HSE
Health & Safety Executive

# Migrant workers in England and Wales

## *An assessment of migrant worker health and safety risks*

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This report, which draws on interviews with 200 migrant workers in five regions of England and Wales, considers whether the position that recent migrant workers occupy within the labour market puts their health and safety at increased risk, in comparison with other workers in similar positions. The research findings suggest that it is not the case that the risks inherent in a particular type of work of necessity only present themselves in relation to migrant workers. However, what it does reveal is that migrants are more likely to be working in sectors or occupations where there are existing health and safety concerns and that it is their status as new workers that may place them at added risk, due to their relatively short periods of work in the UK and limited knowledge of the UK's health and safety system. The report also notes that migrant motivations in coming to the UK, particularly where these are premised on earning as much as possible in the shortest possible time, add to their risk factors and that limited means of communication between migrant workers and indigeneous supervisors also may place these workers at greater risk.

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# EXECUTIVE SUMMARY

Although there are no precise figures for the number of new migrants in the labour force, the available statistics suggest that their number is growing and that in some regions and in some industrial sectors or occupations, they form a significant section of the workforce. The geographical spread of migrant workers is much wider than even a few years ago. Migrants are no longer found only in large conurbations but increasingly are working in rural areas or in regions that have had little or no previous history of migration, whether temporarily or for settlement.

This research has aimed to uncover who these workers are, their countries of origin and where they are working. But its primary aim has been to establish whether there are specific or general risks to their health and safety; whether their situation as migrants means they are at increased risk, in comparison with other workers in similar positions; and whether consequently there are measures that could be recommended that would improve their work situation, from a health and safety perspective.

There is no current method of identifying whether there are any specific health and safety risks for migrant workers. Existing Health and Safety Executive (HSE) programmes and recording systems only report a limited number of workplace incidents and there is no systematic way of identifying whether someone is a recent migrant. Consequently it is impossible to document, on the basis of the available statistics, whether migrants are in a higher risk category than local workers. Some workers, not just migrants, are exposed to risks at work, due to the nature of their work. Thus the research does not claim that the risks inherent in a particular type of work of necessity only present themselves in relation to migrant workers. However, what it does reveal is that migrants are more likely to be working in sectors or occupations where there are existing health and safety concerns and that it is their status as new workers that may place them at added risk, due to their:

- Relatively short periods of work in the UK;
- Limited knowledge of the UK's health and safety system;
- Different experiences of health and safety regimes in countries of origin;
- Motivations in coming to the UK, particularly where these are premised on earning as much as possible, in the shortest possible time;
- Ability to communicate effectively with other workers and with supervisors, particularly in relation to their understanding of risk;
- Access to limited health and safety training and their difficulties in understanding what is being offered, where proficiency in English is limited;
- Failure of employers to check on their skills for work and on their language skills;
- Employment relationships and unclear responsibilities for health and safety, in particular where workers are supplied by recruitment agencies or labour providers or are self-employed; and
- Lack of knowledge of health and safety rights and how to raise them, including knowledge of the channels through which they can be represented.

The research was primarily qualitative and much of the data was collected through in-depth, face-to-face interviews with 200 migrant workers and with more than 60 employers, together with over 30 key respondents who worked with, advised, employed or organised migrants. These interviews were conducted in five regions of England and Wales and were mainly carried out between May and November 2005. The rich data source obtained through the interviews has highlighted the risks that migrant workers face and offers some responses to the question of how health and safety for this group of workers can be protected.

The research confirms the profile of migrant workers emerging from earlier studies. In general they are often over-qualified for the work that they do and work long or anti-social hours in areas of work where for a variety of reasons there is no suitable local labour. Thus they represent an important component of the UK labour force. Simply put, without migrant workers, in some areas of the country, hospitals and care homes would be without staff, construction would not boom, hotels and restaurants would be unable to service customers and farmers and food processing firms would not be able to distribute their produce to the shops.

This summary covers the main themes and issues that have arisen from the research.

### *Demographics of the migrant group*

Practically all the migrants interviewed (there was just one exception) were working with other migrant workers. In some cases a particular nationality might be dominant but in others the workforce could consist of workers from many different countries, speaking different languages and with different skills and experiences and knowledge of health and safety systems. There was evidence that more recent arrivals had come from the eight Central and Eastern European Accession (A8) States and assessments were that their number would continue to rise in the immediate future. Migrants were represented in all age groups but were predominantly in the 20 to 40 age group.

### *Access to work and recruitment*

The most likely method of accessing work was through word of mouth. Employers indicated that whereas they initially may have used recruitment agencies or labour providers to supply migrant workers, as their number in the workplace increased supply through agencies was being replaced by word of mouth recruitment directly to the workplace. Migrant workers expressed a definite preference for direct employment.

Few checks were made on migrant workers' skills and qualifications for undertaking the work they were doing. Even in cases where workers were performing skilled and potentially dangerous work, like scaffolding, work was being offered to individuals who had no previous experience in the task. In food production and in catering most workers were not tested for their knowledge of food hygiene and only a minority were offered training in hygiene. As a consequence some workers were handling food products without an awareness of the steps they needed to take to avoid contamination.

### *Use of recruitment agencies or labour providers*

Although some workers were grateful for the assistance they had received from recruitment agencies or labour providers in obtaining work, the majority of those surveyed had negative experiences of working through agencies. They reported being paid less, having unexplained deductions from wages, having irregular work and not being clear where responsibility for their health and safety lay.

Those working through recruitment agencies or labour providers were more likely to have long travel to work arrangements, adding to already lengthy days and impacting on their physical and mental health.

A few of the employers and recruitment agencies or labour providers, as well as the majority of the migrant workers themselves, were unclear as to where responsibility for health and safety lay between the labour provider and the labour user. Particularly in cases where labour was provided at short notice, there were no arrangements in place to allocate responsibility, despite industry guidelines recommending this. There was equally a lack of clarity as to which party was responsible for training.

### *Working hours and holidays*

Although in the Cleaning sector some migrants were working only a few hours a day, the pattern of migrant work was that working hours are long. There were a variety of reasons for this. First, in some of the sectors in which they were employed, for example Agriculture, long working hours are routine. Second, migrant workers were more willing to work long hours because in this way they could increase their earnings and their primary aim in coming to the UK was after all to earn money. Those being paid at or indeed sometimes below, the National Minimum Wage were most likely to work longer hours. Those in Healthcare and to some extent those in Construction, whose rates of pay were above the national minimum, were less likely to do so. Thus low wage rates directly contributed to long working hours and in some cases, dependent on the type of work being undertaken together with the time of day when it was being carried out, could impact on their health and safety, presenting an additional health and safety risk. In some cases the hours worked were said to be in excess of 60 a week and not just in Agriculture but also in Hotels and Catering and in Processing and Packaging. Overtime was routinely worked, sometimes without any additional payment and mostly without any additional overtime premium.

Added to these long working hours some migrants were working in more than one job, making it difficult to regulate or indeed record their working hours. In some of these cases agencies were collaborating in this double working, by providing the same workers to two or more employers in a day.

The opportunity to take breaks during the working day is regulated by the Working Time Regulations 1998 and is a measure recognised as a necessary part of a safe regime at work. However, many of the migrant workers we spoke to did not get breaks or could only take them where they did not interfere with the delivery of a service or product. Additionally, and dependent on their country of origin, migrants may be accustomed to break at different times of the day and as a consequence miss out on breaks even when they are available.

Where there was an entitlement to holidays it was usually the minimum of 20 days, in some cases these included bank and public holidays. But there were also cases of workers getting less than the national minimum or indeed having no knowledge of their entitlement at all.

### *Health and safety training*

More than a third of the migrants interviewed had not received any training in health and safety and for the remaining two-thirds the training that had been offered was generally limited to a short session at induction. But there were some differences by sector, for example those in Public Healthcare had longer periods of induction training and were more likely to be offered ongoing training.

Communicating health and safety training where there is no common language presents challenges to employers and some had responded by developing means of conveying information through non-verbal mediums. Migrant workers particularly welcomed visual aids, as they could overcome the limitations that a lack of English presented. However, the greater the range of methods used to communicate, the more successful they were perceived to be by the workers interviewed. Any single method used exclusively was unlikely to deliver a comprehensive message, understood by all workers.

### *The system of health and safety in the workplace*

There was a widespread lack of knowledge of basic health and safety procedures, including fire safety. Although most workers had been provided with some protective clothing, this often failed to take account of the fact that workers had difficulty in

acclimatising themselves to the different environmental conditions they experienced in the UK, in contrast to their own country. In addition, since many migrant workers had not previously worked in the occupations they were following in the UK, acclimatisation was sometimes a difficulty, particularly where migrants did not possess suitable clothing even though they were working outside or inside but in chill departments. Allocation to the least desirable work also meant that workers were more likely to be working in areas that experienced extremes of temperature. Workers consequently fell ill more frequently and in general believed that their health had suffered as a consequence of the work they were doing.

Those working with chemicals in general had little knowledge of what they were composed of and formal training was not necessarily sufficient, especially where technical language was used to explain the nature of the risk.

Of the 200 migrants whom we interviewed, a relatively high proportion (one in four) had either themselves experienced an accident at work or had witnessed accidents involving migrant co-workers. This suggests a higher level of accidents than would be experienced by UK workers[1]. Most of these accidents involved cuts, falls and slips and were sometimes said to have been associated with fatigue, most usually brought about by long working hours. Migrant interviewees also said that they would often not report accidents that had occurred, as they were concerned that employers might view them as a risk and dismiss them. In the case of those who were working without documents, a fear of deportation was also given as a reason for not reporting accidents. Thus our findings are in line with other studies that suggest an under-reporting of incidents by migrant workers.

In some of the sectors surveyed it appeared to the researchers that migrant interviewees were under-estimating the risks they faced in the jobs they were doing. Our hypothesis is that those who were undertaking work which they perceived as below their qualifications or skills, tended to be less conscious of the risks associated with the jobs they were doing and thus took fewer measures to avoid risks. Consequently when considering strategies aimed at reducing health and safety risks it may be important to take account of whether or not the migrant worker is engaged in a sector in which she or he has had previous experience.

In some cases, where labour shortages had been experienced in the past, employers reported that the presence of a migrant labour force which could provide stability to the workplace had helped to reduce accident levels and that they had been able to demonstrate this through a decline in their own accident rates. Some employers also pointed to the fact that migrant workers who were better skilled or educated took a more responsible approach to work, which also could prevent accidents. Where accidents had occurred these were said to be in the early period of employment, in particular in relation to young workers.

### *Appropriate health and safety for a transient workforce*

The investigation of health and safety incidents is made more difficult where there is little incentive for the migrant worker to remain in the UK and that is more likely to be the case where the incident would require time off work. Since the primary purpose of migration is to earn money, remaining in the UK without being able to work appears to serve no useful purpose to the migrant worker who is generally faced with higher living costs in this country. The migrant workers interviewed rarely had access to occupational sick pay or knowledge of its existence. However, this lack of provision and knowledge potentially is

[1] *For comparable figures for the UK workforce generally see HSE (2003) : Self-reported work-related illness in 2003/04: Results from the Labour Force Survey, http://www.hse.gov.uk/statistics/causdis/swi0304.pdf*

advantageous to employers who are thus less likely to be challenged by compensation claims and importantly are less vulnerable in the event of an HSE inspection, if the worker to whom questions can be put is no longer available.

### *Undocumented and unauthorised workers*

Among those interviewees who were undocumented the fact that they were working without documentation meant that they were at greater risk of dismissal where the employer feared an immigration raid. The effect could drive undocumented workers further into forms of work that presented greater risks to their health and safety.

Undocumented workers were also most likely to view their employment negatively. They were more likely to experience stress at work and were least likely to have information on health and safety and their rights.

### *Discrimination and racism*

One of the issues migrant workers raised in the course of the interviews was their experience of discriminatory treatment at work, often related to their nationality or status. Many of the workers interviewed believed that they and migrant workers generally were often allocated to the worst shifts, were denied concessions that were available to local workers and had less favourable terms and conditions. There were frequent references to name calling and harassment by supervisors and co-workers. We hypothesise that such discrimination might have an impact on worker health and safety where discriminatory treatment combined not just to contribute to stress at work but to an inability to raise concerns about health and safety at work. In Section 2 of this report we document previous studies that show the effect of discrimination on a worker's ability to challenge unsafe and unfair practices.

### *Knowledge of English within the migrant group*

Only half of those interviewed had good or perfect English and many workers asserted that their inability to speak English was the reason why they were working below their qualifications or skills. Workers admitted to pretending to understand English for fear of not getting work or losing their jobs if their lack of English was known. But this had implications, particularly in relation to health and safety training, where some of those interviewed admitted that they had not been able to follow the training they were offered.

Although employer interviewees said that knowledge of English was not necessarily a requirement for work, lack of English presented them with particular challenges in relation to the supervision of migrant workers, as generally employers preferred supervision to be in English, save in those cases where the employer shared a common language with the migrant workers. Interpretation other than during the initial stages of employment was also seen as problematic, again because the employer did not know if instructions were being translated correctly. Using interpreters also limited mobility, in that it was not easy to move workers to different jobs if their translators did not then accompany them.

Although a minority of employers were willing to facilitate the learning of English, for example by providing a proportion of time off, in many cases workers did not have the time to set aside to learning a new language, particularly where they were working long hours.

### *Women migrant workers*

There are a number of areas where gender had implications for health and safety. The research documents significant gender segregation, with migrant women predominant in some sectors (like Healthcare) and practically absent in others (like Construction). This to some extent merely mirrors existing job segregation patterns within the local labour force

but its impact on women migrant workers was greater in that both genders had invested equally in their decision to migrate to the UK, however for both the outcomes were not equally advantageous.

Women were more likely to report that they had not been given any induction training. They were also more likely to believe that their health, both physical and mental was being compromised by the work they were doing. And they were more likely to say that they had experienced discrimination at work.

In relation to pregnancy, women migrants faced particular problems. They had come to the UK to work and naturally were anxious not to have to stop working too early into the pregnancy. If they did become pregnant employers sometimes did not make adjustments to enable them to work safely and there was evidence of women compromising their health to continue in work.

### *Knowledge and enforcement of health and safety rights*

The migrant worker group expressed a low level of knowledge of their health and safety rights and of how to enforce them and the employer and trade union interviewees confirmed this. Without such knowledge it is difficult for workers to claim their rights to health and safety. There was also a quite generally held view, by migrants in particular, that responsibility for health and safety lay with the individual worker and that accidents and other incidents at work were the fault of individual workers. This perception meant that workers did not assume that their employers (or recruitment agencies or labour providers if working through them) had responsibility for their health and safety.

The sectors in which migrant labour is predominant (with the exception of Healthcare) all have low levels of union density and for many migrant workers there were no formal channels to pursue grievances. Migrants had little knowledge of health and safety consultation systems in their work and even where they existed were often not represented. In addition unions faced difficulties where majority members either viewed migrants as a threat to their jobs or as a buffer protecting them from the least favoured jobs. In either case this meant that they were hesitant about encouraging the recruitment of migrant labour on the basis that the union would then have to defend their interests as well as those of local labour.

### *Migrant worker welfare*

While wider issues of social welfare are outside the remit of this study, there are some that may impact on worker health and safety. Employer-provided accommodation is one area where social welfare and workplace health and safety may have a bearing one on the other. In general among the migrant interviewees there were negative assessments of employer-provided accommodation, with complaints of over-crowding, lack of security, and inadequate standards of heating or hygiene. Although the HSE does not have direct responsibility for monitoring standards of accommodation where this is off-site, the report suggests that employers could be encouraged to inform themselves of the quality of accommodation, where this is directly provided or provided through agencies. We would suggest that inadequate accommodation may affect migrant workers' feelings of well-being, can contribute to stress and fatigue where sleeping is disturbed, for example, through over-crowding, and thus may have consequences for health and safety at work.

### *The impact of migration on community cohesion*

In some cases local communities had responded positively to the presence of migrant workers, but this was not universally the case. Particularly in those areas to which there has been little past migration, there was evidence of hostility to new arrivals. In some cases this has manifested itself in local campaigns, for example, aimed at putting pressure on local authorities not to approve housing schemes for new migrants. Community

cohesion was also tested where there was perceived to be pressure on limited resources: such as medical; educational; housing; or transport resources. Again while these are not factors that are directly related to health and safety at work, they contribute to a climate where a migrant presence is seen as unwelcome and consequently where migrant health and safety is not seen as respected.

# 1. BACKGROUND AND METHODOLOGY

In this section of the report we provide a background to the research, explaining the overall methodology, the reasons for its adoption and the challenges faced in researching in this area. The section also defines what we include within the term 'migrant worker' making it clear that the research area is focusing on recent migrants to the UK.

## 1.1 INTRODUCTION

In early 2005 the Working Lives Research Institute, based at London Metropolitan University was contracted to carry out a major research project aimed at assessing the patterns of employment of migrant workers in England and Wales and the main health and safety risks they encountered. The Health and Safety Executive commissioned the research. This report documents the findings and recommendations drawn from the research.

The number of migrant workers in the UK has grown in recent years, particularly following the expansion of the European Union on 1 May 2004 to include the Central and Eastern European Accession States (referred to in this report as the A8 States) but also with the creation of new work schemes for sectors experiencing labour shortages. While previous migration trends had seen migrants settle mainly in London, the South East and in some of the main industrial cities of England and Wales, growing evidence suggested a changing pattern of migration, with recent migrants moving to areas of England and Wales that had not experienced significant inward migration. This includes areas that are predominantly rural.

Incidents including the tragic deaths of the cockle pickers at Morecambe Bay on 5 February 2004 have highlighted the vulnerable position of some migrant workers and the health and safety risks they encounter at work. However, while there has been research on migrant workers in general there was no robust research that focused on the health and safety risks faced by migrant workers and that addressed the steps that could be taken to eliminate or reduce such risks.

This research project aimed to address these gaps in knowledge using various methods to examine employment trends and the work experiences of migrants in five regions: the East of England, London, the North East, South Wales and the South West. Key industries focused on included Agriculture, Cleaning, Construction, Healthcare, Hotels and Catering and Processing and Packaging.

This report is structured into a number of sections that can be read as separate discussions on their respective topics, as well as contributing parts to the overall picture of migrant worker health and safety.

Section 1 outlines the overall methodology adopted for the research and highlights the information that was sought, the definitions the researchers adopted and the challenges that the research methods presented and the extent to which these were overcome.

Section 2 looks at UK migration policies and at the available statistical information on migrant workers.

Section 3 sets out the framework for health and safety in the UK. It references the known available literature. Basing itself on interviews with health and safety inspectors in all five regions and on an analysis of investigation reports made available to the research team. This section documents the existing knowledge on health and safety and highlights some

of the main health and safety risks faced by recent migrants, explaining why factors like language affect health and safety risks.

Section 4 presents short summaries of the five regions investigated. These summaries were drawn from the available literature, supplemented by anecdotal evidence provided by interviews with key respondents, including community and advice bodies, trade unions and government agencies. These summaries include data on where migrants are employed, on the existence and extent of support mechanisms for migrant workers and provide a profile of migrant workers within each of the five regions.

Section 5 contains an overall profile of migrant workers in the six sectors investigated. This profile is drawn mainly from the interviews with migrant workers and with employers. It covers their demographics, their knowledge of English, their routes into employment, their skills, the key terms and conditions under which they work and the health and safety regime that they work under.

Section 6 focuses on some of the key themes emerging from the research and the extent to which these are relevant to issues of health and safety. Thus the section deals with discrimination, agency and other forms of employment, representation and consultation, together with migrant workers' perceptions of risk.

Appendix A contains separate reports for each of the six sectors. The reports cover the literature on the sector, in particular literature relating to health and safety. They also document the findings related to each sector, based on the interview data. After profiling the migrant worker sample along with its routes into employment, the sector reports examine the nature of the employment relationships, the terms and conditions of employment, health and safety in the workplaces and the impact of work on health.

The report sets out the main conclusions arising from the research and suggests some future directions for research and for activity in this field. It then sets out a number of key policy recommendations. These relate primarily to the role of the HSE but also have implications for other organisations, including government departments, local authorities, employers and employer federations, trade unions and community organisations.

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## 1.3 OVERALL METHODOLOGY

The research employed a range of complementary research methods over three phases. In the preliminary phase background information on migrant workers was gathered from literature and postal surveys of employers and trade unions. This helped guide the second

phase of fieldwork, which involved in-depth semi-structured interviews with migrant workers, employers and key respondents. The third phase of the research focused on analysis, using N6 (qualitative analysis software), which helped collate and interrogate the large volume of data collected during the research.

The methodology applied to this project has been predominantly qualitative, due to the nature of the study being exploratory, directed at developing a deeper understanding of the issues faced by migrant workers and their employers in relation to health and safety. Given the difficulties in attempting to conduct large-scale surveys with migrant workers, due to their high levels of mobility and their predominance in more temporary and casual employment, qualitative methods were the most effective route into gathering the data in relation to this group. Although limited quantitative analysis was conducted, this primarily was used for fact-finding/gathering leads rather than to obtain data that could be analysed quantitatively.

The qualitative approach in turn determined the number of interviews to be conducted, especially with migrant workers, who were the main source of information for the research project. Interviews with employers were used to provide different views on similar issues. The fieldwork resulted in a wealth of information, from which findings and recommendations could be drawn. It has to be recognised however, that there is no obvious data source on the total population of migrant workers from which to draw a representative sample. Efforts were taken to ensure that the cross-section of interviewees reflected the wider population, but this does not mean that the research is statistically representative and hence any generalisations drawn need to be read as relating largely only to the interviewees' experiences. However, as with all qualitative research, interesting issues and commonalities have emerged from the data, which may be applicable to a larger section of the population of migrant workers as well.

### 1.4 INFORMATION SOUGHT

During the preliminary phase of the research, background data in relation to migrant workers was drawn from literature, HSE sources and postal surveys with businesses and unions. The information sought on migrant workers included:

- Recent trends in migration and possible future scenarios;
- Characteristics and demography of migrant workers;
- Industrial sectors and occupations in which they work;
- Nature of their employment relationship (e.g. agency, direct, self-employed);
- Pay and conditions of work;
- Health and safety practices in their workplaces; and
- Migrant workers' exposure to risks and dangerous practices.
- Through the fieldwork phase, the research explored these issues in more detail, looking into:
- Employers' attitudes to migrant labour;
- Recruitment policies and practices in relation to migrant workers;
- Welfare problems experienced by migrant workers in their employment, specifically those related to their language and accommodation needs, where these were felt to have an impact on health and safety at work;
- Training and equipment provision for health and safety;
- Health and safety good practice in employment;
- Work-related issues relevant to migrant workers, including issues of payment, exposure to bullying and harassment at work, shift working and working hours, where these had consequences for health and safety at work;
- Employer or labour provider responsibilities in relation to health and safety and to the welfare of workers;

- Rights awareness and ability to raise concerns amongst migrant workers;
- General social support (health, language, networks) available to migrant workers; and
- Impact of work on physical and mental health of migrant workers.

## 1.5 PROCESSES AND PROGRESS

The following section sets out the progress relating to each of the three phases of the project and the process adopted in each of these phases.

### 1.4.1 Preliminary phase

#### *Health and Safety Commission/Executive (HSC/E) Information*

Available information and data within the HSC/E was gathered relating to migrant workers' health and safety. In practice, few documents and no systematic data relating specifically to migrant workers was found; indeed this research had been commissioned to help bridge the gap in knowledge[2]. Existing data sources on work-related fatalities, accidents and ill health do not record information, that allows for the identification of migrant workers. Thus this report summarises what has been found from existing reports regarding the health and safety system in the UK and how it is working in relation to migrant workers.

#### *The Project Advisory Board*

The project also established a Project Advisory Board. Nominees to the board were selected in consultation with the HSE. The board met on three occasions, in the early stages of the project on 9 May 2005, to receive the findings from Phase one of the research, on 11 July 2005 and again towards the end of the project on 18 January 2006. Members of the board were active and involved participants in the project, providing data, contacts and valuable insights into migrant working, from a variety of perspectives. A full list of the members of the Project Advisory Board is provided in Appendix B.

Meetings were held with HSE Field Operations Directorate (FOD) principal inspectors in each of the regions covered by the research. They provided knowledge of what trends in migrant worker activity and health and safety had been noted in their areas.

The research team also accessed the FOCUS system, where FOD inspectors record details of all their work with employers, such as inspections, investigations and advice sessions. Reports of potential interest from over the last five years were extracted where one or more of over 50 keywords for countries/ethnicities/languages were found in the text[3] and were related to migrant worker groups. This is an inexact methodology and is also seriously limited by the fact that only very few employers come into contact with HSE staff. Furthermore HSE FOD staff do not note the presence of migrant workers consistently. Nonetheless, the extract resulted in many reports of potential interest, where migrant workers had been noted and factors like language differences may have contributed to accidents or dangerous practices. An analysis of current HSE FOD knowledge of issues affecting migrant workers revealed by FOCUS has been incorporated into this report.

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[2] *Szczepura et al. 2004 A research review of ethnic minorities' health and safety and a Commons Committee inquiry published in July 2004 on the health and safety system both strongly recommended the need for further research.*

[3] *The terms searched for were: migrant/migration, non-English, East European, Poland/Poles/Polish, Romanian, Bulgarian, Czech, Slovak, Hungarian, Ukrainian, Russian, Lithuanian, Latvian, Croatian, Macedonian, Albanian, Serbian, Bosnian, Slovenian, Kosovan, Turkish, Greek, Portuguese, Spanish, Iraqi, Iranian, Moroccan, Algerian, Kurdish, Middle Eastern, African, Somali, Sudanese, Nigerian, Zimbabwe, Asian, Chinese, Korean, Filipino, Vietnamese, Indian, Pakistani, Bangladeshi, Latin American, Colombian, Jamaican, Caribbean, Australian, New Zealand*

### *Literature review*

Academic books and journals were searched using various databases and libraries to establish current knowledge on migrant workers. Documents produced by unions and employers were also searched. The topics covered included:

### *Demographics and the characteristics of migrant worker groups in the UK;*

Labour market outcomes: participation, disadvantages and discrimination;
Health and safety risks faced by migrant workers: international and UK perspectives; and
Profile of the main sectors focused on in this research.

This review provided an important frame of reference for the formulation, comparison and analysis of the findings in the third stage of the project.

### *Newspaper review*

The national newspapers and local newspapers in the five regions were searched for the last three years using keywords in Lexis-Nexis. This resulted in thousands of articles, which were weeded through to identify issues of interest. Some newspaper articles are cited where appropriate. Their greater use was as a source of local information, which provided leads for the fieldwork on key respondents, major employers and migrant worker groups to be interviewed.

### *Employer postal survey*

A postal survey was sent to 2,000 businesses, 400 in each region, randomly selected from the Experian Business database, which is based on the Yellow Pages. The sample was specified by Standard Industry Classification (SIC) code and number of employees at site. The major industries were:

A 01 Agricultural
DA 15 Manufacture of food products and beverages
F 45 Construction
G 51.30 Wholesale of food, beverages and tobacco
H 55 Hotels and restaurants
K 74.50 Labour recruitment and provision of personnel
K 74.70 Industrial cleaning
N 85 Health and social work
O 90 Sewage and refuse disposal, sanitation and similar services

In addition, some land transport and textiles manufacturing firms were included in the sample for London and some chemical manufacturing and electrical manufacturing firms in the sample for the North East. The survey form consisted of largely closed-choice questions on numbers of workers, methods of recruitment and employment, health and safety risks and health and safety practices. The full form is provided in the Appendix C.

The survey was first sent, together with a reply paid envelope, on 1 June 2005. A follow up survey was posted to 750 businesses on 17 June 2005, with the final deadline for returns set for 27 June 2005. The second round was focused on larger businesses in those sectors where a higher return was necessary. In order to boost the response, a further round of telephone calls and follow up mail outs by e-mail, fax and post was also undertaken. However, all these efforts yielded only 164 responses, which correspond to a response rate of 8.5 per cent. The target had been 400 useable responses. It was acknowledged that higher response rates to this postal survey were difficult to achieve, without expending considerable time and energy, especially as it related to businesses that had no incentive to reply. Since this was supposed to provide only broad overviews of the migrant worker situation and would hardly supplement the in-depth employer interviews

to be undertaken in the second phase, it was agreed that the data collated was sufficient for this purpose.

Summary findings from the responses are presented in this report. As with the other methods used in the research project, it is important to note that the employer postal survey was not expected to generate robust quantitative statistics, but rather to provide information that could be built upon in the fieldwork, which was done subsequently in the second phase.

#### *Union postal survey*

A postal survey was also sent to unions at the same time as the employer survey. Questions were asked about their knowledge of migrant workers, health and safety risks and employer practices. The form is included in the Appendix D.

The survey was sent to 80 regional secretaries/officers together with additional copies for them to distribute to branch or district officers who they felt would be able to comment on the questions. It was also sent to 40 national union officers, both to general secretaries and to heads of health and safety. An electronic version of the survey was made available. As the survey was circulated through regional offices, it is uncertain how many union officials in total would have received it. Over 300 forms were sent out. However, the response rate was extremely low: 21 responses were received, as against a target of 100 useable responses. A meeting with key union representatives was held in early July 2005 to look into how greater participation in the research could be facilitated. As a result of this a circular was produced, to be circulated by these union representatives to branch officers and other local union activists, inviting them to share information with the project. The union representatives also agreed to provide contacts in each of the regions for interviews with key respondents or migrant workers. Contacts were followed up and the information obtained is produced in Section 3 along with the results of the employer survey. It may be hypothesised that the low response rates to these surveys may be related to the sensitivity of the issues raised in relation to the use of migrant labour.

#### *Regional intelligence gathering*

The research team visited each of the regions during the preliminary phase to meet with HSE Field Operations Directorate officers and other key participants, such as union officials, community organisation members etc. This was largely to establish contact, which in turn yielded information about key respondents, employers and migrant worker groups who were included in the fieldwork subsequently. During the fieldwork phase, representatives of community and voluntary sector organisations, language schools and of union branches organised and set up migrant worker interviews, which greatly facilitated the research process.

### 1.4.2 Fieldwork Phase

The progress of the various components of fieldwork was carried out from July to November 2005. Formal in-depth interviews were carried out with key respondents, migrant workers and employers during this period. In addition, throughout the fieldwork many informal contacts were also made and notes kept by the research team of local information and observations.

#### *Key respondent interviews*

In each of the regions, key respondents who could offer an insight into migrant worker trends and/or exposure to health and safety risks were identified through contact in each of the regions with various interested bodies (see list below). A copy of the interview guide is included as Appendix H. Contacts with these organisations aimed to elicit

information about migrant worker activity across the region and an overview of their employment and health and safety conditions.

Face-to-face, formal taped interviews were arranged with some key respondents in each region. Background information and intelligence about migrant workers in each of the regions was gathered through interviews and discussions with representatives from a variety of organisations, including:

- Jobcentre Plus – regional office, European Employment Services (EURES) and social inclusion offices;
- Citizen Advice Bureaux – regional and local offices;
- Colleges – English as a Second Language to Overseas Learners (ESOL) and health and safety training;
- Police – local operations, diversity teams;
- Unions – regional TUC and key union officials, shop stewards and activists;
- Community organisations – voluntary sector support and advice;
- Local authorities – social inclusion, housing, environmental health; and
- Race Equality Councils.

This helped give an overview of migrant worker activity in each of the regions and also highlighted health and safety workplace-related issues that have come to the attention of such organisations.

### *Migrant worker interviews*

Face-to-face formal taped interviews were conducted with 200 migrant workers in total. A copy of the topic guide is included as Appendix F. A cross-section of workers was targeted and selected according to the following structuring factors in each region:

i. Countries of origin;
ii. Major employers of migrants;
iii. Gender balance; and
iv. Access through employer, union, association or 'snowballing' (i.e. through building up contacts with migrant worker communities).

The table below sets out the numbers interviewed by nationality, showing the sector they were working in at the date of the interview.

**Table 1.4.2A** Sample numbers by nationality

| *Origin* | *Ag-ric* | *Con* | *Process - package* | *He-alth* | *Cle-aning* | *Hotels /restaurants* | *Others** | *Total* |
|---|---|---|---|---|---|---|---|---|
| Portugal | 0 | 2 | 10 | 0 | 1 | 7 | 1 | *21* |
| A8 | 4 | 14 | 18 | 4 | 6 | 11 | 4 | *61* |
| Other European (inc Russian) | 2 | 6 | 2 | 2 | 1 | 0 | 1 | *14* |
| Middle East | 1 | 1 | 14 | 0 | 0 | 4 | 0 | *20* |
| SE Asia (inc. China) | 1 | 0 | 7 | 3 | 5 | 6 | 1 | *23* |
| Latin America | 1 | 1 | 5 | 0 | 2 | 1 | 0 | *10* |
| Sub Saharan Africa | 0 | 0 | 8 | 9 | 6 | 3 | 0 | *26* |
| Philippines | 0 | 0 | 0 | 9 | 0 | 1 | 3 | *13* |
| S Asia | 0 | 1 | 3 | 2 | 2 | 4 | 0 | *12* |
| ***All origins*** | ***9*** | ***25*** | ***67*** | ***29*** | ***23*** | ***37*** | ***10*** | ***200*** |

**Workers in other sectors were in manufacturing, transport and domestic work*

About one in four of those we interviewed also had experience of having previously worked in a different sector. The table below includes all of their sector experience. In documenting their experiences of work we have included all of their experiences, both in their current jobs and in previous jobs.

**Table 1.4.2B** Sample numbers by sector

| *Sector* | *Sample number* |
|---|---|
| Agriculture | 13 |
| Cleaning | 33 |
| Construction | 26 |
| Healthcare | 31 |
| Hotels and Catering | 52 |
| Processing and Packaging | 85 |
| Other | 18 |

By region, the following numbers of interviews were completed, as against a target of 40 interviews in each region:

**Table 1.4.2C** Sample numbers by region

| *Region* | *Sample number* |
|---|---|
| London | 45 |
| East England | 37 |
| South West England | 38 |
| North East England | 43 |
| South Wales | 37 |

Slightly more interviews were completed in London due to the predominance of migrants in this region4. We also conducted slightly more interviews in the North East, compared to the other regions, as we were able to negotiate good access arrangements through local networks. The nationality and sector breakdown was in line with what the research team targeted from local knowledge at the outset of the fieldwork. A cross-section of workers by age, gender, employment relationship (direct, agency or self employed) and years in the UK was also sought.

While an equal number of male and female interviewees was desired, in practice 122 males and 78 females were interviewed. Differential access to male and female migrant workers was the main reason for the male bias in the number of interviews and is explained further in the section on biases below.

Migrants from the Old Commonwealth (NZ, Australia, Canada and South Africa) and the US were not included in the study, as they tended not to be working in the relatively low-paid and unskilled occupations of interest.

The majority of interviewees were contacted through background links, established during key respondent discussions, through community organisations and snowballing (i.e. word of mouth). Flyers translated into eight major languages were distributed widely. Other routes of contact to migrant workers included language schools, community associations and networks, Race Equality Councils, housing officers, Citizen Advice Bureaux and local cafes or gathering points. A few were contacted through their employers or trade unions. In general we tended to limit interviews to one individual per workplace to capture as wide a variety of workplace experience as possible. In only a very few cases did we interview more than one worker from a single workplace organisation and in no cases did we interview more than two. Thus the 200 interviews span a wide range of different workplaces.

Fifteen fieldworkers who could speak a variety of different languages were taken on to conduct as many of the migrant worker interviews as possible in their home language. In practice, a large proportion of the interviewees spoke English well. It also proved difficult to always arrange interviews with a fieldworker in the workers' home language, due to the wide geographical coverage of the research. In total, 66 (33 per cent) of the interviews were carried out in a language other than English. As shown in the Table below, the most common languages, other than English, were Polish, Portuguese and Mandarin Chinese.

[4] *GLA (2005) shows that foreign workers comprise 35 per cent of London's working age population,*

**Table 1.4.2D** Sample numbers by language

| *Language* | *Sample number* |
|---|---|
| English | 134 |
| Polish | 20 |
| Portuguese | 14 |
| Mandarin Chinese | 10 |
| Lithuanian | 4 |
| French | 4 |
| Russian | 3 |
| Hindi | 3 |
| Arabic | 3 |
| Farsi | 2 |
| Spanish | 2 |
| Kurdish | 1 |
| **Total** | **200** |

All interviews were in-depth semi-structured and based on topic schedules, which were drawn up in consultation with the HSE and the Project Advisory Board. These topic guides were piloted before starting the interviews and the final version is attached in the Appendix F. Training on qualitative research and how to use the topic schedules was provided to the fieldworkers, through a training day, observation and feedback by the research team for each field worker's first interview and through continuous feedback and support over the fieldwork phase. Interviews were carried out at a variety of times and places, convenient to the migrant workers. Vouchers for £30 each were given, in appreciation of the interviewee's time.

All interviews were translated where necessary and transcribed. The migrant workers talked candidly and at length about their experiences of working in the UK, which has provided a wealth of information from which to draw findings and recommendations as laid out in the latter parts of this report.

### *Employer interviews*

The researchers also conducted face-to-face interviews with employers and recruitment agencies or labour providers. In total, 62 interviews were conducted with businesses across the five regions, of which a small number (six) were telephone interviews, with the rest conducted face-to-face. The lead manager for health and safety was typically interviewed – for larger businesses in particular this person had a specific health and safety role whereas, in smaller businesses and recruitment agencies/labour providers, it was typically a general manager or human resources manager who was interviewed.

The table below sets out the number of interviews by sector:

**Table 1.4.2E** Employer Interviews by sector

| ***Sector*** | ***Interviews*** |
|---|---|
| Agriculture | 7 |
| Construction | 8 |
| Processing/ Packaging | 19 |
| Healthcare | 6 |
| Cleaning | 5 |
| Hospitality | 6 |
| Labour providers and agencies | 10 |
| Transport | 1 |
| *TOTAL* | *62* |

The regional break down by region is as follows

**Table 1.4.2F** Employer Interviews by region

| ***Sector*** | ***Interviews*** |
|---|---|
| London | 14 |
| South Wales | 3 |
| South West | 15 |
| East of England | 11 |
| North East | 16 |
| UK-wide | 3 |

Though initial targets were to interview 80 to 100 employers, this number was reduced to 60 in consultation with the HSE (although we actually conducted 62 interviews). This was mainly because we found that no new information was emerging. Qualitative research recognises that there are circumstances when it is valid to stop the data collection process, including: exhaustion of resources; emergence of regularities; and over-extension or going too far beyond the boundaries of the research. In this research we adopted 'theoretical sampling' in other words the nature of the emerging data controlled the next sample from which the data was to be collected. We stopped collecting more data because we had reached 'theoretical saturation' i.e. where there were no new 'properties of categories which helped relate categories to each other' (Guba 1978).

The selection of employers, recruitment agencies and labour providers was determined by:

- Presence of health and safety risks in the firm/sector;
- Firm size; and
- Representation of major sectors employing migrant workers.

The largest group of businesses interviewed were in the food processing, packaging and distribution sector. This takes account of the fact that the largest number of migrant workers interviewed also had experience of this sector. Included within the 62 interviews are those from ten recruitment agencies, two of which were labour providers for the agriculture sector. Six agencies provided temporary workers to a variety of sectors, in particular to food processing, packaging and distribution. One was a wholly government-funded agency linking unemployed people to permanent jobs with employers and another was an agency referring workers to jobs across the UK.

The size of the business by sector in terms of total number of workers is shown in the Table below – once again in some cases this figure relates to a specific regional site or office in question, rather than the wider parent company, where the interview covered only the practices at the specific site. It also indicates the peak number of workers – the agricultural sector companies in particular engaged a lot of seasonal labour. The size of the businesses would also vary according to demand for agency and sub-contracted workers to complete jobs.

**Table 1.4.2G** Size of business by sector

| ***Sector*** | ***0-20 workers*** | ***21-50 workers*** | ***51-100 workers*** | ***101-1000 workers*** | ***1000 + workers*** | ***Total*** |
|---|---|---|---|---|---|---|
| Agriculture | 1 | | 3 | 2 | 1 | *7* |
| Cleaning | 1 | | | 2 | 2 | *5* |
| Construction | | 2 | 1 | 3 | 2 | *8* |
| Healthcare | | 1 | | | 5 | *6* |
| Hospitality | 5 | | | 1 | | *6* |
| Processing & Packaging | 2 | 2 | 1 | 10 | 4 | *19* |
| Recruitment | | 1 | 1 | 5 | 3 | *10* |
| Transport | | | | | 1 | *1* |
| *Total* | *9* | *6* | *6* | *23* | *18* | *62* |

The size of the businesses ranged from large national companies, with several thousand workers, to small enterprises with fewer than 20 workers. These businesses were identified through local intelligence through various sources, as well as through snowballing.

The interviews were based on two topic guides, one for employers and the other for recruitment agencies or labour providers. These topic guides were drawn up in consultation with the HSE and the Project Advisory Board and are attached in the Appendix G.

The core research team conducted all the employer and labour provider interviews. This was done with the recognition that these interviews should be carried out by researchers who had an in-depth understanding of the research aims. Most of the interviews were taped and transcribed and in a few cases, translated into English as necessary.

The businesses provided examples of health and safety practices that they had developed and enriched the overall understanding of migrant worker employment. Some employers also made suggestions for how the health and safety system in the UK needs to respond to issues related to migrant workers. An important perspective was gained through interviewing some of the employers in whose businesses migrant worker interviewees had been employed, so as to triangulate the data and see what contradictions emerged, building up a more confident account of the real scenario. The findings from these interviews are integrated into the various sections of this report where relevant.

### 1.4.3 Analysis and Write Up Phase

The final phase between November 2005 and January 2006 was used for analysing all of the research data and synthesising the findings from the different components, in order to develop conclusions and recommendations. The process of analysis was aided greatly by the use of QSR-N6, a qualitative analysis software. It needs to be recognised that QSR-N6

was especially useful because this research project involved handling large amounts of qualitative data and it made handling and analysing this data much easier.

A coding frame was developed, based on the semi-structured topic guides and all the interview data was coded into N6. Through use of searching text by words or phrases, cross tabulating of different codes and going through the raw data as coded under each node, the findings were drawn out and the main conclusions established. This was done on a sector basis for each of the main sectors that the interviews were from, as well as for making the data amenable to further analysis for crosscutting topics, such as rights, responsibilities and representation.

In order to discuss the policy issues emerging from the findings of the report, in mid January 2006 a meeting was held of the Project Advisory Board, where broad findings for each sector were presented, followed by a discussion on key policy issues as raised by the research team. This report includes policy recommendations drawn from the feedback given in the meeting, as well as those emerging from the data analysis.

The final step of the analysis involved writing up and presenting the data. A draft report was shared with the HSE at the end of January providing:

- A detailed account of migrant worker trends in England and Wales in five regions, as well as an overview of migrant worker characteristics in these areas; and
- An extensive account of the actual experiences of migrant workers in six different sectors, identifying particular areas of vulnerability.

Following discussions with the HSE on the first draft of the report a final draft was presented in early May 2006. This final phase of the research was concluded with the submission of a number of recommendations for public policy intervention both within the HSE but also at regional and national level, specifically on recruitment providers (including the use of gang masters), on informing workers about their rights, including their rights to health and safety at work. These recommendations based on outcomes of the surveys, including the surveys of key respondents also address the key issue of community cohesion.

## 1.6 METHODOLOGICAL CONCERNS

While care was taken to ensure that the methodology was appropriate to meet the research aims and reflected the nature of the research, certain limitations were faced during the research process, which need to be recognised:

- Despite intensive training, some personal bias in the way each field worker conducted the migrant worker interviews has been unavoidable. Interpretation of questions and the way these were asked were dependent on the fieldworkers' varying abilities and this reflected at times on the quality of information collected;
- Efforts were made to arrange for interviews to be conducted in the home language of the migrant worker whenever possible, but in practice some interviews were carried out in English due to the difficulties in accommodating the wide range of languages across a large geographic area with a limited number of fieldworkers. In five interviews a family or community member helped translate, but this may also have resulted in bias;
- While care was taken to translate the interviews conducted in languages other than English, many field workers shared their feelings of inadequacy at being unable to translate certain phrases or words, which may have led to loss of information;

- While most migrant workers were comfortable with the interviews being recorded, some of them felt unable to share their real feelings and be at ease with the tape recorder. One interviewee refused to be taped;
- The employers who were interviewed sometimes spoke of other employers, of whose health and safety practices they were critical, although generally they described their own practices positively. In some cases it was possible to triangulate this information, through interviews with migrant workers from the same organisation and they did not necessarily present the same positive picture of health and safety practices in the organisation;
- Though an equal gender distribution was aimed for, the numbers of male migrant workers actually interviewed turned out to be larger. This was in most cases because of access issues – male migrant workers were easier to contact than female migrant workers and also were more willing to participate in the research and talk about their experiences. In some cases like Construction, male workers predominate and thus all workers interviewed in this sector, were male;
- Compared with overall statistics from the Labour Force Survey, proportionally more workers in their 30s and 40s were interviewed and fewer in their 20s. Older workers may have been more experienced in relation to health and safety and therefore more interested in participating, whereas younger workers may have not considered health and safety a major issue. It may also be due to the fact that at least one of the sectors covered, Healthcare, has an older migrant workforce, due to the time needed to gain qualifications;
- For larger employers, getting information relating to every aspect of the topic guide was often found to be difficult, especially as specific people, having specific portfolios such as human resources, or health and safety, or training were being interviewed. In cases, where the information came from human resources departments, the interviewee tended to place more emphasis on providing information on recruitment and employment practices, rather than on health and safety. In contrast where the interview was conducted with a health and safety specialist, that individual might be largely unaware of the details of the terms and conditions of employment, but could comment in depth on the health and safety issues. Unfortunately it was rare that researchers were able to access more than one informant in a single undertaking;
- For smaller employers, the information that the owners who were interviewed could provide was more rounded and provided insights into issues faced by small and medium enterprises;
- While care was taken to ensure that the members of the research team understood and worked on the same coding frame, personal bias is never completely avoided, especially as the members were working on different interviews and hence different qualitative data. This bias arises mainly because the coding of qualitative material often involves making subjective judgements about what is important or what is to be coded and different people may have different styles of coding the same data;
- While the overall numbers are large, at certain points the research team had to decide not to follow certain lines of analysis, because of paucity of data on the subject. This limited the disaggregating of data beyond a particular level. For example, drawing inferences about a particular nationality of migrant workers working in a particular sector across different regions has not been a possibility, because the number of interviews disaggregated by region, sector and nationality would have not generated enough data for such analysis to take place.

Overall, these concerns are in consonance with all large research projects of a qualitative nature, but also point to the sensitivity of this particular research in order to study a complex issue as that dealing with migrant workers and the dynamic nature of their employment.

## 1.7 DEFINITIONS

### 1.6.1 Migration and migrant worker

***International migration*** can be understood as a sub-category of a wider concept of movement, 'embracing various types and forms of human mobility from commuting to emigration'. Further, 'migration streams are dynamic, involve different types of people and motivations, have different roles and different impacts in host societies and are influenced and managed by different agencies and institutions' (Clarke et al, 2003). A recent report for the Organisation for Economic Co-operation and Development (OECD) for example, suggests that recent migration from the Accession countries is characterised by 'new migration types' (Garnier, 2001), in which migrants make short-term, short-distance moves, in response to difficult and uncertain economic conditions in their home country.

There is no single accepted definition of a migrant worker. The International Passenger Survey (IPS), on which much of the data collected on migration is based, defines a migrant worker as 'a person who has resided abroad for a year or more and who states on arrival the intention to stay in the UK for a year or more' (Robinson, 2002). However, the problem with this definition is that it fails to capture the complexity of the migrant workforce. It excludes seasonal workers who genuinely will not stay for a year or more. It also excludes those who on arrival do not intend to stay for a year or more but who then overstay, whether lawfully or not. But most obviously it excludes those who enter with false documents or who avoid border controls.

- Migrant workers can include the following categories:
- Nationals of the European Economic Area (EEA) who have a right to travel, live and work in the UK;
- Nationals of all other countries who require a work permit, which is obtained by an employer who cannot find a suitable national to fill a post;
- Nationals of Switzerland and British Overseas Territories and people employed in a limited number of activities, who require clearance to enter the UK but do not require a work permit; and
- Commonwealth Working Holiday Makers: individuals between the ages of 17-30 who can work in the UK for up to two years.

As Clarke (et al 2003) comment: 'migration streams are dynamic, involve different types of people and motivations, have different roles and different impacts on host societies and are influenced and managed by different agencies and institutions'. In order to capture this diversity, the agreed definition we have used for this research project is: migrant workers are those who have come to the UK within the last five years specifically to find or take up work, whether intending to remain permanently or temporarily and whether documented or undocumented. This is similar to the definition of a migrant worker employed by Bell and Jarman in their 2004 study (p3-4) where they define the term as: 'an individual who arrives in a host country within the last five years, either with a job to go to or intending to find a job'.

By defining migrant workers in this way the research has been able to go beyond the groups identified through the IPS or Work Permits statistics to document a more comprehensive picture of the profile of migrant workers in the five regional economies of London, the East of England, the North East, the South West and South Wales.

An obvious though important distinction has to be made at this stage between ethnic minorities and migrant workers. All migrant workers are from ethnic minorities and some may share cultural or historical ties with settled groups from the same country or region of

origin. However, there may also be marked differences in the experiences of recent migrants from those who arrived in an earlier period and their second and third generation descendents. For example, attitudes and experiences differ between the recent arrival of Poles, following the expansion of the EU, and the population that migrated to the UK during the Second World War and its aftermath. As noted earlier, recent migrants are also moving to new areas of the UK where ethnic minorities would constitute a small proportion of the population.

This review does not use the term 'illegal migrant' when referring to those without permission to work and instead uses the term 'undocumented' or occasionally 'unauthorised' worker. This includes both those who have entered the UK lawfully, but are working without permission, for example because they have overstayed or because their permission to work is constrained in some way and they are working outside these permitted constraints, by working more hours a week than permitted or by working in a job different to that for which they had permission to work. It also includes those who have entered the UK without any permission to work and individuals who have entered the country illegally. This category of undocumented workers may also include individuals who enter the UK with the intention to work, even though their visa status did not give them permission to do so. There is anecdotal evidence that some overseas students enter the UK under a student visa with the pretext of following a course of education but who never or rarely attend such classes. If their main intention is to work and they work more than 20 hours a week they would fall within the category of undocumented workers.

This review focuses on migrant workers and thus differentiates their position from that of refugees and asylum seekers who enter the UK other than for work reasons. Asylum seekers do not have the right to undertake paid work until their status as a refugee has been confirmed or until they are given permission to work through leave to remain on humanitarian or other grounds. However, because the procedures have been very slow it is likely that some will be in work without documents and thus be working in a situation that is not dissimilar to that of undocumented migrant workers.

Within the definition of employer, for the purpose of the interview sample, we include both direct employers of labour and labour providers, who may or may not be legally the employer of the migrant worker.

### 1.6.2 Health and safety

***Health*** can be defined as a state of complete physical, mental and social well being, not merely an absence of disease or infirmity (WHO, 1946). **Safety**, on the other hand, can be explained as a state of absence or freedom from the risk of injury, accident or dangerous occurrence (Kensington and Chelsea, 2005).

## Summary: Section 1 Key points

This section has:
1. Explained the methodologies employed in the research project. A range of methodologies were required to tackle the complexity and sensitivity of acquiring data in relation to migrant labour and their health and safety.
2. Provided an explanation of the definitions used in the research; and
3. Highlighted some of the challenges presented in collecting and analysing the data.

# 2. MIGRATION POLICIES AND PRACTICE

3.

This section offers an overview of the existing research, covering government policies on migration, statistics on migration, including *Labour Force Survey* data, the role of the Health and Safety Executive and draws on some international comparisons.

The overview examines current statistics and the main debates around migrant workers' health and safety, from an international as well as a national standpoint. The overview draws most of its sources from academic studies, newspapers, reports from non-governmental organisations, trade unions and government and statutory bodies, including:

the Home Office;
the Trades Union Congress reports;
the reports of the Citizens' Advice Bureau (CAB);
the UK Parliament and its Select Committees;
reports from the Health and Safety Executive;
the Office of National Statistics; and
Internet websites and media reports.

The overview highlights the existing gaps in knowledge about the exact numbers of migrant workers, the health and safety issues that they face, and provides examples of initiatives aimed at ensuring that all workers have the right to work in a safe and healthy working environment.

## 2.1 UK IMMIGRATION POLICY

The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families entered into force in 2003, although the UK has yet to ratify the Convention. The Convention extends basic human rights to all migrant workers and their families throughout the entire migration process. It accords additional rights to documented workers, but also protects a core of human rights for all migrant workers, regardless of their legal status in the host country.

The rights of migrant workers in the UK largely have been shaped by immigration policies. Following the post-Second World War demand for labour that encouraged immigration, in the 1960s, a 'border police' approach to immigration was followed, with one of the aims being 'to severely restrict the numbers coming to live permanently or to work in the UK' (Flynn, 2005). In subsequent years, these immigration controls were gradually unwound, mostly with recognition of increased demand and opportunities for migration, as well as other pressures as explained by Flynn (2005). The 1998 White paper *Fairer, firmer, faster* concentrated on the need to improve asylum procedures, as well as administrative efficiency. However, the reassertion of national state control over all immigration procedures was the dominant element (ibid). *Secure borders, safe haven* was the Labour government's second migration white paper (Home Office, 2002). This outlined a broad approach, encompassing migration, nationality and integration issues. It defined economic migration as being essential for business, with the proposal of various schemes to open up channels for seasonal and temporary migration, to cater for labour shortages especially in sectors such as tourism, hospitality and agriculture. However, it did not address the employment rights of workers who were admitted under these schemes.

Critics of government policies on 'managed migration', like Morris (2004), suggest that the emphasis is not so much on the delivery of rights as the 'selective distribution of

opportunities'. Access to employment through various immigration laws, as well as the arena of family unifications, access to social support systems and rights of asylum seekers, reveal what Morris refers to as a system of 'stratified rights' for migrant workers. Morris identifies a 'cautious system of management and regulation' that has involved the contraction of rights for some categories of migrant workers, while for some others, provides eligibility for particular rights (ibid).

In February 2005 the UK government released its five-year strategy for asylum and immigration. This proposed the replacement of the current different visa systems with a five-tier plan for migration, where different tiers apply to different occupations and situations but where only those in the top Tier 1 can acquire a right to residency. This plan has been criticised, for potentially exacerbating the vulnerability of migrant workers and their families, as critics feared that its net effect might curtail legitimate labour migration routes and increase the likelihood that 'more workers will be sucked into the economy via smugglers and traffickers, with appalling consequences of exploitation' (UNA – UK, 2005).

Organisations such as the Joint Council for the Welfare of Immigrants (JCWI), the Institute of Employment Rights (IER)[5] and the institute for public policy research (ippr) advocate reform of these 'managed migration' policies in favour of according explicit rights to migrant workers.

The UK economy has been described as a 'paradox' (RSA Migration Commission 2005) in a report which criticises the current system of managed migration, on the ground that it does not meet the economic requirements of the country and that it 'imposes intolerable levels of abuse on many migrant workers, particularly low-skilled and irregular migrants'. This Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) report concludes that while society is focused on creating a high-skill economy and government policy on migration is directed to that end, the growth of a high-skill economy 'seems to be accompanied by a growth in the demand for low skilled labour, which cannot be met by the domestic workforce' (ibid).

One of the main problems to framing this long-running debate is that there remains a paucity of information on the numbers of migrant workers, their labour market experiences and the exploitation they are subject to.

## 2.2 IMMIGRATION STATUS

The different immigration policies on migrants, based on their different nationalities and status, has some bearing on their experiences as migrant workers, for instance the manner in which they enter the UK, their employment status, their relative vulnerabilities and their likelihood of being exploited and victimised by some gangmasters and employers. We hypothesise that the more insecure a worker's employment status is, the greater the risk of exploitation.

***Undocumented or unauthorised migration*** falls into a variety of categories, but the two main ones are:

- Those who come by land, sea or air using false documents and utilising organised criminal networks; and
- Those who enter with a valid visa or under a visa-free regime but either overstay or alter the reasons for their stay, without Home Office approval. This can include

[5] *Ryan, B (ed) (2005) Labour migration and employment rights, Institute of Employment Rights. This makes the case for the reform of public policy on labour migration. The book argues for an ending of the Workers' Registration Scheme, for rights of entry for unskilled workers and for the regularisation of unauthorised workers.*

failed asylum seekers who have not left the country following rejection of their applications.

### 2.2.1 Permits and schemes authorising work

The main schemes under which migrant workers can officially come into the UK are:

- The Highly Skilled Migrant Programme (HSMP), introduced in 2002. It allows foreign workers outside the EEA to enter the UK in order to seek work, without already having a job with a UK employer;
- The Sector-Based Scheme (SBS) which was introduced in May 2003;
- The Seasonal Agricultural Workers' Scheme (SAWS);
- The Working Holiday Makers' Scheme; and
- The Accession State Worker Registration Scheme.

The ***Work Permits*** system is the main mechanism for managing labour migration into the UK. In recent years it has expanded considerably, with several new schemes introduced. Over the period from 1995 to 2003, total applications (including work permits, extensions, changes of employment etc) rose every year, from 38,617 in 1995 to 161,699 in 2003. The trend in approvals largely matches that of applications. Salt (2004) estimates that over the period from 2000 to 2004, health and medical services (25.9 per cent), computer services (15.8 per cent) and administration, business and managerial services (12 per cent) have been the major industry groups accounting for applications. The breakdown of permits and permissions issued by nationality shows that those from India (9.3 per cent) were the largest group. Other nationalities notable for large increases were Filipinos, South Africans and Malaysians. Clarke and Salt (2003) provide a comprehensive account of the different categories of work permits, including the HSMP, the SAWS and the SBS.

The ***Highly Skilled Migrant Programme (HSMP***) was launched, initially as a pilot, in January 2002. The top five industries granted work permits (HSMP) were for health and medical services (24 per cent), computer services (17 per cent), administrative, business and managerial services (13 per cent), educational and cultural activities (8 per cent) and financial services (8 per cent) (ibid). Professional and managerial workers accounted for the majority of the gainfully employed under the work permits scheme. Associated professionals and technical occupations account for at least half of the number of permits issued each year. In 2002, there were 103,000 non-British holding professional and managerial positions, while 57,000 non-British people were in manual and clerical occupations (ibid, p57-59).

The ***Sectors-Based Scheme (SBS***) was introduced in May 2003, to address shortages in lower skilled occupations, initially in food processing and hospitality, with quotas set for these sectors. During 2003 there were 7,808 SBS approvals, well below the quota set, with nationals from Bangladesh, the Ukraine and Poland making up the largest groups. Bangladeshis accounted for 6,000 out of approximately 11,000 issues in 2004, largely to work in the hospitality sector. The quota for the scheme was cut by 25 per cent in 2004/05, from 20,000 to 15,000 overall, reducing the 10,000 quota for the hospitality sector to 9,000 and the 10,000 quota for food processing to 6,000 (IND, 2005), the latter to reflect the fact that many of those coming to the UK under the scheme prior to 1 May 2004 were from Accession countries. In June 2005 the Minister of State for Immigration announced that the SBS would stop operating in the hospitality sector, although it would continue until June 2006 in the food processing sector[6].

[6] *Workpermits UK. (2005) UK SBS work permit in hospitality sector to end, Press Release, 27 June 2005*

The ***Seasonal Agricultural Workers' Scheme (SAWS)*** allows individuals to come to work in the UK for a specified number of months of the year. The workforce coming in through the SAWS is largely made up of:

- EU students;
- Students from outside the EU studying in the UK and with permission to take part-time or vacation work; and
- Non-EU and EU nationals legally employed through the SAWS.
-
- Most of the work under SAWS is low skilled and includes:
- Planting and gathering crops;
- On-Farm processing and packing of crops (for example, salad vegetables, soft fruit and flowers); and
- Handling livestock (for example, lambing and on-farm poultry processing).

A large number of Central and Eastern European students have been issued with SAWS work cards. The scheme has predominantly brought in agricultural workers from Central and Eastern Europe and from the former USSR, many of them students. In the first six months of 2004, 18,887 SAWS work cards were issued. The Ukraine was the largest country, with 30 per cent of this total.

***Working holidaymakers*** are a significant group in the labour market, numbering 46,505 in 2003. The source countries are predominantly the 'Old Commonwealth' of Australia, Canada, New Zealand and South Africa, but the numbers from India, Malaysia and Sri Lanka have grown. There are no statistics on the regional employment or occupations of working holidaymakers.

In addition to the above categories the number of students coming to the UK has more than doubled over the last decade, from just fewer than 60,000 in 1994 to more than 140,000 in 2003[7]. Students have the right to work for a limited number of hours and many students do take the opportunity to work, in some cases in excess of the permitted hours.

The ***Worker Registration Scheme*** has operated from 1st May 2004. When the eight countries (Czech Republic; Estonia; Hungary; Latvia; Lithuania; Poland; Slovakia; and Slovenia – collectively referred to henceforth as the A8) joined the European Union, their nationals were immediately granted the right to work in the UK, whereas the majority of other EU countries (the prior EU15) placed time limits and restrictions on their migration to work[8]. The scheme requires that workers from the A8 States register with the Home Office, as a way of monitoring the impact of EU enlargement on the UK. Workers have the right to come to the UK and work where they chose, although it is only after 12 months' 'habitual residence' for which they must actually be in work, that they gain an entitlement to benefits like Working Tax Credit, Child Tax Credit, Child Benefit, Housing Benefit, Income Support and Pension Credit. The institute for public policy research explored the impact of EU enlargement and its effect on labour migration to the UK (ippr, 2004). That report addresses questions on EU migrant rights, their effect on labour migration to the UK, how long migrants are likely to stay and the skills they are likely to have. It also contains a projection of migrants to the UK from 2004 through to 2030. ippr (2004) concluded by stating that only a relatively small proportion of EU migrants would actually migrate to the UK and even fewer would do so permanently. It also suggested that, as and if conditions improved in their home countries, fewer would migrate and

[7] *ONS (2004) International migration – migrants entering or leaving the UK and England and Wales, 2003, Office for National Statistics, London*
[8] *Note that Malta and Cyprus also joined the EU on that date*

more would return home. It argued that enlargement was likely to result in substantial economic gains for the UK.

More recent assessments indicate that the number of A8 nationals coming to the UK to work may be larger than initially assumed. The Chartered Institute of Personnel and Development (CIPD) in its latest annual survey[9] found that almost four in ten survey participants had recruited non-UK residents during 2004 and that this took place most frequently in the public sector. More than half those who had recruited non-residents had recruited more in 2004 than in the previous year.

Between 1 May 2004 and 30 September 2005, 277,060 applications for registration were received[10]. According to a joint government department report (Home Office, 2005):

- Between a quarter and a third of those who registered may already have been in the UK prior to May 2004 (Portes and French, 2005).
- Applications were running at around 40,000 a quarter in 2004, but in the second and third quarter of 2005 averaged around 55,000 a quarter. 44,350 registrations were in the East Anglia region, the highest after London (47,895);
- The single largest national group to register under the scheme is Polish workers, who account for 169,675 of all registrations, some 58 per cent of the total; and
- Accession nationals are supporting public services in communities, working as bus, lorry and coach drivers, teachers, care workers, researchers, classroom assistants and dental practitioners, doctors, nurses and specialists. They contributed approximately £240 million to the UK economy between May and December 2004.

## 2.3 STATISTICS ON MIGRANT WORKERS IN THE UK

This section summarises statistics on migrants coming to the UK using different sources of data. Salt (2004) brings together data based on the International Passenger Survey (IPS), Work Permit applications and asylum settlement grants, as well as reports from the Labour Force Survey on occupations and industries employing migrant workers.

The statistical picture is limited by the fact that there is no one comprehensive source of data on migrant workers. From the 2001 census, country of birth and ethnicity are collected but there is no measure of how long the respondent has been in the UK. Recent migrants are also not included. Surveys provide a basis for producing estimates, but their methodology or questions are often inadequate to fully identify levels of migrant working. Robust regional or smaller area estimates are particularly hard to determine. The numbers of undocumented workers are generally unknown due to their immigration status and this further complicates the statistics therefore it is not possible to cite definitive figures for the UK on migrant working. This section summarises the available statistics at a national level and regional level but does not have sufficient data to synthesise overall estimates, as this is beyond the scope of the research.

### 2.3.1 Immigration and emigration flows by source

The International Passenger Survey (IPS) collects information on the intentions of passengers at air and sea ports, from which the Office for National Statistics (ONS) produces adjusted flow statistics on immigration and emigration by British and non-British nationals[11]. From Salt (2004), the overall trend since the 1990s has been rising,

[9] *CIPD (2005) Recruitment, retention and turnover – annual survey report 2005*

[10] *Home Office (2005) Accession Monitoring Report: May 2004 – September 2005, Joint on-line report by the Home Office, the Department for Work and Pensions, the HM Revenue & Customs and the Office of the Deputy Prime Minister, 22 November 2005.*

[11] *These statistics are adjusted to account for changes in intentions i.e. people who intend to be migrants but in reality stay in the UK or abroad less than a year. In line with the results of the 2001 census, ONS provided a revised set of adjusted flows statistics in the summer of 2003.*

with net gains peaking at approximately 172,000 in 2001 then falling to 151,000 in 2003. Rising net gains of foreign nationals have compensated for losses of British nationals in recent years – in each of the years between 2000 and 2003 the balance of non-British migration has exceeded that of British emigration by 200,000. In 2003 this totalled 236,000. There has been a shift in the nationality make-up of the flows, towards more New Commonwealth and Other Foreign nationals and fewer Old Commonwealth and EU nationals from the former 15 EU States.

Unadjusted IPS statistics for non-British nationals coming into the UK in 2003 indicate 55 per cent were men. Approximately 62 per cent were aged between 15 and 24. The data suggests that migrant worker intentions regarding their length of stay have changed over time. While in 1994 48 per cent of migrants intended to stay for more than four years, by 2003 the proportion had fallen to 34 per cent and the largest proportion had become those intending to stay for one to two years (45 per cent)[12].

### 2.3.2 Labour Force Survey

The Labour Force Survey (LFS) is the only comprehensive source of data on migrants working in the UK, irrespective of their immigration status or route of entry to the UK. It is a large randomised household survey of people of working age, from which estimates can be derived in relation to the total population. Like any survey, it has its limitations. The LFS does not sample people in some communal establishments and also may tend not to pick up temporary and casual workers. Migrant workers are one group that is likely to be under-estimated therefore.

Data from the LFS Autumn 2005 quarterly return was examined for this project. From this quarter, it is estimated that 1.405 million people of working age workers were migrants who had first arrived in the UK in the last five years. They constituted 3.85 per cent of the 36.497 million people in the UK of working age. Table 2.3.2A shows the regions of origin of these migrant workers.

**Table 2.3.2A** Regions of origin of recent migrants

| | ***Number*** | ***%*** |
|---|---|---|
| Africa | 281200 | 20.0% |
| South Asia | 243000 | 17.3% |
| EU10 | 211200 | 15.0% |
| Other EU15 | 167600 | 11.9% |
| Rest of Asia | 134600 | 9.6% |
| Americas and Caribbean | 121000 | 8.6% |
| Other Europe (including Russia) | 72100 | 5.1% |
| Australia and New Zealand | 60300 | 4.3% |
| Middle East | 48400 | 3.4% |
| Unknown | 63000 | 4.5% |
| Total | 1,404,900 | 3.85% |

*All numbers are rounded to the nearest hundred*
*Note EU 10, consists of A8 states together with Cyprus and Malta*
*Values may not sum due to rounding and removal of values that are not statistically robust.*

African countries were the largest source of migrant workers, of which South Africa, Zimbabwe and Nigeria (in that order) were the main contributors. The South Asian region of India, Pakistan and Sri Lanka was the next largest. The EU10 (the A8 plus Malta and

[12] *ONS (2004) International migration – migrants entering or leaving the UK and England and Wales, 2003, Office for National Statistics, London*

Cyprus) provided over 200,000 workers, of which Poland was the main contributor, with over 100,000. Salt (2004) also found that the number of workers from East Europe had grown rapidly.

Looking at migrants of working age from the Autumn 2005 LFS, in relation to the five regions under focus in this research, as shown in Table 2.3.2B, the regional distribution is very uneven.

