaces. Although the TUC had expressed support for the role in principle and its officers were expending some considerable efforts on political lobbying towards gaining statutory rights for ERs, no systematic monitoring was being undertaken by the TUC or indeed its affiliated trade unions as to the extent to which the role was becoming established within union workplace structures. Whilst the TUC acknowledged in their lobbying materials that unions were 'struggling to get volunteers to stand for the position' (Trade Union Congress, 2014b), even the most basic monitoring of the numbers and demographic profiles of those who were volunteering and being trained to take on the role was not being carried out. Indeed, one of the reasons that the TUC had been keen to collaborate in this research project was their desire for such an overview. The data collected through my survey of ERs thus provides the only current contemporary picture of the size of the ER presence in British workplaces. That picture suggests that whilst that the ER is a numerically small phenomenon, it is present within the structures of a broad cross-section of trade unions. The vast majority of ERs reported being located at a workplace where their

trade union was recognised for the purposes of collective bargaining, with just six per cent of ERs reporting that their employer did not recognise their trade union.

Having considered the general patterns of ER presence across British workplaces, the chapter will next take a closer look at the extent to which that ER presence represents a renewal of, or simply a recycling of union representative resources; in other words, whether the ER role is enabling the identification of new union representatives, who have not volunteered to take on a trade union position before or just giving more work to experienced union representatives.

The ER role as a stepping stone

The proposal that the ER role might serve as a stepping stone into workplace representation, encouraging union members to volunteer to take on their first union representative role, was predicated on the role not having any formal collective bargaining responsibilities (Moore, 2011a:104). However, a consensus amongst trade unions as to what ERs would be responsible for had not reached at the time of the UMF projects. One of the outcomes of the project was an attempt by the TUC to establish agreement between the unions over the ERs' remit, although the definition they offered at this time still had to reflect continuing points of debate over the responsibilities that should be included. The TUC suggested two possible options for the role, the first with a vision of the ER as 'largely a campaigning, support or championing role' and the second with ERs playing a part in local collective bargaining, albeit under the direction of the shop steward (Trades Union Congress, 2010:6).

Although two of the unions who participated in my study had not adopted any clear definition of the ER role within their structures, as they were still early on in the process of establishing the role, for others their definitions had become more established. Amongst the remaining thirteen trade unions, examples of both versions of the TUC's suggested definition for the role could be found. It was the definition focused on campaigning and support on equality issues, at arm's length from managers, that was most commonly found amongst unions. I gave this model of ER definition the label of 'winning hearts and minds'. It set out a role for an ER that

involved advising and supporting members and fellow representatives on equality issues as well as helping to promote equality-related events and campaigns. This model had been adopted by ten of the fifteen unions who participated in my study. An example definition of the ER role following the winning hearts and minds model of the ER is shown in Figure 3. In a number of unions, I found that the winning hearts and minds model included a clear boundary line for ERs in respect of representing members in grievance or disciplinary hearings or engaging in formal collective bargaining with managers, with these duties remaining the preserve of the shop steward.

Figure 3. Example of a 'winning hearts and minds' model definition for the ER role

Equality representatives within the workplace can be concerned with a wide range of diversity issues; the promotion of diversity management, raising awareness of issues related to equality and diversity; raising the profile of equal treatment of workers on the grounds of gender, age, religion or belief, sexual orientation, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race; and engaging employers on a range of equality issues.

- Undertake any relevant training
- Identify who and where the members are in your workplace
- Encourage members to become involved in the appropriate PCS equality network
- Speak to members within the workplace to identify equality issues, find solutions and resolve any problems
- Work with the branch equality representative as and when required
- Provide information to your branch or group committee as and when required
- Organise events in your workplace for LGBT History Month, Women's History Month, Black History Month, Disability History Month etc. to raise awareness of related issues
- Consult with the employer on carrying out any equality events and activities within the workplace.

Figure 4. Example of a 'going into combat' model definition for the ER role

- Some of the things an Equality Officer may be expected to get involved with are to:
- Work alongside other branch representatives ensuring all equality data (including minutes and records of meetings) are kept safely and where necessary acted upon, whilst ensuring that these are accessible to those who are authorised
 - Recruit new members, organise and provide some representation for members
 - Monitor harassment, discrimination and equality issues at your place of work
 - Undertake mapping exercises sensitively, to monitor the makeup of your workforce in relation to equality matters
 - Campaign share information and raise awareness on equality issues at work
 - Provide opportunities for members to raise equality issues including organising and attending regular equality meetings
 - Be involved in negotiating with management along with other union officials on the equality agenda
 - Monitor and review relevant company equality policies, ensuring they reflect up-to-date legislation and best practice
 - Provide support and identify opportunities for encouraging underrepresented groups to take part in the union and ensure their equality needs are also addressed
 - Be involved in promoting family friendly equality policies. For example, flexible working practices and..also encouraging the eradication of discrimination and bullying at work
 - Identify best practice in relation to equality for part time, migrant and agency workers
 - Identify training opportunities and keep members and management informed and up-to-date on equality matters
 - Assist and support members pursuing discrimination cases at the request of the branch
 - Be a contact point for equality matters;
 - Ensure regular equality meetings take place.

Notes:

1. In this example, the ER role had been given the title of 'equality officer'
2. Although in this example the role was branch based, this was usually, although not always identified with a single workplace

Less common amongst unions was the alternative model for the role, which I gave the label of ‘going into combat’. This model, an example of which is shown in Figure 4, includes all the elements of the winning hearts and minds model, but without the firm restrictions on representing members or participating in collective bargaining.

However, for the three unions that I found to have adopted this model, in order to maintain a distinction between the ER and the shop steward it was made clear to ERs that these extensions to their remit were only to be exercised under the direction of their local shop steward. The equality advisor of one of these unions (female, BME) provided the following clarification of how this extended remit works in practice:

They're not there to negotiate necessarily, everything goes through the shop steward ...they're the first port of call for the union. But it doesn't mean that the equality reps are not part of that team ...we made sure that they're involved, that they're part of discussions and meetings...And, also, we made sure that [ERs] ...know that they have to talk to the shop steward ... and agree on certain things that they do. [In] a lot of places union equality reps behave and act just like shop stewards because that's what's been agreed and it's fine and it works really well...

The dominance of the winning hearts and minds model of the ER role that has developed amongst unions since the ending of the UMF project also favoured the role's use as a way of providing a stepping stone into workplace representation for a member who has not previously volunteered to take on a trade union position and there was quantitative evidence from the survey of ERs that I had conducted that the proportion of ERs who were new trade union workplace representatives had been increasing over time. Whilst the earlier empirical research carried out into the ER role had suggested that the ER role was being largely filled by existing union workplace representatives, my study suggested that a reversal of this position has taken place in the intervening years. Just over three fifths of ERs who participated in my survey reported that they had not previously held a union position. In contrast, less than one fifth of ERs who participated in Bacon and Hoque's (2012) survey reported that they were new to workplace representation. This finding is particularly noteworthy in light of the previous concerns that a lack of statutory status would

prove to be a limiting factor for the role's contribution to union renewal (Bennett, 2010: 519).

However, that is not to say that there is no evidence that the lack of statutory status has no consequences for the contribution to union renewal that the ER role was able to make. Seven of the union officers who were interviewed spoke of the difficulties that they were facing in encouraging volunteers to come forward for the role in light of the lack of statutory time off. One of those officers, (female, white) explained the difficulties as follows:

I mean, the bit that we haven't said, of course, and it's the bit where I've got the big, big, but, and where I'm sort of losing heart with it, is that of course they haven't got any time off. They don't have facility time, and therefore it's an adjunct to everything else they do, it's not given the right status... It's quite hard to recruit to the position now... it does affect people's time and status if they feel they haven't got time to be heard, or to do the role properly.

Another barrier that was identified through my interviews that may have been limiting the contribution to renewal that the ER role was able to make was a perceived fear of victimisation by employers as a result of taking up a union position such as the ER. Four of the union officers and six of the ERs who were interviewed made particular mention of this. This underlying 'climate of fear' at the workplace (Healy et al, 2004:464) was described as a factor dissuading other members from coming forward to take up the position. As ER 7a (female, white, existing representative) explained:

It is difficult to get people involved... Although we've got another equality rep doing it at the moment ... she is giving it up. She doesn't want to continue...it is really difficult to get people involved.... they feel that they're targeted at work. They don't want to know because they're always worried that they're going to be out the door for the tiniest [thing]... And they think, oh no, that's not for me. I would rather just get on and do my work and go home.

Thus, despite the considerable success being achieved in encouraging members to take their first steps into union activity through becoming an ER, the lost political opportunity to secure statutory rights for the role does appear to be acting as a limiting factor to its further development. This has possibly become more important

a limitation in light of the general intensification of work that is taking place in many sectors of the economy and that was a theme identified in the ER interview data. As ER 12b (female, BME, new representative) explained:

People don't often volunteer for union roles anymore I think because the climate at MyWorkplace has changed... you work smarter, work harder, and as I say, people are more reluctant to come forward and volunteer for things.

In spite of these potential barriers, my analysis suggested that the ER role has continued to attract new representatives to “*put their heads above the parapet*”, as one ER described the act of volunteering for a union role. This could potentially be explained by the existence of the local workplace arrangements reported by some ERs, where employers had voluntarily agreed to provide support for those undertaking the role.

In some cases, this voluntary employer support was set out in a formal agreement. There was, unsurprisingly, a significant difference between the proportion of ERs who had such a formal agreement who were located in a workplace where their union was recognised for collective bargaining purposes (38 per cent) and the proportion of ERs covered by a formal agreement related to their support who were located at a workplace where their union was not recognised (6 per cent), chi square (d.f.2, $n=285$) = 8.40, $p = 0.015$. The proportions of ERs whose support arrangements were set out in a formal agreement also varied according to the sector in which the ER worked. 38 per cent of ERs who worked in the private sector had such an agreement. In the public sector that proportion was 34 per cent and in the not-for-profit sector the figure was slightly lower at 29 per cent. However, the differences in these proportions of ERs was not significant, chi square (d.f.=4, $n = 287$) = 1.22, $p = 0.87$.

Although, overall, only 35 per cent of ERs had their support arrangements set out in a formal arrangement, a higher proportion (57 per cent) reported that their employer allowed them reasonable time during the working day to carry out their role. There was a significant difference in the proportion of ERs who came under

this category who were located at a workplace where their union was recognised (61 per cent) and the proportion in this category where their union was not recognised (17 per cent), chi square (d.f.=1, $n = 284$) = 13.55, $p = 0.00$. In addition, nearly a quarter of ERs were being provided with cover for their regular jobs or being given a reduced workload that enabled them to carry out their role without experiencing the additional pressure of having to complete their full working duties on top of those associated with their union position. Chi square was used to examine the difference in the proportion of ERs who were receiving such support and located in workplaces with and without union recognition. 26 percent of ERs located at workplaces where the union was recognised for collective bargaining received such support whereas none of the ERs who were in a workplace without union recognition received such support. The difference was found to be significant, chi square (d.f. =1, $n = 284$) = 5.80, $p = 0.016$.

The opportunity that formal collective bargaining afforded to trade unions to seek voluntary agreements with employers to provide ERs with the support that had been denied them through legislation was confirmed by one of the ERs whom I interviewed. ER 1a (female, white, disabled, existing representative) explained:

... I do get one day a week backfilled facility time, ...In our negotiations with senior management, we indicated that we've all got full-time jobs to do, and the amount that we're doing on union stuff, we're all crumbling with the pressure ...I think it was just by building up a reasonable relationship ...the senior managers see with their own eyes just how much work we do ... They know that we're not union reps in name only, they know that we work very hard.

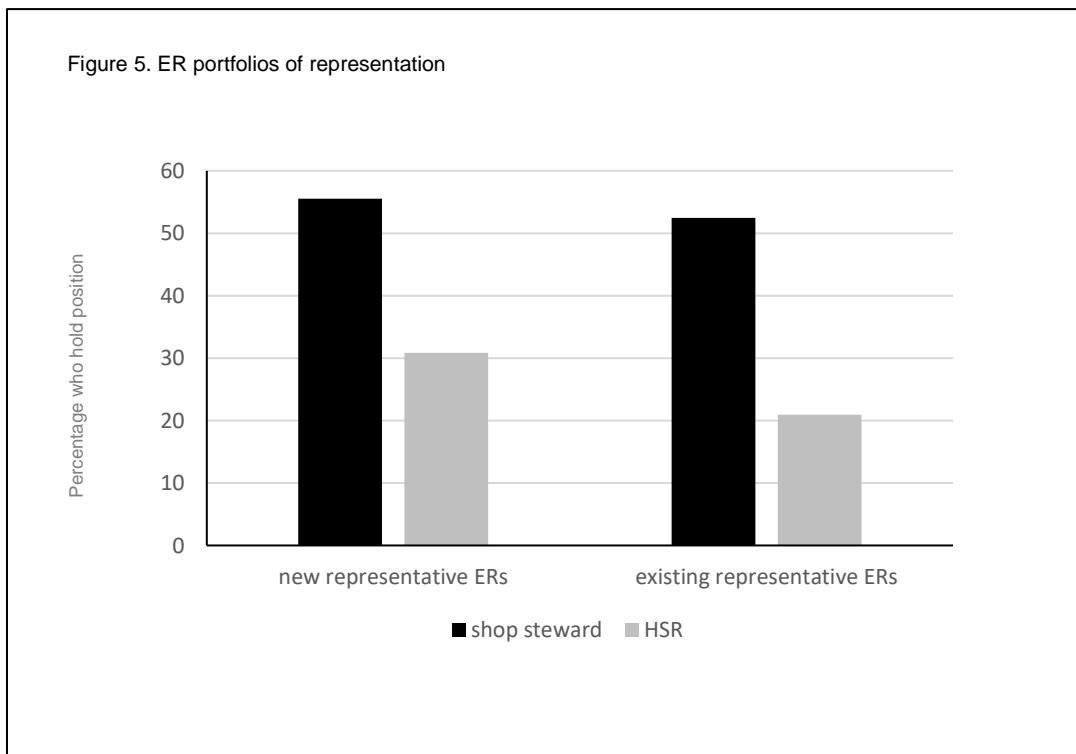
The opportunity structure provided by collective bargaining arrangements was one way in which ERs were overcoming the lack of statutory rights to facility time. An alternative strategy involved ERs indirectly availing themselves of statutory rights by taking on additional union positions such as that of the shop steward, health and safety representative or ULR (Bennett, 2010:519; Bacon and Hoque, 2012: 247). The next section considers the extent to which this strategy was being adopted by ERs in the contemporary context, and the impact it was having on overall renewal objectives.

Portfolios of representation

Responses to my survey indicated that the majority of ERs were hybrid ERs; in other words, they were holding additional union positions. Amongst new representative ERs, 75 per cent came into this category with similar proportion found amongst existing representative ERs. Although these proportions were smaller than had previously been found by Bacon and Hoque (2012), they did confirm that the phenomenon of ERs holding what I characterised as a ‘portfolio of representation’ had continued in the contemporary context, despite the increased hostility of the employment relations climate.

My analysis of the types of additional roles that new representative ERs were undertaking, illustrated in Figure 5, revealed that over half (56 per cent) had subsequently taken on a shop steward role; a role that, as discussed in Chapter Two, unions were finding it increasingly difficult to fill. To a lesser extent, there was also evidence that the ER role was helping to renew the resource available to cover health and safety representative positions as well, with 31 per cent of new representative ERs taken on this position in addition to their ER role.

As far as those ERs who were existing workplace representatives were concerned, a similar pattern was identified; 51 per cent were holding a shop steward position and 21 per cent a health and safety representative position alongside their ER role. The portfolios of representation that these ERs continued to hold provided further confirmation that the ER role was a net contributor to overall workplace representative renewal. It had been an early concern (McIlroy and Daniels, 2009a: 140) that the ER initiative might lessen the availability of workplace representative resources for shop steward and health and safety representative duties. However, the evidence from this study suggested that those taking up an ER role were maintaining portfolios of representation that included these other important workplace representative roles as well.



Previous research into the ER role had suggested that the encouragement for ERs to hold these portfolios of representation was instrumental; based around gaining access to the statutory rights and additional voluntary facility arrangements agreed with individual employers. The present study found that some ERs had indeed been encouraged by their union to take on shop steward or health and safety representative roles partly as a way to gain access to facility time agreements negotiated with their employer for those more established roles. For example, ER 14b (female, white, disabled, new representative) explained:

EngineeringCo... does not officially recognise equality reps so... [my union] officially put me down as a workplace rep. But most of what I do is equality based, around equality issues... being a workplace rep means that EngineeringCo have to give you some time off.

Another example was provided by ER 4a (male, BME, existing representative):

I'm a workplace rep now, health and safety rep....one of the reasons I'm now health and safety rep...is that... when it comes to facility time, there's not a lot of argument when you say health and safety. When you say equality... there's no formal agreement for that.

However, the research also found evidence that more altruistic motivations might also play a role in ERs taking on additional trade union roles. Some ERs, (11 per cent of new representative ERs and 16 per cent of existing representative ERs) reported that they had taken up branch-based roles such as branch secretary or branch chair. Trade union branch roles such as these differ from workplace representation roles in that they typically involve duties relating to union bureaucratic processes, such as chairing branch meetings and are usually carried out in a members' own time, outside of the working day. As such, these roles do not attract paid facility time from employers and do not have an obvious instrumental value. The existence of ERs who, nevertheless, take on such positions suggests that there may be some altruistic reasons for ERs expanding their portfolios of representation.

There was evidence from the interviews with ERs that this was indeed the case. The interview data provides examples where ERs reported that they had volunteered for additional union roles as a result of the scarcity of any other members willing to take them on, whether at the workplace or within the local branch. For example, ER 15b (female, white, existing representative) explained how, in her workplace-based branch, it was difficult to find members willing to take up any union roles at all:

...because we're a really small branch you end up doing multiple things... like I said I'm the secretary, I'm a rep and I'm the equality rep. And we've got people that are ...the president, a rep and treasurer... People doing about 15 different jobs because there aren't enough members that want to come forward and show that they're trade unionists. We end up doing lots.

Overall my findings in respect of the portfolios of representation held by many ERs suggested that they represented a net contribution to trade union workplace representative renewal; the concerns that had been expressed by McIlroy

and Daniels (2009b) that a prevalence of hybrid workplace representatives holding new specialist roles, would incur more opportunity costs was not supported. My findings did, however, point to other costs that were being incurred through the prevalence of portfolios of representation amongst ERs. These were the costs experienced by individual ERs themselves and related to the time pressures created by the need to cover multiply union positions. The subject of time pressures was a recurring theme in my interviews with ERs. For example, ER 10b (female, white, LGBT, new representative) recounted:

I think a lot of us end up doing more than one role anyway because we struggle to get people to be reps nowadays as well. ...it's difficult to get people interested, because nobody has the time. They obviously think that reps have lots of spare time if we can be reps, which is not true. We've not got any more or less time than what they do, we just have possibly more of a drive, I think, to want to do stuff.

Another example of the individual level impact of holding a portfolio of representation was provided by ER 2a (female, white, existing representative), who worked in manufacturing and who was a health and safety representative as well as an ER. She explained the pressures involved in dealing with a workplace bullying case involving one of her members, related to their sexual orientation:

So that issue [of harassment and bullying] had to be dealt with by the company. But to get the evidence was hard work. It almost like health and safety, when there has been an accident, get to the root cause, it's doing the investigating, speaking to all parties involved. And it takes time, and you still have got to do your job...

Sometimes I am pulled from pillar to post...my shift is twelve hours and I do have twelve hours' worth of work to do. I am on computer and I am running production...So it's a good job that I am a good multi-tasker, so I can switch off, concentrate on the union job for a couple of hours then go back to something else.

To summarise, my findings indicate that the ER role is contributing to trade union renewal through providing a first step into union representation that often leads to an individual taking on other vacant trade union representational roles. However, there were some costs associated with the multiple roles that ERs were often covering, in their portfolios of representation, but these were felt at an individual level, The time demands related to covering multiple trade union roles created considerable trade union-related workloads which ERs have to balance both with the demands of their paid employment and with any other responsibilities they might also hold outside of

their workplace or union branch. That issue of work-life balance was also a potential limiting factor in respect of the final area of focus for this second research question; the extent to which the renewal that the ER role was contributing to was creating a more diverse workplace representation cadre. It is to the question of whether this aspect of renewal was being achieved that this chapter now turns.

Diversifying the workplace representative base

An early aspiration for the ER role was that it would contribute to a renewal of the union representative cadre in a way that would reshape its 'pale, male and stale' image of the past into a more modern, diverse image with women, BME, LGBT, disabled and perhaps even younger workplace representatives modernising the public face of the union at the workplace (Murray et al, 2013). The demographic profile of the ERs who responded to my survey suggests that the role was contributing towards this aspiration, at least in part.

Considering first the question of gender diversity; my survey found 42 per cent of ERs were female; this proportion was consistent across both new representative and existing representative ERs. The proportion of ERs who were female was slightly higher than the proportion of 31 per cent of senior shop stewards identified as female through the 2011 WERS (van Wanrooy et al., 2013) but still far less than the 55 per cent proportion found in general trade union membership (Department for Business, Energy and Industrial Strategy, 2019). The proportion of female ERs identified through the present survey is broadly similar to the 45 per cent figure reported by Bacon and Hoque (2012). My finding thus indicated that the ER role is still demonstrating a greater gender diversity amongst its ranks than is found amongst other groups of union workplace representatives but not as much as would fulfill the objective of 'proportionality'; the reflection of the gender balance within the general membership amongst those holding official trade union positions (Terry, 1996).

One of the barriers, identified in Chapter Two, that had previously been highlighted as preventing women from taking up positions within their union structures was the extent to which they continued, as a group, to be shouldering the

majority of caring responsibilities outside of the work context (Kirton, 2018). Therefore, it was perhaps unsurprising therefore that the ER role has not become more successful over time in encouraging women to volunteer for the position. The lack of facility time, discussed above, that has become associated with the role may have compounded by women's 'less biographical availability for activism in trade unions' (Guillaume, 2018:558). There was evidence from my interviews with union equality officers that indicated this was an issue they were encountering in trying to encourage members to volunteer for the ER role. As one of the officers (female, white) explained:

We really want more women to be activists, but then, you know, their time's accounted for so much by other...dependants..., so they're juggling stuff constantly.

A first-hand experience of the impact that caring responsibilities were having on individual women's ability to volunteer for union workplace representative roles was provided by ER 7a (female, white, existing representative). She described how changes to her caring responsibilities were making it difficult for her to continue with her ER role:

A lot of it [ER work] is done in my time. And I mean, to be fair, when you have got a family, you can't... You haven't always got that time to give. I find it a struggle...more so now because I look after my granddaughter a lot as my daughter works.

The picture in respect of the ethnic diversity of the contemporary ER also suggested that the diversity amongst ERs noted by Bacon and Hoque (2012) in this respect had continued into the contemporary context, despite the increased job insecurity they may have been facing (Rafferty, 2014). The present survey found that the proportion of BME ERs had remained broadly constant since the ending of the UMF projects. 15 per cent identified as BME in the present survey and that proportion was consistent across both new representative ERs and existing representative ERs. It was also broadly similar to the 18 percent BME representation found by Bacon and Hoque (2012). This was a positive finding, indicative of the ER role continuing to contribute to an increased diversity amongst their local workplace representative teams, despite the contextual pressures mentioned above

that could have dissuaded BME members from continuing to volunteer as union representatives. The proportion of ERs who identify as BME in the contemporary context thus remains higher than the BME presence amongst the general membership, estimated at 10 per cent (Department for Business, Energy and Industrial Strategy, 2019). It is also substantially higher than the three per cent estimate for BME workplace representatives derived from data collected through WERS (Department for Business, Innovation and Skills et al., 2015).

A further analysis of the BME presence amongst the ERs who responded to my survey highlighted a noticeably higher proportion amongst those ERs who were dedicated to the role rather than being hybrid. Chi-square was used to test whether the proportion of BME ERs varies between the group who were dedicated ERs and the group who were hybrid reps. Whilst 25 per cent of dedicated ERs identified as BME, only 13 percent of hybrid reps identified similarly. This difference was found to be statistically significant, chi-square (d.f. = 6, $n=281$) = 19.39, $p = 0.00$). This is suggestive of BME ERs being particularly motivated to specifically advocate for equality issues at the workplace rather than divide their time between the ER role and another union position. My interview data did provide examples that provided some support for this supposition.

ER 4a (male, BME, existing representative) spoke of how race equality issues were central to his view of what the ER was there to do and the reason why he had taken up the role, although he did have considerable previous experience of being a union representative and was a health and safety representative at the time of interview, alongside his ER responsibilities:

I've always said that one of the worst things to have happened to particularly black people was the equal ops because I think when they brought in equal ops in the 80s it was the beginning of the downfall as I would see it. Because then race almost dropped off the agenda because then equal ops was replaced with diversity and diversity is replaced with equality. And so, it's like everything was thrown into that diversity melting pot... So, my thing, what is and was the fact that black people in the main are at the bottom of everything. I don't care what they want to say. They talk about migrant communities, immigrant communities, but my thing is that black people is always at the bottom...

As well as being ethnically diverse, the ERs who responded to my survey were also noticeably diverse as far as sexual orientation was concerned, with 16 per cent overall identifying as lesbian, gay or bisexual. The figure was slightly higher amongst new representative ERs at 17 per cent but this difference was not significant, chi square (d.f. = 6, $n = 281$) = 6.76, $p = 0.34$. It is difficult to assess how representative this figure is in relation to general union membership as no data on the sexual orientation of union members or their workplace representatives is presently gathered through official sources. However, estimates are available for the general population, based on the Annual Population Survey. They suggest that around two per cent of the British population identify as lesbian, gay or bisexual (Office for National Statistics, 2019), far lower than the proportion represented in my ER respondents.

Thus, my findings provided some support to the earlier suggestion (Moore, 2011a:111) that the ER role is creating an avenue through which LGBT union members are being to take a more active part in their union at a local level. My interviews with individual ERs provided a few examples of ERs who had volunteered for the role for just such a reason. For example, ER 10b (female, white, LGBT, new representative) explained how her personal affinity with the cause of LGBT equality and the consolidation of LGBT rights represented by the Equality Act 2010 had encouraged her to become an ER:

I think particularly when the Equality Act came in, one of the things that was a bit of a relief, particularly for people who were L, G, or B... the fact that you could no longer be fairly sacked for your sexuality. Certainly, that was what motivated me to want to become an equality rep and to look at what I could do in the workplace as well.

Turning now to the extent to which ERs identified as disabled, my findings suggest that, across my whole sample, around a quarter of ERs identified as such (defined as having a health problem or disability that limited their day-to-day activities and that had lasted or was expected to last at least 12 months). Compared to the nine per cent estimated proportion of disabled workplace representatives derived from WERS data (Department for Business, Innovation and Skills et al., 2015) and the 18 per cent incidence of disability found amongst the general trade

union membership (Department for Business, Energy and Industrial Strategy, 2019), the proportion of disabled ERs is relatively high. The proportion of ERs who identified as disabled was slightly higher (29 per cent) amongst those who were existing representatives than the proportion amongst new representatives (20 per cent). The difference in the incidence of disability between these two groups of ER, however, was not significant, chi square (d.f.=1, $n=283$) = 2.46, $p=0.12$.

Two of my interviews were with ERs who identified as disabled; The first (ER 1a: female, white, disabled, existing representative) had not become a workplace representative through the ER role and neither did she give an indication that her disability had motivated her to become an ER, preferring to focus on her remit to cover all equality strands, stating:

...although I have a stronger connection with disability equality, I don't focus on that at the expense of all other equality issues, because then I wouldn't be doing my job properly.

In contrast, the account given by the new representative ER did make a connection with her decision to volunteer for the ER role and her personal experience of disability. She (ER 14b: female, white, disabled, new representative) explained:

I think it was around 2012, sitting in a meeting, and all of a sudden it went quiet and I wasn't sure what had happened to me.... I had lost 80 per cent of hearing in one ear and 50 per cent in the other. I think it was the realisation that there wasn't anything out there in the form of support really for people who have got disabilities in the workplace. That was one of the reasons that attracted me to the role. It was a lifechanging experience of my own.

Thus, for this individual at least, her own experience of disability and the opportunity afforded to volunteer for the ER position had in combination encouraged her to take a first step into union representation. This was indicative of the way in which the ER role contributed, in this case at least, to a new resource, in the form of this individual, being identified to help renew the workplace representative cadre at her workplace.

The final aspect of demographic diversity amongst the contemporary ER cadre that I examined was that of age. This had been identified as of interest in

respect of the ER contribution to union renewal, in light of concerns over the aging profile of the trade union local representative base (van Wanrooy et al. 2013). Unfortunately, my study found no evidence that the ER initiative had contributed to attracting young people in any great numbers to taking on the role. Indeed, whilst Bacon and Hoque (2012) found that 41 per cent of ERs were over the age of 50, by the time of my survey that proportion had risen by a further seventeen per cent. The proportion of ERs under the age of 30 had, however, broadly remained consistent (2 per cent in the present survey and 3 per cent in the Bacon and Hoque survey).

Although none of the union officers or specialist staff made any particular mention of concerns about the ageing profile of their workplace representative base, five of the ERs who were interviewed expressed concern over the lack of young members coming forward into union representation, not just amongst their own cadre but across the whole of their local workplace representative teams. A typical observation of this kind was made by ER 14b (female, white, disabled, new representative) who commented:

When I look at the [union representative] team we 've got...there not one young person there. I'm not going to guess their age, but they are in their early thirties... It's a concern that from five years from now, from ten years from now who will be the senior rep?

There were, however, some isolated pockets of optimism in respect of the potential contribution that the ER role might make to membership, if not workplace representative renewal in respect of younger age groups. One of the ERs that I interviewed did suggest that there was a potential for the equality advocacy role provided by the ER to make union membership more relevant to younger employees, the recruitment of whom is one of the priority areas in relation to membership renewal (Hodder and Kretsos, 2015). The experience of ER 13b (female, white, existing representative) was that, as a result of work she had undertaken within her organisation to raise awareness of the sexual harassment being experienced by women entering her (male-dominated) profession, she was helping to demonstrate the relevance of trade unionism to the next generation:

We recruit heavily actually when people join either their employer or the profession generally. And there's a few, sort of Facebook, Twitter things where we constantly say if you want help then the

best thing to do actually, is join the union because then we can provide legal advice and health and safety advice and all that kind of thing... just the visibility of D[iversity] and E[quality] issues and letting people know that we're here to listen and to work on things definitely helps. I think it's been a massive issue for us in the last few years with all the 'Me Too' stuff that's come out, and you realise that [in] My Profession ... there's a lot of young women that enter. And they end up working on [what are essentially] construction sites which can be very challenging...

This ER also explained that she was in the process of encouraging her members, many of whom were relatively young, to take on single strand equality roles, rather than the multi-strand ER role, as a first stage of union representation. As she explained:

We have social media presence, so people contact us on Facebook Messenger; they can [also] email me. And we had our AGM earlier on this year where we launched our equality and diversity strategy.... at that we asked for reps to stand and we had four volunteers for reps. So, we have an LGBT+ rep now, and a couple of BAME reps which is a first for us. And a couple of other general equality reps.

This example, although isolated amongst my ER participants, was suggestive of a potential contribution of the ER role, in the right context, to both encouraging younger employees to see trade unions as relevant to their concerns and to encouraging young union members to become union representatives. Unfortunately, the union organised workplaces where ERs are typically found, are not those where young workers are most typically found (Hodder and Kretsos, 2015; Heyes, Moore, Newsome and Tomlinson, 2018) so the broader impact of the ER role in this respect is limited at present. Nevertheless, in terms of creating a new modern image for trade unionism, this one example provided some indication of the contribution that a more widespread adoption of the ER role might be able to make in respect of the age profile of the workplace representative base.

Chapter summary

This chapter has outlined the findings of this study in respect of my first research question, which was concerned with the extent and ways in which the ER role was contributing to a renewal of trade union workplace representative resources. It first presented my estimate of contemporary ER numbers of somewhere between two to three thousand strong. This represented a considerable increase on 500 to 600 ERs estimated to be within union structures at the time of the UMF projects (Bacon and Hoque, 2012) and indicated that the role's contribution to the renewal of overall workplace representative numbers had grown over time.

The chapter went on to present my findings in respect of the contribution being made to renewal through the ER role acting as a stepping stone into union representation. It outlined how the study had found that a majority of ERs were new volunteers, putting themselves forward for a trade union representative role for the first time, and that the proportion of these new representatives amongst the ER cadre has increased over time. The chapter then turned to the ways in which the ER role is also providing a stepping stone into other union roles. A majority of ERs, including those for whom it was their first role, were found to be hybrid reps having taken on portfolios of representation that included additional roles such as shop steward and health and safety representative. It was, however, found that this was subjecting ERs to workload pressures which may have been limiting the contribution they were able to make at an individual level.

The chapter then turned to the ER role's contribution to workplace representative diversity. It presented my finding that the ER role is encouraging individuals to take their first steps into union representation who are more diverse than those covering more traditional trade union workplace roles. A higher proportion of ERs identify as BME, LGBT and disabled than might be expected based on traditional shop steward, union membership or general population demographics. A higher proportion of ERs are also female than in the shop steward cadre although the proportion of female ERs was not as high as found amongst the general union membership. However, the overall age profile of the ER cadre was found to still be dominated by those over the age of 50.

In light of the small size of the ER population in relation to that of other workplace representative cadres, if the ER role was to have an influence beyond the relatively small number of workplaces where they were physically present, it was important that some of the framing activities that surrounded the promotion of the role were also encouraging other trade union workplace representatives to give a new priority to equality issues within their overall local trade union agendas. The next chapter will consider how these framing activities were helping to reshape and expand the concept of trade union collectivism, not just for those individuals who had been appointed as local ERs, but for other trade union workplace representatives as well.

Chapter Five

Revitalising the local trade union agenda

Introduction

In the last chapter, I presented findings indicating that the ER role has been partially successful in achieving its union representative renewal objectives; encouraging a more diverse group of members to take their first steps into workplace representative roles that, for the majority, subsequently encompassed additional roles such as that of the shop steward or health and safety representative. In this chapter I present my findings on the ways in which the ER role has helped to redefine trade union collective action frames and, as a result, contributed to a much-needed revitalisation of the agendas being followed by local workplace representative teams.

Collective action frames are a concept borrowed from social movement theory that, as I proposed in Chapter Two, represent the most appropriate analytic tool through which to address this area of research interest. To recap, a collective action frame is a framework provided to activists, through the mechanism of campaigning and promotional literature or speeches, through which a social movement defines (or redefines) the issues that they are campaigning to change. (Benford and Snow, 2000). It had been an early aspiration that some of the promotional activities that trade union were engaging in in order to establish and maintaining an ER presence within union structures might also help redefine wider trade union collective action frames and as a result might encourage the greater acceptance of equality issues as part of local trade union agendas (Bennett, 2010: 521). The question of how this may have been taking place was the focus of my second research question, namely:

In what ways are framing activities associated with the establishment of the ER role contributing to an equality-related revitalisation of the local trade union agenda?

This chapter will present my findings in respect of the above research question in three sections, corresponding to three constructs borrowed from framing theory. Framing theory is concerned with the way that social movement organisations (SMOs) ‘construct collective identities to recruit and mobilize activists and supporters’ (Gahan and Pekarek, 2013:760). If an SMO wants to change a collective action frame, then some form of discourse or communication with members and activists is necessary to build consensus over the change.

Trade unions stand apart from most SMOs in the degree to which they use formalised democratic structures for the purposes of such consensus building (Flynn et al. 2004). However, as highlighted in Chapter One, whilst such consensus building in relation to the prioritisation of workplace equality issues on the trade union agenda had been relatively successful at the national level, its dissemination to local trade union agendas continues to be a work in progress. One of the early ambitions vested in the ER role had been to help build that consensus at the local, workplace level. The analysis presented in this chapter uses the lens of framing theory to consider the activities that trade unions are engaged in to promote, train and maintain an ER presence in their structures as strategies that are also helping to build this consensus in a variety of ways.

The first two sections of this chapter are concerned with activities that may be contributing to what is referred to in SMT as frame alignment. As previously described in Chapter Two, frame alignment describes the processes through which an SMO encourages congruence between the individual frames of reference of its activists and the collective action frames through which the SMO has defined collective goals and objectives (Snow, Rochford, Worden and Benford, 1986). Frame alignment can take the form of different strategies, two of which were identified in Chapter Two as relevant for the purposes of my analyses; frame bridging and frame amplification. The chapter will first present my findings in respect of the frame bridging activities that trade unions have engaged in to establish a collective action frame amongst those members volunteering to take up an ER position. Frame bridging, as outlined in Chapter Two, is the process through which an SMO creates a common understanding amongst individuals who have a particular passion for an issue and who ‘share common grievances and attributional

orientations’ but who may ‘lack the organisational base for expressing their discontents and for acting in pursuit of their interests’ (Snow et al., 1986: 467).

The chapter then goes on to present my analysis of trade unions’ frame amplification activities associated with the ER role that were targeted towards other union workplace representatives, most notably existing cadres of shop stewards, aimed at gaining their support for the collective action frame associated with the new role. As discussed in Chapter Two, frame amplification refers to a process that seeks to achieve ‘the idealisation, embellishment, clarification or invigoration of existing values or beliefs’ in order to persuade individuals to adopt a new or revised collective action frame (Snow et al., 1986: 469). This chapter presents the findings of the qualitative template analysis of interview and documentary data carried out for this study. That analysis highlights the ways in which trade union activities concerned with frame bridging and frame amplification are contributing to a revitalisation of the workplace trade union agenda in respect of a greater priority being given to national equality objectives at a local level.

The final section of the chapter presents the combined findings from the qualitative template analysis of interview and documentary data, and the quantitative analysis of survey responses in respect of the motivational framing activities that were associated with the ER role. The concept of motivational framing was introduced in Chapter Two and defined as framing concerned with guiding activists as to what the SMO expects them to be doing in their activism. My analysis in this section will consider how the collective action frames developed around the ER were encouraging ERs, and other local trade union workplace representatives to make use of the opportunities to act that might be available to them in order to achieve the improvements in employers’ equality practices that their union’s national equality objectives aspired to achieving.

The chapter now turns to the first of the framing strategies of interest; that of frame bridging.

Frame bridging

As referred to above, frame bridging is the process by which trade unions might be expected to create a common understanding amongst ERs about the objectives for the role and to establish a congruence between trade union collectivism and individual frames of reference held by prospective ERs. Chapter Two outlined how earlier research by Moore (2011a) had indirectly examined one aspect of the frame bridging task required to establish the ER role; the nature of the individual frames of reference of ERs. Moore had examined the ways in which individual level framing had motivated the ERs who took part in her study to put themselves forward for the role during the UMF projects. She found that ERs' individual frames of reference had been initially based around their own social identity and their experiences as a woman, or as a BME, LGBT or disabled member together with the traditional trade union 'master frame' based on collective action in support of 'fairness' in respect of all forms of workplace injustice (Moore, 2011: 167). This individual level framing, linked to a particular equality strand, was at odds with the collective action frame being promoted alongside the ER role, which defined its remit more broadly as to champion equality across all the different strands. The frame bridging task facing trade unions was to close the gap between the two.

Moore's research had been based on interview data with individual ERs, so she had not been able to examine any of the frame bridging activities that might have been engaged in by the union to which her participants belonged (Unison). In contrast, my study was able to examine the collective frame bridging activities engaged in by trade unions around the ER role through an analysis of the data I had gathered through interviews with national equality officers and from the various documents, leaflets and web-based information that they had produced to help establish and support the role. My broader sample of trade unions also enabled me to consider the variations in frame bridging strategies that were being adopted, in respect of trade unions who, like the union featured in Moore's (2011) study, had a reasonable diversity amongst their members and those unions who did not have a very diverse membership base and were initially relying upon members who may not belong to one of the new constituencies to take up the ER role, at least in its early stages.

Of the fifteen trade unions who were represented in my study, 12 had actively sought to promote the ER role amongst their members, and it was on their approaches to promoting the role that my analysis in respect of frame bridging was focused. I identified two different frame bridging strategies that national equality officers were engaged in to encourage members to volunteer to take on the ER role, both of which contributed to the broader objective of helping to encourage a greater acceptance of equality issues on local workplace trade union agendas. The first of those strategies was targeted towards potential ERs who identified with one of the new membership constituencies. The second of the strategies was targeted at potential ERs who did not identify with one of these constituencies.

Whether a union had adopted the first, the second or a combination of the two strategies, the expectations had been the same and were summed up in the following quote from one of the national equality officers (female, white) who explained:

[with the] equality rep role, most people involved in it have some kind of passion that's driven them to get there... it could be something that happened to them, it could be something that happened to someone that they knew, it could just be general injustice that they've seen in the workplace, similar in some cases to other reps. But some people will have a passion for women's issues, some people will have a passion for neurodiversity, some people will have a passion for black and minority ethnic issues...some people will have a passion for, I guess, just general discrimination that they see happen in the workplace, or bullying and harassment, that they link to equality.

And what I want to do is kind of harness that passion in each individual equality rep... you're now an equality rep, here's a bit about equality law, here's a bit about how you organise in a workplace, off you go, and see what you can do.

It was through frame bridging activities, that took the form of union promotional materials aimed at potential ERs, that trade unions were seeking to 'harness that passion' from both groups of potential volunteers. The first frame bridging strategy that I identified in my data was aimed at individuals whose motivations originated from an interest in a particular equality strand, often because of their own identification with that equality strand by virtue of being a women or a BME, LGBT or disabled member themselves. For this group, frame bridging was aimed at

encouraging the potential ER volunteer to broaden their interest in equality to cover the full range of equality strands rather than just a single strand. The relevance of this framing activity to the broader revitalisation objectives that were the focus of my second research question was that it was contributing to an overall framing of equality issues as a collective trade union issue, rather than as an individual identity-based issue (Piore and Safford, 2006). In one example of this frame bridging, one of the national equality officers (female, white) explained:

...some equality officers²⁰ come forward because they're very interested in, say, anti-sexism but then they think, I don't know anything about... I'm not very good on LGBT rights, I don't really understand the language or I might say the wrong thing, so some people don't have confidence across different areas and they therefore don't want to be labelled the equality officer because they think they've suddenly got to be very skilled on all four, six or eight, or however many groups we include.

The second frame bridging strategy that I identified in my analysis also contributed to the framing of equality as a collective, rather than identity-based workplace issue, thereby building the foundation upon which a greater acceptance of equality as a priority for local trade union agendas could be built. This second strategy was, however, focused on a different group of ERs; those whose interest in equality issues was unrelated to their own experiences or identity. In some instances, this group of potential ERs had an interest in workplace equality injustice that originated in having represented a member over an equality related matter. In other cases, it related to an equality related injustice they had been involved in peripherally, experienced by a relative, friend or work colleague. In others still it related to a general interest in equality issues. This second frame bridging strategy was of particular relevance for the broader revitalisation of the workplace trade union agenda in those unions who had very little diversity amongst their existing memberships, but who had a strategic objective to change this over time. Examples of this strategy were identified through my analysis of articles in union newsletters aimed at this group of potential volunteers. These articles tended to emphasise the desirability of a 'passion' for the topic, rather than individual identity as a member

²⁰ In this union the ER was referred to as an equality officer.

of an under-represented group. One union that had adopted frame bridging strategies of this type demonstrated the strategy through the wording used in calls for volunteer ERs that appeared in the newsletters aimed at the rank and file membership:

Wanted: branch equality representatives

Every branch is entitled to have a Branch Equality Rep; they don't have to be from any of the equality strands (i.e. BEM, LGBT, Women) but must have an empathy with the equalities agenda.

The two frame bridging strategies that I identified were both helping to promote the importance of equality issues in a way that contrasted with the strategy to frame equality as being associated with self-organisation alone. Self-organised structures are framed very differently to the ER role, appealing specifically to those seeking to express the separate 'politically conscious identities... of women; black and minority ethnic (BME), lesbian, gay, bisexual or transgender (LGBT) and disabled workers' (Moore and Wright, 2012: 444). Self-organisation is thus framed as a form of union activism only for those who directly identify with an under-represented group; excluding those who might want to champion equality but who do not identify as such. The ER role, on the other hand, is framed as a position that any union member with a 'passion' for equality can put themselves forward for. As one union officer (female, white) commented:

... there's always this thing of what about people who don't fit [any of the established equality strands] but who want to play a part in equality in a formal way... equality reps is really good for that because it means everybody can play a part.

In summary, both of the frame bridging strategies discussed above had a value in respect of the revitalisation of the workplace trade union agenda. They both promoted a conceptualisation of equality based around the more general collective 'fairness for all' objective that laid down a path through which an opportunity was being created to encourage 'mainstreaming equality into union and employer activities' at the workplace (Moore and Wright, 2012: 442). As such, these frame

bridging activities were laying the foundations upon which the next set of framing activities, those aimed at frame amplification, could take place. It is to this second aspect of frame alignment that this chapter now turns.

Frame amplification

The second type of frame alignment strategy that was of interest in respect of my research question concerned frame amplification. As outlined earlier in this chapter, the process of frame amplification is concerned with situations where SMOs want to persuade existing activists to accept a new version of an existing collective action frame. In respect of this study's second research question, the frame amplification strategies of interest were those being adopted by trade unions, aimed at broadening the collective action frames being followed by ERs' fellow workplace representatives so that they would be more willing to give a greater priority to equality issues at their workplace.

As outlined in Chapter Two, earlier research had highlighted the importance of support from fellow workplace representatives to ERs' ability to fulfil their own remit to encourage workplace equality improvements. Bacon and Hoque (2012), for example, suggested that ERs might be able to have an indirect impact on the collective bargaining agenda if they were able to first influence the shop stewards and full-time officers who were conducting such negotiations. Yet, there was no guarantee at a particular workplace that existing shop stewards would necessarily provide such support, particularly in light of the history of hostility, outlined in Chapter One, amongst many within the shop steward cadre towards the acceptance of equality as a trade union issue. My analysis found that, as part of the framing activities associated with the ER role, trade unions were engaging in frame amplification strategies aimed at encouraging support amongst existing workplace representatives for the ER role and the equality priorities that it was seeking to promote.

Frame amplification can take two forms; value amplification and belief amplification (Snow et al., 1986). Examples of both were identified through my analysis. Turning first to value amplification, within SMT this is used to refer to

framing strategies aimed at eliciting support for the redefinition of an existing collective action frame. The revitalisation of the local trade union agenda so that it was more inclusive of equality issues was an example of such a redefinition. The strategy of value amplification involves placing an emphasis on a commonality between the new and old definitions of a collective action frame in respect of an accepted ‘goal or end state’ that a movement is seeking to attain (Snow et al., 1986). The value amplification strategies that my analysis identified took the specific form of emphasising the end goal of ‘justice for all’ as a fundamental aspect of union equality objectives and also the objectives of the ER role. The association between this collective ‘justice for all’ end goal and the ER role had previously been noted by both Moore (2011a) and Moore and Wright (2012) in respect of the way that ERs had been promoted within two public sector unions during the UMF projects. Moore and Wright drew a parallel at that time between this ER-linked value and with the idealised liberal approach to equality, characterised by a “justice is seen to be done” aspiration (Jewson and Mason, 1986: 325).

The analysis of my contemporary data confirmed that the ER role was still being promoted through references to a generalised objective of ‘fairness for all’ and that this was common across the unions who were promoting the ER role. References to this end goal were found in the leaflets and guidance booklets that unions had aimed at the local union representative teams as well as those aimed at potential ER volunteers themselves. These documents described the ER role as variously involving the promotion of “*fair treatment at the workplace*” creating “*fairer workplaces for all*” and establishing “*unconditional dignity and respect*” for all workers.

The way in which the ‘fairness for all’ conceptualisation of equality rather than the alternative of a self-organised, identity-based approach to campaigning on equality issues, was a strategy that had the potential to help align the long-accepted goals of trade unionism with those that were being set for the ER. Existing shop stewards and other workplace representatives might be reassured by the similarity between the values being emphasised in connection with the ER and the traditional goals of trade unionism, as articulated by trade union organised car assembly workers in the 1970s as ‘helping someone, “your fellow man” [sic]’ (Beynon, 1984:130).

Alongside the amplification of the ‘fairness for all’ value, I also identified accompanying framing strategies that were examples of belief amplification. Belief amplification within the SMT literature involves a SMO eliciting support for a new collective action frame by drawing particular attention to linking beliefs together in way that either encourages or discourages particular actions. In this case, my analysis identified a trade union framing strategy that was encouraging a belief that equality legislation offered an opportunity structure that union representatives such as shop stewards could use to defend members interests in a variety of circumstances. A number of the national equality officers participating in my study referred to the ways that they were engaging in belief amplification along these lines. In one example, a national equality officer (female, white) described work she had been in the process of completing at the time of interview to highlight the benefits of applying equality law to a variety of ‘bread and butter’ trade union issues that her workplace representatives were commonly facing:

I'm doing a paper ...identifying the equalities issues on, if you like, traditional items that might be on the bargaining agenda... [For example] if you're talking about pay, you need to also talk about equal pay. If you're looking at health and safety issues, there are equality issues associated with health and safety as well...Performance management, that's a big thing for us at the moment, particularly in PublicBody where they've introduced a performance management system which, although they are denying it, does have a force distribution aspect to it and which, surprise, surprise, has resulted in... disabled and BME staff being marked down.

Possibly as a reflection of the success of these frame alignment strategies, my study found that, contrary to earlier concerns that union workplace representatives did not support the prioritisation of equality issues, ERs felt that their activities were generally being supported by their fellow local representatives. The vast majority of ERs (70 per cent) felt that they were being valued to some extent; 45 per cent described the extent to which their activities were valued as ‘a lot’ or ‘a great deal’. As an illustration of what this meant in practice ER 1a (female, white, disabled, existing representative), who reported that her local workplace representative team valued her activities ‘a lot’ explained:

Although the branch officers have their individual roles, we're a very good collective. If something's needing done, we'll all chip in. If there was an equality issue that came up, I would perhaps explain it in a bit more detail at a committee meeting so that the others will understand where I'm coming from, in the same way that if there was a health and safety issue, the experienced health and safety reps would explain what was going on behind an issue so that we would all have a better understanding as a result. We all will check things out with one another, we don't operate in a silo...

Any member coming forward for casework goes through our casework coordinator... where there's a bit more an inequality thing, M would probably pass it to me and ask if I was able to take that on. Or [a member of the team might] say, I'm doing a piece of casework, what about this issue, what do you think? As I say, we just check things out with one another, we don't carry on regardless and hope for the best. [We don't deal with the equality cases by] ... trying to separate things. "This is an equality case so S should have that", I don't think that works in reality because equality affects every single situation....my approach is equality runs through everything.

But where there's something a bit more significant, then either I'll get it or people will speak to me, ask for advice, in the same way that I ask my other colleagues for advice as well.

To summarise, unions were engaging in frame amplification strategies aimed at encouraging their existing workplace representatives to be more supportive of the ER role in particular and of trade union equality objectives more generally. Value amplification strategies were seeking to frame the goal of workplace equality justice as connected to 'justice for all' goal associated with traditional trade union collectivism. Belief amplification strategies were encouraging a belief that equality-based arguments could be used to help defend members' interests in seemingly unconnected areas of conflict with employers such as performance management or work intensification.

It was noted during my analysis that whilst union officers and specialist staff were keen to emphasise the role of their printed and electronic materials aimed at ERs in their framing activities, they also emphasised the role of education and training as a means through which framing activities were also taking place. It is to these framing activities, and the way in which they were contributing to the revitalisation of local trade union workplace agendas that this chapter now turns.

Motivational framing: the collective ‘call to arms’

Hands down, people love...when we do our equality in the workplace training! They love the bit about the law...because there's so much you can do with equality law...

As exemplified in the above quote from the interview with one of the national equality officers (female, white), education and training was frequently mentioned by them as a medium through which ERs and other local union representatives were being mobilised into taking action at their workplaces and through their branches over issues of equality injustice. Framing of this nature, concerned with shaping the actions that a social movement's activists are engaging in, is referred to in the SMT literature as motivational framing (Benford and Snow, 2000).

Trade union education and training has traditionally been used as a means of delivering motivational framing to new volunteers to union representative positions (Terry, 1995). For example, when the health and safety representative was being established in the 1970s, an extensive programme of trade union education accompanied its introduction (Bennett, 2000). As discussed in Chapter Two, alongside that formal training, informal networks of health and safety representatives also developed that had a motivational framing aspect to them (*ibid*). An element of training and education was also associated with the ER role, some of it formal and some of it less so. The findings of my analysis of the ways in which the training and education that ERs were receiving, both formal and informal, is discussed further in the following section.

A summary of the formal training and education provision that the unions offer those who volunteer to take on the ER role, is provided in Table 2. Notable by its absence was the TUC classroom-based ER specific training that had been developed under the auspices of the UMF projects. At the time of my data collection this training provision had been discontinued in response to the withdrawal of UMF funding, although an on-line alternative was still available²¹. A number of

²¹ This information was provided by the TUC Education Officer during interview. Subsequent to my data collection, some TUC classroom training for ERs has been re-introduced.

individual unions also reported that their training provision aimed exclusively at ERs had also ceased once state funding was no longer available to support its continuation. In some cases, ER specific training had become integrated with more general equality related courses that were also available to other union representatives, such as shop stewards and health and safety representatives. In other cases, the UMF funded training had always been of this generic nature, designed to be delivered to ERs, to shop stewards, health and safety representative or ULRs with the aim of encouraging equality awareness across the whole local union representative cadre.

Two unions (NUJ and PCS) were still relying, either wholly or in part, on TUC provision for the training of their ERs, even though this had been greatly reduced and, at the time of data collection, was only being offered as an e-learning module. However, as can be seen in Table 2, the majority of the other unions who participated in the study had continued to offer ERs bespoke training from their own union. Of those unions who offered their own in-house training, eight offered their ERs generic equality courses that were also open to other union representatives whereas five had provision for special courses focused on the ER role itself. Two of the unions (ATL and GMB) had no training provision for ERs at the time of study although ATL had been in the process of developing such training²². Overall, it was training from individual unions that was most commonly undertaken by ERs, as shown in Figure 6. The most commonly reported category of training that ERs had received was classroom-based training from their own union (reported by 53 per cent of ERs who responded to my survey) and it was this category of training that I expected to have played the biggest role in motivational framing. The analysis that follows focuses on this category of formal training provision.

²² ATL have subsequently merged with the NUJ to form the National Education Union, who do offer specific training for ERs.

Table 3. Trade union education and provision for ERs

	Relevant education and training provision
TUC	On line ER specific course (running twice a year) Individual courses covering separate equality strands (various lengths)
ASLEF	Generic, on line equality and diversity course (12 weeks)
ATL	No provision
CWU	Generic Equal Rights courses (parts 1 and 2) aimed at all CWU activists (five days)
FDA	Generic equality course aimed at all interested activists (one day)
GMB	No provision
NAPO	Generic courses on separate equality strands (one day)
NASUWT	Specific training across equality strands (two days)
NUJ	Generic GFTU or TUC provision
NUT	Specific ER training (three days)
PCS	Generic regional TUC provision
Prospect	Generic one day equal opportunities 'taster' open to all union activists (one day)
TSSA	Generic equality course open to all activists (two days)
UCU	ER specific, but open to branch officers as well (two days)
Unison	ER specific (three days)
Unite	ER specific (five days)

Whether specific to ERs or generally available for any union representatives, the motivational framing strategies being adopted by individual trade unions through their formal training modules, had a similar focus. Although the training might have been expected to focus on the intricacies of equality law, this was not the emphasis from the perspectives of national equality officers or their specialist staff. Whether they had been describing an ER-specific or a union representative generalist equality course, emphasis was being placed on basic trade union representational and negotiating skills alongside an encouragement to raise equality issues with employers alongside traditional trade union issues such as pay or safety.

The national equalities officers spoke of equipping ERs with the confidence and skills they would need to deal with personal grievance and disciplinary cases or to raise collective concerns with managers (whether directly or through other members of their local workplace representative team). Thus, the motivational

framing strategy identified in relation to formal ER training reinforced the ways in which framing strategies discussed earlier in this chapter were highlighting the continuity between taking action on equality issues and traditional trade union workplace representative activities such as representing members and bargaining with employers.

The formal training provision of one trade union, which was delivered through a three-day, classroom-based programme was encouraging their ERs to adopt similar styles of member support and representation as were already being followed by existing trade union representatives. The training thus focused on general trade union campaigning and representation at the workplace, rather than specialist knowledge on equality matters. In one example, a union equality officer (female, white) described the content of her union's ER training:

Some of [the training] is about knowledge ... but lots of it is about skills ... it's about trying to impart trade union skills ... They often come thinking, we hope you're going to teach us all about the Equality Act ... so we will start by saying ... this is about you having a broad understanding of the principles of discrimination or harassment or equal treatment, but it's largely around you having the skills to know where to find more information, to know who in the union can help you. We do some negotiation skills, we do some organising skills, we do role play around how would you help challenge attitudes in the branch or in a workplace that were negative views, or problematic attitudes ... and the training aims to try and help them with confidence ... it's more about being out there. asking the right questions ...

ER courses also generally presented an overview of equality issues that came from a multi-strand perspective, as had the frame bridging strategies used to encourage members to volunteer for the ER role in the first place. This made it possible for the course content to emphasise the commonalities between the injustices faced as a result of different social identities rather than the differences between them. As one of the specialist staff interviewed (male, BME) explained when describing the introductory equality course that their ERs were expected to attend as the first stage of their training:

... they try to cover all the different strands, so there's an appreciation of issues linked to all the strands. They'll go over case studies of how certain issues have arisen in the workplace, and how they were tackled...