**Table 2.3.2B:** Regional distribution of migrants of working age

| *Region* | *Migrants of working age* | *% of all migrants of working age* | *Total working age* | *% migrant workers of total working age* |
|---|---|---|---|---|
| London | 571,000 | 40.6% | 4,834,700 | 11.8% |
| Eastern | 119,400 | 8.5% | 3,331,700 | 3.6% |
| South West | 53,300 | 3.8% | 2,972,700 | 1.8% |
| North East | 29,400 | 2.1% | 1,525,200 | 1.9% |
| Wales | 26,900 | 1.9% | 1,750,700 | 1.5% |

*All numbers are rounded to the nearest hundred*
*Values may not sum due to rounding and removal of values that are not statistically robust.*

About 40 per cent of migrants of working age were located in Greater London, where they constituted 11.8 per cent of the total population of working age. The East of England was the next largest recipient of migrants of working age, followed by the South West, the North East and Wales. However, time-series data from the LFS also suggests that incoming migrants are now spreading themselves geographically across the country, more widely than was previously the trend.

Table 2.3.2C provides information on the age-sex distribution of migrants of working age drawn from the Autumn 2005 LFS quarter.

**Table 2.3.2C:** Age-sex distribution of migrants of working age

| | *Male* | *Female* | *Total* | *% Total* |
|---|---|---|---|---|
| 16-20 yrs | 56,400 | 59,500 | 115,900 | 8.2% |
| 21-30 yrs | 325,600 | 365,700 | 691,300 | 49.2% |
| 31-40 yrs | 219,900 | 196,500 | 416,400 | 29.6% |
| 41-50 yrs | 71,200 | 67,200 | 138,400 | 9.9% |
| 51-60 yrs | 18,900 | 22,000 | 40,900 | 2.9% |
| Total | 692,000 | 710,900 | 1,404,900 | |
| % Gender | 49.3% | 50.6% | | |

The proportion of men and women was close to equal. Migrants of working age in their 20s constituted nearly half of all the migrant workers and those in their 30s another 30 per cent.

The LFS also reveals some information on the industrial sectors where migrant workers are employed.

**Table 2.3.2D:** LFS Migrant workers by sector

| *Sextor* | *UK Total* | *MW Total* | *% MWs* |
|---|---|---|---|
| Agriculture, hunting & forestry | 340,900 | * | |
| Fishing | 14,300 | * | |
| Mining, quarrying | 107,400 | * | |
| Manufacturing | 3,587,600 | 124,000 | 3.46% |
| Electricity gas & water supply | 166,200 | * | |
| Construction | 2,193,200 | 52,100 | 2.38% |
| Wholesale, retail & motor trade | 4,058,700 | 101,800 | 2.51% |
| Hotels & restaurants | 1,151,500 | 91,400 | 7.94% |
| Transport, storage & communication | 1,897,800 | 56,600 | 2.98% |
| Financial intermediation | 1,222,400 | 37,700 | 3.08% |
| Real estate, renting & business activities | 3,088,900 | 124,600 | 4.03% |
| Public administration & defence | 1,957,500 | 27,400 | 1.40% |
| Education | 2,417,000 | 48,700 | 2.01% |
| Health & social work | 3,335,200 | 166,000 | 4.98% |
| Other community, social & personal | 1,479,300 | 39,900 | 2.70% |
| Private households with employed persons | 110,300 | 11,200 | 10.15% |

** in some sectors the number of migrants was too few to provide a statistically reliable sample*

Private households with employed persons had the highest proportion of migrant workers, which would reflect the large number of migrants carrying out domestic household work. However, overall this is a small sector, employing just 11,200 migrant workers. More significant was the fact that nearly eight per cent of workers in hotels and restaurant and five per cent of workers in health and social work were migrants.

### 2.3.3 National Insurance numbers

There were workers from over 200 nationalities registered with the National Insurance records office in 2000-01. However, over half of all migrant workers were from only ten countries, most of them belonging to the EU or the Commonwealth group (Robinson, 2002). There have been 229,221 National Insurance number allocated to A8 nationals, between May 2004 and September 2005[13].

### 2.3.4 Acceptances for settlement

The number of people granted settlement in the UK (excluding EEA nationals) has risen consistently in the last decade from 55,640 in 1993 to 141,490 in 2003, which itself represented an increase of 22 per cent from 2002. The majority of grants in 2003 were to spouses and dependents (95,020 in total). Grants of settlement to persons recognised as refugees or under exceptional leave to remain arrangements fell by 31 per cent to 12,580 in 2003 (Salt, 2004).

[13] *Home Office (2005) Accession Monitoring Report: May 2004 – September 2005, Joint on-line report by the Home Office, the Department for Work and Pensions, the HM Revenue & Customs and the Office of the Deputy Prime Minister, 22 November 2005, Table 12*

Employment-related categories of settlement accounted for 16,020 grants in 2003, which was an increase of 46% from the previous year. These included employment with a work permit after four years in the UK, permit free employment for business and other persons of independent means and Commonwealth citizens with a UK-born grandparent, their spouses and dependants.

Overall, settlement grants to nationals from all of the regions of the world increased between 1997 and 2003, however there were small changes in the relative importance of each geographical area. In 2003, the respective shares were Africa (32 per cent), Indian sub-continent (21 per cent), Remainder of Asia (14 per cent), the Americas (12 per cent), Europe (11 per cent), Oceania (5 per cent) and the Middle East (4 per cent) (ibid)

### 2.3.5 Undocumented workers

Since undocumented or unauthorised migrant workers do not identify themselves to the authorities, there is scarce information on the scale of undocumented or unauthorised work. Vague estimates of their numbers can only be derived from existing indicators, such as the numbers of refused entries, removals of asylum applicants, apprehensions of undocumented migrants at the border or in the country, or numbers of arrests during regularisation exercises (CEC, 2004, p10-11). Even general estimates are problematic and politically contentious. As Pinkerton, McLaughlin and Salt (2004) discuss in their review of methodologies for the Home Office, on how to size the "illegally resident population", both direct measurements and indirect estimates have their problems.

## 2.4 SOCIO-ECONOMIC IMPACT OF MIGRATION

There is general agreement that migrant workers benefit the host country, filling the skills gap and working in jobs that are shunned by indigenous workers. In February 2004, then Home Secretary David Blunkett noted that the UK needed 'migrant workers to fill skill gaps and the 550,000 vacancies in our labour market, especially in the hospitality, cleaning, agriculture, food processing, care home and construction services where there are severe shortages'[14]. He added that it was the government's contention that 'effectively managed legal migration is vital to Britain's economic and social interest'[15]. A recent review of the fiscal contribution of immigrants in the UK[16] found that, in terms of tax revenue, the foreign-born population makes a relatively higher contribution rate, compared to those born in the UK. Their share in income tax revenue is higher than their share of the population. It states that while the UK-born were net recipients of public expenditure in the year, the foreign-born were actually net contributors to the Exchequer.

Economic migration has been conceptualised as a voluntary market transaction between a willing buyer (whoever is willing to employ the migrant) and a willing seller or worker (the migrant) and is likely to be both economically efficient and beneficial to both parties. Unlike goods and capital, migrants are economic and social agents themselves; hence, 'migration is most likely to occur precisely when it is most likely to be welfare enhancing' (Glover 2001). [17]

Glover's study, commissioned by the Home Office, was the first attempt within the UK to undertake a systematic analysis of the impact of migration and to 'better understand the extent to which the Home Office is achieving its aims to develop a migration policy in the interests of 'sustainable growth and social inclusion'[18]. The findings formed the basis for

[14] *Home Office News Release 069/2004, 23 Feb 2004*
[15] *Home Office News Release 309/2003*
[16] *Sriskandarajah, D. Cooley, L. Reed, H. (2005) Paying their way – the fiscal contribution of immigrants in the UK, institute for public policy research*
[17] *Glover (2001) p4*
[18] *Haque (2002) Introduction*

a new approach to migration policy across government, reflected in the White Paper, Secure borders, safe haven (published February 2002)[19]. It recognises the role that migrants play in enhancing economic growth and in helping to create jobs for the existing population.

The Glover study also analyses the impact of migration on the migrants themselves.[20] It states that there is little evidence that UK workers are economically harmed by the presence of migrants but concurs that the concentration of migrants in particular areas may bring with it a number of positive and negative externalities. For instance, while migrants bring diverse skills, experience and know-how to the UK and help to regenerate run-down areas, they may also increase pressure on housing markets, transport and other infrastructure.[21]

## 2.5 THE HEALTH AND SAFETY OF MIGRANT WORKERS

The profile of migrant workers, in terms of their skills and awareness and more importantly, their workplace conditions and the exploitation they may be subject to, has important implications for the health and safety risks that they can face. Risks may be linked to the nature of employment, such as temporary work, sub-contracting or self-employment, work patterns and conditions, such as long hours or shift-work, and the characteristics of the workers, such as their ethnicity, gender and age. The sector-specific work environment also dictates what specific risks are faced, such as construction workers facing risks of falls from heights, or restaurant workers facing risks of cuts and burns.

The actual risks have been well documented in various sector-specific studies, as well as workplace statistics from the Health and Safety Executive, but the causal factors are subject to research debate. While there are relatively few studies in the UK or internationally that have explored the health and safety of migrant workers specifically, there is an expansive body of literature on the health and safety issues associated with different work factors and/or different groups of workers. This research base is surveyed here to give an overview of these issues and relationships. A recurrent problem is that, despite the volume of material, the lack of standardisation means that the evidence is often inconclusive for determining a scientific association between particular factors and risks. Nonetheless, the available research does provide several pointers on the direction of analysis on whether migrant workers are more likely to be exposed to risks.

### 2.5.1 Changes in work organisation

Across Europe, changes in the organisation of work, driven by greater flexibility in working time and individualised personnel management, have been recognised as having major implications for health and well-being at work (Commission of the European Communities, 2002). Trends that have an impact include:

- The changing labour market resulting in increasing diversification in the forms of employment, including the growth in self-employed sub-contracting, temporary, part-time and on-call work, short-term, fixed contracts (European Agency for Health and Safety at Work, 2002);
- The existence of large numbers of small and medium enterprises (SMEs) with low levels of awareness of health and safety (Wright, Marsden and Antonelli, 2004);
- Supply chain pressures and the role of intermediary processes and actors in the wider economic environment;

[19] *Home Office (2002) White Paper, Secure borders safe haven (CM5387 February 2002)*
[20] *Glover (2001) Chapter 6*
[21] *ibid, Chapter 6*

- The tendency for women to continue to bear the greatest responsibility for unpaid housework and caring, as well as being more likely to work in low-paid, low-skilled and less secure jobs with less control and autonomy over their work (European Agency for Safety and Health at Work, 2003);
- Decreasing levels of trade union membership (in the UK nearly halved since the 1970s – Labour Market Trends, March 2004) and thereby less scope for unions to have a positive impact on health and safety performance; and
- Changes in working hours, work pace and work load (European Agency for Health and Safety at Work, 2002).

Some European studies have explored how changes in work organisation may have resulted in more temporary, sub-contracted or self-employed jobs of a so-called 'precarious' character (Benach, Gimeno and Benavides, 2002). The regulation of temporary work has been a contentious issue across Europe. There are concerns that such workers might be exposed to greater health and safety risks, have fewer representation, training and development opportunities (Arrowsmith, 2006). The European Agency for Health and Safety at Work (2002) identifies studies in individual countries that have found higher accident rates for temporary workers. The European Foundation for the Improvement of Living and Working Conditions has carried out a series of surveys of workers across European countries. Letournieux (1998) found that workers in 'precarious' employment tended to face worse working conditions – compared with permanent workers, they more often worked in painful positions, exposed to noise and performed repetitive tasks. When including structural and individual characteristics in the analysis however, Goudswaard and Andries (2002) did not find sufficient quantitative evidence to prove this relationship between employment status, working conditions and exposure to risk. However, their analysis did find grounds for indicating that non-permanent workers have less job control and are more exposed to the consequences of intensification of work.

These trends associated with the changing organisation of work apply in particular to the UK, which has undergone a longer process of labour market deregulation, changing industrial organisation and exposure to the dynamics of globalisation than other European countries. The extent of temporary working is difficult to measure. In an overview of temporary agency workers in an enlarged European Union, Arrowsmith (2006) found that the UK was the biggest user – from 600,000 workers (2.6% of total workforce) according to Department of Trade and Industry (DTI) statistics in 2003 up to 1,434,000 workers (5.1%) drawn from Recruitment and Employment Confederation (REC) statistics[22]. This survey also found that the largest numbers of active temporary work companies, branches and turnover was in the UK. Some sectors are particularly reliant on temporary labour – for instance it was estimated that of the 500,000 people employed in the food and drink industry, some 150,000 were temporary employees of which 125,000 were sourced by agency providers, 90 per cent of whom are estimated to be migrants, (Thomas, J., Working safely in a multicultural food and drink industry, presentation 30 March 2006[23]).

Despite the growing prevalence of temporary workers engaged through recruitment agencies or labour providers, the Commons Committee inquiry found little evidence that they were being regulated. In 2002/03 only two enforcement notices were issued under

[22] *The REC figures include recruited on a permanent basis through an agency.*

[23] *These figures were presented by Northwest Food Alliance as part of an initiative with others including the HSE. The presentation is available at http://www.nwfoodalliance.co.uk. These statistics in turn were obtained from a DEFRA report, page 9 and 10 which is available at http://www.defra.gov.uk/farm/gangmasters/pdf/research-study3.pdf Secondary Processing in Food Manufacture And Use of Gang labour*

regulation 15 of the Management of Health and Safety at Work Regulations, relating to temporary workers. A key recommendation of the inquiry report was that 'the HSE adopts a more proactive approach to enforcement action towards employers who disproportionately rely on temporary agency workers'.

In the UK, the House of Commons Work and Pensions Committee (2004) inquiry into the work of the Health and Safety Commission and Executive noted that 'the shift to more flexible forms of working means the link between the place of work and the work to be done is weakening' (point 91). Temporary, part-time, shift and other non-standard working hours were considered to potentially add to the degree of risk. The large majority of respondents to the consultation on the Revitalising health and safety strategy statement 2000 also saw the need for clearer guidance on health and safety responsibilities in contractual chains (HSC, 2000). The trend towards the increased use of migrant workers in the pool of casual and temporary labour was specifically commented upon in the Commons Committee (2004) inquiry, as an issue that the health and safety system needs to address.

### 2.5.2 Inequality and health and safety

The intersections between inequality and health and safety have not been the explicit focus of many studies in the UK in relation to migrant workers. Woods and Buckle's (2002) research review of the relationship between aspects of work, inequality and musculoskeletal health provides some insights, although it remains to be determined whether migrant workers are more likely to face such conditions. Musculoskeletal disorders such as repetitive strain injuries may affect the upper limbs, back and lower limbs and can result in debilitating pain, discomfort or numbness. They are one of the major health and safety risks in the UK. From their review, Woods and Buckle (2002) found that higher risks of musculoskeletal ill health were associated with 'low status' work i.e. unskilled, paced or repetitive work; jobs with no or little training requirement; low pay and low control over work. Less skilled manual workers in temporary and insecure employment were found to have a greater risk of musculoskeletal ill health. Other studies showed that poor access to health information/education at work was a risk factor and that lack of social support was a risk factor in developing or reporting problems. While not pertaining to migrant workers explicitly, a UK report investigated issues related to the occupational health and safety needs of minority ethnic communities. A salient finding was lack of English language skills, which made communication difficult. The report indicated a need for health and safety messages to be provided in languages other than English.[24]

Some international studies have focused on the health of migrant workers specifically. In France, Bourdillon et al (1991) estimated that eight per cent of the population were non-nationals and that most were found in unskilled work and in jobs where they identified as being subject to workplace risks including occupational health risks and accidents[25]. Bossley (1975) documented the high incidence of heavy machinery, industrial hand mutilation, involving recent Pacific island migrants to Australia, many of whom had a poor comprehension of English[26]. Betemps, Buncher and Clark (1994) found that migrant workers had significantly higher risks than the US white male population for cancer of the stomach, leukaemia and all lymphopoietic cancers[27].

[24] *Pawar (1996)*
[25] *Bourdillon et al, (1991) 'The health of foreign populations in France', Social Science and Medicine 32(11):1219-27*
[26] *Bossley, 1975*
[27] *Betemps, Buncher and Clark (1994)*

In Germany, migrants are more likely to hold jobs associated with significantly higher health risks. Elkeles, T. and Seifert, W. (1996) found that migrants were concentrated in blue collar jobs, where high exposure to unemployment risks and to workplace stress were common. Migrants were found to be 'suffering from classical work stress (e.g. carrying or lifting heavy loads, cold, heat, moisture, draft, oil, grease, dirt etc.) more frequently'. Further, the rate of work accidents was two to three times higher for migrants than the rate reported for Germans[28].

Most of these studies identified the lack of language, poor communication or on-the-job training as possible factors, which increased the risk of injury to workers. Research in the USA has shown that Mexican workers working there often take the most hazardous jobs and are more likely than others to be killed, even when doing similar risky work. In some US states Mexican migrant workers are four times more likely to die while in work than the average US born worker[29.] Another factor is the lower state benefit entitlements of migrant workers in receiving societies. Bollini and Siem (1995) argued that migrants are exposed not only to poor working and living conditions, which are per se determinants of poor health, but they also have reduced access to health care. This leads to higher rates of peri-natal mortality and accidents/disability, observed in many migrant groups as compared to the native population[30]. In Australia, a direct relationship was established between degree of fluency in English and better treatment outcomes for migrant workers[31.]

### 2.5.3 Working hours and health and safety

There has been extensive debate on the effects of long periods of time spent working, insufficient sleep, and/or working at times when the biological clock is programmed for resting or sleeping. The negative health and safety impact of long and/or irregular hours underpinned the formulation of the Working Time Directive by the European Union, which applies to (a) minimum periods of daily rest, weekly rest and annual leave, to breaks and maximum weekly working time (notably an average of not more than 48 hours); and (b) certain aspects of night work, shift work and patterns of work. The UK adopted the Directive, but with an opt-out right included whereby workers can sign an agreement with their employer to work more than the average of 48 hours per week. The limited available statistical data suggests that around a fifth of workers have opted out, but there is no available data on opt outs specifically in relation to agency workers[32.]

Although the volume of evidence in this area is increasing, there is little consensus on how working patterns may contribute to health and safety risks and the interconnections between factors such as long hours and/or shift patterns. Reviews of the international research base by the Health and Safety Laboratory for the HSE (HSL, 2003), the ILO (Spurgeon, 2003) and the US National Institute for Occupational Safety and Health (NIOSH, 2004) have all highlighted the absence of consistent and conclusive evidence. The differing methodologies applied by studies and the effects of mediating factors, such as individual type (age, personality), type of job, type of work environment, and choice and control over hours and rests, complicate the relationship (HSL, 2003). While acknowledging that many studies find a link between longs hours and health and safety, the HSL (2003) review equivocates over whether there is sufficient scientific evidence to

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[28] *Elkeles, T. and Seifert, W. (1996) 'Immigrants and Health: Unemployment and health risks of labour migrants in the Federal Republic of Germany, 1984- 1992'. Social Science Medical, Volume 43, No. 7, pg. 1035 – 1047, 1996. Elsevier Science Ltd, UK.*

[29] *Associated Press investigation (2005) 'Mexican worker deaths rise sharply even as overall US job safety improves'*

[30] *Bollini and Siem (1995)*

[31] *Hewson, Halcrow and Brown (1987)*

[32] *See, Labour Market Trends online at:*
*http://www.findarticles.com/p/articles/mi_qa3999/is_200402/ai_n9361207*

prove that long working hours can lead to stress, physical or mental ill health, or accidents. It points out that there is a lack of studies from the UK and calls for further research. Spurgeon (2003) also recognises the limitations of the international research base regarding the occurrence of accidents due to long hours, but finds that the weight of evidence points to regular working in excess of 48 hours per week constituting a significant occupational stressor that increases the risk of mental health problems. The majority of studies reviewed by NIOSH (2004) associated overtime with poorer general health and increased injury rates, in particular where longer shifts and/or night-time shifts were worked.

Another dimension of work that has been the subject of health and safety research is the disruption of circadian rhythms, which are the daily variations in bodily functions including the sleep/wake cycle, core body temperature, hormonal release and cognitive ability. Risk may be influenced more by the work schedule and breaks rather than just the accumulated work hours (Folkard and Lombardi, 2004). The disruption of circadian rhythms is usually associated with shift-workers who regularly work during nights or early mornings, but applies to any arrangements that require the individual to work when they would normally be sleeping, or to sleep when they would normally be awake. It has been found that workers who undertake early morning or nightshifts experience desynchonisation of circadian rhythms and poorer sleep quality as a result, which is not compensated for by sleep during the day or earlier retiring time (Akerstedt, 1985). The implications for safety depend on the type of task, length of shift and provision of breaks. Some studies show a marked increase in errors and accidents on the night shift, but others show peaks occurring during the day, which reflects the fact that numerous other environmental and organisational factors play a part in addition to circadian effects (Spurgeon, 2003; Costa, 1997)[33]. The overall conclusion reached by Folkard and Tucker (2003) from a review of studies was that safety is reduced at night when workers are more susceptible to errors. Samkoff and Jacques (1991) reviewed studies on the effects of sleep deprivation on the performance of junior doctors. They concluded that sleep-deprived junior doctors were able to compensate for sleep loss in a crises or a situation that was novel, however they became more prone to errors on routine, repetitive tasks and those that required sustained vigilance. This finding has obvious implications for shift-workers in other occupations, such as routine processing and packaging jobs, but further research would be necessary to test the relationship.

### 2.5.4 Stress and health and safety

Stress is a complicated concept with psychological, physiological and health aspects, which makes it difficult to measure and compare across population groups. How stress is perceived and reported depends on a variety of individual, occupational and environmental factors. There is considerable evidence that the scale of work-related stress is widespread in the UK and that it may have increased in recent years. Estimates based on the 1995 Survey of Self-Reported Work-Related Ill-Health indicated that approximately half a million workers believed they were suffering from work-related stress, depression or anxiety, or an illness brought on by stress (HSE, 2005). An HSE sponsored study (Smith et al, 2000) carried out a large randomised population survey followed up after a year to determine the scale and severity of stress. Approximately 20% of the sample reported that they suffered high levels of stress. The study confirmed associations between certain work characteristics and perceived stress:

- Hours of work – shiftwork, long working hours;
- Exposure to physical agents e.g. noise;
- Demanding work – having to work too fast; and
- Lack of support at work (Smith et al, 2000)

[33] http://www.bma.org.uk/ap.nsf/Content/h&sdocsworkpat#45

The high stress group reported having more health problems and accidents at work, although further research was encouraged to test the latter relationship.

While studies prior to this one in the UK have not focused on how migrant workers as a group may face health and safety risks, there is some work relating to ethnic minorities that may be relevant to them. From secondary analysis of large random surveys and new interviews with over 200 persons in Black Caribbean, Bangladeshi and White Groups in Cardiff and Bristol, after controlling for demographic, occupational and work factors, Smith et al (2005) found that there was a significant association between work stress and ethnicity. Racial discrimination was identified as a strong influence, which, combined with gender discrimination, resulted in Black Caribbean women reporting the highest levels of stress. Discriminatory behaviour reported included verbal abuse, unfair practices and being less valued by management. Several US studies have also shown that ethnic minorities more often experience criticism, bias and harassment that contribute to stress (Szczepura et al, 2004).

## Summary: Section 2 Key points

1. Government policy has been to encourage some forms of migration to fill skills shortages;
2. There is currently only limited statistical data on the number of recent migrants and their working conditions;
3. Migration has been recognised as having positive outcomes, both in relation to dealing with skills shortages and also in terms of their fiscal contribution;
4. There is some international literature that suggests that migrant workers do face greater health and safety risks at work.

# 3. HEALTH AND SAFETY AT WORK

In this section we look at the framework of health and safety regulation in the UK and at the specific role of the Health and Safety Executive, using both the literature and information arising out of a series of interviews, both formal and informal which the researchers held with HSE inspectors. We also present an analysis of the content of HSE inspectors' reports, in cases where there was a known presence of migrant workers.

## 3.1 THE HEALTH AND SAFETY FRAMEWORK

The legislative foundations of the health and safety system in the UK are the *Health and Safety at Work etc. Act 1974* (HSWA 1974) and the regulations enacted under the Act. The latter have sometimes been the outcome of EU health and safety directives. The *Health and Safety at Work etc. Act 1974* makes provision for:

- Ensuring the health, safety and welfare of people at work;
- The protection of other people against risks to health and safety, arising in connection with the activities of other people at work; and
- Making workplaces safe.

The Health and Safety Commission (HSC) and Health Safety Executive (HSE) were established by the HSWA 1974. The key role of the HSC is to advise government. The HSE assists and advises the HSC and has statutory responsibility to make arrangements to enforce the provisions of the HSWA and other relevant statutory requirements. In short, the HSE is the principal body responsible for health and safety law. It carries out a mix of advice, inspection, investigation and enforcement work with employers, trade unions and workers. Local authorities have enforcement responsibilities for some premises such as hotels, leisure, catering, offices, shops and retail and wholesale distribution centres.

The health and safety framework in the UK has been shaped over the last 30 years by various factors and has been subject to reform since 2000, when the *Revitalising health and safety strategy statement* was issued (HSC, 2000). This statement aimed to:

- Inject new impetus into the health and safety agenda;
- Identify new approaches to reduce further rates of accidents and ill health from work;
- Ensure the approach remains relevant to the changing world of work over the next 25 years; and
- Gain maximum benefit from links between occupational health and safety and other government programmes.

In 2004, the HSC/E published the *Strategy for workplace health and safety to 2010 and beyond*. It suggests how the HSE can direct its more limited resources towards greater strategic partnerships and more effective communication. Investigation and enforcement continue to be key tools. However, within the Field Operations Directorate (FOD) there has been a shift towards more preventative, proactive work with employers, to promote improved health and safety.

The *Revitalising strategy statement* together with the Public Sector Agreement targets set in the Spending Review 2000 detailed targets for health and safety, to reduce the incidence rate of fatal and major injuries, accidents to workers, the number of working days lost from work-related injury and ill-health and the incidence of work-related ill health. In order to support the achievement of these targets, the HSE has identified nine areas for priority action, eight of which focus on particular sectors of employment and

types of hazard (HSC, 2004). The sectors concerned are Agriculture, Construction and Healthcare and the hazards are slipping, tripping, falls from height, workplace transport, musculoskeletal disorders, stress, depression and anxiety.

A recent overview of the work of the HSE was provided by the Commons Select Committee[34] focusing on the 'effectiveness of the current arrangements to promote high standards of health and safety'. From this inquiry and other reviews, the following summarises the work of the HSE:

- While the two-tier structure of the HSC/E has continued, responsibility for and interest in the activities of HSC/E has shifted across government departments. The HSC/E is currently part of the Department of Work and Pensions (DWP). Until 2002 it was part of the Department for Local Government and the Regions. The HSE's structure has evolved to enable it to work within the devolved institutions of Scotland, Wales and Northern Ireland;
- Co-ordination of activities with local authorities – HELA, the HSE/Local authority Enforcement Liaison Committee, provides liaison between the HSE and local authorities, to ensure that health and safety legislation is enforced in a consistent way among local authorities and between local authorities and the HSE. LACORS, the Local Authorities' Coordinators of Regulatory Services, provides advice, help and support to local authority regulatory and related services, including checking hygiene standards in food factories;
- Over 100 independent regulators operated in the UK. In order to reduce the perceived inconsistency and incoherence in the regulatory system, following the Hampton Review in 2004, the Government announced a rationalisation of the regulatory bodies and consequently a rationalisation of the HSE's remit, through the inclusion of the Gangmasters' Licensing Authority within its organisation. As gangmasters are known to be major providers of migrant labour, this change has significant implications for the contact that the HSE will have with migrant workers. Following the Morecambe Bay tragedy in February 2004, greater impetus was generated for the need to regulate labour providers in the food and agriculture sector. Local Gangmaster Forums have been established to facilitate joint working between government departments. In late October 2005 consultation began on the licensing rules for the Authority. This consultation closed on 12 December 2005. The first licence application should be received in the Spring of 2006.
- Regulatory approaches in the UK are also obliged to comply with the model of risk management, established by the EU Framework Directive 89/391, which sets out employers' overall responsibility for prevention, defines the "competencies" they must use and requires the participation of workers and their representatives.

### 3.1.2 Health and safety targets and statistics

The number of fatalities and major injuries due to work decreased markedly from the 1970s until reaching a relative plateau in the 1990s and then oscillating around this medium since then. In 2004/05[35] 220 workers were fatally injured, there were 30,213 reported major injuries and 120,342 reported over three-day injuries (HSC, 2005)[36]. Handling, lifting or carrying, caused two-fifths of these injuries. Occupational ill health

[34] *Select Committee Enquiry into the work of the HSE (2004) Standing Order 152. The remit of the committee was to examine the expenditure, administration and policy of the Department for Work and Pensions and its associated public bodies*

[35] *Health and Safety Commission (2005) Health and safety statistics 2004/05, National Statistics*

[36] *HSE uses the categories "major injuries" and "over-three-day" injuries in its reporting systems. Examples of major injuries include fractures, amputations, dislocations and other injuries leading to resuscitation or 24-hour admittance to hospital. Over three-day injuries are injuries that lead to the workers being absent from work or unable to work for over three days.*

was estimated to account for 33 million days lost out of 40 million in 2001/02. The statistics show that employees have a lower fatality rate than do the self-employed and that those who are workers, rather than employees, also overall are more likely to suffer a fatality[37]. The limited available evidence on the profile of migrant workers suggests that they are more likely to be working through agencies than are indigenous workers and are therefore disproportionately in this higher risk category. There are a number of factors that permit such conclusions to be drawn. Employment through agencies is an established entry route for employment into some of the sectors where migrants are working, most notably in Healthcare. Additionally, from the interviews conducted with employers and with labour providers a clear picture emerges of relatively high levels of agency work in sectors like Processing and Packaging, particularly where work is casual or temporary. In Agriculture the main entry route (SAWS) is facilitated by established agencies.

Looking at rates of workplace fatalities, comparisons with the EU15 suggests that the UK's health and safety record is relatively good. From statistics for 2000 it was calculated that it had the second lowest rate, at 1.7 deaths per 100,000 workers, compared with a EU average of 2.8 (Commons Committee Report). However, due to differences in reporting and recording systems comparisons need to be treated with caution.

All work-related fatalities are reported to the HSE and to the Police. Regarding accidents, the main reporting system for health and safety incidents is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Employers are required to report incidents to the Incident Contact Centre, which is responsible for administering the system and passing on information to the HSE. The average rate of injuries to workers reportable under RIDDOR was estimated to be 1,510 per 100,000 in 2001/02 (Commons Committee Report, 2004).

The extent to which RIDDOR reflects the picture of workplace injuries is debatable. Research comparing RIDDOR with *Labour Force Survey* statistics[38] on the level of non-fatal workplace injuries estimated that only 47.6 per cent of incidents were reported to RIDDOR[39]. The level of reporting also varies by sector and employment relationship – for example the National Audit Office has reported that from surveys it is estimated that Construction employers only report 46 per cent of reportable injuries and the self-employed only five per cent (NAO, 2004). FOD inspectors met during this research have consistently commented that the Agriculture sector is particularly unlikely to report incidents – most estimates were in the region of five per cent.

Therefore it is likely that a substantial amount of work-related accidents and ill health is not reported by conventional statutory reporting. The lack of clear baseline data and comprehensive reporting systems means that it is difficult to assess progress against the main targets.

### 3.1.3 Current Balance of Work by HSE

The front-line work of the HSE is carried out by the Field Operations Directorate (FOD), which is divided into seven geographical divisions, a national Construction Division, a Central Specialist Division and a Headquarters Division. Each geographical FOD has multi-group teams of inspectors who work across different employment sectors, whilst the Construction Directorate teams are focused on this sector alone. As at 1 April 2004, the

[37] *By 'workers' we mean those working under a contract for services rather than under a contract of employment. The HSC statistics show that the number of fatalities among workers is much higher and that their fatality rate, in five of the last six years, is higher.*

[38] *The quarterly Labour Force Survey includes questions on experiences of workplace accidents and workplace-related ill health. As a large survey of 60,000 randomly sampled households, it produces relatively robust statistics.*

[39] *HSC, Health and Safety Statistics 2004/05, National Statistics, Sudbury: HSE Books*

HSE employed 901 staff in the FOD and 704 in other parts of the organisation (including the managerial, policy and support staff in the centre).

HSE inspectors have a range of approaches to their work with employers and workers, ranging from advice, education and promotional work, to inspection, investigation and enforcement. Inspection is defined as a proactive mechanism to assess the extent to which duty-holders have discharged their health and safety duties. Under the HSWA all employers are required to have carried out a risk assessment and taken adequate actions to minimise work-related accidents and ill health. Inspection usually involves a visit to a workplace to see how health and safety is managed. An ***'investigation'*** is an inquiry into a set of circumstances usually surrounding an incident reported to RIDDOR or a complaint. The term ***'enforcement'*** is all work connected to formal enforcement: issuing notices, taking statements and collecting evidence, tribunals and appeals, as well as checking compliance with notices and ensuring that issues giving rise to prosecutions have been rectified.

The HSC/E investigates all fatal injuries, however the proportion of major injuries and other incidents investigated has risen and fallen over the last decade. Only 5.6 per cent of all incidents reported under RIDDOR were investigated in 2002/03. Taken together with the evidence of underreporting to RIDDOR, this suggests that a very small proportion of incidents are investigated. Analysis by the Centre for Corporate Accountability[40] has also shown that the HSE is unable to investigate many serious incidents due to constrained resources – examples include amputations and major injuries involving electricity. The number of prosecutions undertaken by HSE and resulting convictions also fell between 1999/00 and 2002/03. Similarly, local authority enforcement work in the premises they are responsible for has fallen in recent years.

With regard to undocumented workers, where prosecutions are the responsibility of the Immigration and Nationality Directorate (IND), only very limited action has been taken to prosecute employers for wrongly employing undocumented migrants. Between 1998 and 2004 there have been just eight successful prosecutions against illegal working. There were 390 operations and 1,770 undocumented workers detected[41].

The percentage of all workplaces inspected during each year is relatively low mainly due to limited resources for inspection. It is also possible that some new workplaces do not register with the HSE as required by regulations. In one study, the CCA and UNISON estimated that on average a registered premise would receive an inspection once every 20 years[42].

The appropriate balance of activities (advice, inspection, enforcement etc) has been an important question in the recent evolution of the HSE's strategic direction. With the goal of shifting the balance of resources towards more proactive work, the HSE has developed tight criteria to specify what incidents are selected for investigation. A discussion paper presented to an HSE board meeting on 3 September 2003 proposed putting more emphasis on the 'educate and influence' aspects of the work. A literature review conducted for HSC/E found that enforcement was an effective means of securing compliance and that advice and information could be less effective in the absence of this

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[40] *Halford, J. Fordham, M. (2005) Written legal opinion on public safety policy, Centre for Corporate Accountability, Press Release, 16 March 2005; See also, Memorandum submitted by the Centre for Corporate Accountability, to the Select Committee on Work and Pensions, August 2004*

[41] *Home Office (2005) Illegal working taskforce regulatory impact assessment for immigration, asylum and nationality bill, 22 June 2005*

[42] *Centre for Corporate Accountability and UNISON (2002) Safety last? The under-enforcement of health and safety law, November 2002.*

course of action[43]. The Commons Committee also took the view that inspection backed by enforcement was the most effective method of motivating duty holders to comply with their responsibilities under health and safety law (point 142).

There is no way of identifying trends in health and safety risks for migrant workers. In the information on fatalities and in RIDDOR, there is no data on ethnicity or country of birth, let alone immigration status or year of arrival. Hence it is currently impossible to perform a comprehensive analysis on health and safety by type of worker.

Central to HSE policy is that the key to delivering health and safety in the workplace is effective engagement of the workforces themselves and their effective representation in the safety regime. This policy recognises that an increase in the numbers of migrant workers means that they, like all other workers, must be fully engaged and consulted on matters of health and safety. At a central level the HSE has developed a migrant worker team and gained some leverage towards focusing on migrant workers. In June 2004 a programme of five work streams was developed to focus on migrant workers, one of which was research and analysis (leading to this project). The other work streams related to pursuing existing HSE programmes, multi-agency joint enforcement pilot, local authorities, and the Gangmasters (Licensing) Act. Progress had continued against targets set by these work streams in 2005 but faced some obstacles (http://www.hse.gov.uk/aboutus/hsc/meetings/2005/260705/c77.pdf.)

While the HSE investigates all fatal injuries, the proportion of other incidents investigated, as well as workplace inspections is quite low. The implications for workers are apparent – even if an incident is reported, the HSE may not be in a position to investigate its circumstances. Furthermore, given the evidence that migrant workers are more likely to be engaged in temporary or flexible work, potentially on unregistered premises, they may be less likely to be the subject of an HSE inspection or investigation. Whether an HSE FOD inspector notes the presence of migrant workers is also incidental to their work.

[43] *Wright M, Marsden S and Antonelli A (2004), Building an evidence base for the Health and Safety Commission Strategy to 2010 and beyond: A literature of interventions to improve health and safety compliance, Sudbury: HSE Books*

## 3.2 FINDINGS FROM MEETINGS WITH HSE FIELD OPERATIONS DIRECTORATE OFFICERS (FOD)

As part of the preliminary stage of the research, discussions were held with principal HSE inspectors in each of the relevant Field Operations Directorates (FODs) of the regions covered in the project. The interviews covered:

- The groups of migrant workers noted in their region;
- The main sectors migrants were thought to be working in;
- How different groups of migrants were generally being employed and for what periods;
- Who the major employers of migrant workers were;
- How many health and safety incidents involving migrant workers they were aware of;
- Whether there were patterns of under-reporting of health and safety incidents among migrant workers;
- Whether any work had been undertaken by the HSE FOD to investigate health and safety issues relating to migrant workers and whether there was trade union and/or employer support for such investigations;
- Whether there were community or other organisations in the area supporting migrant worker groups; and
- What other research they were aware of.

These interviews provided some insights into how HSE work programmes are conducted and what issues in relation to migrant workers were being observed. In general, the inspectors recognised that they only had a limited picture of migrant worker activity. In part this was due to the fact that the number of HSE inspectors is relatively small and they did not have the strategic direction or capacity to investigate workplaces, solely on the basis that they employed migrant workers.

With regard to inspections and investigations, inspectors reported that it had not been possible to dedicate resources towards specific groups or types of workers such as migrants. This was said not to be possible due to the way that the HSE strategic programme was structured to focus on PSA targets for the most high risk or common incidents.

During 2005 there was an interest in attempting to focus investigations in the food and agriculture sectors on accidents involving temporary and casual migrant labour, but resources had not yet been committed to this work at the time of the interviews for this research.

There was a perception among the HSE inspectors interviewed that the numbers of migrants in some sectors and areas had increased in recent years but they could not comment in more detail on the trends, since their work had not focussed directly on these groups. In general inspectors identified language and communication difficulties as key issues affecting migrant worker health and safety. Some had encountered cases where they suspected that a lack of understanding on the part of the worker had contributed to accidents. For example, several instances of fingers lost by migrants in factory work were suspected to have been due to communication problems, but the HSE inspector had not been able to investigate this possibility in depth. Some inspectors also believed that migrant workers were less likely to approach the authorities or to raise health and safety concerns due to past experience of enforcement or government that made them generally suspicious of authority. One claimed that on occasions they could be hampered in investigations, due both to communication problems and to the fact that workers had a

genuine fear of reprisals, should they complain. In the food processing and manufacturing industries, HSE inspectors reported a number of serious accidents involving migrant workers, where language difficulties may have been a contributing factor. Instances had also arisen where HSE inspectors had adjudged the communication of critical safety information to migrant workers to be unsatisfactory.

### 3.2.1 The HSE Construction Division

London was the main area where HSE construction inspectors had noted migrant worker activity and there had been some focused work with particular groups of migrant workers in this area to raise awareness about health and safety. Those from the other regions reported that they had encountered migrant workers on construction sites relatively infrequently. The Construction Division had participated in a workshop organised by the Construction Industry Training Board (CITB) in May 2005 on the theme of 'Integrating the migrant workforce'. This highlighted the work being done to promote English language training. Further to this meeting the Engineering Construction Industry Association (ECIA) produced its guidelines for employers (see Appendix A3).

Different types of migrant worker activity in the construction sector were noted. A growing skilled labour force coming from the new Central and Eastern European states was noted as being employed, particularly by large contractors. It was felt that these companies generally had established methods of communication and translation and consequently those migrants working for them were assumed to be relatively well informed and, in general, were believed to face those health and safety risks common to all workers. Another trend was for migrants from particular communities to work together on site jobs as sub-contractors. In this case one bilingual worker would act as the 'foreman' and, based on their English language skills, would channel all information between employer and migrant workers. This relationship was sometimes relatively informal and consequently it was more uncertain whether health and safety issues would be fully communicated or understood. One of the HSE inspectors specifically commented on the downside of such arrangements being that employers could not be sure that their health and safety message was being communicated to migrant workers. As this report shows, employers and trade unions often shared this view (see sections 5 and 6, and Appendix A).

The general feeling was that the greatest health and safety problems tended to be in the more informal and unregulated smaller scale end of the Construction sector. The group considered to be at greatest risk were those workers who would leave a site as soon as an inspector arrived, presumably because they were undocumented. However, the inspectors also spoke of cases where even those migrants entitled to work in the UK were reluctant to contact the HSE. An example was cited where an accident to a sub-contracted Polish worker was not reported and only came to light through a third party while the worker who had suffered the accident was still unwilling to have anything to do with the HSE. The complexity of contracting arrangements was also suspected to be a factor in accidents not being reported.

### 3.2.2 HSE FOD multi-sectored teams

Dealing with migrant workers had generally not been a major factor in the operations of the FOD multi-sector inspector teams. On a case-by-case basis they had got involved where there was evidently a risk due to communication problems or cultural differences in perception, but in the interviews with inspectors they commented to the researchers on the fact that there was no set mechanism for identifying if migrant workers were part of a workforce. Hence, migrant workers were only identified incidentally during routine inspection and investigation work. Furthermore, they were of the view that only a minority of injuries and very few cases of workplace-related ill health were ever reported.

In some of the cases that inspectors had investigated the employer could be a company based outside the UK and the workforce could be from a third county. These were perceived as presenting more problems in relation to health and safety. For example, there was one case in South Wales of Bulgarian workers working for a Hungarian based company. Workers were found to be using equipment without appropriate supervision.

An HSE team leader covering agriculture in the South West reported cases of musculo-skeletal problems and contact dermatitis where inability to communicate in English, in circumstances where supervisors only spoke English, meant that workers were not aware of the possibility of rotating work and taking breaks. HSE inspectors in the South West had also encountered accidents where lack of health and safety awareness – the inability of workers to warn colleagues of imminent risks – was due to inability to communicate. They were also aware of cases of fingers being lost, one in double-glazing, one in timber cutting and the third in frozen meat processing where migrant workers were involved. There was also one case where a notice prohibiting employment on a meat cutting bandsaw was about to be issued, in a case where the operator did not share a common language with the person taking the product off the line.

The FOD officers referred to the fact that the HSE strategic programme and PSA targets were structured on particular types of risks and accidents rather than on the targeting of particular groups of workers. Some suggested that the possibility of poor health and safety practices, where migrants were being employed on a temporary or casual basis by recruitment agencies, might warrant more targeted work by HSE.

### 3.3 INFORMATION FROM THE FOCUS REPORTS

The researchers were provided with data from the Focus reports, that is the reports that HSE inspectors provided following a workplace visit, over the last five years, where the data contained any one of some 50 key words related to migration and migrants to allow a search for records relevant to migrant worker employment. Once the data had been cleaned, to remove those records that did not in practice deal with migrant labour, we were left with some 829 separate workplace reports[44]. There were a further 93 reports dealing with meetings that HSE inspectors had attended, to discuss with local communities, employers or trade unions issues relevant to migrant or Black and minority ethnic workers. These have not been included in the analysis below. Thus all of the data below come from the 829 reports.

Given that there is no systematic way of recording incidents involving migrant workers, the analysis of the Focus reports may be seen as anecdotal but it remains the only HSE formal record of the risks that migrant workers encounter. Importantly they do capture quite graphically the risks that migrants encounter at work.

Of the 829 separate workplaces, there were nine where fatalities had occurred, within the period covered by the reports. There were a further 106 where a serious accident had occurred, although not all had been reported prior to the HSE visit and there were 78 other cases where accidents or fatalities were not known to have occurred but where the HSE inspector reports the presence of a major risk, with the potential to cause an accident or fatality. Taking these three together, they come to 193 occurrences out of the 829 reports.

#### 3.3.1 Fatalities

Documented in the Focus reports are nine incidents leading to single or multiple fatalities, involving migrant workers. In one case in the South of England two Polish farm workers were killed, when entangled by a rope being wound on to a tractor driven fleece-winding

[44] *There were some 75 cases involving more than one inspection for the same incident. We have avoided double counting and have counted them as one incident only.*

machine. A second case refers to 'recent level crossing fatalities, where workers were all Eastern European'. This appears to refer to an incident involving a vehicle carrying migrant labour to their workplace crossing in front of a train. Another case, the fatality of a Portuguese migrant worker, occurred when, in the course of his work, he was trapped between the vehicle and trailer. In a case involving a Kurdish migrant worker, death was the result of a fall, whilst changing filters in a spray booth at a coach building plant.

Falls had directly contributed to a number of fatalities. A fall caused the death of a Kurdish labourer working on tree feeling. According to the report the inspector was told that the worker had been wearing a helmet, although when the body was found there was no helmet present. A fall was also responsible for the death of a Polish migrant labourer, who fell off a section of a chimneystack, while working on the refurbishment of a block of flats.

In two cases deaths resulted from falls from a roof or scaffolding. In some cases the fatality was not of a migrant worker, but involved migrant workers. In a case, involving a fatal road accident, a Dutch-owned lorry, being driving by a Polish driver and carrying paper reels from a plant in Scotland, had collided with another vehicle on a bend, causing the death of the other vehicle's occupant. The Focus report suggests that the load may have moved during the journey.

### 3.3.2 Major accidents

The Focus reports document 106 incidents that resulted in a serious accident, including the loss of a limb or an incident serious enough to disable the employee from working permanently or for a considerable period of time. Some of the injuries sustained were very serious. In one case, involving a Lithuanian construction worker, the hospital categorised his injuries as 'severe' with 'cognitive problems which will probably remain'. In another case a Lithuanian worker had cut through a live cable while digging, sustaining burns to his arms and thighs.

### 3.3.3 Main source of accidents

#### *Use of saws and cutting equipment*

Several of the cases involved the use of saws. A case involving a Turkish worker is described as 'more serious than the first report suggests' involving the partial amputation of the top of the worker's thumb and the breakage of two fingers, caused while using a saw. Using a saw without a guard caused another accident, involving the loss of a Russian migrant worker's finger. In a further case a Lithuanian worker suffered the loss of the top of a finger while using a saw. In another case, again involving a sawing machine, the worker was a family friend carrying out work experience in the UK, with a view to developing a business back in Poland.

#### *Falls and slips*

Falls, which were a major component of the some of the fatalities, also contributed to accidents. In one case a Romanian worker fell off a top tower scaffold on his first day at work. At a farm, a Polish student sustained an injury when falling through an asbestos roof while cleaning the gutters. A Chinese worker fell through some fragile roof material. In this case the inspector had difficulty in establishing who the individual was working for or why he had been on the roof. A Lithuanian worker working and living on a site doing decorating work, fell while striping wallpaper when the ladder base slipped, due to the floor having wet paper on it. The fall resulted in his breaking his arm. A Polish worker working through a sub-contractor on a construction site fell through a fragile skylight, suffering multiple fractures. The worker did not speak English, nor did any of the other Polish contract workers, according to the report. A Turkish worker who had fallen from a ladder was only found in the early hours of the following morning. A South African

worker, on a demolition site, fell through a skylight. Crawling boards and harnesses were not in use. A Polish worker in a milk products' firm suffered scalds, bruises and a twisted ankle when he slipped. In another case a Polish worker had fallen after unsecured boards dislodged a ladder. An Albanian fell from the second rung of ladder while descending. There was no evidence of what might have contributed to the fall, the worker was wearing appropriate boots and the terrain was not slippery. A Lithuanian worker fell down a hole in a wood saw plant, as he had not been made aware that a plywood board was covering the hole. In another incident a Romanian worker was found at the bottom of a smoke vent shaft after having been reported as missing by a relative. In one report the HSE inspector follows up the case of a young Lithuanian worker who had been working on a farm the previous year and had fallen through a roof. The reports sometimes specifically mention that agency employees were involved. At a construction company, it was mentioned that a Bulgarian worker, who had fallen from unstable scaffolding, had been employed through an agency.

#### *Getting limbs trapped in machinery*

Getting limbs trapped in machinery was also a frequent cause of accidents. In one case, involving a female Lithuanian farm worker, she was injured when her hand got caught between machinery as she was trying to remove a blockage. In another case, again on a farm, the report notes that the injured person had been 'instructed to run [the] machine while cleaning'. At a food processing factory an Iraqi worker lost three fingers to the first knuckle, in a waste handing system. A Bulgarian worker in a forestry company had a finger amputated when trying to clear a blockage from a circular saw. A Kurdish worker employed in an ice-cream factory had his fingers dislocated when trying to remove something that was jamming the machinery. In Liverpool a Lithuanian worker had his right arm severed while removing meat from a mincing machine, while in Northumberland a female Polish worker lost the tip end of her finger, when it got trapped between machinery rollers.

#### *Accidents involving vehicles*

There were a number of incidents related to driving vehicles. In one case a Lithuanian worker was injured when the tractor he was driving overturned. An Australian migrant worker was also injured through a separate but similar incident. A Kurdish worker was injured when a vehicle reversed into him while he was unloading it. Inexperience was one reason given for a number of these vehicle accidents, including that involving a Polish driver detailed below. Forklift truck and dumper trucks were sometimes involved in these kinds of incidents.

### 3.3.4 Lack of proper training

The reports on accidents point to poor communication and lack of training as being responsible for many of the recorded accidents. For example, in one case where the accident had led to the partial amputation of the finger of a Polish employee working with a bandsaw, the report notes that the injured person 'had no English' and that two fellow employees were used as translators, although no formal arrangements for translation were in place. The accident occurred in a butchery department employing approximately 40 Central and Eastern Europeans. In the case involving the loss of the top of the Lithuanian worker's finger, the report notes that while the UK workers were City and Guilds trained, migrant workers were trained by demonstration and assessed by observation. A Polish worker hospitalised when a truck overturned while moving bundles of steel, is described in the report as an 'inexperienced driver'. In another case a Latvian worker, 'an unauthorised and untrained operative' used a forklift truck that ran over the foot of another worker. An agency worker, in a food products' plant suffered an accident while operating a bandsaw, cutting blocks of pork rind. The report notes that the worker had

only worked for the employer for a week and that there were no training records, no written system of work and no risk assessment.

### 3.3.5 Communication barriers

Lack of communication is not just a problem internal to the workplace. The HSE inspector's inability to communicate with the injured person or with colleagues compound difficulties in collecting reliable data about accidents. In one case involving a Turkish worker, injured because bales of plastic were being delivered vertically rather than horizontally to the loading bay, the inspector notes that he is unable to speak to the injured person, partly because he was a shift worker and not present at the time of the inspection but also because his 'first language is Turkish, English is said to be very poor'. A report of an accident at a catering company also notes that the injured worker was unable to speak English and required a translator. The reports note that frequently HSE inspectors have had to use translators, in some cases these were co-workers or individuals from local community organisations. There are understood to be HSE guidelines on the use of translators

### 3.3.6 Injured persons no longer contactable

One issue emerging from the reports is that sometimes the migrant worker is no longer available when the HSE inspector comes to investigate the incident. From the information in the reports, in around one in six of the accident cases, the individual was no longer present, either in the workplace or in the country. In one case, where an Australian worker had suffered a hand injury through removing a safety guard to get access to a product, the worker was reported to be 'leaving the area the next day to go travelling'. In another case involving a Bulgarian worker, whose accident, when a dumper truck trailer carrying a number of migrant workers tipped over, led to his being hospitalised for two weeks, he had returned to Bulgaria following his discharge from hospital. The background to the accident was that Russian students, who had only been given 'limited training before they were allowed to drive the dumpers' were driving at the time of the accident. Another case involved a Romanian worker who had been discharged from hospital and gone back to Romania. His accident had occurred while securing a pile of sheets on to a roof when he had been blown off it. There had been no edge protection nets, nor fall arrest harnesses. In another case, involving an accident (details not given) none of the Turkish workers including the injured person were still working for the company, a metal structures' company in the London area. In the London carpentry workshop case (see below) the injured worker again was not traceable. In a further case, a scaffolding company employing Kosovan labourers, is noted as having cleared out of the site and not returned. An Australian migrant worker injured when the tractor he was driving went into a ditch had 'moved on probably out of the country' according to that report. At a book binding company, where a Somalian worker had been injured, the attempts to contact him had been unsuccessful.

One case where the inspector was investigating an explosion at a property where building work was being carried out, he reports how, as he is trying to get details of the incident, the worker involved 'did a runner'. A farm worker injured by machinery was reported to have returned to Poland. A Polish worker injured while cleaning machinery following a fire had returned to Poland and was therefore not available for interview. In the butchery company case referred to above, the Polish worker who had been injured when sawing meat had gone back to Poland. In another case the report states that the information given was that the injured worker had intended to return to Poland prior to the accident and had done so. A Polish worker returned to Poland shortly after he was injured when the lift he was re-roping collapsed down the shaft while he was on top of it. According to the HSE report the accident occurred because the worker had not followed instructions. At one packhouse an Albanian migrant worker had been injured and had not returned to the

workplace after three months. The contact details provided by the agency to the HSE no longer existed.

In some cases the incident recorded was due to contamination or contact with chemicals or other substances. One report, again where the worker was no longer present in the country, refers to a Latvian worker affected by celery rash.

### 3.3.7 Reluctance to provide information

Another emerging issue relates to the injured migrant workers' reluctance to give evidence about accidents, either through loyalty to the employer or through fear. In one case, involving a construction company, the injured person refused to give a statement, according to the report, 'because he did not wish to implicate [the employer] who is a distant relative of his'. This was despite the seriousness of the individual's injuries, who is described in the report as being 'in a very bad way, with burns to his face and neck and both arms bandaged'.

### 3.3.8 Non-reporting of accidents

In some cases the reports refer to accidents uncovered during visits but which had not been reported, such as in the case of an accident to a Polish worker employed through an agency to work in a furniture company. One inspector, reporting on a visit to a dairy farm employing around 250 agency workers, many of whom were migrants, was told of a Polish worker whose finger had been sliced off. At another farm a Russian worker had lost the tip of two fingers, but again the accident had not been reported. The report says that according to the supervisor 'a lot of accidents are not reported' and refers to an accident a few weeks earlier, when a Czech worker cut an artery in his arm. In another case, involving a horticulture company, an ex-employee had alerted the HSE inspector to an unreported ladder accident. In the course of a visit to a construction site the inspector discovered that there had been an accident the previous week, involving a dumper truck that had resulted in a migrant worker being taken to hospital. Yet no accident had been recorded or reported. Another incident involved the late reporting of an accident to a Bulgarian casual farm worker. The farmer had apparently not immediately reported the accident due to a 'grave error of judgement as to the seriousness of the accident'. In another case the visit arose from a complaint that an accident at a London carpentry workshop, involving an agency migrant worker had not been reported. An accident at a forge resulting in an Iraqi worker's leg being broken in three places had not been reported. At a freight company, employing Kurdish workers, the inspection report reveals that three-day injuries were not being reported to the HSE. The address supplied by the agency for the worker was incorrect and the inspector was unable to locate the worker. It is of note that in many of these cases the workers were casual or agency staff.

### 3.3.9 Accidents involving other parties

As with the fatalities, in some cases migrant workers were not themselves injured but were present when the incident occurred. In one mixed farming company a worker was injured while working with four Polish workers on a potato-sorting table. In another at a bakery there had been a 'serious accident to a three-year-old'. The floor in the bakery was described as 'very slippery'. None of the workforce spoke English and the HSE report says this made it difficult to communicate.

### 3.3.10 Young people

There is some anecdotal evidence of injuries in workplaces involving very young workers. In addition to the accident involving the three-year-old, one report refers to the employment of a 13-year-old asylum seeker who sustained minor crush injury to fingers, while working through an agency.

### 3.3.11 Assessing major risks

In addition to the 106 cases of serious accidents and the nine cases involving fatalities, there were 78 separate cases where the HSE inspector identifies a serious risk, for example where workers were working on machinery where guards had been removed. The incidents include the following:

- Migrant workers seen working on a glass roof in an unsafe manner;
- Two Chinese employees seen working on a glasshouse roof;
- Polish workers in agriculture working seven days a week without breaks;
- Migrant workers working in horticulture without any manual handling training, with objects left strewn in narrow walkways;
- Polish employee seen working on top of a diesel tank painting with a ladder not footed;
- Car valets using a vacuum cleaner lying in puddle of water with a split cable;
- Working on pipes 10-12ft high without a working platform;
- Workers scrubbing down the side of a ship without wearing their preservers;
- Workplace where there has been no fire practice 'for years'; and
- Working at height without clipping on.

## Summary: Section 3 Key points

1. The existing health and safety framework does not focus on specific groups and the pool of knowledge on migrant health and safety within the HSE is limited.
2. Analysis of available data suggests that the risks that migrant workers face at work – cuts, falls, slips and so forth – do not differ from those of the UK population. However, an ability to communicate health and safety information and a lack of training may contribute to placing them in a higher risk category.

# 4. REGIONAL OVERVIEWS

This section presents regional summaries for all five regions covered by the research, providing some relevant regional statistics, highlighting any regional specific research on migrant workers and their health and safety and offering an overall profile of migrant working in the region.

The summaries included below are based on information drawn from interviews with key respondents, including HSE inspectors, employers, trade unions and community-based organisations. It also includes information from local and regional newspaper reports and other grey literature.

Recent research by the TUC concludes that the geographical distribution of new migrants 'marks a departure from earlier waves of migration, which were predominantly to urban areas' (TUC, 2004b). This points to the spread of migrants to rural areas and to small towns as well as to large cities all over the country. This research has found that migrant labour is no longer present only in large urban areas and is indeed geographically dispersed. Although it is not possible from the published data to accurately establish the size of the current migrant labour force within the five regions surveyed, our regional summaries do present an analysis of the most reliable available data.

## 4.1. EAST OF ENGLAND

The East of England encompasses the counties of Hertfordshire, Bedfordshire, Cambridgeshire, Essex, Norfolk and Suffolk.

### 4.1.1 Labour market characteristics

The East of England region has a population of 5.4 million people, with a total labour force of 2.6 million. As with the other regions outside London, the breakdown of employment by sector, taken from the 2001 Census, reveals that the wholesale and retail trade was the largest sector. Manufacturing was not as prevalent as in the North East and Wales, but still larger than in the South West and London. Agriculture had a larger proportion of the labour force than in any of the other regions surveyed, although of course it still represents a very small component of the regional labour force.

**Table 4.1.1** Employment in the East of England's main sectors[45]

| *Sector* | *No.* | *%* |
|---|---|---|
| Agriculture; hunting and forestry | 49,009 | 1.9% |
| Fishing | 638 | 0.0% |
| Mining and quarrying | 5,457 | 0.2% |
| Manufacturing | 373,155 | 14.5% |
| Electricity; gas and water supply | 16,223 | 0.6% |
| Construction | 196,461 | 7.6% |
| Wholesale and retail trade | 445,887 | 17.3% |
| Hotels and restaurants | 107,418 | 4.2% |
| Transport; storage and communications | 191,252 | 7.4% |
| Financial intermediaries | 149,883 | 5.8% |
| Real estate; renting and business activities | 343,264 | 13.3% |
| Public administration & defence; social security | 133,066 | 5.2% |
| Education | 189,274 | 7.3% |
| Health and social work | 249,776 | 9.7% |
| Other | 128,616 | 5.0% |
| *All* | *2,579,379* | |

*Source: 2001 Census, ONS*

The unemployment rate within the region at the beginning of 2005 was 4.1 per cent, lower than the UK average of 4.8 per cent. However, the regional labour market has slackened in recent months, with employment falling by 30,000 in a year[46]. As shown in Table 4.1.2, drawn from the Census 2001, 93 per cent of the population residing in the East of England was born in the UK. Although still only a small minority, with the exception of London, the proportion of its non-UK population was higher than that in the other regions of the UK included in this research.

**Table 4.1.2:** Country of birth of residents in the East of England

| *Country of birth* | *No.* | *%* |
|---|---|---|
| United Kingdom | 5,010,654 | 93.0% |
| Ireland | 46,792 | 0.9% |
| Channel Islands and Isle of Man | 2,648 | 0.0% |
| Western Europe | 79,478 | 1.5% |
| Central and Eastern Europe | 17,854 | 0.3% |
| Africa | 52,221 | 1.0% |
| Middle East | 13,647 | 0.3% |
| Far East Asia | 33,378 | 0.6% |
| South Asia | 58,672 | 1.1% |
| North and Central America | 38,019 | 0.7% |
| Caribbean and West Indies | 13,770 | 0.3% |
| South America | 4,860 | 0.1% |
| Oceania | 13,598 | 0.3% |
| Other | 2,546 | 0.0% |
| *All* | *5,388,137* | |

*Source: 2001 Census, ONS*

The East of England has been the destination for a significant number of migrant workers for many years, in particular the agricultural and food processing sectors have

[45] *The industry categorisation is based on the 'UK Standard Industrial Classifications of Economic Activities 1992' (SIC92).*
[46] *EEDA, East of England Economy and labour market background paper, 13 April 2005*

traditionally recruited large numbers of seasonal migrant workers, originally from within the UK and recently from other European countries, now mainly the A8 countries.

According to a University of East Anglia study on Migrant working in west Norfolk[47], the first Chinese arrivals to the area occurred in the 1970s, with many opening restaurant businesses. Investigations have indicated that the Morecambe Bay tragedy may have links to Snakeheads operating in Norfolk, as suggested by undercover reporter Hsiao-hung Pai[48] and the Norfolk Constabulary.

Research indicates that the number of migrant workers has increased substantially in recent years, however. From about 2001 there has been a considerable growth in Portuguese migration to west Norfolk, concentrating in areas such as King's Lynn, Swaffham and Thetford.[49] According to Taylor and Rogaly (2003), based on data from the South Norfolk Primary Care Trust, at their time of writing there was a population of around 6,000 Portuguese workers in Thetford and Swaffham, many of whom were working in food processing and the largest migrant community in King's Lynn was also Portuguese people working in factories.

There have also been reports of tensions between local and migrant communities, most notably an attack on Portuguese football supporters in a Thetford pub[50.] In one case a Portuguese couple suffered an arson attack on their home[51]. Two labour agencies have also been attacked in recent months[52].

The East of England has a relatively low number of work-related fatalities, 18 in 2004/05. However, the rate of reportable injury per 100,000 workers is higher than in the North East or Wales and is only slightly lower than that of London and the South West (HSC 2005).

### 4.1.2 Research profile of migrant workers in the East of England

The report, Migrant workers in the East of England, by WLRI for EEDA[53] estimated that the number of recent migrant workers in the region is somewhere between 50,000 and 80,000 workers at peak seasonal times. Women were as likely to be migrants in search of work as men and a wide range of age groups were noted, although most were in the 25 to 49 year old group. Information on migrant workers in the region can also be derived from the University of East Anglia's study by Taylor and Rogaly, Migrant working in West Norfolk[54], Pemberton's Beyond Numbers: the Chinese migrant worker community in West Norfolk[55,] Food on the table – the economic impact of migrant working in Norfolk[56]and the working papers from a conference on migrant workers in Norfolk organised by the Norfolk Constabulary[57]. A report which focuses on a small area within

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[47] *Taylor, Rogaly (2003) Report on migrant working in west Norfolk p2; http://www.sussex.ac.uk/migration/research/NorfolkReport.pdf*
[48] *The Guardian, March 27, 2004. 'Inside the grim world of the gangmasters'*
[49] *Taylor and Rogaly (2003)*
[50] *Eastern Daily Press, 26 June 2004*
[51] *Peterborough Evening Telegraph, 28 January 2005, 'The daily hell of attacked family'*
[52] *Peterborough Evening Telegraph, 1 June 2005, 'Arsonists target second jobs firm'*
[53] *McKay, S. and Winkelmann-Gleed, A. (2005) Migrant workers in the East of England, East of England Development Agency.*
[54] *Taylor and Rogaly (2003) Migrant working in West Norfolk, Norfolk County Council: Norwich p1-2; http://www.sussex.ac.uk/migration/research/NorfolkReport.pdf*
[55] *Pemberton, C and Ling, B. (2004) Beyond numbers: the Chinese migrant worker community in West Norfolk, Ibix Insight*
[56] *Norfolk County Council and Norfolk YMCA (2005) Food on the table – reports on: the economic impact of migrant working in Norfolk and the experiences of migrant workers in agriculture and food processing in Norfolk*
[57] *Norfolk Constabulary (2004)*

the region, A profile of migrant workers in the Breckland Area[58], looked at the skills that migrant workers possessed and found fairly high levels of generic skills, such as numerical skills, communication, problem solving and other languages.

The cumulative research demonstrates that the migrant workforce in the East of England is ethnically diverse. It includes Portuguese, Chinese, South Asians, Albanians, Kosovans, Americans (North and South) as well as migrants from the Central and Eastern European communities (the Ukraine, Lithuania, Estonia, Belarus, Latvia and Russia) and the Commonwealth countries (mainly India).

The Central and Eastern European Accession countries have been a source of many of these new migrants. Based on information from those who had registered since 1 May 2004, a report by ippr in late 2004 found that 15,145 migrant workers from the 'former Iron Curtain' countries were registered in East Anglia. Of these, 55.7 per cent were from Poland, 16.7 per cent from Lithuania and the remainder from Slovakia, Latvia, the Czech Republic, Hungary, Estonia and Slovenia. Most registered workers were employed in factory work and other labouring jobs such packing, cleaning, farm labour, warehouse work, building sites, catering, hospitality and care jobs. Recent data, covering May 2004 to September 2005, shows that 44,350 A8 workers were registered as working in the region under the Workers' Registration Scheme, (Home Office 2005)[59].

Filipino and South Asian migrants were also employed in large numbers within the NHS or in private care work. The WLRI research also found that skilled South African workers were being employed in the private care industry and in hotels in unskilled work. Although there is limited reporting of health and safety incidents involving migrant workers in the region, there was one case reported in the media of a Portuguese woman who lost three fingertips in a conveyor belt incident[60].

There are also concerns over the quality and safety of the accommodation housing many migrant workers in the region. Local newspapers frequently report cases of overcrowding, with examples given of 10 to 20 adults in one house[61].

### 4.1.3 Support organisations

A multilingual on-line advice service was set up in January 2005 by Kings Lynn Asylum and Refugee Support, to give information on topics ranging from finding English classes and social events, to setting up a bank account and finding a job. It can be accessed in Russian, Portuguese, Chinese and English.[62] In Peterborough, the Migrant Resource Centre, in Lowestoft, the International Support Group and in Thetford, the Multi-Ethnic Thetford Association provided support for recent migrants.

### 4.1.4 Initiatives on migrant workers

The East of England Development Agency (EEDA) commissioned the WLRI to research into the skills and experiences of migrant workers in the East of England[63]. At a conference in December 2005, EEDA presented the research recommendations and conducted a detailed consultation with community and other organisations on how best to implement the recommendations. An agency working to assist the Portuguese community has been the Keystone Development Trust. In September 2004, it published 7,000 copies

[58] *Schneider, C and Holman, D. (2005) A profile of migrant workers in the Breckland area, Anglia Polytechnic University, Cambridge*
[59] *Home Office (2005) Table 8*
[60] *Peterborough Evening Telegraph, 16 June 2004, 'Food firm fined over woman's hand injury'*
[61] *Peterborough Evening Telegraph, 20 May 2005, 'Ten men had a lock-up for a home'*
[62] *Eastern Daily Press, 24 January 2005*
[63] *McKay, S. Winkelmann-Gleed, A. (2005) Migrant workers in the East of England, Project report, EEDA*

of a public service guide in English and Portuguese, with the aim of helping new arrivals and long-term residents to understand how they can access the services to which they are entitled[64]. In Peterborough a one-stop shop, 'New Link' has been set up, to bring together advice, information, training and support for asylum seekers, refugees and migrant workers. The initiative is said to be the first in the UK.[65]

## 4.2 LONDON

The London region has a population of 7.2 million people, with a total labour force of 3.3 million. London contains almost 40 per cent of all migrant workers and is also the place with the highest diversity in terms of the country of origin of migrant workers. Migrant workers in London are more likely to reside in areas where there is a presence of other ethnic minorities. This summary attempts to present a picture of the migrant labour market trends in London, as well as outline a profile of migrant workers in the various sub pockets of the region.