As a result of the way in which the problem of workplace inequality injustices was being framed as a collective rather than individual identity-based problem, the training was thus reinforcing the 'fairness for all' approach that had also been promoted in the frame bridging and frame alignment activities described earlier in this chapter. Even in the case of the longest ER specific training provision (that offered a five-day course), the emphasis was on basic, traditional trade union skills and on applying a basic framework involving identifying the key equality injustices of relevance at a particular workplace and then seeking ways in which those injustices could be minimised. One of the specialist staff (female, BME), who was involved in designing and delivering that course emphasised in her description of its contents that it had practical objectives aimed at equipping ERs with the confidence they might need to be effective once they got back to their workplaces, rather than being experts in equality law. She described what she believed her students were gaining from the course as follows:

They learn an awful lot, in a practical sense ... It's all right saying, yes, we've got the Equality Act or, you know, the Public Sector Equality Duty, but what does that actually mean in practice? ... How do I get it to work in the workplace? ... We do real-life case studies, DVDs. ... Some of them are based on individual members' issues, and some are collective. So, for example, you know, you're part of a trade union negotiating team, and you want to increase the numbers of the equality reps in the workplace. How would you go about it? What would you need to do? How could the law help you? What are the best practices out there? ... So, they go away, and they role-play that out ... it's all well and good saying we've got the law, but what does that mean to reps on the ground, you know? How do they raise equality issues with their employer... What's the best approach? How do they start a campaign around an equality issue at their workplace? ... Campaigning skills. Public speaking. And, of course. our organising strategy... Strategy for Growth, it's called.... sometimes you want to talk to people who, kind of, look and... you know, you can identify with them.

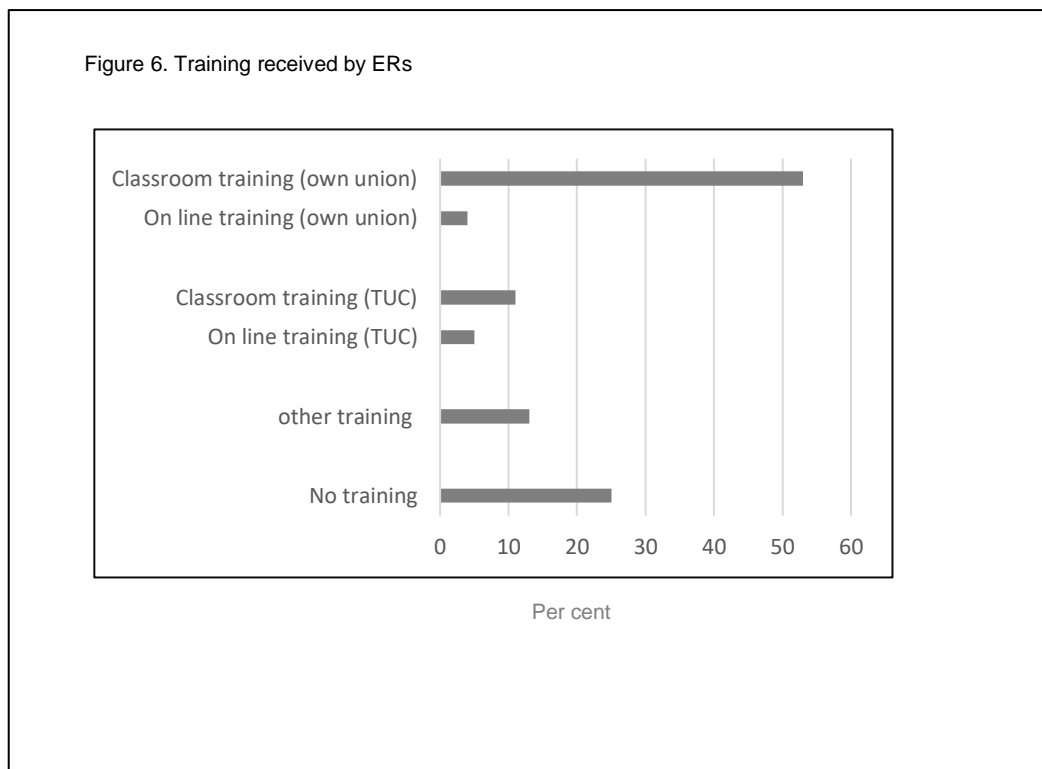
In summary, the introductory training that was available to ERs was providing motivational framing based in a collective, trade union-oriented programme of action around workplace equality issues. Workplace equality issues were being framed through a broad based, multi-strand lens that emphasised the common issues and solutions that were relevant across all strands. The training providing its participants with practical examples of how union representatives could use the equality rights encapsulated in the Equality Act 2010 to support members facing disciplinary action or seeking to raise grievances. The training also encouraged participants to seek local opportunities where they might be able to press for improvements to employers' equality practices.

Although the available training had the potential to support ER's ability to encourage a revitalisation of the local trade union agenda, ER's survey responses indicated that it did not always reach its intended audience. As can be seen in Figure 6, just over one in four ERs reported that they had received no formal training at all to support them in their roles. For a number of the ERs whom I interviewed, battles with managers over paid release for training had been a notable feature of their experience as an ER, despite collective agreements that gave them the right to paid facility and training time. ER 6a (male, white, new representative) described his experiences as follows:

...various managers have tried to block my release to go and be trained for this role....the biggest problem that I've had is the managers will block you or block the release. They'll say, no, no, we can't release you.... you give them all the notice. But they deliberately find a reason to say no. Again, you're on the back foot, trying to appeal. Trying to chase up....And that's what happened with me.... I wanted to go on a particular course related to equality. It was blocked.

For others it was their personal circumstances that impacted on their ability to attend training; sometimes as a result of caring responsibilities and, in one case, as a result of the impact that their disability was having on the practicalities of attending training.

Nevertheless, other avenues were identified through which motivational framing was taking place and those alternative mechanisms of motivational framing are the focus of the next section of this chapter.



Communities of practice

During their interviews, seven ERs referred to instances where they were receiving motivational framing through informal opportunities for learning that took place outside of their immediate workplaces but that were not connected to formal trade union educational opportunities. This section will examine the ways in which these informal framing activities were contributing to a revitalisation of local trade union agendas in respect of equality issues.

The informal framing activities that these ERs described were reminiscent of the informal ‘communities of practice’ that had developed around the health and safety representative role. Health and safety representatives from different workplaces had come together at informal local and regional forums to share successful strategies for promoting workplace safety both with their employers and

amongst other members of their local workplace representative teams (Bennett, 2000). In the present study of the ER role, evidence of the existence of communities of practices that were delivering motivational framing was found through the analysis of interview data. ERs described how the communities of practice they were involved in were disseminating successful strategies from one workplace to another.

My analysis identified two different communities of practice associated with the ER role through which motivational framing was taking place as a result of their being able to “share and grow their practice” (Mercieca, 2017:3). The first was based around the relationships between ERs and national and local full-time officers (FTOs) and the second was based around the relationships that developed between ERs themselves. In respect of this first type of community of practice, national equality officers commonly circulated newsletters suggesting ways in which ERs might be able to positive influence equality practices at their workplaces, arising out of equality law changes, new union initiatives or examples of improvement that other ERs had achieved. Through the content of these newsletters, ERs were receiving motivational framing, providing them with suggested strategies to achieve equality improvements at their workplace that had the potential to contribute to a revitalisation of the local trade union agenda. Regional and local FTOs were also found to be providing motivational framing on a more tailored basis to individual ERs, offering them advice on how to practice their roles at their specific workplaces. ERs described the motivational framing they received from local officers as a contributor to their ability to influence local trade union agendas. For example, ER 10b (female, white, LGBT, new representative) explained:

...I know that if I don't know the answer to something, I can fire off a quick email to my full-time officer, or depending on what it was, sometimes it's my organiser, and say, do you know what we can do here, do you know what the answer to this is?

National and regional FTOs also played an important role in bringing ERs from a variety of workplaces together in forums through which the second type of ER-related communities of practice were able to operate. Eight of the fifteen ERs who were interviewed reported that they had been given the opportunity to attend

national and regional conferences and seminars that had given them the opportunity to network with other ERs. The exchanges of information that took place with other ERs as a result of networking at such events were described by those ERs as important sources of motivational framing through which they were able to develop their daily ER practice, with the aim of revitalising the workplace trade union agenda at their place of work. These relationships were often formed as a result of ERs' attendance at conferences, education courses and, where relevant, union committees. ER 7a (female, white, existing representative) explained the importance of learning from other ERs from her perspective as follows:

...you've always got someone to go to. So, you always feel that they're your buffer ... I mean because some things get you down. And reaching into their expertise as well, sometimes. ...I always feel that I if I just stayed in my office and didn't go to conferences didn't go to the meetings, then you don't broaden your knowledge.

ER 4a (male, BME, existing representative) had a similar view, describing the relationships he was able to build with fellow union representatives who had a particular focus on BME issues:

Some of the contacts you can develop as a result of going on the various training programmes can be lifelong. Because some of the people I met at the BME leadership thing that we did a year and a half ago, I still have contact with those people and I see people at conference, and we still email one another and all that kind of stuff, ...you build that kind of almost like a bond and ...if there are any issues you can, it's a form of support.

Similarly, ER 10b (female, white, LGBT, new representative) felt that:

...one of the best learning tools that the unions have for me is conferences. You go along to any of the equality conferences, whether it's a women's conference, an LGBT+ conference, or a disabled conference, these are great learning tools, because you hear through motions what other workplaces are going through. ..., they're brilliant. ...in terms of learning stuff, and you network as well

ER 1a (female, white, disabled, existing representative) was particularly noteworthy in her contribution to developing ER repertoires of practices. She explained how her influence within the union, arising from her involvement in a

number of communities of practice, had enabled her to engage in motivational framing around the best practice activities she had been engaged in herself:

...you learn so much from each other...When I was talking about disability leave, they were like, well, how did you do that, so I shared how we did it. And, oh, that would never work, they would never listen in our workplace. But then they'll go away, thinking, well, if it was done in MYTown, it could be done somewhere else. It's all about sharing information, and I think you become more empowered when you hear of someone achieving something in their branch and you think, well, maybe we could or should do that in our branch, and then you can come back and see if it's worthwhile progressing that forward in your local area.... When I'm at the STUC disability committee, sometimes things'll come up, and then I will share it with SB, our full-time official in Scotland, and say, what's MyUnion doing about this?

And she'll say, yes, we know all about it, we're in the process of doing X, Y, or Z, or, oh, that's a good idea, we'll take that onboard type thing. Article 19 for procurement, that's something, that I keep banging that drum as well. It doesn't really go very far but I like to remind the organisation that Article 19 should be, what's the word, not used or utilised, but should blossom, should be part of an inclusive practice when looking to seek any type of procurement.

The Article 19 referred to in this quote was a provision in European procurement legislation that enabled a public sector procurement exercise to reserve a contract for what is known as a 'supported business', or a business with a majority (over 50 per cent) of employees being disabled. Article 19 offered an opportunity for trade unions to press for what could be an important positive action initiative aimed at providing new employment for disabled people and was a good example of some of the more innovative practices that, if adopted, as part of the demands on a local trade union agenda would represent a revitalising change to that agenda.

Another participant, ER 9b (male, BME experienced representative) spoke of his pride at being able to help less experienced ERs through the communities of practice that he was engaged in:

... I shared [best practice examples] quite a bit because I'm a fairly experienced rep compared to some of the younger guys and lasses ...and I'd be pointing out to them that every single situation that you are in will have an equalities element to it, that even if that person that you're supporting is the white male chief executive who seems to have all the privilege, that it's about understanding, it's about encouraging understanding of how equalities affect people...For me, best practice is looking at things and saying... It

just looks like a workforce issue, but is the individual that I'm supporting tied to a specific agenda, is there a possibility that that may have either been ignored or used against them?

Viewing these examples where ERs were providing motivational framing for each other through their communities of practice brought into focus the ways in which the repertoires of practice that ERs were engaged in were being 'created over time by the sustained pursuit of a shared enterprise' (Wenger, 1999:45). It was the dynamic quality of this motivational framing that my analysis identified that was of particular interest. The strategies adopted by ERs in one locality were helping, through motivational framing activities, to broaden the horizons of individual ERs at other workplaces.

Chapter summary

The chapter set out to answer my second research question by examining the ways in which the framing activities associated with the establishment of the ER role has contributed to a revitalisation of local trade union agendas. The chapter considered in turn frame bridging, frame amplification and motivational framing activities.

In respect of frame bridging, the chapter outlined how trade unions have sought to promote the ER role using two distinct frame bridging strategies aimed at two groups of potential ER volunteers whose individual frames of reference motivating them to volunteer for the role were very different. For the first group, whose individual framing was based around their own identity as a member of one of the new trade union consistencies; in other words a woman, a BME, disabled or LGBT trade union member; the analysis found that a frame bridging strategy was being adopted that sought to encourage new ERs to broaden their equality activities to cover all equality strands and not just the one that the individual identified with personally. The relevance of this finding to the second research question was that this framing helped to support the view of equality issues as a collective, 'fairness for all' type issue, rather than based in individualism and identity-based activism.

For the second group, who had a passion for equality, but who did not necessarily identify with one of the new membership consistencies, another frame

bridging strategy was being employed, making it clear that they would be welcomed as volunteers for ER positions regardless of their own personal social group identity. This was helping to reinforce a view of the ER role as being open to members regardless of their individual identity as a member of an under-represented group. This second frame bridging strategy was noted as particularly beneficial in unions where the diversity of their membership was low, but the trade union still wanted to prioritise equality issues locally, as a way of changing that membership diversity in the future. It was also noted that the framing of equality in this way, as a legitimate concern of trade union members regardless of their personal identities, was also contributing to its greater acceptance as part of local trade union agendas.

The chapter went on to examine how frame amplification strategies were being employed by trade unions to win the support of other workplace representatives such as existing shop stewards, for the prioritisation of equality issues and for the work of the ER. My analysis found evidence of the use of both value amplification strategies and belief amplification strategies. Value amplification strategies were being used to link trade union equality objectives to their traditional 'justice for all' collectivism. Belief amplification strategies were being used to highlight the ways in which equality legislation could be used to challenge managerial prerogative in a range of circumstances that may not at first present themselves as equality issues.

Finally, the chapter examined how motivational framing, delivered both through the provision of formal training modules and through informal communities of practice was also contributing to a revitalisation of the local trade union agenda. Motivational framing, or the collective 'call to arms' guide SMO activists to where their energies should be directed. Of particular note in respect of my second research question was that the motivational framing being delivered through formal training for ERs focused on developing their generic trade union representative skills, rather than specific equality-related knowledge, which was helping to reinforce the framing discussed earlier in the chapter, emphasising both a multi-strand, rather than identity based approach to equality and the links between equality issues and more traditional trade union issues such as pay, absence and performance management.

The informal motivational framing that ERs were receiving, where they were involved in ER-related communities of practice took two forms. The first involved motivational framing being delivered by trade union officials; sometimes situated at a national level and sometimes at a more local level, suggesting ways in which equality improvements might be achieved locally. The second involved motivational framing being delivered by ERs to other ERs providing them with inspiration over the kinds of activity they might seek to engage in at their own workplace to tackle equality issues. Through participating in these communities of practices ERs were able to refresh and refine their own repertoires of practice, and then subsequently also share their own successes amongst the broader ER community. This occurred both informally through the social fabric of the community and formally as best practice examples included in printed guidance, information or education course content developed by the union officers and specialist staff who were also members of these communities.

The ways and extent to which ERs were successful in achieving equality related improvements at the workplace, and the factors that might be contributing to their relative success in those endeavours are considered in the following chapter.

Chapter Six

Delivering workplace effectiveness

Introduction

The previous two chapters reported on my findings regarding the contribution of the ER initiative to a renewal of union workplace representative resources and to a revitalisation of local trade union agendas. In this chapter the focus will turn to the ways and extent to which ERs are ‘making a difference’ at the workplace and contributing to trade union workplace effectiveness. My third and fourth research questions focused on these aspects of ER contribution and the chapter presents my findings in respect of both, starting with the third research question, namely:

Through what avenues do ERs seek to influence the equality practices of employers and to what extent, in the contemporary context, are they able to do so?

In answering this question, the chapter first presents the results of my qualitative analysis of the avenues of influence that ERs identified during interview, identifying the management actors with whom they were engaging. It will then go on to outline my quantitative findings in respect of the extent of ER influence over the equality practice of their employers based on ERs’ self-reported ratings of impact in respect of a range of different areas of equality practice. The chapter then presents my findings in respect of the fourth and final research question which sought to identify the Activity Support Characteristics (ASC) factors that were associated with individual ER effectiveness.

This chapter makes particular use of the complementary analysis of qualitative and quantitative data foreshadowed in Chapter Three. The former were derived from my semi-structured interviews with ERs and the latter from my web-based ER survey. As previously discussed in Chapter Three, over 80 per cent of the ERs who completed the survey were members of just five trade unions: Unite, UCU, Prospect, PCS and CWU. Therefore, to maintain complementarity across both data sets, all the qualitative data extracts presented in this chapter are derived from

interviews and documents related to one of these five unions, rather than the broader set of qualitative data from all the ERs who were interviewed.

ERs' avenues of effectiveness

As outlined in Chapter Two and summarised in Table 1, a number of potential avenues through which ERs might impact on workplace equality practices were identified *a priori* based on the extant literature. At an individual level it was suggested that hard and soft facilitation might be of relevance; the former where ERs were providing information advice and support to directly to members (Budd and Mumford, 2004; Bacon and Hoque, 2012) and the latter where ERs might working with managers and HR practitioners to indirectly support a member's equality related issue (Bacon and Hoque, 2015; Foster, 2015). At a collective level, it was suggested that collective voice-institutional response (CVIR) might be of relevance (Freeman and Medoff, 1984; Bacon and Hoque, 2012). Although CVIR is usually associated with collective bargaining, it was suggested that employers' equality committees, where they existed, might provide a formal avenue for ER influence through the CVIR mechanism (Bacon and Hoque, 2012; Foster, 2015). In addition, it was suggested that both informal and indirect CVIR might also be relevant avenues for ER influence. Informal CVIR involved ERs engaging with equality and diversity practitioners and senior managers (*ibid*) and indirect CVIR involved ERs engaging with union full time officers and shop stewards (Bacon and Hoque, 2012). The findings of the analysis of ERs' own accounts in respect of these suggested avenues of influences are discussed below.

Individual level avenues of effectiveness

My analysis found that the individual level avenues of effectiveness identified *a priori*, did play an important part in the reality of practice as an ER. One of the standard questions asked of ERs during their interviews was to describe the achievement they were most proud of in their role. Nearly 90 per cent of the ERs described a case of helping an individual member in some significant way. ER 13b

(female, white, existing representative), embodied the responses to this question, explaining that:

...the nicest things that I've been involved in are personal cases ... when you have a success on a personal case, that's really, you know, that's great!

Amongst ERs' accounts were examples of both hard and soft facilitation activities aimed at helping individual members. In respect of hard facilitation, some ERs described providing members with basic advice about equality related matters, often in an informal manner and sometimes over the telephone rather than in person (to make best use of their, often limited, time. They also described instances where they have provided support for members who wanted to pursue complaints or grievances, whether through formal or informal procedures set out by the employer. The support provided by an ER in these circumstances was often directed at helping the member give voice to the problem that they wanted to raise, and it was this aspect of the facilitation that ERs were providing that led to them having an impact on their employers' equality practices. In some examples ERs had arranged informal meetings with a line manager to try and seek a solution outside of the usual grievance process. ER 7a (female, white, existing representative) described an example that had occurred in connection with a sexual harassment case she had dealt with, explaining:

...it was a manager that was...sexually harassing [a member] ...But we were quite fortunate with that one [in] that the manager that took the meeting... believed everything that happened. Because she had all the backup to it anyway. But it was really upsetting for the person involved. It's all worked out fine now and she's working quite happily now. And the manager has been... Well, we don't know quite what has happened to him. He was moved off anyway. We were told he was going to be taken right out of the business for his attitude... She was so upset. She was ringing me up quite a lot. And talking it through with me...And then I got in touch with the managers and from her end, ...and then, as I say, we had meetings away from her area. And it was myself, and her and... another two managers. One manager took notes. But yes, I was sort of with her the whole time, giving her side and helping her out when she got a bit tearful.

As in this example, the support provided to individual members by ERs often had the function of enhancing individual voice in respect of equality related problems at work. This was helping to counteract the tendency towards 'employee silence' that has been noted to be a potential concern where problems involving harassment, discrimination or conflict with co-workers or managers is concerned (Milliken, Morrison and Hewlin, 2003).

Examples were also found where ERs were engaging in soft facilitation; acting as an intermediary between a member with an equality related problem, HR practitioners seeking to ensure that employer's equality policies were being followed and line managers seeking to resolve a grievance. My study found evidence that a function of this nature was being provided by some ERs, particularly in situations where line managers needed support in dealing with an equality related matter. That help could be as basic as ensuring that the manager was referring to the relevant organisational policy, as ER 3a (male, BME, LGBT, existing representative) explained:

...you tend to find that the problem is the line managers will look at certain bits of a policy, or they will ask somebody else what would they do. Because they have had no experience of it, they'll go off with a half-cocked idea of what something says without actually sitting down and reading through the policy itself. ...Some of them don't use the right policy. Some of them don't even know where to find the policies, because we've got a portal page, but they don't remove policies off this page ...so you will end up with six versions of the same policy and unless you check the date you won't know which one [to use] ...

So, I will say to them - have you got the one that's due to be reviewed in 2015?' Oh no mine says 11'. 'Oh well that's the old one them...How did you get that? ...I was like, well every time they are reissued, HR send them out to the seniors and all the reps will get a copy of the new policy, but the managers don't. They never send them to the managers. They have to go and find them and because they have problems finding them on the portal page, they end up using the wrong part, or an out of date policy.

That's where, as reps you say well no, you're wrong. So, you flag it. Some of the managers are quite grateful that you've done it because they'll say. 'Well I haven't been able to get it' and they will photocopy what you've got. So, then they've got a copy.

A number of ERs referred to the importance of their positioning as being equality specialists as an important element to these soft facilitation activities, particularly in relation to line managers who, as in the example above were not always provided with adequate training around their employer's equality and diversity policies and practices and found themselves in a position of being expected to implement them without adequate support. ER5a (male, white, existing representative) described how managers at his workplace had commented to him to this effect:

Now, I was talking to one or two of my managers...and they said, every time you find out we've been sent away on courses and that, we're at a disadvantage to you reps... you've had training on this, you've had training on that. I said, woah, hang on a minute, whose fault is that? That's not down to the union, because they send us away to get us trained up, that's down to your [...]higher management not sending you people away to get you trained up.

But what I do tell them is ...look, it's not us against you, you know, we can work as a team, I said, you need any guidelines, the door is always open. You know, but some of them, whether they're too proud, or what, they won't ask for help.

The theme of developing supportive relationships, based on the specialist knowledge associated with the ER role was a prominent one in the ER interview data and was perceived by ERs as encouraging the development of informal relationships of trust with management representatives, which I gave the label of *informal equality alliances*. These alliances were identified in respect of individual level ER effectiveness as having been formed between ERs, and either line managers, HR or occupational health practitioners. ER 3a (male, BME, LGBT, existing representative) was an example of an ER who had a well-developed set of informal equality alliances. One of the outcomes of this was that he was sometimes asked to provide facilitation services for members (and indeed potential members too) not by individuals, but by one of his informal equality allies. As he explained:

Ultimately when something happens on a particular site and it gets flagged by HR. they will contact me. Or occupational health will contact me to say I've referred someone to you because they are not in the union yet, but they need to be, to get the protection that they need. Someone to fight their corner. Because officially they can't get involved directly. They can offer guidance, but they can't make that decision, so they need someone to sort of force the hand of their

line management. So, I do get referrals by Occ. Health and HR, which sounds bizarre sometimes, but they know when something is wrong, you know and know when someone needs more support than what they are going to get from the business.

In summary, the analysis confirmed that there were two avenues through which ERs sought to enhance individual level union effectiveness in respect of equality issues. Firstly, ERs were providing individual information, advice and support to members, directly helping them to raise and achieve resolution to equality related problems at work (hard facilitation). Secondly, ERs were able to indirectly deliver improvements for individual members through providing support to line managers and HR practitioners to help resolve their problems (soft facilitation).

The chapter will now turn to my findings in respect of the three collective level avenues of ER effectiveness that had been proposed in Chapter Two.

Collective level avenues of effectiveness

As outlined in Chapter Two and summarised in Table 1, a review of the extant literature identified three potential collective level avenues of influence that ERs might use; all three related to variants of the collective voice- institutional response (CVIR) mechanism. My template analysis of the ER interview data found that the collective level avenues of effectiveness that had been identified *a priori* were indeed reported by ERs as ways in which they were seeking to influence workplace equality practice, albeit to varying degrees. The first collective level avenue was formal in nature and involved the opportunity to participate in employers' equality and diversity committees or forums. The second was also formal in nature and involved ERs raising matters through union full time officers and shop stewards who would subsequently place them on their bargaining agendas. The third was informal in nature and involved an ER bringing collective issues to the attention of senior management representatives through informal, one-to-one dialogue.

Turning first to the question of ERs' participation in employers' equality committees, its potential importance as an avenue through which they might have

meaningful, structured involvement in shaping the equality practices of employers was a view echoed by one of the most experienced national officials (white, female) who participated in my study. She had expressed a firm belief, based in her personal experiences, in the efficacy of joint union-employer equality committees as a mechanism through which trade union representatives and managers could work together to improve workplace equality policies and practices for their mutual benefit:

... when I first started out, I have to say there was a much clearer recognition that if you were active around equal opportunities, as it was called then, very definitely you had an equal opportunities policy, [and] an equal opportunities committee ... they were a regular get together to evaluate how things were going, to set priorities and to make a difference...that was seen as the pinnacle.

The national officer had experienced the change that had taken place with the rise in influence of the discourse of diversity management and the resulting change in discourse amongst HR practitioners that had, in the view of this particular officer, encouraged a greater emphasis on individual diversity and had sought to take attention away from collective inequalities between groups (Tatli, 2011). From the national officer's perspective:

... [the diversity management] approach to equality was about valuing individuals and, therefore, not recognising the structural barriers and the collective things that needed to be done to change the situation. So, it became about personal success and failure rather than about barriers identified and removed...

One of the impacts of this change of emphasis had been, from her national viewpoint, less opportunity for trade unions to participate in equality committees than there had been in the past. However, despite the pessimism in the expectations of this national officer concerned, my study found evidence that some ERs were still finding opportunities available to them to participate in such committees and through that participation to have an influence on employer's equality policies and practices.

In one example, involving an ER who worked in a higher education institution, a committee had been set up to monitor and guide the organisation's progress in a national charter mark scheme designed to encourage equality progress in higher education. ER1a (female, white, disabled, existing representative) recounted how, as a result of being involved both in the consultations over the proposed redundancies and in her employer's equality committee, she had been able to use the platform of the equality committee to call for an equality audit of the impact of the redundancies and for the introduction of positive action recruitment initiatives to be introduced as mitigations for any equality issues that might emerge from the audit. As she explained:

...I had raised the issue of the forthcoming voluntary severance redundancies, how that would have an impact on women in STEM subjects, and [made the point that]... when people are applying for VS [voluntary severance] the university needs to look at an individual's request, whether the organisation's placed to support that request or not, but what impact that would have on the number of women left[in areas where they were under-represented], and, similarly, those who have disclosed a disability or any other significant protected characteristic.

You don't want to turn someone down and say, well, we need to keep the female numbers up, but if it means the female numbers go down as a result of this process, when you're recruiting, you have to be aware that the science areas still need more women to make up that previous balance.

In another example, ER 4a (male, BME, existing representative) was involved in an equality committee that had a more general remit, not linked to any particular initiative or charter mark requirement. He had been able to use his participation in that committee to draw attention to an issue of under-representation that he had become aware of within his own department. As he explained:

... when I started within the security section, I was the only black officer, [although, where the office is located] ... is predominately [an] African-Caribbean, Asian community ...so, I've always ...argued with management to say... what are the reasons why we're not getting more black people through?... it's one of the things I raised at staff consulting at SEDAG [Staff Equality and Diversity Advisory Group] ...The way I challenged that was that I raised it as an issue around nepotism ... At a time when [MyOrg] purports to be looking at increasing the levels of diversity in their management structure...One of the things that came out of that was that the way in which recruitment was being done within security,

that changed dramatically. Now the situation is, everybody applies online, the application form is assessed by HR ...and see who are the best candidates ...

On the interview panels, it was taken away from the head of security and the deputy head of security and it was put in another department.... So now, and all of a sudden, we're getting more black people coming through.