### 4.2.1 Labour market characteristics

The London labour force is more than three million strong and is dominated by a small number of sectors, principally business sector activities, the wholesale and retail sector and health and social work. The number of people employed in the various sectors in London according to the Census (2001) can be seen in Table 4.2.1 below. As can be seen one in five workers in London work in Healthcare, Construction, Hotels and Catering, three sectors with large numbers of migrant workers.

**Table 4.2.1** Employment in London's main sectors[66]

| *Sector* | *No.* | *%* |
|---|---|---|
| Agriculture; hunting and forestry | 10,898 | 0.3% |
| Fishing | 135 | 0.0% |
| Mining and quarrying | 4,487 | 0.1% |
| Manufacturing | 253,358 | 7.6% |
| Electricity; gas and water supply | 11,035 | 0.3% |
| Construction | 174,731 | 5.3% |
| Wholesale and retail trade; repairs | 478,374 | 14.4% |
| Hotels and restaurants | 153,357 | 4.6% |
| Transport; storage and communications | 270,358 | 8.1% |
| Financial intermediaries | 264,343 | 8.0% |
| Real estate; renting and business activities | 673,034 | 20.3% |
| Public administration and defence; social security | 178,261 | 5.4% |
| Education | 247,767 | 7.5% |
| Health and social work | 334,783 | 10.1% |
| Other[67] | 264,213 | 8.0% |
| All | 3,319,134 | 100% |

*Source: 2001 Census, ONS*

London's migrant population has a different profile from the migrant population of the rest of the UK, according to GLA (2005)[68.] London's migrants are more likely to be from

[64] *Eastern Daily Press, 23 Sept 2004 'Welcome Newcomer, what you should know'.*
[65] *Peterborough Evening Telegraph, 30 June 2005, 'NEW LINK: Terry's praise for refugee centre'*
[66] *The industry categorisation is based on the 'UK Standard Industrial Classifications of Economic Activities 1992' (SIC92).*
[67] *Other industry includes other community; social and personal service activities; private households with employed persons and extra-territorial organisations and bodies.*

developing countries and more likely to be from Black and Minority Ethnic (BME) groups, than those living outside London. They are also more likely to be recent arrivals (ibid).

There is no information on the exact number of migrants in London. In terms of A8 nationals, some 47,895 workers registered between May 2004 and September 200569. However, London is known for its ethnic diversity and has always been a destination of choice for new migrants. Salt (2004)[70] suggests that the concentration of foreign workers in Greater London applies to all national groups identified and is particularly the case for those from France and Germany, other northern EU countries, Southern Europe, Africa, the Caribbean/West Indies, Other Americas and Australia and New Zealand. A look at the country of birth classification from the Census (2001) data as summarised in Table 4.2.2 reveals that just 72.9 per cent of its population is UK born. People born in Africa and South Asia represent the two largest groups of migrant workers, while those from Western Europe, Ireland and the Caribbean also form significantly large communities.

**Table 4.2.2** Country of birth of residents in the London region

| ***Country of birth*** | ***No.*** | ***%*** |
|---|---|---|
| United Kingdom | 5,231,701 | 72.9% |
| Republic of Ireland | 157,588 | 2.2% |
| Channel Islands and Isle of Man | 3,503 | 0.0% |
| Western Europe | 230,441 | 3.2% |
| Central and Eastern Europe | 118,435 | 1.7% |
| Africa | 454,536 | 6.3% |
| Middle East | 114,392 | 1.6% |
| Far East Asia | 134,312 | 1.9% |
| South Asia | 386,213 | 5.4% |
| North America[71] | 62,513 | 0.9% |
| Caribbean and West Indies | 142,499 | 2.0% |
| South America | 44,178 | 0.6% |
| Oceania | 70,633 | 1.0% |
| Other[72] | 21,179 | 0.3% |
| Total | 7,172,093 | 100% |

*Source: 2001 Census, ONS*

According to GLA (2005), migrants comprise 35 per cent of London's working age population. However, many of these groups may have been in the UK for long periods of time and hence are not included in the category of migrant workers as defined under this research. According to GLA (2005), migrant workers have strong over-representation in the hotel and restaurant sector. In London ten per cent of all migrants in work are employed in this sector, compared with only three per cent of UK born Londoners. Workers from Sri Lanka (32 per cent), Turkey, Kenya and Pakistan (all 25 per cent) are heavily represented in retail. Workers from parts of Africa and the Caribbean are concentrated in the health and social work sector — 37 per cent of workers from Trinidad and Tobago and 24 per cent of Jamaicans work in this sector.

[68] *GLA (2005) Country of birth and labour market outcomes in London: an analysis of Labour Force Survey and Census data. Data Management and Analysis Group Briefing 2005/1 (Lorna Spence), Greater London Authority*
[69] *Home Office (2005) Table 8*
[70] *Salt, J. (2004) International migration and the United Kingdom, Report of the United Kingdom SOPEMI Correspondent to the OECD, 2004 p38*
[71] *People born in Central America have been included in North America.*
[72] *'Other' consists of people born at sea or in the air; or with country of birth not stated*

In London there is a significant difference in the labour market experiences of migrant workers from different countries. Workers from developing countries are more likely to work part-time (23 per cent) than migrants from the high-income group countries (ibid). Migrants from high-income countries are also more likely to work in finance and business activities and earn higher pay rates. Pay rates are lowest for migrants working in the hotels and restaurants sector (ibid).

While there are also no official estimates on the numbers of unauthorised migrants in London, there is one recent estimate of half a million (prepared by Prof John Salt), though this was challenged on various grounds of methodology. Unauthorised workers are 'likely to be working for private minicab firms, construction outfits, cleaning agencies and in the catering industry, putting in long hours for low pay. They are at the bottom of the labour pile…'[73].

London incurred 23 workplace fatalities in 2004/05, the second highest number of workplace fatalities, with only the West Midlands, with 26 such fatalities, being higher. There were 2,804 major injuries to workers (HSC 2005). However, London's rate of reportable accidents per 100,000 workers is the lowest in the UK. Within the Construction sector in London on average two workers a day are seriously injured and one a month is killed at work.

### 4.2.2 Research profile of migrant workers in London

There has been an increasing number of Central and Eastern European migrants arriving in London in the last couple of years and many of them work in Construction. The largest nationality that dominates the Central and Eastern European group is Polish, who include both workers and sub contractors/ employers. Other major groups of migrant workers in the region include Russians, Ukrainians, Portuguese and Albanians. Particular migrant groups dominate in different parts of London's low paid economy.[74]. Evans et al (2005) suggest that the migrant labour force in London, within the Cleaning and Hotels sectors is larger than previous studies had indicated, with 90 per cent of those who were interviewed born outside the UK, of whom a significant proportion were recent arrivals. Within the Construction sector around 20 per cent of the workforce is believed to be foreign-born[75].

From interviews with London key respondents Romanian and Ukrainian workers were viewed as being higher risk takers than others and were also given the most dangerous and the least desirable work on construction sites. The main reason given for this was that they were working without authorisation and were more vulnerable to exploitation. In terms of jobs within the construction sector, Bosnians, Russians and Polish were noted to be undertaking mechanical work, Portuguese migrants were mostly stone masons, while Indian workers mainly worked in the wood working trades. Most migrant workers in Construction found work either through word of mouth, or through subcontractors, who brought over workers from their country of origin, for example, a Polish subcontractor recruiting Polish workers.

Migrant workers in London were also working in food factories and low paid factory work. Nurses from overseas, mostly Filipino and South Asian, were employed by NHS trusts, as well as private hospitals and care homes. Filipinos were also working as domestic workers. Many of the Somalis were either self-employed, working in restaurants, or engaged as drivers in bus companies. There had also been an increase in

[73] *Evening Standard (2005) Dovkants, K.*
[74] *Evans, Y. Herbert, J. Datta, K. May, J. McIlwaine, C. Wills, J. (2005) Making the City work: low paid employment in London, Queen Mary, University of London p5*
[75] *Health and Public Services Committee (2005) Building London, saving lives – improving health and safety in construction, November 2005, London Assembly*

migrant workers from Africa: mainly from Ghana and Nigeria, working mainly as cleaners, porters and caterers. Eritreans were also noted as working in the cleaning sector. London also had a high concentration of Chinese workers, many of them unauthorised and working in odd jobs such as restaurant work, street selling and the like. Reports in the London Evening Standard[76] tell of migrant workers sleeping on night buses or in streets around or at Victoria Coach Station.

Over time there has been a change in the employment patterns of migrant workers. For example, while initially Filipinos generally came over as domestic workers (recruited and brought to the UK through their employers individually, either directly or via employment in other countries especially the Middle East), now there are more nurses from the Philippines, recruited through agencies directly from their country of origin.

### 4.2.3 Support organisations

There are various community organisations working with different groups of migrant workers and these community organisations are the main source of advice, guidance, employment opportunities, as well as English Language classes for specific migrant worker groups. For example, the Centre for Filipinos provides 'skills for life', as well as being a contact point for any problems that domestic workers and nurses from the Philippines face.

These organisations also play a crucial part in the social life of their members, providing access to child care and a place where workers can meet and interact.

### 4.2.4 Initiatives on migrant workers

In late 2004 the HSE held a day's workshop on Polish construction workers to raise their consciousness about health and safety issues in the sector. Building union UCATT, together with Lewisham College, has been running a training centre for migrant construction workers at Canary Wharf. The Portuguese Workers' Association runs a surgery for Portuguese workers at the TUC.

A 'Worker Safety Advisor' initiative, run in collaboration with the HSE, General Workers Union (GMB) and Park Royal Partnerships, in which worker consultation and involvement in health and safety procedures is encouraged, has been set up. There are regular visits and training by an advisor, who also works closely with the employer. This has been a successful initiative, with the health and safety standards of several employers, especially SMEs, improving dramatically, according to those interviewed.

## 4.3 NORTH EAST

The North East region stretches from Durham to Tyne and Wear and Northumberland. The main areas of the region include Newcastle, Middlesbrough, Durham, Darlington, Gateshead, Sunderland, North Tyneside, South Tyneside, Castle Morpeth, Blyth Valley and Stock-on-Tees.

### 4.3.1 Labour market characteristics

The North East has a population of 2.6 million, with a total labour force of 1.2 million. An analysis of the data from the 2001 Census shows that the manufacturing and retail sectors are the two largest sectors, as can be seen from Table 4.3.1. Health and social work is also one of the largest sectors in the region, along with public administration.

[76] *Evening Standard, 3 July 2005, 'We've had enough'*

**Table 4.3.1** Employment in the North East's main sectors[77]

| ***Sectors*** | ***No.*** | ***%*** |
|---|---|---|
| Agriculture; hunting and forestry | 11686 | 1.1% |
| Fishing | 376 | 0.0% |
| Mining and quarrying | 5768 | 0.6% |
| Manufacturing | 175491 | 17.0% |
| Electricity; gas and water supply | 10453 | 1.0% |
| Construction | 75582 | 7.3% |
| Wholesale and retail trade; repairs | 167222 | 16.2% |
| Hotels and restaurants | 52706 | 5.1% |
| Transport; storage and communications | 69851 | 6.8% |
| Financial intermediaries | 31416 | 3.0% |
| Real estate; renting and business activities | 94590 | 9.2% |
| Public administration and defence; social security | 76789 | 7.4% |
| Education | 82872 | 8.0% |
| Health and social work | 131613 | 12.7% |
| Other | 46553 | 4.5% |
| *All* | *1032968* | |

*Source: 2001 Census, ONS*

Until the recent arrival of migrant workers, the North East had not been a major area of residence for ethnic minorities. According to Ethnicity in the North East (2005)[78,] BME groups made up 2.4 per cent of the population of the North East, compared to 9.1 per cent of England as a whole.

Figures released from the Home Office show that at June 2003 the number of asylum seekers dispersed to the region by the National Asylum Support Service (NASS) accounted for over 100 different nationalities. In all the numbers relate to 0.2 per cent of the region's population compared to 0.09 per cent for England as a whole[79.]

[77] *The industry categorisation is based on the 'UK Standard Industrial Classifications of Economic Activities 1992' (SIC92).*
[78] *Government Office for the North East, Ethnicity in the North East (2005) Downloadable at* http://www.gos.gov.uk/gone/docs/peoplecomms/ethnicity.pdf
[79] *ibid*

Table 4.3.2 gives the main countries of birth in the North East region, which shows that people from South Asia and Western Europe are the two largest groups among those not born in the UK.

**Table 4.3.2:** Country of birth of residents in the North East Region

| ***Country of birth*** | ***No.*** | ***%*** |
|---|---|---|
| United Kingdom | 2441831 | 97.1% |
| Republic of Ireland | 5716 | 0.2% |
| Channel Islands and Isle of Man | 555 | 0.0% |
| Western Europe | 17859 | 0.7% |
| Central and Eastern Europe | 3677 | 0.1% |
| Africa | 8318 | 0.3% |
| Middle East | 5158 | 0.2% |
| Far East Asia | 8553 | 0.3% |
| South Asia | 15921 | 0.6% |
| North America[80] | 3544 | 0.1% |
| Caribbean and West Indies | 723 | 0.0% |
| South America | 646 | 0.0% |
| Oceania | 2435 | 0.1% |
| Other[81] | 505 | 0.0% |
| *Total* | *2515441* | |

*Source: 2001 Census, ONS*

Skill shortages and low salaries have been noted as the main reasons why more migrant workers are coming to the region, with migrant workers being seen as '…simply fulfilling a need which the indigenous workforce is not willing, or able to provide for' [82]. Migrant workers are being recruited from Poland, into sectors such as public transport, manufacturing and construction. According to a report in the Evening Chronicle[83], more than 3,100 migrants registered to work in the region between May and September 2004. More recent data shows that there have been fewer registrations of A8 nationals under the Worker Registration Scheme, compared to all of the other regions surveyed for this research project, with the exception of South Wales. Just 16,415 workers have registered, although the numbers registering per quarter increased in 2005.

Although the service sector in the North East region has grown many of the jobs in this sector are low skilled, low paid jobs. As such, they are not attractive to local workers and have consequently been filled by migrant labour[84].

The North East incurred just seven work-related fatalities in 2004/05 the lowest of the five regions surveyed. There were 1,364 major injuries to workers (HSC 2005). The region's rate of reportable accidents per 100,000 is 1,560, lower than all the other regions, save London.

The North East is also a demarcated region for refugee and asylum seeker settlements.

[80] *People born in Central America have been included in North America*
[81] *'Other' consists of people born at sea or in the air; or with country of birth not stated*
[82] *King, G. (2005)*
[83] *Evening Chronicle, Newcastle, May 12, 2005,'Region just the job for 6,000, Tomlinson, G.*
[84] *The Journal, Newcastle, (April 25, 2005) 'The Kevin Rowan Column'*

### 4.3.2 Research profile of migrant workers in the North East

The research has noted migrant workers primarily in the construction sector, food and drink, catering, food and other factories and health and social care industries in the North East. The main nationalities reported have been Portuguese, Lithuanian, Latvian, Chinese, Angolan, as well as workers from the Congo, Poland and Middle Eastern Countries (Kurdish, Iranian etc). Other nationalities of migrant workers include Sri Lankans, Bangladeshis, Nigerians and those from the Caribbean (Trinidad, Jamaica) etc. Russian, Ukrainian, Kosovan and other Balkan language speaking migrant workers were also reported. The main geographical areas where migrant workers were located include Newcastle, Middlesbrough and Northumberland.

Middlesbrough has a high concentration of Kurdish, Iraqi, Arabic and Turkish migrants, many of whom are refugees or asylum seekers, with an average age of about 17-30. With limited English language skills, many work in takeaways or food factories. Some are also working without authorisation, finding work through informal networks and being paid less than the minimum wage. In Newcastle, a large proportion of migrant workers is comprised of students, especially from China and Sub Saharan Africa (Nigeria, Ghana), as well as migrant workers from Brazil, Mozambique and other Portuguese speaking countries. There are an increasing number of Chinese workers in the region. Students working part-time or sometimes full-time form a significant part of the migrant worker group in the area. The Chinese students are mainly working in the hospitality sector, in small takeaways and restaurants or in the cleaning sector.

The Central and Eastern Europeans and Asians are engaged primarily in the food and drink (including food processing and catering, bars, cafes etc) sectors and in the construction sector. Some migrant workers, particularly Polish, are also working as bus drivers in Newcastle. Car washes and service stations employ many Sri Lankan migrants in Newcastle.

Health services and restaurants have been noted as employing significant numbers of migrant workers in the area. Food processing and packaging factories are employing a large number of migrant workers, especially in the Middlesbrough area. Agriculture is not a sector where migrant workers are employed on a large scale. This was perceived to be because the agricultural sector in the region is characterised by small family farms, employing mostly indigenous workers or relying on family labour for most tasks.

Many of the nurses, employed either in private care homes or by the NHS, are from overseas. Some are recent arrivals and, for demographic reasons, there is a rising demand for migrant workers in the North East. Generally, Filipinos, Chinese and Indians are recruited through agencies (a Singapore based agency was sometimes mentioned).

### 4.3.3 Support organisations

There are a number of voluntary and community organisations in the region, such as BECON, an umbrella organisation working with various ethnic minority groups, many of whom also fit into our definition of migrant workers. There is a strong presence of organisations working with refugees and asylum seekers in the North East, such as Washington Asylum Seekers' Project and North of England refugee service (with branches all over different cities in the North East). These organisations provide services such as translating and other support. However, the lack of any organisations working specifically with Central and Eastern European groups or with Chinese workers is notable throughout the North East, making access to these groups difficult.

### 4.3.4 Initiatives on migrant workers

The TUC, UCATT and the University of Northumbria have undertaken a research project analysing the numbers and labour market experiences of migrant workers in Construction in the North East, aimed at providing insights into how migrant workers can be organised. Initial findings suggest that it is common that A8 workers in the sector are not registered under the Worker Registration Scheme and that migrant wages in construction are poor, with earnings much lower than those of local workers[85]. The University of Newcastle is also in the early stages of formulating a project on the impact of new Accession state migrants on the North East labour market.

UNISON is in the early stages of planning for the setting up of an Overseas Nurses' Network, with a core group of seven or eight overseas nurses running this network, along with UNISON Newcastle. UNISON also has an agreement with one of the trade unions in Philippines and through that network, the union had recruited a fairly high membership among Filipino migrant workers.

## 4.4 SOUTH WALES

South Wales is not a defined government regional area. For the purposes of this research, the geographical area is defined as the Welsh unitary councils of Blaenau Gwent, Bridgend (Pen-Y-Bont Ar Ogwr), Caerphilly (Caerffili), Cardiff (Caerdydd), Merthyr Tydfil (Merthyr Tudful), Monmouthshire (Sir Fynwy), Neath, Port Talbot (Castell-Nedd Port Talbot), Newport (Casnewydd), Rhondda, Cynon, Taff, Swansea (Abertawe), Torfaen (Tor-Faen) and Vale of Glamorgan (Bro Morgannwg).

### 4.4.1 Labour market characteristics

From the 2001 Census, 97 per cent of the 2.9 million total population of all Wales was born in the UK. This indicates that only approximately 90,000 people were born overseas. Census statistics also show that only a relatively small proportion of the population was from an ethnic minority. Given that only a subset of those born overseas and/or from an ethnic minority would be a recent migrant, as defined in this project, it is apparent that South Wales has a relatively small migrant worker population.

Recent migrants are less apparent in the region than encountered in London, the East of England and the South West. For example, Wales (North and South) had the lowest number of A8 workers registering under the Workers' Registration Scheme, between May 2004 and September 2005, with just 4,830[86]. Local media reports have also turned up fewer references to migrant workers than in other the regions. One reason may be that there is relatively high economic inactivity and unemployment in some of the cities and towns of South Wales and as a consequence migrant workers are possibly in less demand and less drawn to the region. Wales has some of the lowest wage levels in the UK and local workers may be more ready to compete for low-paid, unskilled work than is the case in other regions.

Manufacturing is the largest sector in terms of employment in Wales (17 per cent), which reflects the economic base of South Wales in factory work. As with the rest of the UK, the wholesale and retail trade (16 per cent) is an important sector of employment. Health and social work is more prevalent in Wales (13 per cent) than in the other regions that are part of this research, while financial intermediation (three per cent) and business activities are relatively less important than in the other regions.

[85] *Fitzgerald, I (2005) Migrant labour in construction in the Northern Region – a report presented to the Critical Labour Studies Seminar, 2 December 2005*
[86] *Home Office (2005) Table 8*

HSC statistics (HSC 2005) do not separate North and South Wales. For Wales as a whole there were 15 work related fatalities in 2004/05, the second lowest number of workplace fatalities, after the East of England. There were 1,788 major injuries to workers, while the rate of reportable accidents per 100,000 workers was 1,400, placing it third, after London and the East of England, of the five regions surveyed.

### 4.4.2 Research profile of migrant workers in South Wales

The key respondents talked about several trends in terms of migrants to the larger cities of South Wales, including:

- Somali refugees and migrants have been coming since the 1980s, to Cardiff and Newport in particular, to build upon groups who had settled there during the history of immigration to the ports;
- International students from all over the world coming to the universities and colleges of Cardiff and Swansea and then settling and working there;
- Bangladeshi migrants arriving initially as part of Commonwealth migration and then latterly through family and marital ties and the sectors-based scheme for hospitality work;
- Asylum seekers, notably Kurds, placed in cities in South Wales and then continuing to work there once receiving refugee status;
- Trans-national agencies recruiting Portuguese workers in their home country, to work as production and packaging operatives in the food sector in particular, generally in smaller towns where the factories are based;
- Direct recruitment overseas of nurses and care assistants to work in the NHS and private care homes, particularly Filipinos and Indians; and
- Large numbers of Central and Eastern European migrants coming in the last year to work through a variety of routes and in different sectors.

The key respondents generally acknowledged that much of the information about migrant workers was anecdotal and/or based on the cases that they had directly encountered. Jobcentre Plus officers at a district level commented on the trends in terms of migrant workers. The increase in Central and Eastern Europeans over the last year in the region was particularly noticeable. The majority of them were younger people, aged less than 25 years, but a few extended family groupings were also making contact with JCP offices. The social inclusion projects in Cardiff and Newport had seen a large increase in numbers of migrant workers, who were apparently hearing through word of mouth about job opportunities there. Many of them did not speak English well or at all but were known to find basic work in cleaning, hospitality and food production where communication was not a major issue. Some were taking on multiple jobs and agencies were also reported to be a major presence. Health and safety issues had not come to the attention of JCP in general. They were aware that some employers had not taken on workers without English skills, due to concerns over health and safety. On the whole though this was typically not a complaint of workers or employers.

The race equality councils in South Wales raised concerns about discrimination against migrant workers but they also had little direct knowledge. It was noted that some small towns in the area, with high levels of deprivation, had experienced an increase in migrants, which had caused local tensions. Cases of destitute migrants living in Houses of Multiple Occupancy (HMOs) or sleeping rough after not accessing work to meet their expectations had also come to their attention. Initiatives such as development officers and welcome packs, targeted specifically at migrant workers, were under consideration by the RECs.

A couple of large firms in the food sector were widely known to have been recruiting migrant workers directly from Portugal through an agency. This had attracted some

media attention, since the local towns involved had previously experienced very little migration. It was believed that many nurses had been directly recruited overseas to work in the NHS or private care homes in the region, although a UNISON interviewee commented that they were not as visible a presence now. Whether recruitment had tailed off or whether more Central and Eastern Europeans, who were less visible, were being taken on instead was unclear. Around 500 Filipino nurses have been reported working in Swansea hospitals, with some anecdotal evidence of poor treatment raised[87].

HSE and other local informants noted that Portuguese workers were being recruited through agencies to work in food processing plants in South Wales on short-term contracts; in particular a concentration of several hundred migrant workers in Merthyr Tydfil was reported. Informants in Swansea also commented upon food processing firms in the city, as employers of migrants amongst their unskilled workforce, in particular on night shifts. A mixture of Polish and Kurdish workers, including many women, was noted at one major firm. It was also anecdotally suggested that many international students in Swansea work in these types of jobs and that refugees are also being targeted for recruitment by some firms, since these groups are most willing to undertake low paid work at unsociable hours.

Key respondents suggested that Construction was not considered to be a major sector for the employment of migrant workers. The workforce agency Manpower in Wales however, found in its surveys, that a fair-sized migrant workforce had grown on building sites[88]. On balance the information we have been able to obtain suggests that while the sector has seen a growth of migrant labour, in South Wales it is not as important a sector for migrant labour as in other regions.

Migrant workers in the many Bangladeshi restaurants and takeaways were reported. Swansea has a relatively large Bangladeshi community, which has continue to grow, with recent migrants coming to the UK through family resettlements and the sectors-based scheme for hospitality work. It was suggested that this community is still isolated from the white Welsh population and instances of lack of understanding of safety standards were reported to the research team. A Gwent bus company was reported in late 2003 to have received over 100 applications to a recruitment drive for Maltese drivers[89]. Central and Eastern European drivers, in particular Bulgarians, for road haulage firms were also mentioned by HSE officers, with the potential for health and safety risks due to their unsupervised use of equipment at the end of the line.

Agriculture was generally not reported to be a major employer in South Wales.

### 4.4.3 Support organisations

There are various organisations providing support to refugees and asylum seekers in South Wales and their work overlaps somewhat with the issues of migrant workers. The Swansea Bay Racial Equality Council has carried out community development work and established links with migrant groups. With regard to migrant worker networks and associations, there is an active Portuguese community around Merthyr Tydfil. There is also an active Filipino association in South Wales. ESOL courses have targeted the Bangladeshi community in Swansea. Social inclusion projects in Cardiff and Newport run by Jobcentre Plus and local councils have become known sources of support for migrant groups.

[87] *South Wales Evening Post, 4 August 2003*
[88] *Western Mail, 16 June 2004*
[89] *This is Gwent, 30 December 2003*

### 4.4.4 Initiatives on migrant workers

A multi-agency Migrant Workers' Forum, chaired by the local REC, had been set up in Merthyr Tydfil to explore the issues of migrant labour. Committees in South Wales were interested in emulating a TUC developed learning project, which works with migrant workers in the North.. This project had basically worked to help connect workers to general support and training, for example ESOL classes, better housing, access to local services and registration with GPs.

## 4.5 SOUTH WEST ENGLAND

The South West is a large region that encompasses the counties of Cornwall, Devon, Somerset, Dorset, Wiltshire, Gloucester, Avon and the City of Bristol.

### 4.5.1 Labour market characteristics

The South West region has a population of 4.9 million people, with a total labour force of 2.3 million. The breakdown of employment by sector in the South West reveals that the wholesale and retail trade is the largest, followed by business activities and then health and social work.

**Table 4.5.1** Employment in the South West's main sectors

| *Industrial sector* | *No.* | *%* |
|---|---|---|
| Agriculture; hunting and forestry | 56,932 | 2.5% |
| Fishing | 1,810 | 0.1% |
| Mining and quarrying | 7,573 | 0.3% |
| Manufacturing | 318,894 | 13.9% |
| Electricity; gas and water supply | 17,604 | 0.8% |
| Construction | 165,428 | 7.2% |
| Wholesale and retail trade | 391,820 | 17.1% |
| Hotels and restaurants | 128,037 | 5.6% |
| Transport; storage and communications | 141,506 | 6.2% |
| Financial intermediaries | 97,367 | 4.3% |
| Real estate; renting and business activities | 261,225 | 11.4% |
| Public administration & defence; social security | 161,011 | 7.0% |
| Education | 172,768 | 7.6% |
| Health and social work | 252,112 | 11.0% |
| Other | 112,019 | 4.9% |
| *All* | *2,286,106* | |

*Source: 2001 Census, ONS*

As shown in Table 4.5.2, based on data from the Census 2001, the great majority of the region's residents were born in the UK. This suggests that only a small proportion of the population is composed of migrants, of which only a subset would be recent migrant workers. However, in terms of A8 nationals registering under the Workers' Registration Scheme, the South West is the third highest of the five regions we have surveyed, with 22,155 registrations between May 2004 and September 2005[90].

[90] *Home Office (2005) Table 8*

**Table 4.5.2:** Country of birth of residents in the South West Region[91]

| *Country of birth* | *No.* | *%* |
|---|---|---|
| United Kingdom | 4,679,800 | 95.0% |
| Ireland | 25,972 | 0.5% |
| Channel Islands and Isle of Man | 4,456 | 0.1% |
| Western Europe | 68,468 | 1.4% |
| Central and Eastern Europe | 10,872 | 0.2% |
| Africa | 34,099 | 0.7% |
| Middle East | 10,150 | 0.2% |
| Far East Asia | 27,830 | 0.6% |
| South Asia | 22,895 | 0.5% |
| North and Central America | 17,926 | 0.4% |
| Caribbean and West Indies | 8,218 | 0.2% |
| South America | 3,717 | 0.1% |
| Oceania | 12,450 | 0.3% |
| Other | 1,582 | 0.0% |
| *All* | *4,928,435* | |

*Source: 2001 Census, ONS*

The South West TUC briefing, Migrant working in the South West, published in 2004 provides a good regional overview. It noted that:

- In Bridgewater, Somerset, there were some 100 migrant workers registered with Jobcentre Plus for temporary National Insurance, but this only represented a proportion of the large population of Central and Eastern Europeans (mainly Czechs) and of the Portuguese working in the food factories there. The town had active support networks, having a history of international links;
- In Yeovil, Somerset, over the summer 2004, a local meat processing plant employed over 100 migrant agency staff, predominantly Portuguese but also other workers from diverse backgrounds; and
- In Cornwall, between April and July 2004, Jobcentre Plus recorded the presence of a number of migrants and their occupations. Polish, Australians and South Africans were the largest groups noted. Hospitality and catering work accounted for just over half the occupations. Demand for care assistants was also noted.

Jobcentre Plus in the South West has been engaging with employers on their need for migrant labour and reports that it has registered a large number of workers for temporary National Insurance numbers – in 2002/03 it provided approximately 12,000 National Insurance numbers to migrant workers in the South West[92.] One of Plymouth's employment agencies has reported attracting 25 migrant workers a week[93.]

The recruitment through agencies of migrant workers, in particular from Central and Eastern Europe and Portugal, is well established within the food processing industry in the South West. As is common across the UK, supply and cost pressures in the industry have encouraged the demand for a cheap, flexible workforce. The investigations by Felicity Lawrence published in The Guardian and in the book, Not on the Label, have highlighted the predominantly night-shift employment of migrants in the meat processing and packaging factories in Chard, Trowbridge and other areas of Somerset.

[91] *The industry categorisation is based on the 'UK Standard Industrial Classifications of Economic Activities 1992' (SIC92).*
[92] *Evening Herald (Plymouth), 12 May 2005, 'City's Hidden Workforce', Telford, W*
[93] *ibid.*

### 4.5.2 Research profile of migrant workers in the South West

The previous concentration of the migrant population in London and the South East is changing and rural areas and small towns have, in recent years, seen a growth in migrant labour. This trend applies to the South West region. From the literature, newspaper reports and meetings, the picture we have gathered is that the number of migrant workers has increased in many areas and sectors within the region. Many of the people providing feedback to the research project also noted that the situation had changed markedly in the last year or two. Inspectors from the HSE and local authorities expressed surprise at the rapid growth in the number of migrant workers being employed, largely in unskilled occupations in a variety of different environments. The main groups noted were Central and Eastern Europeans (in particular Polish, Lithuanian and Latvian workers) and Portuguese workers, but also numbers of Brazilians, Spaniards, Greeks and various other groups. There is now a growing interest amongst local authorities in this trend.

Discussions with key respondents pointed to the presence of migrant workers in a wide range of food industry businesses (for example, meat processing plants, bakers and smaller specialist food preparers) in Cornwall and Devon as well. For instance, it was reported that between 500 and 1,000 Portuguese and Brazilian workers were based in the Mutley and Mannamead area of Plymouth and were working around the wider district[94]. At least 20-30 migrant workers were reported to be working in the crabmeat packing industry in Penwith. In the same town several of the larger hotels employ migrant workers from Poland and Bulgaria.

The South West has overall seen a decline in manufacturing in recent decades, but other manufacturing sectors, where migrant workers have been noted include car components, double glazing, sawmills, pallet making and woodworking in the Bristol and Gloucester areas. Seasonal work in mushroom growing, horticulture, bulb and flower picking and tree nurseries was reported to be a growing area of employment of migrant labour. For instance, a large grower in Cornwall was reported to be taking on over 500 migrant workers. Possible exploitation of migrant workers engaged in daffodil bulb picking was also highlighted in media reports in 2004 after complaints from over 50 Greek workers about their being treated 'like slaves'[95]. One HSE inspector suggested that during the season the workforce rises from 35 to up to 700, mainly migrant workers.

Migrant nurses and care workers are in demand, as there is an aging population across the South West. Due to the important tourism trade in the region, migrant workers are also taken on in the hotels and catering sectors. Migrants from Asia were reported working in Chinese and Bangladeshi restaurants in Salisbury, as well as in hotels and bar work. As a result of a Home Office operation in 2004 on unauthorised workers, Chinese takeaways and restaurants in Plymouth also reported having to lay off migrant staff[96]. Another new trend, commented on by HSE officers, was a sudden increase in Vietnamese nail technicians, working in nail salons in Bristol. Central and Eastern European taxi drivers in Plymouth and bus drivers in Bath have also been recruited.

Migrant workers were not considered to have as great a presence in Construction in the South West, as compared with London. There were some instances encountered of migrants working in skilled trades, but only a very few times had HSE FOD noted migrants being taken on as unskilled labour. A major construction sector health and safety consultant confirmed this view. Some cases were reported where European companies had brought over the entire supervision and workforce organisation from their home country to construct their site.

[94] *Evening Herald (Plymouth), 12 May 2005, 'City's Hidden Workforce', Telford, W*
[95] *Western Morning News (Plymouth) 16 February 2005, 'Concern over Treatment of Daffodil Pickers'*
[96] *Evening Herald (Plymouth), 8 June 2004 'Sackings after Migrant Swoop' Richardson, T*

In various locations it was remarked that migrant workers were often living in multiple occupation housing, sometimes in poor conditions. Health and safety restrictions have been placed on some locations, for example properties in Penzance were discussed in an article in the Western Morning News (Plymouth) in March 2005 as part of wider trend[97]. Accommodation in portable cabins and caravans was also noted, often situated outside the smaller town centres in the South West, where they may not attract much local resident attention. These could often be used during the winter months, outside the holiday season, but the fact that they were summer holiday homes suggests their unsuitability for winter living. There had been a number of reports in the local press discussing the prevention of plans by employers to house large numbers of migrant workers in temporary accommodation[98]. Others were being bussed in from outside the region, in particular there were suggestions from HSE officers that Birmingham to Gloucestershire and Wiltshire seems to be a common round.

### 4.5.3 Support organisations

Relatively few community support networks or associations for migrant workers were reported in the South West region, indeed some respondents referred to the potential for cultural isolation experienced by migrants in some areas of the region. Existing provision for migrants and refugees is mainly located in the larger cities, like Plymouth, Bristol and Exeter. The Citizens' Advice Bureau is often the initial contact point for migrants and works closely with the racial equality councils (RECs) and law centres where they exist. A Chinese Association is active in Plymouth and has commented on the need for health and safety regulation of the 50-plus Chinese restaurants and takeaways there[99].

### 4.5.4 Initiatives on migrant workers

The Open Doors International Language School in Plymouth had developed a course for migrants on food hygiene, as well as English, skills training and courses in health and safety and employment. It reported high demand from a diverse range of migrant communities in Plymouth and had plans to expand to other cities[100]. The EQUAL/Progress GB Project is developing research and programmes directed at addressing the skills and learning needs of refugees and migrant workers. The South West Regional Development Agency has established a Regional Observatory aimed at providing policy makers with high quality information and intelligence on skills and learning. The South West Enterprise and Skills Alliance has set up a Task and Finish Group on migrant workers. Jobcentre Plus together with the Cornwall Strategic Partnership established a Migrant Workers' Task Group in 2003. The aim has been to produce a welcome pack for new migrants and to look into wider issues surrounding migrant workers in Cornwall. The aim was for the packs to be printed in a number of languages and in 2005 the Task Group was involved in raising money to fund production of the welcome packs.

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[97] *Western Morning News (Plymouth), 7 March 2005 'Housing Checks'*

[98] *For instance, Western Daily Press (Bristol), 14 June 2005, 'Court Battle over Farmer's New Village' which noted plans to construct a new 'village' to accommodate 1,400 migrant fruit pickers. Also in the Western Morning News (Plymouth), 28 December 2004, 'Stop' notice on migrants' homes', it was reported that a landowner in Cornwall planned to create a camp for 3,000 flower and bulb pickers. Hundreds of migrant workers have also been reported living in caravans close to Bugle in Cornwall and working in local food factories – Western Morning News (Plymouth), 18 December 2004, 'Facing up to reality on gypsy caravan sites'*

[99] *(2004) Sackings after Migrant Swoop, Evening Herald (Plymouth), 8 June 2004*

[100] *Evening Herald (Plymouth), 18 November 2004, 'Language Project goes Nationwide', Richardson, T*

## Summary: Section 4 Key points

1. Our regional review suggests that migrant workers are filling the jobs that local labour is unwilling to occupy, even in those regions with no previous experience of inward migration.
2. Migrant workers tend to be concentrated within specific sectors of employment in all regions (predominantly hospitality, processing and healthcare) but in a wider range of sectors, including Agriculture and Construction in some regions.
3. In terms of health and safety there is little existing data on migrant workers, although our regional review suggests that they are more likely to be working night shifts, and may have limited knowledge of English which places them at greater risks than the population at large.
4. Although there are some initiatives at regional or local level aimed at assisting migrant worker integration, for example, through the provision of English language courses, the provision is patchy and is often dependent on insecure funding.

# 5. OVERALL PROFILE OF MIGRANT WORKING IN ENGLAND AND WALES

In this section we begin by presenting some core information obtained from the postal surveys conducted during the first phase of the research. We then set out the demographics of the migrant worker interviewees and cover their access routes into work, the reasons why it is thought that they are employed, their terms and conditions of work and explore issues in relation to health, safety and welfare at work. It identifies some the key questions in relation to migrant worker health and safety including:

- The extent to which communication difficulties increase health and safety risks; and
- Whether there are additional factors, such as age, need to work, inexperience in the work being undertaken, that contribute to a greater health and safety risk.

Migrants have been active in the labour market since at least the period of the industrial revolution, with migrant Irish labour being a prominent feature and an early organiser of the trade union movement. Following the Second World War, migrants from Italy and from Central and Eastern Europe joined those from the Commonwealth in plugging gaps in the labour force (TUC/JCWI, 2002).

Migrants are a heterogeneous group. Migrant worker profiles are more polarised than those of the population as a whole (Glover, 2001). Many migrants are aged in their 20s or 30s, indeed those aged under 34 comprised around two-thirds of all non-British migration in-flows between 1975 and 1999[101]. They are more likely to be highly qualified, with 19 per cent holding degrees, compared to 15 per cent of the UK born working age population. However, a greater proportion of the migrant group will also have no qualifications (19 per cent compared to 16 per cent of the UK born population (Haque, 2002, p 31) There is thus a need to distinguish between high and low skilled workers, as each category has its distinct patterns of migration.

The nationalities of migrants are equally diverse. There were workers from over 200 nationalities registered with the National Insurance records in 2000-01. However, over half of all migrant workers were from only ten countries, most of them belonging to the EU or the Commonwealth group (Robinson, 2002). With the inclusion of A8 countries to the EU in May 2004, the flows of migrants from Central and Eastern Europe have become more important.

Migrant workers engage in a variety of jobs, often restricted to certain categories and sectors by their immigration status in various categories as explained in the next sub section. The concentration of migrants in low paid and insecure sectors such as catering and domestic services is explained by the unwillingness or inability of natives to take up these jobs (Glover, 2001). However, many migrants are concentrated in those industries and sectors where there are particular labour or skill shortages, such as in Health, Education, Catering and Agricultural labour. Research commissioned by the teaching union NASUWT, (McNamara et al 2005) found that three quarters of the sample of 136 overseas qualified teachers originated from just three southern hemisphere countries, South Africa, Australia and New Zealand. Thirteen per cent had required social/emotional support during their stay, including support for stress, depression and problems connected directly with their work.

[101] *Dobson, J. McLaughlan, G (2001) 'International migration to and form the United Kingdom 1975-1999: consistency, change and implications for the labour market', Population Trends 106, Winter 2001*

Haque (2002) demonstrates that migrants generally fare worse than the UK-born, in terms of participating in the labour force and in finding work. The employment rate of migrant workers is around 64 per cent, compared to 75 per cent for the UK-born. However, he recognises that there are substantial variations in labour market experience, with those from industrialised countries performing far better than those from developing countries. According to Haque (2002, p 13) and Glover (2001, p 31), education and English language fluency were the key determinants of employment success. Haque (2002) also finds that migrant workers from white ethnic backgrounds tend to perform as well as or better than the existing population, in terms of their employment and participation rates and wage levels, whereas migrants from a non-white ethnic minority backgrounds do worse than the UK-born. In addition they are less likely to be employed, in comparison to people of a similar ethnic group who were born in the UK. The reports' findings are similar to Shields and Wheatley (2003).

Dustman et al (2003) find that the language fluency of migrant groups is strongly and positively associated with the probability of employment and with wages. Accordingly, participation rates differ amongst different migrant communities, with Pakistanis and Bangladeshis amongst those with lowest participation probabilities.

Migrant communities are more concentrated in self-employment, relative to UK born whites, according to Dustman et al (2003) and some migrant communities are more concentrated in particular sectors, Construction, Distribution, the Hotels and Restaurants sector.

## 5.1 POSTAL SURVEY FINDINGS

In the first phase of the research two postal surveys were conducted. One was directed to employers and the other to trade unions. The surveys aimed to collate the following information and also to assist in identifying subjects for the fieldwork stage. The employer survey sought information on:

- Estimates of the numbers of migrant workers (or proportions of workforce) from different groups;
- Prevalence of reported methods of recruitment and employment of migrant workers;
- Most common health and safety risks and factors that contribute to migrant workers risks; and
- Methods of providing health and safety information and training for the general workforce and whether tailored to migrant workers.
- The union survey sought information on:
- Estimates of unionisation rates among migrant workers;
- Details of union programmes targeted at migrant workers;
- Estimates of total numbers of migrant workers by sector;
- Perception of level of risks faced by migrant workers compared with the general workforce;
- Perception of ability of migrant workers to report health and safety concerns; and
- Experiences of cases.

### 5.1.1 Employer survey

There were 148 postal responses to the survey and another 16 responses to follow-up phone calls, giving a total response of 164. There were also 14 surveys returned to the Institute where the address was no longer valid. Of the 1,986 businesses that received surveys, the total response therefore represented a rate of 8.3 per cent. Postal surveys of businesses typically receive low responses and this survey was no exception. The low response rate means that the results only provide a very limited picture of employment by industrial sector or geographical region and are not statistically representative. The

results also have been biased because respondents with migrant workers may have been more inclined to respond, however, since one of the key aims of the survey was to identify employers of migrant labour for follow-up in-depth interviews, the information obtained through the survey was of value to the overall research project.

As shown in Table 5.1.1 the largest number (47) of responses was received from the South West England region. The fewest responses (23) were received from London and South Wales, which was a disappointing return from London in particular given that the highest proportion of migrants in the UK are working there. It may be that London-based employers being more familiar in employing migrants felt that they personally could gain fewer insights from such research. In contrast it may be that employers in areas new to migration, who were themselves attempting to develop effective strategies in relation to migrant employment, were more keen to learn from the experiences of other businesses and therefore also more keen to provide information. The most responses (23) were received from the Construction sector businesses, followed by agriculture (21) and health and social work (19). There were also 22 businesses that did not complete their contact details or give any other indication of what industrial sector they are in.

**Table 5.1.1** Responses by Industrial Sector and Region

| *SIC 1992 Section* | *Lond* | *East* | *SWest* | *NE* | *SWales* | *Total* | *%* |
|---|---|---|---|---|---|---|---|
| Agriculture | | 6 | 9 | 3 | 3 | 21 | 12.8% |
| Food Manufacturing | 1 | 2 | 5 | 1 | | 9 | 5.5% |
| Chemical Manu. | | 2 | | 5 | | 7 | 4.3% |
| Electrical Manu. | | 1 | | 3 | | 4 | 2.4% |
| Construction | 6 | 5 | 8 | 3 | 1 | 23 | 14.0% |
| Wholesale of Food | 1 | 2 | 3 | 2 | 5 | 13 | 7.9% |
| Hotels & Restaurants | 3 | 3 | 4 | 2 | 2 | 14 | 8.5% |
| Transport | 2 | | | | | 2 | 1.2% |
| Industrial Cleaning | 2 | 1 | 4 | 3 | | 10 | 6.1% |
| Labour Recruitment | | 3 | 3 | 2 | 2 | 10 | 6.1% |
| Health & Soc. Work | 1 | 4 | 5 | 5 | 4 | 19 | 11.6% |
| Refuse Disposal | 3 | 3 | 1 | 1 | 2 | 10 | 6.1% |
| Unknown | 4 | 3 | 5 | 6 | 4 | 22 | 13.4% |
| *Total* | *23* | *35* | *47* | *36* | *23* | *164* | |
| *%* | *14.0%* | *21.3%* | *28.7%* | *22.0%* | *14.0%* | | |

Of the 164 respondents, 64 (39 per cent) indicated somewhere in the survey that they were engaging migrant workers in their business. All of the businesses were asked initially to report how many employees, agency/labour provider workers and self-employed workers they engaged at the time of the survey. Data on the number of employees had also been provided as part of the sample. Taken together an indication of numbers of workers could be derived for 160 of the 164 businesses (the remaining four did not provide any contact details or complete the questions). Table 5.1.1A summarises the total numbers of workers and the numbers of migrant workers reported by region. In terms of absolute numbers, responses by a couple of large businesses in the South West accounted for the large numbers reported there. Looking just at migrant workers, the highest overall proportions were reported in the East of England (22 per cent) and London (18 per cent), whereas relatively low proportions were reported in the North East (8 per cent) and South Wales (6 per cent). Apart for London, broadly speaking these figures reflect the expected distribution of migrant workers in the UK in the sectors targeted by this survey, although the low response means that it is not possible to generalise from the findings.

From the limited responses by type of worker, migrant workers were most highly represented (47 per cent) amongst the self-employed workforce, although this result was largely down to one large construction respondent in London that evidently used a fair amount of sub-contracted migrant labour. The responses also suggest that employers were using relatively high proportions of agency workers.

**Table 5.1.1A** Total number of workers and number of migrant workers reported by region

| | *Total employees* | *Migrant employees* | *Total agency workers* | *Migrant agency workers* | *Total self-employed workers* | *Migrant self-employed workers* | *% Migrant workers* |
|---|---|---|---|---|---|---|---|
| London | 2737 | 279 | 101 | 65 | 469 | 259 | 18.2% |
| East | 1662 | 331 | 45 | 34 | 13 | 15 | 22.1% |
| South West | 10654 | 1131 | 101 | 4 | 67 | 2 | 10.5% |
| North East | 2874 | 248 | 418 | 8 | 24 | 0 | 7.7% |
| South Wales | 991 | 66 | 26 | 0 | 11 | 0 | 6.4% |
| Total | 18918 | 2055 | 691 | 111 | 584 | 276 | 12.1% |
| % Migrant workers | | 10.9% | | 16.1% | | 47.3% | |

**Table 5.1.1B** Total number of workers and number of migrant workers reported by industrial sector

| | *Total employees* | *Migrant employees* | *Total agency workers* | *Migrant agency workers* | *Total self-employed workers* | *Migrant self-employed workers* | *% Migrant workers* |
|---|---|---|---|---|---|---|---|
| Agriculture | 316 | 38 | 8 | 2 | 2 | 0 | 12.3% |
| Food Manufacturing | 997 | 263 | 0 | 0 | 4 | 0 | 26.3% |
| Chemical Manu. | 673 | 0 | 0 | 0 | 0 | 15 | 2.2% |
| Electrical Manu. | 99 | 1 | 0 | 0 | 0 | 0 | 1.0% |
| Construction | 1408 | 27 | 578 | 50 | 519 | 245 | 12.9% |
| Wholesale of Food | 2702 | 163 | 38 | 4 | 4 | 0 | 6.1% |
| Hotels & Restaurants | 745 | 237 | 36 | 32 | 2 | 0 | 34.4% |
| Transport | 120 | 0 | 0 | 0 | 18 | 14 | 10.1% |
| Industrial Cleaning | 979 | 58 | 0 | 0 | 15 | 1 | 5.9% |
| Labour Recruitment | 1389 | 459 | 0 | 0 | 0 | 0 | 33.0% |
| Health & Soc. Work | 8265 | 668 | 9 | 3 | 0 | 0 | 8.1% |
| Refuse Disposal | 205 | 0 | 11 | 1 | 15 | 0 | 0.4% |
| Unknown | 1020 | 141 | 11 | 19 | 5 | 1 | 15.5% |
| *Total* | *18918* | *2055* | *691* | *111* | *584* | *276* | |

The highest proportion (35 per cent) was reported by the respondents in hotels and restaurants, followed by labour recruitment (34 per cent). Those food manufacturers that replied also reported a high proportion of migrant workers (26 per cent). The construction sector firms accounted for the majority of agency and self-employed workers engaged.

The respondents were also asked to give a gender breakdown of their migrant workforce. Of the 2,212 migrant workers whose gender was indicated, 55 per cent were men and 45 per cent were women. The largest numbers of female migrant workers reported were in health and social care, whereas male migrant workers were more common in construction and food manufacturing in particular.

The respondents listed a wide variety of countries of origin of migrant workers, in particular in London and the East of England. Overall, Poland was the most commonly mentioned (31). Other countries included Lithuania (9), South Africa (9), Portugal (6) and the Philippines (6). In general, East European countries were most frequently listed.

The most common methods of recruitment were queried for both resident UK workers and migrant workers. Up to three methods could be chosen. Newspaper adverts, Jobcentres and word of mouth were the three most common for both resident and migrant workers. In particular, word of mouth was the most frequent method for migrant workers (59 per cent of the 64 businesses who had earlier reported engaging migrant workers). Recruitment agencies or labour providers also seemed to be a more common method of recruiting migrant workers – 34 per cent of the 64 businesses recruited migrant workers through this route compared with only 20 per cent of same group in relation to UK resident workers, again substantiating our view that agency work was a more likely route into employment for migrant workers.

Questions were asked about how migrant workers are usually employed. For the 64 businesses that engaged migrant workers, 36 reported employing them on a permanent basis, 12 on a casual basis, 11 on fixed terms and seven in seasonal work (two businesses selected more than one type of employment). The usual working hours were reported to be full-time for 52 businesses and part-time for 16 businesses (some ticked both categories). Migrant workers were reported to doing shift work by 36 businesses, usually in a mixture of shifts.

The businesses were asked why they engaged migrant workers. The most common reasons selected were that 'they are available' (32 respondents) and/or 'they are hardworking' (27 respondents). Fifteen suggested that 'they are the best applicants for the jobs' and six indicated that 'they are more skilled'. Only one respondent indicated that 'they are cheaper to employ' and three that 'they are more careful and have less accidents'. In the space given to write comments, five respondents added that comments about difficulties in recruiting British workers with necessary skills or work ethic. For instance, one Southwest food processing firm respondent commented that

*'Our migrant workers are highly skilled [and] fill a definite skills gap for us. Their work ethic is often seen as far superior to resident workers, they integrate well into our team, we would be lost without them'*

Whether businesses have any concerns about engaging migrant workers was also queried. Overall, there were 98 responses to this question, which applied to all businesses and not just those currently engaging migrant workers. Nearly half of them (48 per cent) indicated that they had no concerns. Language differences were obviously the most common concern for the others, with 27 (42 per cent) selecting the option 'they have difficulties communicating'. Immigration status (27 per cent) and length of stay (17 per cent) were other concerns often ticked, whereas concerns about skills, training and accidents were very rarely selected. The frequency of concerns was not markedly different between those businesses that engaged migrant workers at the time of the survey and those that did not.

All of the businesses were asked to choose what major health and safety risks there were in their workplace from a list. The most common risk was slips and trips (84), then handling/lifting and carrying injuries (79), contact with moving machinery (39) and falls from heights and repetitive strain injuries (22 each). These risks largely reflect the most common issues in health and safety statistics. Very few businesses in the survey indicated that work-related ill health (five) or stress (four) were risks.

One hypothesis we wished to test through the questionnaires was whether employers saw migrant workers as being in a higher risk category. The employer and agency respondents were asked to assess whether they felt that migrant workers faced greater health and safety risks, the same risks or less risks than resident workers. Of the 109 respondents who answered this question, around a third indicated that migrant workers faced greater risks, while two-thirds felt that they faced the same risks. Those respondents who were

not employing any migrant workers were more likely to indicate that they faced greater risks that those who were actually employing them. In short, the respondents with less experience of employing migrant workers seemed to be more likely to perceive them as facing greater risks. Indeed it may be that is was these concerns over health and safety that had prevented these employers from hiring migrant labour.

All of the businesses were then asked to tick what factors they agreed might contribute to the health and safety risks faced by migrant workers. Language difficulties either between workers (74 respondents) or with business managers/supervisors (66 respondents) were the most commonly selected. A lack of understanding of health and safety norms in the UK (56 respondents) or experience of different health and safety standards in their home country (40 respondents) were the two next most common type of factors. Several respondents also selected inexperience of the type of work that they are doing (13), willingness to take risks (13) and long work hours or continuous shifts (10). A couple of respondents commented specifically that migrant workers should not face any greater risk provided that training was given. Another commented though that 'the language barrier is not a real problem but [there is a] lack of training materials and exam papers in Polish to check [if there] has been a problem' (Southwest employer, hospitality sector).

One in eight of the employers who had engaged migrant workers indicated that there had been accidents or cases of work-related ill health involving migrant workers. Most had taken some action in response either by raising greater awareness of health and safety issues, carrying out an investigation or involving the HSE or the local council.

All of the businesses were asked about health and safety practices for their workforce in general. Amongst the 125 respondents, on-site training was the most common measure taken (107), followed by written induction packages (94), videos/presentation/visual guides (46) and outsourced training (33). The businesses were then asked whether health and safety information and training had been tailored for migrant workers who did not speak English well.

Looking just at those employing migrant workers, in relation to health and safety training and information, a majority had taken some steps to adapt their training programmes for migrant workers. In some cases this had involved the use of translations or interpreters, sometimes from within the existing workforce. But it is important to note that there was not necessarily any way of assessing the effectiveness of these communication strategies and we know from our interviews with migrant workers than sometimes workers might pretend that they had understood training instructions for fear of losing their jobs if they revealed that they did not. This could happen even where the employer had used interpreters or translators but who did not speak the language or dialect of some or all of the migrant workforce. Around one in five had translated documents and/or had communicated information through bilingual workers. Ten had provided English language training and eight communicated information through bilingual managers/supervisors. Two indicated that they had used the internet for some translation. Six also specifically commented that they only employed migrants with a good level of English. Below are some examples of specific steps that employers had taken, in the main these involved practical demonstrations and the use of bi-lingual workers.

*'The home employs [an] on site trainer to help identify issues/concerns/abilities of overseas workers' (East England, healthcare provider)*

*'Carry out induction with videos plus translation from fellow countryman [and] taken round area to physically show signs of warning and danger'.(East England, agriculture)*

*'At induction walk around the property and point out fire exits etc, to help understanding. I try to have a person from the same country who is already employed to 'build' the new employee for the first couple of weeks if available'. (East England, hotel)*

However, in contrast, nearly half of those employing migrants stated that there was no necessity for translation or interpretation facilities.

### 5.1.2 The trade union survey

This section contains information from the questionnaires completed by trade union officers and from the direct contacts the researchers established with trade union officers, as this proved to be a more effective method of collating information on unionisation policies on migrant workers, as we had a relatively poor response from unions to the postal questionnaire, with just 21 responses. A break down of responses by union is given in Table 5.1.2 below:

**Table 5.1.2** Responses by Union

| *Union* | *Responses* |
|---|---|
| Amicus | 2 |
| BFAWU | 1 |
| Community | 1 |
| CWU | 2 |
| GMB | 1 |
| T&G | 2 |
| UCATT | 4 |
| UNISON | 3 |
| USDAW | 4 |
| Not named | 1 |

The low level of response to the questionnaire suggests ambivalence among trade union full-time officials and activists in their relationship with new migrants. On the one hand there is a policy imperative to recruit such workers into the union, but there are also recognised contradictions which unions face between the protection of their existing membership and the accommodation of new workers. In particular, very little information was provided to the researchers on health and safety strategies in relation to migrant workers. This suggests that there is a role for the HSE, working in partnership with trade unions, to place the issue of migrant worker health and safety more at the centre of the trade union policy agenda on migrant workers.

From the replies we did receive most stated that only a very low percentage of total union members were migrant workers. The exception was one BFAWU branch in London, where 75 per cent of union membership was reported to be made up of migrant workers. Where they were able to provide information on countries of origin they suggested that a significant majority of migrant workers were from Central and Eastern Europe (mainly Polish). Other nationalities included Caribbean (Jamaican, Portuguese and also migrants from the Middle East (Iraq and Morocco) and new migrants from South Asia, Philippines and Sub Saharan Africa (Somalia, South Africa). Major sectors in which migrant workers were noted to be working included call centres, docks, construction (Irish and Central and Eastern European workers), bakeries, farming (seasonal workers), fruit picking, taxi driving, small take away shops, food manufacturing and hotel ancillary staff.

Union respondents perceived most migrant workers to be facing greater risks at work, as compared to the non-migrant UK work force and were mostly thought to be unable to report health and safety concerns. Thus union respondents were more likely to perceive migrant workers as being at risk at work than were employers. However, in common with employers they associated these risks with language difficulties (in communicating with

fellow workers as well as supervisors or managers), and a lack of understanding of health and safety norms in the UK. They also believed that migrants were not provided with adequate training about health and safety and had less experience of the type of work they were doing, which contributed to the health and safety risks they faced. Some respondents also referred to the long working hours and unsociable working shifts being undertaken by migrant workers. There was limited evidence of a co-ordinated response in relation to these issues.

In our interviews with trade union officials the conditions under which the newly arrived migrants had to work were reported as of great concern – both as injustices against the workers themselves and also representing the risk that increased deregulation posed to the established pay and conditions of the existing workforce[102]. Recognizing that migrant workers were usually employed in the lowest paid sectors of the economy, such as retail, distribution, hotels and catering, some unions had started focusing their attention on organising workers from these sectors. This has mainly been through union learning and training initiatives and direct recruitment with the help of migrant workers being taken on board as community organisers or union representatives. Some unions were providing training in English, in an attempt to provide migrant workers with the skills and confidence they needed to access basic rights and entitlements.

Union officials told the researchers that they believed they had an important part to play in the provision of employment-related advice and advocacy to migrant workers and that they needed to build trade union organisation amongst these workers. However, they did not report any work that focused solely on health and safety and migrant workers although a number of organising initiatives were reported to researchers, some of which are listed below:

TUC: The TUC had been involved in various initiatives regarding the welfare of migrant workers. For example, it produced a simple leaflet, Starting to work in the UK, on understanding the rights that workers had at their workplaces, which the Home office sends out with every Registration Certificate for Central and Eastern European migrant workers[103].

The TUC recognised that thorough, but easy-to-understand training was vital if workers were to stay healthy and safe at work. With rising concerns about migrant workers' limited grasp of English, together with the HSE it had produced a new safety leaflet translated into 19 different languages. Your health, your safety: a guide for workers, provides information about safety rights at work, the level of safety training that workers should expect from their employers and who they should complain to if they thought their safety was being compromised by poor workplace practices[104].

The TUC had also produced a report on migrant workers in Britain, which highlighted that some migrant workers have a precarious legal status exposing them to abuse, such as long working hours, low pay and dangerous jobs[105]. It had also called on the government to help improve the conditions of migrant workers, through the signing of the United Nations (UN) convention on the rights of migrant workers and their families.

***GMB:*** In London, over 17 per cent of the union's members come from ethnic minorities, many of them recruited in the last few years. Most of these members are Asian workers who are employed in food processing and warehousing in the Southall, Harrow, Park

[102] *TUC (2003) Overworked, underpaid and over here. Migrant workers in Britain, Trade Union Congress, pg. 17.*
[103] *TUC (April 2004) Registering migrants will get TUC advice on rights at work. TUC news.*
[104] *TUC website: http://www.tuc.org.uk/h_and_s/index.cfm?mins=403*
[105] *TUC (2003)*

Royal and Wembley areas of North West London. English language skills are low, which have been found to be a major problem of recruitment. The union has overcome this obstacle by recruiting regional organisers from within the communities.

Taking this initiative to the remit of health and safety, the GMB had undertaken a project that aimed to improve health and safety in food companies in Park Royal, London. With the help of the Worker Safety Advisor Challenge fund from the HSE, Worker Safety Advisors were reported to be spending time in small and medium enterprises, to raise awareness of health and safety issues[106]. As well as providing training to workers and developing health and safety information in different languages, these advisors were also working with employers to increase worker consultation about health and safety, so as to help companies meet the standards laid down by the legislation. The pilot project findings showed that 73 per cent of the employers felt that health and safety awareness had increased. The pilot project facilitated the creation of safety committees, joint working on risk assessments and training for workers and had been extended for another two years. The union had also submitted a detailed response to the Home Office consultation on managed migration[107], in which it argued that the proposals on managed migration 'favours highly skilled and skilled workers and disadvantages lower skilled workers from entering'.

***T&G:*** The union was one of the key actors in campaigning for the *Gangmasters Licensing Act*, which has now come into force.

In 2004 the union undertook a survey to assess its organising strategies for migrant workers. The survey found that the union did organise migrant workers in all industrial sectors and from a wide range of nationalities and that the union had been active in uncovering exploitation at work[108].The union works with migrant workers in the agriculture and food processing industries. For example, workers from a poultry-processing factory near Swindon (South West) have been organised by the union. It also has a record of working with Portuguese migrant workers in Northern Ireland and East Anglia and Filipino care workers in Cambridgeshire and recently campaigned to organise low paid, mostly migrant cleaners at London's Canary Wharf complex and also at the House of Commons, where industrial action took place among mainly migrant cleaners towards the end of 2005.

According to a survey conducted by the T&G[109], the food, drink and tobacco and Agricultural sectors employ a high number of migrants, particularly Portuguese and from the new Eastern European Accession countries. The survey found that most of the workplaces employing migrant workers used agency or casual labour and language issues were a major concern. Significantly, less than one in four migrant workers was found to be in a trade union and the rate was even lower for newly arrived migrants. Only one in ten Central and Eastern European workers were found to be in a union and the ratio was lower still for workers from South America and the Middle East[110].

The T&G has also been organising Portuguese migrant labour and protecting local terms and conditions in Wales. As part of the agreed deal between the union and the Wales union learning fund, Portuguese workers are offered free English language lessons if they

[106] *Park Royal Partnership Magazine – 'Connecting people' (2004). 'Safe and Sound' (Autumn 2004, pg. 19) and 'Raising the Standard' (Winter 2004, pg 8).*
[107] *Dobson, J. McLaughlan, G (2001) 'International migration to and form the United Kingdom 1975-1999: consistency, change and implications for the labour market', Population Trends 106, Winter 2001*
[108] *T&G (2004) Organising migrant workers – report of T&G survey, August 2004, Women, Race and Equalities Department*
[109] *T&G (2004) Organising migrant workers – Report of T&G Survey.*
[110] *T&G (2004) and TUC (2003)*

join the T&G. In August 2005 the T&G launched a campaign to highlight serious concerns about the exploitation of Polish migrant workers by gangmasters operating in the South West Wales area.

***UNISON:*** The union's Greater London region recently undertook research into migrant workers, in co-operation with Whipps Cross University Hospital Trust, Newham University Hospital Trust and Medirest and Initial Hospital services. This research was aimed at providing insights into the socio-economic characteristics of migrant workers and the problems that migrant workers face in living and working in the UK.

While the research was not intended to focus on the health and safety issues of migrant workers, it showed the ways in which the union could tailor its services to be more attractive and relevant to the needs of migrant workers. Some of the main ways identified to increase understanding of different issues amongst migrant workers was to translate material into other languages and to offer English language training.

The union has also highlighted the position of migrant nurses recruited through agencies. In the North East, a group of migrant nurses was being organised, to look at health and safety and other issues that migrant nurses faced. It has also published a guide for overseas nurses[111].

UCATT: A learning centre has been run by UCATT, the construction workers' union, at London's Canary Wharf complex, in partnership with Lewisham College Trade Union Studies Centre, since 2002. The union described the complex as characterised by a transient workforce, having a high proportion of minority ethnic workers with English language needs, lack of recognition by supervisory staff of the need for workers to train, as well as difficulty in getting paid release for training. UCATT has linked English Language skills (ESOL) to the knowledge of how to get a Construction Skills Certificate Scheme Card (CSCS), which proves that the holder has the skills they need as well as up-to-date knowledge of health and safety procedures[112], as well as IT skills.

## 5.2 COUNTRIES OF ORIGIN AND NATIONALITY

We begin our analysis of the data collected from the in-depth interviews with an overview of the countries of origin of the 200 migrants interviewed. This demonstrates that the interviewees had very diverse backgrounds enabling the researchers to generalise from this wide range of experience. Our research suggests that while particular national groups may be more prevalent in some occupations or sectors than others, for example Bangladeshis in catering, Eastern European workers in Construction, all of the sectors investigated employ migrants from diverse parts of the world. Often the main thing such workers have in common is that they have migrated to work. Otherwise, their experiences of work in their countries of origin, their skills, knowledge and experience and their linguistic competences may differ widely. This has specific consequences in terms of the protection of their health and safety, in particular in relation to training, communication of health and safety information and encouraging a shared understanding of health and safety good practice.

Table 5.2 shows the nationalities and countries of origin of the 200 migrant workers interviewed and the regions in England and Wales they were working in at the time of the research. As can be seen they came from all areas of the world

**Table 5.2** Country of origin of interviewees and region of work

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| *Region* | *Central & East Europe* | *Latin American* | *Middle East* | *Russian & Europe outside EU* | *Portugal* | *Philippines* | *South Asia* | *SE Asia* | *S Saharan Africa* | *Total* |
|---|---|---|---|---|---|---|---|---|---|---|
| Eastern | 9 | 3 | 2 | 2 | 13 | 3 | 0 | 3 | 2 | *37* |

ing

With the exception of one interviewee, all of the migrant workers were working alongside other migrants. This included migrant workers from Afghanistan, Bangladesh Brazil, Bulgaria, China, Czech Republic, Estonia, India, Iraq, Italy, Jamaica, Kosovo, Latvia, Lithuania, Malaysia Morocco, Nigeria, Pakistan, Poland, Portugal, Romania, Russia, Slovakia, Somalia, South Africa, Spain, Sri Lanka, Sub-Saharan Africa, Thailand, Ukraine and Zimbabwe. Employers too indicated a wide range of nationalities in their employment, with some 47 nationalities being specifically referred to. Table 5.2A shows the nationalities of the interviewees.

**Table 5.2A** Nationalities of interviewees

| | ***Number of workers*** | ***%*** |
|---|---|---|
| Eastern European | 62 | 31.0 |
| Latin American | 10 | 5.0 |
| Middle Eastern | 20 | 10.0 |
| Russian and Other Eastern European | 13 | 6.5 |
| Portugal | 21 | 10.5 |
| Philippines | 13 | 6.5 |
| South Asia | 12 | 6.0 |
| South East Asia (inc China) | 23 | 11.5 |
| Sub Saharan Africa | 26 | 13.0 |
| Total | 200 | 100.0 |

By sector, the greatest number of nationalities was reported in Hotels and Catering, although this also was the sector where the largest number of interviews took place. It was also a sector where migrants from many different parts of the world could be working side by side. One employer in hotels in London employed 37 different nationalities in one establishment, describing it as ‘a bit like a melting pot’.

Within the migrant worker sample regional variations were noted, with some evidence of particular groups of migrant workers being more dominant in some regions rather than others. This pattern indicates chains of migration, with first movements of migrants opening the way for others. There was also evidence of a higher presence of specific migrant groups in particular sectors. For example, migrant workers from Europe were under-represented among our sample in Healthcare and in Cleaning, but were over-represented in Construction, Agriculture and in Hotels and Catering.

We also interviewed 62 employers who currently employed migrant workers. Table 5.2B shows the regions and sectors they were operating in.

**Table 5.2B** Business interviewees by region and sector

| | *Agriculture* | *Cleaning* | *Construction* | *Healthcare* | *Hospitality* | *Processing & Packaging* | *Recruitment* | *Transport* | *Total* |
|---|---|---|---|---|---|---|---|---|---|
| East | 4 | | 1 | | | 3 | 3 | | *11* |
| London | | 1 | 5 | 1 | 1 | 5 | 1 | | *14* |
| Northeast | | | 1 | 3 | 5 | 4 | 2 | 1 | *16* |
| Southwest | 3 | 2 | | 2 | | 5 | 3 | | *15* |
| South Wales | | | | | | 2 | 1 | | *3* |
| UK | | 2 | 1 | | | | | | *3* |
| Total | 7 | 5 | 8 | 6 | 6 | 19 | 10 | 1 | 62 |

The employer interviews presented a similar picture to that of the migrant interviewees. However, in most sectors employers appeared to have focused on selecting for employment from a smaller number of nationalities which perhaps assisted in communication between employer and worker. For example, in Healthcare and in Construction around ten countries of origin were referred to; in Agriculture it was seven; in Cleaning it was five. However, the mobility of the migrant labour force means that the ethnic and country of origin profile of migrant workers can change relatively quickly as longer serving migrants either move on to more rewarding employment or indeed return to their country of origin, to be replaced by more recent arrivals. Employers who took part in the interviews had noted changes in the country of arrival of more recent migrants, predictably with more individuals coming from the A8 states. Following EU expansion employers in Construction referred to the arrival of Poles, Czechs, and Hungarians. In the opinion of employer respondents the nationalities of migrant workers arriving in the UK were changing. In all sectors there was more evidence of workers from A8 countries, displacing migrant workers from South East Asia, Portugal and Africa. According to the employer interviews, these new migrants did not intend to remain in the UK permanently.

Although it is difficult to generalise from the data we have collected as to the total number of migrants in the five regions, the employer and trade union interviews pointed to around a quarter of the workforce in some sectors being made up of migrant workers. Table 5.2C shows the proportion of the workforce that was made up of migrant workers in the workplaces represented by the 62 employer respondents. This was estimated from the information given in the interviews. It was impossible to determine precisely, for four large companies in cleaning and healthcare with well over a 1,000 workers each, although it was evident that they had a lot of migrant workers.

**Table 5.2C** Proportion migrant workers of total workforce by sector

| *Sector* | *0-25% migrants* | *25-50% migrants* | *50-75% migrants* | *75-100% migrants* | *Not known* | *Total* |
|---|---|---|---|---|---|---|
| Agriculture | 1 | 1 | 1 | 4 | | 7 |
| Cleaning | 1 | 1 | | 1 | 2 | 5 |
| Construction | 5 | | 1 | 2 | | 8 |
| Healthcare | 3 | 1 | | | 2 | 6 |
| Hospitality | 1 | 2 | 2 | 1 | | 6 |
| Processing & Packaging | 5 | 9 | 3 | 2 | | 19 |
| Recruitment | 1 | | 3 | 6 | | 10 |
| Transport | 1 | | | | | 1 |
| Total | 18 | 14 | 10 | 16 | 4 | 62 |

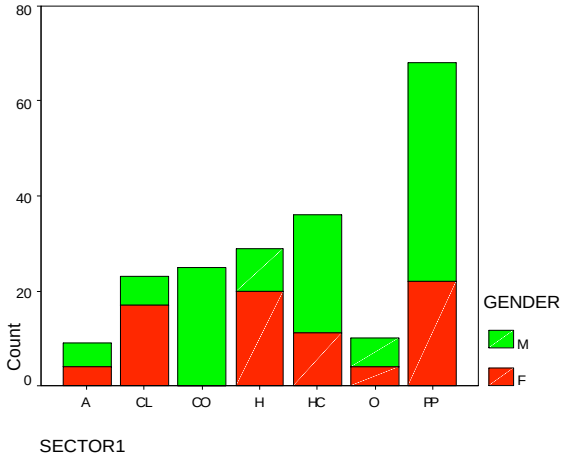
Migrant workers constituted a large proportion of the workforce of many of the companies interviewed, which obviously reflects the focus of the research. For all except one of the agencies, migrant workers constituted more than half of their registered and active workers. The five agricultural sector businesses with over 75 per cent of migrant workers, as part of their workforce, were using predominantly migrant seasonal labour. The research suggests that in some sectors migrants have become a key supplier of labour.

## 5.3 GENDER

Kofman (2005)[113] argues that while women have formed an increasing proportion of all labour migration and are dominant in some sectors, like health, education and domestic service, migration studies have generally not been sensitive to gender issues. Our initial aim was to interview equal proportions of men and women, however, this proved not to be possible within the available time. For this study we interviewed 122 men and 78 women, thus 61 per cent of the sample was male and 39 per cent was female. In part this is explained by the fact that some of the sectors we focused on, most notably Construction, are almost entirely male. However, the bias in favour of males was also as a result of access difficulties. In some cases and among some communities, it was harder to access female migrant workers, than it was to access males. This bias towards evidence from male interviewees could have consequences for the analysis of the data. However, the researchers have acknowledged that it is important, when analysing data on migration, to reflect the experiences of both male and female migrants and to highlight any areas of health and safety that are gender specific. In this research we have aimed to ensure that due account has been taken of the health and safety experiences of female migrants, in recognition of the fact that the consequences of migration are not the same for women and men. The following bar chart shows the distribution of males and females for the predominant sectors that they were interviewed from. It demonstrates that occupational segregation is equally a factor in the employment of migrant workers as it is for the indigenous population, with women more dominant in Cleaning and in Healthcare and men more dominant in Construction and in Processing and Packaging.

[113] *Kofman, E. Raghuram, P. Merefield, M (2005) Gendered migrations: towards gender sensitive policies in the UK, May 2005, institute for public policy research*

**Figure 5.3** Sector by gender




By region it was only in the East of England that we achieved equal numbers of male and female interviewees, as evidenced in Table 5.3.

**Table 5.3a** Number of respondents gender by region

| ***Region*** | ***Female*** | ***Male*** | ***Total*** |
|---|---|---|---|
| East | 19 | 18 | 37 |
| London | 18 | 27 | 45 |
| N.East | 14 | 29 | 43 |
| S. West | 13 | 25 | 38 |
| S. Wales | 14 | 23 | 37 |
| Total | 78 | 122 | 200 |

Although most of the employer interviewees said that their migrant workforces had females and males, they were more likely to employ men than women migrants. Of the 62 employers interviewed, eight recruited only or predominantly male workforces, including two in Hotels and Catering, two in Processing and Packaging and two in Construction. Employers fell back on job segregation as an explanation for why jobs were gender-defined.

*'We, we don't have a policy that says we only recruit male, but its just males that come through I think its within that culture, this has been decided this is a male job, working desk or behind the till is a female job, I don't know but its, we don't have many females applying.' (Food supply company)*

*'Yes, I think that's more to do with the type of work, there's an awful lot of manual handling and seems to have been always one of those areas that is predominantly male.' (Food production company in the North East)*

Thirteen of the employers interviewed employed equal numbers of male and female migrant workers; six said that their female workforce represented under a third of the migrant workforce. There were only three employers (including two in Healthcare) where female workers where in a majority.

## 5.4 AGE

Migrant workers are generally characterised as younger than indigenous workforces and while the selection of individuals for interview was not premised on age, in general interviewees were clustered in the under 40 age group. Table 5.4 shows the age of the interviewees by region in which they are working. It shows that the overwhelming majority were aged between 20 and 40 years, with practically none under them aged

under 20 and similarly very few over the age of 50. There were some differences by gender, and within the sample women were more likely to be in their 20s while men were more likely to be in their 30s or above. In part this is probably due to the fact that women in their 30s or beyond were more likely to have domestic responsibilities which limited their opportunities for migration, whereas for men the consequences of domestic responsibilities might indeed be a push factor to migrate for economic reasons.

**Table 5.4** Age by region

| *Region* | *Under 20 years* | *20-29 years* | *30-39 years* | *40-49 years* | *50-59 years* | *Total* |
|---|---|---|---|---|---|---|
| East | 0 | 14 | 14 | 8 | 1 | *37* |
| London | 1 | 21 | 13 | 9 | 1 | *45* |
| N.East | 2 | 15 | 17 | 7 | 2 | *43* |
| S.West | 0 | 16 | 17 | 4 | 1 | *38* |
| S.Wales | 0 | 15 | 21 | 1 | 0 | *37* |
| Total | 3 | 81 | 82 | 29 | 5 | 200 |

Comparing this to the migrant working age population drawn from the LFS data (see Table 2.3.C) our sample is slightly more concentrated in the 20 to 40 age range (82 per cent) compared to the LFS, where 79 per cent is in that age range. Those over the age of 40 are over-represented (14.5 per cent of our sample, compared to 10 per cent of the LFS sample, while those under the age of 20 are under-represented in the sample (2 per cent compared to 8 per cent). The likely reasons for this bias are discussed in the section of the report dealing with methodology.

Some employers said that they recruited from a wide age range, with around one in three stating that they employed migrants between the ages of 20 and their late 50s. But there was a slight bias in favour of younger workers, with again one in three employers stating that most of their migrant workforce was in its 20s. Employers reported that age was sometimes related to the type of work migrants were being hired to do.

*'I think it's fairly similar although we perhaps get maybe more people in the lower age groups than the higher age groups from mainland Europe.' (Catering employer, London)*

## 5.5 STATUS AND ITS IMPACT ON EMPLOYMENT AND HEALTH AND SAFETY

Most of those whom we interviewed were working in the UK with authorisation; they were either EU nationals – from A8 countries or had a work permit (this applied mainly for those working in Healthcare). In some cases this was inferred from what workers said as we did not directly interrogate workers about their immigration status from concern that this might inhibit the discussion. Instead questions were framed to try to encourage the individual to discuss status if they felt comfortable with this line of enquiry. Table 5.5 shows the distribution of the immigration status of workers interviewed:

**Table 5.5** Immigration status

| *Types of Immigration Status* | *Number* | *%* |
|---|---|---|
| Asylum Seeker | 18 | 9.0 |
| European Union National | 83 | 41.5 |
| Undocumented/unauthorised | 6 | 3.0 |
| Not Known | 22 | 11.0 |
| Refugee | 11 | 5.5 |
| Student | 24 | 12.0 |
| Work Permit holders | 36 | 18.0 |
| *Total* | *200* | *100.0* |

While only a small number of those interviewed (six) were in the UK as unauthorised workers, a number of other interviewees fell into the category of unauthorised workers, either because they were asylum seekers who had not yet been granted refugee status and thus did not have permission to work (18 interviewees) or were students (24) who were in many cases working beyond their permitted hours and this therefore had put them into an unauthorised status. We discuss below the extent to which their status may have impacted on the type of work they could do and importantly whether this had consequences for health and safety.

Of those who admitted that their status was undocumented, three had come from the Middle East. However, five workers from South East Asia (mainly China) and six workers form Sub Saharan Africa did not state their status but our assessment is that they were likely to be undocumented but did not wish to state this to be the case. From the interviews undertaken, we can generalise that poor health and safety practices were sometimes associated with the employment of undocumented Chinese migrant workers. We were also aware of anecdotal evidence suggesting that their immigration status had pushed them towards the most dangerous forms of work, of which the Morecambe Bay tragedy is a compelling example.

Immigration raids were said to have forced hundreds of undocumented Chinese migrants out of their jobs.[114] Based on the experiences of those whom we interviewed, it is our contention that those who were working without authorisation were more likely to be working in areas where health and safety was a low priority. Thus those who were undocumented were more likely to compromise their health and safety and take greater risks and were less able to refuse to work in dangerous jobs. While with relatively small numbers generalising is difficult, it certainly was the case that, in terms of their own perceptions of risk, those whom the researchers classified as working without documentation were more likely to have described their jobs as carrying major risks to health and safety. While other factors may have influenced their views, for example, the sectors in which they worked, their age and gender, even taking all of these factors into account, their perceptions of risk appeared to be premised on their immigration status. Even those who were working in relatively low risk sectors, for example Cleaning and Hotels and Catering perceived the risks they faced as significant, leading to our contention that undocumented workers were likely to be selected for the least acceptable (and potentially most dangerous jobs) within their sector of employment.

Among those interviewed, unauthorised working was concentrated in the Hotels and Catering sector and in Processing and Packaging, both of which employed a large number

[114] *The Guardian, May 3, 2004, 'Fear Drives Chinese into cockle beds'*

of students who also were working without authorisation, in addition to workers who had no documentation.

## 5.6. ROUTES INTO EMPLOYMENT

In the course of the interviews, both with migrant workers and with employers we asked questions about routes into employment. We hypothesised that those who obtain employment through formal job entry routes – job application, interview process and appointment – are more likely to enter a formalised structure where health and safety is observed. However, from the data we have gathered informal methods of accessing work are the most common sources of entry into employment, particularly once a migrant presence had been established in an area. Thus by region those living in London were most likely to have accessed employment through word of mouth, while this was the least likely route into employment for those in new regions of migration like the East of England and the South West, where work was more likely to be accessed through agencies. Word of mouth was also a more likely route of entry for the most vulnerable migrant workers, those with no authority to work. Within our interview group, asylum seekers and those who were undocumented were most likely to have accessed work through word of mouth. It was also the most likely means of access for low paid jobs in Cleaning.

Of course word of mouth indicates that there are established routes into work but it also potentially places that work outside traditional forms of regulation. For example, a Jobcentre Plus key respondent (WAKR03) noted that migrant workers were now becoming 'more proactive' about approaching employers directly, rather than going through JCP or agencies. While this indicates a certain confidence about the ability to obtain work, it also means that state agencies like JCP have less knowledge of where migrants are working. Employer interviews also confirmed that word of mouth was an important entry route into employment for migrant workers. In some cases there were formal schemes like a 'recruit a Friend' scheme (Transport employer, South Wales), in others it was a case of established workers passing on information to new arrivals.

Around half of the employer interviewees had also used agencies although a number indicated that they had switched from agency employment to word of mouth as the migrant workforce increased.

*'The agencies are, almost made redundant by the fact, what I call a second generation now coming in, friends and relatives are turning up on the doorstep.' (Food employer, South West)*

One employer spoke of no longer having a need to advertise as applicants 'are constantly coming looking for work without the need for us to make any advertisements in magazines or papers or whatever, people just turn up' (Catering employer, London.) This company also maintained a database of migrant workers, who had requested employment and as jobs came up would contact them and, provided they matched the necessary qualifications for the post, would be taken on. Another employer always took on new staff through an agency and then after 13 weeks, if there were places, would offer permanent employment to those workers who were considered suitable. Other forms of recruitment had been dispensed with. But there were also cases where employers had shifted from using agencies due to concerns over the employment terms and conditions that agencies offered to the workers they supplied. Some were also concerned over the instability of the agency workforce and the consequent implications for health and safety and for this reason were turning to direct employment.

Entry routes into employment may also be dependent on the type of jobs being sought. For example, those in Healthcare are more likely to access their jobs from abroad through agencies, although some employers in the Processing and Packaging and in the Hotels and

Catering sectors were also starting to recruit directly from abroad. Agriculture employers are also more likely to have used agencies to recruit through SAWS.

## 5.7 NATURE OF THE EMPLOYMENT RELATIONSHIP

Within the UK's labour force the majority of workers are directly employed, working within a contract of employment that sets out obligations and duties between employer and employee. Many statutory employment rights are dependent on the existence of this form of contractual relationship and it is a particularly important employment relationship for women workers, since rights connected with pregnancy and maternity are predicated on the existence of a contract of employment. However, while the contract of employment is the most likely form of contractual relationship for indigenous workers, this may not be the case for migrant workers. Although there is no statistical data on migrant employment relationships, anecdotal evidence suggests that migrants are less likely to be employed under contracts of employment. Within the food and drink industry an estimate by Food Business UK is that around one in three workers in the industry (125,000 workers) are employed through agencies and of these 90 per cent are migrants. Of our 200 interviewees, only around half were directly employed, while one in four were employed through agencies, which in some cases may have been their employer, but in most cases were not. A small proportion in Construction was self-employed. Importantly around one in five did not know what their employment status was. This was particularly the case in sectors like Cleaning where workers were moved frequently from job to job and had no idea what organisation if any was their employer. This inability to identify an employer has consequences for the enforcement of employment rights. Additionally the fact that migrants were working outside of a traditional employer/employee relationship did not imply that this was their desired method of employment. When questioned direct employment was almost always considered more attractive and we would hypothesise that this is the case for most migrant workers, outside perhaps of a small group of genuinely self-employed workers, for example in Construction.

Most of the employers interviewed also expressed a preference for directly employed staff although a number did use agencies as a way of testing workers first before transferring them to direct employment. Smaller employers were more likely to say that they directly employed their workforce. Construction was the only sector where workers and employers both indicated that there was self-employment, one third of employers said that they recruited the self-employed, although some employers indicated that changes in the law meant that they were shifting to direct employment.

How the employer interviewees employed their workers is summarised in Table 5.7. Many used more than one type of worker. Most had taken on migrant workers as direct employees of the company and over half had used migrant workers from recruitment agencies. Three of the construction firms also reported using sub-contracted/self-employed workers. Most of the agricultural businesses used seasonal migrant labour to pick crops, as did three of the food processing and packaging businesses, for meeting seasonal demands. Other businesses also used migrants for temporary positions to meet labour gaps.

**Table 5.7** Types of workers engaged by interviewees

| | *Direct* | *Agency* | *Seasonal* | *Self-employed/ sub-contracted* |
|---|---|---|---|---|
| Agriculture | 6 | 3 | 7 | 0 |
| Cleaning | 5 | 3 | 0 | 0 |
| Construction | 8 | 4 | 0 | 3 |
| Healthcare | 6 | 2 | 0 | 0 |
| Hospitality | 6 | 1 | 0 | 0 |
| Processing & Packaging | 18 | 13 | 3 | 0 |
| Recruitment | 2 | 8 | 3 | 0 |
| Transport | 1 | 0 | 0 | 0 |
| *Total* | *52* | *34* | *13* | *3* |

## 5.8 LINGUISTIC KNOWLEDGE OF MIGRANT WORKERS

We did not select our migrant interview sample on the basis of their knowledge of English but instead tried to reflect a wide range of linguistic abilities, and interviewed in their language of origin when English was not spoken. But partly reflecting the fact that many recent migrants arrive with a relatively good command of English and because we were restricted by the range of languages our fieldworkers could offer, inevitably we over-represented those with a good command of English.

The assessments made of their knowledge of English were made by researchers and fieldworkers in the course of the interview and data analysis. Interviewees were classified in relation to five levels, no English, basic, average, good and perfect. Those with 'basic' English could communicate simple concepts but could not conduct an interview in English and it might be difficult to assess the extent to which they would have been able to follow health and safety instructions in English. Just under half of those interviewed had good or perfect English. Tables 5.8 and 5.8A show the English language skills of workers by gender and sector of work.

**Table 5.8** English language skills by gender

| *Gender* | *None* | *Basic* | *Average* | *Good* | *Perfect* | *Total* |
|---|---|---|---|---|---|---|
| Female | 8 | 23 | 12 | 29 | 6 | 78 |
| Male | 9 | 36 | 41 | 25 | 11 | 122 |
| Total | 17 | 59 | 53 | 54 | 17 | 200 |

**Table 5.8.**A English language skills by sector

| *Sector* | *None* | *Basic* | *Average* | *Good* | *Perfect* | *Total* |
|---|---|---|---|---|---|---|
| Agriculture | 2 | 3 | 2 | 1 | 1 | 9 |
| Cleaning | 0 | 10 | 7 | 4 | 2 | 23 |
| Construction | 0 | 6 | 11 | 7 | 1 | 25 |
| Health Care | 0 | 4 | 1 | 16 | 8 | 29 |
| Hotels and Catering | 4 | 12 | 8 | 10 | 2 | 36 |
| Others | 0 | 1 | 5 | 4 | 0 | 10 |
| Processing & Packaging | 11 | 23 | 19 | 12 | 3 | 68 |
| *Total* | *17* | *59* | *53* | *54* | *17* | *200* |

Women were slightly more likely to have good or perfect English (55 per cent) than male interviewees (45 per cent). There was no relationship between age and knowledge of English, however, there were differences by sector, as represented by the data in Table 5.5.A above. Workers in Healthcare had the highest levels of English, with more than eight in ten having good or perfect English. In contrast 44 per cent of interviewees in the Hotels and Catering sector and 43 per cent in Cleaning had none or just basic English. Even where migrants did have some basic English there could be additional problems over trying to understand particular regional accents.

In some cases we were informed of employers making provision for language training, but of workers not taking this up. One key respondent told of how in his workplace there was a union learning scheme, however, to access it the worker had to make up half an hour of the hour that the class took up. Migrant workers, working long hours to accumulate money and with very long journeys to and from work, just did not have the energy to attend the classes. As one migrant interviewee, explaining why it was difficult to improve his English noted, 'If you start … doing eight/nine hours, you coming home you don't have time to read [English]' (Female East European, South West working in Hotels and Catering). A number of employers either provided or facilitated access to English language classes although in some cases they reported that take up had been mixed as migrant workers did not necessarily want to participate. However, we were also told by ESOL providers that some employers were not in favour of migrant workers undertaking courses. We were also told of cases where workers had been moved from job to job to make attendance at courses more problematic.

For some employers there was a stated preference for individuals with English language but there was a view expressed that this might be of particular importance where workers were working with expensive machinery. Here the emphasis might be more directed to the need to protect the equipment than as a measure to protect health and safety.

*'Our production lines are more sophisticated than that, each slicing, packaging line represents, I don't know half a million pounds worth of equipment and [is] fairly technical in its demands. So that you couldn't just provide half a day training and put somebody in charge of a team of non-English speakers on one line.' (Food employer, South West)*

In general employer interviewees did not see it as their function to assist workers in learning English although a few had taken steps to inform workers of language courses they could access, as the following example indicates.

*'She [HR director] has one of these pigeonhole boards, which she puts information up there on local courses and educational courses they are putting on. So any migrant workers can go up and tell her or go and do a course at night or when ever they have time.' (Processing and packaging employer, North East)*

Knowledge of English was a recognised necessity in relation to health and safety but only for those jobs that employers viewed as carrying specific health and safety risks, for example, working with machinery. But there was little evidence of employers taking the view that English was a requirement per se or that the inability to communicate health and safety information could itself represent a risk at work. Only about a quarter of the employer respondents said that they required good English from migrant workers, although some qualified this by saying that for certain jobs, for example working with machinery, English would be a requirement. As might be expected English was more likely to be a requirement in Healthcare and in Hotels and Catering and was less likely in Construction and in Processing and Packaging, despite the fact that these were both sectors where accident levels could be relatively high. Where language was checked it was often done through assessing how prospective employees completed the application form. There was little evidence of any formalised or systematic way of checking competencies in English. The following is an example of how one of the employer interviewees described how they assessed an individual's knowledge of English.

*'We obviously have the interview process, we let them fill in the application form, we see if they struggle with the application form and then obviously where we place these people and what category of work but most of our factory, obviously health and safety wise have got to read English for their own safety.' (Recruitment agency, North East)*

### 5.8.1 Nature of supervision – gender, nationality and language

Having identified the importance of being able to communicate effectively with migrant workers, the research also explored whether supervision was conducted in English or in the languages of migrant workers and to what extent this might impact on health and safety. With few exceptions, the workers we interviewed said that they were supervised in English. This presented major challenges for those who did not have sufficient grasp of English to understand fully the instructions they were being given. Workers reported that they would sometimes pretend that they had understood for fear of losing their jobs. Some employers also recognised that migrant workers might not make it known that they could not follow instructions for fear of losing their job. Observant employers were aware that information might not be adequately communicated but that they did not always have the resources to check that important instructions were being understood. Even where employers suggested that English was not necessary, a position held, for example, by most of the employer interviewees in Processing and Packaging, they were still likely to acknowledge that the inability to communicate could present problems.

For employers particular challenges are likely to arise:

- Where the migrant workforce speaks a number of languages but no one is common to all;
- When employers are unable to check that vital health and safety instructions are being communicated properly because the employer does not share the language of instruction; and
- Where the use of interpreters limits workplace mobility, as teams can only be moved as a group to preserve their interpretation arrangements.

Thus while communication emerges as a key challenge, the solutions were not presented as simple or cost free and for this reason few employers indicated that they had explored them. However, it appeared to the researchers that there were strategies which had been explored and which did assist in effective communication but that these were not generally adopted in the context of day-to-day supervision. For example, with reference to initial training we noted that employers had adopted a range of successful measures to communicate basic induction information, using non-verbal methods of communication. However, in general these were in the context of specific induction or basic health and safety training. But there was nothing intrinsic in these methods that would prevent their extension to day-to-day communication.

A few employers had employed supervisors with other languages, although this was not their preferred method of communication. Many did indicate that they would supervise workers through a bi-lingual co-worker and would also organise particular production lines or teams to be fully staffed by migrants of the same national background to assist in communication between supervisor and workers. This was most evident in Cleaning where employers would sometimes organise for specific contracts to be carried out entirely by workers of a particular national group and in these cases supervision would also be conducted in the workers' mother tongue. Sometimes these arrangements appeared relatively ad hoc and sometimes they were more formalised with the bi-lingual worker acting as team leader or in some form of contract supervisory role (responsible for recruitment links and therefore tending to find people from with his or her extended community from a similar ethnic and linguistic background). In these cases there might be reservations by employers about the quality of translation. Some had also used

interpreters but this tended to be for a specific communication, for example on induction, rather than as the normal method of communication. One employer argued that money spent on translation would be better spent on improving practical training and the mentoring of workers (UK wide cleaning company). Nationwide employers indicated that they were thinking of making knowledge of English compulsory for all new starts (Construction employer, South West). Some stated that without English there were difficulties in organising anything but the most basic work.

*'We have had problems with that, because we're such a large site, we do move staff around and if Polish people are moved away from their interpreter, then we can find problems. So now we have, we do say they have to have a basic understanding of some English language.' (Processing and packaging employer, South West)*

## 5.9 SKILLS AND QUALIFICATIONS

### *Previous experience and employment*

Previous studies have shown that migrant workers are frequently working below their skills and qualifications.[115] Our interviews with migrant workers and with employers confirmed this to be the case with a majority of the migrants interviewed stating that they believed themselves overqualified for the jobs they were undertaking in the UK. In general they were working wherever they had been able to find employment and in some cases, particularly for workers with medical and healthcare qualifications, there was a general hope of being able to re-enter the profession in the future. Lack of English language skills, non-recognition of foreign qualifications, lack of UK work experience and limitations imposed by work permit schemes were all factors that limited their abilities to access work in professions related to their past qualifications and experience.

Employers too stated that many migrant workers were well educated and that they were 'people who are well trained' (Food employer, South Wales) with a majority of those interviewed confirming that the migrants they employed were 'overqualified' for the jobs they were doing. One employer (Food employer, South West) spoke of a Russian female employee employed in their packing department whom the company had discovered was a skilled engineer, referring to her current position as 'a wasted talent'. Even in sectors like Healthcare and Construction where higher levels of skill and qualification were being sought, it was still the case that at least a proportion of their migrant workforces were overqualified in relation to the jobs they were undertaking, according to employers in the sector. Indeed there was only one employer, out of all those interviewed, who claimed that the company employed migrant workers who were under-qualified for the jobs they were doing.

An issue raised by the research is thus whether the fact that individuals are employed beneath their skills and qualifications has implications for their health and safety. There are three potential scenarios:

1. Does the fact that work is low skilled cause workers to under-estimate the risks to them and thus to take greater risks?
2. Is the fact that they are not able to access jobs for which they are qualified a cause of stress and does this impact on workplace health and safety? and
3. Is it the case that unfamiliarity with work makes workers more cautious and can we hypothesise from this as to whether this increases or diminishes their risks at work?

These questions are difficult to answer but there is some evidence from the interview data that suggests that those who are working in jobs which are not related to their previous

[115] *Haque (2002); McKay (2005)*

qualifications or experience are more likely to perceive their jobs as carrying major risks at work.

Around one in five of our sample stated that they were over-qualified for the work they were currently performing and around a quarter of the sample categorised their work as carrying major health and safety risks. However, within this latter group there were more or less equal numbers of qualified and non-qualified, suggesting that those who were higher qualified or had no previous experience of the work were more likely to view it as carrying major risks to their health and safety.

### 5.9.1 Checks on qualifications

Of course it was not always the case that migrants were working beneath their qualifications, a number of those interviewed were indeed engaged in work for which they were qualified. However, what was surprising was how few workers claimed that their qualifications were checked by employers, even where these qualifications might have relevance to their health and safety, for example in Construction, where we did uncover some evidence of migrant workers undertaking quite dangerous and technically skilled jobs (like scaffolding) without any previous knowledge or experience of this kind of work and without checks having been made as to whether they were qualified to do the work. Indeed, with the exception of Healthcare, in none of the other five sectors investigated was there any evidence of systematic checking of qualifications or even of the individual's state of health and this was generally the case even in sectors dealing with food and food preparation where issues of food contamination could be relevant

In keeping with what we had been told by migrant interviewees, employers in Healthcare were most likely to indicate that they did test for skills. However, employers in Construction also claimed to test for skills, something which most of those whom we interviewed who were working or who had worked in the sector claimed did not occur. In general, taking all the employers together, only a minority told us that they did check on qualifications and this was so even though quite a number described the work being undertaken by migrants as 'skilled'. And where tests were undertaken they were tests for language or in one case tests for hygiene skills (Food takeaway employer, North East). For example, one employer (Logistics employer, North East) said that individuals working in Processing and Packaging would be given an aptitude test and that they had recently introduced a basic numeracy test. This employer also tested for 'enthusiasm' and used the application form to test for literacy. Another recruited anyone 'as long as they know the job because I can't teach them. It's too expensive for me' (Catering employer, London). Formal educational qualifications were less necessary although sometimes they were an advantage.

In part this arises as a problem because employers are not necessarily aware of the equivalence of qualifications and thus tend not to rely on documentation relating to a person's skills. The other problem for them is in relation to the supply of labour through agencies where it is more difficult to verify an individual's qualifications and some employers did complain that agencies promised skilled operators but in fact the workers supplied did not have the required level of skills (Employer, Cleaning, South West).

A couple of key respondents had tried to set up courses for migrant workers that combined language and health and safety but had found that employers were not necessarily pro-active about facilitating this. All those employers who commented on the matter claimed that they did check immigration status.

To ensure that workers are appropriately qualified for the jobs they are undertaking employers perhaps need access to more standardised information on qualifications,

particularly where these relate to health and safety competences. Consideration might be given to the establishment of some key indicators of knowledge of health and safety that might assist in the better regulation of health and safety at work.

## 5.10 REASONS FOR EMPLOYING MIGRANT WORKERS

In general migrants in all occupational sectors gave similar reasons for why they thought employers were employing them. They perceived themselves as cheaper, harder working labour ready to do jobs that local workers rejected. However, there were some differences between the sectors. Those in Healthcare and in Packaging and Processing cited labour shortages as reasons why migrants were employed, with Healthcare workers most likely to cite this as the reason for their employment. Interviewees in the other four sectors were less likely to believe that labour shortages had encouraged employers to look towards migrant labour. Hotels and Catering workers and those working in Construction believed that they were hired mainly because they were cheaper than local labour, while those in Agriculture and Cleaning believed that it was because local labour did not find the work attractive. By Region there did not appear to be any differences in migrant worker perceptions of why they were employed.

Employers believed that the main reasons why migrant workers came to the UK was to earn money to provide for their families and to learn or improve their English. Employers too referred to the ability of migrants to work hard (Food employer, North East) (Bakery employer, London); reliability in terms of not taking sick leave (Agriculture employer, East of England); readiness to work 'lots and lots of overtime' and as helping to reduce turnover (Transport employer, South Wales); and to migrant workers being more 'enthusiastic (Government funded recruitment agency, North East).

*'Having a workforce that doesn't constantly change, having a workforce that you can train, you construct and you know they're going to be here tomorrow or the next week and we've got a constant and enthusiastic kind of workforce now that is here every day and it doesn't change from day to day. That would be the main advantage. The willingness to work, I mean it's... they want to learn, they want to work and it's just giving them a chance and we've not come across many problems. They just get on with it.' (Agriculture employer, East of England)*

Some emphasised that migrants were employed because there was no available local labour, 'If local labour was there we would use the local labour' (Labour provider employer, South Wales; Transport employer, South Wales) and that migrants were 'good workers and reliable workers' (Food employer, South West). Recruitment agencies referred to a shortage of local labour as a reason for supplying migrant workers (Labour provider employer, East of England) but some also mentioned that migrant workers were willing to work for less than the national minimum (SME6; Labour provider, South West) or that they were 'very reliable, they work hard' (Labour provider employer 2, South West).

*'On the whole they are very reliable they work hard. I've got a great thing about respect and if you respect them they'll respect you.' (Labour provider employer).*

Employers also emphasised the talent that the migrant workforce brought to the workplace. In responding to questions on the migrant worker profile in their workplace one employer noted.

*'I would actually say fairly educated. Especially the translators that we've got here, we must have a good half a dozen that can speak very good English. You know for them actually to be able to do that, English is not the easiest language to learn, they must be fairly well educated. There are no duds in there, there's not a dud in there. They've all got brains up there, every one of them. I would say good.' (Construction employer, South West)*

They contrasted migrant workers with local workers, suggesting that the latter were less reliable (Hotel and catering employer, North East; Logistics employer, North East).

*'Their willingness to work, their work ethic I think is far better than the youth of Britain. I always say it to them as well. Friendly because they are in a foreign country they are willing to learn, they want to get to know people. I find, the locals around here … they don't want to know, they use it as a means to an end and once they have earned enough pay they go out, whereas if you get a migrant worker, they want to work, they know they want to integrate within the country and they are quite willing to put the hours in.' (Processing and packaging employer, North East)*

## Summary: Section 5 key points

1) Employers who currently employ migrant workers do not necessarily perceive them as being in a higher risk category, however, employers who do not employ migrants are more likely to associate their employment with higher risks and this may be a contributory factor in their unwillingness to hire them.
2) Where trade unions have focused on migrant workers it is mainly in relation to recruitment and organisation. There is little focus on health and safety as an issue pertinent to migrant workers although there is a widespread belief that they are more at risk at work. Responsibility for health and safety is not clearly identified in those cases where migrant workers are supplied through agencies or labour providers.
3) Migrant worker health and safety may be affected by gender, age, status and knowledge of English, however, the longer that migrant workers are in the UK the more likely it is that they will move into employment that is better regulated.

# 6. MIGRANT WORKERS, HEALTH, SAFETY AND EMPLOYMENT

This section of the report focuses on key issues emerging from the research project. It explores:

- Whether migrant workers in general face additional health and safety risks;
- Whether immigration status, language and lack of UK work experience impact on health and safety;
- Whether there are factors that place migrant workers in a more vulnerable position on account of stress, working patterns and experiences of discrimination;
- Whether health and safety training is communicated and delivered successfully;
- How the different parties interpret their responsibilities for health and safety;
- How concerns regarding health and safety are raised; Factors that may contribute to health and safety risks that are a feature in migrant worker employment;
- Whether immigration status has consequences for migrant worker health and safety; and
- The extent to which race and nationality discrimination can contribute to stress and other factors affecting health and well-being.

## 6.1 HEALTH AND SAFETY IN THE WORKPLACE

The picture that emerges from previous studies and from press investigations suggests that migrant workers do experience significant levels of exploitation at work. Much of this evidence has focused generally on conditions at work, for example, in a series of investigations for The Guardian and as part of the book, Not on the Label, Felicity Lawrence has documented the employment of migrant workers in Britain's food industry in particular. This work recorded the widespread use of subcontracted migrant workers from recruitment agencies, labour providers or gangmasters, to maximise flexibility and minimise costs. Driving factors behind this trend included the "just in time" supply requirements and competitive practices of supermarkets. A BBC Radio 4 broadcast[116] exposed the exploitation of migrant workers from both Portugal and Central and Eastern European. This highlighted working and living conditions described as both 'squalid' and 'dangerous'. A complex system of unexplained deductions from worker's wages for travel, accommodation, advances and expenses, kept workers in a circle of debt to the labour providers.

In this research we attempt to systematically test the extent to which this picture of employment affects health and safety practices at work. We are already aware that, in addition to the Morecambe Bay tragedy, there have been other high-profile incidents involving migrant workers. Additionally the Citizens Advice Bureaux across the country have catalogued serious problems affecting migrant workers, including breaches in health and safety regulations[117]. In this section of the report we therefore wish to focus on some key indicators of good health and safety practice, including training, accidents and workplace related ill-health and procedures for reporting health and safety incidents.

### 6.1.1 Training

The first key indicator of good health and safety practice that we wished to investigate related to health and safety training, encompassing both training at induction and on-going training in health and safety. The extent to which such training regimes are in place may provide useful insights into the workplace health and safety regime. Their absence

[116] *BBC (2003) 'Nice work' 8 July 2003*
[117] *The Guardian, 10 January 2006, Lawrence, F*

suggests that the more general description of poor working practices referred to above is applicable also within the context of health and safety.

Turning to our migrant worker interviews, more than a third stated that they had not had any training in health and safety, an exception being with respect to those employed in Construction and in Healthcare, who were likely to have had induction training that dealt with health and safety. For the remaining sectors training was more sporadic. In general the research suggests the following:

- Health and safety training is more manifest in the public sector than in private sector employment. From the descriptions given by interviewees, in the former it was generally lengthier and was rated as being well delivered;
- The longer migrant workers are in the UK the more likely it is that they will be in a workplace where there is a training culture. This suggests that more established workers gravitate towards workplaces with a better health and safety ethos;
- Women migrants may have less access to workplaces where there is a culture of health and safety training. With the exception of those working in the Healthcare sector, women interviewees were more likely to be in workplaces where training had not been offered. This has consequences for women workers' health and safety and explains why women interviewees appeared to be less positive about the health and safety system at work than was the case for men;
- Younger workers may be less likely to benefit from health and safety training. Our interviewees who were in their 20s were slightly less likely to have received training, than was the case for older workers. Since younger workers are in general more likely to be at risk at work[118] the research may indicate the need for dialogue with employers to ensure that young migrant workers are adequately trained; and
- For some migrant workers with limited or no English, training in health and safety is not effectively communicated and such workers may remain ignorant of basic health and safety procedures, such as what to do in the event of a fire, or where the main exist routes are.

In general Agriculture and private sector Cleaning offered little training, even as induction. There was, however, some evidence of older workers passing on their knowledge and experience to newer workers and this was how some workers appear to acquire their knowledge of health and safety. One key respondent, an ESOL provider (SWKR0), said that in their experience employers and agencies were unwilling to support health and safety training or other courses on the assumption that migrants would leave, once they had attained their certificated training. One employer did acknowledge that this was a factor, however almost all of the other employer interviewees said that they did offer some form of induction and/or on-going training. However, sometimes the training they described had only consisted of a short period of induction training, perhaps limited to showing the employee how machinery operated, explaining where the fire exits and indicating what to do in circumstances where first aid was required and this could last for as little as half an hour, depending on the industry and the complexity of the processes. In other cases, induction could be as long as two to three days.

There were some examples of how training had led to a reduced accident rate with one employer having noted a fall in accidents, following the introduction of manual handling training.

A recent report by the Food and Drink sector, Working safely in a multicultural food and drink industry, notes that there is increasing although undocumented evidence that many

[118] *See, for example http://www.personneltoday.com/Articles/2005/12/09 and also LFS data on age and risk: http://www.hse.gov.uk/statistics/keyart.pdf*

workers in the industry are unable to communicate in English and that employers are unable to demonstrate, if required, that adequate instruction, training or supervision has taken place in a language that workers can comprehend. It recommends buddy systems, use of translators, bilingual workers, the development of simple, key systems of work, computer based training and multi-media options. Schellekens (2004) found that during induction training there was a use of 'complex language, slang and technical vocabulary' that made communication more difficult, even where migrant workers had some understanding of English. Equally where written documentation was provided sometimes the language 'varied from clear to opaque'. According to a trade union study of the Engineering Construction industry, 'very real dangers specifically threaten foreign workers due to their not being able to understand on-site safety instructions'[119]. A number of workers spoke of how they did not really understand what was going on, although where trainers had attempted to speak more slowly and clearly, demonstrating their talk by use of visual tools, they were more likely to have got the information across. Employers too admitted that in some cases they did not know whether the entire workforce had understood the training they provided. One labour provider pointed out that the wide range of languages spoken made translation a very difficult task (Recruitment agency employer, East of England). Where training was provided in written form only migrant workers were less approving of it and among some of the employers there was an acceptance that migrant workers might have difficulty in absorbing information that was solely in a written form and for this reason they favoured other methods or a range of methods. For example, most of the employers in Cleaning did use pictures to convey health and safety information, although some felt that what worked best was a mix of different training techniques and that relying on one only was not sufficient.

Thus communication difficulties could be overcome and the research did uncover examples of the imaginative use of communication methods that were able to overcome language barriers, including seeking out existing information in the migrant workers' languages (Bakery employer, London). A few employers said that had also used bi-lingual workers to translate induction although they sometimes expressed concern over the quality of the translation and the fact that they were unable to verify whether health and safety information had been successfully communicated. From the migrant worker interviews we conclude that in practice translation is relatively rarely used, with only a small minority of our sample indicating that they had received training in their language of origin.

Some employers had developed booklets in different languages about basic health and safety. An agency commented that workers tended not to read such information however, and would sign anything to confirm that they understood and accepted the requirements regardless of whether this was the case or not. Through bilingual office staff they confirm that during registration some time was taken to confirm that new workers did grasp the basics (Recruitment agency employer, East of England).

Many employers used bilingual workers to translate induction training, although this was sometimes quite an informal arrangement. A couple commented that they suspected that in some cases the quality of the translation was not good or that workers were being tipped off about how to pass a test rather than actually have a good understanding. Good practice put in place by two companies for induction training was a "train the trainers" course (Agriculture employer, East of England, Food processing employer, East of England). These courses were aimed at the workers charged with translating the training to migrant workers to ensure that they could communicate it effectively.

[119] *National Engineering Construction committee (February 2004) Social Dumping: a crisis in the UK engineering construction industry. A report by T&G, GMB and AMICUS*

Employers were more likely to have taken steps to ensure that all workers understood safety signs. One employer tested workers for their understanding of the signs; others ensured that signs were translated or that they were pictorial, yet another used a sign-making machine to create signs in different languages (Agriculture employer, East of England) and there was also the use of European signs which were felt to be more widely understood by migrant workers (Construction employer, South West).

In general where videos or other interactive training, or colour coded signs were used, migrant interviewees found them useful and were better able to follow the training. A good example of how visual aids had been used is as follows:

*'[they are] provided with slip resistant foot wear, which the company pays for, this is exchanged whenever it needs to be exchanged at no cost to the employee, but it is the employee's responsibility to check the soles of the shoes and we assist them by putting photographs in the locker room or all locker rooms along with some text which is also translated, which basically says to everybody that on a regular basis that the pattern on your shoes is like this and the photograph where the shoe pattern is good has a tick and then there is another photograph with a poor tread pattern and there is a cross, so people are basically told and this starts through induction.' (Food supply employer)*

In general while employers was more likely than not to say that they provided basic health and safety training at induction, on-going training was rarely available. Thus while all employers and all recruitment agencies save one said that workers would receive induction training, either from the employer or the agency, only a minority offered any on-going training, other than for first aid or occasionally fire safety training. Where employers gave examples of on-going training in general it was not structured and its aim was to introduce workers to more complex production processes as and when they were deemed ready. Usually it involved just showing workers what to do.

However, there were a limited number of examples of more structured and in-depth training. A transport employer in South Wales provides driving and English language training prior to workers coming to the UK. This is followed by eight weeks' intensive training in the UK, a period longer than the normal training for UK workers, but it involves language familiarisation as well as bus driving safety techniques. In addition migrant workers are assigned a mentor to assist in the familiarisation process. A catering employer in London had 'production trainers' who shadow new migrant workers in their first four weeks. A few others referred to 'buddy' systems to assist migrant workers in their new job.

These examples all related to training at the initial stage of appointment. There were fewer examples of refresher training, outside of the Healthcare sector where it was relatively commonplace as for example in one case (Private care home employer, South West) where there was annual refresher training, covering manual handling, health and safety, food safety and first aid. Employers in other sectors are more likely to see refresher training as something that occurs only where specific problems have been identified. An example comes form a logistics employer, North East who would arrange for any employee who had any accident at work to be put on refresher training. Another said that in cases of serious accidents workers would be sent on a re-training course (Transport employer, Wales). Others provided refresher courses, as they were deemed necessary (Bakery employer, London).

In practically all cases training was offered only in English and based on the interviews conducted with migrant workers, we contend that this placed them at a disadvantage in terms of their health and safety, because not only did they not follow what they were

being told, but had no way of knowing which policies could protect them and where to go to refer issues of concern. (South East Asian Male in London, working in Processing and Packaging)

We also have to note that employers generally did not have a positive assessment of the outcome of their investment in migrant worker training, with only seven of the 62 employers interviewed stating that they thought the investment had been productive. In part this may indeed be because they found it more difficult to assess whether their training had been effectively communicated and one pointed out that training migrant workers was a skill that improved over time.

*'We have gradually built up a better skill base in terms of instructors, in terms of the switched on supervisors. We have also started to get some supervisors that return season after season so you haven't lost all of those skills. And that has been quite a critical factor. What's also been quite important is the involvement of the workers.' (Agriculture employer, East of England)*

### *Responsibility for health and safety training*

One issue that has arisen throughout the research relates to responsibility for health and safety, in cases where workers are provided through an agency or labour provider. In general labour providers argued that responsibility lay with the client employer, while some employers argued that it was the responsibility of the agency to ensure that the workers it supplied were trained in health and safety matters. This ambivalence over responsibility may have impeded the development of effective health and safety at work strategies.

Some employers complained that where labour was supplied through agencies, they could not be sure about the level of induction workers had been given, even where the agency had assumed responsibility for its provision, although for others induction was always seen as the responsibility of the employer.

In general where employers did provide training it would be delivered in the same way as for directly employed staff and migrant worker interviewees who were supplied through agencies also confirmed that in general this was the case. However, this too raised the same concerns in relation to effective communication, as have been documented above. One logistics employer, North East, said that they would give induction training to agency workers, even if the agency had said that the workers had already received training. However, the research also suggests that there is sometimes a reluctance to invest in agency workers, because they represent a transient workforce in which it is not cost effective to invest in training.

*'If they are a contract worker then you provide the training, you know they stay for five years then it's OK. But anyone can say I'm going, that's it, you can't tell. That's what you worry about as a boss.' (Hotel and catering employer, North East)*

In some cases labour providers may provide supplementary health and safety information. For example, one of the labour providers interviewed issued all new recruits with a DVD documenting basic health and safety information (Labour provider for the agricultural sector, East of England) while another provided written documentation to new recruits (Labour provider employer). But these were the exceptions, most relied on the employer to provide the training.

However, this ambivalence over responsibility for health and safety might be resolved if it were made clear that core responsibility for health and safety training rests with the client employer. There are some compelling reasons for this including:

- The fact that systems and practices vary from employer to employer and it is not possible for a labour provider to take account of these;
- Employers have no easy way of verifying the level of health and safety training that any agency might provide and its suitability for their processes; and
- The employer of labour also has responsibility for directly employed workers and the best way to guarantee their health and safety is by ensuring that all workers are adequately trained.

If responsibilities are clearly defined then they create a more transparent environment in which it is more likely that workers can raise health and safety concerns.

However, even if these lines of responsibility were more clearly set out, there remains one area of concern, which is where workers are supplied at short notice to deal with sudden increases in work. In such situations, as one labour provider interviewee pointed out, there is generally no induction training at all. Changing production demands result in the creation of very temporary workforces comprised mainly of migrant labour who never get the opportunity of proper induction into the production and health and safety processes.

*'in reality what happens is when the people arrive the managers of the department are so desperate for the people to be working that they fill them before they even get to the induction. You know, they just grab people and put them on the floor and off you go.' (Recruitment agency employer, East of England)*

### 6.1.2 Health and safety procedures and equipment

The research suggests that there may be some variations between sectors in terms of the existence or otherwise of health and safety procedures, but of general concern is the fact that many of the workers interviewed were not aware even of the basic procedures, such as what to do in the event of a fire. Workers in Construction and in Healthcare were more likely than in other sectors to know what the procedures were and although some had criticisms, there were also many positive comments from workers in these two sectors.

A factor of most concern in relation to this research was that almost half of the 200 migrants we interviewed had no knowledge of the health and safety procedures in their workplaces. And as with the migrant worker interviews, only around half the employers provided examples of how their procedures operated, suggesting that the picture presented through the migrant worker interviews can be generalised beyond their personal experiences. Of those employers that referred to their health and safety procedures, some used occupational health teams or had carried out surveys in relation to workplace health risks, one area mentioned was in relation to upper limb disorders (Food supply company). One employer in the Construction sector provided details of an innovative procedure. The company had a swipe card system for entry to the site. This card would after two months lock out any worker who had not completed the company safety programme and taken a test (Construction sub-contracting employer, London).

Most workers said they had been given basic protective clothing, such as gloves, overalls etc. but outdoor wear was less likely to be provided, even for those working out of doors and protective shoe wear, if available, sometimes had to be paid for by the workers. However, some employers refuted this and said that they did provide outerwear including shoes. It is difficult to formulate a conclusion based on this contradictory evidence but we can say that for at least some migrant workers effective protective clothing and equipment is not provided.

However, we must also note that even in sectors, like Construction, where procedures generally were better understood, from the point of view of at least some of the migrant worker interviewees, employers did not value their health and safety. This was

particularly the case for those working through agencies who, for example, were more likely to claim that they had not been provided with appropriate protective equipment. Although we can state that in general women interviewees were slightly more aware about procedures than were men, at the same time they were also more critical about the protective equipment provided. This may be connected with the type of work they were doing but these seemingly contradictory positions may also suggest that in some cases the nature of the protective equipment provided was inappropriate for women workers. There were no significant differences in response.

Employers claimed that the equipment they provided was adequate although a small number did state that provision was inadequate in some respects. One recruitment agency, for example, referred to an employer who did not provide suitable gloves to migrant workers because supplies had run out. As a consequence the workers suffered burns from the use of chemical cleaning equipment. The agency refused to supply any more workers to the employer (Recruitment agency employer, East of England).

### 6.1.3 Accidents

Where accidents had occurred migrant worker interviewees often attributed them to the pace of work, to not following procedures and to long or unsocial working hours. A surprisingly high proportion, around a quarter of the 200 workers interviewed, had personally experienced an accident at work or had witnessed one, with this more likely for men than women. From the migrant workers' point of view there were also mixed views over employer responses to accidents. Some of the workers interviewed thought that their employers had responded appropriately while others did not. There was, however, also some evidence of migrant workers not reporting accidents, for fear of losing their jobs. The migrant worker responses suggest that this might particularly be an issue for agency workers.

By contrast the employers, whom we interviewed, in general, suggested that accidents were rare, with one employer stating that minor accidents generally occurred mainly in the first few weeks of employment and were usually to do with not using protective equipment properly (Hotel and catering employer, London). Most claimed that there was recording of all accidents, even minor incidents and that they encouraged the reporting of accidents.

One employer (Processing and packaging employer, North East) indicated that accident reports were also made on a monthly basis to the company directors. Another employer had introduced a 'near misses' procedure 'where if somebody has a slip and just hurts themselves, we encourage them to report it so we can try and prevent it happening to others' (Food employer, North East).

Accidents were said to mainly involve cuts, slips or trips. Another commented that 'agency, as well as new people, are more likely to have accidents or be involved in incidents because they are not used to the site' (baker , London). Most indicated that accidents that had occurred were mainly minor; although only five of the 62 stated that there had been no accidents at all over the last couple of years.

The employers interviewed also referred to some under-reporting of accidents. One employer specifically referred to the fact that migrant workers might think they would be penalised if they did report incidents. This employer also suggested that where contracts were staffed by members of a particular nationality it was harder for workers to report incidents, especially if their supervisor was also of the same nationality (UKEM03). Another employer, commenting on a relatively low 'accident' rate, attributed this, in part, to the attitudes of migrant workers and to their non-reporting of accidents, suggesting also

that this was because ‘they are not trained in our culture of blame’ (Food employer, South Wales).

However, one health and safety officer whom we interviewed as an employer representative (Food supply company) did confirm that there were also poor practices that contributed to accidents. Prior to his employment at the company there had been a series of accidents resulting from migrant workers putting their hands into moving machinery. The factory had been ‘purely production focused and orientated so they wouldn't stop the machineries to clear a blockage’ and in fact the safety circuits had been switched off, so they could open up guards and put their hands in. Within a month of his arrival the cause of these accidents had been investigated and procedures put in place to ensure that safety circuits were not to be disconnected. As he noted, ‘that message got around very quickly and we haven't had one [accident] since’ (Food supply company).

Other employers also referred to the steps they were taking to reduce accident levels, in one case they were in discussions with workplace health and safety representatives on ways of eliminating accidents. At the same time, this employer noted ’they're accidents that we know could have been prevented but in many of them, the cause of the accident is more to do with an individual’ (Catering employer, London).

In general the difference between the picture presented by migrant workers and by employers is difficult to reconcile. We may account for it by the fact that employers who are willing to subject themselves to interview, investigation and to share data on their work practices may be more likely to reflect good practices or to have taken steps to address poor practices than those who do not. It may also be that workers with poor experiences are more likely to want to come forward and to vocalise their complaints. However, if we were to attempt try to generalise on the basis of the data we have collected and from our background research we would conclude that recent migrants are likely to be experiencing relatively high incidents of health and safety risk at work. We could hypothesise this on the basis of the following.

- There is an acceptance by both migrants and employers of some under-reporting of health and safety incidents;
- Newer migrant workers are understood as being most at risk of accidents at work; and
- A lack of knowledge of procedures as already evidenced, may contribute to higher incidents of accidents at work.

It is important also to note that in some cases employers associated the presence of a stable migrant workforce with a lower accident rate. Thus where migrant labour had become imbedded in the workplace, it could assist in the creation of a more positive health and safety environment. Some of the employer interviewees referred to their accident rates reducing, attributing this in part to better procedures, increased co-operation with the HSE, use of toolbox kits, but also to the stability that the migrant workforce was bringing to the business, with less reliance on agency labour, which had previously always changed week by week (Agriculture employer, East of England). An employer referred to having supervisory staff who returned year on year, providing consistent supervision, ensuring the involvement of migrant workers in health and safety (Agriculture employer, East of England). Another pointed out that injuries generally occurred with new starters ‘in their first three months, is it familiarisation’.

Additionally just as the migrant workforce is heterogeneous, its record on accidents may equally be mixed. As one of the employer interviewees noted, some categories of migrant worker were under-represented in the accident rates, stating ‘It's a complete cross section of the workforce but what I would say in terms of accidents, if 40 per cent of our

workforce is Portuguese, then 40 per cent of our accidents are not [down] to [the] Portuguese, so their accident rate at work is better than other nationalities' (Food processing employer, East of England). Another employer (Facilities employer, UK wide) said of their accident rates that they 'don't tend to be higher than the rest of our staff at all. Our accidents with migrant workers are no more, illnesses are no more, I would say in the main migrant workers probably don't skive as much'.

## 6.2 ISSUES OF WORKPLACE HEALTH, SAFETY AND WELFARE

This section deals with how issues of health, safety and welfare were experienced and described, from the point of view of both the migrants and the employers interviewed. It suggests that migrant workers may be working for long hours without breaks, and that issues related to extremes of workplace temperature, noise and chemicals are all present in migrant workers' experiences.

### 6.2.1 Breaks during working hours

Although most of the workers whom we interviewed were entitled to breaks during working hours, the nature of the work that many were doing meant that they were often unable to take them and would work through long shifts without any break. In addition responses varied according to the sectors they were working in, with those in Hotels and Catering and in Agriculture most likely to say that whether they could take them depended on pressure of work. There was also a view expressed by them that they were less favourably treated than local workers regarding the taking of breaks.

All of the employers interviewed stated that the migrants they employed did get breaks. Most said that these occurred at fixed times, but in sectors where work volumes could vary, they might be taken at times most convenient to production. Employers in Hotels and Catering confirmed that breaks were dependent on custom and that at busy times staff could not be released for breaks. A labour provider did refer to a company it occasionally dealt with which did not allow breaks and indeed docked pay for any time that migrant workers took to use the bathroom. But some employers suggested that the problem was that migrants did not take breaks or misunderstood the purpose of breaks.

Clearly these accounts differ, but they do point to the need to clarify workers' entitlements to breaks and to ensure that there are procedures that effectively enforce break times.

### 6.2.2 Temperature

In many of the sectors where the interviewees worked, extremes of heat and cold, for example hot kitchens (Hotels and Catering) and cold environments (freezers in Processing and Packaging and working outside in Agriculture and Construction) are in the nature of the work. The issues related to temperature that were raised in the interviews with migrant workers are thus common to these sectors, rather than specific to migrant workers. However, because migrants may be more be more likely to be allocated to this type of work or because they are new to their sector of employment in the UK, they do have problems with working in conditions of extreme heat or cold. Some of those working in cold environments, in particular, complained to researchers that they did not have and had not been issued with adequate clothing to keep them warm.

Some employers said that they did provide adequate clothing but not all did and from the interviews conducted with employers and with migrants we suggest that in some cases employers may be more reluctant to incur expenditure to provide proper clothing where workers are transitory. One of the employer interviewees specifically made the point that the company was concerned that workers who were transitory would leave, taking the

clothing with them and this made the company reluctant to provide clothing (Logistics employer, North East).

To cope with environments that were too hot some employers said that they had installed air conditioning or, to cope with heat, had increased the supplies of water coolers and water dispensers, but again the information from the migrant worker interviews and from the employers differ on the degree of accommodation that may be made.

### 6.2.3 Noise

Noise was more likely to be an issue in some sectors than in others and again most of the issues raised by workers in relation to noise were general to the sector, rather than particular to migrant workers. Most of the employers interviewed claimed that noise was not an issue and that they complied with legal requirements on the monitoring of noise levels and on the issuing of ear protection.

### 6.2.4 Chemicals

Although the use of chemicals in work (for example in Cleaning) may not seem to be a matter specific to the employment of migrant workers, the fact that communication may be impaired by lack of English means that they may not understand the risks that specific chemicals present. In the course of the interviews some workers did express concerns about the use of chemicals in their work, either because they had not been informed as to their make-up or because they had experienced symptoms associated with chemicals' use. Both employers and workers confirmed that it was those with cleaning duties who were more likely to come into contact with chemicals. The nature of the work meant that some cleaning was very intensive and involved the use of harsh caustics. Although employers said that workers would be trained in their use, the migrant worker interviews suggest that this is not routinely the case.

### 6.2.5 Accommodation

Although accommodation is not necessarily identified as a health and safety issue, many of the migrant workers interviewed made a connection between their assessment of their general health and well-being and their accommodation. In general the migrant worker interviewees had made their own arrangements regarding accommodation, although in some cases their employers had initially assisted in providing accommodation during their first few months, while in Agriculture in particular accommodation on a quasi-permanent basis was more likely to be available. In general workers were less satisfied with accommodation provided by employers and were more likely to view it as sub-standard.

From the interviews with employers it was those in Healthcare and in Agriculture who were most likely to provide accommodation. Employers sometimes made arrangements with local landlords and made the preliminary arrangements prior to the arrival of the workers.

## 6.3 GENERAL TERMS AND CONDITIONS

In order to understand the context within which health and safety practices operate it is useful to briefly consider the general terms and conditions under which migrant employment takes place. Our interviews suggest that workplace terms are often poor, with many migrants in the sectors covered working relatively long hours, in unsociable shifts and for rates of pay generally at, or in some cases below, the minimum wage. Low paid unskilled work is associated with poor health. For example, Woods and Buckle in the 2002 study have found a relationship between musculoskeletal disorders and unskilled repetitive jobs, the type of jobs that the majority of the migrants in the sectors we have reviewed are employed in. Some interviewees also expressed the opinion that UK workers

working alongside them enjoyed better terms and conditions and this was a source of resentment and sometimes affected their general well-being and feelings of self-worth.

A CAB report[120] suggests that migrant workers enjoy unfavourable terms in agriculture, hospitality, food processing, cleaning, care homes and construction services. Problems identified in the report include:

- Breaches of working time regulations – subjecting workers to long working hours;
- Denial of paid holidays and statutory sick pay;
- Employment of under-aged workers;
- Infringements of Agricultural Wages Board agreements and the National Minimum Wage;
- Failure to ensure that the worker has a National Insurance number and the apparent non-payment of tax and National Insurance contributions;
- Withholding workers' personal documents;
- Misinforming legal migrant workers by suggesting that they are really working unlawfully, to deter them from complaining or seeking advice.

On the basis of the interviews conducted for this research we found that terms and conditions varied throughout the different sectors and were dependent on a number of factors, including the status of the employee, length of time in the UK, the nature of the employer – whether public or private – and the relationship between the employer and the worker. There were sometimes overall generalisations made about the employers' ethnicity and how it was a factor in the existence or otherwise of good terms and conditions.

### 6.3.1 Written terms

Having a copy of basic terms and conditions in writing is not only a legal entitlement, it is important in setting out in a clear way what a worker's employment rights are and what the worker can expect from the contractual relationship. Establishing rights in this way makes it more likely that workers will feel that they can legitimately raise concerns at work. However, from our investigations we can generalise that a large proportion of migrants do not have these details in writing and that those who are working without authorisation or who have limited or no English are less likely to have any documents setting out their terms.

Around half of the interviewees said that they had been given a document outlining their written terms, but this proportion would be smaller if Healthcare, where most interviewees said they had a written contract, was excluded. Those who were undocumented were much less likely to have seen any terms in writing and only around a fifth had any written proof of their employment relationship. By contrast, based on the interviews, EU nationals and work permit holders may have access to more regulated employment and may be more likely to have a contract. The interviews also suggest that migrant workers who speak good or perfect English are much more likely to be given written documentation on contract terms although again this also in part reflects the fact that workers in Healthcare (who in our sample also spoke good English) were more likely to have written terms. Some workers said that they had been given something to sign but had no idea what was in it.

It was more difficult to elicit from the employer interviews whether or not they issued written terms to workers and only about a third clearly stated that they did. In one case an employer referred to migrants working under 'informal' contracts (Catering employer, London).

[120] *CAB (2003), Nowhere to Turn: CAB evidence on the exploitation of migrant workers, London*

Recruitment agencies were more likely to indicate that they did issue written terms and conditions although some agencies did express concern that workers signed contracts without necessarily understanding what they contained and that they signed them without reading them (Recruitment agency employer, East of England). This problem of understanding contract terms might be rectified if the terms were provided in the migrant worker's own language. However, on the basis of the interviews we conducted it seems that only a minority of employers provide translations and even those that do still express a concern that translations might be done incorrectly, leaving the migrant worker with a misunderstanding of contract terms (Recruitment agency employer, East of England).

### 6.3.2 Hours, shifts and overtime

Our interviews with migrant workers revealed that they were often working very long hours and were more likely to be working shifts, and night shifts in particular. Shift patterns, particularly those that change on a week-by-week basis, affect sleeping patterns and may have consequences for health and safety. Indeed Folkard and Lombardi (2004) in their study found that safety was reduced during night working and that routine errors were more commonplace. The HSE Self-reporting work-related illness survey 2003-04 found that those working over 40 hours a week had a significantly higher rate of stress than those working 30-40 hours a week.

Dependent on the sector, migrant interviewees might be more likely to be working shifts and in particular on night shifts. Some of those whom we interviewed were working different shifts on different weeks and this was having an impact on health and well-being, 'Because your sleep is changed. You sleep at night is alright. You do it one week, next week you change day, next week is night, this is no good.' (Portuguese Male in London, working in Construction) Many workers also complained about having to work longer than their contracted hours, this was particularly the case in the Hotels and Catering sector, where it would be expected of workers that they continued working until the work was completed. Working more than 48 hours a week was common in some of the sectors. One key respondent from a Citizen's Advice Bureau (EEKR08) was aware of cases of migrant workers working 72 hours a week.

Employers too generally put migrant workers' hours at over 40 a week, with most saying they worked between 40 and 60 hours a week. Most of the employers interviewed operated shift systems and there was a wide variety including, rotating, double day, night and twilight shifts. Migrants in the Processing and Packaging sector were most likely to be working shifts, with continental, rotating, night and evening shifts mentioned. It was the sector with the highest proportion of shift working, with 16 of the 19 employer respondents in this sector saying that they had shift working. Some agencies and employers asked workers to sign opt outs.' If you apply for a job they [the employers] give you a letter to say you're quite happy to work more than 48 hours. And … if they [the workers] don't sign it, they don't get the job. So they work 60 hours or 80 hours a week, seven days … and if they do not agree to work these hours they lose their jobs' (Construction employer, London).

In some sectors, in particular Agriculture, employers stated that working hours could be very high. One labour provider indicated that workers in that sector could be working more than 80 hours a week, 'we have had situations where they have worked you know readily 80-90 hours a week'. In contrast, some of the workers interviewed, particularly in Cleaning, were working relatively few hours a day, generally outside normal working hours. Employer respondents confirmed that workers in Cleaning were generally working two to four hours a day and workers in Hotels and Catering who were also students were working under 20 hours a week, according to the employer respondents.

Some employers who offered overtime, nevertheless kept control of the amount of overtime workers undertook, for health and safety reasons. But they also recognised that migrant workers sometimes welcomed additional hours as a way of increasing their earnings, particularly where they contemplated a relatively short period of employment in the UK. In some cases employers expressed concern that, unless they imposed controls on working hours, migrant workers might be prepared to work more hours that were considered good for their health and safety. Driving was one area that was referred to.

One aspect of their working hours which it was more difficult for employers to exercise controls over was where migrants had more than one job. A number of the migrant interviewees indicated that they worked in two or more jobs and admitted to feeling exhausted. The following example, taken from an interview with a worker in the Construction sector, reveals the working day of such workers.

*'In April I got job on building site, that's Arabic guy and he paid me, so I kept pub and building site together. He paid me £36 per day so I had for five days £180 so that was good money, but I was exhausted. I was exhausted because it was nine hours per day, 45 hours on building site and 23 hours in pub (East European Male in South West, working in Construction and previously in Hotels and Catering)*

A labour provider also referred to others who provided the same workers for day and night shifts in different companies.

*'I think it is where they know that agencies are sending people to one company at night and one company in the daytime. We actually had a company saying to us that he knew his agency was doing that and he was finding the people asleep in the canteen during the day or slacking off. He'd find them asleep all over the place.' (Recruitment agency employer, East of England)*

## 6.4 HOW THE DIFFERENT PARTIES INTERPRET THEIR RESPONSIBILITIES FOR HEALTH AND SAFETY

We have explored in the research where responsibility is seen to lie for health and safety. Our investigations suggest that employers, agencies, labour providers, gangmasters and migrant workers themselves may have different perceptions of where such responsibility lies. Here we look at the different employment relationships affecting migrant workers and at their consequences for health and safety responsibility. We find that while employers recognise their primary responsibility for health and safety, their practice may be mitigated by cost and production constraints. Agencies, gangmasters and others who provide workers are less sure where their responsibilities lie and migrant workers, who generally are poorly informed, are often either confused or uncertain as to where their employers' responsibilities begin and end.