Turning to the second potential avenue of collective level effectiveness, it was noticeable that ERs rarely spoke of using traditional, formal collective bargaining mechanisms as a way of influencing their employer's equality practices. This gave a strong indication that collective bargaining was not as important an avenue as it may have previously been for ERs to seek to influence their employer's equality practices. Earlier research by Bacon and Hoque (2012) had suggested that ERs were indirectly using formal collective bargaining opportunities either to influence shop stewards to raise issues on their behalf or by virtue of holding a shop stewards position themselves. However, my ER interview data did not provide many examples of the use of collective voice in this way in respect of equality issues. The one example that was identified concerned issues of equality pay being raised during pay negotiations.

ER 14b (female, white, existing representative) had a portfolio of representation that included the role of shop steward as well as that of ER. By virtue of this additional role, she had formal responsibilities connected to annual pay negotiations and had, on occasion, taken the opportunity that this afforded her to seek to engage in equality bargaining on behalf of members, arguing for greater parity between lower grades (who were predominantly women) in terms of pay and other conditions of work. She explained:

...they compared us to six other institutions at which point they said oh well, ...we're doing really well and it's fine. So, we contacted the other union presidents [at the other institutions] ...and they came back and we said yes, we may be on a par money wise but they get more annual leave, and they get fewer working hours...So then, based on that we're then pushing through to get parity of leave for all which we've made headway in ...our administrative staff up to grade four have got an extra five days and then this year, the grade five...they're getting an extra five days as well over a two-year period. So, we're pushing those sorts of things to try and give

equality to everyone, and the aim is that everyone, regardless of what grade you're at will get the same leave allowances.

There were a number of examples where ERs reported working with shop stewards through traditional collective bargaining channels but in these examples equality issues were being used as leverage to challenge management prerogative in areas beyond the equality arena (Donaghey et al. 2011). There was evidence that, as result of ERs successfully challenge managers' decision making at an individual level they were able to support fellow shop stewards in highlighting the discriminatory impacts that strategic decisions over how work might be reorganised were having on certain groups of employees, most commonly those with a disability or long-term health condition. This provide leverage through which shop stewards were challenging managerial strategies, seeking to make changes to the wider

Whereas, in the past, the issue might have been resolved by recourse to industrial action, in the contemporary context, the trade union at a national level had decided to challenge the strategy through the impact it was having on disabled employees. ERs were thus placed in the front line; working alongside their fellow shop stewards in dealing with individual appeals against the new schedules where they were being imposed on those who could be categorised as having a disability in that they had a physical or mental impairment which was 'having a substantial and long-term adverse effect' on their ability to carry out normal day-to-day activities' (McColgan, 2011:3). ER 6a (male, white, new representative) explained:

...with the increase of workload, you get a lot of people that, basically, their bodies are physically battered... lot of it is related to the disability strand. In that people are going to need the adjusted duties to say, well, I can't do this because I've got this. My body is breaking down. They might be getting towards 40, 50, or even 60, where they are not as young and quick as they used to be...They tend to say, well, you know, whether you're a 65-year-old woman or a 23-year-old man...this duty will take you this long. So, that isn't going to happen. So, we need to look at working out the reasonable adjustments for those people that genuinely cannot do a proper full delivery.

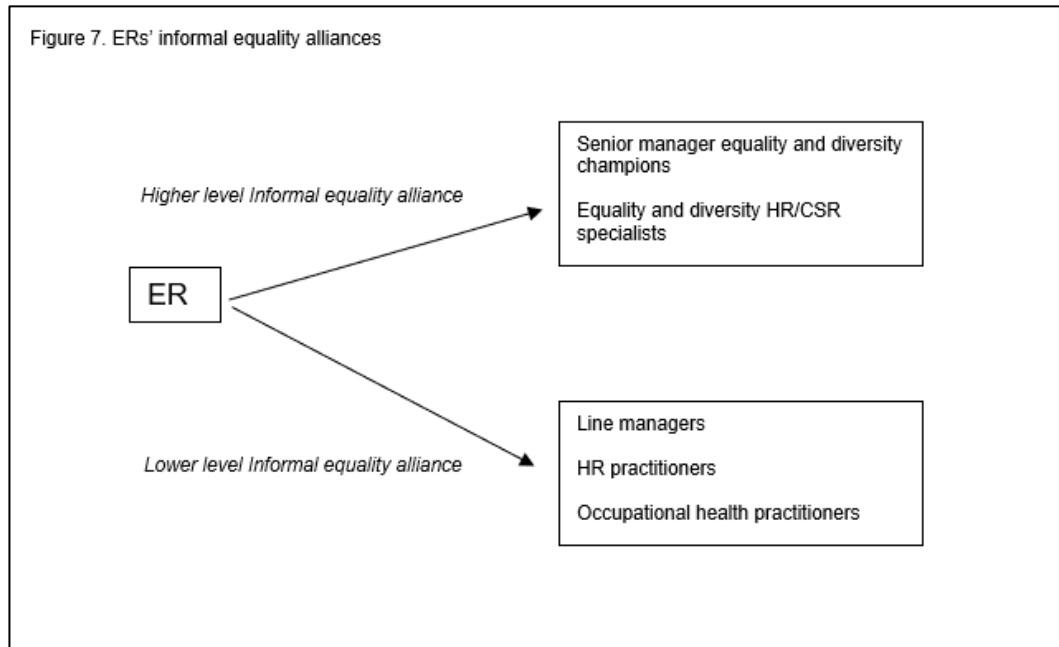
Whether that's transferring them to an indoor duty. Or trying to get them into the main mail centre. Which is always oversubscribed. And that's very difficult. The business would like to try and get people to take early retirement if they can't do that...And so, there is a lot of that going on. The business really doesn't seem to

particularly care about, you know, what sort of effect that the increased workload has on people's bodies. Particularly if it's very physical. There is a lot of walking. There is a lot of pushing of trolleys. There is a lot of getting in and out of vans, and stuff like that. And after a while, you know, if you've done particularly a lifetime of this type of work, you're not as quick as you used to be. Whether you've had an injury or not or just age.

In another example of equality issues being used as leverage to challenge work intensification, an ER who worked for a large manufacturing company reported that she had been providing individual support to members related to issues arising out of her employer's introduction of multi-skilled teams on their production lines. ER 2a (female, white, existing representative) explained how she had been helping members with disabilities challenge the problems that they were facing under the new system:

[What the employer is trying] to do is try to filter out all the disabled members at the minute and we're constantly going down to occupational health and HR trying to keep them out of [a dismissal on grounds of] capabilities... They want a team of people in all those areas who can go on any job without letting them down on an 8-hour shift. But they can't do that because a lot of our people are on restrictions or reasonable adjustments and can only go on one job...it's discriminating against them, this practice. So, we are full on with it at the minute. Myself and the convenor ... some of the senior reps are helping me.

Turning to the third potential avenue of collective level effectiveness, my analysis of the ER interview data found that informal collective voice was reported as an important avenue for ER effectiveness. This avenue of collective level effectiveness used what I labelled as *higher level informal equality alliances*. These informal equality alliances were created at a more senior level within the workplace than those identified in relation to individual level effectiveness as they had involved management representatives who had the ability to influence the content of the employer's equality policies; for example, equality and diversity specialists or senior managers acting as equality and diversity 'champions'. The differences between higher and lower level informal equality alliances are summarised in Figure 7.



ER 3a (male, BME, LGBT, existing representative) described how he had been able to use higher-level informal equality alliances to influence the content of his employer's equality policies. In one particular example, he described how he has been able to suggest an extension of equality and diversity policy to specifically tackle workplace issues being experienced by transgender employees. The issues had come to light as a result of other ERs within the same organisation recognising a pattern of issues being raised by transgender members concerning difficulties that they were experiencing with local managers' discriminatory attitudes towards them.

Arising out of the higher level informal alliances that ER 3a, as the senior and most experienced of the ER team at the company, had established with this employer's equality and diversity specialists, ER 3a had been informally consulted by one of those specialists over the content of the policy, creating an opportunity to give collective voice to the members' issues that had come to light. Using the individual cases that had been the subject of his ER team's previous facilitation-related activities as evidence of a problem, ER 3a had successfully persuaded his employer to broaden the contents of their new policy to include a section dealing specifically with transgender equality. That policy provided clear guidance to line managers as to the organisation's expectations of them in respect of the way they should treat transgender staff.

As ER 3a explained:

Now if someone's undergoing sex change treatment and needs time off work, this is not counted as sickness. If they are waiting for [a gender-reassignment] operation, they are now allowed to use the female toilets, the cubicles. If someone makes derogatory comments, it is treated as a disciplinary offence...If managers don't deal with such behaviour the manager can themselves be disciplined.

This example was of particular interest as it demonstrated how an informal equality alliance could create an avenue through which an ER could have a collective impact on equality practice, but also as an example of a union fulfilling a vanguardist role in the area of workplace equality. The ER in this case had successfully extended the scope of an employer's equality and diversity policy to cover an area that had hitherto been overlooked at that workplace. Transgender issues lack the prominence within organisational policies enjoyed by other equality strands, tending to be overshadowed by the lesbian, gay and bisexual elements of the LGBT equality strand, itself a relatively marginalised area of equality and diversity in comparison to the race and gender strands (Ozturk and Tatli, 2016:783).

Another example of a higher-level informal equality alliance being used to achieve a collective level influence was provided by ER 8b (male, white, existing representative). He had dealt with the case of a member who was on the autistic spectrum and was having difficulty in participating in job interviews for new roles following an organisational restructure. His case, which centred around a request for a reasonable adjustment to take account of his disability was eventually won at appeal. The appeal provided a forum through which the ER was able to cultivate an informal equality alliance with the senior director who had heard the case and eventually resulted in an improvement in the way that autism was dealt with across the organisation:

...he phoned his sister in law in the States who works with autistic people and said, this is what I've been told by a union rep, is this right? And his sister said yes everything he said is absolutely within the spectrum. It's absolutely spot on. So, he said, I've accepted it for R, but actually I think, as a business, we're failing autistic people. And he went out of his way to put in a lot of autistic awareness material.

This case also illustrates how, as with lower level informal equality alliances, the positioning of the ER as an equality specialist was important as an enabler. ER1a (female, white, disabled, existing representative) provided a good example of this:

I think quite often it feels that I have more knowledge of equality laws and procedures than some of the senior managers... I'm in the process of doing the TUC diploma on equalities, I'm doing that online ...I feel more confident than some about raising equality issues.

In summary, in respect of collective level effectiveness, my analysis found that ERs were making use of both formal and informal collective voice to influence the equality practices of their employer. The ERs whom I interviewed more commonly spoke of using informal equality alliances (underpinned by their specialist equality knowledge) forged with senior level management representatives or through equality committees in relation to seeking to deliver equality related improvements for members. Although ERs rarely mentioned using traditional collective bargaining as a route to collective level improvements, than through more traditional formal collective bargaining forums. Having the opportunity to participate in an employer's equality committee was reported as being particularly useful in respect of providing opportunities to highlight systemic equality issues, such as the under-representation of women or BME staff in certain areas or levels of an organisation.

The chapter now turns to my findings in respect of the extent to which these potential avenues of effectiveness were successful in influencing the equality practices of employers.

The extent of ERs' influence at the workplace

The quantitative findings presented in this section are based on self-reported ratings of the impact that ERs were having on their employer's equality practices. The ratings were obtained through ERs' responses to a series of items in the survey, which had been distributed to 3,475 union members who had been identified as ERs by their trade unions. The survey items in question asked ERs to rate their impact on their employer's practices in six different areas of equality practice: gender; race; disability; age; sexual orientation; religion and belief. Four response options were available: 'a lot', 'some', 'a little' and 'none'. These response categories were assigned numerical values for measurement purposes, with a lot of impact being given the value of 4, some impact being given the value of 3, a little impact given the value of 2 and no impact given the value of 1. This measure of ER impact was identical to that used by Bacon and Hoque (2012), making it possible to compare the ratings across both surveys.

A summary of the pattern of ratings obtained through the present survey is presented in Table 4. The overall picture is that of ERs in the contemporary context having at least some degree of impact across all six of the equality areas of interest. In some areas of equality, that impact is widespread: 70 per cent of ERs report having some level of impact on their employer's disability equality practices; 66 per cent report having impact on their employer's gender equality practices and just under 60 per cent report having an impact on their employer's race equality practices. In the other areas of equality, although the proportions of ERs reporting an impact are lower, they are still noteworthy. Just over half of ERs reported some impact in respect of each of the remaining three equality strands: age, sexual orientation and religion and belief.

Table 4. ERs' impact on employers' equality practices (percentages)

What level of impact do you think your activities have had on your employer's practices in the following areas?

	<i>A lot</i>	<i>Some</i>	<i>A little</i>	<i>None</i>
Gender equality practices	13	28	25	34
Race equality practices	10	23	26	41
Disability equality practices	15	32	24	30
Age equality practices	8	19	26	47
Sexual orientation equality practices	9	19	26	46
Religion and belief equality practices	9	16	26	49

n=302

Variation in impact between individual ERs and equality strands

As can be seen from Table 4, the success with which individual ERs are able to exert an influence at the workplace in different areas of equality is variable. In the case of disability and gender equality practices for example, a relatively high proportion of individual ERs report 'some or 'a lot' of influence over their employer's practices; 47 per cent and 41 per cent of ERs respectively. Similarly, in the case of race equality practices a third of ERs report 'some' or 'a lot' of influence. These results are an encouraging sign that ERs are indeed helping a trade union-based influence to be felt in respect of the key equality areas of gender, race and disability.

The high proportion of ERs who are successfully influencing employers in respect of gender equality practice is a welcome finding in light of the need for trade unions to better reflect the majority female membership they now represent. The success that considerable proportions of ERs report in respect of influencing employer's race equality practices is equally welcome in providing support to trade unions' aspiration to be recognised as a sword of justice in this area, particularly in

light of the hostility with which some local trade union representatives have treated BME workers in the past (Virdee, 2000b). The high proportion of ERs who are having an influence on employers' disability equality practice is also noteworthy. There has been some scepticism voiced in the past over the ability of trade unions to deal with disability issues at the workplace, due to the 'unique challenges' these issues represent to union reps as a result of their complex, and inherently individualistic nature (Foster and Fosh, 2010: 564).

The proportions of ERs reporting 'some' or 'a lot' of influence over sexual orientation, age or religion and belief equality practices are much smaller than those relating to gender, race or disability: standing at 28, 27 and 25 per cent respectively. Thus, the degree of ER impact in these areas of equality for which legislative protection has more recently been introduced (sexual orientation, age and religion or belief) is overall less than for those areas of equality for which legislation has been established for longer (disability, gender and race). Legislation outlawing discrimination on the grounds of sexual orientation, religion or belief was first introduced in 2003 and first introduced in respect of age in 2006 (Equality and Human Rights Commission, 2011). In contrast, the first legislation protecting against employment discrimination on grounds of disability was introduced in 1944 (Woodhams and Corby, 2007) with legislation outlawing race and gender discrimination being introduced, respectively in 1965 and 1970 (Equality and Human Rights Commission, 2011).

ER impact across multiple equality strands

In Chapter Five I discussed how ERs had been encouraged to adopt a collective broad-based collective action frame on which to base their workplace activities. My initial, descriptive analysis of ERs' survey responses in respect of the influence they were reporting across different equality strands provided an indication that trade unions' framing activities were encouraging ERs to direct their activities across the spectrum of equality strands, as the collective action frame had encouraged them to do. Given that, as we saw in Chapter Four, many ERs had initially been attracted to

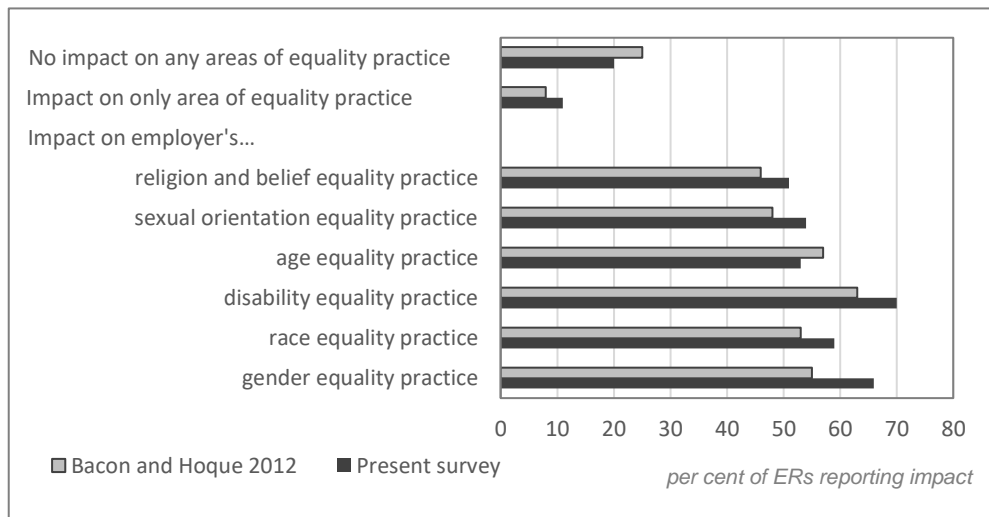
the role on the basis of their interest in one particular equality strand, it was noteworthy that most ERs report having an impact across multiple equality strands.

Table 5 summarises the broad spread of influence that ERs report across the six areas of equality practice of interest. Almost forty per cent of ERs report some degree of impact across all six of the equality areas and the proportion of ERs who report only having an impact in one equality area is, at 11 per cent, relatively small. Although these figures suggest a considerable level of success has been achieved by the efforts that trade unions have made to encourage ERs to have a broad collective action frame, Table 5 also provides further evidence of the variation in success across the ER cadre. In contrast to the notable success being achieved by those ERs who were reporting at least a little impact across all six equality areas of interest, there was a persistent minority (one in five ERs) who were reporting no impact in any equality areas at all.

	<u>per cent</u>
no impact in any area	20
Impact in one equality area only	11
impact in two equality areas	6
impact in three equality areas	8
impact in four equality areas	10
impact in five equality areas	7
impact in all six equality areas	39

n=30

Figure 8. Comparison of ER impact: present and previous national ER surveys



The wording of the questions in my survey asking ERs for a rating of their impact at the workplace was identical to that previously used by Bacon and Hoque (2012), enabling a direct comparison to be made with the estimates of impact provided in their previous survey with the present survey. The remainder of this section will consider what those comparisons suggest about the longitudinal patterns of ER workplace impact. Figure 8 illustrates these comparisons in respect of the percentages of ERs in each of the two surveys who were reporting some degree of impact in respect of the six equality areas of interest.

When compared to proportion of ERs who reported some degree of impact in the previous national survey of ERs, reported in Bacon and Hoque (2012), the results obtained from the present survey indicated that the proportion had increased slightly in respect of five out of the six equality areas of interest. It was only in respect of ER impact on age equality practices that there was a slight drop in the proportions who were reporting some degree of impact. Chi square was used to examine whether the proportions of ERs reporting some degree of impact in each of these six categories varied significantly between the two surveys. As the original data from the Bacon and Hoque (2012) survey was not available for analysis,

dummy data was created for the purposes of this analysis based on the number of observations and percentages reported in their published paper (Bacon and Hoque, 2012:248). Only in respect of gender equality practices was the difference in proportions between the previous and present survey significant, chi-square (d.f. =1, $n = 511$) = 5.78, $p = 0.016$.

To summarise, my findings in respect of the third research question indicate that ERs have continued to contribute to union effectiveness in respect of equality issues, despite the increased hostility of the employment relations climate they find themselves in. A majority of ERs report having at least some impact on employers' equality practices across all six equality areas of interest. The proportion of ERs reporting impact in some areas is, however, noticeable higher in some areas than in others, with disability, gender and race equality being the areas in which their impact was most pronounced.

When compared to the previous findings of Bacon and Hoque (2012) there was a significantly higher proportion of ERs reporting some degree of impact in respect of gender equality practices but was no significant difference in the proportions of ERs reporting some impact in the other five equality areas. Another finding of note was the considerable variation in the levels of impact reported by individual ERs, with a group of ERs reporting 'a lot' of impact and another (larger) group reporting no impact at all in each of the six equality areas. It is to an examination of the potential determinants of this individual variation in ER effectiveness that the chapter now turns.

The determinants of ER effectiveness

The chapter now turns to my findings in respect of the fourth research question. That question was concerned with the activity, support and characteristic (ASC) factors associated with the variation in impact reported by individual ERs.

Specifically:

What ASC factors increase the likelihood that an ER is able to influence the equality practices of their employer in the contemporary context and how have these changed over time?

In order to address this question, a multivariate analysis was conducted to identify the ASC factors that are associated, in the contemporary context, with ERs' influence over employers' equality practices. ER influence was operationalised by reference to the self-reported ratings of ER impact discussed above. To recap, these measures were obtained from individual ERs through a series of survey items, asking about their impact in respect of six areas of equality practice. The measures were categorical in nature and were assigned numerical values between 1 and 4 (with 1= none and 4= a lot). These measures were used as the dependent variables in the analysis.

As these dependent variables were categorical in nature but intended to represent a single underlying dimension (effectiveness), a maximum likelihood ordered probit analysis was identified to be the most appropriate statistical analysis to apply (Scott Long and Freese, 2014). This analysis enables a series of independent variables to be examined for their value in predicting a series of dependent variables, whilst also taking into account a set of control variables. The independent variables used in the analysis operationalised a series of ASC factors represented diagrammatically in Figure 9.

The ASC factors were largely based on those previously identified by Bacon and Hoque (2012) as being associated with ER effectiveness at the time of their study, conducted during the UMF projects. Four additional support factors were included in the present model that had been identified through the literature review

and findings of the qualitative analysis of my interview data, that had not been examined by Bacon and Hoque (2012). These related to the provision of formal ER training; support from other ERs through networking opportunities; support from union FTOs and support from other union workplace representatives.

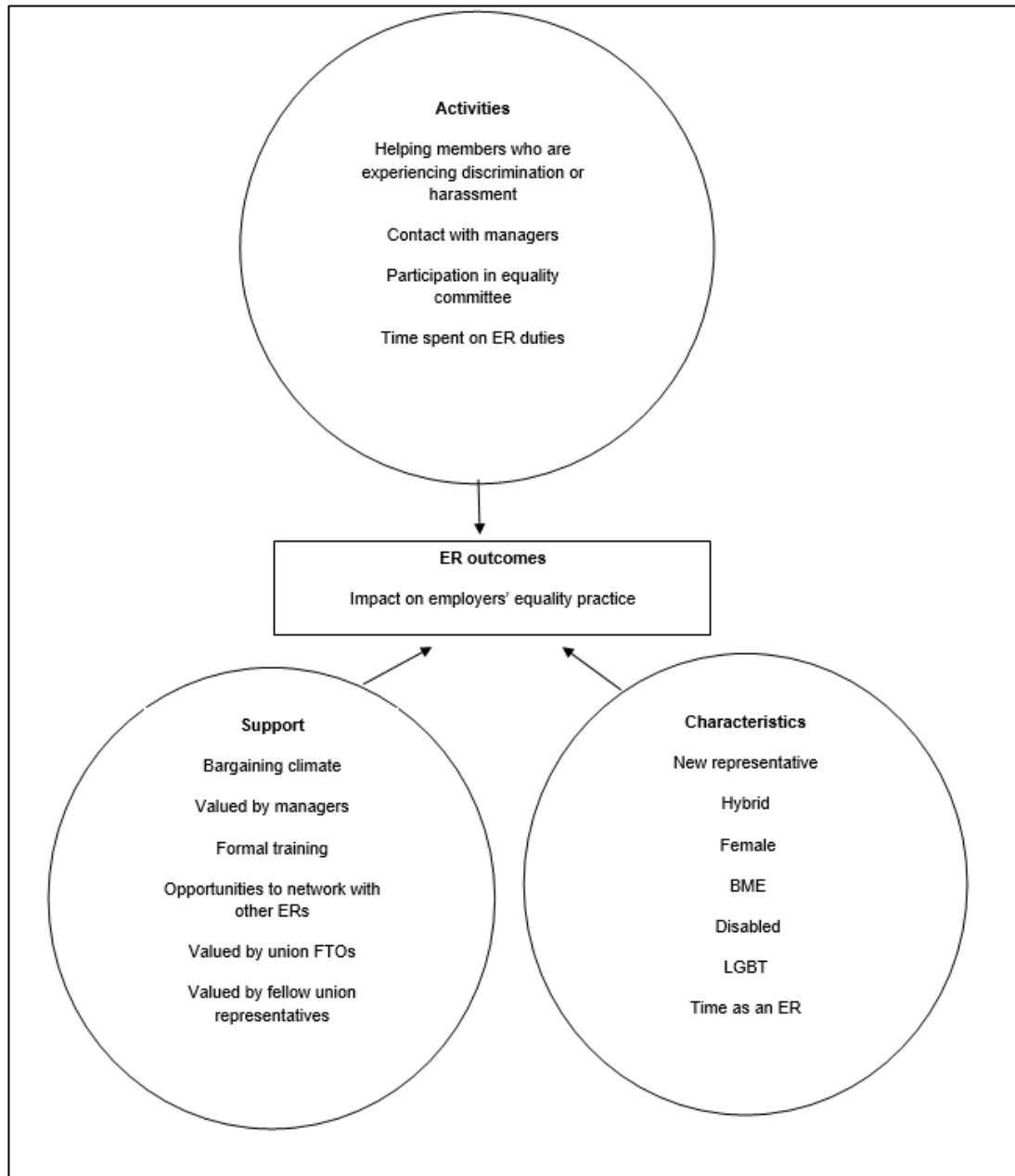
Each group of factors, relating to the activities that ERs were engaged in, the types of support they were receiving, and their personal characteristics are considered in turn in the following section. The measures used to operationalise each factor are outlined, and the findings of the ordered probit analysis presented on their association with the likelihood of an ER reporting an impact on their employer's equality practices. Where their means are noteworthy, these will also be discussed. The control variables, their means and coefficients of note will also be reviewed.

A copy of the survey, from which measures of all the dependent variables, independent variables and control variables are derived is provided in Appendix L. A complete list of the independent and control variables included in the maximum likelihood ordered probit analysis, together with their means is provided in Appendix N. A summary of the results of the maximum likelihood ordered probit analysis are presented in Table 6. The post-estimation marginal effects calculations for each ASC factor is provided in Appendix O, relating to the estimated magnitude of effect in respect of a 'no impact' outcome. The activity factors included in the ordered probit analysis will be considered first.

Activities

Chapter Two outlined the four activity factors that Bacon and Hoque's analysis had previously identified as being associated with ER effectiveness: helping members who were taking up discrimination or harassment related grievances; attending an employer's equality committee or forum; having direct contact with managers at least once a month; and the time an ER spent on ER-related activities. All four of these factors were included in the present analysis.

Figure 9. The potential ASC factors associated with ER effectiveness



For the purposes of the model, these factors were operationalised using the same measures as has been adopted by Bacon and Hoque (2012). The first of these factors; helping members who were taking up discrimination or harassment-related grievances was operationalised through the responses to survey items which asked ERs whether they had been engaging in one or more of a list of relevant activities in the previous 12 months; namely providing information or advice on workplace equality issues to members; investigating or assisting members with bringing forward complaints of discrimination or harassment; and representing members who had suffered discrimination and harassment at work.

The second activity factor, attending an employer's equality committee or forum, was operationalised through a measure obtained from an item in the survey asking ERs whether their employer had an equality committee or forum and if so, whether they were able to attend. The third activity factor was operationalised through measures obtained from two items in the survey asking ERs about the regularity with which they had, in the last year, been in contact with any level of management and offering the option of a total of five categories of response: daily; at least once a week but less than daily; at least once a month but less than once a week; less than once a month or having no contact with management at all. The fourth factor was operationalised through a measure relating to a survey item asking ERs about the amount of time they spend on their ER duties in a typical week.

Findings

The findings of the maximum likelihood ordered probit analysis related to ER activities that involved helping members in respect of discrimination or harassment-related complaints are presented first. These indicate that, where ERs are engaging in these activities, they are more likely to report a positive influence on their employers' equality practices. This association is significant across all six equality strands in respect of helping members through the provision of information and advice. It is also significant in respect of assisting or representing members in connection with discrimination or harassment complaints in relation to five of the six equality areas, with religion and belief practice being the exception. Bacon and Hoque also identified helping members as an activity factor of importance in their previous study (Bacon and Hoque, 2012: 253).

Post-estimation marginal effects calculations indicate that, against expectation and contrary to Bacon and Hoque's previous findings, spending time representing members does not in itself increase the likelihood of an ER's impact any more than simply providing information and advice. In fact, in respect of all the equality areas except religion and belief practice, the converse is the case. For example, in respect of sexual orientation practice, providing members with information and advice is associated with a 31 per cent increase in likelihood of an ER having an impact. Representing members, on the other hand is associated with a 23 per cent increase in likelihood of some impact being reported.