### 6.4.1 Employers and health and safety responsibilities

In section 6.1.1 we looked at responsibilities specifically in relation to training. Here we focus on general responsibilities for health and safety. We asked the employer respondents to describe what they thought were their responsibilities in relation to health and safety. Many mentioned the Health and Safety at Work etc Act 1974 and the duties that arose in relation to it. Some employers, while recognising that they had primary responsibility for health and safety, felt production targets and other commercial constraints could compromise this. As one employer in Hotels and Catering noted, 'First and foremost responsibility is to the customer then after that it's my staff' (Food takeaway employer, North East). Thus customer relations, production, the need to create successful businesses were more likely to feature as key aims. Although employers in general did not refer to costs as a factor in determining the measures they would take to ensure that health and safety standards were maintained, one employer, while asserting that their own health and safety standards were not cost-driven, stated that this was not necessarily the case for the rest of the sector.

*'I've been in the industry for 36 years. ….. There is quite a lot of lip service given to promoting health and safety, until it becomes a budget issue and then it takes second place I'm afraid.' (Building industry employer, London)*

How employers described their responsibilities varied. One transport employer recognised that their responsibilities included a requirement to train managers and to carry out risk assessments (Transport employer, South Wales). Employers often defined their responsibilities as being shaped and driven by clients. This was particularly the case in Agriculture, where the supermarkets were recognised as exercising an influence, both positive and negative, on health and safety standards. They would require guarantees from the producers over health and safety practices in relation to their workforce but this aim was sometimes compromised by the drive for product delivery.

Several employers in the Food and Agriculture sectors commented on how the changing demands of supermarkets for delivery had had an impact on the organisation of work. Shift patterns and hours could be extended at relatively short notice to fulfil an order. For instance, one respondent from an agricultural production company noted that in full season their day shift could vary between eight hours and 12 hours dependent on the requirements – they would try and keep to a regular shift pattern but on occasion workers would work through longer hours (Agriculture employer, East of England). Another respondent from a ready meal processing company commented that their operating run would continue through the night to complete an order (Food employer, South Wales). An agency commented that the peaks of supermarket pressure would create demand for temporary workers, who may not receive adequate induction health and safety training because the floor managers would be so desperate for staff.

While the pressure from supermarkets on work organisation was recognised, several employers from this sector also felt that supermarkets were a positive influence because they tasked suppliers to meet standards of workers' conditions and welfare (Agriculture employer, South West, Agriculture employer, East of England, Agriculture employer 3, East of England, Processing and Packaging Employer, East of England).

Client pressure was also an issue in Cleaning, where clients would dictate the overall price of the contract, leaving little scope for the inclusion of a health and safety training budget. They were also said by some key respondents to be responsible for driving down costs and thus encouraging employers to seek out the cheapest and most flexible labour available.

A number of employers also referred to the HSC or HSE as relevant in shaping employer responsibilities. In general their view was that these agencies performed their functions well, although there were also complaints about there being too few inspectors, too little contact with workplaces, or of HSE people being 'very reluctant to give advice' (Agriculture employer, East of England) and some employers would have welcomed more involvement from the HSE. One employer made specific mention of East Anglian Fishnet initiatives round the Food and Drink industry (Agriculture employer, East of England). Some favoured more prescriptive information from the HSE. However, there was also a contrary and recurrent theme, particularly among the smaller employers, that health and safety legislation was already too proscriptive with one small employer describing it as 'very strict' (Food takeaway employer, North East).

The employers interviewed made various suggestions about the role of HSE in general and in relation to migrant workers specifically. A wider survey would be necessary to establish the prevalence of these views by sector and size of business; nonetheless they are summarised to give an indication of what themes arose.

- HSE used to have a greater presence in policing the health and safety system of the UK but in recent years has cut back on the number of inspectors. Although resources may now be better focused on specific risks and companies, the balance may have shifted too far towards leaving companies to work out health and safety practices on their own (Labour provider employer Labour provider employer, London, Processing and packaging employer, North East). It was suggested that the HSE could be more proactive about advising employers.
- In particular, the HSE was perceived to be unhelpful towards smaller businesses. Larger ones can employ professional consultants or managers to keep abreast of new regulations, interpret the implications and ensure the fulfilment of standards. Smaller businesses do not have this capacity and do not receive enough accessible guidance to interpret changes (Agriculture employer, East of England, Agriculture employer 3, East of England). More advisory work with SMEs was suggested (SWEM14, Food employer, South West). The short timetables and prohibitive costs of change to health and safety for smaller businesses were also not taken into account sufficiently (Private care home employer, South West).
- The HSE needs to have a stronger capability for enforcement in cases of major infringements of health and safety. One employer observed that in some cases only relatively small fines had been handed out against big companies, which do not act as an effective sanction (Labour provider employer, South Wales).
- One construction firm commented that the HSE needed to have greater capacity for making some targeted surprise inspections on employers suspected of not meeting standards (Building industry employer, London). Currently it was commented that employers were forewarned of an HSE visit and would tend to prepare accordingly for the event without necessarily improving the health and safety culture in the longer term.
- In relation to translation of health and safety information and training, further guidance from the HSE and easier access to forms in different languages was requested. It was also suggested that HSE inspectors could focus more on the issues of migrant workers when inspecting a company, for example, have a clear set of questions around checking how the employer informed and trained migrants about health and safety where they may be language differences (Building industry employer, London, Labour provider employer, South Wales).
- In order to understand the relationships and responsibilities for health and safety, as part of inspection and contact work, it was suggested that the HSE should also visit agencies providing temporary workers as well as the company sites where they work (Recruitment agency employer, East of England).

For some employer interviewees migrants had sometimes ‘a different perception of risk (DCE19) either based on an experience of lighter regulation in their country of origin or on their desire to earn money as quickly as possible. But in turn this meant that their health was recognisably put at risk, according to one employer, talking generally about practice within the sector.

*‘They are quite happy to do things. And that is why it is easy to exploit them because they are prepared to work whatever hours a day or whatever in crap conditions basically. So in an environment where there are risks and it is not been regulated or it has been run by people who are not wanting to comply with laws or best-practice whatever it is it is very easy to exploit them.’ (Private care home employer, South West)*

Some employers also suggested changes that for them would make the practice of employing migrants more straightforward. Something mentioned particularly was translation of more of the HSE guidance notes. However, some noted that not sufficient account had been taken of recent changes in migration patterns and that the procedures were too slow to take account of this, so that those guidance documents that had been translated were not necessarily produced in the languages of the most recent arrivals.

Others would have preferred the HSE to have a clearer advisory role, separate from one of enforcement.

*'Perhaps would like to see more advisory relationship, one tends to think of health and safety staff as being you know coming in on a policing basis. Which rather kind of gives you know, you really want to be able to ring the Health and Safety Executive and say hey what do we do about this or what would you suggest. But I think that their role tends to be more in enforcement and policing and auditing so there's a kind of, in my opinion and it's personal opinion here, in my opinion breaks down the relationship that could be forged really more of advisory.' (Food employer, South West)*

In general employers sometimes tended to shift the blame for poor health and safety standards on to the fact that they were using agency workers. They referred to the lack of continuity of labour as one issue that was a risk factor, particularly as it made training more complex.

*'We found problems with getting continuity of the same type of labour. In other words they will send half a dozen people one day and a different six the next day and that is no good to us. We have got to equip them, we have got to train them, we have got to do all of these things properly and also with the two agencies in particular we found that we were paying the agency or we were providing the agency with the wages for the workers and the pay packets were being opened and a cut was being taken and the cash was being given to the employee and we weren't prepared to put up with that. People were not getting what they were due anyway. So we dispensed with those agencies. We found three quite reputable agencies now that we work with but it is that limited amount of workforce.' (EOEM04)*

Employers did sometimes differentiate between agencies, suggesting that it was the smaller, less established agencies that were problematic.

### 6.4.2 Agencies, gangmasters and labour providers and health and safety responsibilities

As we have noted in previous sections of the report, migrant workers are more likely to be employed through agencies and gangmasters then in some sectors they represent a flexible and adaptable form of employment.

#### *Agencies and labour providers*

Although there is an element of formal regulation of employment agencies, in practice it is possible for agencies to open for business without having to meet any regulatory standards. Agencies perform an important role in introducing labour to employers. A number of the employers whom we interviewed had used agency labour, either to cover for specific labour shortages or as an entry route into direct employment (Food employer, North East). However, we could discern a pattern of employers moving to recruit directly, either because they had reached a point where they employed a critical mass of workers who could themselves provide introductions to new migrant workers through word of mouth or where in their enquiries had led them to believe that agency workers were being exploited.

*'When we started probably the same as everyone else when we started finding that we needed to go to agency labour because there wasn't enough applicants for the jobs that we had from the local community, we were going to agencies and saying tomorrow we want 50, tomorrow 30. Very flexible, very useful. But we very quickly learnt that when it came to non-English agency workers there were obvious signs [of] very early of abuse to them. We were paying the agency in excess of our hourly rate because they've obviously got a profit margin to put on it but we found that the staff who were working for them were not getting anywhere near the rate that we felt they should be getting, from what we were paying.' (Food processing employer, East of England)*

In the course of the research we were aware of agencies with headquarters outside of the UK who are engaged in the supply of labour to UK workplaces. It is often (although not exclusively) these informal small agencies and labour providers that can be a source of the poor labour standards.

Some of the migrant workers whom we interviewed were pleased with the service they had obtained from agencies and labour providers, particularly where the agency had taken care of documentation or had otherwise smoothed their journey from country of origin to the UK. Additionally in a minority of cases, workers expressed a preference for working 'off the books' and this was perceived as easier to achieve when working through 'informal' rather than more mainstream agencies (East European Male in East of England, working in Agriculture and previously in Processing and Packaging). However, several migrant worker interviewees highlighted a multitude of disadvantages in working through an agency, as opposed to working directly for an employer. These included getting paid less than the directly employed staff, not getting paid for working overtime and not getting unsocial hours' payments. It was the low rates of pay they were obtaining from agencies that was forcing workers to work even longer and unsocial hours and thus putting their health and safety at risk. An HSE inspector we interviewed also provided information on labour agencies bussing workers across great distances from their accommodation to their workplace. Lengthy travelling time on top of long working hours was a major cause of fatigue.

Some employers were also critical of the way that some agencies would operate in relation to shift work and long hours. They had found cases where temporary workers were supplied who had just worked another night shift at a different workplace and were overly fatigued. In order to maintain their health and safety standards, one company had sent workers home and ceased using this agency (Agriculture employer, East of England). One of the agency respondents also commented on bad practice by others in sending workers on repeat shifts from one job to another (Recruitment agency employer, East of England). A couple of respondents had heard of cases where more informal agencies and companies would effectively force workers to work very long hours to meet demands. A lack of paid breaks and a draconian approach to deductions for every minute off the line was also criticised by one agency as unfair to temporary workers.

In general, migrant worker interviewees who had been employed through agencies were more likely to complain of not being paid or not having an entitlement to holidays or sick pay. In such cases agencies were considered much more exploitative than working directly for firms. Those working through agencies were more likely to say that their terms and conditions were less favourable and that their status as agency workers deprived them of the rights that directly employed workers enjoyed. Criticisms included being warned by agencies not to communicate with UK workers, lack of regular work and low rates of pay. Where accommodation was provided by the agency there was no clear view of where responsibility lay for its quality. An interview with an HSE inspector also raised this issue of agency responsibility for accommodation.

Among those migrant workers interviewed who were or had worked in the Processing and Packaging sector there had been cases where those working through the agencies felt that they had been exploited and told of agencies exerting considerable pressure on the workers, especially to hide bad working practices. Other problems within the sector in relation to agency work included low wages, irregularity of work – 'Like last week they worked us one day and said there is no work' (Male sub Saharan Africa, south west, Asylum seeker); as well as lack of accountability of the agency towards the workers:

Workers also said they were treated differently from directly employed staff, particularly over the allocation of work. This meant that their work allocation was more irregular and

that they would be continuously laid off. They also felt that when there was work they were made to work harder than the directly employed workers.

At the same time it should be borne in mind that there were several interviews with workers in the sector where no problems with agencies were raised and this needs to be taken into account. There were also examples of positive practice with agencies.

*The agency takes care of everything, especially if you are a migrant, they help to fill in papers, the Home Office, the national insurance, they have done the card for me, they've done the bank card for me. I can't complain, they have helped me a lot (Central and Eastern European female, East of England)*

Some interviewees spoke of what they referred to as 'illegal agencies'. By these they meant agencies that were in some way implicated in unlawful activity, for example by making tax and National Insurance deductions but not forwarding these monies to the relevant agencies. There were also 'agencies' which did not appear to have office premises and who sent workers to jobs, failed to pay their wages and then proved impossible to contact. One interviewee spoke of one such 'agency' that was still operating successfully.

Most employers felt that they were not able themselves to regulate the workings of agencies other than by taking a decision not to use agency staff or to switch agencies where alternatives were available. A few employers did have a system in place to audit the agencies that they used to ensure that migrant workers were getting the pay and conditions due to them. One employer allocated a member of their staff to sit in on interviews between agencies and migrant workers to confirm that they were being offered appropriate terms and conditions (Food employer, North East).

This question of responsibility was one that tested employers and agencies as well. One employer spoke of the lack of responsibility that some agencies held for the workers that they provided and looked to the 'HSE and the government getting together and making it more uncomfortable [for the agencies]'. This employer referred to 'lots of 'fly by night agencies' … there's no control on them'.

*'The knowledge I've got is anybody can set it [an agency] up …… The one guy; he was driving around in a Mondeo one month and in a Ferrari a month later. …. [We want] some control on them, making them accountable as well, as at the moment soon as they [migrant workers] come here, we're accountable, they [the agencies] do nothing. We pass them through our medicals,….. But they do none of that and that's all costed to us. They don't supply us with a medical report of an individual that's coming in.' (Food employer, South Wales)*

The majority of the recruitment agencies or labour providers interviewed claimed that they did meet their responsibilities for health and safety and it was often the user of the labour that was at fault. One agency said that it always made a point of finding out what health and safety information the workers it provided would require and cross checked the needs for health and safety with the knowledge and experience of the workers it provided. Asthmatics, for example, would not be provided for work in conditions where there was dust and a propensity to allergy. At the same time this agency said that while it would carry out checks on workplaces, 'from an actual point of view, the health and safety is the responsibility of the client that the worker is working for'. (Labour provider employer, East of England). Others indicated that while they were prepared to carry out risk assessments, or even jointly share responsibility for health and safety, this was difficult first, because they lacked the specific expertise and knowledge of the production procedures within the workplace and second, because they did not have the same access and rights within the workplace as the user of labour had. These views were shared by most of the agencies and labour providers interviewed.

The recruitment agencies generally felt that the client firms had overall responsibility for health and safety for workers since they managed the site operations and practices. The agencies interviewed generally reported that they had procedures for ensuring that clients had appropriate health and safety procedures for temporary staff, such as inductions, completed risk assessments and training records, before agreeing to supply workers. Periodic visits to sites and worker feedback was used to ensure that standards were being maintained. One agency also engaged an occupational health nurse to independently audit sites and check on the health of workers (Recruitment agency employer, East of England). Some reported that they would obtain copies of any RIDDOR reports and follow up with the client on necessary measures. Two of the agencies reported cases where a potential or existing client was found to have inadequate health and safety procedures or protective equipment, and the agency had decided to not provide them with workers as a result even though this meant a loss of business (Recruitment agency employer, East of England, Labour provider employer). Most of the agencies and labour providers interviewed all pointed out that they were aware of others in the sector who were less scrupulous.

Some agencies recognised that health and safety responsibility could be a grey area but tended to emphasise that they were reliant on clients maintaining standards, since they do not actually manage or operate the place of work. For this reason, they also stressed that agencies generally should not take on more direct responsibility for providing training or other measures (Care home employer, South West).

### *Labour Providers/ Gangmasters*

In this report the term "gangmasters" is often used although it is recognised that "labour providers" is sometimes preferred for describing their operation. By 'gangmaster' we include those operating a system whereby labour is supplied through a gangmaster or leader who is directly responsible for the supervision and payment of the labour they supply. Many gangmasters are recognised to be running reputable businesses and supplying workers for much needed demands. While gangmasters and the use of sub-contract labour continue to help growers manage uncertainty, long sub-contracting chains can result in serious ambiguities in the employment relationship, such as where the responsibility lies for working conditions and health and safety provisions121. Evidence given to the House of Commons Select Committee by supermarkets ASDA and Tesco, showed that product suppliers had little knowledge of the recruitment and employment of workers through gangmasters and whether this was done according to a minimum standard of employment laws. [122]

A memorandum submitted by Jennifer Frances to the Environment, Food and Rural Affairs Select Committee, House of Commons, 4 June 2003[123] contains a historical account of gangmasters and their role in the UK food chain. A review of gangmasters can also be obtained from the Environment, Food and Rural Affairs Select Committee 14th Report to the House of Commons, September 10, 2003. It contains the definition of a gangmaster, their role in supplying seasonal labour, evidence of offences and of the exploitation of migrant workers, as noted by the police, Citizens Advice Bureaux and trade unions[124].

There are about 3,000 known gangmasters operating in the agricultural sector. Between 60,000 to 100,000 workers throughout the UK are said to be recruited through

[121] *Anderson and Rogaly (2005)*
[122] *Environment, Food and Rural Affairs Select Committee- Written Evidence* http://www.publications.parliament.uk/pa/cm200203/cmselect/cmenvfru/691/691we01.htm
[123] *Frances, J (2003) Senior Research Associate, Institute for Manufacturing, University of Cambridge* http://www.publications.parliament.uk/pa/cm200203/cmselect/cmenvfru/691/3060402.htm
[124] *ibid.*

gangmasters, of which around 30 per cent are migrant workers[125]. However, according to the 2001 Census data on agriculture and horticulture[126] there could be an equal number of unknown or undocumented gangmasters. The full scale of the operation of legal and illegal gangmasters is still unknown[127].

The activities of some gangmasters identified with the exploitation of workers, breaches of employment and immigration laws, trafficking undocumented migrant workers and avoiding taxes, has brought greater scrutiny to the activities of gangmasters. Support for the Gangmasters Licensing Act grew as a result of the Morecambe Bay tragedy in February 2004, with the death by drowning of at least 21 Chinese migrant workers (the bodies of two more were never found), who had been paid 11p an hour by gangmasters to pick cockles in conditions which proved to be hazardous.[128] The Act came into force on July 8, 2004. It does not cover some sectors with large numbers of migrant workers, including those like Construction where historically there has been gangworking.

The Ethical Trading Initiative has piloted a code of practice for gangmasters129, after finding that sub contracting in the food manufacturing sector was extensive and included a range of degrees of abusive employment relations, including debt bondage, illegal deductions from pay and breaches of minimum wages laws. While on the one end, gangmasters and the use of sub-contract labour continue to help growers manage uncertainty, long sub contracting chains can result in serious ambiguities in the employment relationship, such as where the responsibility lies for working conditions and health and safety provisions[130]. The survey by the Temporary Labour Working Group, of 200 gangmasters who had volunteered to be audited, found that only ten per cent were fully compliant with the law and that 40 per cent were breaking the law in six or more ways. These included more than 200 infringements of health and safety law.[131]

Issues of responsibility for health and safety are more complex in relation to gangmasters, as compared to agencies, as they are more likely to exercise direct supervision over the gang and thus have a more direct relationship with health and safety standards operating in the workplace. For example, one Construction employer stated that primary responsibility lay with the main contractor, but this meant that there was no direct contractual relationship between the body with primary responsibility and the workers' employer who was the gangmaster with whom they had a contractual relationship (Construction sub-contracting employer, London). In this sector in particular, the complexity of employment relationships made it difficult to determine where primary responsibility lay.

Some employers interviewed made comments about the need to regulate agencies and gangmasters. In relation to the GLA, one commented:

*You know the agencies have got to be all licensed and then that has got to be regularly and rigorously checked out and followed up by an enforcement body to really kick out the cowboys. (Agriculture employer, East of England)*

Several of the agencies and labour providers interviewed had already passed the Temporary Labour Working Group audit, which is a voluntary precursor of the proposed GLA registration system and includes examination of health and safety standards. Their

[125] *Ibid, quoting from 2001 Census of agriculture and horticulture*
[126] *Regulatory Impact Assessment of Gangmasters Licensing Bill.* http://www.defra.gov.uk/corporate/ria/2004/gangmaster.pdf
[127] *8th report of session 2003-04, Recommendations 1-3*
[128] *Ibid.*
[129] *TLWG (2004) A licence to operate: New measures to tackle Exploitation of Temporary workers in the UK agricultural Industry. London: The Temporary Labour Working group.*
[130] *Anderson and Rogaly (2005)*
[131] *The Guardian, 27 January 2006, 'Gangmasters' audit shows 90% breaking the law', Lawrence, F*

experiences of the worth of this audit were mixed. Some had found the process good, others too costly and bureaucratic. The main problem was that they did not see much benefit to themselves or sanction against others operating with poorer standards. The latter would continue to get business, as the bottom line for clients was typically costs rather than standards.

A degree of scepticism was expressed about whether the GLA would have much impact on the sectors it covered. It was suggested that it would need to dig harder into a firm's history through the audit and have greater power to enforce standards and potentially close down failing companies with tough penalties (Labour provider, South West). The ability to also take action against farms and food processors using unlicensed providers was also recommended. Another agency commented that the minimum standards proposed by the GLA were still relatively low and allowed room for poor working practices. More stringent measures were recommended – with a general view that the problem with the sector was that cost dictates competition and the drives down standards.

Another agency also felt that the remit of the GLA was too limited in that it did not cover all agencies (as well as inappropriately titling the subset in the agriculture and food 'gangmasters') (Recruitment agency employer, East of England). Key respondents in the South West in particular also perceived the absence of a comprehensive system for registering agencies as problematic. It was believed that unscrupulous gangmasters had moved into the area from Lincolnshire after being subjected to more investigation there and also shifted into new sectors of activity to avoid attention.

### 6.4.3 Migrant workers' perceptions of health and safety responsibilities

The research suggests that migrant workers do not understand what their employer is obliged to do to protect their health at work. While employer interviewees in general expressed an understanding of their responsibilities in relation to health and safety and labour providers too were aware at least of the need to define where responsibilities lay, migrant worker interviewees were less likely to have an opinion on where responsibilities for health and safety lay and thus were not clear as to where they should or could address concerns, save in Healthcare where most interviewees had an understanding of their employer's responsibilities to them for their health and safety. Eleven Healthcare interviewees made generally positive statements about them in terms of providing adequate training and equipment and ensuring safe working conditions.

*'They really got these responsibilities, they are really observing health and safety, because [make sure that] staff that will come into the hospital, they will give her training and certificate.' (Filipino Female in London, working in Healthcare)*

However, even within this group two made a clear distinction between good practice in hospitals and poorer practice in nursing homes, while three others criticised some nursing homes for taking limited responsibility for health and safety.

*'The rules are excellent, it's all written down but not always observed and everything we should have is not always made available for us.' (East European female, South West working in Healthcare)*

*'In terms of health and safety they should equip me to do the job you are employing me to do, it doesn't make sense for you to give me all these pieces of paper to sign and train me about, if you're not going to create a good environment for me to do the job. So, there's a little bit of conflict.' (African female, London working in Healthcare)*

Some suggestions were made about how health and safety overall could be improved for the sector. Three workers talked about the need for more staff who could match the demands of the client group (East European female, South West working in Healthcare, African female, London working in Healthcare, Filipino Male in North East, working in Healthcare). Other suggestions by one or two interviewees were of measures to facilitate

workers approaching their employers with suggestions about how to improve health and safety (Filipino Female in Wales, working in Healthcare, Sub Saharan African Female in North East, working in Healthcare), provision of counselling for nurses (Filipino Female in South West, working in Healthcare), closer monitoring of care homes (South Asian Male in North East, working in Healthcare) and training on British culture (Filipino Male in East of England, working in Healthcare).

Within the Cleaning sector many of the migrant interviewees had very little knowledge as to what responsibilities they thought employers had toward health and safety. Eight workers talked about their responsibilities such as providing information, training and PPE, ensuring safe working conditions and taking responsibility in case of accidents. A couple of them also related to the responsibility of workers to follow the rules set out by employers. Again in Agriculture this line of questions did not draw out much response, in general the work was considered safe with some workers emphasising their responsibility for their own health and safety. One worker commented that the farmer did not care about health problems faced by the workers and suggested that he could have 'some form of introduction to how to do [the job]… because it's physical work and obviously strains [are] possible' (Other East European Female in East of England, working in Agriculture and previously in Processing and Packaging). Another suggested that employers should provide more information about health care in general and how to access it (Other East Europe Female in East of England, working in Agriculture).

### *Identifying the employer*

One of the issues which migrants who worked through agencies raised was that it was often unclear to them who their employer was or what their contractual status was. Sometimes the individual whom they thought was the employer turned out to be just the driver responsible for taking them to and from jobs.

This inability to identify who the employer was had major consequences for migrant workers who did not know who was responsible for their health and safety. Those who were working for agencies also often had much more limited understanding of their rights at work, of how to enforce them or of who was responsible for their health and safety.

*'I am not clear with the agency' rights and responsibilities towards us. And even if you know them, it is difficult to ask for their implementation.' (Middle East Male in London, working in Processing and Packaging)*

In September 2005 the Home Office, CBI and TUC issued a joint commitment to support managed migration in the interests of the UK economy. The statement commits the parties to consult and to ensure that migrant workers have access to information on their rights. From the employers' organisation the CBI is a specific commitment to promote integrated and diverse workforces, including migrant workers and to work with its members and the government to encourage the provision of English language training for those who need it. The TUC is committed to assist in the organisation of migrant workers and to promote equality of pay and conditions for migrant workers[132].

Lack of information and in some cases mis-information about their rights may represent a significant factor contributing to the exploitation of migrant workers. The situation, at least prior to 2004, was that many migrant workers entering the UK for low-skilled, low-income work within the EU lived under the assumption that they were illegally residing in the UK and thus were willing to put up with poor conditions, both at work and also with

[132] *TUC Press Release, Managed migration: working for Britain – a joint statement from the Home Office, CBI and TUC, 5 September 2005*

respect to employer-provided accommodation.[133] Lack of proficiency in English may make such workers an easier target and increases their reluctance to seek help or advice.

Most of the migrant workers interviewed had little information on health and safety rights at work. This was true of those working through agencies, those who were working with authorisation and was particularly the case for those who were undocumented. Only one in five described the representation rights as good, while four in ten of those responding said that they had no rights at work.

*'Rights? We haven't been treated as a human being here so how could we talk about any rights? I don't have any legal identity and I am working illegally in the UK. I don't have any rights here at all. Who would you go to, to talk about it? If I said anything, I might get arrested for being an illegal worker. I wouldn't dare say anything.' (South East Asian Male in London, working in Processing and Packaging and previously in Hotels and Catering)*

*No, because like I told you we don't have too many rights. We have the right just to work like the horses, this is the treatment that we receive.'(Other East Europe Male in London, working in Construction)*

Women workers were more likely to believe that they had no health and safety rights at work, with nearly half holding this position, compared to a third of male interviewees. None of the workers in Hotels and Catering were able to articulate what they thought were their rights at work. Again it was workers in Healthcare who were more likely to have information on their rights and know how to pursue them, even thought it was still the case that the majority of workers in Healthcare had only a limited conception of their rights in relation to their employment. The most commonly referred to, by eleven of the Healthcare workers, was the right to raise concerns about their work if necessary. Some of them also related to this as a right to refuse to undertake tasks they deemed unsafe and/or a right to wait for assistance. If their managers did not take action then a couple of workers had some limited knowledge of their right to go to an employment tribunal or to blow the whistle.

*'I was given a booklet with all the rights I have at work. In the event of racism, verbal and sexual harassment, bullying I have information where to report this behaviour… There is a government agency (sic) TUC I think that can help. The company has a central employee helpline, which is confidential - you can use it if you don't want to speak to the manager.' (East European female, South West working in Healthcare)*

Five workers were unsure about what rights they had in relation to their work. One agency care worker was clear about his rights to safe working procedures but could see how others had been exploited when they were ignorant of their rights.

As with the questions on employer responsibilities, within the Cleaning sector questions about worker rights elicited few responses. A couple of workers reported positively that they knew their rights and that their employers respected them; a few others talked about their rights to safe working conditions and PPE. But overall there seemed to be little knowledge of what rights workers have in the UK. A couple of Cleaning sector workers felt that employers exploited their lack of knowledge or capability to act on their rights, mainly because they had more immediate and pressing concerns.

In Agriculture the picture was similar. There was very little discussion about rights in relation to health and safety; the interviewees generally did not know how to respond to questions. Others wanted access to basic support and information when they felt they were being exploited (East European Female in South West, working in Agriculture). But over all, the sample and all sectors some workers did understand that they had the right to have their health and safety protected, 'so I have the right to not work if I don't feel safe'

[133] *CAB evidence to the Select Committee on Environment, Food and Rural Affairs.* http://www.publications.parliament.uk/pa/cm200203/cmselect/cmenvfru/691/691we05.htm

(South Asian Male in London, working in Cleaning). They referred to their rights to call in the health and safety representatives; to leaflets giving advice on health and safety; to advice from the CABx.

*'Well, I know that I can't lift some heavy things, I know I have to wear the safety boots and the safety waistcoat and if I work with some noisy machines I have to wear special headsets and if I work with dust or when I cut some things like metals I have to wear safety goggles and also there are gloves and that is always provided on the building site.' (East European Male in North East, working in Construction)*

Employers, recruitment agencies and workers all frequently referred to the requirement for workers to take responsibility for their own health and safety. While it might be expected that employers and recruitment agencies or labour providers would hold this position, more unusual was the fact that many of the migrant interviewees were equally adamant that this ought to be the case. And how they interpreted their responsibilities for their own health and safety went beyond what is set out in the provisions of section 7 of the Health and Safety at Work etc Act 1974, towards a position where workers almost had sole responsibility for their own health and safety, 'So I think the responsibility is the people looking for himself' (Portuguese Male in London, working in Construction).

Despite the fact that many of the workers whom we interviewed did not have a clear knowledge of their rights at work, this does not imply that they did not desire fundamental changes in work practices. Many of the workers interviewed spoke of changes that would make their working lives more tolerable. Sometimes these were just a desire for better training, an updating of machinery, training in first aid and respect at work.

There were some suggestions as to what employers should be doing in relation to health and safety. One migrant interviewee thought training would be better delivered if using videos and practical instruction, as talks were more likely to be misunderstood. Two mentioned the need to ensure that PPE was fully provided. Another felt that it was necessary to have checks on employers to ensure that they were fulfilling their responsibilities. Another worker suggested that her employer should have taken more responsibility for informing migrant workers of their rights when they were first recruited from overseas.

*'I would change probably, the, the machines that we have at work because they are quite old. And you never know what can happen. There's just a new dishwasher and new grill and that is what is new, everything is old, maybe a few years old. And it breaks quite...I don't know. I think we should be trained even more than we are. Knowing were is evacuation door and you know it's not enough. I think we should be trained also in first aid. And the new person coming, starting the job should be trained from the beginning, what she should do in some particular cases. I didn't get it. I didn't know in the beginning anything….' (Female East European, South West working in Hotels and Catering)*

## 6.5 FACTORS AFFECTING RISKS AT WORK

There are a number of factors that determine the level of risk These include: the age of the workforce; its experience in the job; the hours that are worked and in particular when they are worked; the type of work being undertaken; the occupational sector within which the work takes place; awareness of rights; difficulty in communicating or understanding health and safety information; changes in work organisation; and worker vulnerability due to contractual status. None of these are factors exclusive to migrant workers, but migrants are more likely to fall within more than one of these categories of risk and the more risk factors they are associated with the more likely it is that they could be at risk of accident or illness at work. As we saw from the information contained in section 5, age, experience, communication and status and workplace change are all factors relevant to the migrant workforce. For example, unions have raised safety fears over the employment of

truck drivers from East Europe by road haulage firms due to their lack of English and experience of differing road laws.

In the interviews with HSE inspectors some suggested that migrant workers did have a different perception of risk, based on different standards in their country of origin. Key respondents, including trade union respondents, also felt that there was a different perception of risk. As one respondent noted, in cases where the work the migrant was doing was 'obviously a departure from their previous work environment' it was more difficult to make them understand the risks connected with the job. From the 200 migrant interviews around a quarter thought there were no risks where they worked while about an equal proportion thought that there were major risks with the rest believing they faced minor risks at work. By length of time in the UK there was no difference in perception of risk, nor was there any significant difference by gender. By age, however, those in their 40s were less likely to perceive their jobs as presenting serious risks, suggesting that older workers may be more careful about the risks that they might encounter and take measures to avoid them, whereas younger workers do not. Undocumented workers and asylum seekers were most likely to perceive their jobs as carrying major risks, with one in three stating this to be the case. Students, who also generally were younger, had the least perception of risk. In the interviews conducted with migrant workers we found that there was a tendency to underestimate the risks that they faced in the work they were doing. Precisely because workers were often employed in occupations requiring fewer formal educational qualifications than those they possessed, the interviewees had sometimes concluded that the jobs they were doing did not require particular skills, knowledge or experience and often underestimated the actual experience and knowledge that was needed to do the jobs safely. This was particularly the case for those working in high-risk sectors, like Construction and Agriculture, who were likely to underestimate the risks that their work posed to their health and safety and to that of other workers. This potentially encouraged them to place themselves in situations that in reality represented dangers to themselves and to other workers.

Most of the employer respondents accepted that there were some risks attached to the jobs that migrant workers did, in one case a labour provider indicated that while the risks were no greater than those faced by local workers, the fact that there were language barriers intensified these risks. In all, around a third of the employer respondents associated lack of English with increased risk, either because employees did not understand the risks or 'because they want to be seen to understand' (Care home employer, South West).

Major risks were associated with trips and slips, manual handling, cuts, getting limbs trapped in moving machinery and burns. Employers were fairly evenly split as to whether migrant workers were more likely to take risks. While some said that there was less perception of risk, others said the opposite and that migrants were more risk adverse, with one employer in Cleaning saying that he thought migrant workers were more health and safety conscious than local workers (SWEM04). But as one employer pointed out, perceptions of risk are often very subjective and that it is not just migrants who can underestimate the risks they face. Local workers too, who are displaced from their normal occupations, can also perceive low skilled jobs as low risk jobs.

*'People don't perceive the environments to be as hazardous as they are…. I can also give you the incidence of an ex miner in Wigan who's now doing a job cleaning, who thinks that the risk of cleaning are minuscule compared with when he was down the pit. But the pit's closed now so he's now got a job as a cleaner in a factory working with maybe some nastier chemicals than we would normally use, but he thinks nothing of getting burnt by a chemical because compared with working down the pit, it's something he would talk about over a pint. Oh I've got a good burn on me arm, mine's better than yours. Now somebody in the south of the country who's never done any hazardous work you know would treat the chemical with a lot more respect than somebody maybe in that situation.' (Facilities employer, UK wide)*

Some employers also associated particular risks with migrant workers. These included risks from working long hours particularly where workers were working at more than one job. An employer pointed out that it was sometimes impossible to 'keep an eye on the number of hours they're working' (Recruitment agency employer, East of England) citing examples of some workers going straight from one full-time job to another. Employers claimed they had more difficulty in controlling working hours were workers were provided through agencies. They had no knowledge of whether or not the worker was doing other work, in addition to theirs and gave examples of where they had found agencies providing the same workers to different shifts for different employers, but on the same day. This meant that workers could be doing eight to ten hours on each of two shifts in a day.

*'We have also found occasionally that they move their labour from one job to another so they would have this, we ask for a pool of labour and they provide us with a team of 12 people say at 6 o'clock in the morning. It then transpires that these people have also been working through the night at other locations and obviously that is not safe either. So we then take the decision to send them home and leave ourselves short because we are maintaining the standards we want to maintain. So its just a few examples of the problems we have had in the past.' (Agriculture employer 4, East of England)*

### 6.5.1 Physical health

Although they may claim that the jobs they were doing carried no major risks, a majority of the migrant workers we interviewed (around six in ten) believed that the work they were undertaking was having a negative impact on their physical health. By sector those working in Agriculture were most likely to state this, while those in Construction were least likely to view work this way. This more positive assessment from those in the Construction sector may be related to the fact that this was the one sector of heavy manual labour where workers might already have had some previous work experience in their country of origin.

Women were more likely than men to feel that the jobs they were doing were having a negative impact on their health. By immigration status, refugees were most likely to see the work they were doing as having a negative effect on their health, with nine in ten believing this to be the case. Students were least likely to hold this position.

More than half the employers interviewed acknowledged that the physical health of some workers was affected by their work. It was described as mainly 'twinges' and 'sprains' and other back and manual handling problems which several employers dealt with by job rotation, which they believed had resolved many of the issues (for example, Bakery employer, London and Food processing employer, East of England). A few employers, particularly those in the Processing and Packaging sector mentioned problems related to RSI. One employer referred to health screening, which was carried out prior to employment, to ensure that workers with pre-existing ailments were not allocated to work that might exacerbate them. Some did carry out occupational health checks. One employer had taken steps to warn employees of the risks, the symptoms and how they should respond (Food processing employer, East of England). One labour provider conducted checks on those workplaces to which they supplied workers by employing an occupational nurse who checked all the sites to which workers were sent, carrying out risk assessments and making suggestions for modifications or improvements (Recruitment agency employer, East of England).

As noted above, some of the migrant workers we interviewed were doing more than one job. This overwork inevitably impacted on their health and employers too referred to multiple jobs as a source of ill-health and as something which it was difficult for them to exercise influence over.

*It's not a big issue but I have had the odd comment from managers that they do get concerned that some of the migrant workers will have two or three jobs. We don't always know how many other jobs they've got. In some cases they could work for us on another contract.' (Facilities employer, UK wide)*

### 6.5.2 Stress at work

In section 2 we reviewed some of the literature on stress at work, noting that Smith et al (2000) had identified a relationship between a number of factors including hours of work, the pace of work, lack of support and incidents of stress. All of these factors are a feature of migrant employment. Spurgeon in his 2003 study suggests that long working hours increase stress and impact negatively on mental health. Robertson Cooper (2005), in Stress and mental health in the workplace, a report for the mental health charity Mind, identifies as sources of stress: poor working conditions, long hours, relationships at work, job insecurity, travel, organisational structure and climate and generally a mismatch between job requirements and the individual's capacity and resources. All these are characteristics of migrant worker employment. Additionally, Elkeles and Seifert, in their 1996 study have suggested that stress is more common in migrant manual worker jobs. Many of the migrant workers we interviewed complained of stress at work which they associated with overwork, poor treatment at work, concerns about finances and general fatigue and tiredness. Nearly half of those we interviewed claimed that they were suffering from stress and had problems related to their mental well-being. By gender women were more likely to experience work stressful and as having a negative impact on their mental health. As with their physical health, it was the youngest and oldest workers who were most likely to feel that their mental health had also suffered due to work. By sector, it was those working in Cleaning who were most likely to state that they were experiencing stress at work and their status as cleaners, together with the fact that they were often cleaning while trying to study or do other things, that was a particular cause of their stress. Those in Agriculture were least likely to complain of stress. Refugees also were more likely to report experiencing stress at work and this too could be associated with their employment in jobs not equal to their qualifications while finding themselves in a situation where they have few prospects for an improvement in their situation.

Employers who spoke to the researchers about stress and other mental health problems referred to problems of separation from families, doing jobs beneath their educational qualifications, working at more than one job. But in general employers were not aware of particular problems of stress at work among migrant workers, indeed they often referred to their workforce as being 'happy' in their work and in their surroundings. One labour provider said that stress in food factories was caused by sudden production changes, demanded by the big supermarkets.

## 6.6 IMMIGRATION STATUS AND ITS IMPACT ON HEALTH AND SAFETY

The line between lawful and undocumented or unauthorised migrant status is a fine one. For example, an individual on a student visa, who works more than the allowed 20 hours a week "falls" into undocumented status, as easily as a migrant worker whose legal status becomes undocumented once she/he overstays. The status of the migrant worker can also change suddenly depending on the law and government policy on migration and employment. For example, the expansion of the EU and the introduction of new Sector Based Schemes in the hotel, catering and food manufacturing sectors group of workers acquired legal status, literally overnight (Home Office, 2004)

The in formalisation of the economy, characterised by a deregulated environment and driven by demand for more flexible relations of production and distribution, has undermined labour standards and lowered social protection for workers. These processes have contributed to the spread of insecure and unprotected jobs in some sectors, which migrant workers are particularly being engaged to fill, with little opportunity for

advancement. Vasta's (2004) paper on informal employment explores the changes in industrial structures that may have led to an increase in the informal economy.

The Commission to the European Communities report (CEC, 2004, p11) suggests that the largest group of residents in the UK without permission to work is male and between the ages of 20 and 30. These men are young, mobile, willing to take risks and are generally low skilled. The report also acknowledges that increasing numbers of undocumented migrants are educated choosing to migrate in search of a better life. Even so there is a tendency for these skilled and professional migrants to be employed in the low-skilled shadow economy, due to the fact that they do not have proper documentation, lack the right qualifications or the required language skills. Yet often their salary is much higher than that for skilled jobs in their country of origin, indicating that migration for them is economically motivated.

The Platform for International Cooperation on Undocumented Migrants (PICUM), a network of organisations providing assistance to undocumented migrants residing in Europe, has collected material detailing the problems faced by undocumented workers [134]. It provides good practice examples from Europe and the USA on measures to ensure the protection of migrant workers. Often undocumented or unauthorised migrant labour is hired for the so-called "3-D-jobs" (dirty, dangerous and demanding work) shunned by the domestic labour force. A high profile example was the deaths of the cockle pickers in Morecambe Bay in February 2004.

A Commons Committee report in May 2004 on the environment, food and rural affairs found that little had been done to prevent the employment of unauthorised migrant workers in the UK. The agencies responsible for dealing with gangmasters were found to be under-resourced and lacking political backing[135]. The lack of government progress following the Morecambe Bay tragedy was criticised. Undocumented or unauthorised workers are also more at risk of being victims of organised criminal networks and gangmasters who bring workers to the UK by illegal means, subject them to exploitative work conditions.

Of the 200 migrant workers interviewed, in our estimation it appeared that 22 were working even though they had no right to do so. One key respondent described these workers as 'invisible, they are not existing'. In addition 15 of the 24 student interviewees were working beyond their permitted hours and therefore were working without authorisation. A snapshot presentation of the interviewee data shows that in terms of their work situation, in practically every area we examined, unauthorised workers, and in particular those who were undocumented, had a more negative assessment of their work situation than did documented workers. They were much more likely to be working below their qualifications. Thus migration status appears to have an impact on the kind of work they are able to obtain. Even excluding the student group, all of whom were in jobs not linked to their qualifications, undocumented workers were still more likely to be working below their qualification and were less likely to have any written proof of their employment terms.

There was a major difference by migration status in how workers assessed their working life. While nearly half the documented workers rated this positively, only a fifth of the undocumented workers had a similar assessment of their work.

[134] *PICUM (2005). Ten ways to protect undocumented migrant workers, Platform for International Cooperation on Undocumented Migrants*
[135] *The Guardian, May 24 2005, Lawrence, F. The Guardian, May 25 2005, Monbiot, G.*

Turning to issues of health and safety, undocumented workers were more likely to rate the job they were doing as carrying major risks. They were also more likely to assess the health and safety procedures at their work as unsatisfactory

Among the national groups interviewed it was Chinese workers who were most likely to be working in those occupations associated with higher risks. One key respondent attributed their movement towards high-risk employment to the tightening up of controls on formal and more stable jobs such as catering. These controls had possibly made employers more reluctant to employ workers whose documentation was not in order, but this had merely pushed these workers toward less well-regulated work.

Undocumented workers also were less likely to have been offered training at work and were more likely to have suffered accidents at work and to have observed other workplace accidents Thus within our sample, undocumented workers appeared to be in workplaces where accident rates were higher than for those for migrant workers generally. Additionally their undocumented status meant that they felt less able to raise their concerns at work.

The majority of all interviewees felt that the work they were doing was having a negative impact on their health, but this was felt particularly strongly by the undocumented group, with nearly all of them having this assessment of the effects of work on their health. When asked how their employers managed their responsibilities for their health and safety, none of the undocumented group assessed their employer as good, whereas more than a third of the documented group thought their employers did exercise their responsibilities well.

## 6.7 MECHANISMS FOR REPRESENTATION

In this section of the report we look at the findings from the migrant worker and employer interviews in relation to mechanisms (both informal and formal) for representation. The section also contains information from key respondents where they provided information on mechanisms for representation. The research suggests that there are few formal avenues for migrant workers to pursue health and safety concerns, either because the mechanisms do not exist, workers are unaware of them or they are concerned about dismissal if they complain.

### 6.7.1 Informal mechanisms for raising health and safety concerns

The overwhelming majority of the migrant workers and employers interviewed were operating in workplaces where there were no formal mechanisms for raising concerns at work. Trade union representation, as will be noted below, was found in only a minority of workplaces. For this reason we asked migrant interviewees to provide examples of informal mechanisms for raising concerns. In some cases they had clearly created their own informal mechanisms with individual workers acting as spokespersons for a group. This was most likely were all shared the same ethnic origin or where different national groups elected their own representative.

*'There were about 40 Chinese workers there and I was representing all the Chinese workers with the employer. Then there were three Polish and some Portuguese, but they had their own representatives.' (Chinese Male, East of England working in Agriculture)*

Where this level of organisation was not in existence workers tended to refer concerns to team leaders or supervisors. This was possible where there was a good relationship between workers and their supervisors. Where this did not exist workers had no channels through which to raise concerns and often felt that there was no advantage in approaching management as it could lead to problems at work. Language and communication also made it more difficult for individuals to raise concerns where they did not speak English and where their supervisor did not speak their language.

### 6.7.2 Formal mechanisms for raising health and safety concerns

#### *Trade union organisation*

Trade union membership has fallen sharply over the last 25 years. As a consequence new migrant workers have arrived in the UK at a time when union penetration within the labour force is at a low level and where, particularly in the sectors that migrants work, trade union membership is very low. Yet studies show that union membership has a positive influence on workplace health and safety. A Collective Declaration on Worker Involvement produced by the HSC[136] states that there is evidence that unions have a positive impact on health and safety. There has been a significant decline in union membership in recent years and the Collective Declaration warns that with changes to work patterns there is a danger of significant reductions in consultation with workers by employers on health and safety. Additionally, evidence from unions to the Commons Committee inquiry indicated that HSE does not have the resources to enforce the 1977 or subsequent regulations on consultation with employees (point 236). Thus, given the additional risk factors associated with migrant labour, this ought to be a sector of the labour force that is protected by trade union organisation.

Under the Safety Representatives and Safety Committee Regulations 1977, a trade union has a right to appoint a safety representative whose role can include carrying out inspections and investigations. Employers have a legal duty to consult safety representatives on arrangements for health and safety measures. Where a workplace is non-unionised, employers can consult employees directly or arrange for employees to elect a safety representative.

According to the health and safety magazine, Hazards (2005), it is difficult for workers to raise safety concerns without affecting their jobs. Workers 'face a legally condoned choice of 'risk your job or risk your life' because the law that allows workers to refuse dangerous work doesn't stop employers from firing them for doing so'[137]. Migrant workers working illegally or not being aware of their rights are even less likely to be protected under this system.

Further, basic consultation rights are also undermined because a union safety representative can ask an employer for information on health and safety matters that directly affect their members, but the employer has no legal duty to respond. There have been suggestions made by the all-party Work and Pensions Select Committee in July 2004 to give new rights to union safety representatives, but these have yet to be agreed. One measure taken to improve consultation has been the Workers' Safety Adviser Challenge Fund to help promote involvement in workplaces with no employee representation. However this fund is small and seems unlikely to reach those enterprises where health and safety improvements are most needed.

The work of trade unions with migrant workers has mainly focused on recruitment[138]. This needs to be looked at in the context of a fall in the general membership level of trade unions and specifically in the membership levels of migrant workers. According to Grainger and Holt (2005), there was a decrease of trade union membership by 0.5 per cent between 2003 and 2004. Also, less than one in five (17.2 per cent) private sector

[136] *The Collective Declaration was published in March 2004 and has been endorsed by a number of key industry stakeholders including the Public Safety and Standards Board, the TUC, the CBI, the Federation for Small Businesses, the IOD, the ECIA and RoSPA.*

[137] *Hazards (2005), January-March 2005, Number 89, 'In the Firing Line',.*

[138] *Gibbons, S. Jeffries, J. (2005) Organising migrant workers in trade unions, British Committee of the International Centre for Trade Union Rights. This publication brings together reports and analysis from union organisers, activists and campaign groups with first-hand experience of organising and working with migrant workers and their organisations.*

employees in the UK were trade union members, signifying low levels of membership in this sector as compared to public sector employees[139]. The TUC found that the rate of union membership for migrant workers has dropped much more rapidly than that of UK born workers, with less than one in four migrant workers in Britain having the protection of a trade union140. Unions have struggled to recruit members amongst migrant workers due to fears about the consequences, with cases of dismissal or employers informing the IND about workers without documents, in cases where there are attempts to organised. Even organised workplace union representatives have been reported to lose their jobs for raising safety concerns, whilst groups such as casual and migrant workers stand little chance of redress[141]. Labour rights campaigns in East London with cleaners in Canary Wharf and workers in Whipps Cross hospital have enjoyed some success working with faith and community-based group The East London Communities Organisation (TELCO)[142].

Most of the migrant interviewees had not been trade union members in their country of origin. Indeed many had no prior knowledge of union organisation. Fewer than one in ten of those interviewed were aware of unions in home countries and of these, few had experience of being a representative. One interviewee had been a national congress member of her union (African woman, South Wales working in Healthcare); another had been the president of a local trade union (East European Male in London, working in Construction). The fact that some workers in their home country had worked in areas which were not unionised, presented an additional barrier for unions in the UK, in attempting to recruit them into the union. A majority of the migrants we interviewed were not members of a UK union, nor were they in workplaces where there was union recognition. Only a small minority were aware of there being a union in their workplace and/or were members of a union and some recognised that this deprived them of a voice at work,' They don't have much voice, the management has the final say' (African woman, South Wales, working in Healthcare).

A majority had not joined simply because there was no existing trade union organisation but some had other reasons for not joining, like the fact that they saw their stay as temporary; they were merely on a working holiday; they had no time to think about joining; they thought that they could raise any issues they had directly with their employer; they did not think there was a need for unions; they were agency workers and saw themselves as not being eligible; or they were undocumented and thought they could not join. A key respondent who was a roving health and safety representative (EEKR01) said that there had been attempts to unionise workers but they were often in the UK for only a short time and didn't think there is any point in their joining. One key respondent said that that he was aware of at least one situation of an individual being threatened that with dismissal if he carried out a proposal to join public services UNISON. The individual was told, 'your job contract will be over and done with. Lose your job contract, you go home and you lose your job contract and you lose your right to your free flight home as well'. A few interviewees who were not members, nevertheless were sympathetic to trade unions. Some of the unauthorised workers had been union members in their country of origin but were not members in the UK (DCKR9).

But there were also some individuals who had been union members and who had resigned because they were dissatisfied with the service they had received from the union. In these cases they had raised concerns with their union and felt that these had not been adequately

[139] *Grainger, H. and Holt, H. (April 2005), Trade Union membership 2004. DTI Employment market analysis and research*
[140] *TUC (2003) Overworked, underpaid and over here. Migrant workers in Britain, Trade Union Congress, pg 21.*
[141] *The Guardian, February 19 2005, Pandya, N. See also Hazards, 'In the Firing Line', upon which this article was based*
[142] *Morning Star, February 24 2004, Donovan. P*

dealt with. One individual had sought out a copy of a trade union leaflet in her language, but on receiving it she found that it had not dealt with maternity rights, the issue she was mainly concerned with. Unions also sometimes admitted that their members were not supportive of migrant workers. One key respondent who had been organising migrant workers in food processing admitted that among the union's local membership there was a feeling that migrant workers were doing the worst jobs and thus protecting the local workforce from them having to accept the least favourable work (in this case it was night work in the chill section). These were accepted as the 'crappier shifts'. Local workers thought that if migrants became organised the union would have to start demanding equality for them and local workers would therefore lose their privileged position.

*'A lot of the permanent union guys probably are not interested in those guys joining the union because eventually those migrant workers are going to put over their points of view, i.e. why are they always working in chill, why haven't they been taken on a permanent basis etc. so to save rocking the boat it hasn't been progressed.'*

These unorganised migrant workers did not have 'the confidence to raise concerns with health and safety representatives' and according to the union representative were also 'prepared to work in any conditions, be it safe or not.' Indeed this representative claimed that it was the contact that was made in connection with this research project that had made him reflect on what was happening in the workplace.

The minority of the migrant worker interviewees, who were and who had remained union members, were generally appreciative of the benefits that membership brought them and a few of those interviewed were now union activists.

Of the employers interviewed, only a minority recognised unions. Just nine said that there was union recognition in the workplace although five others said that individual workers could join a union if they wished. Thus while there was no recognised union, some workers were union members or had the option to join a union. According to the employer respondents, migrants joined unions in similar proportions to local workers and where there were unions some had involved migrants in their activities (Processing and packaging employer, South West).

But some employers who did not recognise unions expressed hostility to them, stating that they were not needed, that workers did not trust them, or that with health and safety laws in place, workers did not need representation (Construction sub-contracting employer, London, DCE3).

### *Health and safety committees*

Around half of the employers interviewed indicated that they did have formal mechanisms for health and safety consultation, usually through a health and safety committee. In some cases these employers had also recognised trade unions but there were some examples where there was no union representation but there were formal mechanisms for health and safety consultation (Facilities employer, UK wide).

One employer discussed Total Production Maintenance (TPM) procedures that had been initiated in their plants to promote greater involvement and understanding across the workforce (Food processing employer, East of England). This included periodic team sessions where all members, including migrants, who made up a large number of the workers, were engaged in reviewing practices and developing action plans for improvement. Health and safety was incorporated into the TPM with the aim of fostering better safety culture and behaviour amongst the workforce.

Some employers said that they had taken steps to ensure that migrant workers were aware and informed of health and safety initiatives, for example by translating minutes and other

committee documentation and by publishing full minutes on staff notice boards (Catering employer, London). However, they reported a general difficulty in getting workers to come forward as representatives (Bakery employer, London) and particular difficulties in getting migrant worker representation, especially where migrants were in a minority. Inevitably where representation was dependent on majority backing, those perceived as a minority in a workplace were less likely to be selected as representatives (Food employer, South West).

However, migrant worker interviewees presented a different picture, one where there was little or no formal consultation on health and safety. Only a minority was aware of health and safety committees operating in their workplaces. Most interviewees did not have any information on how health and safety was dealt with; a few referred to individuals having responsibility for first aid or to managers being responsible for health and safety; and only a very small number were informed on the existence of health and safety committees. Even if we exclude all those who provided no information on formal structures, only eight migrant interviewees were aware of what formal structures were in existence and had information on how they operated.

One trade union respondent recognised that migrant workers often did not 'have a clue about the health and safety issues raised' because they were not involved in the consultation arrangements.

*'As health and safety representatives I feel that we could, we should approach them more, attend these briefings with them … highlight any health and safety issue we've got to raise, in case management don't. I think we could just be supplying a bit more information, but it's just not happening.'*

## 6.8 DISCRIMINATION AND ITS IMPACT ON WORKPLACE HEALTH AND SAFETY

Although the evidence is not conclusive, there is now a large body of research that associates discrimination at work with increased work stress. Smith et al in their 2005 study found a significant relationship between work stress and ethnicity and found that race and gender discrimination combined resulted in the highest stress levels among Black women workers. Similarly, an HSE report, Ethnicity, work characteristics, stress and health showed that 28 per cent of non-white workers reported high levels of stress compared to 19 per cent of white workers, with Black Caribbean women the most likely to report high work stress. It notes that 'racial discrimination, particularly in combination with gender and ethnicity, was identified as having a strong influence on work stress'. In this research we conclude that migrant workers are experiencing significant levels of stress at work. We base this on many of the migrant interviews where individuals described high levels of stress and attributed these at least in part to discriminatory practices – to unfair treatment from supervisors and co-workers as well as to name-calling and bullying. We also note that women migrant workers in our sample were more likely to feel that they were suffering from stress, again confirming the above study.

A 2003 study commissioned by the European Monitoring Centre on Racism and Xenophobia (EUMC) reported that there are 'large and persistent disadvantages' faced by migrants and minorities within the labour markets of the 15 EU member countries, including the UK.[143] It also reports that foreign employees often work in worse working conditions than their national counterparts, especially those who lack legal status.

[143] *Jandl, M (2003) Migrants, Minorities and Employment: exclusion, discrimination and anti-discrimination in the 15 member States of the EU, International Centre for Migration Policy Development, Luxembourg*

The ILO has also recognised that the 'lack of legal protection for migrant workers heightens their attractiveness as instruments of 'maintaining competitiveness' because they are obliged to work in situations where decent work conditions are not enforced….Sectors employing irregular workers are usually those where little or no regulatory activity upholds minimum safety, health and working conditions that should ensure 'decent work'[144] '.

There is thus a substantial body of literature and reports demonstrating that migrant workers face discrimination and disadvantage in the labour market. Additionally where there is an absence of legal protection discrimination is prevalent. This report has noted that a sizeable proportion of the migrant labour force is excluded from basic employment protection, either due to:

1. lack of knowledge about rights and therefore inability to enforce them;
2. fear of enforcing rights in the belief that this could lead to a loss of employment; or
3. due to the fact that workers work without authorisation thus nullifying legal rights that otherwise they would possess.

Our research suggests that experiences of discrimination impacted on the health and well-being of many of the migrant workers we interviewed. Those who had experienced discrimination, whether in the form of harassment or abuse on race grounds, or by being given the worst jobs, had a more negative assessment of the impact of work on their health. Their experiences of discrimination also made them more reluctant to effectively raise concerns and consequently exposed them to risk. For this reason, in this section, we discuss the specific issues of discrimination raised in the course of the interviews. We also look at the nature of relationships with co-workers, both local and migrant, exploring whether poor relationships with local workers contributed to their inability to raise workplace health and safety concerns.

### 6.8.1 Discrimination, race and nationality

Around four in ten of the migrant workers interviewed described concerns at work and indicated that these mainly revolved around issues of discrimination, generally by supervisors, but sometimes also by local co-workers. In general it was not that interviewees claimed that all local workers had exhibited prejudice against them, but there were cases where hostility had been exhibited by certain categories of local workers. Young local workers, who perhaps felt that their labour market position was vulnerable due to the arrival of migrant workers, were referred to.

*'I felt more racism amongst the younger people, amongst the old people no. They were very kind, nice, they gave us the opportunity. The younger ones, maybe fearing for their jobs, I don't know, you could notice more racism amongst them.' (Portuguese Female in East of England, working in Processing and Packaging)*

Employers too sometimes expressed a preference for migrant workers over young local workers, depicting the latter as less reliable. A key respondent from a Race Equality Council (SWKR08) also reported cases of racism experienced by migrant workers in a local food factory who had been badly treated by supervisors who would sometimes have derogatory remarks made against them. In general, among the interviewees women were more likely to have concerns about discrimination than men. Older workers, those aged over 50, while most concerned about their ability to get alternative work or to gain promotion, were less concerned about discrimination itself than younger workers. Those working in Construction were least likely to have concerns over discrimination at work,

[144] *ILO (April 2003) Vulnerable groups: migrant workers. United Nations Commission on Human Rights, 59th Session, item 14(a) of Agenda.*

but at the other end of the scale, those in Cleaning were most likely to express concerns, with a majority of workers stating that they had experienced discrimination. They were also the sector least likely to feel that there were opportunities for promotion. However, it was workers in Processing and Packing who were least likely to feel that they could move to other jobs. There was a view that discrimination was more commonly experience where migrant workers were isolated.

Many of the workers interviewed, while not openly referring to racial discrimination, said they were made to feel that no one cared about their health and work situation (East European Male in South West, working in Processing and Packaging). The fact that they did not speak English was also sometimes referred to as workers felt this deprived them of the opportunity to contest discriminatory treatment (South Asian Male in North East, working in Hotels and Catering). Interviewees also expressed the view that discrimination was more acutely targeted at Black migrants.

*'You feel that you are a foreigner; they make you feel like one. I mean, myself as a European citizen I don't feel to discriminated against but I have friends, my boyfriend is from Latin America, I have friends from Africa, so I don't feel too discriminated against as a European but for people from other places like Latin America and Africa and other continents there is a larger amount of discrimination.' (Latin American female, South West working in Processing and Packaging)*

Many workers felt that managers favoured local workers over migrants, in terms both of the work that they did and the shifts they were allocated to (East European Male in London, working in Construction). Some workers also said that they were always allocated the least attractive shifts, those that local workers rejected, they were treated as if they had no knowledge or experience or as if they had come from countries that were so undeveloped that commonly used technologies did not exist (Sub Saharan African Female in Wales, working in Hotels and Catering).

A UNISON full time official also spoke of how care home workers have concerns about speaking out and how fearful they are of how they will be treated if they do.

In general, in the interviews conducted with employers there was a tendency to under-estimate discrimination at work. Employers were more likely to suggest that there were no or only minor tensions in the workplace and that generally local and migrant workers got on well together although only nine of the employer interviewees indicated that they had no concerns about discrimination in the workforce.

### 6.8.2 Discrimination and gender

We tried to elicit in the course of the interviews whether workers felt that there were differences in treatment based on gender and whether migrant women were discriminated against at work. We were not provided with any consistent evidence of generalised complaints of discriminatory treatment against migrant workers on gender grounds. Indeed both women and men sometimes expressed the view that women were given lighter work, a situation that neither sex found problematic and accepted as fair, given the nature of some of the work being undertaken. However, there was evidence of discriminatory treatment in relation to pregnancy. Some interviewees had either themselves experienced discrimination on the grounds of pregnancy, had knowledge of pregnant women having been discriminated against, or believed that their employer would treat a pregnant woman less favourably. From the workers' point of view most employers failed to make adjustments to cater for their pregnancy and some reported working long hours, in difficult conditions throughout the period of their pregnancy. There were a couple of cases of women who had been pregnant and who had had to leave their jobs, mainly because their employers had not been willing to make any adjustments to their duties. But there were also cases where employers were said to have treated pregnant women with consideration (Filipino Female in London, working in Healthcare; East

European Male in South West, working in Construction and previously in Cleaning). Some employers, mainly in Processing and Packaging, said that they did carry out risk assessments in cases of pregnancy. One of the employer interviewees stated that the company encouraged women to come forward if they were pregnant so that they could arrange for a change of tasks ((Bakery employer, London).

### 6.8.3 Discrimination from supervisors and managers

Many of the concerns raised were over the attitudes of supervisors, with frequent reference to name calling (Other Eastern European Male in London, working in Construction), examples given included 'foreign bastards' (Portuguese male in South West, working in Processing and Packaging) 'f…ing Russians' (East European Male in London, working in Construction), 'bitch' (South African female, London working in Processing and Packaging); to allocating the worst jobs, shifts or overtime to migrants; or to supervisors openly expressing a preference for British workers (Portuguese Male in North East, working in Hotels and Catering). Many workers in general, experienced discrimination by supervisors and colleagues.

*'Supervisor screams at us, he does not respect us. I don't work over time, but he threatens the ladies who work overtime, that if you don't listen to me, I will not give your overtime. The ladies are scared and work beyond what we are required to do.' (South African female, London working in Processing and Packaging)*

Some of those working in Healthcare also spoke of racism from patients and there was evidence that UK supervisors and managers did not always challenge racism where it came from patients, clients or customers and were complicit, seeing it as being part of the job.

### 6.8.4 Relationships with local co-workers

An individual's assessment of their work often is related to how well they perceive their relationships with colleagues. We asked migrant interviewees how they assessed relationships with local co-workers. The aim was to investigate the extent to which migrant workers felt that local co-workers would listen to their concerns and be willing if necessary to act to protect their health and safety.

Migrant interviewees were generally not positive about their relationships with UK co-workers with only a minority assessing them positively, and with women migrants, in particular being more negative. Those in their 30s had the least positive and most negative reactions to UK co-workers. By sector, it was those in Cleaning who were most likely to assess their relationships with UK co-workers negatively. One Chinese worker complained that the local workers would always make it difficult for the Chinese, by lying to the supervisor about their work (South East Asian Female in Wales, working in Cleaning). Another commented that when the main supervisor was away, the local workers would try to order migrant workers around (Sub Saharan Male in Wales, working in Cleaning). In Hotels and Catering those interviewed were twice as likely to view working with UK colleagues as negative rather than positive. Only a very small minority of the workers interviewed in the Processing and Packaging sector viewed their relationships with UK workers positively. There were only four interviewees in this category. There were complaints of being talked about behind their backs, with UK workers assuming they did not understand, incidents of racism in the workplace, name calling and a coldness from UK workers who expressed their disbelief that individuals could leave their families behind to go to work in a different country. Interviewees felt that UK workers sometimes regarded themselves as superior. Sometimes this view was differentiated and not all UK workers were seen in the same light.

In the Construction sector the workers interviewed were more or less evenly split about their relationships with local UK workers, with half viewing them as positive and the

other half having had negative experiences, including name calling. An example of a positive experience was where UK workers assisted migrant workers to better employment.

*'Yes in general, the local people are treating us very good, there were some older carpenters working one day and when they saw how much we were getting paid they were shaking their heads, they even told us to leave and go to [another contractor], because we will die with hunger if we stay with x when they saw us recently on the building site with Y they were very happy.' (Eastern European Male in North East, working in Construction)*

Those working in Agriculture stated that there were few problems with local co-workers and some interviewees commented that they had been very nice. However, one worker noted that poor treatment had also been experienced, describing it as being 'as if you are a slave' (Other Eastern European Female in East of England, working in Agriculture). The migrant workers we interviewed who were working in Healthcare expressed more negative than positive views about their local colleagues, although overall their assessment was better than that of workers in the other sectors researched. Some traced deterioration in relationships to the increasing number of migrant workers in the sector. Others felt that local workers' complaints were taken up and acted upon more readily than those of migrant workers. These differences in treatment of necessity pitched local and migrant workers against one another. But there were also positive statements about colleagues, emphasising their tolerance, particularly in relation to difficult patients and their willingness to assist colleagues.

Those working without authorisation recounted no positive experiences of working with UK co-workers. Students too had overwhelmingly negative assessments. Some interviewees had experienced discrimination from some members of the local workforce but not others, mentioning better relations with older local workers than with younger ones. By region, those in South Wales were most likely to have experienced negative relationships with local communities. Relationships were perceived most positively in the North East. While proficiency in English did not guarantee more positive relationships with local colleagues, a lack of proficiency in English was more likely to be associated with negative assessments of relationships with these colleagues.

Interviewees expressed positive relationships where they experienced respect at work; where there was a friendly atmosphere; where local colleagues socialised outside working hours; and where local colleagues made attempts to communicate, even where there were language barriers, with one worker noting that where the work itself was hard, it was even more necessary that workers support and understand one another (East European Male in East of England, working in Construction and previously in Processing and Packaging). Individuals could be positive about their relationships with local co-workers even if they had more negative views about the jobs they were doing.

Employers also overall gave more examples of negative than positive experiences between migrant workers and local workers. Importantly, where tensions were referred to they were often perceived by employers as arising from the attitudes of local workers, rather than those of migrant workers, with local workers being described as feeling superior and treating migrants like 'second class' citizens (Agriculture employer, East of England).

As positive examples, employers referred to workers car-sharing, of migrant workers being highly regarded by local workers – one employer mentioning that a Portuguese woman had won the 'employee of the month award' (Logistics employer, North East); of a football team – Polish workers v local workers; of local workers being invited to visit the countries of their migrant co-workers; and of 'out of work' socialising (Construction employer, South West). Although few of the interviewees were in supervisory positions,

this could also present them with additional challenges, in their relationships with local co-workers who were sometimes unwilling to accept direction from migrant workers.