The second activity factor that I examined was whether an ER attended an employer's equality committee or forum. In respect of this factor, my results confirm that attending an equality committee is associated with an increased likelihood of ER effectiveness in respect of all of the six equality areas of interest. The strength of effect associated with attending an equality committee is, however, less than that associated with helping a member with a discrimination or harassment complaint. For example, in respect of race equality practice, whilst providing members with information and advice in respect of a discrimination or harassment grievance is associated with a 35 per cent increase in likelihood of impact on race equality practice, attending an equality committee only increases likelihood of impact in that same area by 18 per cent. The finding that attending an equality committee is a factor associated with increased likelihood of ER impact, but with a strength of effect less than helping members concurred with the previous findings of Bacon and Hoque (2012: 253).

The third activity factor examined was that of regular contact with managers and in respect of this factor the findings of my ordered probit analysis support the suggestion that this activity is also associated with an increased likelihood of ER effectiveness in respect of all the six equality practice areas of interest; as long as that contact is at least once a month. This concurred with the previous finding of Bacon and Hoque that this was a significant factor in increasing the likelihood of ER impact (Bacon and Hoque 2012: 248). In the present study, the post-estimation marginal effects calculation in respect of this activity factor indicate that whilst contact at least once a month is associated with ER effectiveness, contact once a

week was, unsurprisingly, of greater effect in respect of all areas of equality practice except gender equality practice. The difference was greatest in respect of age equality practices. In relation to this area, contact with managers at least once a week increases the likelihood of impact by 45 per cent, whereas contact with managers at least once a month increases impact by 35 per cent.

The size of effect associated with contact with managers at least once a week is also generally greater than in the size of effect in respect of both attending an equality committee and providing information and advice to a member with a discrimination or harassment complaint. In the case of sexual orientation equality practice, for example, attending an equality committee only increases the likelihood of ER impact by 26 per cent. In contrast, providing information and advice to a member increases the likelihood of ER impact by 31 percent and contact with managers at least once a week increases in likelihood of an ER reporting impact in this area by 40 per cent. Bacon and Hoque similarly found that contact with managers was the activity that had the most impact on likelihood of ER impact (Bacon and Hoque, 2012: 248).

Finally, in respect of activity-related factors, I examined the potential impact of time available to an ER to carry out their duties. Bacon and Hoque had previously found that, where an ER reported being able to spend five hours or more carrying out their ER duties this had been associated with an increased likelihood of impact. My analysis, however, suggested that whilst time on ER duties was associated with ER effectiveness in four out of the six areas of equality practice, the threshold of five hours or more did not appear to be of importance. In the case of two of the areas of equality practice; disability and age equality there was no association found between time spent on ER duties and ER self-reported impact at all. This was a surprising finding, given that the importance of workplace representatives spending five hours or more a week on their duties has been a consistent finding across a number of previous studies (for example Bacon and Hoque 2015; 2012; 2011).

In order to examine this initial finding further a second ordered probit analysis was run, removing the first activity factor (helping members who are experiencing discrimination or harassment) as its influence in the model was potentially masking the expected association between ER impact and time spent on

ER duties. This second analysis did find a significant association between an ER spending five hours or more on their ER duties and the likelihood of impact in respect of three of the six equality areas of interest: gender, race and religion and belief. A weak association (significant only at the 10 per cent level) was found between spending five hours or more on ER duties and impact in respect of age equality practices. In respect of impact on an employer's disability and sexual orientation practices, whilst time spent on ER duties was associated with impact, an ER did not have to be spending five hours or more for there to be an association with an increased likelihood of success.

In summary, in respect of the activity factors examined through the ordered probit analysis, having contact with a manager at least once a week, helping members with discrimination or harassment complaints and attending an employer's equality committee were all associated with an ER being more likely to have an impact on their employer's equality practices. Having contact with a manager at least once of week was found to have the greatest level of impact on effectiveness, followed by helping members, with attending an employer's equality committee having the least impact of the three factors. Although time spent on ER duties had not initially been found to be associated with ER impact, an association with spending more than five hours a week on ER duties was identified, once the factor representing the extent to which an ER was helping members with their discrimination or harassment related problems was removed from the analysis, suggesting that time spent on duties was being controlled for by the 'helping members' factor in the original analysis.

These findings were broadly in line with the previous findings of Bacon and Hoque in terms of the relative impacts of contact with managers, helping members and attending equality committees. The findings that differed in the contemporary context related to the relative importance of representation of members in respect of discrimination or harassment complaints which Bacon and Hoque had found to be particularly important, but the present findings had not. In the contemporary context providing information and advice to members was found to be more important than had previously been indicated. The other area in which the present findings differed from Bacon and Hoque's findings related to the time that ER spent on their duties.

In the contemporary context this factor was not found to have a significant association with the likelihood of ER effectiveness independent of the extent to which ERs were helping members with discrimination and harassment problems at work.

A comparison of the means presented in Appendix M with those previously reported by Bacon and Hoque (2012) highlighted some interesting findings in respect of some of the activities found to be significant determinants of ER effectiveness. The proportion of ERs reporting contact with a manager, the activity I found to have the largest effect size, had fallen in the comparative context (37 per cent reported contact at least once a month in the Bacon and Hoque survey where just 23 per cent reported similar in the present survey). The proportion of ERs who had helped members in connection with complaints of discrimination or harassment, the factor with the second biggest effect size, had increased in reported frequency from 73 per cent amongst ER who completed the Bacon and Hoque survey to 84 per cent in the present survey). The proportion of ERs reporting that they had attended an equality committee, the activity factor with a smaller effect size, had also risen, with 28 per cent reporting doing so in the Bacon and Hoque survey compared to 37 per cent in the present study.

Having identified three activity factors of importance in respect of ER effectiveness: helping members, regular contact with managers and attending employers' equality committees, the chapter now turns to the support factors that were identified as determinants of ER effectiveness in the contemporary context.

Support

As outlined in Chapter Two, Bacon and Hoque (2012) only identified one support factor that was consistently associated with ER impact; the bargaining climate that characterised an ERs' workplace. They found that, in workplaces where employers made decisions about equality policies and practices through negotiation, ERs were more likely to report having an influence over their equality practices. This factor was examined again in the present analysis measured by responses to a survey item

asking ERs whether their employer routinely negotiated with their union over equality policies and practices.

The second support factor that was included in the present analysis was the value that managers placed on an ER's activities. This factor had been examined previously by Bacon and Hoque but only found to be weakly associated with ER impact. It was included in the present analysis in light of contextual changes in the employment relations climate since the Bacon and Hoque survey that had the potential to have made manager support for ER activity more important than it had been at the time of the previous survey. It was operationalised through the same measure that had been used by Bacon and Hoque; a survey item asking ERs to rate the extent to which managers at their workplace valued their activities. Response categories ranged from 'a great deal' to 'not at all'.

Four additional support-related factors were included in this present analysis that had not been examined previously by Bacon and Hoque (2012). The first of these related to the support that ERs might usefully have derived from the training and other learning opportunities they might have access to. This factor had not been relevant for Bacon and Hoque's study, as all the ERs in their sample had, by definition, received training as part of the UMF projects. In the contemporary context, however, as I outlined in Chapter Five, not all ERs were receiving formal training and so this support factor had become potentially relevant to ER impact. Given the important role that ER training held in the eyes of the national equality officials and specialist staff, I was expecting training to be an important factor in determining the relative effectiveness of ERs. ERs' individual responses to a survey item asking about the training they had received was used to operationalise this particular factor.

In Chapter Five I also identified an alternative, informal avenue for ER training and education, based around communities of practice. As outlined in Chapter Five, communities of practices were identified as an important way in which ERs receive motivational framing, potentially guiding them towards actions that might improve their ability to influence equality practice at their workplace. Participation in such communities of practice thus represent a potential support factor, albeit a difficult factor to operationalise.

My qualitative findings in respect of ERs' communities of practice had suggested that there were two different types of communities of practice; one based around relationships amongst ERs and one based around relationships between ERs and union FTOs and measures related to each were included in the analysis. In respect of the first, as ERs were based in geographically separate locations, the social interactions necessary for a community of practice to function were based around networking opportunities, such as conferences and seminars that trade unions organised for their ERs to attend. These gave ERs the opportunity to meet and learn from one another, and potentially receive support that might increase the likelihood of their subsequent effectiveness once back at their workplace. I therefore include this factor in the analysis, measured through a proxy measure derived from responses to a survey item asking ERs' whether or not their union was providing them with opportunities to network face-to-face with other ERs.

The second type of community of practice identified in Chapter Five was based around the relationships between ERs and FTOs. This was also a difficult factor to operationalise directly and again a proxy measure was used, derived from a survey item asking ERs to rate the extent to which they felt their FTOs valued their activities in the role, and categorising responses into those who said that their FTOs valued their activities either 'a great deal' or 'a lot' and those who said their FTOs only valued their activities 'a moderate amount, 'a little' or 'not at all'.

The last additional support factor that I examined in this analysis related to the support provided to ERs by their fellow workplace representatives. This support factor was included to reflect the avenue of effectiveness, suggested in Chapter Two whereby ERs might be able to have an impact at the workplace would be through indirectly influencing the collective bargaining agenda through their fellow shop stewards (Bacon and Hoque, 2012:243). It was therefore expected that support from fellow shop stewards for the activities of an ER would be associated with the likelihood of their successful impact on an employers' equality practices. Although Bacon and Hoque had identified this suggested link, they did not include this factor in their analysis, but it was included in the present analysis.

Table 6. Factors associated with equality representative effectiveness

	Impact of ER on employer's...					
	Race equality practices	Gender equality practices	Disability equality practices	Age equality practices	Sexual orientation equality practices	Religion and belief equality practices
<i>Activities</i>						
Over the last 12 months ER has spent time helping members: (reference category: has not spent time providing members with advice, investigated/ assisted or represented members with complaints of discrimination/harassment)						
ER has provided information/advice on workplace equality issues to members	0.911 (0.320) ***	0.953 (0.314) ***	1.160 (0.310) ***	1.238 (0.340) ***	0.793 (0.338) **	0.659 (0.319) *
ER has investigated/assisted members to bring forward complaints of discrimination/harassment	0.878 (0.347) **	0.650 (0.343) **	0.974 (0.337) ***	0.723 (0.373) **	0.787 (0.371) **	0.396 (0.358)
ER has represented members who have suffered discrimination/harassment at work	0.768 (0.295) ***	0.544 (0.288) *	0.752 (0.282) ***	0.808 (0.315) **	0.595 (0.311) *	0.431 (0.292)
ER attends employer's equality committee or forum (reference category: employer does not have a forum/don't know)						
employer has an equality committee/forum but ER does not attend	-0.097 (0.250)	0.099 (0.245)	0.000 (0.244)	0.360 (0.251)	0.198 (0.251)	-0.148 (0.260)
Employer has an equality committee/forum and ER attends	0.505 (0.193) ***	0.662 (0.193) ***	0.480 (0.191) **	0.513 (0.199) **	0.666 (0.199) ***	0.540 (0.197) ***
Contact with any level of management in ER role (reference category: no contact over last year)						
less than once a month	0.171 (0.218)	0.535 (0.219) ***	0.152 (0.210)	0.261 (0.228)	0.185 (0.230)	0.053 (0.225)
at least once a month but less than once a week	0.761 (0.242) ***	1.121 (0.249) ***	0.868 (0.242) ***	0.901 (0.252) ***	0.903 (0.251) ***	0.587 (0.247) **
at least once a week	1.095 (0.304) ***	1.086 (0.306) ***	1.175 (0.304) ***	1.232 (0.314) ***	1.077 (0.310) ***	0.855 (0.306) ***
Hours in a typical week that ER spend on their ER duties (reference category: no time spent)						
some time spent, but less than 5 hours a week	0.923 (0.449) **	1.401 (0.468) ***	0.519 (0.391)	0.203 (0.447)	0.989 (0.501) *	0.782 (0.464) **
5 hours or more a week	0.755 (0.475)	0.926 (0.496) *	0.311 (0.427)	0.345 (0.479)	0.766 (0.527)	0.860 (0.492) **
<i>Support</i>						
What training have you received to help you in your ER role? (reference category: no training received)						
Training other	0.533 (0.314)	0.679 (0.313) **	0.635 (0.309) **	0.461 (0.316)	0.528 (0.318) *	0.411 (0.325)
Union/TUC on line training	0.715 (0.502)	1.041 (0.548) *	0.367 (0.528)	0.950 (0.509) *	1.026 (0.547) *	0.027 (0.554)
Union/TUC classroom based training	0.339 (0.206)	0.496 (0.201) **	0.197 (0.198)	0.123 (0.210)	0.203 (0.207)	0.265 (0.207)
My union provides face to face networking opportunities with other ERs	0.158 (0.170)	-0.123 (0.170)	0.183 (0.168)	-0.043 (0.175)	-0.092 (0.173)	-0.141 (0.173)
Your union's full time, paid, officers value your activities a great deal/a lot as an ER	0.274 (0.176)	0.363 (0.177) **	0.108 (0.175)	0.077 (0.181)	0.446 (0.181) **	0.372 (0.179) **
Other trade union representatives from your own union value your activities a great deal/a lot as an ER	0.200 (0.184)	0.107 (0.182)	0.160 (0.184)	-0.158 (0.190)	-0.090 (0.188)	-0.041 (0.188)
Managers at your workplace value your activities as an ER	0.223 (0.209)	0.838 (0.215) ***	0.252 (0.209)	0.482 (0.211) **	0.547 (0.210) ***	0.302 (0.209)
When employers makes decisions about equality policies they normally: (reference category: do not involve union representatives at all)						
inform union representatives	0.232 (0.273)	0.184 (0.272)	-0.237 (0.265)	0.119 (0.277)	0.322 (0.279)	0.037 (0.282)
consult union representatives	-0.170 (0.246)	-0.234 (0.244)	0.181 (0.235)	-0.088 (0.248)	-0.092 (0.252)	-0.268 (0.251)
negotiate with union representatives	-0.149 (0.254)	-0.221 (0.254)	0.394 (0.249)	-0.104 (0.261)	-0.295 (0.262)	-0.158 (0.257)

Table 6. (cont.)

	Impact of ER on employer's					
	Race equality practices	Gender equality practices	Disability equality practices	Age equality practices	Sexual orientation equality practices	Religion and belief equality practices
<i>Characteristics</i>						
Female	-0.316 (0.179) *	-0.059 (0.176)	0.005 (0.171)	-0.274 (0.181)	-0.415 (0.179) **	-0.344 (0.181) *
BME	0.776 (0.213) ***	-0.034 (0.216)	-0.163 (0.210)	0.065 (0.219)	-0.008 (0.223)	0.455 (0.214) **
Disabled	-0.098 (0.198)	-0.241 (0.199)	0.362 (0.197) *	0.094 (0.206)	0.061 (0.202)	0.074 (0.202)
Lesbian, gay or bisexual	0.259 (0.227)	0.533 (0.232) **	0.032 (0.222)	-0.145 (0.233)	0.657 (0.228) ***	0.089 (0.229)
Time as an ER(total months)	0.003 (0.002)	0.005 (0.002) ***	0.001 (0.002)	0.001 (0.002)	0.002 (0.002)	0.000 (0.002)
Currently holds another union post (hybrid ER)	-0.003 (0.216)	-0.027 (0.213)	0.665 (0.212) ***	0.445 (0.228) *	0.189 (0.220)	0.098 (0.217)
Has not previously held another union post (new representative ER)	-0.274 (0.164) *	0.000 (0.165)	-0.364 (0.163) **	-0.140 (0.167)	-0.018 (0.167)	-0.131 (0.168)
<i>Controls</i>						
Standard Industry Classification major group (reference category: public administration and defence)						
Education	0.076 (0.285)	0.464 (0.284)	0.113 (0.283)	0.368 (0.295)	0.089 (0.294)	0.102 (0.293)
Health and social work	0.182 (0.300)	-0.077 (0.304)	-0.199 (0.297)	-0.047 (0.312)	0.125 (0.305)	0.326 (0.302)
Transport, storage and communications	0.040 (0.325)	0.531 (0.320) *	-0.207 (0.315)	-0.126 (0.333)	0.023 (0.332)	-0.278 (0.330)
Financial intermediation	0.358 (0.369)	-0.169 (0.371)	0.391 (0.358)	0.672 (0.372) *	0.405 (0.379)	0.404 (0.368)
Manufacturing	0.531 (0.395)	0.840 (0.383) **	0.511 (0.381)	0.754 (0.396) *	0.590 (0.402)	0.125 (0.395)
Other community, social and personal services	0.196 (0.345)	0.869 (0.349) **	0.301 (0.345)	0.183 (0.368)	0.268 (0.351)	0.336 (0.357)
Other industry group	0.306 (0.423)	0.788 (0.428) *	0.819 (0.418) *	0.539 (0.430)	0.227 (0.435)	0.365 (0.444)
Sector (reference category: public sector)						
private sector	-0.214 (0.244)	-0.316 (0.240)	-0.420 (0.242)	-0.362 (0.251)	-0.574 (0.251) **	-0.190 (0.250)
not-for-profit/voluntary sector	-0.355 (0.346)	-0.635 (0.345) *	-0.233 (0.336)	-0.164 (0.354)	-0.090 (0.339)	-0.820 (0.384) **
Organisation size (reference category: less than 1,000 employees)						
1000 - 4999 employees	-0.208 (0.254)	-0.334 (0.254)	0.311 (0.254)	0.136 (0.261)	-0.428 (0.263)	-0.225 (0.260)
5,000 - 9999 employees	-0.091 (0.285)	-0.276 (0.283)	0.557 (0.285) *	0.149 (0.291)	-0.176 (0.289)	0.281 (0.282)
10,000 employers or more	-0.416 (0.262)	-0.430 (0.259) *	0.210 (0.256)	0.165 (0.268)	-0.102 (0.266)	-0.015 (0.265)
workplace size(reference category: less than 50 employees)						
51-100 employees	0.279 (0.448)	0.321 (0.442)	0.447 (0.441)	0.104 (0.448)	0.368 (0.447)	0.158 (0.452)
101-250 employees	-0.898 (0.363) **	-1.048 (0.369) ***	-0.588 (0.363)	-1.136 (0.376) ***	-0.763 (0.374) **	-0.582 (0.369)
251-500 employees	-0.722 (0.340) **	-0.510 (0.339)	0.019 (0.333)	-1.003 (0.345) ***	-0.611 (0.345) *	-0.666 (0.347) *
501-750 employees	-0.710 (0.368) *	-0.640 (0.375) *	-0.531 (0.368)	-1.265 (0.384) ***	-0.836 (0.379) **	-1.043 (0.393) ***
751-1000 employees	-0.038 (0.401)	-0.023 (0.400)	0.172 (0.400)	-0.517 (0.404)	-0.603 (0.410)	-0.738 (0.408) *
more than 1000 employees	-0.375 (0.317)	-0.308 (0.322)	-0.167 (0.318)	-1.001 (0.329) ***	-0.494 (0.323)	-0.462 (0.325)
Type of employee represented by ER (reference category: managers/professionals only)						
non-managers only	0.215 (0.256)	0.097 (0.257)	-0.287 (0.257)	0.047 (0.262)	0.081 (0.264)	-0.095 (0.261)
mixture of managers/professionals and non-managers	0.223 (0.250)	0.240 (0.248)	-0.182 (0.247)	-0.327 (0.257)	0.108 (0.257)	-0.190 (0.255)
Pseudo R ²	0.223	0.263	0.258	0.198	0.214	0.174
N	264	264	264	264	264	264

Notes: Coefficients given, standard errors in brackets

***significant at 1 per cent; ** significant at 5 per cent; * significant at 10 per cent.

This final support factor was operationalised through a measure derived from a survey item asking ERs to rate the extent to which their fellow workplace trade union representatives (from their own trade union) valued their activities in the role, and categorising responses into those who said that their fellow representatives valued their activities either ‘a great deal’ or ‘a lot’ and those who said their fellow union representatives only valued their activities ‘a moderate amount, ‘a little’ or ‘not at all’.

Findings

The first support factor of interest was that of bargaining climate at an ER’s workplace. Bacon and Hoque had previously found that where ERs were active in a workplace where the employer usually negotiated with trade union representatives over equality policies, they were more likely to report having had an impact. Indeed, they had found a considerable size of effect in relation to this factor. However, as can be seen in Table 6, my study found no associations between ER effectiveness and the bargaining climate in which an ER was situated. This finding was counter to expectation but did reflect the finding from my qualitative analysis of ER interviews that they were not using formal collective bargaining in this way very often. The examples that were given by ERs where they were using collective bargaining channels related largely to impacts that were beyond the sphere of equality practice and would not have been captured by the measure of outcomes used in this ordered probit analysis.

The second support factor that was examined in this analysis was that of the value that managers placed on an ER’s activities. As shown in Table 5, the association between an ER believing that their activities are valued by managers at their workplace and their effectiveness is evident, but inconsistent across the six areas of equality practice. Significant associations between this factor and an ER’s likelihood of impact are found in respect of gender, age and sexual orientation equality practices, but not in respect of race, disability and religion and belief. Although this association is not consistent across all equality areas, where it is significant the size of the effect was noteworthy. The post estimation marginal effect calculations noted in Appendix O indicate that, where an ER reports they are valued by managers at the workplace ‘a lot’ or ‘a great deal’, the likelihood that they will

have some impact on their employer's gender equality practices increases by 23 percent. In respect of the likelihood of having some impact on their employer's sexual orientation practices the figure is 21 per cent and in respect of age equality practices the increased likelihood of impact is 19 per cent.

The third support factor included in the analysis was that of an ER receiving formal training. Although I had expected that, where an ER received training either from their own trade union or from the TUC, this would be associated with an increased likelihood of reported impact, across all equality areas, the analysis suggested otherwise. Whilst being in receipt of such training has some association with ER impact in respect of gender equality practices, this association is not found in respect of other equality areas. An association between likelihood of impact and receipt of training is also found in respect of the 'other' training category, which included training courses that had been provided by the employer. This association is significant in respect of two areas of equality practice; gender and disability.

The post estimation marginal effect calculations in relation to training indicate that, as far as gender equality practices are concerned, where an ER receives training either from their own union or from the TUC, this makes it 30 per cent more likely that the ER would have some degree of impact on their employer's practices. As far as being in receipt of 'other' training was concerned, this increased the likelihood of an ER having some impact on their employer's gender equality practices by 23 per cent, and the likelihood of impact in respect of disability equality practice by 16 per cent.

The fourth support factor examined in the analysis related to opportunities that an ER had to network face-to-face with other ERs, a factor that I had identified as a possible support factor to an ER participating in the communities of practice discussed in Chapter Five. My analysis did not find any evidence of an association with having such opportunities and the likelihood of an ER reporting successfully influencing their employer's equality practice in any of the six equality areas of interest.

In respect of an ER believing they were valued by their union's FTOs, an association was found, but only in respect of increasing the likelihood of impact in

respect of an employers' gender, sexual orientation and religion and belief equality practices. However, where the association was found, the size of the effects was still noteworthy. Where an ER felt that their FTOs valued their activities, they were 18 per cent more likely to report some degree of impact practices in respect of their employer's sexual orientation practices, 14 per cent more likely to report some degree of impact in respect of religion and belief practices and 12 per cent more likely to report some degree of impact in in respect of gender equality practices.

In respect of the final support factor, the extent to which an ER felt valued by their fellow union representatives at their workplace, no association was found with the likelihood of ER impact in any of the six equality practice areas of interest.

In order to compare the relative effect on an ER's impact of being valued by their own union's FTOs with the effect of being valued by managers at their workplace, I compared the post-estimation marginal effect values in respect of these two different factors. This comparison suggested that it was value by managers that had the greatest impact on an ER's likelihood of having an influence on their employer's equality practice. In respect of gender equality practices, being valued by managers at their workplace increased the likelihood of an ER reporting an influence over equality practice by 23 per cent, compared to a 12 per cent increase in likelihood of impact associated with union FTOs valuing the ER. Similarly, in the case of sexual orientation equality practices, being valued by managers was associated with a 21 per cent increase in likelihood of impact compared to 17 per cent in respect of being valued by union FTOs. This was an interesting finding in its own right and will be returned to for discussion in Chapter 7.

To summarise the findings in respect of the support factors examined through the ordered probit analysis, where an ER felt valued by the managers at their workplace or by the FTOs in their union, this was associated with an increased likelihood of their impact on their employer's equality practices, but not consistently in all equality areas. Of the two, it was where ERs felt valued by their managers that the effect size was larger. However, in respect of the other support factors examined there was no noteworthy association with the likelihood of ER impact across a range of equality areas.

In respect of the two support factors that were found to have a noteworthy association with ER impact across a number of equality strands; where an ER felt valued by the managers at their workplace and where an ER felt valued by their union's FTOs, the relevant means provided in Appendix N are also of interest. Although it is where managers value an ER's activities that the largest effect on likely impact can be found, only 21 per cent of ERs feel that their managers value their activities 'a lot' or 'a great deal'. The effect size where a union's FTOs values an ER's activities may be smaller, but more ERs (46 per cent) are in a position where they feel they are being valued in this way.

The final set of factors that were examined in the ordered probit analysis were characteristic-related and are discussed in detail below.

Characteristics

The ASC framework suggests that aspects of the personal characteristics of ERs are likely to be factors in determining their relative effectiveness. However, in the previous analysis of the ASC factors of relevance to ER impact, Bacon and Hoque (2012) only found two characteristic-related factors were associated with the likelihood of ER impact; being a new representative, defined as not having previously held a union representative position and being a hybrid ER, defined as holding additional union roles concurrent to their ER position.

In respect of an ER being a new representative, Bacon and Hoque suggested that the association with a greater likelihood of impact may have been due to a 'particular vigour' they may have brought to the role (Bacon and Hoque, 2012:256). In respect of being a hybrid ER, the association with this characteristic and an increased likelihood of impact is somewhat counter-intuitive, given that these ERs had the additional burden of other roles alongside that of the ER role. However, Bacon and Hoque suggested that their additional roles may, in fact, have conferred an advantage to them in the form of being 'better integrated into broader union networks and structures' (Bacon and Hoque, 2012: 256).

For the purposes of the present analysis, the operationalisation of both these characteristics followed that employed by Bacon and Hoque. In the case of a new representative ER this was measured by reference to an ER's response to a survey item asking whether they had held a union representation role prior to becoming an ER. In the case of hybridity, the measure was derived from ER's responses to a survey item asking whether they were currently holding other union posts alongside that of the ER.

Bacon and Hoque included two demographic factors, gender and ethnicity, in their previous analysis but did not conclude that there was any noteworthy associations with either in relation to ER impact. In light of the emphasis placed in this study on the aspiration for ERs to be more diverse than the typical group of union workplace representatives, demographic factors were included in the present analysis. As well as the two demographic factors that Bacon and Hoque had examined; gender and race; the present analysis also included whether an ER identified as disabled or LGBT. The four demographic characteristics that were of interest for the present study were measured through responses to a number of survey items. In the case of gender, ERs were asked whether they identified as male or female. In the case of operationalising BME as a characteristic-related factor, a measure was derived from responses to a survey item asking ERs to identify their ethnicity from a list of possible options. Those who indicated that they identified with a non-white ethnicity (which included Black or Black British, Asian or Asian British, Arab or Arab British), or a mixed background were grouped together in a BME category that was then compared to those who identified as white (which include those who identified as British, Irish or any other white background).

In respect of the operationalisation of the LGBT characteristic-related factor, a measure was derived from a survey item asking ERs whether their sexual orientation was best described as heterosexual, gay or lesbian or bisexual. Finally, disability was operationalised through a measure derived from a survey item asking ERs whether their day-to-day activities were limited because of a health problem or disability 'which has lasted, or is expected to last, at least 12 months'.

The final characteristic-related factor that I included in my analysis was length of time spent as an ER. This was operationalised through a measure based on

a survey item that asked ERs for the time they had been an ER in years and months, which was then converted into a figure based in months. Although Bacon and Hoque had not found this factor be a predictive of ER effectiveness, I included it in my model to test whether this had changed over time.

Findings

The findings in respect of the characteristic related factors that were included in the analysis are presented below, starting with the new to representation factor.

Although Bacon and Hoque (2012) previously found that being an ER who was new to union representation was associated with an increased likelihood of impact in respect of four of the six areas of equality practice of interest, this study found a negative, rather than positive association with this factor in respect of impact on their employer's equality practices, and only in the area of disability equality. The magnitude of this negative effect is relatively small; being new to representation results in an ER being 10 per cent more likely to have no impact on their employer's disability equality practice.

In respect of being a hybrid ER, the findings of the present analysis concurred with Bacon and Hoque that that this factor continues to be associated with an increased likelihood that an ER will report an impact on their employer's equality practices. However, in the contemporary analysis, this association is notable in respect of only one area of equality practice; disability. Bacon and Hoque had found an association between being a hybrid ER and ER impact that was significant across three different equality areas (gender, sexual orientation and religion and belief). In the contemporary context, the size of effect associated with being a hybrid ER, despite being confined to just one area of impact, is reasonably large, making ER impact 21 per cent more likely.

Turning next to the demographic characteristic-related factors that were examined in the present analysis; particularly noteworthy associations are found between ER impact and whether they identified as BME or LGBT. Identifying as BME makes it more likely that an ER will report some degree of impact on their employer's race equality practices and on their religion and belief practices. Identifying as LGBT makes it more likely that an ER will report a positive impact

on their employer's sexual orientation practices, and also their gender equality practices.

The magnitude of effect in respect of these demographic characteristics is reasonable large, as identified through the post estimation marginal effect calculations. Being a BME ER increases the likelihood of having an impact on race equality practices by 25 percent and of having an impact on religion and belief practices by 18 per cent. Identifying as LGBT increases the likelihood that an ER will have an influence on sexual orientation equality practice by 24 per cent and on gender equality practice by 15 per cent. Surprisingly a negative association was found with being a female ER and the likelihood of impact on an employer's sexual orientation practices. The size of that effect was not insubstantial; a female ER is 16 per cent less likely to have any impact in respect of sexual orientation practices.

Finally, although an association was noted in respect of time spent as an ER and effectiveness, this association was only found in respect of gender equality practice and the size of effect is small. The post estimation marginal effect values indicate only a two per cent increase in likelihood of reported impact associated with each additional year as an ER.

In summary, in respect of the characteristic factors that were examined in this analysis, positive associations were found in respect of: hybrid ERs and impact on disability equality practice; ERs identifying as BME and impact on race, religion and belief equality practices; ERs identifying as LGBT and impact on sexual orientation equality practices. However, negative associations were identified between a new representative ER and impact on disability equality practices and ERs who identified as female and impact on workplace sexual orientation practices.

The proportions of ERs who were new representatives, who were hybrid ERs and who were female, BME, LGBT and disability were discussed in detail in Chapter Four so the means listed in Appendix M in relation to these factors will not be reviewed here.

Control variables

The control variables included in the maximum likelihood ordered probit model, together with their means are also listed in Appendix N. The first set of control factors included the industry and sector in which an ER's workplace was located. Workplace and organisational size were also used as control variables, as was the type of employee that the ER represented (managerial/ professional or non-managerial or a combination of both). All these control variables were expected, based on previous research, to have an influence on ER effectiveness alongside the ASC factors identified above (Bacon and Hoque, 2012).

Some of the means of the control variables listed in Appendix N are noteworthy in their own right. In terms of specific industrial sectors, they indicate that the largest proportions of ERs are found in education (19 per cent), public administration and defence (17 per cent) and transport, storage and communications (also 17 per cent). These three sectors also have high proportions of general trade union membership (Department for Business, Energy and Industrial Strategy, 2019). This lends support to the notion of the ER as a phenomenon of workplaces where a union presence is already established and reflects the stated intention of the role to: 'work as part of the union team in a workplace or branch' (Trades Union Congress, 2014b:6). This characteristic of the ER phenomenon was further supported by the means related to organisational and workplace size.

The means in Appendix N relating to organisational and workplace size indicate a tendency for ERs to work for large organisations and to be located in large workplaces, as had previously been noted by Bacon and Hoque (2012). Just over half of ERs who completed the present survey worked for an organisation that employed five thousand employees or more and 42 per cent were located at a workplace where there were more than a thousand employees. Larger organisations and workplaces are also the locations where proportions of trade union membership are highest (Department for Business, Energy and Industrial Strategy, 2019) and trade union recognition more prevalent (van Wanrooy et al, 2013).

As far as broader sector categories are concerned, the means in Appendix N, when compared to those noted by Bacon and Hoque (2012: 261) suggest a reduction

in ER presence in the public sector and a corresponding increase in ER proportions in the private and not-for-profit sectors. Overall just over half of ERs are currently found in the public sector (52 per cent) with 42 per cent in the private sector and six per cent in the not-for profit sector. In contrast, Bacon and Hoque noted 64 per cent of ERs in the public sector, 34 per cent in the private sector and three per cent in the not-for-profit sector. This observation will be returned to in Chapter 7.

Chapter summary

This chapter has been concerned with the findings of this study relevant to the contribution that ERs are making to trade union effectiveness in the contemporary context.

The chapter first presented the qualitative findings related to the avenues through which ERs reported that they were seeking to influence their employer's equality practices. In respect of individual level effectiveness, helping members with their equality related problems at work either directly or through working with line managers, HR and occupational health practitioners to assist with members' issue are identified as relevant. In respect of collective level effectiveness, participation in equality committees and informal dialogue with senior manager equality and diversity champions or HR equality and diversity specialists are highlighted identified as relevant avenues through which ERs can influence their employer's equality practices. The importance of ERs developing informal equality alliances with lower management levels in respect of individual effectiveness and with higher management levels in respect of collective effectiveness is also highlighted. It was also noted that ERs are able to contribute to broader union effectiveness when they work with shop stewards to challenge management decisions relating to the reorganisation of work, using equality issues as leverage.

The chapter went on to consider the quantitative findings concerning the extent of ER impact across a range of equality areas; gender, race, disability, age, sexual orientation, and religion and belief with the majority of ERs successfully reporting an impact in more than one equality area. The proportions of ERs reporting some impact do not differ significantly from those reported by Bacon and

Hoque (2012) in five of the six equality areas of interest. In one area of equality practice, that of gender equality, a higher proportion of ERs are now reporting some degree of influence in this area than had been found at the time of the UMF projects.

The chapter then presented the findings of a maximum likelihood ordered probit analysis that sought to identify the ASC factors associated with individual ER's impact on their employer's equality practices. In terms of activity related factors, the analysis highlighted the association between helping members with their discrimination or grievance related complaints and ER's likelihood of impact on their employer's equality practices. That association is significant whether an ER is simply providing information and advice or providing more complex support. A second factor of relevance is having regular contact with a manager. As long as an ER is in contact with managers at their workplace at least once a month, the likelihood of influencing their employer's equality practices is significantly improved. Attending an employer's equality committee is the third activity factor associated with an increased likelihood of an ER's impact on their employer's equality practices.

Of these three activity factors, the size of effect was greatest in respect of contact with managers closely followed by helping members with their discrimination or harassment complaints. Attending an equality committee did not increase the likelihood of impact as much as the other two activity factors. Finally, although not initially confirmed as a factor associated with ER impact in the contemporary context, spending at least five hours a week on ER activities was confirmed as still being associated with ER impact, once the masking effect of the 'helping members' activity factor was removed from the model.

The support factors of relevance to increasing the likelihood of ER effectiveness were then considered. Bargaining climate was not found to be associated with ER effectiveness, counter to initial expectations and the previous finding of Bacon and Hoque (2012). It was suggested that this reflects a change in emphasis for ERs away from seeking to indirectly influence the collective bargaining agenda to raise equality issues in this way towards a greater reliance on informal equality alliances with representatives of management.

The extent to which an ER believes that their activities are valued by their managers and by their union's FTOs are both associated with ER effectiveness across a number of equality practice areas. However, the findings in respect of the support provided through training were not consistent. Trade union or TUC training is only associated with impact on gender equality practices only whereas 'other training', which included training that had been provided by the employer is associated with impact in the areas of gender and disability equality practice.

Finally, the relationship between characteristic-related factors and ER effectiveness was found to vary depending on the area of equality being considered. The analysis confirmed an association between being a hybrid ER and an increased likelihood of effectiveness, but only in respect of influencing an employer's disability equality practices. Conversely, a negative association was found between an ER being new to representation and their likelihood of influence in the same area of equality practice. The findings indicated that BME, LGBT and disabled ERs are also more likely to have an impact on employers' equality practices but again, only in relation to certain areas of employer equality practice. Identifying as BME is associated with increased impact in respect of both race and religion and belief equality practices at the workplace. Identifying as LGBT is associated with an increased probability of impact on employers' sexual orientation practices, and to a lesser extent their gender equality practices. However, identifying as female is negatively associated with ER impact in the areas of race, religion and belief and sexual orientation equality practices.

Having now presented the findings in respect of all four of the research questions set out for this study to answer, the next chapter, which will be the final chapter of this thesis, will outline my conclusions as to the contribution being made by the ER role to trade union renewal, revitalisation and effectiveness and how these three strands of contribution work together in ways that suggests new solutions to the challenges facing trade unions today.

Chapter Seven

All together now!

Introduction

This thesis set out to explore the contribution that the trade union equality representative (ER) role, is making to trade union modernisation. My overall conclusion, based on the findings that were presented over the last three chapters is that, despite lacking the statutory framework associated with other union workplace representative roles and having no direct role in formal collective bargaining, ERs are making a noteworthy contribution to union modernisation. That contribution is a result of the increased vibrancy and diversity that the role is bringing to the union representative cadre; the broadened trade union agenda that it is encouraging other union representatives to adopt; and the alternative avenues of effectiveness that the ERs use for the benefit of union members.

In this concluding chapter of my thesis, I will summarise the constituent parts to this overall ER contribution to modernisation, corresponding to the institutional, membership and economic dimensions of modernisation set out by Behrens et al., (2004). I first consider the ER's contributions along the institutional dimension, and the ways that the role is delivering union renewal objectives. Secondly, I consider the ER's contributions along the membership dimension and how the role is delivering aspects of union revitalisation. Thirdly, I outline my conclusions as to the contributions that ERs make to the economic dimension, providing new insights into the ways in which ERs are enhancing union effectiveness at their workplaces.

I will then go on to discuss my broader conclusions concerning how ERs' contributions along these three dimensions are mutually supportive in a way that helps compensate for the lack of success along the political dimension that resulted in a lack of statutory support for the ER. The chapter goes on to outline my suggestions for further research and closes with some practical recommendations for trade unions arising from my findings.

ERs' contribution to union renewal

The first aim of my study was to examine the contribution that the ER role is making to trade union renewal, as summarised in my first research question:

To what extent and in what ways is the ER role contributing to a renewal of trade union workplace representative resources?

My interest was focused on how the existence of the ER role might be encouraging union members, who had a particular interest in equality justice at work, to take a first step into volunteering as a union workplace representative; contributing to a resource upon which the viability of British trade unions is particularly reliant. The study sought to identify firstly, the scale by which union members are taking a first step into union workplace representation by taking on an ER role and secondly, the extent to which those ERs who were initially new to workplace representation are going on to take up shop steward or health and safety representation positions; thereby helping to maintain a vibrancy in local trade union representative presence.

As I outlined in Chapter Four, my study found evidence that the ER role is contributing to local union representative renewal, at least in the workplaces where the role has been established. Based on my survey findings, the extent of that establishment is estimated to extend to as many as 3,500 workplaces, assuming each ER covers a separate workplace. This estimate of ER numbers is a considerable increase on the estimate of just under 600 at the time of the previous survey by Bacon and Hoque (2012). This, in itself, demonstrates that the ER role is not only helping to renew overall trade union workplace representative resources, but that it is proving itself to be resilient to the challenges posed by the lack of statutory support.

The number of ERs within union structures reflects one aspect of the role's contribution to workplace representative renewal. Another aspect is their location within a broad cross-section of trade unions and in workplaces in a variety of industries and sectors. It is also particularly encouraging to note their increased presence in the private and not-for provide sectors. However, as I argued in Chapter Two, it is also important from a renewal perspective that the role is attracting

members into union workplace representation for the first time, that those new representative ERs are more diverse than the traditional cadre of union workplace representatives, and that they are going on to become hybrid ERs with portfolios of representation that might, for example include a shop steward and/or health and safety representative role as well as their ER role. My study found evidence that all three of these aspects of renewal are indeed taking place.

A considerable proportion (just over three fifths) of union members who take up ER positions are doing so as their first step into union workplace representation and this proportion has increased substantially over the course of time (using the previous findings of Bacon and Hoque as a comparator). The extent to which the role is successfully being positioned as a 'stepping stone' is potentially being encouraged by the way that the majority of trade unions are defining the remit of an ER. The adoption by most trade unions of the 'winning hearts and minds' model as a definition of an ER's remit enables a clear separation to be presented to prospective volunteers between what is expected of an ER and what might be perceived as the heavier responsibility for formal collective bargaining associated with the role of shop steward. This finding supports Moore (2011a, 2011b)'s early suggestions that the ER role might create a new avenue into trade union workplace representation and extends the evidence base on which this conclusion is based to a broader range of trade union, varying in size as well as sector and industry, than was previously the case. It also indicates that the early expectations of the Women and Work Commission (2006) and of trade union officers (Bennett, 2009; 2010) that the ER role would help encourage members to volunteer for the first time as workplace representatives are indeed being fulfilled in the contemporary context.

The ER role is also contributing to greater diversity of trade union workplace representation in terms of gender, ethnicity, disability and sexual orientation, although not in respect of youth. In respect of gender and ethnicity, the proportions of ERs who identify as female or BME and the indication of their stability over time is encouraging from a renewal perspective, especially given the increase in state hostility towards trade unionism that has occurred in the intervening period. As far as ERs who identify as LGBT are concerned, my findings provide more robust evidence than had previously been available from the small sample of ERs

previously interviewed by Moore (2011a) that the role is encouraging greater LGBT involvement in workplace trade unionism. My findings were less clear cut as far as ERs who identified as disabled were concerned. The proportion of ERs who currently identify as disabled is lower than the proportion previously reported by Foster (2015), but this was judged to be more a reflection of Foster's purposive sampling than a reflection of a reduction in disabled members' representation amongst ERs over time.

As well as confirming the contribution that the ER role is making to renewal in terms of diversity, the research highlights the barriers that groups who have not traditionally been found amongst the union representative cadre face in taking up such positions. For example, the study found that the workload associated with taking on an ER position and the *de facto* requirement for to cover some union duties outside of normal working hours creates the main barrier to more women volunteering. Whilst this barrier reflects, in part, the lack of 'biographical availability' amongst those with caring responsibilities outside of the work environment, previously highlighted by Guillaume (2018), it also partially reflects the lack of statutory rights that might give prospective volunteers more confidence that they would be given adequate paid time off by their employer to complete their union duties during their usual working hours.

Another barrier that is highlighted by the study as potentially discouraging members to volunteer as ERs from groups under-represented amongst the broader workplace representative cadre is a perceived fear of victimisation. This concern was highlighted in my interviews with both union officers and ERs themselves as a reason why some members who were interested in workplace equality were reluctant to take up an ER position. The existence of this fear highlights the considerable commitment that is exhibited by those who overcome such fears and volunteer to take up an ER position ('putting their head above the parapet') as was eloquently described by one of my study participants. The conclusion that such a commitment can still be found amongst union members who had not previously been active within union structures is encouraging for the future prospects of trade unions. As with the barrier of perceived workload, concerns over victimisation could be partially alleviated if ERs were to be provided with relevant statutory rights.

Providing legal protection to ERs might give more confidence to those who may already feel vulnerable at work as a result of their social group identity, to volunteer to take on the role.

Attracting a new, more diverse group of union members to take up a workplace representation role for the first time is an important element of the contribution that the ER role is making to union workplace representative renewal. However, also of importance is the extent to which ERs are providing additional resources to help cover other union workplace representative roles. This contribution is exemplified by the portfolios of representation that ERs hold; balancing the ER role with additional, concurrent union workplace positions. The vast majority of ERs, including those who are initially new to representation, hold such portfolios. Thus, the ER role is providing a new supply of members willing to broaden their horizons beyond their initial ER role and take on the more established union roles of shop steward and health and safety representative. Indeed, amongst new representative ERs, over half have gone on to take up a shop steward position and nearly a third to take up a health and safety representative role.

Previous research has suggested that the phenomenon of the hybrid ER reflects a desire amongst the ER cadre to avail themselves of the statutory rights associated with the more established types of workplace representative. However, my findings indicate that, whilst there is evidence that this motivation is relevant for some ERs, it is not the only motivation behind the portfolios of representation that the majority of ERs hold. My interview data provide strong indications that, for some ERs at least, the motivation to take on additional union roles is more altruistic in nature, relating to a desire to help their union cover vacant workplace representative roles. This conclusion is based on the finding that, as well as taking on additional workplace roles, a proportion of ERs are taking on branch related roles that do not confer any statutory rights either to time off or protection against dismissal or unfair treatment to the individual concerned.

Unfortunately, one unwanted consequence of ERs' propensity to carry around portfolios of representation as a result of their hybrid ER status is the considerable workload this entails, in addition to the demands of their paid employment. Many ERs spoke in their interviews of the encroachment of their union

duties into their personal time outside of normal working hours. This will only further exacerbate the perceived barrier of excessive trade union duty-related workloads, referred to above, that discourages some from taking up an ER position in the first place.

Finally, some conclusions can be tentatively drawn in respect of expected pre-conditions to the ER role being relevant at a particular workplace as a strategy for union representative renewal. Firstly, a trade union presence needs to be established at the workplace in question (none of the ERs I identified were working at a newly organised workplace). Secondly, the established trade union at a particular workplace would preferably, although not necessarily, have already secured recognition with the employer for the purposes of collective bargaining, as is the case for over ninety per cent of the workplaces where ERs are situated. Thirdly, the trade union needs to be promoting the ER role within their structures. My study identified a number of trade unions, both large and small and covering a broad range of industries and occupations, who had been putting considerable efforts into promoting and supporting the role. Although one of the biggest trade unions (Unite) was notably prolific in terms of identifying potential ERs for the survey, a number of smaller trade unions also appeared to have embraced the promotion of the ER and identifying considerable numbers of potential participants in relative terms to their overall memberships. For other unions, however, although they were claiming an ER presence within their structures, there was little evidence that the role was being actively promoted.

In summary, my overall conclusion in respect of my first research question was that, where the pre-conditions outlined above have been met, the ER initiative has been able to contribute to trade union workplace representative renewal; encouraging women, BME, LGBT and disabled members to take their first steps into union representation and to go on to take on other more traditional roles such as that of shop steward or health and safety representative. Previous research has suggested that the motivation for ERs to take on additional roles was instrumental in nature, relating to the access to statutory rights that these additional roles conferred. However, I found evidence that supported an alternative explanation of a more altruistic nature related to a commitment to trade union collectivism in general and a

desire amongst ERs to help their trade union cover important workplace and branch roles that would otherwise remain unfilled.

However, there were limitations to the extent of the contribution to renewal that the ER role was able to make. These limitations related to the considerable workload pressures that many ERs found themselves facing as a result of the portfolios of representation they were being encouraged to undertake. Limitations to the ER contribution to renewal were also identified that related to the perceived risks of victimisation associated with ‘putting your head above the parapet’ to become a trade union workplace representative. These potential barriers may have limited the extent to which the ER role was encouraging women and minority groups to take their first union representative position.

Although there was no evidence the ER role was contributing directly to a renewal of trade union workplace representatives in relation to their relative youth, there was a suggestion from one of the ERs interviewed at least, that the presence of an ER within a local trade union representative team helps to counter the negative ‘male, pale and stale’ image of trade unionism held by some younger workers (Hodder, 2014) by encouraging the pursuance of a progressive trade union agenda that prioritises women’s, BME, LGBT and disabled worker’s concerns alongside more traditional union issues such as pay.

This last conclusion, tentative in nature because it was based experiences in only one organisation that was atypical due to the number of younger employees amongst its workforce, brings into focus the second area of interest that my research study had set out to examine - the extent to which the ER initiative is contributing to a revitalisation of the local trade union agenda and a broadening of the definition of trade union collectivism. It is to these aspects of my findings to which I now turn.

ERs' contribution to revitalisation

The second area of interest for this research study focused on my second research question:

In what ways are framing activities associated with the establishment of the ER role contributing to an equality-related revitalisation of the local trade union agenda?

My findings in respect of this research question were presented in Chapter Five. They confirmed the proposal, outlined in Chapter Two and extending the earlier work of Moore (2011a) that a new, more inclusive, form of trade union collectivism is associated with the ER. Specifically, the study found that the role is being used by trade unions to revitalise the local trade union agenda through the framing activities associated with it. Thus the early expectation amongst trade union officials and senior lay representatives that the role would encourage a broader acceptance of equality issues within local workplace trade union representative teams is being fulfilled.

There are two separate, but related aspects to this revitalisation of local trade union agendas. The first focuses on the collective action frames that ERs themselves are encouraged to adopt. The second focused on changes to the collective action frames of existing workplace representatives that are being encouraged through the promotion of the ER role. The ways in which I found that these two aspects of framing are helping to create a new more inclusive collective action frame relevant to all local workplace representatives extends the earlier work of Moore (2011a) and of Healy et al., (2004) both of whom previously suggested that a more inclusive collectivism would be a feature of future trade unionism.

My findings suggest that one set of frame bridging activities encourage ERs to look beyond any equality strands they might be personally identified with and adopt a broad and collective approach to equality issues at their workplace, rather than maintaining an approach solely linked to their personal identity. A second set of frame bridging activities takes place in parallel, aimed at those who want to take on an ER position because of a general commitment to championing 'fairness for all' rather than their personal identity with a particular equality strand. The presence of

both these frame bridging approaches gives the ER role a unique ability to bring together union members who are committed to prioritising equality issues at their workplaces for different reasons and focus their activities towards common goals through the ER collective action frame.

My findings also identify frame amplification activities associated with the ER role, the objective of which lies beyond those who hold the ER position themselves. These frame amplification activities are aimed at encouraging the other union representatives present at an ER's workplace to support the new role and the collective action frame associated with it. This came in two forms. The first form (value amplification) is used to associate the ER role simultaneously with a focus on specific equality issues and with the traditional trade union collectivism that the incumbent union representatives are familiar with. The second form (belief amplification) emphasises the ways in which equality-based arguments can be used to challenge management prerogative in a range of areas. A further discussion of how such framing activities have an impact on trade union effectiveness beyond the area of employer's equality practices can be found in the next section of the chapter.

Although, as expected, the formal trade union education and training of ERs plays an important role in the motivational framing that guides their activities at the workplace, informal communities of practice are also important as an alternative source of motivational framing for ERs. These are socially mediated mechanisms through which ERs learn from each other and further develop the practice of 'being an ER' under the guidance of local FTOs and sometimes even national officers. A key feature of communities of practices is that they provide a mechanism through which the 'rank and file' ER is influenced by and is also able to influence ER practice beyond their own workplace on an ongoing basis. This finding further develops Gall (1998)'s earlier speculation that some form of membership education might be a key intervention to address the parochialism he identified as being associated with workplace representative renewal. ER communities of practices are highlighted in this study as one form of education that can fulfil this function in respect of ERs at least, and that may also have a relevance for other types of workplace trade union representative.

The extent to which ERs were ultimately effective in putting into practice the activities they were being encouraged to engage in, whether through informal communities of practice or through any formal trade union education they had undertaken, was the focus of my third and fourth research questions. The conclusions that I was able to draw in relation to these questions are the subject of the next section of this chapter.

ERs' contribution to effectiveness

The third area of interest for this research related to the contribution that the ER role is making to trade union workplace effectiveness, defined as their ability to influence the equality practices of their employer. My third and fourth research questions were focused on this area, specifically asking:

Through what avenues do ERs seek to influence the equality practices of employers and to what extent, in the contemporary context, are they able to do so?

What ASC factors increase the likelihood that an ER is able to influence the equality practices of their employer in the contemporary context and how have these changed over time?

My findings in respect of these two questions were presented in Chapter Six and were based on the analysis of both qualitative and quantitative data, lending a greater depth to the conclusions that I was able to draw than if I had only conducted my research based on only one of these data sets. To give justice to this complementarity, the discussion that follows seeks to draw together those findings to paint a picture of the antecedents, mediators and moderators of relevance to an individual ER's ability to impact on the equality practices of their employer.

In summary, I found that the early expectations for the role, that it would help enhance the ability of trade unions to positively influence employers' equality practices, had been fulfilled. In respect of the avenues through which ERs are able to have such an influence, informal equality alliances (summarised in Figure 7), were

highlighted during ER's interviews as an important way through which they can influence workplace equality practice. This is true whether an ER is seeking to effect change to an employer's practice at an individual or at a collective level. At the individual level, ERs themselves emphasise the way that hard facilitation effects, arising from providing information advice and support direct to members, give them the opportunity to establish their expertise in equality matters with the local line manager or HR practitioner who may be dealing with the member's complaint. In some circumstances ERs also had the opportunity to engage in soft facilitation activities, working with a manager and/or HR practitioner to ensure adequate support is provided to the member they are assisting. Such activities begin a process of building trust between both sides over equality issues and contribute to the development of an informal equality alliance between the ER and the managers and HR practitioners so engaged.

This finding supports Bacon and Hoque's (2015) argument that such soft facilitation may be an important activity available to specialist trade union representatives like the ER. The present study contributes to our understanding of soft facilitation by placing it within the broader context of union representatives developing informal equality alliances with managers. It also extends the concept of soft facilitation beyond the individual level context to show how direct, informal engagement with representatives of management can create an avenue of effectiveness through which a trade union workplace representative can have an impact that reaches beyond the individual to the collective.

It is the higher-level informal equality alliance, forged between an ER and more senior levels of management or HR that is important for collective level impact. These alliances are made with managerial representatives who have the authority to suggest changes, not only to an employer's collective equality practices but to the policies which underpinned those practices. The concept of attitudinal structuring (Walton and McKersie, 1965:184) is usually applied to the level of trust and mutual belief in legitimacy that might exist in a relationship between trade union and employer representatives when they come together in a formal collective bargaining setting. However, it is equally relevant where bargaining takes the form of this kind of informal, rather than formal "...dialogue between employers and

representatives of independent trade unions that [can] have an influence on the employment relationship” (Brown, Bryson and Forth, 2009:24).

This research suggests that the establishment of higher-level informal equality alliances directly contributes to an increased level of trust between ERs and significant figures on the employers’ side and can therefore be conceived of as a mechanism through which attitudinal structuring takes place. That attitudinal structuring may have an impact beyond the individuals involved in an informal equality alliance and help to counteract any preconceptions from an organisational perspective that trade union representatives are going to be ‘weak and uninterested...or even disruptive’ if they become involved in equality and diversity policy and practice development (Greene and Kirton, 2009:129).

A key factor to building the trust and legitimacy of ERs in the eyes of managers is, according to ERs’ own accounts, the specialist equality knowledge that is associated with the role. The influence that can be gained by one person over another based on the specialist knowledge they hold or are perceived to hold, has its basis in expert power (French and Raven, 1959). Thus, a key element of ER’s ability to exert influence over employers appears to lie in the perception of those individuals in the role as equality experts. ERs were found in the study to refer to themselves in these terms, and also recounted instances where managers had described ERs as being in possession of more specialist knowledge on equality issues than most managers.

Expert power is not the only basis upon which ERs are able to influence the decision making of management at their workplaces. Where ERs are invited to participate in an employer’s equality committee they have the opportunity to base their influence on a form of partial legitimate power, conferred to them by their employer. Legitimate power is based on the belief on the part of one person that another person has a legitimate right to exert an influence over them, and they have ,conferred to an ER through a seat on an equality committee does not give them legitimacy to the extent that they are able to override managerial prerogative, it does at least confer a degree of legitimacy to be involved in setting and monitoring employers’ equality policy and practice.

Unfortunately, the majority of ERs do not benefit from this signal of legitimacy, albeit partial in nature. It was far more common for an ER to be at a workplace where the ability of the trade union to become involved in equality policy and practice development was solely determined through the willingness (or not) of employers to discuss such matters in traditional collective bargaining settings. Although it was expected that ERs would be found to be making use of this potential avenue of effectiveness by indirectly influencing trade union negotiators' bargaining agendas, my research did not find this to be a commonly mentioned avenue of effectiveness reported during the ERs' interviews. Of the small number of ERs who did talk about this more traditional channel of trade union influence at the workplace, they more often spoke of supporting shop stewards in respect of broader workplace issues such as work intensification than seeking to persuade them to raise equality issues *per se*. The extent to which ERs have an impact on these broader aspects of employers' decision making was not something that was included as a measure in my ER survey.

However my findings indicate that a considerable proportion of ERs are having some degree of impact on the equality practices of their employer. Overall, my findings indicate an increase in the proportion of ERs reporting an impact on their employer's equality practices since the last survey of ERs was undertaken; another encouraging indication of the contribution that the ER role is having at the workplaces where it is present. In respect of the breadth of this impact, it is also particularly encouraging to note that individual ERs often report at least some degree of impact across more than one equality strand and that a considerable number report an impact across all six equality strands.

Although I found that many ERs report success in influencing the equality practices of their employers, this is not true for all ERs. A substantial minority, one in five, of ERs, report no impact in any equality area. It was the examination of the factors that might contribute to the likelihood of an ER's success or failure in having an impact on equality practice at their workplace that was the focus of my fourth research question. My findings regarding this final research question, based on the outcomes of a maximum likelihood ordered probit analysis serve to highlight the importance of a number of activities, sources of support and individual

characteristics (ASC factors) in determining the likelihood that an individual ER would report some degree of impact in respect of the six equality strands of interest. Turning first to the activity factors; helping members with their equality related problems at work was identified as being of significance. Thus, at the heart of successful ER's activities appears to lie a focus on demonstrating effectiveness to members at an individual level. It is on this foundation that other aspects of ER effectiveness appear to be built, as ERs' accounts of these facilitation related activities suggest that they help to establish a legitimacy to local trade union involvement in workplace equality practice. Such activity on the part of ERs appears to establish the existence of a trade union 'depth'; if not of the administration of collective bargaining agreements as originally conceived by Clegg in the 1970s, but in respect of depth of engagement in the administration of members' rights to equal treatment as conferred by their employer's own publicly declared commitments to equality and diversity at the workplace and underpinned by equality legislation.