*'I work in the quality; I can't allow that any worker gets to work with anything but his wedding ring. They can't use piercings, earrings, watches or anything like that. For example, if I warn a Portuguese at the entrance, he will take it off. If I warn an English, he will tell me screw me. I will go and talk to his superior, to the manager and he doesn't care.' (Portuguese Male in East of England, working in Processing and Packaging)*

## Summary: Section 6 key points

1. For new migrant workers health and safety training is more likely to be limited to training at induction and often is not understood and communicated effectively.
2. Health and safety procedures too are often not explained to migrant workers, who do not know how or who to raise concerns with.
3. New migrant workers may be associated with greater incidents of accidents at work, however established migrant workforces may also provide stability identified by employers as a factor reducing the risk of incidents at work.
4. Although factors like shift working, noise, temperature and the use of chemicals are not specific to migrant workers, the sectors that they work in and the types of jobs that they do suggests that they are more likely to be affected detrimentally by these factors.
5. The research points to difficulties in establishing were responsibility for health and safety is seen to lie, where employment relationships are complex involving employers, agencies, gangmasters and third party contractors. Migrant workers are often confused as to where this responsibility lies and sometimes interpret this as meaning that no-one has responsibility for their health and safety, other than themselves.
6. Migrants generally experience work as something that has a negative impact on both their physical and mental health.
7. The research suggests that there is a relationship between a worker's immigration status and their well-being at work, with undocumented workers appearing to experience higher levels of stress and to work in more risky areas of employment.
8. In part due to the nature of the sectors where many migrants are now employed, there are limited mechanisms for formally pursuing grievances and health and safety concerns and migrant workers may have no way of making these concerns known.
9. Migrant workers generally appear to experience some discrimination at work but the situation is considered to be worst for Black migrants for whom discrimination is a cause of stress at work.

# CONCLUSION

In attempting to respond to the health and safety needs of recent migrant workers it is important to understand that the migrant workforce is not a static body, its composition changes dependent on migration flows in and out of the UK. These can be dependent on circumstances, not just in the host country but also in the sending country and thus a migrant workforce that might be identified as consisting of a particular national group in one year, may be made up of a different group the following year. As this research suggests, the changing composition of the migrant workforce presents particular challenges, for example, where health and safety strategies are developed around translation or interpretation.

The report has demonstrated that migrant workers experience health and safety risks at work. The evidence collated suggests that they may be experiencing higher levels of accidents at work and higher levels of physical and mental ill-health that is work-related. Although migrant workers may encounter the same risks as local co-workers whom they work alongside, they are more liable to have their health and safety endangered for a number of reasons that are specific to their predicament. Apart from the fact that they are more likely to be in jobs that are associated with risk, they are also more likely to work long hours, to work shifts and to have limited if any understanding of health and safety, either due to communication difficulties or to the fact that they are working in sectors and occupations for which they have not previously been trained or had experience working in. Their low rate of earnings encourages longer and potentially dangerous working practices and their situation means that they are more likely to risk their health and safety, in particular if financial rewards are attached.

The research has explored the role of agencies, through interviews with them and with workers who have worked through agencies. While it is recognised that the nature of some production processes is assisted by the involvement of labour providers and recruitment agencies and that some employers, in the sectors where migrants work, are reliant on recruitment agencies and labour providers, the research highlights concerns over the regulation of agencies; the terms under which they provide labour; and their responsibilities to the labour they provide. If agency work is necessary, there are formidable arguments in favour of a regulatory regime that specifically attends to the health and safety of workers supplied by agencies, to an extent that has not been demonstrated in the practices uncovered by this research. There are also issues over who the employer is, where migrants are supplied through agencies and consequently what their employment rights are.

Another area of concern relates to undocumented workers. We have produced a wide body of evidence indicating that undocumented and unauthorised workers are more likely to compromise their health and safety in return for the opportunity to work. The further restriction of lawful entry for work reasons, which current government policies advocate, may push both existing and new waves of undocumented workers further in the direction of the most dangerous forms of work and that this will occur in the absence of formal systems to protect their health and safety. While undocumented workers do have the right to protection under the Health and Safety at Work etc Act 1974, the fact that they are unable to enforce other rights, for example to the National Minimum Wage, pushes them into highly exploitative employment, involving very long working hours and poor conditions.

A further area to address is in relation to procedures for information and consultation. The research has suggested that migrant workers, other than those working in key public

sector industries like health, are unlikely to be in workplaces with established consultation or representation structures. This denies them the opportunity to formally raise health and safety concerns. However, even where such procedures do exist, they sometimes exclude migrant workers because the representation structures are organised in such a way as to deny them direct representation where they do not form a majority in the workplace. Similarly many of the workplaces where the migrants we interviewed were working did not have health and safety committees, despite the fact that most of the employers interviewed stated that they did exist. This absence of a migrant voice in the workplace makes it difficult to quantify their health and safety needs and to eliminate or reduce the risks they face.

To address many of the issues highlighted in this report there is the need for the investment of considerable resources into the training and empowerment of migrant workers. However, if migrant workers are viewed as a transient population with no long-term stake in the workplace, there are likely to be loud voices questioning or indeed opposing such investment. Employers may argue that there is little point in investing resources in workers who either will leave the country or will move on to different (better) jobs, where the opportunities present themselves. Agencies too may exhibit an unwillingness to invest in migrant workers for similar reasons. Thus the very fact that migrant workers are seen as a temporary phenomenon may actually inhibit their entitlement to good health and safety standards.

However, recent migrants offer much to local communities and not solely in terms of the work they are able to do. They can play a positive role in improving community cohesion, by providing opportunities for different ethnic groups (minority and majority) to share their personal histories, to learn of different cultures and to broaden their own experiences.

These challenges mean that it is important that systems of regulation are able to chart the health and safety of migrant workers, ensure that they have the information they need to enforce their health and safety rights and encourage information and consultation measures which involve migrant workers and which take their concerns into account.

# RECOMMENDATIONS

The recommendations listed below are largely directed at the HSE, but also relate to other key actors including central and regional government, employers, recruitment agencies and labour providers, training providers, and trade unions. In addition, a short section outlines directions for future research.

### *Recommendations addressed directly to the HSE*

1. The HSE should adapt the RIDDOR information system for recording accidents and major incidents, to include country of birth and year of arrival of the worker(s) involved. This would allow for systematic identification of migrant workers and help to focus resulting investigations.

2. The HSE should develop more practical guidance for employers on health and safety issues to consider when engaging migrant labour. In particular, guidance and toolkits for conducting risk assessments should include consideration of the following in relation to migrant workers:

- language and literacy skills with regard to their ability to communicate and understand information (written and oral);
- training needs and methods tailored to different groups of workers, in particular use of non-verbal methods (for example, picture guides, demonstrations);
- prior work experience and the extent to which it is relevant in relation to health and safety practices in current employment;
- perception of risk and extent to which this may differ due to experience of another country's health and safety workplace culture;
- pregnancy and risk assessments, to take account of the fact that women's investment in migration for work might persuade them to continue working, even at risk to their or their baby's health.

3. The HSE should produce a short publication on health and safety rights for migrant workers in different languages. This document should build upon the joint HSE/TUC guide *Your Health, Your Safety* by emphasising that health and safety is independent of immigration status and clarifying the responsibilities of employers and agencies.

4. While it is recognised that the HSE has to operate under certain staffing constraints, it should consider targeting programmes of inspection and advice at areas and parts of industry sectors where migrant workers are found to be prevalent. In particular, the HSE should target more proactive intervention at employers and agencies that disproportionately rely on temporary or casual migrant workers. The 2006/07 programme on casual, temporary and migrant working should be evaluated and expanded if it proves to be successful.

5. The HSE should formulate guidance for HSE inspectors on key issues and lines of investigation to take account of where migrant workers are found. This approach should be applied across the FOD teams for the different regions and sectors and the information gathered should be incorporated into the COIN system. Specific guidance should include how inspectors check with employers about:

- whether health and safety information is provided in languages other than English and if so how it is translated;

- what induction and on-going training is delivered and how it is tailored to migrant workers to ensure understanding;
- what personal protective equipment is provided and how it is ensured that migrant workers use it appropriately;
- how migrant workers are informed of their rights in relation to health and safety;
- what systems there are for ensuring that migrant workers are able to report accidents or raise concerns;
- how responsibilities for health and safety are fulfilled where temporary agency and/or casual migrant labour is being engaged;
- where accommodation is being provided by employers on site and if so if it is being maintained in good state.

6. The HSE workstream on stress and ill-health should consider developing programmes to address the linkages between race, gender and other forms of discrimination, and migrant workers. The research has found evidence for indicating that women migrant workers and Black migrants face the worst discrimination and consequently describe themselves as suffering from work-related stress and ill-health.

7. The HSE should produce *guidance that is targeted* to those migrant communities, for example Chinese workers, known to be present in work conditions and sectors of high risk. This guidance would need to be produced in the main languages of the Chinese migrant community and disseminated through joint working with community organisations.

8. The HSE should actively promote its confidential line for reporting issues of concern by workers on health and safety concerns through community organisations and any other contacts with migrant workers (for example, ESOL providers). This should emphasise that the line can be accessed in different languages and that concerns are followed up in a way to ensure that the individual workers do not face any negative repercussions.

9. The HSE should consider ways of working or liaising with trade unions, specifically on the issue of health and safety for migrant workers.

10. The HSE should develop closer partnerships with local authorities (LAs) on migrant workers. The Partnership Managers based in each regional FOD should be given a remit to develop arrangements for sharing information and facilitating joint work between local authorities and HSE in response to trends in migrant workers. Systems through which local authorities' housing departments can report to HSE, on links between migrant worker accommodation and employment relationships, should also be developed. At a national level, HELA (the HSE/LA Enforcement Liaison Committee) should have a regular standing item to review migrant worker trends and consider developing new initiatives focused on them. The HSE should also harmonise guidance with LACORs (the Local Authorities Coordinators of Regulatory Services) on checking on migrant worker activity as part of employer inspection and enforcement work.

### *Recommendations addressed to HSE in conjunction with national or regional government departments*

11. The research found evidence that undocumented migrant workers in particular can face greater health and safety risks and receive less protection due to their vulnerable situation. The HSE is encouraged to work with other government departments to develop legal methods, allowing it to investigate cases without undocumented workers facing the prospect of deportation, dismissal or victimisation.

12. The research found evidence that a stable workforce is a positive influence on health and safety and overall business performance. Some employers attributed their improved health and safety record to the presence of a consistent migrant labour force. This points to the need for wider government policies encouraging stability of employment as a contribution to improving safety cultures.

13. The research found evidence to suggest that migrant workers are more likely to be employed in working patterns and/or conditions that can contribute to health and safety risks, such as anti-social shifts and long hours leading to fatigue and stress and repetitive tasks leading to musculoskeletal problems. It is recognised that some migrant workers are willing to undertake whatever hours and tasks they can, in order to maximise earnings, however this may also allow some employers and agencies to take advantage of them. Wider government policies together with HSE work are recommended to improve work patterns and conditions and to ensure that migrant workers are not trapped in situations that oblige them to work long and unsocial hours that could place their health and safety at risk.

14. The research found evidence that processes of sub-contracting and forms of self-employment complicate employment relationships in some sectors and can compromise the extent of health and safety information and training. The HSE, in conjunction with other government departments, should develop methods with businesses to ensure that the full costs of effective health and safety measures are incorporated into contracts.

15. The DTI Agency Standards Inspectorate and the Gangmasters Licensing Authority should develop consistent measures for auditing recruitment agencies and labour providers, in relation to their arrangements for ensuring the health and safety of the migrant workers they supply to clients.

16. Regional Learning Skills Councils, training providers and other education stakeholders should aim to develop programmes of ESOL classes targeted to encourage migrant worker participation, including their timing and course content. The HSE should develop materials with the LSC on health and safety for non-English speakers that could be incorporated into courses delivered by ESOL and training providers.

### *Recommendations addressed to employers and recruitment agencies*

17. Employers should carry out adapted risk assessments specific to the presence of migrant labour (and in line with updated HSE guidance if issued as per recommendation 2). Employers should also communicate the outcome of this assessment to migrant workers collectively, to union representatives where they are present, and to health and safety committees or information and consultation bodies where these exist.

18. Employers should assess migrant workers' knowledge of English and literacy in order to develop appropriate training tools, including non-verbal methods, to communicate health and safety information and training. Where bilingual workers are used to translate, they should be trained on how to communicate the information fully.

19. Employers should evaluate their procedures for workers to report accidents and raise concerns about health and safety, to ensure that migrant workers are able to access them equally. Measures should be taken to ensure the representation of migrant workers within processes for consultation on health and safety.

20. Employers should ensure that migrant workers receive regular occupational health checks and know how to access first aid or health services when in need.

21. The award of an English language kite mark should be considered to encourage employers and recruitment agencies that facilitate the learning of English.

22. Where temporary migrant workers are supplied through a recruitment agency or labour provider, the employers (i.e. client businesses) and agencies should formally agree measures for taking responsibility for their health and safety.

23. Recruitment agencies and labour providers should regularly assess the health and safety of clients and withdraw their workers and inform HSE in case of any concern.

24.Recruitment agencies and labour providers should carry out assessments to ensure that the cumulative working patterns or conditions (e.g. shifts and long hours, repetitive tasks) for temporary migrant workers across one or more sites or clients do not compromise their health and safety.

25. Recruitment agencies and labour providers should provide basic information to all workers on their health and safety rights and on the responsibilities of the agency and the client(s).

### *Recommendations addressed to trade unions*

26. Trade unions should monitor levels of migrant worker membership, in companies where they have recognition, and consider what measures they would need to introduce, to ensure that migrant workers are directly represented within their structures.

27. Trade unions should be encouraged to consider developing access courses for migrant workers who would take on the role of health and safety representation but who lack key skills, including language skills.

28. Trade unions should also consider *specialised training* for health and safety in workplaces where the migrant workforce is more than ten per cent of the whole workforce.

### *Directions for future research*

29. The research has collected a large amount of data that could usefully be analysed along a number of different themes, for example, looking more closely at different national groups; analysing the interview data by status; and, in particular, analysing all of the data by employment relationships and on terms and conditions

30. The research points to the need for more research on the position of undocumented workers in the labour market. Collecting more information on documented v/s undocumented workers and whether the health and safety of the latter is more at risk would be an important element of such research.

31. There is grounds for more specific research that distinguishes between types of employment relationship and identifies factors leading to more generalised exploitation.

32. Research that looks at routes of entry into the UK and the extent to which this determines the nature of the jobs that migrants do and the extent to which it affects their health and safety could assist in targeting effective health and safety programmes.

33. The research points to how processes of informalisation and flexibilisation of work may be contributing to the growth of more temporary, casual, self-employed and part-time jobs in some sectors of the UK economy. Linked to this change, the prevalence of

poor working conditions and patterns, such as anti-social shifts, long hours and/or repetitive tasks, and the predominance of migrant workers and/or other marginalised groups in carrying out this work needs to be further assessed.

# BIBLIOGRAPHY


Allan, H., and Larsen, J.A. (2003) *We need respect: Experiences of internationally recruited nurses in the UK*. Royal College of Nursing

Akerstedt, T. (1985) 'Adjustments of physiological circadian rhythms and the sleep-wake cycle to shiftwork', I Folkard S, Monk T (eds). *Hours of work. Temporal factors in work scheduling*. Chichester: Wiley.

Allen, J. and Henry, N. (1997) 'Ulrich Beck's Risk Society at work: Labour and employment in the contract service industries'. *Transactions of the Institute of British Geographers*, Royal geographical Society, N. 22, pg. 180-196

Anderson and Rogaly (2005) *Forced labour and Migration to the UK*. COMPAS and TUC

Anderson, B. (2001) 'Just another job: Paying for domestic work' *Gender and Development* Vol. 9, No. 1.

Arrowsmith, J. (2006) *Temporary Agency Work in an Enlarged European Union,* European Foundation for the Improvement of Living and Working Conditions: Dublin.

Associated Press investigation (2005) *Mexican worker deaths rise sharply even as overall US job safety improves*

Association of Labour Providers (2005) *The role of migration in the UK labour market – ALP response to government strategy on migration*. Association of Labour Providers.

Bell, K. and Jarman, N. (2004) *Migrant workers in Northern Ireland*. Institute for Conflict Research.

Benach, J., Gimeno, D. and Benavides, F. G. (2002) *Types of Employment and Health in the European Union*. European Foundation for the Improvement of Living and Working Conditions: Dublin

Betemps, E.J., Buncher C.R. Clark C.S. (1994) 'Proportional mortality analysis of wastewater treatment system workers by birthplace with comments on amyotrophic lateral sclerosis' *Journal of Occupational Medicine*. 36(1): 31-5, January.

Bollini, P., Siem H. (1995) 'No real progress towards equity: health of migrants and ethnic minorities on the eve of the year 2000', *Social Science & Medicine*. 41(6): 819-28, September

Bossley, C.J. (1975) 'Industrial hand injuries in Pacific Island immigrants', *New Zealand Medical Journal*. 81(534): 191-3, February 26.

Bourdillon, F., Lombrail P., Antoni M., Benrekassa J., Bennegadi R., Leloup M., Huraux-Rendu, C., Scotto J.C. (1991). 'The health of foreign populations in France' *Social Science & Medicine*. 32(11): 1219-27

Buchan, J (2003) *Here to stay? International Nurses in the UK* London Royal College of Nursing

Buchan, J. (April 2005) *RCN UK Nursing Labour market commentary 2004/05.* Queen Margaret University College, Edinburgh

CAB (2003*), Nowhere to Turn: CAB evidence on the exploitation of migrant workers*, London

CAB (2003) *Citizens Advice evidence to the Select Committee on Environment, Food and Rural Affairs*, available at:
http://www.publications.parliament.uk/pa/cm200203/cmselect/cmenvfru/691/691we05.htm

Centre for Corporate Accountability and UNISON (2002) *Safety last? The under-enforcement of health and safety law*, November 2002.

CIPD (2005) *Recruitment, retention and turnover – annual survey report 2005*

Clarke and Salt (2003) 'Work Permits and Foreign Labour in the UK: a statistical review' *Labour Market Trends*, Nov 2003 vol. 111, no 11, pp 12, http://www.statistics.gov.uk/cci/article.asp?id=607

Clarke, J., Dobson, J., Koser, K., Pooley, C., and Salt, J. (2003) *The ins and outs of migration*

Construction Confederation (May 2002) *Managing the health and safety of non-English speaking personnel on construction sites.* Health and safety briefing, Construction Confederation

Construction Skills (2005) *The sector skills agreement for construction*, England

Costa, G. (1997) The problem: Shiftwork. *Chronobiology International* 14(2): 89-98.

DEFRA (2005) *Secondary processing in food manufacture and use of gang labour*, www.defra.gov.uk/farm/gangmasters/pdt/research-study3.pdf

Dobson, J. McLaughlan, G. (2001) 'International migration to and form the United Kingdom 1975-1999: consistency, change and implications for the labour market', *Population Trends 106*, Winter 2001

Dustman, C et al (2003) *The Labour Market Performance of Immigrants in the UK Labour market*
ECIA (2005) *Health and safety guidance – working with foreign contractors in the UK and managing the health and safety of foreign or non-English speaking employees*, Engineering Construction Industry Association.
Elkeles, T. and Seifert, W. (1996) 'Immigrants and Health: Unemployment and health risks of labour migrants in the Federal Republic of Germany, 1984- 1992, *Social Science Medical*, Volume 43, No. 7, pg. 1035 – 1047, 1996. Elsevier Science Ltd, UK
European Agency for Safety and Health at Work (2003). *Gender Issues in Safety and Health at Work: A Review*. Bilbao: European Agency for Safety and Health at Work
European Agency for Safety and Health at Work (2002). *New Trends in Accident Prevention due to the Changing World of Work.* European Agency for Safety and Health at Work: Luxembourg
Evans, Y. Herbert, J. Datta, K. May, J. McIlwaine, C. Wills, J. (2005) *Making the City work: Low paid employment in London*, Queen Mary, University of London
Fitzgerald, I (2005) *Migrant labour in construction in the Northern Region* – a report presented to the Critical Labour Studies Seminar, 2 December 2005
Flynn, D. (2005) 'New Borders, new management: The dilemmas of modern immigration policies*', Ethnic and Racial Studies*, Volume 28, No. 3, pg. 464
Folkard, S, and Lombard, D. A. (2004) "Modelling the impact of the components of long work hours on injuries and accidents" in extended abstracts from conference *Long Working Hours, Safety and Health*, 29-30 April 2004.
Folkard, S. and Tucker, P. (2003). "Shift work, safety and productivity" *Occupational Medicine* 53: 95-101.
Frances, J (2003), Memorandum submitted to the Commons Committee, The role of gangmasters and gang labour in the UK food chain network: past and present, available at http://www.publications.parliament.uk/pa/cm200203/cmselect/cmenvfru/691/3060402.htm
Gapes, M. MP (2002) *Migrant Rights: A UK perspective*. Speaking in a Human rights conference on 10 December 2002 'Migrant Workers: who benefits? A debate on the 1990 UN international convention on the protection of the rights of all migrant workers and members of their families
Garnier, P. (2001) 'Foreign workers from central and eastern European countries in some OECD European countries: Status and Social Protection*',* In *OECD (ed)*. 'Migration policies and EU enlargement: The case of Central and Eastern Europe', *OECD*, pg. 131 – 154.
Gibbons, S. Jeffries, J. (2005) *Organising migrant workers in trade unions*, British Committee of the International Centre for Trade Union Rights.
Glover, S (2001) *Migration: an economic and social analysis*, RDS occasional Paper No 67, London, p29
Grainger, H., and Holt, H. (April 2005), *Trade Union membership 2004.* DTI Employment market analysis and research
Halford, J. Fordham, M. (2005) *Written legal opinion on public safety policy*, Centre for Corporate Accountability, Press Release, 16 March 2005
Haque (2002) *Migrants in the UK: a descriptive analysis of their characteristics and labour market performance*, Department for Work and Pensions, London.
Health and Public Services Committee (2005) *Building London, saving lives – improving health and safety in construction*, November 2005, London Assembly
Health and Safety Laboratory (2002) *Working Long Hours*, Report prepared by the Health and Safety Laboratory for HSE
Hewson, D. Halcrow J. and Brown C.S. (1987), 'Compensable back pain and migrants', *Medical Journal of Australia*. 147(6):280-4. September 21
Holgate, J. (2004) *Black and Minority Ethnic workers and trade unions - strategies for organisation, recruitment and inclusion*. University of London, ESRC and SERTUC
IIF research Ltd with the University of Warwick (Feb 2005) *Workforce mobility and skills in the UK construction sector*. Research report prepared for the Construction Skills, DTI and ECITB
ILO (April 2003) *Vulnerable groups: migrant workers*. United Nations Commission on Human Rights, 59th Session, item 14(a) of Agenda
ippr (2004) *EU Enlargement and Labour Migration: an ippr Factfile,* institute of public policy research.
Jandl, M (2003) *Migrants, Minorities and Employment : exclusion, discrimination and anti-discrimination in the 15 member States of the EU*, International Centre for Migration Policy Development, Luxembourg
Kofman et al (2005) *Gendered migrations: towards gender sensitive policies in the UK*. Asylum and Migration working paper 5, Institute for Public Policy research, London

Labour Research Department (2006) *Stress at work*.
Labour Research Department (2004), 'Unions need black workers', *Labour Research*, September 2004, Vol 93, no. 9
Letourneux, V. (1998) *Precarious Employment and Working Conditions in the European Union*. European Foundation for the Improvement of Living and Working Conditions: Dublin.
Lumb, J.(2005) *Migrant workers: a report on further progress,* Workplace Inclusion, Diversity and Education team, Cross Cutting Interventions Division, June 2005
M. Wright, S. Marsden and A. Antonelli (2004). *Building an Evidence Base for the Health and Safety Commission Strategy to 2010 and beyond: A Literature of Interventions to Improve Health and Safety Compliance*. Sudbury: HSE Books
McKay, S. and Winkelmann, A. (2005) *Migrant workers in the East of England*, East of England Development Agency
McNamara, O. Lewis, S. Howson, J. (2005) *The recruitment of overseas trained teachers*, NASUWT
Meadows, S., Levenson, R., Baeza, J (2000) *The last straw: explaining the NHS nursing shortage*. King's Fund, London
Morris, L. (May 2004) *The control of rights: the rights of workers and asylum seekers under managed migration'*. Discussion paper, Joint Council for the Welfare of Immigrants, London
NECC (February 2004) *Social Dumping: a crisis in the UK engineering construction industry*. National Engineering Construction committee : A report by T&G, GMB and AMICUS
National Institute for Occupational Safety and Health (2004) *Overtime and Extended Shifts: Recent Findings on Illnesses, Injuries and Health Behaviours*. US Department of Health and Human Services, NIOSH: Cincinnati
Norfolk County Council and Norfolk YMCA (2005) *Food on the table* – reports on: the economic impact of migrant working in Norfolk and the experiences of migrant workers in agriculture and food processing in Norfolk
Northwest Food Alliance (2005) *Working safely in a multicultural food and drink industry*
*Partnership Magazine Park Royal* (2004). 'Safe and Sound', Autumn 2004, pg. 19, and 'Raising the Standard.– Connecting people', Winter 2004, pg 8
Pawar A (1998) *Equal Access to Safety* Birmingham: Royal Society for the Prevention of Accidents
Pemberton, C and Ling, B. (2004) *Beyond Numbers: The Chinese migrant worker community in West Norfolk*, Ibix Insight
PICUM (2005). *Ten ways to protect undocumented migrant workers*, Platform for International Cooperation on Undocumented Migrants
Pinkerton, C., McLaughlan, G., and Salt, J. (2004). *Sizing the Illegally Resident Population in the UK*. Home Office Online Report 58/04. Migration Research Unit, University College London
Portes, J. and French, S. (2005) *The impact of free movement of workers from Central and Eastern Europe on the UK labour market: early evidence*. Department of Work and Pensions, Working Paper No. 18
Precision Prospecting (2005) *Temporary workers in UK agriculture and horticulture*
Price, L. (1994) 'Poor personnel practice in the hospitality industry: Does it matter?', *Human Resource Management Journal*, Volume 4, no. 4: pg 127 – 140
Robertson Cooper (2005) *Stress and mental health in the workplace*, www.robersonscooper.com.products/asset.html
Robinson, V (2002) 'Migrant Workers in the UK' *Labour Market Trends*, September 2002
RSA Migration Commission (2005) *Migration: A welcome opportunity*, RSA
Ryan, B (ed) (2005) Labour *migration and employment rights*, Institute of Employment Rights
Salt, J (2004) *International Migration to the UK: A report to the UK SOPEMI Correspondent to the OECD 2004*, London: MRU
Salt, J. (2004) *International migration and the United Kingdom*, Report of the United Kingdom
Samkoff, J, Jacques C. (1991) A review of studies concerning effects of sleep deprivation and fatigue on residents performance. *Academic Medicine*. 1991;66:11;687-693.
SOPEMI Correspondent to the OECD, 2004
Schneider, C and Holman, D. (2005) *A profile of migrant workers in the Breckland area*, Anglia Polytechnic University, Cambridge
Secombe and Smith (1996) 'Voting with their feet', *Nursing Standard* 1996; 11(1): 22–23
Shields M. and Wheatley, S. P. (2003) *The Labour Market Outcomes and Psychological Well-Being of Ethnic Minority Migrants in Britain*

Smith, A. Johal, S., Wadsworth, E., Smith, G.D., Peters, T. (2000) *The Scale of Occupational Stress: The Bristol Stress and Health at Work Study.* Prepared by the Department of Experimental Psychology and Department of Social Medicine, University of Bristol for the Health and Safety Executive, Norwich: HMSO.
Smith and Carroll (2003) *Branch report for hotel and restaurants in the UK*. Unpublished, written for European Foundation for the Improvement of Living and working Conditions report (Klein Hesselink, J. et al (2004) EU hotel and restaurant sector: work and employment conditions, Dublin)
Smith, A. Wadsworth, E., Shaw, C. Stansfeld, S. Bhui, K. Dhillon, K. (2005) *Ethnicity, Work Characteristics, Stress and Health.* Prepared by Cardiff University and Queen Mary, University of London for the Health and Safety Executive, Norwich: HMSO
South West TUC (2004), *Migrant working in the South West*
Sriskandarajah, D. Cooley, L. Reed, H. (2005) *Paying their way – the fiscal contribution of immigrants in the UK*, institute for public policy research
Spurgeon, A., (2003) *Working time: Its impact on safety and health*, International Labour Organisation
Szczepura, A., Gumber, A., Clay, D., Davies, R., Johnson, M., Walker, I., Owen, D. (2004) *Review of Occupational Health and Safety of Britain's Ethnic Minorities*, Prepared by the University of Warwick for the Health and Safety Executive, Norwich: HMSO.
T&G (2004) *Organising Migrant workers*. Report of T& G Survey
Taylor and Rogaly (2003) *Migrant Working in West Norfolk*, Norfolk County Council: Norwich p1-2; http://www.sussex.ac.uk/migration/research/NorfolkReport.pdf
*This is Gwent*, 30 December 2003
TLWG (2004) *A license to operate: New measures to tackle Exploitation of Temporary workers in the UK agricultural Industry*. London: The Temporary Labour Working group.
TUC and JCWI (2002) *Migrant workers: a TUC Guide*. Prepared in January 2002.
TUC (2003) *Overworked, underpaid and over here, Migrant workers in Britain*, Trade Union Congress
TUC (2004a) *Gone West* Trades Union Congress, London.
TUC (2004b) *Propping up Rural and Small Town Britain*. Trades Union Congress, London
TUC (April 2004c) *Registering migrants will get TUC advice on rights at work*. TUC news
TUC (2005) *Below the minimum: Agency workers and the minimum wage.* London, TUC.
TUC, *Your health, your safety: a guide for workers*, TUC website: http://www.tuc.org.uk/h_and_s/index.cfm?mins=403
TUC learning Services. (2005) *Building on learning*. Trade Union Hub case study; Canary Wharf Learning Centre, UCATT.
UNA – UK (2005) *The UK and the UN: Human Rights*. http://www.una-uk.org/election/electionhr.html United Nations Association, London.
UNISON (2004) *A guide for nurses from overseas working in the UK*
UNISON *Caring for cleaning staff*. A guide for UNISON safety representatives
USDAW (2004). C*hallenging the myths on agency workers*. USDAW news
Vasta, E (2004)'Informal Employment and Immigrant Networks: a review paper' *Centre on Migration, Policy and Society Working Paper No.2*, University of Oxford
Wells, J. (1996) 'Labour migration and International Construction', *Habitat* Vol. 20, No. 2
Women, Race and Equalities Department (2004) *Organising migrant workers – report of T&G survey*, August 2004
Woods, V. and Buckle, P. (2002) *Work, Inequality and Musculoskeletal Health*, Prepared by the University of Surrey for HSE, Norwich: HMSO
World Health Organisation (1946) *Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June* 1946.
Wright, M. Marsden, S. and Antonelli, A. (2004). *Building an Evidence Base for the Health and Safety Commission Strategy to 2010 and beyond: A Literature of Interventions to Improve Health and Safety Compliance.* Sudbury: HSE Books.

### *Government News Releases and Statistical Sources*

EEDA (2005) *East of England Economy and labour market background paper*, 13 April 2005
Government Office for the North East (2005) *Ethnicity in the North East,* Downloadable at http://www.gos.gov.uk/gone/docs/peoplecomms/ethnicity.pdf.
Greater London Authority (2005) *Country of Birth and Labour market outcomes in London: an analysis of Labour force survey and census data*. DMAG briefing 2005/1, London.

Home Office (2002) *Secure Borders, Safe Haven – Integration with Diversity in Modern Britain'*. White paper. CM5387
Home Office News Release 309/2003
Home Office News Release 069/2004, 23 February 2004
Home Office (2004) Press release 224/2004, 7 July, 2004 http://www.homeoffice.gov.uk
Home Office (2005) *Accession Monitoring Report: May 2004 – September 2005*, Joint on-line report by the Home Office, the Department for Work and Pensions, the HM Revenue & Customs and the Office of the Deputy Prime Minister, 22 November 2005, Table 12
Home Office (2005a) *Outcome of the review of the Sectors Based Scheme*, posted at http://www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/news/announcements/Outcome_of_Review_of_the_Sectors_Based_Scheme.html
Home Office (2005b) Department for Work and Pensions; HM Revenue & Customs and the Office of the Deputy Prime Minister (2005) *Accession Monitoring Report*, May 2004 to March 2005
IND (2005), *Worker Registration Scheme and Work Permit Figures Published*, February 2005 http://www.ind.homeoffice.gov.uk/ind/en/home/news/press_releases/worker_registration.textonly.html
NAO (2004) *Improving Health and Safety in the Construction Industry*. National Audit Office. HC 531. London: The Stationary Office.
National Statisitics (2002) *Annual Business Inquiry 2002*
ONS (2004) *International migration – migrants entering or leaving the UK and England and Wales*, 2003, Office for National Statistics, London
Royal Borough of Kensington and Chelsea (2005), *Health and Safety Definitions* at http://www.rbkc.gov.uk/EnvironmentalServices/HealthAndSafety/hs_definitions.asp
TUC Press Release, *Managed migration: working for Britain – a joint statement from the Home Office, CBI and TUC*, 5 September 2005
Workpermits UK *SBS work permit in hospitality sector to end*, Press Release, 27 June 2005

### *UK and EU parliamentary sources*

Commission of the European Communities (2002). *Adapting to Change in Work and Society: A New Community Strategy on Health and Safety at Work 2002-2006.* Brussels: COM.
Commission of the European Communities (2004) *Study on the Links between legal and illegal migration*. CEC communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions, Brussels.
Environment, Food and Rural Affairs Select Committee- Written Evidence
Home Office (2005) *Illegal working taskforce regulatory impact assessment for immigration, asylum and nationality bill*, 22 June 2005
House of Commons Environment, Food and Rural Affairs Committee (2003), *Gangmasters*, Fourteenth Report of Session 2002-03, London: The Stationary Office Limited.
Home Office (1998) *Fairer, firmer, faster*
Home Office (2002) *Secure Borders, safe Haven*
Home Office (2005) *Illegal working taskforce regulatory impact assessment for immigration, asylum and nationality bill*, 22 June 2005
House of Commons Work and Pensions Committee (2004), *The Work of the Health and Safety Commission and Executive*, Fourth Report of Session 2003-04, London: The Stationary Office Limited.
House of Commons Select Committee *Enquiry into the work of the HSE* (2004) Standing Order 152. The remit of the committee was to examine the expenditure, administration and policy of the Department for Work and Pensions and its associated public bodies
House of Commons Select Committee on Environment, Food and Rural Affairs Fourteenth Report, Sept 10, 2003
House of Commons Select Committee on European Scrutiny, 12th report, 12 February 2004
House of Commons Select Committee on Work and Pensions (2004). Fourth Report. HMSO: London *(get full report title)*
HSC (2000) *Revitalising Health and Safety Strategy Statement. June 2000,* London: DETR.
HSC (2002) *The Health and Safety System in Great Britain*. Sudbury, HSE Books.
HSC (2003) *Health and Safety Statistics Highlights* 2002/03, National Statistics.
HSC (2004) *A Collective Declaration on Worker Involvement.* www.hse.gov.uk
HSC (2004) *HSC Annual Report and HSC/E Accounts 2003/04.* Norwich: The Stationary Office.
HSC (2004) *Strategy for Workplace Health and Safety to 2010 and Beyond.* London: HSE.
HSC (2005), *Health and Safety Statistics* 2004/05, National Statistics, Sudbury: HSE Books

HSE (2001) *Achieving the Revitalising Targets: Statistical Notes on Progress Measurement.* Epidemiology and Medical Statistics Unit, June 2001, www.hase.gov.uk
HSE (2003) *Health and Safety Statistics Highlights* 2002/03, National Statistics.
HSE (2004), *Health and Safety Statistics Highlights 2003/04*, Sudbury: HSE Books
HSE (2005) *Self-reporting work-related illness survey 2004-05*, Sudbury: HSE Books
HSE (2005) *Ethnicity, work characteristics, stress and health*, Sudbury: HSE Books
HSWA (1974). *Health and Safety at Work Act*. http://www.healthandsafety.co.uk/haswa.htm
ibid

### *News Reports*

Associated Press investigation (2005) Mexican worker deaths rise sharply even as overall US job safety improves
*BBC Inside Out*, 'A New Life', Oct 11, 2004.
*BBC News*, 'The Deadly Journey', April 5, 2001.
*Building* (June 2004) 'The Bigger picture: How eastern European workers will change British Construction', News feature.
*Daily Mail*, October 20 2003, Hickley, M.
*Eastern Daily Press*, 26 June 2004
*Eastern Daily Press*, 24 January 2005
*Eastern Daily Press*, August 23, 2003 'Fields of Dreams'
*Evening Herald (Plymouth)*, 8 June 2004, *Sackings after Migrant Swoop*, Richardson, T.
*Eastern Daily Press*, 23 Sept 2004, 'Welcome Newcomer, what you should know'.
*Eastern Daily Press*, 14 October 2004, 'People Smugglers Get Five Years'
*Evening Herald (Plymouth)* (2004) 'Language Project goes Nationwide'
*Evening Herald (Plymouth)*, 18 November 2004.
*Evening Herald (Plymouth),* 12 May 2005, 'City's Hidden Workforce', Telford, W
*Evening Standard*,, 26 April 2005, 'Is London's black economy reliant on more than 300,000 illegal workers', Dovkants, N.
*Evening Standard*, 3 July 2005, 'We've had enough'
*Hazards* (2005), January- march 2005, Number 89 'In the Firing Line'
*Herald (Plymouth)*, 18 November 2004.
*Morning Star*, , February 24 2004, Donovan, P.
*Peterborough Evening Telegraph*, 16 June 2004, 'Food firm fined over woman's hand injury'
*Peterborough Evening Telegraph*, 28 January 2005, 'The daily hell of attacked family'
*Peterborough Evening Telegraph*, 20 May 2005, 'Ten men had a lock-up for a home'
*Peterborough Evening Telegraph*, 1 June 2005, 'Arsonists target second jobs firm'
*Peterborough Evening Telegraph*, 30 June 2005, 'NEW LINK: Terry's praise for refugee centre'
*South Wales Evening Post*, 4 August 2003
*Sunday Express*, May 8 2005, Gilbride, P. and Howarth, M.
*The Express*, February 24 2004
The Express, March 8 2004
*The Guardian*, 27 March 2004, 'Inside the grim world of gangmasters'
*The Guardian*, May 3, 2004, 'Fear Drives Chinese into cockle beds'
*The Guardian*, July 26 2004, Branigan, T
*The Guardian*, 3 November 2004, Pai, H-H.
*The Guardian*, January 10 2005, Lawrence, F.
*The Guardian*, February 19 2005, Pandya, N.
*The Guardian*, May 24 2005, Lawrence, F.
*The Guardian*, May 25 2005, Monbiot, G.
*The Guardian*, 27 January 2006, 'Gangmasters' audit shows 90% breaking the law', Lawrence, F
*The Independent*, 'On the trail of the Chinese snakeheads', 10 May 2004
*The Journal, Newcastle*, April 25, 2005, 'The Kevin Rowan Column'
*The Journal, Newcastle*, June 1, 2005, 'North enjoys its Pole position'
*Evening Chronicle, Newcastle*, May 12, 2005, Tomlinson, G. 'Region just the job for 6,000'
*TUC Press Release*, 5 September 2005, 'Managed migration: working for Britain – a joint statement from the Home Office, CBI and TUC',
*Western Mail*, 16 June 2004
*Western Morning News (Plymouth)*, 19 April 2004, 'New EU nations must obey rules'
*Western Morning News (Plymouth)*, 16 February 2005, 'Concern over Treatment of Daffodil Pickers'

*Western Morning News (Plymouth)*, 7 March 2005, 'Housing Checks'

# APPENDICES

# APPENDIX A: SECTOR ANALYSIS

Appendix A covers the sector information collated in the course of this research. It outlines the industry structure and production characteristics, conditions of work and pay, employment of migrant workers and health and safety issues for the major sectors researched: Agriculture, Cleaning, Construction, Healthcare, Hotels and Catering and Food Processing and Packaging. It analyses the interview data with migrant workers, employers and recruitment agencies or labour providers.

## A.1 PROFILE OF MIGRANT WORKING IN AGRICULTURE

According to the 2004 Key Note Market Report, the fresh fruit and vegetables sector is dominated by large, multinational organisations, but there are still a majority of small companies, with a turnover of less than £100,000. The agricultural sector is marked by seasonal, time bound work pressures and thus employs a largely casual and flexible work force. Seasonal employment is highest in rural areas that have a high demand for workers at peak times of the year, such as during the agricultural harvest. The increasing requirement of retailers for year-round supply has also led to an increase in the activities of pack-houses and distribution centres[145]. The agricultural sector lends itself to unauthorised working because of the significant fluctuations in the demand for labour, the small scale of many businesses and the physical remoteness of the businesses, which means that they are less likely to attract the attention of the authorities[146].

The June 2002 Census of agriculture and horticulture in the United Kingdom shows that some 64,000 seasonal and casual workers were employed in this sector. This is generally believed to be an underestimate of the total number of seasonal and casual workers involved in this category of work, as the numbers swell in harvest months of late summer[147]. To remain competitive in the world market and to respond to the requirements of the major supermarkets on the procurement of agricultural produce, farmers have had to move to the employment of a more flexible workforce, leading to a decline in permanent full-time workers and an increase in the utilisation of casual and seasonal labourers.[148] These conditions are favourable for the employment of migrant workers who are willing to engage in short term casual work and can be available, at short notice, to work highly flexible days and hours. According to Anderson and Rogaly (2005), such conditions seem likely to be conducive to exploitation and possible forced labour practices.

A report on the study of employment practices in agriculture and horticulture and co-located packhouse and food processing sectors[149] notes that the use of foreign nationals working temporarily in British horticulture 'has become much more widespread in the last few years'[150] and suggests that foreign labour is sought not just because it may be possible to pay it less, but also because it provides more reliability, flexibility and

[145] *Anderson and Rogaly (2005), pg. 26*
[146] *ALP (2005)*
[147] *Select Committee on Environment, Food and Rural Affairs Fourteenth Report, Sept 10, 2003*
[148] *ibid.*
[149] *Precision Prospecting (2005). Temporary workers in UK agriculture and horticulture. The report provides an in-depth look at employment policies within the sector and in particular focuses on supply chains for products and the role of the large supermarkets in directing production processes. The report also includes findings based on a survey of labour users and labour suppliers.*
[150] *ibid p28*

compliance 'and above all a 'hunger' which is not found among nationals of the 15 EU member countries'[151].

Agricultural work is physically demanding and the repetitive nature of the work causes a range of health problems, including severe back pain. Further, the Temporary Labour Working group found routine health and safety malpractice in the fresh produce industry and packhouses, such as blocked fire exits and insufficient access to toilet and cleaning facilities, in addition to severe forms of coercion and abuse of workers[152]. These included long working hours, poor living conditions, unauthorised deductions from pay, failure to pay minimum wages and failure to provide health and safety training, even for workers using dangerous machinery.

Migrant workers can obtain visas under the Seasonal Agricultural Workers scheme, which in 2004 provided permits to 25,000 agricultural (including pack-house) workers. According to the Association of Labour Providers, labour providers supply upwards of 400,000 workers to the agricultural and fresh produce trade, of whom the majority are from outside the UK[153]. ALP estimates that about half of the workers in the farming and fresh produce industry come from outside the UK, mostly from A8 States and also from Portugal and other countries outside the UK.

#### *Gangmasters*

One of the ways in which particularly the agricultural (and also food processing) sectors obtain seasonal and casual workers is through sub contracting labour suppliers, commonly known as 'gangmasters'. A gangmaster is an individual who supplies casual labour, usually recruiting through personal connections and word of mouth.[154] Gangmaster businesses require workers who are willing to work at short notice and who may be required to work in difficult and potentially dangerous conditions and be able to adapt between short and extremely long working days (Anderson and Rogaly, 2005). A report on the use of gang labour[155] found that 90 per cent of agency workers employed in second stage food processing are migrant workers. More than half these workers (55 per cent) rated the agency as very good or quite good and 35 per cent as ok.

The HSE records that agriculture has the highest rate of fatal injuries of all sectors. In 2004/05 (HSC 2005) there were 42 fatalities in Agriculture, forestry and fishing and after Construction this was the sector with the highest level of fatalities. Agriculture had the highest rate of reportable non-fatal injuries to workers, with 2,410 per 100,000 workers. In the ten-year period from 1994/1995 to 2003/2004 a total of 489 people were killed as a result of agricultural work activities and many more have been injured or suffered ill health. The main problems in the sector are: transport (being run over by vehicles, falling from heights, struck by moving objects (bales, trees), trapped by something collapsing or overturning and livestock related problems.

### A.1.1Country of origin and nationality

Overall, 13 of the interviewed workers had had experience of working in Agriculture in the UK, six of whom were from Central and East European A8 countries and three were from Russia or Other East European countries. The others were Latin American, Chinese and Middle Eastern.

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[151] *ibid p28*
[152] *TWLG (November 2004) A Lies*
[153] *ALP (2005) The role of migration in the UK labour market – ALP response to government strategy on migration. Association of Labour Providers.*
[154] *ibid.*
[155] *DEFRA (2005) Secondary processing in food manufacture and use of gang labour, www.defra.gov.uk/farm/gangmasters/pdt/research-study3.pdf*

The work undertaken was typically general picking/cutting of fruits, vegetables or flowers. One interviewee was working on the farms supplying an abattoir as a chicken catcher.

Various nationalities were reported as working on the farms. The SAWS scheme has applied largely to student workers in Central and Eastern Europe and the former USSR republics, which was reflected in the interviews with people from this background and routes into employment. Portuguese and Chinese were also noted in the East of England, whereas in South West England the interviewees had mainly just encountered other Central and Eastern Europeans.

It was reported that some Central and Eastern European workers would come over for seasonal work year after year and in between return to their home country, but most wanted to stay longer and had started to come in family groups. Employers said that the migrants they employed were mainly from Eastern Europe, mentioning the Ukraine, Poland, Lithuania and Belarus. But one stated that they also employed some South African migrant workers.

### A.1.2 Gender

Nine of those interviewed were male and four were female.

### A.1.3 Age

All the workers interviewed were in their 20s or 30s save for one individual who was in their 40s and one in their 50s. Employers indicated that they employed workers of all ages.

### A.1.4 Status

None of those interviewed indicated that they were working without authorisation. However, two were asylum seekers who may not have had a right to work and there were two whose status appeared to be undocumented. One was in the UK on a student visa and one was working under a work permit. The remainder were EU nationals.

#### *Impact of status on employment*

The way that some agencies operate was a concern for workers in the South West and East of England who had heard from compatriots about how they would pay workers inconsistently, make deductions and not provide regular work (he was directly employed on a farm that did not use agencies). Two other Lithuanians and a Pole had also experienced this themselves in the past and also knew of people who continued to work for labour providers that they considered exploitative but were fearful of seeking help.

*'I think people are afraid even to go to like Police stations. It's not always safe, or that they haven't been properly registered and that they are illegal in the country.' (East European Female in South West)*

### A.1.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

Several of the workers interviewed had only a basic level of English – a greater level of English was not a requirement of the job, although it was recognised as an advantage.

Some employers had attempted to deal with problems of lack of English by ensuring that there were channels of communication.

*'[If] they can't speak English we don't restrict them but we prefer to try and recruit our supervisors and people of a higher grade from people that can speak English or have a good understanding of it. And what we do is we put in place translators in each team who we also train as trainers. So they go through a' train the trainer' course and they become the people who translate the training*

*to the sharp end, to the shop floor, to the people who have to know what they are doing and they tend to be that mentor for that team so we always have one or two individuals in the team that can communicate effectively with the employed gang team or crew.' (Agriculture employer in East of England)*

#### *Nature of supervision – gender, nationality and language*

Most of the interviewees reported that the farmers and their staff were responsible for supervision in English. Communication was typically handled through a bilingual worker. One of the interviewees had experience of this role.

*'There were usually one or two people who spoke the best and I was translating for the Russian-speaking people and there was like Polish people. So, it's sort of, you know, my supervisors knew who spoke the best and then the command was passed on and then you just, everyone give their answer and you translate what they're trying to say.' (Other East European Female in East of England, also working previously in Processing and Packaging)*

One East European male in the South West, working in Agriculture was in a farm whose workforce was largely Lithuanian and team leaders from there as well were responsible for supervision in the field (he was one of them). In this case, documentation had been widely translated into Lithuanian as well. Another interviewee, a non-A8 Eastern European female in the East of England, also had experience of a supervisory role where the increasing number of migrant workers on the farm had necessitated improved processes for supervising them in their own language. Most of the other workers had not been on farms with this level of supervision in their home language.

The relative simplicity of the work meant that, in their opinion, most of the workers did not require close supervision. A non-A8 female in the East of England also commented that payment on a piece rate meant that it was in workers' interest to continue working hard.

Interviewees did not indicate the gender of their supervisors.

### A.1.6 Routes into employment

Three students, from Poland, the Ukraine and Belarus respectively, had been recruited under the Seasonal Agricultural Workers Scheme (SAWS).

*'So, it was arranged for me already. They arranged a contract with the farmer and, because I was in agricultural academy, I was a student, sort of higher education, there are at the end of the university year, I suppose and for the farmer they sent us away to England to work on the field… Before we was told it would be like picking, agricultural work. Nobody knew what sort of work because some people picked lettuces or done wild berries or something… All the visas were done for us on the basis that some certain farmer wants us in the country.' (Other East European Female in East of England, also working previously in Processing and Packaging)*

Prior to the EU expansion, a Lithuanian interviewee working in the South West had been recruited in his home country by an agency engaged by the UK business to find agricultural workers. In this case, the company had then directly employed him, whereas other Lithuanians who had come to the UK more recently had initially heard of the opportunities through agencies and then continued to work with different recruitment agencies or labour providers, as was the case for one East European woman interviewee. A Polish worker also reported working for a wide variety of agencies, including what he termed a 'small unauthorised agency' that provided work for him for six months on a farm. This individual was working in the East of England at the time of the interview and had also worked in Processing and Packaging). A Chinese worker had found the work through a friend.

One of those interviewed, a non-A8 worker from the East of England and now working as a labourer in Construction, had initially come to the UK through an agency, as an

agricultural labourer under SAWS, but had found the work unrewarding and had moved out of agriculture. He had paid an agency in Belarus £100 for the SAWS visa.

Employers said that they mainly recruited either through agencies, including SAWS or by word of mouth.

### A.1.7 Nature of the employment relationship

Most of those interviewed did not indicate their employment status although in two cases they had originally been employed through an agency and then had moved on to direct employment. One male interviewee, from the Middle East who was working in the East of England and who had previously worked in Processing and Packaging, had started in an abattoir working for three months for an agency – he then became a direct employee and subsequently moved to working on connecting farms. Employers within the sector indicated that in general they employed migrants directly although a minority also used agency workers

### A.1.8 Skills and qualifications

#### *Previous experience and employment*

Agricultural work was generally not linked to the qualifications and previous experience of the workers; although two of the students recruited through SAWS had been studying in agricultural academies. The previous occupations of the others included engineering and nursing. Specific skills were not required for the agricultural sector jobs; as one woman interviewee from a non-A8 Eastern European country commented, all that was necessary was that the workers were 'young and healthy' and 'not lazy'.

#### *Checks on qualifications*

The majority of interviewees in the sector did not indicate that qualifications had been checked although a couple mentioned that having English was viewed as an advantage.

*'As long as we are young and healthy, it's always required and students always are. You know, not... No, not just to be lazy probably to do that... Oh and obviously if you speak English it was an advantage because you obviously had to understand the farmer but not everyone could speak English. It wasn't as important.' (Other East European Female in East of England, also working previously in Processing and Packaging)*

### A.1.9 Key terms and conditions

#### *Written terms*

For those workers recruited overseas for direct employment on farms (under SAWS or other specific recruitment), there were differing experiences in relation to the accuracy of the information on terms and conditions, as stipulated in the contract. One East European male in South West indicated that everything was as promised but another, also a male from Eastern Europe complained that the promised facilities and conditions were very poor, compared with what the interviewers in his home country had suggested. One worker summed up the situation as follows.

*'Usually [what] they write in the contract when they employ you, it's not really what you get… if they write in the contract you will have this, this, this, this, when you come and… are in caravan and it doesn't have half of the facilities… like something always happen and when there is no work in the farm and there is a lot of people.' (Other East Europe Female in East of England)*

Those employed by agencies or labour providers in the UK reported not having any written documents setting out their terms and conditions. They also had had experiences in the past of working without any documentation.

*'No contract, nothing like that, no. Illegal. No pay slips, no nothing' (East European Male in East of England, also working previously in Processing and Packaging).*

*'They have never been proper registered. Never any documentation has been done in the [one word] and no contracts, no nothing. That's basically working illegally.' (East European Female in South West)*

Only a minority of the seven employers interviewed told us that migrant workers were given a copy of their terms and conditions in writing. In one case workers were hired though an agency that dealt exclusively with workers through the SAWS scheme and workers did have written details of their contractual conditions, provided to them by the agency that also acted as their employer.

*'Its written into their contract with C. That isn't with us, you know, that's with them. Their contract is with C and C's is with us. We operate through C to them.' (Agriculture employer in East of England)*

One employer (Agriculture employer, South West) said that contracts were translated into the migrant workers' languages.

### *Hours, shifts and overtime*

The hours of work varied widely. Some of the interviewees had experience of seasonal work whereas others had year-round work with consistent hours. In most cases the work started early in the morning and went until mid-afternoon but, depending on the season, longer hours could be entailed. In total some workers had worked over 50 hours a week, although they were generally happy about this, as it meant that they would earn more.

*'Hard, yeah it's hard because like you have to wake up at three o'clock in the morning and when it's busy season you go to bed about twelve, one and then you just get up which is really about three, four weeks like when it's busy season and then you working from eight until three, four and then again.' (Other East Europe Female in East of England)*

*'How many hours a week, 10, 12 hours a day, that's how many, that's 60 hours a week. Sometimes you know 70, all week you know, seven days a week, yeah sometimes you know. Like we are cutting cauliflower we have to you work every day, 7 days a week, 12 hours. Very hard job.' (MM3)*

Employers confirmed that working hours were long, averaging more than 60 hours a week.

*'The hours vary. I mean most of the times we start 7.00am and it depends on the weather, it depends on the job. At the beginning of the season it could be until 5.00pm/6.00pm. Towards the end of the season it could be 7.00pm/8.00pm/9.00pm. Not very often 9.00pm but if we have to suddenly get a load out it will take as long as it takes. They don't mind. They want the money so they will work it 24hrs a day if you ask them to but we don't for safety sake and I want to go home anyway. They will work any hours you ask. They will work 7 days a week.' (Agriculture employer 3, East of England)*

### *Pay, holidays and sickness*

Payment was typically at a piece rate for what work was completed e.g. amount of boxes picked. Methods of payment included cash in hand or direct payment. One worker reported that he was guaranteed to receive at least the equivalent of the minimum wage (i.e. if he picked less than target then would receive a set amount for number of hours), but in another case it was unclear.

*'How much per hour? Maybe you know, £3.50 or £4 you know. Because you know that man, our boss he was saying you know that's piecework you know. And that wasn't much money you know. For one week you know £100, £150 for 60 hours that isn't you know too much.' (East European Male in East of England, also working previously in Processing and Packaging)*

Payment irregularities were a problem for some agricultural workers. The hours and pay had been unclear for one worker.

*'They never told how much we earn when we started, always in the afternoon. And it was piecework and they didn't pay a lot… I don't remember how they paid, probably by the…punnet. And when they told [us in the] afternoon… 'doesn't matter, we are from 6 o'clock so we can stay*

*for 5 o'clock'. But they… should have told us in the morning so we will not to go to the picking, 'cos there is nothing there, nothing there for us.' (*East European Male in South West, previously working in Agriculture*)*

Two of the Lithuanian workers complained that the labour providers who they worked for in the past had not paid them correctly and that there were sometimes not paid at all.

Most of the workers did not refer to overtime rates. They would do extra hours but did not seem to get paid a higher rate i.e. the standard piece rate still applied. In one case the worker commented that she had had to ensure that this was accounted for, 'A lot of the time it was happening that they miss it but then you have to go to them and prove them that you were working overtime…' The workers employed on regular contracts for farms had received holiday and sick pay allowance (although they may not have used this) but the seasonal and agency workers generally did not refer to this provision. One woman did say that the situation at the farm she worked at had improved, as the business itself got bigger.

#### *How terms compare*

Most of the interviewees were not in a position to comment in detail about differences in the terms and conditions of migrant workers compared to UK workers. One suggested that there could be a difference, however.

*'[The terms and conditions of] UK workers would be much better… for example or maybe it's not like that, maybe its people who were working there for longer or maybe it's because they were English, I don't know. But there was always people who was English also working in flowers and they would always have better flowers, better conditions to work, better tunnel, better hours, they could work from eight till three and then leave but if you need to make order even if you want to leave at three, you can't you have to work till six, the order needs to be done. (Other East Europe Female in East of England)*

#### *Overall Assessment of Terms and Conditions*

Most of those interviewed made no general comment about their overall terms and conditions although one worker did comment favourably on the job, due to the money the worker was receiving. A worker interviewed in the East of England, who had an overview of how the sector had changed in recent years, commented that farm work now paid a lot less than before, as there were more workers for the same amount of work i.e. less capacity for earning good overall amount of pay from piece rates as fewer hours of work available.

*'But now it's really different, now they getting about two hundred and thirty, so it just, my last year that I was working there was the last good year… now it's the same as the factory. For example before people would rather work in a farm than work in a factory because it's just time work, [but] piece work you could get more money, now it's absolutely the same.' (Other East Europe Female in East of England)*

### A.1.10 Health and safety in the workplace

#### *Training*

Most of the workers had received little or no information and training when they started on farms; they were typically just shown how to do the basic job and then learned off co-workers.

*'Yes, we were picking strawberries. We didn't get... To be honest, we didn't get much information or training at all. It was just because people were coming in different times, so you would just learn from somebody who was there for a week or so and they would explain how to use tools…' (Other East European Female in East of England, also previously in Processing and Packaging)*

Some workers indicated that there had been a basic description of the job in English when they started but had not understood much (an East European Male in East of England, also previously in Processing and Packaging; a South East Asian Male in the East of

England). Whether health and safety information was included was uncertain; 'maybe [the supervisor] told us but we not really understand' (Other East Europe Female in East of England). For one worker there was an indication that the training was more comprehensive.

*'Yeah, they showed [us]… in the fields. Managers [and] the nurse, they show us what to do, to cut, for stacking pallets, trays, everything… We started from simple workers like cutters, from drivers, fork lift, like that.' (East European Male in South West)*

In one case the development of the farm as an employer of migrant workers had resulted in improvements to the delivery of information. The worker who worked there several years running commented that in her final year they had translated an induction session for new workers (Other East Europe Female in East of England). Most of the employer respondents did say that they provided training.

### *Health and safety procedures and equipment*

Two workers commented that there were clear procedures for allowing forklifts and tractors to pass, so that there was no risk of an accident.

First aid kits were reported to be available in farm buildings or in the fields for minor injuries. A group of Lithuanian workers employed through a local labour provider indicated that to be the case.

*'It's like she had to go in schools and tell the children all the first aid. Basically what they do, they have to just know where the plaster is. And if there is anything, they have to give a call straight away and they will come, or one of [the managers] will come and pick up and take the to hospital.'*

Basic equipment and clothes such as waterproof gear, gloves and boots was typically deemed to be adequate for the jobs but one Eastern European male interviewee in the East of England who had worked for an 'illegal' agency in the past stated that he not received anything to protect him from the conditions or from cuts. In another case, a female worker in the East of England said that the availability of gloves was limited and were also sometimes not used because they were cumbersome when it was necessary to work fast.

### *Perceptions of risk and types of risk*

Some workers said that there were minimal or no risks in their work – they could not think of dangerous aspects to basic picking work. The only risk as far as some Lithuanian workers were concerned was the potential for small cuts from the knives they used to cut crops. They were quite flippant about the level of risk and assumed that it was the worker's responsibility.

*'Dangerous job? I think no, [they are] safe jobs, just you must be careful. If you are cutting cauliflowers, like you have a big knife, yeah. People [may] cut fingers or something, but not company fault, if you are looking at a girl and cutting like - oh - ! It's your fault!' (East European Male in South West)*

*'They are just basically saying [that in] previous employment… he chopped a finger right off. But it was just his own mistake. It's just like when you are working with a knife you have to be aware what you are doing. Because then it just depends on how silly you are. And you cut yourself if you are not looking what you are doing… basically they are all aware of it and as they said they are not children and they have to look after themselves.' (East European Female in South West – words of translator)*

A Polish worker was not as dismissive of this risk, however.

*'Not very safe. For example you know cutting broccoli, because you have to be careful you know. Because you've got a big knife, you know, a very big knife and you have to cut that very carefully. Too many of my friends they cut themselves on that field.'*

Another worker, a woman from a non-A8 Eastern European country who was working in the East of England perceived the loading of cut crops onto a tractor with a trailer as a more serious risk, as there was the prospect of pallets or heavy crops like stacked up pumpkins falling onto workers.

Employer respondents referred to risks associated with working outdoors and inclement weather. But there were also risks associated with machinery.

*'Its machinery, transport issues, possibly falls from height when you are handling, sharp objects, exposure to some substances, noise, these sorts of things. They tend to be the core issues.' (Agriculture employer, East of England)*

#### *Accidents*

The workers interviewed had not themselves suffered any accidents. One Eastern European interviewee working in the East of England reported that cuts were quite frequent and talked about a case where the worker had had to be taken to hospital, but he was not forthcoming with further details of the incident. He stated that accidents were generally not reported. Another non A8 Eastern European worker had witnessed an incident when a co-worker had got her sweater caught in machinery and fallen off a trailer and hit her head on the ground. In this case the farmer had paid her for a week off and taken measures to improve safety. The odd other accident had been heard of, in one case leading to the worker being taken to hospital and subsequently having to return to Poland, but details were limited.

#### *Monitoring*

Very few of the workers interviewed had experienced external (or indeed internal) monitoring of health and safety. In one case there had been monitoring by a major client. The monitoring had been quite through however, since the farmer knew in advance of the visit everything had been tidied up for presentation.

*'People from [Y supermarket], they would come around and they would check everything but we had everything ready for them because they all knew when it will be, when they will be coming. So, they had very nice clean overalls and had, you know everything ready and you know where everything... It's not... You're not, don't do it every day, to be honest. Sometimes you don't use it but you would wear it that day.' (Other East European Female in East of England, also working previously in Processing and Packaging)*

### A.1.11 Issues of health, safety and welfare

#### *Breaks during working hours*

Typically workers reported that did get two or three breaks during a day's work. One reported that when on a piece rate she would not take breaks, as she wanted to maximise her earnings.

Some employers suggested that they had difficulties in getting workers to take breaks.

*'We have to make sure they take regular break[s], that they have drinks of water, but they want to just keep working, because the more they work the more money they get, so we have to impose breaks and if you have got a weak supervisor, he hasn't got the will to impose the break on the group and they override him and they carry on working, so that is really quite an important issue.' (Agriculture employer, East of England)*

#### *Temperature*

The environmental conditions were generally difficult for agricultural workers and the ability to cope with them varied. Working outdoors exposed to the weather was one factor.

*'All this rain was horrible because it was in autumn and raining, in the morning it was very cold and broccoli is wet and when you put it in the box it is cold and your hands are freezing.' (Other East Europe Female in East of England)*

*'It was piece work yeah… and one guy from Poland [was] sitting all day and like tense. Yeah, it's cold, cold weather, [but] I said let's move, let's go, it will be better , for body, for hands, yeah.' (East European Male in South West)*

Also inside hot-houses it could be uncomfortable.

*'We're picking strawberries inside the plastic tunnels, yes and was very hot inside and the irrigation pipes sometimes was broken on the way. Sometimes when picking, we'd have to pick in water. Water was knee deep and strawberries grow in long mounds. Sometimes the water would leak and we would have to sit knee deep in water.' (East European Male in South West, previously working in Agriculture)*

#### *Noise*

Noise was not reported as a concern generally but one worker complained that the tractors were very noisy and irritating – earplugs were not provided and they just had to handle it.

#### *Chemicals*

Two workers commented that fertilisers and sprays were used on the crops but this was at night or away from workers. It was not a concern although one non A8 worker from Eastern Europe suggested that the workers had no information on what was being used. If gloves were not used for a planting job then it was the workers' skin was very dry and coming off due to the chemicals in the soil.

#### *Accommodation*

The farms provided accommodation and general facilities (toilets, showers etc) for the agricultural workers. Typically this was in caravans, the quality of which varied and while some workers were satisfied with what was provided, others were not.

*'The accommodation was fine if you look after it yourself, it's nice clean, what he provides… caravan plates, cups, bed but bedding… it can be really nice but as I live apart we just two people in caravan, living room, dining room and kitchen so it was nice.' (Other East Europe Female in East of England)*

*'Everything [was provided], gas, electric… baths, everything. When you come the first time your caravan and living… yeah, it's good, the condition is good. Not everywhere! Like last year, more people coming here from Eastern Europe picking flowers… Some people living like chickens, like pigs and in one caravan, eight, ten people… and about 20, 30 people [for] one toilet, one for cooking there, one washing machine and you must pay for washing machine as well. It's crazy.' (East European Male in South West)*

*'I was on the farm, fruit farm but I left farm after two weeks because the condition there was horrible. There were maybe 400 people and when you wanted to take the shower you had to go 200 meters from your caravan and water was always cold and the toilet, toilets was very dirty… And by first week we didn't have electricity and gas.' (*East European Male in South West, previously working in Agriculture*)*

### A.1.12 Impact of work on migrant health

#### *Physical Health*

The agricultural workers generally commented that it was hard work. Some of them were stoical about health problems – they referred to general aches and pains but tended to accept them as part of the job.

*'Everyone has pain in the back, tense and in the winter it's a problem you are tense, with the cold. [If] you have a problem with your hand, no problem. Go in to doctor, doctor gives medicine.' (East European Male in South West)*

*'First it's the back pain and they said we all know that it doesn't matter what sort of job you are going to do, you are still going to have something like a back pain or something. It doesn't matter which country you're going to be and what job you are going to do… every single job has… some sort of a pain after.' (East European Female in South West)*

The repeated bending or working on knees all day long on the same picking job was a health problem according to one worker.

*'There were people [who] suffered with their knees because nobody gave any protection for your kneecaps there… And so nobody would explain if you stand on or run on your knees along the lines all day long you would have a problem with it. So, people obviously suffered with knees.' (Other East European Female in East of England, also working previously in Processing and Packaging)*

Working outdoors exposed to the weather conditions could have an impact on general health, such as colds and fatigue from working in the rain.

*'Only when I working on the field… I've been sick, six days. Because of the rain, it was very cold. Too much rain and I was cold, wet you know and because of that yeah I had a temperature.' (East European Male in East of England, also working previously in Processing and Packaging)*

Employers referred to workers having rashes and skin problems from handling crops that had been sprayed, as well as injuries related to manual handling. A farmer harvesting daffodils also stated that some employees suffered bad rashes from handling the flower stems and that some action had been taken.

#### *Workplace stress*

The work was typically reported to be tiring but not particularly pressured or stressful. The desire to earn more meant that time off would not be taken.

*'Yeah, we're tired, we're tired… You look how long we are working… but it's a big problem for Lithuanian people, we want to work! We want to earn money, give us work. We don't want a day off.' (East European Male in South West)*

Boredom was more of an issue for one worker, who when asked whether she had been happy on the job replied.

*'Not really, cause it's too hard and too cold, it was really boring… you just work every day, you go back to sleep and you see a broccoli.' (Other East Europe Female in East of England)*

### A.1.13 Health and safety representation in the workplace

#### *Informal mechanisms for raising concerns*

The workers generally reported that they would raise any concerns with their team leader in the field; issues of health and safety were not considered a problem. One Eastern European male in the South West who was a team leader suggested that if a person had a problem with their job then the farm would do what it could to find another task for him or her. A SAWS scheme worker reported that it was possible to request a change in farm from the agency responsible for placements if unhappy with the conditions. This did not seem to an option for another such worker, who instead left the farm to pursue other opportunities

*On the farm everything was bad. But… if people refer to somebody that conditions are bad and something like that, the farmer… do nothing. (*East European Male in South West, previously working in Agriculture*)*

#### *Formal mechanisms for raising concerns – with union/health and safety reps*

The only workers representatives referred to were generally team leaders or co-workers with the ability to speak English. The interviewees did not know about unions.

### A.1.14 Reasons for employing migrant workers

Where workers expressed an opinion the reasons that they gave for why employers recruited migrant labour were.

- UK workers did not find the work attractive;

- Migrants were willing to work hard
- Migrants worked for relatively low pay.