Once this depth of trade union engagement is established, my qualitative findings suggest, the power conferred by the perceived equality knowledge of the ER is enhanced, laying the ground for an ER's expert credentials to be accepted by managers, HR and equality specialists and contributing to the formation of informal equality alliances which subsequently create an additional avenue through which an ER is able to exert an influence over managerial decision making. The findings of my ordered probit analysis lend support to the findings from my qualitative analysis of interview data highlighting the importance of these alliances. Indeed, if an ER is maintaining contact with managers at least once a week (a proxy measure for having established informal equality alliances), this increases their likelihood of impact by as much as 45 per cent; the largest effect size of all the ASC factors that I examined. The importance of this informal avenue for collective voice was greater, in terms of its effect size, than either of the formal avenues for collective voice that I examined. An ER's attendance at their employer's equality committee, for example, only increases likelihood of some degree of impact by around 18 per cent.

Further evidence pointing to the relative importance of informal equality alliances as an avenue for ER effectiveness is found in my findings in respect of the support-related factors that are associated with ERs' likelihood of impact. Where an

ER feels that managers at their workplace value their activities, not only does this significantly increase the likelihood of them having an impact on their employer's equality practices, the size of the effect is larger than that associated with an ER feeling valued by fellow union representatives or by their trade union full time officials. The importance of feeling valued by a manager also appeared to have increased over time. Bacon and Hoque (2012) had found that the support of managers had a more limited impact on ER effectiveness, with their findings suggesting that the factor was only significant in increasing likely influence in respect of employers' sexual orientation equality practices and not in any other equality areas. My study found an association between support of managers and ER self-reported success across a broader range of employer's equality practice suggesting that this factor and the informal equality alliances that it was another proxy measure for, had become of more general importance in the contemporary context. There is a possibility that the increased importance of manager support identified through my quantitative analysis was an indication of a workplace trade unionism over-reliant on manager patronage, a negative expectation that McIlroy and Daniels had expressed earlier on about UMF initiatives such as the ER (McIlroy, 2009: 81; McIlroy and Daniels, 2009:140). However, my qualitative data analysis suggested otherwise. Nevertheless, this possibility certainly merits further investigation and I shall return to this point later on in the chapter.

The relative importance of informal rather than formal avenues for collective voice was further reflected in my finding, contrary to expectation, that the bargaining climate over equality at a workplace has no significant association with an ER's likelihood of impact. This support factor was previously found to be significant by Bacon and Hoque (2012:255) in respect of ERs, in respect of ULRs (Bacon and Hoque, 2011) and in respect of disability champions (Bacon and Hoque, 2015). Yet my finding in contradiction to this was further corroborated by the insights into ERs' workplace experiences revealed within their interviews. ERs rarely referred to instances of using existing traditional collective bargaining mechanisms, even indirectly, as a way to seek influence over employer's equality practices. This may have been an indication of a continuing marginalisation of collective bargaining and towards new avenues of union influence (Sullivan,

2010:152) and certainly something worthy of further research, a point I will return to later on in this chapter.

The final support factor that I examined in my ordered probit analysis was that of training, which was expected to be important to the establishment of an ER's specialist knowledge about equality. An ER's prior receipt of formal training did increase the likelihood they would report an influence on workplace equality practice, but not consistently across different equality strands. Neither was formal training identified by ERs themselves in interview as necessarily the medium through which they were learning how to perform their ER roles successfully. My qualitative analysis identified a role for informal communities of practice that developed amongst ERs with varying levels of experience and between ERs and trade union FTOs; sometimes local and sometimes national. In my ordered probit analysis I attempted to reflect this source of learning as a factor, using the proxy measure of an ER being given the opportunity to engage in face to face networking opportunities with other ERs as an indicator of engagement in communities of practice. However, no association was found between an ER reporting that their union provided such opportunities and their likelihood of self-reported success. This may have been a reflection of flaws in how I chose to operationalise engagement in communities of practice, using provision of networking opportunities, for example.

Considering the characteristics of ERs, it is noteworthy that the associations that I found to be significant were all specific to particular equality strands. In respect of the ERs who were new to representation, the association was with disability equality practice and was, unfortunately, negative. This was a considerable variation to the conclusion drawn by Bacon and Hoque (2012) who found this characteristic to be associated with a greater likelihood of impact, possibly reflective of the 'particular vigour' with which they were performing the role (Bacon and Hoque, 2012: 256).

A possible explanation for this divergence in findings is that, as the Bacon and Hoque survey was carried out at a relatively early stage of the development of the ER role, the members who had initially volunteered to take on the role had been particularly enthusiastic about equality issues and may have been experienced civil society activists on equality issues, if not experienced union representatives. It may

be the case that more of those who are volunteering for the role in a contemporary context are doing so as a first step into equality related activism in general, as the union ER role is available to them in a way that it may not have been available to the earlier tranche of ERs when they were at a similarly early stage of their general equality activism. Hence, the ‘particular vigour’ noted by Bacon and Hoque may have only been a feature of that original tranche of early ERs.

The specific negative association between an ER being new to representation and impact on employer’s disability equality practices stands in contrast to the positive association between an ER being hybrid and success in the same area of equality practice. Being a hybrid ER increases the likelihood of an ER reporting an impact on their employer’s disability equality practice by 21 per cent. Bacon and Hoque’s previous explanation for the link between being a hybrid ER and an increased likelihood of success (albeit that their finding was that this increased likelihood was spread across more than just one area of equality) was that hybrid ERs are ‘better integrated into broader union networks and structures’ (Bacon and Hoque, 2012: 256). My study suggested that, rather than it being their integration into trade union networks that conferred additional abilities to influence employers in respect of their disability equality practices, it was their broader integration into both individual and collective areas of member concern across a range of presenting issues that gave them greater visibility of potential opportunities to act and consequently an increased likelihood of success. Disability equality differs from the other areas of equality in that disability often develops during the course of an individual’s employment (Cunningham and James, 2001). As a result, disability discrimination issues are not always identified as equality issues by the individuals concerned and may be more likely to be raised with a shop steward as a general work grievance or disciplinary matter relating to a sickness absence review or an inability to adapt to work intensification on a production line. A hybrid ER who was covering a shop steward role alongside their equality role might be more likely to have such cases brought to their attention and to achieve a positive resolution from the perspective of the member concerned than someone who was dedicated to covering the ER role alone.

Having noted this breadth of awareness of workplace issues to which a hybrid ERs may have had access, it is also important to consider the opportunity costs that may be incurred where an ER takes up a portfolio of representation to become a hybrid trade union representative. Whereas earlier concerns over the opportunity costs associated with hybridity focused on the costs to overall union capacity should a union's shop stewards be spending part of their facility time on ER duties (McIlroy and Daniels, 2009b), my research highlights the personal rather than institutional costs of these additional responsibilities. Taking into account the nature of many of the cases that ERs are dealing with (domestic violence, attempted suicide and terminal illnesses, to give just three examples that were reported during interview) and the encroachment that was often reported on their time outside of working hours, particularly if they were also covering a shop steward or health and safety representative role, it is likely that the more salient opportunity costs associated with hybridity and holding a portfolio of representation are at the personal level, not the trade union institutional level.

Being new to representation or holding a portfolio of representation were not the only two characteristic-related factors that had a bearing on the relative success of individual ERs, some social identity characteristics were also associated with the likelihood of success. My findings in respect of the ER's social identity characteristics for example, linked female, LGBT and BME ERs with specific differential likelihoods of impact on three equality strands (sexual orientation, race and religious belief), unfortunately not all in a positive direction. Identifying as female is negatively associated with an ER's likelihood of impact in respect of sexual orientation whereas identifying as LGBT is positively associated with the same equality strand. In the case of the former, identifying as female reduces an ER's likelihood of impact in respect of their employer's sexual orientation practice by 16 per cent. In respect of the latter, identifying as LGBT increases the likelihood of impact by 24 per cent. In respect of race equality practices and equality practices concerned with religion and belief, ERs who identified as BME were significantly more likely to report having some degree of impact. The strength of association between being a BME ER and having an impact on race equality practice was particularly noteworthy; associated with an estimated 25 per cent increase in likelihood of impact.

These findings suggest that, although trade unions make considerable efforts to encourage ERs to champion improvements across all equality strands, their personal identities do sometimes matter, and that is particularly true in respect of sexual orientation equality practice at the workplace.

There are two possible explanations for the positive associations that were found between ERs' personal identities and their impacts in respect of different equality strands. The first is that that being personally identified with a particular equality strand makes it more likely that an ER will become aware of workplace issues relevant to that strand and the second being that their identity characteristic gives them more credibility and therefore a higher level of expert power when raising issues related to these equality strands either formally or informally with managers. My qualitative findings provided some evidence in support of both these explanations. The analysis of the interview data highlighted examples where ERs' BME or LGBT identities were perceived by themselves as providing some advantage in both identifying workplace issues of concern in the first place, but also in having credibility in suggesting solutions. For example, I previously outlined an example of a BME ER who talked about how his BME identity and links within the local BME community had helped him recognise race equality issues within a particular department and also to work with his employer to identify that had hitherto been unrecognised at his workplace.

Limitations

There are some limitations to note in relation to the conclusions outlined above. The first of these relates to the sample of trade unions who participated in the study. Not all the trade unions who had reported an ER presence in the 2014 TUC Equality Audit were represented. Of those non-participants, there were two: NGSU and BECTU whose non-participation may have had an impact on the generalisability of my findings, since there was also evidence on their websites confirming an ER presence. This may have resulted in an underestimate of the numbers of ERs within British trade union structures in Chapter Four.

There were also potential issues relating to the individual characteristics of these two unions. Firstly, in the case of NGSU, the trade union had the unusual history amongst TUC-affiliated trade unions of representing an amalgamation of former company-based staff associations representing building society employees. My study may have benefited from additional insights into whether such a union might differ from trade unions with more traditional histories in how they have established ERs within their structures. Without their participation, it cannot be assumed that my conclusions would hold true in respect of the ER initiative as it may have developed within such a union. In the case of BECTU, their non-participation meant that my sample potentially under-represented ERs in the entertainment, broadcast, and print media sectors, particularly when taken together with the NUJ's partial non-participation (having not circulated the survey to their ERs in the second stage of the study). There may be particular issues in this sector relating to how and in what ways ERs contribute to renewal and revitalisation that my study has been unable to identify.

There were other patterns of non-response that occurred specifically in relation to the survey of ERs that were potentially relevant in relation to the potential limitations to the generalisability of my conclusions. These related to the decision of one of the education unions not to circulate my survey to their ER network and the subsequent poor response rates to the survey in respect of members of another of the education unions. As a result, my conclusions may not be generalisable to the education sector. A second potential limitation to the generalisability of my conclusions related to the over-representation of hybrid ERs, who were holding additional roles alongside that of the ER amongst those who completed sufficient items of the survey for their responses to be included in the ordered probit analysis that I conducted. As previously discussed, this may have been a reflection of their enthusiasm, not only in volunteering for a variety of trade union activities, but also in being diligent in completing the survey. However, it did suggest that my ordered probit analysis may have under-represented responses from dedicated ERs due to their higher incidence of missing data and, as a result associations related to this characteristic may have been missed.

All together, now!

This thesis began by asking whether the institutional change that introduced the ER into the structures of some trade unions has helped to meet the challenges of modernisation by renewing the pool of volunteer trade union members willing to take on a union representation role, by revitalising the trade union agenda they are seeking to progress and by helping enhance the effectiveness of workplace representation. Not only has my research confirmed that the ER role does contribute in all three ways, but it has also shown how elements of these three dimensions of modernisation (institutional, membership and economic) mutually support each other.

The promotion of the ER role within union structures, as well as contributing to the renewal outcomes that the role can deliver, also provides an opportunity for trade union equality teams at a national level to promote a new collective action frame that encourages all union workplace representatives to give a greater priority to equality issues as well as giving their specific support to those taking up the ER role. The greater diversity of volunteer attracted to the ER role may have specific benefits in terms of influencing employers in particular areas of equality practice, most notably in respect of race, religious belief and sexual orientation equality practices. The enthusiasm of those taking up the ER role to also take on portfolios of representation that include other roles such as shop steward and health and safety representative helps enhance their ability to have an impact, particularly in respect of employers' disability equality practices.

However, the contributions ERs are able to make have been limited by the lack of statutory rights, stemming from the weakened political influence that trade unions were able to bring to bear on the New Labour government that introduced the Equality Act 2010. Without statutory backing to their legitimacy in being involved in decision making over workplace equality policy and practice it was employer's voluntary willingness to engage with ERs that largely determined their ability to have an impact at a collective rather than just at individual level. ERs are able to enhance their legitimacy at a given workplace through engaging in informal equality alliances with individual managers, and where higher-level alliances are formed, this can enhance legitimacy to the extent that an ER might influence employers' equality

practice at a collective level. This, however, is reliant upon the employer already having made the decision to be supportive of the rhetoric if not the practical reality of enhancing workplace equality and diversity.

As well as being reliant upon this pre-condition on the part of their employer, without a formal statutory role within the Equality Act 2010, ERs' contribution to union modernisation is also largely a phenomenon of already organised workplaces, where union recognition is already established. The role does, however, appear to be expanding in its domain of influence beyond the predominance in the public sector that had been highlighted in earlier research into the private and not-for-profit sectors. The increased presence of ERs within the private sector was particularly encouraging given that it has been in the private sector where the decline in workplace representative numbers has been the most pronounced in recent years. The not-for-profit sector represents a different set of renewal challenges for trade unions but like the private sector it is a target for trade union organising (Simms, 2007). As charities and other voluntary sector organisations have been awarded contracts to deliver public services in increasing numbers, the not-for-profit sector is becoming a more important part of the British labour market (Cunningham and James, 2010).

Overall this study highlights the importance of trade union workplace volunteers such as ERs to the future of the British trade union movement and thus the importance of an initiative such as the introduction of the ER role as a way to renew, revitalise and empower these individuals to be able to make a difference at their workplaces. The success of initiatives such as this may, over the course of time, be contributing to a change in perception of trade unions from being agents of vested interests to swords of justice in respect of a range of social justice issues (Hyman, 2015) and may, in time help promote a resurgence of trade union political influence and a re-emergence of formal collective bargaining as the main avenue through which trade unions can secure workplace improvements for their members. Until then, unions will have to rely primarily upon the contributions of individuals such as the ERs who participated in this research, sometimes at considerable personal cost to themselves.

Another key implication of the findings concerns the flexibility of the British system of employment relations, which makes it possible for trade unions to identify and make use of new avenues of effectiveness. This is important given the established avenues of collective bargaining have lost their potency at many workplaces. Sullivan (2010) has suggested that as the decollectivisation of the workplace has become more firmly rooted as a feature of the established employment relations system, trade unions have begun to return to their social movement roots; relearning how to identify and take up opportunities to influence employers that lie outside of traditional collective bargaining mechanisms. This study has found that, in the case of the ER, there is certainly evidence of such a trend taking place.

This is not to say that central role previously played by collective bargaining should not remain the objective for trade unions to aspire to. Indeed, recent research by Moore (2019) has highlighted the gains that can still be achieved through these mechanisms. However, as Moore herself pointed out, the revival of collective bargaining that she documented was underpinned by the existence of a network of workplace representatives contributing to the ‘depth’ of the union presence at a workplace. It is therefore to a call for a renewed focus in employment relations research on better understanding how the work of workplace representatives can be enhanced, particularly through the new avenues of effectiveness that this research identifies to which the discussion now turns.

Suggestions for future research

This research study has highlighted that traditional, formal collective bargaining is not the only way that trade unions are able to have a collective voice at the workplace, or the only way in which they can persuade employers to respond favourably to their requests for improvements to the working conditions of their members. It may be the case that, where formal collective bargaining is not available to trade union workplace representatives as a means of influencing employer decision making, alternative avenues such as this become more important as ways for unions to remain effective in supporting their members at local level.

Further research into when and how informal alliances between trade union workplace representatives and managers are formed, and how they relate to individual level facilitation (hard and soft varieties) and to collective level CVIR would be valuable. Contact with managers at least once a week had by far the biggest effect on likelihood of ER impact but it is not clear whether this is a result of the effects of soft facilitation or informal CVIR. Further research to separate the effects of each would be useful in helping to better understand how informal alliances can be used by trade unions to enhance their influence in respect of a broad range of aspects of working life outside of the determination of pay, in an environment where formal collective bargaining over pay is being resisted by employers. Such research could further develop Walton and McKersie's concept of the attitudinal structuring process in the context of these informal alliances and explore their potential benefits both to trade unions and to employers.

The present study also touched upon the under-researched area of trade union education and training provision. Communities of practice play a role in disseminating the motivational framing that is so important to helping ERs identify the tactics that might help them to successfully establish and then exert the expert power at their disposal. Further research to explore the extent to which communities of practice may also be used by other groups of trade union workplace representatives would help expand the small extant body of literature concerned with trade union education practices and their relationship to the subsequent effectiveness of the union representatives who engage in them.

There are also some useful research avenues to follow up regarding the particular findings around BME participation as trade union workplace representatives. Of all the social group characteristics that were examined in relation to ERs, only amongst those from a BME background were there any notable differences in proportions between those who had taken on additional union roles and those who had not. The proportion of ERs from a BME background was found to differ significantly between these two groups, with more BME ERs acting as dedicated ERs than as hybrid. It was unclear whether this was because of a particular dedication amongst this group towards equality issues rather than a general commitment towards trade union collectivism; whether it reflected a greater

level of concern amongst this group with taking on additional union-related workloads in addition to their formal paid employment commitments; or whether it reflected a residual discrimination within trade union structures that has led to less BME ERs being asked to take on additional roles. Given that there has been far less focus in the literature on trade union initiatives to improve BME representation than on women's representation, further research into this aspect of trade union internal equality initiatives is long overdue.

Finally in respect of the challenge of ensuring trade unions remain relevant to younger workers, there are indications that the progressive trade union agenda that the ER role seeks to encourage, highlighting social justice issues at the workplace as they affect women, BME, LGBT and disabled workers has a particular resonance. Further research would be useful to explore whether this is indeed the case.

Recommendations for trade union practice

Gall and Fiorito (2016: 208) encourage the greater use of “*a priori* theoretically informed [trade union] practice” which they argue is “essential for unions to be able to counter the power of capital and the state” (*ibid*). In response to their plea, below I summarise the evidence-based recommendations for trade union practice that can be drawn from this study's findings. Overall, the research provides clear evidence of the consequential value that would be expected to accrue to trade unions who pay particular attention to the promotion of, and support for, the ER role.

Turning first to specific recommendations related to the promotion of the role, trade unions should consider promoting the joint benefits of the ER role more widely amongst managers and HR specialists, as well as amongst union members. The informal equality alliances highlighted in this study are a potential avenue through which ERs can work together with senior managers and equality and diversity specialists in organisations to bring about change. Considering the ways in which trade unions might be advised to promote the ER role within its own membership ranks, the evidence from this study suggests that an ER's personal

characteristics are salient in relation to their likelihood of impact in specific areas of equality practice. This provides another reason, apart from the goal of proportionality, for trade unions to continue to promote the role amongst members in ways that encourage diversity amongst those volunteering for the position, particularly amongst members who identify as BME or LGBT. By encouraging members who identify as BME to take up the role, unions can improve their likelihood of effectiveness in respect of race, religion and belief workplace equality practices. By encouraging members who identify as LGBT to take up the role, trade unions can improve their effectiveness in relation to improving workplace sexual orientation practice. The evidence in respect of encouraging ERs to become hybrid reps and take up portfolios of representation is double-edged, however. On the one hand, encouraging ERs to take up additional roles increases the likelihood of impact in respect of disability equality. On the other, it also brings with it the risk of overwork and ‘burnout’ for the individuals involved. These risks bring the need to improve the support available to individual ERs to the fore.

Some specific recommendations in relation to such support can be identified from the study’s findings. The first is to consider offering specific guidance to ERs (and potentially other workplace representatives) to help them balance the competing demands of union work, paid work and home life. Evidence emerged from this study of the altruistic actions on the part of many hybrid ERs in taking on portfolios of representation that included a number of workplace representative positions. Whilst this in itself was found to have positive overall benefits in terms of the likely effectiveness of an individual ER, there were also issues noted regarding the considerable workloads and personal costs associated with those workloads. This would have the additional benefit of helping to encourage more women to come forward and take up the ER role, as the perception that ER duties would inevitably have a ‘spillover’ outside of working hours is a barrier to their participation in the role. Unions are also urged to take note of the potential for ‘burnout’ that might exist amongst the ER cadre and consider ways in which some form of support might be offered, whether through FTOs or through a peer-to-peer support system to help guard against this occurring.

One way in which such support might be delivered could be through the communities of practice that this research highlighted act as enablers to the contribution that ERs make to revitalising the local trade union agenda. These communities of practice develop in an ad hoc fashion at present. Trade unions might want to consider designing a more systematic way in which to encourage the formation of these communities, possibly using online forums, to give ERs the opportunity to interact beyond their immediate workplaces. This study has indicated that these communities can help reduce the tendency towards parochialism that has been associated with trade union workplace level activities in the past as well as help ERs develop the expert power that they can go on to use to such good effect as a lever to help gain influence over their employer's equality related decision making.

I turn next to the evidence-based recommendations that can be offered to trade unions about the activities on which they should encourage ERs to spend their (limited) time. It is the facilitation effects linked to helping members with the equality related problems they are facing at work that appear to give ERs the greatest personal satisfaction. They are also associated with a considerable impact on their likelihood of influence at the workplace. It is also the foundation upon which ERs can develop expert power through which to extend their influence amongst managers and HR practitioners at the workplace. However the evidence from this research suggests that, to maximise their potential for effectiveness, ERs should be encouraged to build on this individual level facilitation activity by cultivating informal equality alliances with those management representatives and their advisors who are able to make decisions about organisational equality and diversity policies and practices. High level equality alliances with this level of management, or the specialist HR resources who work alongside them are valuable in terms of achieving a collective level impact on behalf of members.

Finally, it is important to return to the question of the lack of statutory rights for ERs. There is evidence that this continues to be a limiting factor to the contribution that ERs are able to make in respect of renewal, revitalisation and enhanced effectiveness. Trade unions should therefore continue to lobby for statutory support to the provided for the role. There is certainly some political support for this legislative change. A commitment to this effect was included in the

December 2019 election manifesto of the British Labour Party, for example. To this end, and in the continuing absence of any official statistics on the extent of ER presence in workplaces, it is recommended that trade unions improve their record-keeping and monitoring of ER numbers within their structures and consider commissioning regular research into their activities and achievements. This will provide a foundation upon which trade unions can provide ongoing evidence as to the value of this role and the benefits that would accrue should they be afforded statutory support.

In conclusion, the findings of this research should serve as an encouragement to trade unions to continue to promote and support the ER role within their structures as part of efforts to adapt to the modern workplace. ERs, as this study has shown, contribute directly to the renewal of workplace representative resources, to the revitalisation of the workplace trade union agenda and to an enhancement of trade union effectiveness particularly, although not exclusively, in relation to the equality practices of employers. As such, the ER could be said to exemplify a new, more progressive path for British trade unionism – sword of justice rather than vested interest face to the fore.

Appendices

Appendix A. Information sheet for interview participants

Participant Information Sheet

Researcher: Joyce Mamode (j.c.mamode@warwick.ac.uk)

Supervisors:

Kim Hoque (kim.hoque@wbs.ac.uk); Deborah Dean (deborah.dean@wbs.ac.uk)

Date:

You are invited to act as research participant for the above project. Your participation in this project is entirely voluntary. You may withdraw from participating in this project at any time, with no negative consequence to yourself or the organisation for which you work.

This is a research project exploring the contribution being made by trade union equality representatives to union renewal and revitalisation. The project involves collecting qualitative as well as quantitative data to explore the activities being undertaken by equality representatives.

Your involvement in this project will help explore the factors that help to support the activities of equality representatives to inform future trade union renewal and revitalisation strategies.

Participation in this project will involve being interviewed by the above named researcher on the theme of equality representatives in your trade union.

It is not expected that you will experience any risks through participating in this project. Your consent form will be stored in a locked cabinet and transcripts of interview data will be anonymised before being printed and stored in the same place. The transcripts will also be stored electronically on the researcher's password-locked computer. All material may be destroyed after 10 years from the completion of the research. The material from this research may be published. You can request a copy of the publication from the researcher named above.

Should you have any further questions about this research, please contact **Joyce Mamode** on [REDACTED] or by email to j.c.mamode@warwick.ac.uk

You may also contact the University of Warwick Research and Impact Services, University House, University of Warwick, Coventry, CV4 8UW, UK. 02476575732 should you wish to make a complaint about the conduct of the researcher.

Appendix B: TUC affiliated unions including equality representatives within their lay representative structures (TUC 2014a)

Name of union	Membership ²³	Sector	Main trades and industries covered ²⁴	SIC sections covered	SOC sections covered	% TUC total membership
Unite	1,319,413	Private/ public	Aerospace, shipbuilding, vehicle building, motor components, chemicals pharmaceuticals, offshore oil, textiles, graphical, paper and media, steel and metals, electrical engineering and electronics, IT, communications, servicing and general industries, local authorities, MoD, professional staff in universities, MHS, voluntary and non-for-profit, energy, construction, finance and legal, civil air transport, docks, rail, ferries and waterways, passenger transport, commercial road transport, logistics and retail distribution, food, drink and tobacco, rural and agricultural.	A, B, C, D,E, F,G H I, J,K L,M N,O,S	3,4,5,6,7,8,9	25
Unison	1,301,500	Public/ private	Local government, health care, water gas and electricity industries, further and higher education, schools, transport, community and voluntary sector, housing associations, police staff.	D,E,L,N,O,P,Q	3,4,5,6,7,9	22
GMB	613,384	Private/ public	Public services – local government, school support staff, care, NHS and education; security, civil air transport, food production, distribution, retail, energy, utilities, catering, construction, shipbuilding, aerospace, defence, engineering, chemicals, leisure, textiles and clothing.	C,D,E,F,G,I, O,P,S	3,4,5,6,7,8,9	10
NUT	326,930	Public	Teachers	P	2	6
NASUWT	294,172	Public	Education	P	2	5
PCS	262,819	Public	Government departments and agencies, public bodies, private sector information technology and other service companies.	O,P	2	4
CWU	201,875	Private/ public	Royal Mail Group, Post Office, BT, O2 and other telecoms companies, Cable TV, Accenture HR Services, Capita, Santander and other related industries.	H,J,K	4,5,9	3

²³ Membership in January 2013 as reported to TUC (Source: TUC Directory 2014)

²⁴ Source TUC Directory 2014

Name of union	Membership ²⁵	Sector	Main trades and industries covered ²⁶	SIC sections covered	SOC sections covered	% TUC total membership
ATL	127,936	Public	Teachers, head teachers, lecturers and teaching support staff in nursery, primary, secondary schools sixth form and further education colleges.	P	2	2
Prospect	118,620	Public/private	Engineering, scientific, managerial and professional staff in agriculture, communications/ICT, defence, education, electricity supply, energy, environment, health and safety, heritage, industry, law and order, shipbuilding, transport.	M	2	2
UCU	116,865	Public	Academic and academic related staff in higher education, further education, adult education, prison education, land-based education.	P	2	2
NUJ	31,019	Private	Journalists (staff, casuals and freelancers) photographers, interns and students working in broadcasting, newspapers, magazines, books PR, communications and new media. Also, producers, presenters, website managers, content providers, advertising copywriters and designers	R,J	2,3	0.5
BECTU	23,779	Private	Broadcasting, film, digital and online media, theatre, cinema and related sectors	R,J	3	0.4
SoR	23,210	Public	National Health Service	Q	3	0.4
TSSA	22,762	Private/public	Administrative, clerical, supervisory, managerial, professional and technical employees of railways, London Underground, buses, road haulage, port authorities and waterways in Greater Britain and Ireland. Also, employees in the travel trade, hotel and catering industries.	H,J,N	1,2,3	0.4
ASLEF	19,236	Private	Railways – drivers, operational supervisors and staff	H	8	0.3

²⁵ Membership in January 2013 as reported to TUC (Source: TUC Directory 2014)

²⁶ Source TUC Directory 2014

Name of union	Membership ²⁷	Sector	Main trades and industries covered ²⁸	SIC sections covered	SOC sections covered	% TUC total membership
FDA	18,010	Public	Civil service, public bodies and NHS	N	1	0.3
NGSU	11,628	Non for profit	Staff at Nationwide Building Society group	K	4	0.2
NAPO	8,008	Public	Probation staff and family court staff	O	2	0.1
NASS	1,782	Private	Racing staff employed by licensed race horse trainers	R	3	>0.1

²⁷ Membership in January 2013 as reported to TUC (Source: TUC Directory 2014)

²⁸ Source TUC Directory 2014

Appendix C

Meetings and interviews conducted: TUC and trade unions at national level

Organisation	Participant	Profile	Date of interview
TUC	Senior Equality Policy Officer	female, white	Feb-14
UCU	National Head of Equality and Participation	female, white	Apr-14
ATL	Equalities Officer	female, BME	May-14
Unite	Equalities Researcher	female, BME	May-14
UNISON	Regional Equality Officer	female, white	Jun-14
TUC	Senior Equality Policy Officer	female, white	Jul-14
TUC	Education Officer	female, white	Jul-14
GMB	Equality and Inclusion Officer	male, BME	Jul-14
CWU	Policy Adviser to National Equality Officer	male, BME	Jul-14
Unite	Assistant General Secretary	female, white	Jul-14
Unite	National Officer, Equalities	female, BME	Jul-14
Unite	Specialist Tutor, Women, Race and Equalities	female, BME	Jul-14
CWU	National Equality Officer	female, white	Aug-14
PCS	National Equality Co-ordinator	female, white	Aug-14
UNISON	National Equality Officer	female, white	Aug-14
FDA	Equalities Officer	male, white	Jan-15
NAPO	Equality and Diversity National Officer	male, BME	Jan-15
NUT	Head of Education and Equality	female, white	Jan-15
TSSA	National Organiser	female, white	Jan-15
ASLEF	Equality Advisor	female, white	Jan-15
NASUWT	#National Officer, Equality and Training	female, BME	Feb-15
	#Principal Officer, Equality and Training	female, white	Feb-15
NUJ	Equality Officer	female, white	Apr-15
Prospect	Equality and Research Officer	female, white	Apr-15

n=22

interviewed together

Appendix D
Interviews conducted: equality representatives

	Sector	Demographic information	New or existing representative	Date of interview	Means of sampling
ER 1a	not-for -profit	female, white, disabled	existing	Jul-14	union officer
ER 2a	private	female, white	existing	Aug-14	union officer
ER 3a	private	male, BME, LGBT	existing	Aug-14	union staff
ER 4a	not-for -profit	male, BME	existing	Sep-14	union staff
ER 5a	private	male, white	existing	Sep-14	union officer
ER 6a	private	male, white	new	Sep-14	union newsletter
ER 7a	private	female, white	existing	Sep-14	union officer
ER 8b	public	male, white	existing	Apr-19	survey
ER 9b	public	male, BME, bisexual	existing	Apr-19	survey
ER 10b	not-for -profit	female, white, LGBT	new	Apr-19	survey
ER 11b	private	male, white	new	Apr-19	survey
ER 12b	public	female, BME	new	Apr-19	survey
ER 13b	not-for -profit	female, white	existing	May-19	survey
ER 14b	private	female, white, disabled	new	May-19	survey
ER 15b	not-for-profit	female, white	existing	May-19	survey

n=15

Appendix E

Interview schedule: trade unions at a national level

Researcher to give general overview of research – read out consent information and ask for consent form to be signed.
How does your union see the role of ER?
Is ER role defined in the rule book?
How do you see the role of the ER at the workplace?
How do ERs work with other reps?
How do they work within the union's internal structures?
How are your ERs trained?
What has their impact been? -at work -within the union
Are there any particular barriers that you are aware of that ERs face?
Are there any facilitators that you are aware of that assist ERs?
How do ERs interact with local union officers? Are there any internal issues/tensions regarding the remit for the ER role?
Do you have figures on how many ERs your union has? Would you be willing to circulate an electronic survey to your ERs as part of this research?