In the opinion of one interviewee, the reason why migrants are being employed in agricultural work was that English people did not want to work hard in such conditions.

*'How many people would like to work, English people like to work in the fields and rain and you are [in] waterproofs all day working… some, not all, it's really lazy young people.' (East European Male in South West)*

The willingness of migrants to work hard for relatively low pay was a driver, although one worker was also critical of the expectations of some other migrants.

*'Just some of the people like from Poland, from Ukraine, it's lazy, they're thinking that I came here, to earn more money and easy. Just money to land from the sky you know. It's England, it's like gold, gold country! It's not, - nobody can give you the money for free, yeah. You need the hard work if you want to earn money.' (East European Male in South West)*

Employers were more likely to refer to labour shortages as the reason for employing migrants (Agriculture employer, East of England) and that local workers did not want to so this kind of work (another agriculture employer, East of England).

## A.2 PROFILE OF MIGRANT WORKING IN CLEANING

### *Background*

Contract cleaning employs around 800,000 workers in the UK156. It includes activities such as recycling, maintenance and renovation work and employs under various different types of employment contract. Laundering and Dry-cleaning employs around 46,000 workers in 3,600 companies, with a turnover of £1.2bn[157].

Contract cleaning in the UK is dominated by large multi-sited companies, with four of the largest accounting for 25 per cent of the total turnover[158] However, there are also several small entrepreneurs some of whom began their careers as employees and who then set up their own small businesses. This may have implications in terms of the regulation of the industry and its promotion of improved working conditions and health and safety standards. For example Anderson and Rogaly (2005) found that the Cleaning and Support Services Association (CSSA) has a requirement for member companies to have a turnover of at least £20,000.

Most workers in the laundering and dry cleaning industry work in small dry cleaners, but some are employed in large industrial laundries, handling hospital and hotel contracts and in specialised operations such as industrial wipers.

Contract cleaning workers are often employed under insecure labour contracts, carrying high employment risks. The site supervisor or unit manager is responsible for the organisation and control of work, monitoring of wage sheets and attendance and also for the supervision of health and safety standards and training of new workers in the use of machinery and cleaning materials[159]. They are also largely responsible for recruitment, which is done through word of mouth and social networks amongst the existing work force. This relationship gives managers a wide remit of personal authority and may be used to reinforce practices such as informal working, unrecorded cash payments and encourages irregular employment.

As Allen and Henry (1997) explain, cleaning is undertaken out of office hours, out of sight of the firm's work force and is managed by external agencies rather than direct employers. Further, contract workers do not have the same corporate identity as the rest of the firm's work force and this leads to a social distance between the firm's work force and the contract workers[160]. This leads to increased isolation, making workers highly dependent on their supervisors who control access to work and determine the type of work done. The workers are thus open to abuse and exploitation. The CAB report has noted instances of non-payment of contract cleaners[161]. The situation is made worse because 'the distances between the centres of operation and the scattered workplaces, characterised by indifference in many cases to the work itself, makes it difficult for contract workers to resist or respond collectively to the relatively frequent changes in the nature of their work and employment'[162].

Women workers are in a majority in the cleaning sector. Almost two thirds of the workforce belongs to ethnic minorities. There are no estimates of the numbers of migrant workers in the industry, but given that the workers are often employed through agencies for short term and flexible contracts, the presence of migrants can be estimated to be

[156] *Anderson and Rogaly (2005), pg 24*
[157] *National Statisitics Annual Business Inquiry 2002*
[158] *Anderson and Rogaly (2005), pg 25*
[159] *Allan and Henry (1997), pg. 192*
[160] *Allen and Henry (1997) pg. 188-189*
[161] *CAB (2003)*
[162] *Allan and Henry (1997), pg. 193.*

fairly high. Allen (1997)[163] also found that in London, there were more numbers of non-English speaking workers and migrant workers in the sector as compared to second-generation minority groups.

There are no special schemes under which migrant workers can enter the country for contract cleaning. However, students, people on business visas and those who work irregularly, all form part of the work force in this sector.

The shortage of native workers in the industry arises from the work being seen as 'physically tough, informally skilled and not well respected'164. Further, living-in and travelling long distances to work in a highly casualised labour market act as serious disincentives to native UK workers. Thus, the industry depends on migrant workers, who may have no choice, but to accept the strenuous working conditions, as well as sub standard accommodation[165].

Cleaners carry out a range of operations such as dusting, mopping, vacuuming, buffing and waxing of floors etc. Over 3,000 serious accidents involving cleaners are reported to the HSE every year166. The health and safety risks are high because the work often involves heavy manual work, use of hazardous cleaning substances and use of cleaning equipment, which the workers may not be familiar with. Health and safety risks to contract cleaning staff include dermatitis, musculoskeletal disorders arising out of manual handling, hand-arm vibration syndrome and repetitive strain injuries. According to UNISON, many of these tasks are potentially dangerous because of the way the work has been traditionally carried out.

There is a significant local authority enforced sector in the launderette industry and in "on-premises laundries" (e.g. in hotels) and in in-store dry-cleaning units. The main causes of injuries in the laundering sector include manual handling/ musculoskeletal injuries (the largest number), machinery, slips and trips. Work related upper limb disorders from repetitive sorting and packing work, as well as noise induced hearing loss and respiratory irritations are the main health related problems that workers face.

Within the waste industry, health concerns include manual handling and exposure to bio aerosols. According to the HSE, in 2001-02, accident rates in the waste industry were four times the national average. The main causes of accidents include manual handling injuries (including cuts from sharp objects), slips and trips and being struck by objects (such as during refuse collection).

Migrant workers in the contract cleaning industry may be more disadvantaged because they may be forced to undertake tasks that other workers will not do. Further, their lack of awareness about dangerous substances and heavy machinery may place them at a higher health and safety risk. They may not be provided with adequate personal protective equipment and because of their vulnerable nature, they may not be able to negotiate for better working conditions.

The TGWU and UNISON are the main unions that organise workers in the contract cleaning sector. The unions have recently mounted organising campaigns targeting cleaning workers, particularly in the Cities of London and Westminster.

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[163] *Allen, J. and Henry, N. (1997) 'Ulrich Beck's Risk Society at work: Labour and employment in the contract service industries'.*
[164] *Anderson and Rogaly (2005), pg. 28*
[165] *Anderson and Rogaly (2005), pg. 28.*
[166] *UNISON: Caring for cleaning staff. A guide for UNISON safety representatives.*

### A.2.1 Country of origin and nationality

Thirty-three interviewees had worked in the cleaning sector currently or previously. They were cleaning in a wide range of different areas; seven were cleaning in hotels, six in general offices, six in restaurants, five in hospitals, two in factories, two in stores, two in building sites, one in a garage and one in a laundry. Their experiences in relation to health and safety varied somewhat as a result.

By nationality, ten of the this group were from the East European Accession countries, eight from Southeast/East Asia, seven from Sub-Saharan Africa, four from Latin America, two from South Asia and one each from Portugal and Russia.

A wide array of nationalities was reported to be working with the interviewees; only one was in workplace where she was the only person from overseas. Migrants from Chinese and Sub-Saharan African backgrounds were the most commonly referred to, with eight interviewees referring to the former and six to the latter. Four interviewees each referred to migrants from Central and Eastern European A8 countries and from Russia and other former USSR republics working in Cleaning. This might suggest that Portuguese workers and non-A8 nationals are less likely to be working in this sector than in the other sectors we have researched. But this point can only be put very tentatively given that it is based solely on the perception of those whom we interviewed who worked in the sector.

Employers in Cleaning referred to workers from A8 States and specifically mentioned Poland. They also included Portugal, the Sudan, Somalia and South Africa. The large London based Cleaning companies suggested they had very diverse workforces with one suggesting that their workforce might speak over 100 languages.

### A.2.2 Gender

There were 22 females and 11 male interviewees.

### A.2.3 Age

The ages of those whom we interviewed who were working in the sector ranged from 20 to 49, but the majority of workers were concentrated in the 20 to 29 age range (17) with ten workers in their 30s and six in their 40s.

### A.2.4 Status

The largest single group of individuals interviewed were students (12 interviewees), followed by EU nationals (11). There was only one worker whose declared status was unauthorised and one who did not declare status. Thus most workers were not formally working without authorisation although the students could be working over their permitted hours.

#### *Impact of status on employment*

The fact that practically all of the workers interviewed had permission to work in the UK (even if not always to work the hours that they were doing) means that issues of status were less likely to be a determinant of their key terms.

### A.2.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

The majority of the workers interviewed had very basic English language skills. Only six interviewees had English that was good or perfect.

#### *Nature of supervision – gender, nationality and language*

Nearly all of the interviewees who discussed the supervision arrangements said that they were supervised in English. Besides difficulties with English in general, in some cases

regional accents such as Geordie or Welsh made understanding harder as well. With the exception of two Chinese interviewees who had worked in cleaning restaurants, none of the other workers had been supervised in their own language. Communication difficulties were overcome through simple English and basic instruction.

### A.2.6 Routes into employment

Word of mouth between friends and contacts had been the most common route into employment in the cleaning sector. Others had found the work through Jobcentre Plus or searching around (i.e. visiting workplaces to enquire about opportunities). Unlike for other sectors, none of the workers had been recruited overseas.

Employers said that they mainly recruited by word of mouth.

*'It's amazing if you take somewhere like London and we're awarded a contract in London, there's normally staff knocking on our doors to our offices before we've even announced that we've won it. And it gets out word of mouth you know. So we tend just to have queues of people suddenly turn up looking for work.' (Facilities employer, UK wide)*

### A.2.7 Nature of the employment relationship

In relation to their cleaning work, about six interviewees were directly employed and seven were employed through an agency. However, it was often difficult to distinguish between these two employment types, as cleaning companies often undertook a number of cleaning contracts and allocated their workers between various sites and often it was unclear to the individual as to who the employer was.

### A.2.8 Skills and qualifications

#### *Previous experience and employment*

None of the workers had experience from their home countries of working in cleaning. Many had previously worked in professional capacities and were evidently over-qualified for cleaning work. Previous occupations included computing, environmental science and teaching.

*'Since I am a nurse I went to several agencies asking about possibilities to get a job in my profession, but this is a very long-term project. So I started to work in a hotel as a cleaner, I clean rooms. The hotel is in central London, the work is really hard, for me and I earn the lowest salary here that one can get.' (East European Female in London)*

However, cross checking the number of years that the migrant workers had been in the country with the length of time in their job, some of them had been in their current jobs for a considerable period of time. The following table shows this.

**Table A.2.8** Length of time in current job by length of time in UK

| *Years in country/length of time in job* | *Y1* | *Y2* | *Y3* | *Y4* | *Y5* | *Y6* |
|---|---|---|---|---|---|---|
| Less than 6 months | 3 | 1 | 2 | 0 | 1 | 0 |
| Less than a year | 0 | 4 | 2 | 0 | 1 | 0 |
| Less than two years | 0 | 1 | 2 | 0 | 2 | 1 |
| Less than five years | 0 | 0 | 0 | 0 | 2 | 0 |
| More than five years | 0 | 0 | 0 | 0 | 0 | 0 |

#### *Checks on qualifications*

The workers interviewed indicated that checks on their abilities or level of English were not required for them to get cleaning work. Employers in the interviews undertaken with them generally confirmed this.

### A.2.9 Key terms and conditions

#### *Written terms*

Of those who gave an indication, nine interviewees had some form of a contract and six did not. There was little information about what was included in the contract. Not all of the employers interviewed were clear as to whether workers did have a copy of their terms in writing, with one merely indicating that their terms were 'the same as everyone else's' (Processing and Packaging employer in the South West).

#### *Hours, shifts and overtime*

The hours worked by the interviewees in cleaning jobs varied widely. None reported total hours exceeding 40 hours a week and several were working part-time for between one and five hours a day, during the morning or evening (presumably outside the times of the main function of the site). Some were also only working one or two days a week. Cleaning work was often being combined with study or other jobs (or searching for further work). Two workers were working nights; one as a cleaner in a food factory and the other in a shopping centre.

#### *Pay, holidays and sickness*

All of the workers were earning the minimum wage or slightly more – the highest hourly rate was £6 per hour. Some interviewees reported that they were paid at one and a half times the basic rate on Saturdays and twice the basic rate on Sundays. This did not apply to one cleaner in a food factory, however, who was working twelve-hour night shifts on weekends and only received the minimum wage. Others also reported that there was no overtime rate.

Twelve interviewees indicated that they received a holiday allowance. Entitlement to sick leave was a lot rarer, with only three interviewees knowing they would get paid for time off work due to illness. Another five were unsure of what their entitlement might be, having never taken time off. In another case there was ambivalence about whether an employer would inform female workers about their right to leave when pregnant;

*'It seems no one would tell you. However, my friend who was already pregnant was then told by the manager that she could have 16-week paid holidays. That's good anyway. At least the manager told her about that. But usually she wouldn't.' (South East Asian Female in North East)*

There were a couple of situations where the worker was unhappy with deductions being taken from their pay, due to what their supervisor adjudged to be poor performance.

*'I got one deduction, my supervisor said no reason just deduct my wage I didn't know just I receive the payroll, so I found... that the pay [was] wrong so I asked the boss… [who] told me the supervisor said [that] I didn't want to do some jobs so she deduct my wage. So I said to boss [that this was] unfair… the truth just the local cleaner, the way the supervisor always… talking talking talking, just doing the little job.' (East European male in Wales, working previously in Agriculture)*

*'So, if you just went slightly over your break they then take more money off? Yes. One day I was talking with my friend… and [then] do a little bit more work and no, [the supervisor] just take half hour away. Didn't pay that half hour. I think that's not very nice.' (South East Asian Female in East of England, working previously in Hotels and Catering and in Healthcare)*

What deductions were being taken was unclear to another worker.

*'Yes contract, we don't see the contract, we don't know the rule, if he want to pay us… - £100, you pay, if not you pay just £90. We don't know why you discount… we go to him to explain, he don't know how to explain (pause) you must pay. If you work you must pay, sometimes they pay, sometimes they don't.' (Sub Saharan African Female in London)*

The lack of notice about work the number of hours of work available and the rate of pay, due to changing work demands, was a problem for one worker.

*'At first he was very nice, very kind to us, he will provide us, as much work as he could but after when we came on Friday to our payment because its pay day, he told us finish, because its quite and he didn't call us before that we are finishing so another break of law and he didn't want to give us our payment.' (East European Female in Wales).*

#### *How terms compare*

Eleven of the workers said they were employed on the same terms and conditions as UK co-workers, whereas six had noted differences in the treatment of migrant workers. Differences included not being permitted to leave early while UK workers could; being assigned more work or heavier work to do; and being subjected to greater supervisory pressure. Two commented on pay differentials between groups of workers (South Asian Male in London and a South East Asian Female in the North East).

#### *Overall Assessment of Terms and Conditions*

Most were negative about one aspect of terms and conditions or another, typically about the low level of pay. Cleaning work was evidently not the desired occupation of some workers but they had taken it on as they had little other option.

### A.2.10 Health and safety in the workplace

#### *Training*

The amount of training and information the cleaning workers had received for the job varied. Several did not seem to have had a formal induction and were just told or shown simply how to do the job by their supervisor or an experienced co-worker – to what extent health and safety was addressed was often unclear. Five workers reported having received a more lengthy induction process lasting from a day to a week. A cleaner with the Council was very positive about the training over a couple of days.

*'They are very good, they take you through the routine - you know cleaning with the mop and… then they really drill you on your safety at work, what to do or what not to do, putting up the signs - you know on the floors, wet floors… how to use hovers, mops - you know and lots of the machines - how to avoid electricity… all those things.' (Sub Saharan African male in North East, working previously in Cleaning)*

While similarly, a school cleaner was positive about the on-going information provided.

*'Then at least every month we have sessions where they talk about health and safety in the workplace, they emphasise… using gloves to clean… leaving (say a powder in the lab) material… [that] might be dangerous. They say leave that, you know the people working there will handle that not the cleaning people.' (Sub Saharan Male in Wales)*

Where discussed, the training and information was invariably delivered in English and understanding could be a problem and, as noted in some of the other sector reports, interviewees told of signing documents even though they had not understood the training.

*'If a woman use you know she use a video, its easy for you to understand, because its like cartoons, but you can see what happen and the situation is easy, but when after you need to answer a questionnaire, its not easy because everything is in English and there are some things you don't understand.' (Latin American Female in the North East)*

*'At that time they gave us 2-3 pages of handout then we had a look, signed our names and handed them in. But in fact, few really understood, because all of us are migrant workers.' (South East Asian Female in North East)*

A couple of workers reported that they had been given information on how to mix chemicals for cleaning. But another had not been trained or informed at all about procedures for cleaning hospital waste.

*'For example, we didn't have training. So we don't know what is dangerous… For example, I don't know the yellow colour things we can't touch... We were cleaners and there [were] things there, like rubbish [that] we are not allowed to clean. The nurse should do that. And sometimes because they didn't tell me, I didn't know. So, I just look inside and I clean the rubbish, I clean the*

*sink out and other things... And when they found it and they said, oh, you can't clean inside because it's dangerous. Because the patients got... quite serious illness… The doctors, they'll clean skin or do other things and then they throw the rubbish in this bin. That job belongs to nurse, not us.' (South East Asian Female in East of England, also working previously in Hotels and Catering and in Healthcare)*

### *Health and safety procedures and equipment*

Seven workers talked about safety signs used in their workplaces, either to show where areas were being cleaned and might be slippery or to warn of dangerous machinery. Most did not seem to have had a problem understanding such signs, particularly where they had been trained in their meaning but in other cases workers did not understand what they meant.

*'In the training they also explain the signs so we can understand them even if they are in English. They have procedures for wearing hi-vis jackets. They also have signs of where people can go and where they can't if people don't obey the rules they get warnings from the company.' (South Asian Male in London)*

*'There are big signs all over the place for the chemicals and machines, but everything is in English, so sometimes you don't feel I want to read because its too long, I just think ok ok I don't understand.' (Latin American Female in North East)*

Another worker had observed differences in practices in different cleaning jobs; some had clear pictorial information about the chemicals, but in others there was no warning about strong chemicals (Latin American Male in South West). Many workers referred to emergency procedures for first aid or fire but a couple had not been informed about them.

Gloves were the most common personal protective equipment (PPE) used by the workers and in most cases they were provided. Depending on the work, other PPE included aprons, masks and glasses. In a few cases though gloves were not readily available or the worker had not been told to use them.

*'And in the beginning I didn't wear any glove. So, I just go clean the sink or something.' (South East Asian Female in East of England, working previously in Hotels and Catering and in Healthcare)*

Masks were also lacking in a couple of jobs where the workers felt that they were necessary to protect either against the dust from cleaning or the fumes from cleaning products.

### *Perceptions of risk and types of risk*

Twelve of the cleaning sector workers felt that there were no risks in their jobs (and several others did not give an indication of facing risk). For many workers therefore, cleaning was not seen a particularly dangerous occupation. Four interviewees also commented on the risk of infection or disease from the areas and rubbish they were cleaning in hospitals or colleges. A couple of people also referred to slips as a minor risk. Employers in the sector suggested that the risks were not particularly associated with the occupation as much as where the work was performed. Thus cleaning in the underground could be risky, whereas cleaning an office might not be (Facilities employer, UK wide). Some contract cleaning companies made the point that the working environment in terms of health and safety was dependent on the client and could vary depending on what approach the client took to the issue.

### *Accidents*

Accidents appeared to have not affected many of the cleaning workers – ten responded clearly that there had not been any accidents to themselves or colleagues and another 11 made no reference to them in relation to their cleaning work. Given that many of the cleaning workers had not experienced or witnessed accidents, it was hard to gauge how well their employer would respond in the event. Even though seemingly not needed to

date, a couple of these workers knew that there were procedures for reporting and responding to accidents.

A few individuals had either suffered accidents themselves or referred to incidents that had affected colleagues. When cleaning kitchens a couple of workers reported burns to themselves or co-workers. The pace of work appeared to have been the cause of accidents in one hotel, where the interviewee reported that he once trapped his hand in a heavy door and another time knocked his head hard on a dryer. Another worker there had broken a finger and quit the job. In this workplace, there was evidence that accident reports had been completed by the supervisor but adequate first aid and sick leave were lacking – if anything it seemed that completing accident paperwork had been the priority over aiding the worker.

In another case, an agency effectively forced a worker to stay at her workplace despite having a health problem, which raises questions about how well it would have responded in the event of an accident.

*'The agency sent me there to work and when I started to work after three hours I had a stomach pain, a stomach ache - and when I asked my supervisor she gives me a pain killer and she called the office to come and pick me up and they (the agency) said we can't pick her up, everybody must finish their time limit… So I needed to wait like for up to one hour before everybody finish their time, so it was very painful.' (Sub Saharan African Female in London)*

Two workers reported incidents where other workers had suffered electric shocks from buffers or vacuum cleaners. In both cases the interviewee reported that the other worker had not followed procedures that they should have been aware of. The reporting procedures and response from supervisors were also positive in both cases. A cleaner in a factory reported some potentially serious accidents but was generally positive about the response of his employer.

*'Once I got hurt with a metal piece that had fallen into the door, which dug into my skin. My manager took me to hospital and waited there for me for four hours it happened on Sunday so I did not have to take off and next Saturday I went back to work… (Different section of interview) Once a chemical fell into a man's eyes he had a huge problem. He was wearing goggles, but this chemical was in the form of gel. It was very strong, my manager also took him to the hospital... yes, he also got paid while he was away because of this accident.' (South Asian Male in London)*

In another instance an accident occurred after the chemical had not been properly tested before the worker started to use it.

*'One of the ladies found a product and thought the floor would look much nicer. And she asked to buy the product. They bought it and she had to dilute it in water… And I was on top of the stairs cleaning and I only saw smoke around me and I didn't know where was the smoke coming from. But no-one told me about what they had used on the floor. I found it weird and started to feel dizzy and went and call another woman to see if she could see… And she said yes, smoke. It was toxic smoke. I was 40 minutes inside the place I got such a bad headache.' (Portuguese female, East of England)*

In this case she was happy with the attention that her manager and colleagues gave her to make sure that she was all right – the product in question was also not used again. Another worker though had a serious allergic reaction and had to leave the job.

*'They started using some new cleaning aid and one girl got a terrible allergy and her career at this work was finished after one week of work. Because she got such a rash on hands... I think she did [use gloves] but was very much allergic so she reacted very much.' (East European Female in London)*

### *Monitoring*

With regard to internal or external monitoring of work in relation to health and safety, there were specific examples given by the interviewees. Several related to management checks on the quality of cleaning and a couple of checks on fire procedures or gas leaks.

### A.2.11 Issues of health, safety and welfare

#### *Breaks during working hours*

Most of the workers reported that they had breaks; in some instances this depended on how busy the work was. A couple of workers did not have breaks but this seemed to be because they were working short hours (i.e. only two or three hours on cleaning job). Facilities such as kitchens, bathrooms or changing areas were often available; in a couple of instances they were in a poor state.

#### *Temperature and noise*

Noise and cold were not generally issues of concern for the cleaning workers we interviewed in places such as hospitals, offices and hotels, but could be in factories.

*'Of course it does influence your health because the place is very wet. It's cool and wet at night because they freeze all the time. And it's noisy.' (East European Female in East of England).*

Working in hot restaurant kitchens with little ventilation was also uncomfortable for a couple of workers.

#### *Chemicals*

The main aspect that was considered a risk by seven workers was the use of chemicals in the cleaning products and processes. Some suggested that this was a relatively minor risk as the chemicals were diluted and/or the workers were protected but for a couple of workers the use of strong chemicals or lack of gloves meant that they perceived a greater risk of chemical burns to workers' skin.

#### *Accommodation*

None of those interviewed was living in accommodation provided by their employer. This reflects the fact that for many cleaning was a part-time job.

### A.2.12 Impact of work on migrant health

#### *Physical Health*

Fifteen of the cleaners (nearly two-thirds) complained that tiredness and aches and pains to backs, joints and legs were negative consequences of their work; many commented that the work in general was hard. The cleaners who worked in restaurants and hotels in particular had to carry heavy loads such as plates or bedding.

*'I felt a lot of pain in my back. And here in my leg. I think it is due to too much weight that we have to carry right? The plates are really heavy and we walk a lot. We are moving all the time throughout the day. And then I felt a lot of pain and I went to the doctor and he took an X-ray and gave a sick leave of two weeks. But it didn't solve anything. I went to work and everything is the same.' (Latin American Female in East of England, also working in Processing and Packaging and previously in Cleaning and in Hotels and Catering)*

*'[Does the work affect] my health? Definitely yes because it's very hard physical work, very hard and I don't think that it doesn't influence because some time ago I had problems with my back and here I work here with much younger girls than me, Russians, Lithuanians, they came here for several months and one is leaving now; so they are really exhausted, their back hurts, their joints hurt, hands, they can't sleep at night, so definitely the influence on health is great.' (East European Female in London)*

There were three women who had struggled with the weight of the work when they were pregnant, but not received any assistance from their employers such as lighter duties.

*'I think he would realise that those conditions are unacceptable for a pregnant women to work in. It's too hot and with the heavy pans, it's impossible for a pregnant woman.' (Sub Saharan African Female in North East)*

*'I told him [the hotel manager] that the lift was broken, he didn't even move just told me to shut the door properly. I told him that I do this every time, but unfortunately it's still not working. He didn't even move. And for example the bags with bedding, I don't know how much they weigh but*

*about 30 kg, I had to carry upstairs to the second floor… In theory they told me not to carry heavy things (as I was pregnant), but who'd carry it for me?' (East European Female in South West, working in Hotels and Catering and previously in Cleaning)*

*'Because I was pregnant and I was working with the detergents and I was feeling - ahh - a little bit - I was feeling bad and my back, because I have to work with the hoover, yeah, all the offices and I was feeling very, very tired, feeling pain in my back, that is why I left.' (Sub Saharan African Female in London)*

Another negative health impact mentioned by six workers was either burns to skin or inhalation of fumes from chemicals in cleaning products.

*'What can I say? It's like a hand that burned by chemicals. The skin died, changed.' (South East Asian Female in East of England, working previously in Hotels and Catering and in Healthcare – talking about co-workers who did not use gloves)*

*'I want to leave this job because cleaning is not good; I have to work with chemicals, the effect of which I will know only later in life.' (South Asian Male in London)*

#### *Workplace stress*

Six workers were happy about their work in cleaning, but more were dissatisfied with it and had either already left the sector or hoped to do so in the future. As noted earlier, many interviewees had seemingly taken on cleaning work as a necessity while pursuing other opportunities or study, or just to make ends meet.

Fifteen workers complained of the stress from pressures in their work. Several found the workload excessive for the given time and/or felt under pressure from their supervisors. Stress was added to by fear of being dismissed at a whim. One worker said that as a result of the combination of these factors that she was 'physically and psychologically exhausted, I'll tell you, really and this psychological exhaustion is really, it's humiliation, I cried many times, believe me.' (East European Female in London)

Another worker had felt 'ashamed' to work as a hospital cleaner and found working with unwell and sometimes abusive patients very difficult, which had had a negative impact on his life in general.

### A.2.13 Health and safety representation in the workplace

#### *Informal mechanisms for raising concerns*

Of the 21 workers who responded about their ability to raise concerns about their work, 12 indicated that they were able to do so. There were examples where workers had a good relationship with their manager or supervisor and felt capable to reporting problems or making suggestions. Some workplaces also set procedures for reporting concerns.

*'We have a form… in the workplace where say I'm supposed to clean and [if] I find some substance… that I think is dangerous… I can leave that area, get that form and fill in that I haven't done so (cleaned it)… There is the supervisor who works with us on the ground there, you know those people are always there, if there are any queries, issues, whatever you want to go to them, you know they are always at our disposal.' (Sub Saharan Male in Wales)*

*'Q: So if you have a problem can you go to your supervisor? A: Yes I can do that. Like when the nurse and the doctor ask me to clean the body fluid on the floor I can refuse them and [if] they keep asking me to do it I can phone the supervisor because its not my job, the body fluid. And the people say ooh blood or something like that, but it's not my job.' (South East Asian Female in North East)*

*'My manager likes me and gives me work because I know work in a lot of departments. We use a lot of chemicals to clean the floors but we are careful about it so nobody slips. Now the working conditions are much better, they always ask the workers what they are comfortable with and we can always say to them and so and so machine is not working well, etc… There is also a monthly meeting in which we can tell our problems.' (South Asian Male in London)*

Other workers indicated that they were unable to raise concerns for various reasons; they felt that it was pointless because their supervisor would not take any action, or they feared being perceived as causing problems, or just didn't know how to raise issues.

*'Q: And before you went on sick leave, didn't you feel that you could tell your manager about your pain? A: But it wouldn't solve it. Anyway I had to go to the doctor… What he wants from me is the work done.' (Portuguese female, East of England)*

*'Q: Have you spoken to your supervisor about the problems with the gloves? Yeah and the things is every day it's a different supervisor. Q: is it? you don't have one? A: but you know they change because there are different shifts and one day one supervisor will say to yeah that's ok I can open the door to you and for everybody but the other day the other supervisor will be busy and all these things like.' (Latin American Female in the North East)*

Several workers had had problems with their supervisor and in some cases felt that there had been discrimination against migrants. One worker termed the relationship as 'drastic capitalism', where workers would be sacked for the most minor reasons without any consideration of their welfare (East European Female in London).

#### *Formal mechanisms for raising concerns – with union/health and safety reps*

Virtually none of the cleaning workers reported that there were worker representatives; the great majority also did not know about trade unions. Only one interviewee was a union member and reported that about a quarter of the workers, in his team of cleaners at the factory were as well (South Asian Male in London). Another worker was considering joining a union, which she thought would help protect her in the event of problems at work (East European Female in London). Although not a member, one worker noticed that her supervisor had been fearful of the union getting to know of a complaint that she had (Sub Saharan African male in North East, working in Healthcare and also previously in Cleaning). The only other reference to unions was by a worker who had been in contact with the TUC after losing her job when she was pregnant, but she did not think this had been particularly helpful (East European Female in South West, working in Hotels and Catering and previously in Cleaning).

### A.2.14 Reasons for employing migrant workers

We asked interviewees to state why they thought employers in the sector took on migrant workers. The main reasons given were:

- Local people did not want these jobs;
- Migrants willing to work hard;
- Migrants were willing to work for less pay.

Thirteen of the workers with cleaning experience gave opinions about why UK companies are employing migrant workers. Their thoughts were typically along the lines that local people did not want these types of jobs and/or that migrants were willing to work hard for low pay. Three suggested that employers saw the opportunity to take advantage of migrant workers due to their desire to earn and their lack of knowledge of rights.

The employers interviewed suggested that migrant workers were employed because local labour would not do the work.

*'In parts of London, no we wouldn't be able to take work on because we wouldn't have a workforce. I think some of it you know, some of it, it's the hours, too. I mean if you take London Underground, most of the work goes on in the Underground from 11 o'clock at night to 5 o'clock in the morning. How many English people want to be at work at that time in London, walking around London, getting to and from. Not many. You know what some of the undergrounds are like, some of them are quite deep you know, you've got a long way down. But no escalators or lifts, everything's got to be carted down there and everything's got to be carried up and everything switched off so you know they've got to walk up all the stairs with all the mops and buckets, dirty*

*water because you can't get rid of it below ground, it's all got to come back up to surface level. So you take all the water down, you clean, you bring it all back up and it's disposed of at the top. I get out of breath sort of standing on the escalator, some of the deep ones, they have to walk on them. It's not the nicest situation.' (Facilities employer, UK wide)*

## A.3 PROFILE OF MIGRANT WORKING IN CONSTRUCTION

In the UK, Construction is a male dominated labour-intensive industry, characterised by dynamic requirements of skills and numbers during any construction process. Migration for work in the construction industry has long historical routes. In 19th century Britain, Irish migrants formed a huge proportion of the work force in building trades, digging canals and building railways.

The UK construction sector employs over 2 million people and accounts for six per cent of GDP167. The industry faces an acute shortage of labour and skills, perpetuated by the fact that 'work in Construction is not highly regarded and tends to be shunned by local workers'[168]. According to CITB-Construction Skills Foresight report of January 2004, the industry in UK will need 83,160 entrants per year between 2003 and 2007[169]. Migrant workers are increasingly filling this gap. This phenomenon is not exclusive to the UK. Wells (1996) quotes several reports showing that foreign labour is an integral part of the construction sector. In France, the building industry is the only sector where foreign labour is over-represented, while in Austria, 18 per cent of the construction work force is foreign. The sector offers work that is time bound, seasonal and often on-off, demanding a corresponding flexibility in labour arrangements. Most of the labour arrangements work through sub contracting chains, with construction workers being hired as if they are fully independent, or self employed, by different sub-contractors who feed up their supply of workers to larger sub-contractors and so on. This system is known as the 'LOSC' market: labour only sub contracting[170]. Consequently while the number of workers employed on a construction site may be large, the actual number on the books of the main builders may be very small.

It should be noted that there are significant variations in employment practices within different sections of the industry. In general working conditions and health and safety standards are regarded as more robust in large sites controlled by major contractors and employers. The Engineering Construction part of the industry is also in general better regulated. In addition, there is also considerable variation in the number of employees depending on the task at hand during the different stages of the construction process. This often leads to workers having short-term contracts rather than long-term direct employment. Workers are usually recruited though a long chain of recruitment agents, or by word of mouth. Payment is usually on a daily or weekly basis and conditions of work can be hard. Employers and unions have concluded a sector skills agreement for the industry representing a major advance in regulating the sector[171]. It notes that there is 'a general paucity of data in official statistics' on migrant workers in the sector.

In the UK, an estimated 88,000 non-UK workers were employed in Construction in 2003[172]. Most of these migrant workers are employed through chains of sub-contractors, often as labourers and hence are extremely difficult to quantify. There are no schemes under which construction workers can enter the UK. But it is possible to enter the UK as a self-employed person and then find work. As Anderson and Rogaly (2005) explain, this contributes to the invisibility of migrants. Central and Eastern European workers and firms have more recently moved to work within the sector and there is some evidence of companies established in A8 countries hiring labour in their country of origin and

[167] *Anderson and Rogaly (2005) Forced labour and Migration to the UK. COMPAS and TUC.*
[168] *Wells, J. (1996) Labour migration and International Construction. Habitat Vol. 20, No. 2, pg. 296.*
[169] *Building (June 2004) The Bigger picture: How eastern European workers will change British Construction. News feature.*
[170] *Anderson and Rogaly (2005), pg. 26*
[171] *Construction Skills (2005) The sector skills agreement for construction, England*
[172] *Trades Survey, Construction News (Jan 2003)*

bringing it to service contracts in the UK[173]. One study of language in the construction industry (Schellekens 2004) found that there were two patterns of recruitment of second language speakers. Many had little English when they began construction work as labourers and as they improved their English they progressed to skilled work if they already possessed that skill. A second route is where migrants were brought on site by a sub-contractor where a full-time interpreter would often be employed to assist in communication or where bi-lingual supervisors would be used.

A recent research report[174] found that 19 per cent workers in the construction industry were temporary workers, who were more likely to be migrant workers. However, the regional spread varied significantly: in the North East region, the majority (90 per cent) were indigenous to that region, while in London and the South East, only 40 per cent were indigenous. Black workers were found to be more likely to be new to the industry and working as labourers/general operatives. Further, working for an agency was quite common for recent entrants into the industry (17 per cent of those in the industry less than a year), as is working on a self-employed basis (21 per cent). Agencies are mainly used for labouring and general operative positions, jobs that have high risks associated with them.

Migrants thus form an important pool of cheap labour in the construction industry. Their lack of awareness about their rights, combined with the vulnerability accorded due to irregular contracts and a more 'patron-client' relationship rather than a employer-employee relationship can be important factors in increasing the risks that they face in the sector. For example Anderson and Rogaly (2005) found that non-payment or payment at less than the agreed rate was common in construction workers.

There have been claims that migrants are being illegally employed on construction sites, including large high-profile sites such as the BBC's new headquarters in Scotland where union officials have denounced pay levels to migrant workers at less than the industry minimum standard[175]. Language differences have also been regularly cited as health and safety issues on construction sites.

The Health and Safety Executive describes Construction as one of Britain's most dangerous industries[176]. In the last 25 years, 2,800 people working in the sector have died from injuries they received while at work, averaging around 80 a year. Many more have been injured or made ill. Between April 2004 and March 2005, 71workers died and thousands were injured as a result of construction work (HSC 2005). The main causes of injury include falling through fragile roofs, from ladders and scaffolds, being struck by excavators, lift trucks, overturning vehicles and being crushed by collapsing structures.

Other factors that could accentuate the risks to migrant workers are the lack of English language skills. On construction sites where changing conditions often require quick reactions to verbal communications, the inability to speak and/or understand English has been recognised as creating a particularly high risk to health and safety[177]. To address this issue the Engineering Construction Industry Association has produced guidance for its members on employing or managing non-English speaking workers[178]. This detailed

[173] *Building, June 2004*
[174] *IIF research Ltd with the University of Warwick (Feb 2005) Workforce mobility and skills in the UK construction sector. Research report prepared for the Construction Skills, DTI and ECITB.*
[175] *Sunday Express, May 8 2005, Gilbride, P. Howarth, M.*
[176] *http://www.hse.gov.uk/construction/*
[177] *Construction Confederation (May 2002) Managing the health and safety on non- English speaking personnel on construction sites. Health and safety briefing, Construction Confederation.*
[178] *ECIA (2005) Health and safety guidance – working with foreign contractors in the UK and managing the health and safety of foreign or non-English speaking employees, Engineering Construction Industry Association.*

guidance recommends that safety documents should preferably be translated into foreign languages, but 'when that is not feasible someone should be on hand to effectively translate the information in them'. The guidance emphasises the importance of 'effective supervision' and that preferably this should mean that supervisors have the ability to communicate in English and in the language of the workers they supervise. It also recommends that risk assessments should consider the likelihood of non-English speakers being employed and that the language skills of proposed foreign workers should be identified. The Federation of Master Builders has worked with the HSE to translate its leaflets into Polish and has worked with the London Construction Skills Forum to pilot a ten-week training course for Polish construction workers[179].

The main union in the sector is UCATT the construction union. At the time of the expansion of the EU, the UCATT General Secretary argued that workers should not be allowed to work on major construction sites unless they had a work permit, a recognised skills card and could speak English[180]. The general unions GMB and T&G also organise within the sector. Union membership levels are relatively low, with a density rate of just 16.7 per cent, a fall from 26.2 per cent in 1995. The large numbers of self-employed workers within the sector presents specific organising problems.

### A.3.1 Country of origin and nationality

Eastern Europeans from the Accession countries made up the largest group in the construction sample (14), followed by Other Eastern Europeans (six). Other nationalities were in small numbers only. Though this largely reflects the actual trends (supported by anecdotal evidence, literature and employer interviews), there are cases where the sample is not representative, because of problems in access. This was mostly true for Sub Saharan African and South East Asian workers (mainly Chinese) involved in the construction industry.

From the worker interviews, it can be deduced that the largest nationalities of migrant workers were from Lithuania and Poland, followed by Russians, Romanians, Ukrainian and Kosovan. A number of workers had also worked with Brazilians, Jamaicans, South Africans, Moroccans and Indians, while there were a couple of mentions of Chinese workers.

Employers said that most workers came from Eastern Europe, naming Bulgaria, Romania, Poland, Russia and Lithuania. But they also said that they employed workers from Zimbabwe, Ireland and Germany.

### A.3.2 Gender

The gender distribution showed that there were no female interviewees in the sample for the construction sector. This largely represents the actual gender mix in the sector. Employers indicated that they did employ some females, although two said that their labour force was entirely male and in two others women made up just 20 to 25 per cent of the migrant labour force.

### A.3.3 Age

Within the sample Construction was dominated by people in their mid 20's, closely followed by those in their early 30's, showing a young population spread. There were

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*The Health and Public Services Committee of the London Assembly (2005) has also proposed that the industry should address the need for teaching English as an additional language and that this should be integrated into existing plans for training. See also Shellekens, P. Smith, J. (2004) Language in the construction industry: communicating with second language speakers, The Schellekens Consultancy, January 2004*

[179] *HPSC (2005) p21*

[180] *The Express, February 24, 2004*

only four workers in the interview sample who were aged over 40 and only one aged under 20.

### A.3.4 Status

Since the largest numbers of people working in construction were A8 States they did not have immigration problems. For the six interviewees described as 'Other Eastern European' their immigration status was more uncertain and their position might have been more vulnerable than that of their EU counterparts. With the exception of one worker, there was no one who had obtained a work permit for work in the sector, which largely reflects the situation in the sector as a whole as well.

### A.3.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

A large majority of the migrant workers interviewed had average or good English language skills. However, this in part may reflect a bias in the sample as a narrow range of fieldworker language skills was available, particularly in London, where most of the interviews took place.

There were often no checks by employers on whether workers could speak English, though the interviewees themselves realised that English was an important skill to have and that without it they faced increased risks.

*'…I see one person, one labourer being fired. He was, he broke the rules. He was working like in a window and he was leaning like too much from the window. And it was warned him and he continued…probably I think he didn't understand English.' (East European Male in London)*

Workers also acknowledged that those with lack of knowledge of English often had to accept jobs that were low paid and made access to support more difficult.

Although employers professed that there were no major communication problems, some had taken steps to ensure that workers were able to communicate on site, with one employer indicating that they would not send someone on to a site if there were communication problems.

*'No not really no, the ones we've got, we wouldn't send someone on site if they had a problem with English or anything because we couldn't let them, in the safety of the yard which is a confined space they, they we can show them what to do but on the site we tend to use the ones who can speak well and we wont send them out until they can speak well, English but I don't have any safety concerns, they all seem pretty good, we give them all a safety training, all of the training that everyone gets.' (Construction employer in London)*

Some employers mentioned 'buddy' systems or always ensuring that at least one member of a gang could communicate in the language of the gang and in English (Construction employer in London).

#### *Nature of supervision – gender, nationality and language*

All the migrant worker interviewees except one (whose foreman was Romanian, though he was Kosovan) said that they were supervised in English, with all of their supervisors being male. In most cases, the workers said that they were able to communicate with their supervisor with a little help.

*No, they know I don't speak very well and if anything, they just show me. They are nice. (East European Male in South West, also working previously in Cleaning)*

However, there were some who found communication difficult.

*'I speak English with my boss, but he speaks slang so it's really difficult to understand him. My English has actually got worse after working there because I pick up all this slang and then I forget how to speak normally'. (East European Male in London)*

*'I don't know (laughs) its - sometimes we mix it up …Yes - its sign language.' (Other East Europe Male in London)*

### A.3.6 Routes into employment

Most workers being self-employed, got access to work through word of mouth, with previous experience being important.

*'Because people know me in Swansea and they just go from mouth to mouth…as a witness.' (Eastern European Male in Wales)*

In a couple of cases interviewees got to know of opportunities in the UK while still in their home country, through connections with friends who were already in UK, though we did not conduct interviews with any Construction workers who had been contracted to work in the UK while still in their country of origin.

*'…this supervisor, because he moved permanently to England…he came to Poland to get his family and through his friends he forwarded this message that Company X was looking for people to work and this got to me through my friend that I could go so I decided to pack myself and come… (East European Male in North East)*

*'…when I came here, we started working, I mean we already had organised a job before we came here, one of our friends who have been she organised that and there suppose to be a job on the building site as a bricklayer…it was Polish company and that's how we came here…my friend who is here as well… he is friends with A and she…has a friend here [who] has her own construction business here and they would need a group of guys to work for them, usually it is a group of three or four, so two bricklayers and two assistants or one assistant to help and my friend is not a bricklayer so he had to find them and he asked me and another friend…' (East European Male in North East)*

There were also a few cases of self-employed workers finding jobs through Jobcentres, as well as newspapers, which was how one East European male in London had obtained work straight away. Employers said that the primary method of recruitment was by word of mouth.

### A.3.7 Nature of the employment relationship

Most workers were self-employed in Construction (15), with only five employed through agencies and five as directly employed. There were only a couple of cases where 'first I worked through an agency and then directly' (East European Male in London). However, as this Eastern European Male (North East) describes, the process was not always very simple.

*'…in my case they really did not have to help too much, because I was working in agency X for three months under the supervision of …the manager of the building site…he seen how I worked so he develop an opinion about myself and in the moment when I told him that I have a problem and I earn not enough money and I had enough of everything, he said don't worry I will get you a job...and they did, in the same company, but with a different manager, because at the time he could not employ me for his building site, he took me away, because agency X had a contract with company Y that if they would employ me even now, if she would find out that I work in Company Y she has the right to claim 25 per cent of my income from them, this is how this contract works …'*

Employer interviewees in construction were the only to indicate that they took on self-employed workers although some also hired directly. One employer indicated that they had shifted entirely to direct employment (Construction employer, North East). Another intended to do so as a result of changes to the rules of self-employment[181].

*'Predominantly self employed, however in April next year the regulations change on how self employed status is worked out. Some may have to come over and be directly employed. A lot of our workers, predominantly Eastern European, have self-employed visas so they can only be in the*

[181] *The Income Tax (Construction Industry Scheme) Regulations 2005, SI 2005 No.245*

*company as self employed status. If the lose or change status then they have to be reviewed and have to leave the country.' (Construction sub-contracting employer, London)*

### A.3.8 Skills and qualifications

This sector had the least number of people shifting between doing construction work and doing some other jobs, reflecting perhaps a particular skill level required to work in the sector. Individuals may not have had a background in Construction before coming to the UK but once they had acquired this they tended to remain within the sector. There were only a few cases in the whole of the sample of interviewees across all sectors in which the workers had initially worked in the construction sector and had then moved on to work in other sectors. However, within the sector workers constantly shifted jobs, indicative both of the high turnover within the sector, which in 2005 was estimated at 22.2 per cent (cipd 2005)[182] and of the relationship of self-employment to turnover. Again this has consequences for health and safety, as length of time in a job is one of the indicators of risk.

While most of the workers interviewed working in Construction came to the UK to earn money, many also came because of lack of opportunities in their home countries, or a sudden turn in their business fortunes. For example, one Bulgarian worker had a catering business in his country and when that collapsed, he came to UK (East European male, London). Some construction workers had been trained formally or through work experience in their home countries.

*'I was in construction school there, but I have no any British Qualifications' (Other East Europe Male in Wales)*

*'All my life I was working on the building site, I was putting the basis under the houses etc sometimes I even work as decorator if it was for some bigger company, so I have quite a lot of experience' (East European Male in North East)*

Though some workers had work experience which in some way was linked to construction work in their home countries (seven), there were an equally large number (eight) of workers who had been doing things like catering, odd jobs, administrative jobs, sales jobs etc., while some had been students who had never worked before. The remaining seven workers did not say what had motivated them to work in Construction. However, there were cases where workers were overqualified for the kind of work they were doing. For example, a Central and Eastern European male was an engineer and was working as a painter (East European Male in London), another Central and Eastern European male had trained as a manager having studied economics, had worked as a labourer and now works as a painter.

There were hardly any workers in the sector that were under qualified, as those without qualifications or experience worked in different jobs to qualified people. For example, a Central and Eastern European male worked doing odd jobs as a labourer, 'I don't have any qualifications but I am just a labourer'.

Employers too indicated that many workers were overqualified, but in general the qualifications they had were not related to construction. They mentioned vets, engineers and film critics all working in the sector. While they did on-site checks for some jobs they indicated that many of the skills they required did not come with formal qualifications.

*'There is nothing to check, they don't have it. So most bricklayers don't have an apprenticeship or an NVQ2 or anything I mean our, we push our workforce to get them but very few people will have any qualifications.' (Construction employer in London)*

[182] *cipd (2005) Recruitment, retention and turnover, annual survey report 2005*

Due to the nature of self-employment, there were a lot of workers who had been in their present jobs for less than six months, or for less than a year, even though they had been in the country for much longer periods. For example, five of the eight of the workers who said that they had been in their current jobs for less than six months, had been in the country for more than two years. A typical period of work lasted only as long as the job. There was also considerable moving around across occupations within the sector.

*'The first job that I found was I worked in scaffolding, I worked as an assistant but the pay was also minimum so gave up. Then I painted…' (East European Male in London)*

There were no workers in the sample who had been working for more than three years in the same place. This reflects the fact that the workers shifted around according to the jobs they got. However, cross checking the number of years that the migrant workers had been in the country with the length of time in their job, it was found that some migrant workers had held stable jobs. The following table shows this.

**Table A3.8A** Years in the country by years in current job

| ***Length of time in current job/ years in country*** | ***Y1*** | ***Y2*** | ***Y3*** | ***Y4*** | ***Y5*** | ***Y6*** |
|---|---|---|---|---|---|---|
| Less than 6 months | 3 | 0 | 2 | 1 | 0 | 2 |
| Less than a year | 1 | 1 | 1 | 0 | 1 | 0 |
| Less than two years | 0 | 1 | 2 | 0 | 0 | 1 |
| Less than five years | 0 | 0 | 1 | 0 | 2 | 1 |
| More than five years | 0 | 0 | 0 | 0 | 0 | 0 |

### *Checks on qualifications*

*The majority of the workers said that their employers did not check their qualifications; it* was mostly through an appraisal of their work that they were given work.

*'Basically the language is more important than the skill because you have to show if you, nobody ask you for college or for certificate, maybe, maybe in the electricity and plumbing maybe, but like bricklaying, like handyman, like painting it's first it's the language to get the job and then you show quality work and that's it you will get more job, you will stay another day. It's not about the training and certificates'. (East European male, London)*

Skills were sometimes also tested through practical tests, though English language skills were only occasionally demanded and that too of not a very high level.

*…they make me test, they, I get the contract about three months it was, well, the management maybe and my supervising manager, they saw how I was working, saw my experience and my skills and later on they agreed to continue to give me, to continue my contract, to sign it… They saw how I can pass the exams to get the position of crane operator… They asked me how can I write, I told them that I have no problem in writing and reading also. Because…English language is necessary to read and to understand when they change timesheet maybe.' (East European Male in East of England, working previously in Processing and Packaging)*

There were only two cases where the workers had to produce a CSCS card, in all other cases, these were not checked. Whereas the employers we interviewed claimed that they definitely required this card and that 90 per cent workers had them.

## A.3.9 Key terms and conditions

### *Written terms*

There were slightly more workers had not been given their terms in writing (seven responses) as compared to those who had (six responses). Those with no documentary proof of employment highlighted the lack of job security.

*'Don't know. Maybe tomorrow they sack me. I don't have a clue. Working hard I know - but don't have a clue.' (Other East Europe Male in London)*

While others explained the lack of contract with statements like, because 'I'm self-employed' (East European Male in London). Half of the employer respondents in construction did say that workers were issued with a copy of their written terms. One employer indicated that they did not issue terms in writing because migrant workers were self-employed (Construction sub-contracting employer, London).

### *Hours, shifts and overtime*

Most of the workers were working normal hours of 8-9 hours for five days a week and half days on Saturdays, bringing the total hours worked per week to about 40-45. However, working for about 10 hours a day was also fairly common, with a number of workers working overtime.

*'I suppose to finish at 5 o'clock, 7 to 5, but sometimes he had too much stuff to do, sometimes I was staying to 7 o'clock and without any extra money.' (Middle East male in North East, working in Hotels and Catering and previously in Construction and in Processing and Packaging)*

The working hours were often dictated by the site opening hours, with workers varying their start from 7.00 a.m. – 10.00 a.m. and accordingly finishing at 4.00 p.m. or later. The availability of work as well as overtime depended largely on the stage of the building work.

*'Usually in the building it's strict, regarding the hours it's strict. You sign in the beginning that you are, you don't mind to work over 48 hours or something but because it's paid per hour it very rarely happen if they, they cannot over use you because…in the afternoon when you finish, you go with the time sheet, they sign it, eight/nine hours, rarely they will ask, okay this has to be finished because we are a little bit late in the schedule whoever wants to work, let's say tomorrow all day, you come, no pressure because they and usually the people go even Sunday. And most of the sites, this Saturday, Sunday work will be paid like 50 per cent more. So, it's up to the workers there is no, no pressure. If the site have to be finished they're raising the rate for Saturday, Sunday…' (East European male, London)*

There was only one case of shift working in the sector, which was for a company that depended on regular businesses shutting for the work to start.

*'Ten hours a day…for five days a week, so it is fifty hours. It is alright. When I been working a night time, I am working about thirty hours…is between the…train is off, between the one o'clock and half past four…' (Portuguese Male in London)*

Employers generally stated that working hours averaged around 40 to 45 a week, some positively did not encourage long hours.

*'They do but not a lot [of overtime], I mean to be fair we make sure we pay people properly, we don't want them working seven days a week, they are just going to be tired and fatigued so they are not going to work. There is no point working Saturday and Sunday flat out.' (Construction employer in London)*

### *Pay, holidays and sickness*

In terms of pay, most workers were paid in cash on a weekly basis, especially if they were working on smaller jobs, or through cheques, but mostly without getting pay slips. This is what a Polish worker describes as the difficulty of handling cash.

*'[In company X] paid by cheque and for cheque we also had to pay £10 for transaction. There was no way you could credit your cheque…I had no bank account, I had no documents to even try to open one as I had no pay slips, no National Insurance number, absolutely nothing, there was no way I could go to the bank and open a bank account and the company did not help us with anything and here look, I work two weeks in [company Y] now, only two weeks and I have a bank account, I have everything, even contract for employment, everything how it suppose to be…' (East European Male in North East)*

There was one case where the pay slips did not match up the amount that the workers had gotten. There were three ways in which the amount of wages was fixed.

- Daily rate: This was set as a fixed amount for a fixed number of hours. This usually came to about or more than the minimum wage rate, but there were a few cases like, 'the longest I worked was 10 hours for £30' (East European Male in South West, working previously in Cleaning), or £20 a day (Middle East male in North East, working in Hotels and Catering and previously in Construction and in Processing and Packaging).
- Hourly rate, which never fell below the minimum wage rate, but in one case, was as high as £11.25 per hour.
- Piece rate, which was fixed for a particular job. Some workers, for example, one East European male in Wales, preferred this way over the hourly set rate.

*'…You price the job…that is better rate for I find that better rate to price job and do job properly…'*

This kind of rate also gave flexibility to the workers.

*'...As a handyman already I was working…sometimes work on price this is kind of not commission but close to the commission. So, you not working for eight hours, £10 per hour, you're working only on the job done. So, they tell you, an example, these five rooms are 100 square meters, just example, you have £200 for them, for example, you can do them for as long as you want, you do them in one day you take your £200 and go, if you do it five days you will take £40 per day. So, in this case you have pressure but because you chose it. If you don't feel confident, skilful enough to do it you will choose the daily price which, for less skilful workers will be better to go for daily, £80 per day is it good or not? If you don't like it go for price…and there will be no rush, nobody will rush him really for the hours and checking why he's not working etcetera.' (East European male, London)*

Most workers were satisfied with the wages that they were getting. All workers were paying tax in this sector, apart from the ones working without authorisation, or those who did not know, as they did not get pay slips. There were no other deductions made, however, the combination of being self-employed and working on piece rates meant that most workers did not get any holiday or sick pay. The fear of losing their job might also deter workers from taking holidays.

*' No nothing at all. No holiday money. No sick pay. Nothing. Just the money for the day-work or the price - because I am self-employed and I am working sometimes on price so... You can't really take a holiday…because if you go on holiday ...you can lose your job and it is very hard to find it. It's not that easy and you work hard you can build yourself - and if you go on holiday you can lose everything like.' (Other East Europe Male in London)*

There were differences in holiday rights, dependent on whether working through an agency, directly or as self-employed.

*' If I worked directly for the company I would have holidays and bank holidays paid but since I'm self-employed I pay taxes myself and take holidays myself as well' (East European Male in London)*

*'Yes, there is a note that minimum holidays is seven days' paid, that you can use for the Christmas holiday, really it is very good, I am very happy with it [new job directly working for company]…in a year, 27 days…paid holidays…there are also some other holidays that I get pay…at [previous company X, working as self employed] I probably worked at bank holiday, but I did not knew what it was, I was not aware of it and she would never tell us anything like that, she was proposing to go to work even on Sundays…' (East European Male in North East)*

### *How terms compare*

In comparison to UK workers, migrant workers in Construction were aware of being paid less and also of being given the worst, heaviest jobs. A minority (four interviewees) believed that their terms and conditions were the same as those of UK workers. When asked about other migrant workers, the responses were mostly that other migrant workers also got the same terms and conditions as themselves. A few were aware that pay depended on the occupation as well as the nature of employment relations.

*‘ the conditions are the same but each profession gets different money, say, a carpenter gets a different salary than a painter, or an electrician, but the working conditions are the same, the same working hours. And payment, say, each of us gets a different salary depending on how long you work in the company, say, one who paints and does plastering gets more than the one who only paints. And how long you work there, one who came to the company one months ago is definitely getting less than the one who has worked there for 8 years’ (East European Male in London)*

#### *Overall Assessment of Terms and Conditions*

Most of the workers said that the work that they were doing was very hard, but that they put up with it because the money they earned was more than they could earn in their country of origin. Those who worked for employers whom they perceived as being concerned for their welfare were more likely to view their employment positively.

*‘I am like it - ahh - because these people is worry about me, is make sure everything is OK for myself - ahh - so I think is good thing these people think about me so - ahh - I do the same…I am happy. To be honest with you is good money, in this country now is very good. (Portuguese Male in London)*

*‘I was in hospital once for an operation. I had to stay there for two weeks and I know that it was really busy time at work. But the bosses asked Poles that work with me to tell me that I shouldn't worry and that I would have work waiting for me after I get better. And when I came back to work, they cared about me, they didn't let me lift heavy things and so on. This is nice.’ (East European Male in London)*

Workers who were working through agencies or labour suppliers rated direct employment as better, because of lack of job security and continuity they had through working for agencies.

*‘ It's better in a company because you are always guaranteed that you will have work and in an agency you work as long as there is work; when work is finished, you call the agency again and ask them again. Then they send you to another place if there is work and if there's no work you simply sit at home.’ (East European Male in London)*

*‘They [agency] sent few days here, few days another site so all the time you travel and that is not so nice - sometimes let you off one week - take you another week. You're not too sure you have tomorrow job with agencies. Not that nice.’ (Other East Europe Male in London)*

### A.3.10 Health and safety in the workplace

#### *Training*

Almost all workers said that they had been given an induction on health and safety, usually on their first day at a site. While for some this was through visual aids, for others, it entailed a talk with the supervisor about fire exits, safety equipment and rules of the site.

*‘ …my manager give me a person who showed me how to work with the crane, how to operate it, then I passed exam and get the certificate to work, permission to work there are two of us who are working on the crane because it's very difficult to work alone…the person who is working with me, he is experienced…during my work he also showed me if I made any mistakes and explained me how to work it quickly and with good quality…it was a test and questions, how to work, it is safety test…how not to get any injuries…they gave me this brochure, it was necessary to look through all this brochure and to, according to this, they asked me some questions and I signed it, you can work it.’ (East European Male in East of England, working previously in Processing and Packaging)*

Only a couple of workers mentioned refresher training, these usually being given on site by co-workers. In one case, there were also small groups in which one person was responsible for the health and safety and the use of PPE for the rest of the members of the group.

*‘Usually the training is done by someone from the group, when I was working in my group they were coming to me and [I] knew that they had to have a mask, that he needs goggles and gloves….if for example someone knew would come and he would have no idea then it would be my responsibility to make sure that he would have the training from the manager so yeah if it is*

*dangerous equipment they would give you even further training…' (East European Male in North East)*

However, there was only one case in which the safety training was this intense.

*' he is a protection master…'he] speak all the time, 'don't cross the track. Don't be working close to the tracks. Make sure the switch is off. When you go and start some jobs, make sure ever everything is alright. Look for you and for your next.'…make sure everything is safe. Every night…is about 20 minutes, is the brief. Yeah, is long time, is not short, speak about everything…the point is there, the emergency stairs is there, the television is there, everything is being said to you, every night.' (Portuguese Male in London)*

Employer respondents stated that they did offer on-going training, making frequent reference to tool box training. Mostly, the training provided was in English, though in a few cases, interpreters and co-workers, who knew other languages, were also used. Visual aids were rated to be very useful and helped understand the overall drift of the conversation, even if they were unable to catch the exact words. One large contractor had a library of visual aids in different languages. However, it was hard to know whether the training had been understood properly, especially with the workers not admitting that they had not understood, because they wanted to get on to the job.

*' ..they're [the employers] not expecting sometimes coming people with one month in the country, with so poor English that they barely can understand what he going on about but they smart enough to know when to nod, they understand and they see their friends signing, their friends signing and they're signing, induction is done, he start working.'*

However, there were a number of instances where the workers were not given any training, even with regard to how to do their job, nor told anything about health and safety, even when they were operating machines. This lack of training put workers in potentially risky situations.

*'…I had one [an electric saw] the other day…no training…I just happen to see other people how they do it and I have to do it but…I didn't know even how to start them. It took me two days to find…during starting - just a couple of days ago...cut myself…we just try to train ourselves.' (Other East Europe Male in London)*

Sometimes, the training depended on the type of work that the workers were doing, with labourers less likely to receive formal training.

*'…training I've been given only for one particular job, which is counted not exactly in the builders' jobs…The company…do the wiring of new sites…not the electricity but low, cables for computers, telephones and they have very special boxes for connecting and basically for them you're supposed to be trained. Otherwise in the proper builders construction nobody train you for labourer work, labourers is to help with everything, to clean or to break something. Usually no training, maybe only the induction even when I became a handyman, it's not because somebody train me, just because little by little I start stealing just the ideas from the other people and start doing more things that are required…but no training.' (East European male, London)*

### *Health and safety procedures and equipment*

There seemed to be adequate safety procedures in place, especially enhanced with vigilance from foremen, supervisors etc. about correct practices, use of PPE etc.

*'…always wherever I work safety instructors come on the job. Foreman always told me…to wear helmet, safety jacket, boots - everything. When you are cutting something goggles and gloves, mask, dust mask - must everything. If you don't know how to use any electrical power tools they not give you chance to work with it. I think it's fairly well.' (Other East Europe Male in London)*

Safety signs including fire exits were other examples of commonly followed safety procedures.

*'…if it is an English building site there is everything, there are signs all over the place, they really make sure here that everyone knows about health and safety risks…' (East European Male in North East)*

However, there are some indications of differences in safety procedures as followed between large and small firms, with large firms being more conscientious about safety procedures as well as training. On large sites workers were more likely to have had health and safety training at induction and would have been trained by use of videos and other methods to communicate information.

*'He was given video training on bigger sites. But [on smaller sites]… Foreman gives me paper with instructions, rules, that's it I have signed - that's it. Nothing more.' (Other East Europe Male in London)*

*'There are people who are concerned about safety and they look after. But is big companies only, the small companies they just don't have special persons for that…Usually the small ones are less safety concerned.' (East European Male in London)*

There were only two interviewees who mentioned first aid, but they rated the kits quite positively.

*'There are First Aid kits at work, there is liquid for the eyes if anything. If it's an office, it's usually put somewhere in the office where you work, usually where all the tools are, they hang the medicine chest on the wall somewhere…They look at this with quite a responsibility at our work because there is a person who is responsible for this. He has a contract and he is responsible for delivering everything for the medicine chest. They also check sometimes.' (East European Male in London)*

However, as against these positive assessments, the majority of those interviewed thought that the employers did not care about them or their safety, as long as the job was done.

*'Good things? (laughs) Let me think about what? When I say to the supervisor I'm not really trained for that kind of job he don't really know. You don't know whether to break that wall or not. If you break it you don't know whether you are going to hurt yourself or hurt your partners which are close to you. So they don't really tell you. 'Break it or do this - do this first 'cause this is safety.' Don't even tell you that.' (Other East Europe Male in London)*

*'The only thing that they paid attention was the fire regulations because it's pointing more to their job, to their business, not compared to yourself. If this happen, this is the fire extinguisher, this and that. The extinguisher is not for your safety, it's to prevent fire to disrupt their business not to help you. If they care for you they will not take you, give you plaster board let's say two metres from one and a half, one people, person like me walking like a sailor, if the wind blows it will with me with it' (East European male)*

There were some workers who had been provided with adequate PPE although this was certainly not the case for all workers and some did have little or no provision. Safety shoes and gloves were the most commonly provided equipment and in a few cases, the workers also got goggles, helmet, high-vis jacket and the occasional ear protection. Again larger employers were thought to provide better equipment than smaller employers and agencies. But most workers also had to buy and bring their own equipment to work, even though they could not work without this equipment. This was particularly the case for self-employed workers who had to supply their own protective equipment.

*' I wear it always. When foreman see me my supervisor, without this, 'Get helmet and jacket or you will be in trouble.' …We should provide it [the safety equipment] ourselves. We should have, helmet, jacket, safety boots.' (Other East Europe Male in London)*

*'…shoes you're not allowed to work on building site, without these steel boots but they are your responsibility…Helmets, again it's your, you have to buy, gloves as well but the helmets probably like the steel boots they will not allow you to enter. I missed in my first days maybe I missed one or two days when I've been there, I'm going and somebody took my helmet from the dressing room and without the helmet I'm missing the day so, just dressing again and running to some shop to buy a helmet...Gloves, some sites will provide but very occasionally you cannot rely on this. If you take, if you care about your hands you have to buy but nobody will tell you why you don't have. It's up to you. Protective clothing, some of the sites will give this yellow vests but then, although there protective gear in general but very few sites will give this vest…for sledgehammer they will give goggles, masks usually they will give if you have to strip a wall…headphones as well…the more*

*sturdy equipment like goggles, mask and headphones they will give in general.' (East European male, London)*

### *Perceptions of risk and types of risks*

There were different perceptions of health and safety risks. Six of those interviewed said they did not perceive their work to be risky, even when they were working as labourers or painters and indeed thought that there was too much emphasis on health and safety,' Absolutely safe…I have no idea what can be unsafe in a room, imagine this room, just without the…colour on the wall, so what can be unsafe?' (East European Male in London). Workers recognised that risks were high in situations where they were not trained, for example to operate machinery. Commonly recognised risks included injuries through lifting heavy loads, cutting fingers or hurting hands with tools such as hammers, machinery such as drills etc., working on heights and trips over cables. But in all cases, the attitude was often that these risks were not too much of a problem and workers seemed to ignore risks that did appear to be present or suggested that workplace risks were no different from the type encountered in everyday life, for example, when crossing the road (Latin American Male in East of England, working previously in Processing and Packaging). 'Many they are dangerous places because, you know, we work on the higher roofs, five or six meters…Yeah, in the high but everything is fine. There isn't...that's no problem' (East European Male in North East). From the employers' perspective, Construction was recognised as an industry carrying significant risks.

*'Well the biggest one would be falling from height, whatever height that would be, that's the biggest one. Um and then obviously I would say then say machines are the next one, moving machinery, so where we have got excavators, dumpers that sort of thing. Making sure they can get out and when you have done that and then it really comes down to specific risks but those are the big ones really.' (Construction employer in London)*

Amongst the more serious noted risks were falling off from heights because of inadequate protection like scaffolding, climbing ladders and doing other things without appropriate scaffolding.

*'For the moment it's a bit dodgy at the heart of it because we are working on the third, forth floor and we do not have so many protections…Some place I feel more safe. On this one we are working at the moment quite dangerous because of the smallest mistake I can make I can see myself flying…flying because is 6 floor up. The only thing remaining there is steel - 20 centimetres steel, 20 centimetres steel which I have to stand in there till I make…our place first, put a platform first for ourselves and then afterwards start work.. Other people calling us monkeys because we have to climb up the scaffolding. There is no ladders on it. We have to climb up… They [the other workers] having a laugh but we work really all dangerous…actually today we were in the 5th floor and all the steel was slack on the new extension building…But it just only on the steel - all the new extension moves...It moves, it shakes…if you are a bit fearless you can be…' (Other East Europe Male in London)*

Scaffolding was considered as hard labour and was badly paid. The other main risks came from cables and electricity.

*'The condition is dangerous because a ceiling is damaged, ceiling damaged, all electrical switchboard, electrical wire, everything is losing on the room, because the danger, electric wire, everything and the ceiling is fall down, some ceiling is up, some is falling down, so it's dangerous.' (South Asian Male in Wales)*

None of the workers directly mentioned lack of English as a perceived risk but given the high proportion of migrant workers in the sector who do not speak English and the need often to communicate immediate dangers, this must also contribute to heightened risks.