Appendix F

Interview schedule: equality representatives

(identified through snowball sampling)

Researcher to give general overview of the research (read from summary sheet). Obtain informed consent (form).
Inform participant that the interview is being recorded and that recording will be kept confidential. Any information given will be only used in an anonymous way, participant will not be identified.
"That is something about me and my research" . Could I start the interview with asking you something about yourself and where you work?
Where do you work? (establish size of the organisation) – how many people work there? What sort of organisation is it (public private etc)
How long have you been an equality rep?
Do you have any other union roles? How long have you been doing them?
In terms of the impact that you feel that you are able to have as an equality rep at your workplace: how much impact do you feel you have had in respect of the various equality strands Can you give me examples?
What are your proudest achievements as an equality rep at your workplace?
What are the things that you are currently working on as an equality rep?
Have you got involved in the equality work within your union? – give examples
What are your proudest achievements within your union/ TUC?
Do you have any ambitions for getting more involved in union activity?
What things help you to be successful as an equality rep? (prompts if necessary, facility time, support from employer/ support from union) <i>Prompt – if support from employer mentioned: Do you think there is someone that you work with from management who would be willing to be interviewed for this research?</i>
What things hinder you in your work as an equality rep (prompts if necessary, facility time, support from employer/ support from union)
Final question: what would you say to someone who has never had a union role before and is thinking about becoming an equality rep – would you recommend it?

Appendix G

Interview schedule for equality representatives

(identified through criterion sampling)

General introduction about the research and link to TUC. Survey was really useful and highlighted the continuing value of the role. Now want to give some illustrations of what it is like to be an ER in reality.
Inform participant that the interview is being recorded and that the recording will be transcribed and kept confidential. Any information will be anonymised, participant and workplace will not be identified
What motivated you to become an equality representative? Follow up questions: were you previously active/ have you gone on to do other TU roles? Any experience of being part of SOGs? If not, why not?
What difference do you think you make to the members that you represent? Do you ever get involved in recruiting members? How does this link into your ER role?
What's the thing that you are proudest of doing as an equality representative?
How does the union support you in your role? What would you like them to do more of?
How do managers at your workplace support you in your role? What would you like them to do more of?
Any specific questions e.g. unusual activities or training experience linked to the individual

Appendix H
Documents collected: TUC

Document	Source
TUC Equality Audit 2014	TUC Senior Equalities Officer
Age Immaterial: women over 50 in the workplace. A TUC report	TUC Senior Equalities Officer
Disabled Workers: A TUC education workbook	TUC Education Officer
Tacking Racism: A TUC workbook	TUC Education Officer
Working Women: A TUC handbook for all trade unionists	TUC Education Officer
Out at work: a unionlearn/TUC Education workbook on LGBT people in the workplace	TUC Education Officer
Disability and Work: a trade union guide to the law and good practice	TUC Education Officer
Developing the next generation of women leaders: TUC Women Officers' Summer School – the first ten years	TUC Education Officer
Making a difference: The impact of trade union education on Britain's workplaces: A union reps survey report by Doug Gowan	TUC Education Officer
TUC Union representatives: Stage 1 Course (materials)	TUC Education Officer
Union equality reps: promoting equality and preventing discrimination. A TUC Briefing (August 2014)	TUC Senior Equalities Officer

Appendix I

Documents collected: trade unions at national level

Document	Source
On Track with Diversity 2012:(ASLEF/Institute of Employment Rights joint publication)	ASLEF Equalities Advisor
Extract from ASLEF revised rules 2014	
BECTU rulebook: https://www.bectu.org.uk/about/rules#Branches	Internet search via Google
CWU Equality Officers Toolkit http://www.cwu.org/media/9686/03784-equality-toolkit_2017.pdf	National Equality Officer
FDA: Our structures and affiliations https://www.fda.org.uk/home/AbouttheFDA/our-structure-affiliations.aspx	Internet search via Google
FDA: What our activists do https://www.fda.org.uk/home/Getinvolved/What-our-activists-do.aspx	
Equality Reps – workplace equality representatives. GMB Parliamentary Briefing	GMB National Equality and Inclusion Officer
GMB rulebook https://www.gmb.org.uk/sites/default/files/rulebook-2018.pdf	Internet search via Google
Branch Equal Rights Officer: Model role and responsibilities	NAPO Equality and Diversity National Officer
The Local Association Equality Officer	NASUWT National Officer/ Principle Officers Equality and Training
NUT Equality Officers Bulletin 2 (Spring 2015)	NUT Race and Gender Equality Policy Officer

Appendix I (cont.)

Document	Source
PCS Equality Reps Guide 2014	PCS National Equality Co-Ordinator
The role of equality reps in Prospect	Prospect National Equality Officer
SoR members handbook: https://www.sor.org/system/files/article/201803/sor_handbook_0.pdf	Internet search via Google
TSSA Equality Newsletters (July 2014, December 2014) TSSA Network Rail News (March 2013) TSSA Neurodiversity: celebrating our differences	TSSA
Equality Toolkit: a resource for UCU equality and regional equality officers	UCU Head of Equality and Participation
UCU website promotion of Equality Reps https://www.ucu.org.uk/equalityrep	Internet search via Google
Developing and Supporting Workplace Union Equality Representatives: Report of Union Modernisation Fund Project June 2006- January 2008 Union Equality Representatives; Your Handbook Union Equality Representative: Toolkit Union Equality Representative credentials	Unite Equalities Researcher
Union Equality Reps, a negotiator's guide on the development, recognition and resources for union Equality Reps	Unite Assistant General Secretary

Appendix J

Documents collected: equality representatives

Document	Source	
ER 1a	Article 19 – information from the British Association for Supported Employment Equality and Diversity Policy	Internet search via Google (following up mentions by participant)
ER 3a	Dignity at Work Guidelines (Manager) Dignity at Work Guidelines (Employee) Draft Gender Identity Expression Guidelines	Participant
ER 6a	Employers Diversity Policy	Internet search via Google
ER 8b	External research on employers' performance management outcomes by 'protected characteristic' – commissioned by national union ASIST suicide prevention training course outline	Internet search (following mention by participant)
ER 9b	The “snowy white peaks” of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. Kline, Roger. 2004. Middlesex University What is the Preston Model? Information on Community Wealth Building -	Internet search (research referred to by the participant) Internet search (following mention by participant)
ER 10b	Example of an ER Award	Internet search (following mention by participant)
ER 13b	Union survey on sexual harassment Union sexual harassment guidelines	Internet search (following mention by participant)
ER 15b	Employer's Gender Pay Gap report 2017	Internet search (following mention by participant)

Appendix K
Covering letter for survey

A message from the TUC General Secretary

Equality Representatives Survey 2017

Equality Representatives play a vital role in Britain's workplaces and the TUC are keen to support the work that they do.

So, we are giving our endorsement to a research project, being carried out by the Warwick University Industrial Relations Research Unit, looking at the experiences of equality representatives today and how trade unions and future governments might be able to best support them in their roles.

If you are currently an equality representative, please click on the link below to the Equality Representatives Survey 2017. The survey will only take you around ten minutes of your time. As well as giving you the chance to win a £50 book token, you will be contributing to the documentation of the experiences of equality representatives up and down the country as well as helping to identify ways in which the role can be better supported in the future.

[equality representatives survey 2017](#)

Thank you,

Frances O'Grady

TUC General Secretary

Appendix L
Equality representatives survey 2017
text version

Equality representatives survey 2017

Equality representatives play an important role at workplaces and within trade unions and it is vital that we better understand what they are achieving and how they can best be supported in their activities. The Equality Representatives Survey 2017 aims to bridge this gap by gathering information about the experiences of this valuable group of union representatives in today's often difficult workplace climates.

You have been sent a link to the survey because you have been identified as someone who is currently an equality representative and so are eligible to participate. Participation in this survey is entirely voluntary, but I do hope that you are able to spare the 10 minutes of time it will take to complete to help the future development of the equality representative role.

The survey questions are designed to gather information about your experiences as an equality representative and your answers will be anonymised before being analysed, so they will remain confidential.

To thank you for participating, once you have completed the survey you will have the opportunity to enter into a prize draw to win a £50 book token.

How your information will be used

The data gathered through this survey may be used in academic reports, papers or monographs. A summary will also be provided to the TUC and individual trade unions to assist them in identifying ways to best support equality representatives in their roles. Before starting the survey, please confirm your willingness to participate in this research through the drop-down menu below. Participation in this survey is voluntary and you are free to withdraw at any time.

- I agree to take part in the Equality Representatives Survey 2017
- I don't want to take part in the Equality Representatives Survey 2017

Condition: I don't want to take part i... Is Selected. Skip To: Thank you for your initial interest.

Condition: I agree to take part in the... Is Selected. Skip To: Are you currently a workplace trade u....

Q56 Thank you for your initial interest in this survey. If you change your mind about participating, please email me using the details on the following page and I will send a new link to you.

. Skip To: End of Survey.

Q4 Are you currently a trade union equality representative/ equality officer?

- Yes
- No

Condition: No Is Selected. Skip To: Thank you your interest in this survey.

Condition: Yes Is Selected. Skip To: How many years have you been an equal....

Q57 Thank you for your interest in this survey. Unfortunately you are not able to participate, as you have indicated that you are not currently a trade union equality representative. However, if you are interested in the subject of this research, please do email me using the details on the following page and I will forward you the summary report in due course.

Skip To: End of Survey.

Q5 How long have you been an equality representative/equality officer? Please estimate the number of years and months that you have held this role.

Years
Months

Q6 What training have you received to help you in your equality representative/officer role? Select all that apply.

- No training received
- Classroom based training from your own union
- Classroom based training from the TUC
- On line training from your own union
- Online training from the TUC
- Other (please specify) _____

Q7 What trade union do you belong to? Please scroll down and select from the list below.

- Aslef
- ATL
- CWU
- FDA
- GMB
- NAPO
- NASUWT
- NUJ
- NUT
- PCS
- Prospect
- TSSA
- UCU
- Unison
- Unite
- Other (please specify) _____

Q8 Are you currently undertaking any trade union roles in addition to your equality representative/equality officer role?

- Yes
- No

Condition: No Is Selected. Skip To: Have you previously held any other tr....

Q9 What other trade union roles do you currently undertake ? Select all that apply.

- Union learning representative
- Shop steward/ general workplace or industrial representative
- Health and safety representative
- Other (please specify) _____

Q10 Have you previously undertaken any other trade union roles ? (i.e. roles that you no longer undertake)

- Yes
- No

Condition: No Is Selected. Skip To: How many hours in a typical week do y....

Q11 What trade union roles have you previously undertaken? Select all that apply.

- Union learning representative
- Shop steward/general workplace or industrial representative
- Health and safety representative
- Other (please specify) _____

Q12 How many hours in a typical week do you usually spend on your equality representative/officer activities?

- 10 hours or more a week
- 5 or more hours a week, but less than 10
- 2 or more hours a week, but less than 5
- more than 1 hour a week but less than 2
- less than 1 hour a week
- no time spent

Q13 Thinking of your equality representative/equality officer activities in a little more detail, in the past year have you spent time doing any of the following? Please select all that apply.

- Providing information/advice on workplace equality issues to members
- Investigating complaints or otherwise assisting members to bring complaints of discrimination or harassment at work
- Representing members who have suffered discrimination or harassment at work
- Recruiting new members to your trade union
- Promoting union campaigns related to equality issues
- Other area of activity not listed (please specify) _____
- None of the above apply

Q14 Does your employer have an equality committee or forum?

- Yes
- No
- Don't know

Condition: No Is Selected. Skip To: The next question is about employers'....Condition: Don't know Is Selected. Skip To: The next question is about employers'....

Q15 Do you attend?

- Yes
- No

Q16 The next question is about employers' Staff Network Groups. For each type of Staff Network Group listed, please indicate whether your employer runs such a group and, if so, whether you attend. Please provide an answer for each type of Staff Network Group.

	My employer offers a group like this and I do attend	My employer offers a group like this, but I do not attend	My employer does not offer a group like this	I don't know if my employer offers a group like this
Women's Network Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black and Minority Ethnic (BAME) Network Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT Network Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Network Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q45 During the past year, have you had contact with any level of management in your role as an equality representative/officer?

- Yes
- No

Condition: No Is Selected. Skip To: What level of impact do you think you....

Q17 How often on average during the last year have you had contact

with management (at any level) in your role as an equality representative/officer?

- Daily
- At least once a week but less than daily
- At least once a month but less than once a week
- Less than once a month

Q18 What level of impact do you think your activities have had on your employer's practices in the following areas? Please provide an answer for each type of practice listed.

	A lot	Some	A little	None
Race equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion and belief equality practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Does your employer provide any of the following forms of support to help you carry out your role as an equality representative/equality officer? Please select all that apply.

- Sufficient office space for you to use
- Sufficient communication facilities (e.g. phone, email, internet)
- Reasonable time off to carry out your equality representative role
- Reasonable time off to complete training to enable you to carry out your role
- Cover for your regular job or a reduction in your workload to enable you to carry out your role
- None of the above

Q20 How many hours in a typical week are you usually paid by your employer for the time you spend on your equality representative/officer activities?

- 10 hours or more a week
- 5 or more hours a week, but less than 10
- 2 or more hours a week, but less than 5
- more than 1 hour a week but less than 2
- less than 1 hour a week
- no paid time provided

Q21 Are the arrangements for equality representatives/officers in your workplace set out in a formal agreement?

- Yes
- No
- Don't know

Q22 To what extent do you think that managers at your workplace value your activities as an equality representative/officer?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

Q23 To what extent do you think the other trade union representatives (from your own trade union) at your workplace value your activities as an equality representative/officer?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- There are no other trade union representatives from my union at my workplace

Q24 To what extent do you think your union's full time, paid officers value your activities as an equality representative/officer?

- A great deal
- A lot
- A moderate amount
- A little
- Not at all

Q25 What support do you receive from your own union to help you in your equality representative/officer role? Please select all that apply.

- No support provided
- Newsletter for equality representatives/officers
- Equality representative toolkit and guidance
- Specific campaigning materials e.g. posters/leaflets
- Face to face networking opportunities with other equality representatives
- Regular contact with a full time officer
- Access to legal advice
- Other support not listed (please specify) _____

Q27 Thinking now of the trade union activities (within your own union) that you may take part in outside of your own workplace, in the past year have you participated in any of the following? Please provide an answer for each type of activity listed.

	Yes, I have participated	No, I have not participated	I am not aware of the existence of these groups/committees
Your trade union's own self organised groups, networks or forums (e.g. for women, black workers, disabled workers, LGBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equality related Regional or National Committees (e.g. women's, black workers or equality committee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional or National Industrial Committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q28 At your workplace, when your employer makes decisions about equality policies and practices, do they normally

- Negotiate with union representatives
- Consult union representatives
- Inform union representatives
- Not involve union representatives at all

Q29 Is your workplace in the

- Public sector
- Private sector
- Not-for-profit/voluntary sector

Q30 Which of the following best describes your workplace ? (Please click on the drop down list below and chose the most appropriate category)

- Education
- Health and social work
- Public administration and defence
- Other community, social and personal services
- Agriculture, forestry and fishing
- Construction
- Electricity, gas and water supply
- Financial intermediation
- Hotels and restaurants
- Manufacturing
- Mining and quarrying
- Real estate and business services
- Transport, storage and communications
- Wholesale, retail and motor trade

Q31 Approximately how many employees are there at your workplace?

- 50 or under
- 51-100
- 101 -250
- 251-500
- 501-750
- 751-1,000
- more than 1,000

Q32 Approximately how many employees are there in total in the organisation that you work for (including other workplaces owned by the same organisation)?

- 0-99
- 100-249
- 250-999
- 1,000-4999
- 5,000-9,999
- 10,000 or more

Q33 Is your union recognised by your employer for collective bargaining?

- Yes
- No

Q34 Which of the following best describes the members that you represent? Please select all that apply.

- Managers and Senior Officials
- Professional
- Associate Professional and Technical
- Administrative and Secretarial
- Skilled Trades
- Caring, Leisure and other personal services
- Sales and Customer Services
- Process, Plant and Machinery Operatives and Drivers
- Routine Unskilled Occupations

Q35 Do you identify as...?

- Male
- Female
- Another gender identity (please specify) _____

Q36 What was your age at your last birthday?

Q40 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes
- No

Q37 Which of the following best describes your ethnic identity?

- White (British, Irish, any other white background)
- Mixed background (e.g. White and Black Caribbean, White and Asian, White and Black African)
- Asian or Asian British (Indian, Bangladeshi, Pakistani, any other Asian background)
- Black or Black British (Caribbean, African, any other black background)
- Chinese or Chinese British
- Arab or Arab British
- Another ethnic identity (please specify) _____
- Prefer not to say

Q38 Do you have any particular religious identity?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Another religious identity (please specify) _____
- Prefer not to say

Q39 Which of the following best describes your sexual orientation?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other (please specify) _____
- Prefer not to say

Q53 As part of this research I would like to interview a selection of equality representatives/officers to gain further understanding of experiences in the role. If you are willing to take part in a telephone interview, please provide an email address below. You will be contacted through this email address if you are selected for interview.

My email address is...

Q43 If you participated in an earlier Equality Representatives survey, conducted in 2009 through the TUC, and would be happy for the researcher to access your previous responses for the purposes of comparing your experiences then and now, please click on the statement below.

- I give you permission to access my responses to the 2009 Equality Representatives Survey

Q41 In order to enter the prize draw for a £50 book token, please complete your name and address below.

Name
Address (1)
Address (2)
Address (3)
Postcode

Appendix M

Equality representative population estimates and survey responses by trade union

	number of ERs estimated during interview	number of surveys circulated	number of respondents included in the data analysis	response rate (%)
Aslef	72	98	9	9.2
ATL	not provided	30	3	10.0
CWU	107	141	20	14.2
FDA	not provided	not provided	0	0.0
GMB	not provided	not provided	0	0.0
NAPO	34	23	4	17.4
NASUWT	110	not provided	0	0.0
NUJ	56	not provided	0	0.0
NUT	185	200	2	1.0
PCS	262	84	32	38.1
Prospect	110	80	30	37.5
TSSA	30	23	2	8.7
UCU	267	307	34	11.1
Unison	400	202	13	6.4
Unite	1,200	2287	174	7.6
TOTAL	2833	3475	323	9.3

Appendix N

Means of Independent and Control Variables

Activities

Over the last 12 months ER has:	
not spent time providing members with advice, investigated/ assisted or represented members with complaints of discrimination/harassment	0.163
provided information/advice on workplace equality issues to members	0.197
investigated/assisted members to bring forward complaints of discrimination/harassment	0.114
represented members who have suffered discrimination/harassment at work	0.527
Employer does not have a forum/don't know)	0.477
Employer has an equality committee/forum but ER does not attend	0.167
Employer has an equality committee/forum and ER attends	0.356
Contact with any level of management in ER role over last year:	
no contact	0.318
less than once a month	0.314
at least once a month but less than once a week	0.227
at least once a week	0.140
No time spent in a typical week on ER duties	0.072
Between one but less than five hours a week spent in a typical week on ER duties	0.686
5 hours or more a week spent in a typical week on ER duties	0.242
Support	
No training received	0.242
Other training received	0.083
Union/TUC on line training received	0.027
Union/TUC classroom-based training received	0.648
Union does not provide face to face networking opportunities with other ERs	0.640
Union provides face to face networking opportunities with other ERs	0.360
Union's full-time officers value ER's activities:	
not at all/ a little/ a moderate amount	0.511
a lot or a great deal	0.489
The other union reps at workplace value ER's activities:	
not at all/ a little/ a moderate amount	0.545
a lot or a great deal	0.455
Managers at your workplace value ER's activities:	
not at all/ a little/ a moderate amount	0.792
a lot or a great deal	0.208
When employer makes decisions about equality policies they normally:	
do not involve union representatives at all	0.197
inform union representatives	0.178
consult union representatives	0.352
negotiate with union representatives	0.273

Appendix N (cont.)

Characteristics

Female	0.420
BME	0.178
Disabled	0.227
LGBT	0.159
Number of months in ER role	57.777
Currently holds another union post	0.780
Has not previously held a union post	0.598

Controls

Public administration and defence	0.174
Education	0.186
Health and social work	0.121
Transport, storage and communications	0.167
Financial intermediation	0.087
Manufacturing	0.129
Other community, social and personal services	0.076
Other industry group	0.061
Public sector	0.519
Private sector	0.417
Not-for-profit/voluntary sector	0.064
Organisation size:	
less than 1,000 employees	0.193
1000 - 4999 employees	0.277
5,000 - 9999 employees	0.174
10,000 employers or more	0.356
Workplace size	
less than or equal to 50 employees	0.091
51-100 employees	0.049
101-250 employees	0.129
251-500 employees	0.148
501-750 employees	0.091
751-1000 employees	0.076
more than 1000 employees	0.417
Type of employee represented by ER:	
managers/professionals only)	0.148
non-managers only	0.398
mixture of managers/professionals and non-managers	0.455

Appendix O. Post estimation marginal effects

	Post-estimation marginal effect (1= no impact)
ER has provided information/advice on workplace equality issues to members	
Race equality practice	-0.349 ***
Gender Equality practice	-0.319 ***
Disability equality practice	-0.351 ***
Age equality practice	-0.464 ***
Sexual orientation equality practice	-0.308 **
Religion and belief equality practice	-0.258 **
ER has investigated/assisted members to bring forward complaints of discrimination/harassment	
Race equality practice	-0.337 ***
Gender Equality practice	-0.236 *
Disability equality practice	-0.314 ***
Age equality practice	-0.270 **
Sexual orientation equality practice	-0.306 **
Religion and belief equality practice	-
ER has represented members who have suffered discrimination/harassment at work	
Race equality practice	-0.298 ***
Gender Equality practice	-0.202 *
Disability equality practice	-0.260 **
Age equality practice	-0.304 ***
Sexual orientation equality practice	-0.232 ***
Religion and belief equality practice	-
Employer has an equality committee/forum and ER attends	
Race equality practice	-0.181 ***
Gender Equality practice	-0.205 ***
Disability equality practice	-0.124 **
Age equality practice	-0.202 ***
Sexual orientation equality practice	-0.256 ***
Religion and belief equality practice	-0.212 ***

Appendix O (cont.)

Post-estimation
marginal effect

(1= no impact)

Contact with any level of management in ER role at least once a month but less than once a week	
Race equality practice	-0.279 ***
Gender Equality practice	-0.360 ***
Disability equality practice	-0.232 ***
Age equality practice	-0.347 ***
Sexual orientation equality practice	-0.344 ***
Religion and belief equality practice	-0.231 **
Contact with any level of management in ER role at least once a week	
Race equality practice	-0.368 ***
Gender Equality practice	-0.353 ***
Disability equality practice	-0.274 ***
Age equality practice	-0.450 ***
Sexual orientation equality practice	-0.398 ***
Religion and belief equality practice	-0.327 ***
Hours in a typical week that ER spend on their ER duties: some time spent but less than 5 hours a week	
Race equality practice	-0.355 **
Gender Equality practice	-0.512 ***
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-0.369 **
Religion and belief equality practice	-0.287 **
Hours in a typical week that ER spend on their ER duties: 5 hours or more a week	
Race equality practice	-0.293 **
Gender Equality practice	-0.355 **
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-0.281 *
Religion and belief equality practice	-0.319 **

Appendix O (cont.)

	Post-estimation marginal effect (1= no impact)
Training received to help in ER role: other	
Race equality practice	-0.199 *
Gender Equality practice	-0.229 **
Disability equality practice	-0.155 **
Age equality practice	-
Sexual orientation equality practice	-0.204 *
Religion and belief equality practice	-
Training received to help in ER role: Union/TUC online	
Race equality practice	-0.256 *
Gender Equality practice	-0.310 ***
Disability equality practice	-
Age equality practice	-0.337 **
Sexual orientation equality practice	-0.358 **
Religion and belief equality practice	-
Training received to help in ER role: Union/TUC classroom	
Race equality practice	-
Gender Equality practice	-0.176 **
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-
Religion and belief equality practice	-
Your union's full time, paid, officers value your activities a great deal/a lot as an ER	
Race equality practice	-
Gender Equality practice	-0.119 **
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-0.175 **
Religion and belief equality practice	-0.148 **
Managers at your workplace value your activities as an ER	
Race equality practice	-
Gender Equality practice	-0.228 ***
Disability equality practice	-
Age equality practice	-0.186 **
Sexual orientation equality practice	-0.207 ***
Religion and belief equality practice	-

Appendix O (cont.)

	Post-estimation marginal effect (1= no impact)
Female	
Race equality practice	0.119 *
Gender Equality practice	-
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	0.164 **
Religion and belief equality practice	0.136 *
BME	
Race equality practice	-0.254 ***
Gender Equality practice	-
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-
Religion and belief equality practice	-0.178 **
Disabled	
Race equality practice	-
Gender Equality practice	-
Disability equality practice	-0.091 **
Age equality practice	-
Sexual orientation equality practice	-
Religion and belief equality practice	-
Lesbian, gay or bisexual	
Race equality practice	-
Gender Equality practice	-0.153 ***
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-0.242 ***
Religion and belief equality practice	-
Time as an ER(total months)	
Race equality practice	-
Gender Equality practice	-0.002 ***
Disability equality practice	-
Age equality practice	-
Sexual orientation equality practice	-
Religion and belief equality practice	-

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