Perception of risk was also dependent on the worker's experiences of health and safety in their own country. So for someone who had very little information on training or procedures, UK health and safety laws might seem very strict and even unnecessary. Or because the worker was used to working in a different way, his perception of what a risky

situation was, could be very different. Largely, health and safety in UK was rated to be much better and 'stricter' than in the workers' home countries.

*' I think that in the UK they are years and years much more advanced to what we have in Poland, I think I would kill myself at work [in Poland] and nothing would happen, but [here in UK]…one time I put this board on the building site, because there was no ladder and I put that thing in order to reach something and I remember I did not put that properly on the ground and when the manager came to see this he was mad and in Poland that would be impossible to think that someone would check on you…' (East European Male in North East)*

However, some workers pointed out how the health and safety situation in their countries was better.

*'…there was H&S. I was as a painter, I worked on the roof. Everything was very sensitive there. In most cases there were some trainings, but here nothing. There were trainings always, more or less serious but still. Here there was nothing, not even a conversation. You either manage to do what you are told or not.' (East European male, London now working in Processing and Packaging)*

### *Accidents*

Although some Construction employers said that their accident rates had declined, with one citing a new 'Incident and Injury Free' programme for reducing accidents, only very few workers said that there had been no accidents, either major or minor, at their workplace. Common accidents that had happened to the workers interviewed consisted of minor falls, cuts on fingers, electric shocks and bruises and cuts from heavy things falling on hands or feet. There were also several serious incidents.

*' I had maybe only one incident which luckily wasn't fatal, I didn't break anything but fell through scaffolding, I was on the top floor of the scaffolding and there was a hole like maybe 70 on 70, with stair, with ladder but because somebody took the ladder and we been covering this with some piece of metal I forgot what was it, we been covering. Everybody who goes on the top covering so no, we been walking over but somebody from the management came, just came to check something and left it open and I was carrying some wooden bars…And I just went straight into the hole…the material stopped me falling down the...and I just hurt some ribs and just bruises, not, no anything more. But if fell with, if I was just walking without this material I would be falling down and definitely breaking some leg or something because I will fell on the next floor...' (East European male, London)*

In these cases the response from employers varied. In some cases compensation was paid, while in others workers who had been injured were not given any medical attention but told immediately to return to work. Some workers did not know what they were required to do about reporting accidents. However, even for those who had obtained some compensation there was a view that seeking proper compensation would lead to dismissal.

*'…a friend I think spent maybe a month off work but they paid him the full, without pressure like lawyers and everything. They just told him to stay home for one month and they paid his wages for one month…actually if he did contact anybody I'm sure now that he would get four, five times more but this is again even if he knew his rights maybe he will aggravate his relationship with the company or the agency, whoever gave him the job. So, it was good enough…. he just went back after that, they gave him job again and I guess if he decided to take the four, five times more probably they will be, they'll not give him anymore job because he's not on a contract this is temporary position, this week you have job, next week you might not.' (East European male, London)*

### *Monitoring*

While some workers were aware of inspections from health and safety officers (external), who 'just walk around and they look and what they are writing there' (East European Male in North East), most of them did not differentiate between internal monitoring and external monitoring. Construction was the sector where there was most likely to be knowledge of external health and safety monitoring. Six of those interviewed knew of HSE inspections that had taken place on sites they were working on or had worked on.

*'If there's anything, they fix it. From time to time we receive visits from health and safety Inspector. And we never had any problems with him. There have never been any accidents in those 20 months.' (East European Male in London)*

All those who commented on these inspections viewed them positively.

### A.3.11 Issues of health, safety and welfare

In terms of facilities, the response was varied. there were cases where adequate changing rooms, toilets and even small canteens were available for the workers, but in other cases, it was a very basic set up, or of very poor quality. Individuals spoke of having to queue for toilets and change in cramped conditions. Lights in the toilets sometimes did not work. In most places, there were facilities for making tea or coffee.. Showers were mostly non-existent, though there were usually sinks for washing up. These and other facilities also varied depending on the type of work place that the workers were working in, 'If we work in a hotel, we can use showers there, but usually not. And in the office, you have toilets of course, but no showers' (East European Male in London)

#### *Breaks during working hours*

Most of those interviewed got two breaks in between work, for half an hour each. At some sites, the break times were fixed, but at others, the workers could 'make it whenever you wish' (Other East Europe Male in London). Some workers also got breaks for 15 minutes, in which time they could go for tea, cigarettes etc. There was a mixture of paid and unpaid breaks. However, in some cases, the break depended on the job that the workers were doing.

*'Sometimes we have no chance to have even a break. Sometimes we have to ...eat it straight away and get back when we is concreting…we have to finish definitely because if concrete gets dry then it's going to be hard for us so we can't leave the stuff. So when we haven't got concreting, when the job is like doing shuttering or steel fixing, we stop at 10 o'clock 'till half ten to have a meal then and drink.' (Other East Europe Male in London)*

#### *Temperature and noise*

Working conditions at most construction sites were hard and workers often had to work in varied weather conditions. Noise was an endemic problem at almost all sites. But these were conditions tolerated by all workers, not just migrants. However, the growing number of migrant workers on construction sites, particularly in the London area, makes this an issue which is also specific to their work experience.

*' Sometimes you need to stay on the rain. Sometimes you need to work because some jobs are needed to be done - doesn't matter the weather. So if you ordered concrete - if the concrete is coming you must lay it. You must put it on. You can't stop.' (Other East Europe Male in London)*

*'…The cold especially, winter and you stay eight hours and it's… the weather is stress. You work hard, is making harder, is like this. Noise and toxin from the cars - engine exhaust… you eat a lot of dust (laughs). Sometimes you don't need food. I don't know how to explain but is a lot of dust you what you inhabit.' (Other East Europe Male in London)*

#### *Chemicals and cleanliness*

Harmful chemicals and materials and widespread exposure to dust and dirt were other conditions that workers faced at construction sites.

*'…Because a lot of people are working around you, for example plumbers are doing the pipes, gas, you know, other stinky stuff, the carpenters petting the halls and all these dusts. So yeah, very unhealthy atmosphere.' (East European Male in London)*

Most of these conditions were typical of the job that the workers were doing and in many cases, there were adequate PPE such as dust masks, goggles and earplugs provided by the employers.

### *Accommodation*

In most cases, the employers did not provide accommodation. In a couple of cases, the employers had helped the workers find accommodation as they were new to the area, but even in these cases, the workers tended to move out into their own accommodation as soon as possible. In general the accommodation of the workers was low standard.

### *General assessment of conditions*

Overall, half the number of workers (nine) were satisfied with the conditions at work, while the other half (nine) made a negative assessment of these conditions.

*'I'm young and I have a lot of money but this is a hard work but that's no problem for me, I'm trying, you know, but I must get more money but I haven't problem, you know...' (East European Male in North East)*

*'The conditions were very bad. The people running this firm, I don't know they were very pushy, click click click into these stones, faster, faster, who would manage this?' (East European Male in South West, working previously in Cleaning)*

## A.3.12 Impact of work on migrant health

### *Physical Health*

Almost all those interviewed complained of general physical tiredness, back and body pains because of the hard labour and negative effects because of working in open weather conditions;

*'In the raining almost never says [the employer] like stop work and get inside. If we stop work we don't get paid…so many times I've been [sick] ...when I've been working at Edmonton when it was raining and we're doing the walls and then three times my clothes was wet. three times my clothes dried on my body from the wind - and then I get cold and stop working for a week/two weeks then no one cares about that you know. He [the employer] doesn't pay' (Other East Europe Male in London)*

*'it's very physical, you never stop, summer and winter, usually let's say any building site before last month is very windy. Inside it's usually in the shadow but it doesn't matter if its winter or summer the draft is killing you regardless how you are dressed. I started feeling strains in the knees without any particular reason, without accident, just like that from the cold, from the heavy loads' (East European male, London)*

*'Once I've been very red after cutting wall. Brick dust was coming from my lungs, from my nose. My hair was red - was terrible.' (Other East Europe Male in London)*

There were also a few instances where their work had resulted in serious physical problems for the workers. This Romanian who was working in London was 27 years old.

*'…special things to lift kerb. I have sciatica now because of this…I was under the treatment, so I take a lot of medicine…some times the left leg is getting stuck. Is really painful…I feel I getting older (laughs). I tired yes. now I am going home, because of this I want to take a big break, longer break…I want to go because I feel a little bit sick. I have problem with my stomach…all this stress. Work hard stress and all this - accumulation, I don't know. Is getting all together so...the back pain is all the time…because of this I am going home [to Romania]. Because I didn't receive the caring…the last two months I've been twice to emergency with a big pain on my chest...I was big, big, pain…They [doctors] didn't know exactly.'*

One Construction employer did tests on employees to monitor for their health when working with paints or lead.

*'If they're working in galvanised or paints with lead, we monitor the blood level by the doctor and they wear these air flow masks which fits all over the head and they've got an electric pack on the back of them with a motor and it pumps air from behind them up over the helmet and down over the face so they're getting a constant flow of fresh air.' (Construction employer in London)*

### *Workplace stress*

The majority of workers felt that they were stressed and in some cases the only positive was the money that they got at the end of the day. There were also a couple of workers who felt nervous and aggressive. While money was a motivating factor, the apprehension that they would not be paid correctly added to the worker's stress levels. Only in a few cases (five), interviewees did not complain of any physical problems and an equal number (five) were not stressed about their jobs.

*'…because you got your payslips, your proper money, your respect for yourself, proud of you. Everything is different. One say to you do it the job, you don't become lazy, they [the employer] don't do pressure on you, you go easy.' (Portuguese Male in London)*

## A.3.13 Health and safety representation in the workplace

### *Informal mechanisms for raising concerns*

Most workers said that they were able to raise their concerns with supervisors or foremen.

*'..no problems if I would go and complain about something, for example the scaffolding, they would go and sort that out straight away, if they can't sort it out I would have to wait till they will get someone who will know how to solve the problem…' (East European Male in North East)*

However, some workers were hesitant to raise concerns, for fear of losing their jobs, or due to their unauthorised status, believed their situation to be too vulnerable.

*'You know, where we used to work as a labourer and I didn't really have permit and I think those people who hired me and like similar guys, knew about that, but the situation that we have to find a job to pay our bills…so we didn't have much choice at that time. (East European Male in London)*

*'I don't have documents with me. Although my building I don't have any questions about anything is dangerous for my life. If I have documents. I don't have documents.' (Other East Europe Male in London)*

*'They are scared because if they say something they gonna be sent home or something like this you know, they prefer to stay on the dark side… they are working without documents' (Other East Europe Male in London)*

### *Formal mechanisms for raising concerns – with union/health and safety reps*

None of the migrant interviewees in Construction had experience of any formal consultation mechanisms for health and safety on the sites where they were employed.

## A.3.14 Reasons for employing migrant workers

We asked the migrant workers we interviewed what they thought the reasons were for employing them. The main reasons they gave were.

- Cost of labour
- They were better workers
- The jobs were unattractive to UK workers

But of these the overwhelming view was that they were attractive to employers because they were cheaper to employ.

*'…they are cheaper than English. There were a couple of English labourers at our workplace, so there are no words to describe them…in the sense how they work They don't hurry and you can't tell them anything. They don't do lots of things, while we, Poles, we can do everything and fast. And we do everything well.' (East European Male in London)*

While these workers recognised that they were being used as cheaper labour, this was not a situation that they desired. They had been forced into this position because they saw themselves as not having any real choices. They needed to earn money because they did not have any alternative support system.

Migrant workers also perceived themselves as having different motivations from the English, which made them hard workers. They wanted to earn money and were willing to put their health at risk if necessary (Other East Europe Male in London). There were a few responses which linked migrant workers to being better qualified than local workers, but the overriding response was that of economics: migrant workers were employed because they worked at lower rates for the same jobs as compared to British workers.

Construction employers emphasised that there were labour shortages and that this was a sector that had traditionally relied on migrant workers.

*'In the construction industry there are. The fact that probably only 15 per cent of our labour force is sort of resident people that have been in the country all their life. I don't think too many people want to get into the construction industry any more. My son's 16, I got him an apprenticeship as a bricklayer and he walked away from it, doesn't want to work on a building site.'(Construction sub-contracting employer, London)*

But they also referred to the fact that local workers did not possess the traditional skills that were required within the industry.

*'The one thing we have found with Eastern Europeans is they do what Britain used to do in the forties and fifties and they have technical abilities so part of their schooling was that they learn construction trades as part of their school so bricklaying, plumbing, carpentry they do it anyway whereas Britain has stopped doing it, Eastern Europeans still do it so they come with a fairly high level of skill anyway.' (Construction employer in London)*

## A.4 PROFILE OF MIGRANT WORKING IN HEALTHCARE

The health service is one of Britain's biggest employers, with approximately 1.2 million employed by the NHS and approximately 0.7 million in the private sector. These figures do not include the social care sector. While this covers medical practices (doctors, dentists etc.), the focus of this research was largely on nursing and ancillary care staff. Further, while there are similar issues with migrant workers working as domestic staff[183] this occupation is not included within this section.

While there are smaller private nursing and care homes, the NHS remains the single largest employer of nurses and carers in the health sector. The key feature of the NHS nursing workforce, has been staffing growth (23 per cent since 1997[184]. Even this growth has not been enough to fulfil the staffing shortages that this sector faces, which are mainly due to factors such as the ageing workforce, increases in demand, as well as reduction in retention rates, with more workers leaving the NHS to go for private jobs. The labour turnover rate in Health is 14.1 per cent, the highest turnover rate within Public Services (cipd 2005).

Surveys and studies have found high levels of dissatisfaction within NHS staff. Secombe and Smith (1996) in their research on the nursing workforce found that there is a significant mismatch between the rewards, including pay, career prospects, working hours and the level of management support offered by the working environment and their needs and expectations. Increasing workloads, the excessive hours of work, the need to do 'bank'[185] work as well as a main job, skill-mix issues, shortages and cutbacks, have all contributed to low professional morale[186.] Even more bleak is the situation on working conditions. Meadow et al (2000) found that basic amenities were often lacking, there were accommodation difficulties, nurses were overworked because of staff shortages and most nurses were unable to do the jobs that they were trained to do, due to administrative or budgetary deficiencies. They also found that the NHS was marred by institutional racism. Bad management practices, bullying, harassment, stress at work and high pressure of work were other difficulties that nurses faced[187].

Recruitment from overseas has been one of the key strategies to increase the recruitment and retention of nursing staff. Nursing is currently flagged as a shortage occupation in the UK and permits are issues on a fast track basis. Data from the register of nurses and midwives originally trained and registered outside the UK shows that in 2004/05 (till March 2005), a total of 12,692 entrants were admitted to the UK from all overseas countries[188]. Of the sourcing countries, the four most important in 2003/04 were: Philippines, India, South Africa and Australia. Since April 1997, there has been an aggregate of more than 80,000 overseas admissions to the UK register. In the last four years, overseas sources have contributed about 45 per cent of the new entrants in this sector[189]. However, registration does not guarantee a placement in the UK. A survey by 21 Century Nurse[190], of 200 overseas nurses who applied for registration from the Nursing and Midwifery Council (NMC), found that a majority believed, prior to registration, that there were many placements for overseas nurses in the UK, with only 16 per cent being

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[183] *For an overview of issues relating to domestic workers, see Anderson, B. (2001) Just another job: Paying for domestic work. Gender and Development Vol. 9, No. 1.*

[184] *Buchan, J. (April 2005) RCN UK Nursing Labour market commentary 2004/05. Queen Margaret University College, Edinburgh.*

[185] *'Bank' work is the system within the NHS for covering for short-term staff shortages.*

[186] *Secombe and Smith (1996) Voting with their feet. Nursing Standard 1996; 11(1): 22–23. .*

[187] *Meadows, S., Levenson, R., Baeza, J (2000) The last straw: explaining the NHS nursing shortage. King's Fund, London*

[188] *Buchan (2005)*

[189] *Buchan (2005)*

[190] *21st Century Nurse web based newsletter from www.21stCenturyNurse.com*

aware that in reality there were only limited numbers of placements. There is a code of practice of international recruitment of nurses, which attempts to limit the potential negative impact of sending countries, by restricting active recruitment to certain countries. However, this does not cover private sector employers, or health professionals who take the initiative and apply directly for employment in the UK.

Overseas nurses have a younger age profile, compared to UK trained nurses. They also have a significantly higher proportion of male registrants (15 per cent as compared to the 10 per cent UK average)[191]. There is a London bias in the concentration of overseas nurses; in October 2002, one in four of all registered nurses in Greater London was from outside the UK. Overseas nurses are generally recruited actively from the source countries, through direct applications and through agents, the most common being recruitment overseas through a recruitment agency.

According to the HSE, in the five year period 1996/7-2000/1, over 61,100 healthcare workers suffered an injury (an average of 12,233 per year), of which more than 50 per cent of these involved handling/ sprains. There were two fatalities in this period. The Labour Force Survey for 1998/9 identified that health and social work had an above average rate of injury. Ambulance workers and nurses were 2.8 times more at risk than clerical workers. Further, the Self-reporting Work Illness Survey 1995 identified that nurses had one of the highest rates of musculoskeletal disorders (an estimated rate of 5.8 per cent compared to the average of 2.5 per cent). Nurses also reported high rates of stress, depression or anxiety (an estimated rate of 2.2 per cent compared to the average of 0.7 per cent)

The main causes of injury included manual handling/ musculoskeletal injury, slips and trips, assault/ violence and being struck by something sharp. The main causes of occupational ill health were musculoskeletal injuries, dermatitis and work related stress.

Migrant nurses face specific risks that impinge on their health, safety and welfare. Allan and Larsen (2003)[192] found that experiences of working in the UK varied widely between the NHS and the independent sector. In the independent sector, migrant nurses were working as care assistants[193] and felt isolated. Some reported bullying from local care assistants and felt they were being policed. The experience of not being allowed to use their nursing qualifications was also a problem to migrant nurses working in the NHS where they were prevented from using nursing skills they had practised in their home countries. Internationally recruited nurses experienced exploitation in various ways, but particularly from their managers who used them to cover undesirable shifts.

Language is reported as a main issue of communication by new recruits, especially in understanding local dialects by overseas nurses[194], but also because colleagues and patients found it difficult to accept the migrant nurses' accents and dialects[195].

Racism from other staff, managers or patients is also an ongoing issue that migrant nurses face. Common to these experiences is that their qualifications as competent nurses are

[191] *Buchan, J (2003) Here to stay? International Nurses in the UK London Royal College of Nursing*
[192] *Allan, H. and Larsen, J.A. (2003) We need respect: Experiences of internationally recruited nurses in the UK. Royal College of nursing.*
[193] *All nurses need to be registered with the Nursing and Midwifery council and some need to undergo an adaptation process before being able to register as a practitioner. This is where most of the exploitation of migrant nurses takes place, especially in the private sector. Overseas qualified nurses have been reported as being not allowed to or being unaware of this adaptation process and put to work as care assistants, which means they can be paid less and made to do non-nursing tasks.*
[194] *Buchan (2003)*
[195] *Allan and Larsen (2003)*

questioned[196]. Migrant nurses are also excluded from the solidarity of their colleagues, feel the pressure of coping with new practices and a radical drop in status, coming from a senior nursing position in their home countries to working under the supervision of untrained care assistants in the independent sector[197]. All these can lead to decreased physical safety (for example, lifting patients when that is not a part of their job), as well as increased mental stress.

The main TUC union in the sector is UNISON, although the nursing union RCN also organises within the sector. Union membership levels are relatively high; the sector has a union density rate of 43.8 per cent[198], the highest union density rate of all the sectors surveyed for this report. Thus the sector is well organised and collective bargaining covers most workers in the public sector. However, within the private care sector union membership levels are much lower.

### A.4.1Country of origin and nationality

By nationality, the largest groups interviewed were nine each from the Philippines and from Sub-Saharan Africa (various countries of origin). All of the Filipinos were nurses, which reflects the high level of recruitment from there. Six of the nine workers from Sub-Saharan Africa were care assistants. Otherwise, there were five from A8 countries, two from other East Europeans countries, four from South-East and East Asia and two from South Asia.

Many of the interviewees commented that there were many different nationalities in their workplaces. In some cases migrant workers indeed constituted the majority of the staff. The most common countries of origin were the Philippines and India. Workers from Sub-Saharan Africa, in particular South Africa and Zimbabwe, were also often noted. In some care homes it seemed that Central and Eastern Europeans were more becoming more common.

Employers also indicated that migrant workers came mainly from the Philippines, India, Dubai, Pakistan, Indonesia and the Caribbean, but one indicated that there had been an increase in workers from Central and Eastern European.

### A.4.2 Gender

We interviewed more women (21) than men (10) who were presently working in the Healthcare sector. This over representation of women within the sample reflects composition of the sector, where around eight in ten workers are female..

Employer interviewees stated that women were the majority among the migrant workforce, with one citing that 60 per cent were female and another stating that 80 per cent were female.

### A.4.3 Age

In terms of age groupings, the proportion of workers in this sector whom we interviewed who were in their 30s was higher than for the other age groups, with nearly half of those interviewed falling into that age group. Next in terms of numbers were those in their 20s, with nearly one in three in that age bracket. This was followed by those in their 40s, represented by one in five of the sample. None of the interviewees were under the age of 20 and none were aged more than 50. Employers too indicated that the workforce was more likely to be in its 30s and older.

[196] *Allan and Larsen (2003)*
[197] *Allan and Larsen (2003)*
[198] *Employment Market Analysis and Research (2005) Trade union membership 2004, National Statistics dti*

### A.4.4 Status

Within the Healthcare sector the largest group of those interviewed were working under the work permit scheme, this accounted for the employment of six in ten of those interviewed. Four of those in the sample were EU nationals, three were students, one was a refugee and in the case of two of those interviewed, their status was not known. There were no workers whose declared status was undocumented or unauthorised. The fact that their status was in general regular suggests that their working conditions and work safety would be better protected.

#### *Impact of status on employment*

The fact that most of the workers in the Healthcare sector were authorised workers with a legal right to work meant that it was rarely issues of status that impacted on their entitlement to key terms and conditions, as was the case for some of the other sectors researched.

### A.4.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

With few exceptions the workers in this sector had good levels of English language skills, which was a requirement of their jobs and had been tested in the recruitment process. Three of the care workers did not speak English well though – two of them were unqualified and the other was a nurse who had been recently recruited abroad, for a relatively unskilled post relative to her qualifications.

Employers indicated that although in general workers had a good level of English, translations were provided as necessary.

*'National policy initiatives are translated into the languages used by the migrant labour force and there is robust staff involvement in communication.' (Healthcare employer in the South West)*

Nature of supervision – gender, nationality and language

All of the workers reported that supervision was in English, with one exception of an unskilled care assistant who worked with other Polish workers under the supervision of a Polish team leader. Most had no problems in terms of communication, apart from some difficulties with accents. One care assistant in South Wales noted that while she and other African care assistants did not have problems, the supervisor had communication difficulties with her Chinese colleagues. Workers were more likely to be supervised by a woman than by a man and some commented on the assistance they had received from supervisors. The only other issue hinted at by a couple of interviewees was that the migrant workers sometimes had more education and experience than their supervisors.

*'Actually we have the English supervisor, they are quite good, I think but still education is much less than mine so sometimes we have small problems.' (East European Female in East of England)*

### A.4.6 Routes into employment

Fourteen of the interviewees had been recruited overseas, usually through an agency in that country, engaged by the client hospital or care provider to find workers. In these cases the recruitment process was typically by application and interview in their home country with representatives of the agency and/or company.

*'I had to send my C.V., to the Polish agency and they cooperate with English agency which they are looking for the workers. And I was invited at the interview and this interview was people, English man from the English agency and from Polish agency and the employer was director of this company. So I could speak to employer directly and after that they decided that I can go because my English is good enough to work as a carer. So after two weeks I travel, I came here.' (East European Female in East of England)*

Nine of those interviewed in the sector had been recruited by word of mouth, while six had come through an agency in the UK. Within the UK, various methods had been used

for finding work, such as searching for vacancies over the web, accessing Jobcentres and general word of mouth. A formal application process was commonly required. Three of the workers who had been initially recruited overseas had subsequently found new jobs through the UK market.

*'Ok, the health care job… the library told me ok there is a job shop with the contact details how to apply there so I just filled the form and I was called for the interview [and] after all the check ups, health care, screening and all the references and CIB - you know I went through all that before I was given the job.' (Sub Saharan African male in North East, had worked previously in Cleaning)*

Employer interviewees confirmed that the most likely entry route into employment was through direct recruitment abroad.

### A.4.7 Nature of the employment relationship

Virtually all of the workers in this sector were working directly for their employer. Only three were working through an agency as care assistants and one was self-employed as a private carer. Two thirds of the employer interviewees also directly employed migrant workers.

Of the small number employed through agencies, one had been employed in a care home for the elderly; another worked as and when required and available. The third agency worker expressed satisfaction with the work provided through the agency.

*'At the moment I'm working with, so it's an agency and what it does it recruits people who are interested in care and not only the elderly people, not general care alone, but they go beyond that, to psychiatric department and linked disabilities and I've been with them since April last year, 2002, till today.'*

Some workers indicated that sometimes applicants had to pay a fee to the agency. As part of the recruitment process, immigration requirements and contract papers for the UK were usually sorted out.

*'They do all the passage and papers… settle all the requirements and that's it. And you paid a month, or something, you pay a fee for them to look for you for a job.'. (Filipino Male in North East)*

One in three employer interviewees said that they did use agency workers.

### A.4.8 Skills and qualifications

#### *Previous experience and employment*

Thirty-one interviewees were either working in the Healthcare sector currently or had previously been working in it. Sixteen of them were care assistants, thirteen were nurses and two were allied health professionals (physiotherapy phlebotomist). The grade or position was unclear in most cases; two interviewees clearly had ward management responsibilities and two others were specialist nurses but others seemed to be in relatively junior positions. The main workplace experience of 18 of the interviewees was in hospitals, mainly as nurses. A few of them had worked in care homes in the past. Ten interviewees were working in care homes currently, usually as care assistants. Two others had formerly worked as care assistants in homes and had since left Healthcare altogether (in one case the interviewee was then working as a hospital cleaner). One person was working as a care assistant in private homes.

Several interviewees had nursing qualifications and were over-qualified for their positions. Some had been recruited overseas for relatively basic work as care assistants when they would have preferred hospital-based nursing work where they could have used their skills.

*I was expecting that it's a hospital, [but] it's a nursing home. When I came here I worked as a nursing assistant, which I'm not used to you know… it's not my job, I didn't take my [nursing] degree to make you a tea, or to give you food and to clean the floor. (Filipino Male in North East)*

Employer interviewees said that the jobs that migrant workers did were more likely to be skilled than unskilled jobs but despite this some employers claimed that migrant workers were nevertheless over-qualified for the jobs that they did. One employer made reference to cleaning staff who were qualified for medical professional jobs but could not carry them out in the UK (Healthcare employer in the North East).

Eight people had backgrounds that were not linked to health and social care such as a shoe seamstress, telephone engineer and management student. They were employed in basic care assistant work, which did not require specific skills or qualifications – a couple had since trained in this area.

*That's right...I have never been any school as… I don't have any qualifications as a nurse or nursing assistant...but I have a training now'. (South Asian Male in North East)*

In terms of length of time working in the UK, migrant workers in Healthcare were just as likely to have been in the UK for several years as recently arrived. Sixteen had been in the UK more than two years, while the remaining 13 had been in the UK for less than two years. Four had been working in the sector for less than six months, five for between six months and a year, four for between one and two years, sixteen for between two and five years and one for over five years (for one remaining interviewee it was unclear). Several of the interviewees had also worked in other countries other than their home country, notably in the Middle East.

### *Checks on qualifications*

With few exceptions the interviewees in this sector had qualifications and experience in nursing and care work from their home country, which were tested as part of the recruitment process. Their work in the UK was therefore generally relevant to their profession. Employers said that they tested for numeracy, literacy and proficiency in English.

However, many interviewees had had to take an adaptation course before being able to register and practice nursing in the UK – for some this was obviously a routine but necessary rewarding phase in their career when they were limited to performing tasks below their qualifications and abilities.

*'Because you can't move here in England without any qualifications, being a nurse. The first thing is they have to check you have a degree, you are a nurse, you have education in nursing and they hire you and after that they make adaptations for the NMC, for registration for about 3-4 months, then you will get registered and you can be as a qualified nurse here.' (Filipino Male in North East)*

*'Well, we started as a care assistants, like adaptation only. So, we helped them their routine, cleaning, do all the morning wash with the patient, feed them, bath them. And as soon as we get a bit longer, they assess us. Well, not really assess. We can already... give medicines. So, nothing much exciting about nursing in the home. It's just very, very routine.' (Filipino Female in South West)*

Access to the adaptation courses also presented difficulties, as courses were often not readily available. As noted above, several nurses were over-qualified for care assistant work, but accessing the practice training from the nursing home was not always easy.

*'They didn't provide my supervised practice nursing course after six months. They were not training. Previous people who were doing this course, they were not signing them off in time. So I thought it's not going to happen here, my course is not going to happen here, so I applied in NHS and I find working in the NHS is much better than working in nursing home.' (South Asian Female in London)*

### A.4.9 Key terms and conditions

#### *Written terms*

The majority of interviewees stated that they had been given a copy in writing of their terms and conditions and the existence of written confirmation of contract terms in part reflects the nature of their employment and employer, particularly those who were working in the public sector. All of those working in the NHS had been given written contracts of employment. There were two employees in nursing homes that indicated that they had not been given a copy of their terms in writing; instead both suggested that there was just a verbal agreement of their employment terms. Two of the agency workers also indicated that they did not have anything in writing.

Part of the contract terms for three of the interviewees recruited overseas was that they had to work for their nursing home for a minimum of one or two years. To leave earlier they would have to pay the company back several hundred pounds or not receive withheld salary.

*'The nursing home… when I came over there was a contract saying that they will deduct one week salary and they paid only for three weeks' salary. They told they will give back one week salary for six months if I work for them about two years. After two years they will give back the six months… That was written in my contract… I was so unhappy about that.' (South Asian Female in London)*

In this case the worker had left her job and accepted this loss. One Eastern European woman working in the East of England who wanted to leave a care home but found herself trapped by this situation wished that more information had been provided at the time of recruitment in her home country. Two other interviewees, a Filipino male in the North East and a Filipino female in the South West had also faced this situation when they wanted to leave a nursing home, due to concerns with the health and safety standards, but in their cases they had successfully avoided the company fines, with the advice and support of UNISON.

Healthcare employers did not indicate whether or not all migrant workers were issued with written contract terms. Those who were working with work permits did have written contracts but the situation was less clear for other workers.

#### *Hours, shifts and overtime*

The majority of workers were working full-time – many had standard 37½ hour weeks; although of those indicating the actual hours they worked around a third were working in excess of 40 hours a week. Three were working part-time for around 20 hours a week. Several workers were working shifts, either a morning shift that began at 8am or a night shift, including 10 and 12-hour night shifts. These night shift workers worked longer hours – 40–48 a week. Most of those interviewed were working five-day weeks, although the night shift workers worked four longer shifts a week. Migrants were seen to be more likely to be working nights and were easily exploited because they wanted to earn as much as possible and night shift work was one way to achieve this.

*'And offering additional night shifts is exploitation, because these people will do it. They're away from families and want to utilise the time to work and earn money. I don't think it's legal; it goes way beyond what's permitted working all these night shift in a row. I had a situation before my holiday, I was working eight night shifts, had one off then three more nights. After these three nights I was supposed to have one night off and do three more nights.' (East European female, South Wes)*

Only two workers regularly worked six days a week. One African worker in the North East had changed jobs and extended his hours for financial reasons. For those working through agencies hours of work might be more irregular, as one of those interviewed explained.

*'Actually, then you do, then you work for agency you don't have contract hours...but the say to you we give you 37 or 40 hours a week, but ehm end of the day is this which like if I'm working with full-time job… so I'm working just four shifts, maybe like 26 hours, 30 hours, sometimes I do 40 hours I think I do lot of hours in nursing home. It was my previous job, so I've done 78 hours a week as well.' (African male, North East)*

Although in general employers indicated that contracts were for around 35 to 40 hours a week. One said that all workers had waived the 48 hour maximum and 'on busy weeks worked up to 55 hours'. Some employers spoke of how they had asked workers to sign opt-outs from the Working Time Regulations.

*'They are no different to any other member of staff; they do the same hours. They've asked and we've made them sign the Working Time Directive, because they like to do over the Working Time Directive hours, for obvious reasons because they send money home. So they want to earn as much as they can, but we will only let them do so many shifts a week because matrons won't allow any more even though it does upset the boss a bit. But we have made them sign that they're prepared to work over the 48 hour Working Time Directive. Which they're entitled to do as you know in this country. I believe it's changing some.' (Healthcare employer in South West)*

### *Pay, holidays and sickness*

The method and frequency of pay to the workers in the Healthcare sector was generally regular and there were few issues of contention. A lot of the interviewees did not divulge information about what amount they were paid. Six confirmed that they were earning the minimum wage and another two were earning less than £6 an hour as a basic rate. Others reported hourly rates varying from £6 to £11 an hour, or annual salaries of around £21,000. Three workers referred to higher rate paid for weekends and/or nights.

Some workers did have access to overtime rates, which could also be at a higher rate, particularly if it involved doing night shifts as overtime. However, a number of workers mentioned that overtime was limited, due to the additional supplements it attracted and that 'bank' nurses were used instead because they did not get paid overtime rates. As one worker noted,

*'Oh yes. You get extra pay. But now, because of the budget of the NHS is a little bit tight, they don't want overtime, you have to do bank shift, because bank shift, if you are a bank nurse, they pay less. Unlike if you work as an overtime is like 1 and 1/2 [time]. So the pay is more when you do the overtime.' (Filipino Male in North East)*

There was also an issue of pay during bank and public holidays. One interviewee noted that different care homes had different policies regarding payment where staff were rostered to work on public holidays.

*'For that bank holiday each home has different policy anyway so some homes tell you that you have to work for Christmas and New Year and some will say just Easter and some of them tell that you get paid only for Christmas and New Year and £10 on Easter so the pay for holiday, the Bank Holiday is not [the] same.' (Sub Saharan African Female in North East)*

### *How terms compare*

Thinking about the terms and conditions of migrant workers overall, several interviewees were of the opinion that there was no difference between them and UK workers. However, a couple noted differences in how they were treated in terms of workload allocation, while others referred to the worse terms faced by those who had not been able to get their qualifications recognised. In addition there were other complaints about how work was allocated, how supervision operated, how annual leave was organised to the detriment of workers who wanted to travel back home and how they felt migrant workers were viewed, that contributed to the overall view that, despite a formal equality of terms and conditions, they did not have equal status with UK workers. One worker also noted that while health professionals were treated equally lowered graded and in particular contract staff were poorly treated.

### *Overall Assessment of Terms and Conditions*

Overall more of the workers were satisfied with their work than dissatisfied. The ability to practice their profession was important.

*'My present job now is more… acceptable in terms of being a professional. When you go for a job there's always terms and conditions and it's more you can practice your profession, compared to the first job I had in the nursing home. You can share your experience, you can share your knowledge to them, you can give and provide the care of a patient.' (Filipino Male in North East)*

## A.4.10 Health and safety in the workplace

### *Training*

Virtually all of the interviewees had received some form of health and safety training and information for their work. Invariably there had been an induction process covering various topics such as manual handling, infection control and emergency response. The length of induction varied from a few hours to one full day to over a week. Some of the nurses recruited overseas had also been required to complete a series of courses before being placed in work, followed by the site specific induction.

*'I was very well prepared by the trainers who came to Poland… There were 30 of us on this training. We were divided into three groups. One training was about safety of food distribution, the other about general health and safety in the home, like fire precautions etc and then health and hygiene. We worked in groups of 10, the trainer introduced a subject and then we had exercises around these subjects and each lecture ended with a test.' (East European female, South West)*

*'We have a lot of courses and seminar on this health and safety before I started work. I had a series of courses and seminars to teach you what the work is about, what you have to do, hazards of doing this, we did manual handling, fire, health and safety and immediate life support you know. You have one whole week the people come around they teach you… We have video we have demonstration, practicals.' (Sub Saharan African Female in Wales)*

Several interviewees commented that there was testing to ensure that workers understood the training. Without a certificate of completion they would not be able to start work. A couple of workers also related shadowing by more experienced staff for a period. All of the Healthcare employers said that they offered induction training for new workers.

The majority of migrant worker interviewees referred to on-going training. Refresher courses were completed periodically, ranging from every three months to two years. Some workers also pointed out that health and safety information was reinforced every day or week as part of daily routines of work. Agency workers also reported that they were required to undertake refresher training.

Various methods were often referred to for delivering training. Besides lectures, they included videos and practical demonstrations. Apart from one unskilled care assistant and cleaner in a home, whose supervision and training was delivered by a Polish team leader, all of interviewees indicated that the training was in English. This had posed few problems in understanding however; as discussed previously most of the workers had a good level of English. A couple also reported that the trainers had taken care to communicate clearly.

*'So basically we had handouts to follow as well as listening to the trainer. This helped me quickly to understand what the trainer was saying. Generally the trainers speak very clearly and slowly and it can be understood.' (East European female, South West)*

One migrant interviewee complained that she had a few problems with understanding due to the fast delivery of the trainer and another admitted that she had learnt more from practical experience than from the induction training.

One employer stated that they recognised that in some areas of employment there were communication difficulties. Some material had been provided in the languages of migrant workers and other efforts were being made to adapt training to the workers' needs.

*'We do have interpreter facilities. We are running other courses, a slight diversion from health and safety, but on the food safety is where we can do, we would actually have books in the language, be it Spanish or something of that nature and exam papers in their language so we can mark them and make sure that they understand the principles. Ultimately we can use tutors who speak the national language, [inaudible] on that basis. At the moment it's mainly turn up, a presentation's been done in English, but we do need to look at the issue of communication.' (Healthcare employer in London)*

The majority of interviewees from the Healthcare sector were positive about their training. As discussed (below) under procedures and equipment, there were two nurses who were critical about the lack of manual handling training in care homes where they had initially worked. One interviewee also stated that he had had no training whatsoever but had not elaborated on this in the interview.

### *Health and safety procedures and equipment*

The majority of interviewees in the healthcare sector discussed positive examples of procedures and equipment used to ensure the safety of staff and patients. Most commonly they related to procedures in case of emergency, such as fire or first aid. The use of safety signs to prevent slips and trips was also referred to.

Six interviewees talked about good procedures and equipment for lifting and handling patients. Typically they were requirements for at least two staff to move patients and use hoists, slings or other aids for lifting.

*'There are also people we need the two of us for, because we have to use stand aids and hoists, so two of us must work together. There is a schedule to tell us the order in which to do this.' (East European female, South West)*

*'We have good hoists for lifting, we have got sliding sheets and whenever you require, they bring it for you, you have got manual handling sessions which is a must, you must have a manual handling session before you working here so that you would understand.' (Sub Saharan African Female in London)*

Five others felt that such procedures and equipment were inadequate at times though. In particular, short staffing had been an issue during night shifts for a couple of workers.

*'Staffing is very poor; like one nurse to take care of all the 36 residents in the nursing home... with two carers in the night shift, it's terrible... it's very risky to the patient and to the nurse as well.' (Filipino Male in North East)*

*'I work one time it's only two of us because… they don't have the staff and we're only two in the ward. It's not really safe. And that time I was heavily pregnant and there are three patients who are really poorly, they need hourly monitoring. The other [nurse] is hourly monitoring blood sugar and taking a blood transfusion. And I'm just alone. My goodness. And the other one's been taken or was moved to the other ward… It's not safe for me and for the patient and they should remember that our patients are heavy…. Some of them are immobile, unsteady. And some of them are confused, you know. So I did this accident report and submitted it but nothing happened.' (Filipino Female in South West)*

Two nurses had found the procedures and equipment for handling patients inadequate in care homes when they initially came to the UK and had subsequently moved on to hospital-based nursing work where there were better standards. Both an African female working in London and a Filipino female working in the South West were surprised at the absence of appropriate procedures for manual handling and the lack of use of hoists and other aids. One suggested that in the care homes 'there are certain procedures but they are typically not being taken care of perfectly. They have there on paper because you could read, you're trained about them but the management does not implement them'.

*'The biggest risk you have is by being exposed to poor techniques of handling these patients. So, if machines are not right, if people are bedridden and you have to move them in a low bed, those are the two main problems which are continuous, you have to face them everyday so they are repetitive, continuously exposing you to risk. These ones are the main ones and because this is a nursing home, those two shouldn't be compromised.' (African female, London)*

Other interviewees commented on the good safety procedures in their care homes, however. One interviewee, who had previously worked in Construction and Hotels and Catering before turning to care work, was impressed, although this may relate more to the poor health and safety standards he had experienced in the other sectors, as he also later commented unfavourably on the employers' general lack of a duty of care.

*'Every new place hospital, nursing home, before you start working somebody will show you the fire exits, will show you everywhere after working, I mean after doing something for some of the patients although you wear gloves you still have to use the red scrub, some anti-bacterial soap, like twenty, thirty times per shift and through the course plenty of rules, how to treat the patients and again how to look after yourself. Do not do this, if you feel like your back or etcetera, there is certain rules. One person doesn't have to do this; no manager in the nursing home can tell me to life manually a patient if this patient doesn't help me. I just say no, I will try to prompt him, if he is unable I will wait for another colleague, there are belts and etcetera. In this particular field it is very well protected the health.' (East European male, London who had worked in Healthcare although currently in construction)*

Another aspect of safety procedures and equipment was infection control. Once again the majority of interviewees who commented on this were positive. Gloves, aprons and disinfectant wash were usually provided, with procedures on how and when they needed to be used. In some cases, masks were also used although one interviewee complained that this was dissuaded by management when in the Philippines it would be accepted more widely. There were four workers who also commented on shortfalls in supplies of gloves and other protective equipment.

*'We use gloves for everything, everything we do for the residents we have to wear gloves. We have antibacterial liquid used after we wash our hands. These are provided for us, but they do sometimes forget to put enough out for us, so we have to look around for gloves, even use our own private supplies. We have special places we hide them after the delivery especially for the night shift, because if they forget to leave us enough for the night, we have to share our supplies between us.' (East European female, South West)*

*'They have signs everywhere to wash your hands, to change your gloves and change your apron after each child, but this is the problem, because the hospital does not have money… sometimes we have to use one glove for three children.' (East European Female in North East)*

### *Perceptions of risk and types of risk*

Virtually all of the interviewees commented on risky aspects of their work to themselves and/or to patients in their care, there were only four interviewees who did not perceive that they worked in an environment that carried risks. However, overall they were more likely to categorise these risks as 'minor' rather than 'major'. As they were more likely to be working with the elderly in care homes or on night shifts with limited supervision, these risks, particularly those resulting from lifting and with patient aggression, were more commonly experienced. The most commonly cited risk was injuries from having to lift or support patients, who could sometimes be very heavy and immobile. Ten interviewees raised this as an issue, although they may have had equipment such as hoists available, there were times when they would need to bear the weight of patients leaning on them or have to bend to support them. Six workers also spoke of the risks associated with working with aggressive or confused patients such as people with mental health problems, dementia or disabilities.

*'Some of our residents are aggressive… Especially I'm working more of my work time… with people with mental problems. And they are not guilty but many times they don't know what they are doing. This is other risk.' (Other East European Female in South West)*

*'If you are working with disabled people you have to be careful, you can hurt your backs, if somebody in the wheelchair… and maybe they are 15 stone or 16 stone… maybe you can't grip them yourself, then they can fell down in the ground and you broke your leg or your back so... for health and safety reason you have to be careful… you have to be bring someone they help each other.' (South African male, North East)*

*'Back problems when lifting and lifting patients who are not able to move at all and helping the patient in transferring bed to chair or transferring from chair to, moving them. If they fall, if they try to fall down, if you don't have enough people to hold up, we will take the weight of the patient and it hurts us. And if some psychiatric patient or confused patient, we are dealing with them, they will squeeze our hands, turn our hands, really hurts us. I do have pain in my hand from one patient who is confused, really squeezed my hand and I'm trying to help.' (South Asian Female in London)*

Another factor mentioned by five interviewees was the risk of infection. Four also commented on the potential for needle prick when taking blood from patients.

*'You have to practice infection control. If you have that you will seldom get these kind of diseases… But there are some instances that you cannot avoid… some patients will just vomit blood, it will be accidental.' (Filipino Female in London).*

There were a couple of workers who noted a risk of slips when tired or pressured in large homes and two who complained of areas being a hazard due to being blocked with equipment. Employers too highlighted slips and trips and manual handling as the main risks. But they also referred to risk to patients through giving incorrect dosages of medicine.

### *Accidents*

About a third of the interviewees had had accidents or heard about other incidents. One of the more frequent causes of accidents was from working with aggressive or confused patients and a couple of the interviewees had directly experienced such situations, with one having been physically assaulted by a patient ((East European female, South West). There were a few other incidents reported. One worker reported that she had once fallen down some stairs and a colleague had once hurt her hand in a collision with a wheelchair – in both cases first aid was available and they were not seriously hurt (East European Female in East of England). Falls by residents were a more commonly reported incident (five interviewees).

With regard to the other major area of risk discussed by the interviewees, there were a few cases of needle prick reported and one accident.

*'When I removed the catheter, the patient moved her legs… the catheter inside is rubber, so when she moved… all the fluids inside splash to my eyes. So I was really worried, so I see all her notes… she has only one infection, which is MRSA, I was really bothered… I wrote an incident report… It was not me, the one who assisted me, I think she was careless… she was just a bank nurse (agency nurse).' (Filipino Female in London)*

It was reported that there were set procedures for seeing occupational health and getting tests done to ensure that the worker was not infected.

In general the workers reported that their employers had accident/incident books that were completed routinely.

### *Monitoring*

Only six workers were aware of monitoring procedures such as inspections of standards of care and cleanliness. Others commented that they were not senior enough to know how this worked. In general where they were aware of health and safety monitoring it was being carried out internally. A couple with managerial responsibilities reported that they had to monitor safety procedures and equipment.

### A.4.11 Issues of health, safety and welfare

#### *Breaks during working hours*

All of the interviewees reported having some breaks during their hours. Typically there were three breaks during a shift – one longer for 30 minutes to an hour and two shorter for 15 to 20 minutes. Most found the breaks adequate although one nurse in an intensive care role felt that during long shifts this was not enough (Filipino Female in London).

A couple of interviewees (Filipino Male in North East; Filipino Female in South West) indicated that sometimes they would not take breaks if there was work to do, but hinted that their UK colleagues were less likely to do so. Facilities normally provided for the workers included staff rooms, kitchens and bathrooms of varying quality – some were satisfied with them but others opined that they were too small or dirty due to the number of workers sharing them. Some workers were surprised at the lack of changing rooms and lockers for their clothes and were also concerned over general standards of hygiene (East European Female in East of England; Other East European Female in South West).

*'I think it's very strange for me here especially in the beginning yes, when I saw everybody with uniforms from their house with uniforms to work and after that we haven't got any room, staff room to change. No room, when we have to change our clothes and that's why we go with uniforms and come back with uniforms. This is not safety, these uniforms are very, very dirty.'*

#### *Temperature, noise and use of chemicals*

Working in hospitals and nursing homes there were few problems raised about the conditions in terms of space, ventilation, noise and temperature. Some complimented the good conditions but one person complained about working in a congested ward (this was the only example, however).

*'Here I wouldn't say we have space, it's too shocking especially when you need to hoist a patient there's no space. Even when you've washing patients, you know you're pushing the other chair or the cupboard of the next one (who complains), it's too congested… it's really hard to manoeuvre around cause it's too small for twenty patients.' (Sub Saharan African Female in London)*

Only three spoke of using chemicals, but they had well understood procedures in place for handling them.

*'We had a special training for use of detergents COSHH with the main principle of not combining these detergents. We were informed about the dangers in use of such substances. So we do have knowledge on how to use them. And when there is an accident the nurse has to respond to it. For example dress it if we spill such substance on ourselves. It's very dangerous for us if we have people with staphylococcus, the MRSA. Because of the dangers it poses we are very much disciplined in obeying the hygiene rules and procedures. It protects us most of all, not only that we don't spread the infection to other residents but us personally. In my first job I had to be vaccinated against hepatitis.' (East European female, South West)*

#### *Cleanliness*

What received more comments were the standards of cleanliness. There were some positive statements.

*'The good part of it is that the home is so clean… the standards are very, very high… and then the living condition I think that [the residents] feel like they are more at home.' (Sub Saharan African Female in South Wales)*

However, issues of dust and dirt were more frequently raised, with about one in six of those interviewed indicating that there were at least occasions where this was of concern. These concerns revolved around standards not always being maintained, for example due to staff shortages. Some of the nurse interviewees complained that their jobs now included an element of cleaning. Five were more critical of some of the cleaning procedures in their hospitals or homes.

*'How clean ? It's clean, it's generally clean. But you know, like one time the cleaner was off sick and no one is taking the place, place and you can see some dirt on the floor or some stain on the floor you know from the faeces of patients, things like that and that's not really clean. But it happened on there about like a couple of times. But generally speaking the hospital is clean.' (Filipino Male in East of England)*

### *Accommodation*

Ten interviewees indicated that they had had accommodation provided by their employer when they first came to the UK, but most had since moved on. Opinion on the quality and cost of this accommodation varied, some found it good value but a couple of others had had to share overcrowded conditions.

## A.4.12 Impact of work on migrant health

### *Physical Health*

Around half of the interviewees (13) complained of various bodily aches and pains due to their work in manoeuvring patients or residents. Problems with backs were particularly common. Other complaints were in relation to sore legs and joints.

*'Despite having all the training and machinery to protect your spine - there is a lot of work where you have to bend down and pull. The legs are numb, heavy and the two of us have to lift them. We sit the up with stand aid but you still have to shift them, slide them and it's all very heavy. So it definitely has impact on the spine and muscle.' (East European female, South West)*

One worker also complained of varicose veins from having to spend so much time standing during the course of long shifts.

Employer respondents also referred to back problems. One employed a physiotherapist whom staff could be referred to (Healthcare employer in South West) another pointed to the difficulties in dealing with these issues where back injuries could be cumulative and therefore not directly caused by the current work, or where some workers were more vulnerable to such injuries.

*'And it's not something that happens, it's an accumulative injury, happens over a long period of time, so depends what practices they've been carrying out prior to coming across, whether they're predisposed to any back problems or anything like that. But they're no different to any other nurse if they've been carrying out good lifting practices and lifting within their capabilities they should be fine, if not they could have problems.' (Healthcare employer in North East)*

### *Workplace stress*

A majority (23) of the interviewees commented on how they felt about their work. Although several emphasised that they were happy overall, seventeen pointed out stressful aspects of their jobs. General fatigue and tiredness from overwork was common. Staff shortages and demands from caring for many patients were issues referred to. Working nights repeatedly was also a cause of tiredness. Dealing with critically ill or demanding patients was another issue for a few workers and a couple felt bad about the poor standards of care that they felt was being delivered.

*'It is very stressful when you work so long and only night shifts. To see human suffering physically and mentally is stressful and depressing. It is much better psychologically for the residents and the staff when these homes are smaller. This psychological stress goes along the physical exhaustion.' (East European female, South West)*

*'Q: Do you feel a lot of pressure at work?*
*A: Yeah, because you're under staffed… you cannot handle 14 patients, three members of staff… to be up for breakfast by 9:30 that's impossible. So, it's understaffed.*
*Q: how would you say you feel when you get home after a day at work?*
*A: tired, tired, tired, tired.*
*Q: do you think your work affects your health in any way?*
*A: I'm sure it does because, it does, I'm unable to put a finger to anything but if your so tired and so worked out and dealing with things that are not proper as what you've seen better elsewhere*

*then it's bound to have an effect on you, maybe later, you may not see it now but maybe later.' (African female, London)*

*'There are homes you go you have up to sixty residents - the pressure will be there, right? And it all depends on the kind of person you're working with. There are some of them that realises that there is pressure in this organisation and they try to bring out ways to control that, so that the workers, the employees will not get stressed.' (Sub Saharan African Male in North East)*

Employers did acknowledge that workplace stress was an issue of concern within the sector and some had taken steps to address it.

*'There is also a self-referral scheme to occupational health, particularly in cases of stress at work.' (Healthcare employer in South West)*

### A.4.13 Health and safety representation in the workplace

#### *Informal mechanisms for raising concerns*

The majority of those interviewed felt that there was a procedure that enabled them to raise concerns about issues at work directly with their supervisor, indeed workers in healthcare were most likely, out of the six sectors researched, to feel that they could raise issues directly with supervisors, with nearly eight in ten stating this to be the case, although it should be noted that a minority said there was a mechanism for raising issues but then nothing was done about them. In a few cases they felt there had not been an adequate response to concerns such as under-staffing (Filipino Male in North East; East European female, South West), risks from ironing burns when fatigued (African female, South Wales) and poor standards of hygiene (Filipino Female in South West)

An agency care assistant was also in a position to comment on the standards in different homes and was critical of the attitude at one in particular.

*'There was this nonchalant attitude towards safety. They could put chemicals open, not locking the door and keeping equipment blocking the gangway that could cause injury. I couldn't bear it, I went directly to the nurse in charge, I reported to him. He told us not, he say [anything] he's just interested in his job that the manager wouldn't listen. In fact, it is sort of the thing that made me to go away.' (Sub Saharan African Male in North East)*

#### *Formal mechanisms for raising concerns – with union/health and safety reps*

Thirteen interviewees referred to unions (typically UNISON but in one case the GMB) as worker representatives, of whom six stated clearly that they were members (others may have been but were unclear, while a few knew of unions but had not joined). Five workers referred to the Royal College of Nursing (RCN) as another representative body. Specific representatives for health and safety in the workplace were generally not noted – only two interviewees referred to their presence, one of whom was positive about their role.

*'I think what they have, or what they are doing now is good, because we have health and safety representatives in the theatres, we have this notice board they update us periodically.' (Sub Saharan African Female in Wales)*

Seven interviewees did not know of any worker representatives in their workplaces. Six of them were care assistants in nursing homes and the other was a temporary hospital worker.

Several workers gave an opinion about the role of UNISON in particular. Most were positive although a couple complained about the membership fees and another couple who had not joined thought the union was not worth it in relation to their work.

*'UNISON is one of the best or one of the outstanding... that I can talk of, if you see their manifesto and everything about migrant workers, its marvellous. But the only thing I've found a bit strange is their monthly dues which is about eleven to fourteen pounds, I'm not sure per month while Royal*

*College of Nursing is ten pounds per year... I don't know that is why they are charging that much [but] I think UNISON is doing a very good work.' (Sub Saharan African Female in Wales)*

*'I think they make you feel confident in your workplace in case of bullying then you have something to, you know something that you can do, because I had a had a colleague who had experience of bullying and they helped him really UNISON [helped] him.' (South East Asian Female in Wales)*

*'We have a union and that's what I am saying that the union is representing the workers and I don't know what kind of workers representation really they are doing… Yeah, I'm part of the union… I think all of us working in the hospital are part of the union, it's required of us to be part of a union… I think they are making money out of the members!' (Filipino Male in East of England)*

As briefly discussed earlier, two workers had been helped by UNISON when, due to concerns over health and safety, they had left their jobs in nursing homes– in one case, that of a Filipino male in the North East, with lack of manual handling training and equipment and the other, that of a Filipino female in the South West, with unsafe lone working at night. In both cases they had apparently been threatened with punitive fines from the company for breaking their contract signed when recruited overseas. Both had appreciated the support of UNISON in avoiding these fines; one had had to go to court but successfully fought against the case.

### A.4.14 Reasons for employing migrant workers

When asked about why they thought migrant workers were being employed in the healthcare sector, the interviewees gave a variety of reasons. The most common revolved around

- Labour shortages;
- A sector not regarded as attractive to local labour; and
- Migrant workers being seen as more exploitable.

Labour shortages were viewed as the most common reason for why the sector was recruiting overseas, with one of those interviewed stating frankly that she thought the sector would 'take anyone willing to work, UK or migrant'. However, there was also a strong feeling that this was a sector that was seen as unattractive to UK workers.

*'The reason for some, I think at first they can't find a lot of … English who want to do this work.' (Other East European Female in South West)*

This enforced a belief that UK workers with options would make other choices.

*'This view was also my own opinion, there are so many English people also don't like the nursing job or some of them go to the other countries as well, like Saudi Arabia. They work there.' (Filipino Female in South West)*

A minority of those interviewed, but nevertheless around one in five, thought that migrants were employed because they were less likely to challenge their employers and had to accept the conditions on offer. This was particularly so for those in private healthcare, as the following demonstrates.

*'[Where] staff members are from abroad the restrictions aren't observed because most of the people come here for a period of time to earn money. The local people, you know English, work two or three nights per week that's all. And offering additional night shifts is exploitation, because these people will do it. They're away from families and want to utilise the time to work and earn money. I don't think it's legal; it goes way beyond what's permitted working all these night shift in a row.' (East European female, South West)*

*They can toss them around, they just ask you to jump and you don't have to ask how high, you just have to jump that sort of the thing… so I think they employ more migrant workers because they ask them to do the dirty work (African Female in South Wales)*

*'Probably because we aren't much aware of our rights or you are hesitant to say because someone will put you down or when you say nobody cares and because you have all these life's demands you perhaps put up with it.'(African female in London)*

One Polish worker felt that employers were exploiting migrants' willingness to work whatever hours possible by using them to work repeated night shifts.

*'I don't know what the standards are, but I know that we work too many nights because there restrictions. But in the homes where majority of staff members are from abroad the restrictions aren't observed because most of the people come here for a period of time to earn money.' (East European female, South West)*

She also could see that other migrants from outside the EU could face problems with being tied into contracts.

*It's all up to me now in regards to free movement and changing jobs, whether I wanted to stay here or look for something else. This is what it's like now, but people from outside the EU have to have visas and they sign contracts for two or four years. These contracts are binding, which is good for the company, as they don't want people to leave. This could cause a lot of problems for them. It's quite a 'closed circle' with clear advantage for the employers.*

As already discussed, the restriction of courses to undertake adaptation training towards registered nurse status was a problem identified by another interviewee, a South Asian female working in London. She had left her nursing home to pursue this opportunity and accepted a loss in salary, but knew other migrants who would instead suffer this situation.

As is the case with workers in other sectors there were a few cases where the migrant workers perceived themselves to be more hardworking, describing them as working with 'such heart and conviction' or being 'so enthusiastic'. Some commented on the good qualifications and work ethic that migrants bring to the sector.

Healthcare employers were more likely to refer to skills shortages as the reason for employing migrant workers.

*'The advantages are there's not enough nurses in this country. There aren't enough skilled nurses and so it was a case of having to go abroad really to recruit because we didn't have enough nurses to meet the needs of the service.'(Healthcare employer in the North East)*

## A.5 PROFILE OF MIGRANT WORKING IN HOTELS AND CATERING

According to the Standard Industrial Classification (SIC) H55, this sector includes hotels, camping sites and other short stay accommodation, restaurants (including take-away food shops), bars and canteens and catering. The sector represented 3.4 per cent of GDP in 2001 and is one of the most significant in terms of employment, accounting for more than four per cent of all employment (1.2 million jobs)[199]. It is characterised by small establishments, with 82 per cent of restaurants and 79 per cent of contract catering firms having ten or fewer employees.

Smith and Carroll (2003) show that women account for 61 per cent of those working in the sector, while young persons account for 37 per cent. The sector is characterised by short-term employment and high turnover. Further, temporary employment is prevalent in hotels, restaurants and canteens. More than half the workforce works part-time (52 per cent) and self-employment is common. Most part-time workers are students (54 per cent of part-timers in restaurants and 45 per cent in hotels).

Many studies show that low pay, low status work, exploitation of employees, low levels of unionisation and poor employment relations' practices mark the hotels and catering sector. The structural characteristics of the industry further allow ruthless and arbitrary management practices by employers[200]. Many workers are employed through agencies, which further leaves these employees open to abuse. Deductions from pay for items such as transport, equipment, uniforms and meals occur and the TUC found out that deductions were also being made for health and safety equipment[201]. By the nature of work involved in the industry, shift working and long or flexible hours of working are common.

Labour shortages in the sector have been documented by Smith and Carrol (2003), with 33 per cent of the vacancies unfulfilled in 2002. These shortages are especially acute in the more skilled occupations such as chefs. In order to meet these shortages, the Sector based Scheme was introduced, with an initial quota of 10,000 work permits for the hotels and catering sector[202] which was subsequently reduced and then abolished (see Section 2). Bangladeshi male workers made up the large majority of the work permits issued up to the end of September 2004, while the Central and Eastern European countries also featured prominently, mostly with women coming in larger numbers than men[203].

In some UK minority ethnic communities employment in Hotels and Catering represents a sizeable proportion of all employment, for example, 52 per cent of male Bangladeshi workers are employed in restaurants, as compared to only one per cent of white males[204]. Migrant workers represent 60 per cent of all Londoners employed in the hotels and restaurants sector[205]. Within that, workers mainly come from Europe, East and West, Asia and North Africa. In the South Wales area, Bangladeshi migrant workers make up the large majority of workers in the sector.

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[199] *Smith and Carroll (2003) Branch report for hotel and restaurants in the UK).Unpublished, written for European Foundation for the Improvement of Living and working Conditions report (Klein Hesselink, J. et al (2004) EU hotel and restaurant sector: work and employment conditions, Dublin)*

[200] *Price, L. (1994) Poor personnel practice in the hospitality industry: Does it matter? Human resource management journal, Volume 4, no. 4: pg 127 – 140.*

[201] *TUC (2005) Below the minimum: Agency workers and the minimum wage. London, TUC.*

[202] *Clarke and Salt (2003) Work permits and foreign labour in the UK: A statistical review. Labour market trends, 111: 11. Pg 563 – 574.*

[203] *Kofman et al (2005)Gendered migrations: towards gender sensitive policies in the UK. Asylum and Migration Working Paper 5, Institute for Public Policy research, London.*

[204] *Holgate (2004) Organising black and minority ethnic workers; trade union strategies for recruitment and inclusion. University of London, unpublished PhD thesis.*

[205] *GLA (2005) Country of Birth and Labour market outcomes in London: an analysis of Labour force survey and census data. DMAG briefing 2005/1, London.*

The working environment in the hotel and catering sector is often poor, with higher risks of physical hazards, such as the risk of exposure to smoke, noise and extremes of temperature[206]. According to the HSE there are many serious accidents in the industry. The main causes of injury are: slips/ trips; manual handling; exposure to hot or harmful substances like hot oil or cleaning chemicals etc. The main causes of occupational ill health continue to be dermatitis, chronic ill health, effects from manual handling and work related upper limb disorders. The situation is made worse by health and safety not being viewed as a high priority by most employers in the sector. The most recent statistical report (HSC 2005) notes that the major injury rate was higher in the most recent two years in some service industries, making specific reference to retail, wholesale and hotels.

The main trade organisation for the sector is the British Hospitality Association with over 40,000 member organisations. A number of unions organise in the sector, including the T&G, GMB and USDAW. The proportion of workers in the sector who are a part of any union is extremely low (just five per cent density according to the latest figures[207]. Among part-time employees the density rate is even lower, at just three per cent[208]. The sector remains difficult to organise due to the presence of many small workplaces and a relatively mobile workforce. It experiences high turnover rates (cipd 2005)[209] with some 64.7 per cent staff turnover in a year, making it more likely that the sector will focus on and recruit migrant labour.

### A.5.1Country of origin and nationality

We interviewed 52 workers who were either currently working in the sector or who had worked in it. Central and Eastern Europeans and South East Asians were the most predominant nationalities in the Hotels and Catering sample. Within our sample, the majority of the Chinese workers were also working in Hotels and Catering. There were some Portuguese, South Asian as well as some Middle-Eastern workers, who were working mainly in small takeaways and restaurants. According to a worker who had worked in the catering sector, this was the picture.

*'…let's say first year in the catering the Polish were minority, not like now. Probably the bigger numbers were Brazilians because they have, they had the opportunity not only student visas but everybody had some grandparent or some aunty Italian, Portuguese, Spanish and…it was more easier to come over. So, Brazilian in the catering was probably the majority and then will come the ex-Soviet Union, in total not Russia especially because the Russians are still not, Russia as a republic, it's not well presented. It's Ukraine, Latvia, Estonia these part, they were probably second group after the Brazilians and will come probably Bulgaria, Poland, some occasionally, just for spice some Italian, some Spanish, but they will be just working holidays, coming for a couple of months, for half a year…Not really for working for business, I mean for future, for money.' (East European male, London who had worked in Hotels and Catering although currently in construction)*

### A.5.2 Gender

In terms of gender, we interviewed 36 males and 16 females who were working or who at some time had worked in the sector. The balance in favour of males is not necessarily reflective of the overall gender composition within the sector and may be more to do with issues of access, with female workers, in general, being more difficult to access.

### A.5.3 Age

Migrant workers aged 30-40 were the most predominant group in the sample for this sector, closely followed by workers in the age group 20-30.

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[206] *Smith and Carroll (2003)*
[207] *Employment Market Analysis and Research (2004) Trade Union Membership 2004, National Statistics, dti*
[208] *Smith and Carrol (2003)*
[209] *cipd (2005) Recruitment, retention and turnover – annual survey report 2005*

### A.5.4 Status

There were a large number of workers in this sector who were working without authorisation. In Hotels and Catering, the number of unauthorised migrants who had at some stage worked in the sector was relatively high at nine interviewees. This reflects the presence of Chinese workers and students who were working more than their allowed number of hours. Thus the sector is host to migrants who are in a particular position of vulnerability due to their immigration status.

#### *Impact of status on employment*

None of those who were unauthorised had been provided with copy of their terms in writing. Unauthorised workers were the worst off in terms of the amount they were being paid, which was often much below the minimum wage.

*'…£180 …per week…for 12 hours [a day]…(Middle East Male in London)*

### A.5.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

The number of workers having no or basic English language skills was almost equal to the number of workers having average to good language skills in this sector. This may have reflected a sample bias, but also largely reflects the situation of the sector. This is due to the varied nature of jobs in the sector, some of which require communication skills (such as waitering), while other jobs (such as kitchen work) may neither require or build up these language skills.

#### *Nature of supervision – gender, nationality and language*

Most of the workers were supervised in English, with the supervisors also being largely English. There were quite a few cases where workers working in Spanish or French etc. restaurants spoke Spanish or French or other languages, but only if the supervisor and/or owner also spoke these languages. This often happened in restaurants which were run by say Chinese or Turkish owners, who took on workers from similar ethnic backgrounds and hence the workplace was dominated by one or two language groups, in which all communication took place.

*In this French restaurant they were all French so they communicated in French and in the other jobs they always spoke English.' (African female, London)*

*'…the employer [he is also of Asian Origin] used to speak in Punjabi with us, as all of the workers were Asian.' (South Asian Male in North East)*

There were only two workers who said that their supervisors were female, while for the rest, the supervisors were all male.

Communication problems were faced by many of the workers (11 – about one in five), while those who were working and being supervised in their own language said that they did not have any communication problems. Those who said that they did not have any communication problems often depended a lot on help from either friends and colleagues, or on the support of supervisors.

*'Well, we speak with each other in English. I've got some books and I'm slowly learning. There's no problem, if I do have a problem I tell him [supervisor]. And if anyone else causes problem I also go straight to him and tell him. He talks to this person so there are no issues. But so far I didn't have to complain as yet. Nothing really, but you know sometimes everyone has a good and a bad day. Me too, if I want to work I work and help everyone…' (East European Male in South West, had also worked previously in Processing and Packaging)*

### A.5.6 Routes into employment

While there were some workers who had obtained jobs through agencies and through Jobcentres, most of the workers in this sector said that they approached their place of

employment because their friends or relatives told them that there was a vacancy. Some workers had also obtained work by knocking on the doors of restaurants and takeaways to see if there were any jobs available. In most cases, the workers were put on probation for a period before they were offered the job, while in a minority of cases, they simply started working straight away.

Within the sector a number of those interviewed were working in more than one job. Additionally the overall interview sample included workers who had worked in the sector at one time or the other, as well as workers shifting from one sector to another over time, i.e. taking hotels and catering work as and when they could or had to. This reflects the transient nature of the working population in the sector, with associated higher health and safety risks.

Some employers recruited through agencies or recruited directly abroad, but in the main employees were recruited through word of mouth.

### A.5.7 Nature of the employment relationship

Most of the interviewees in this sector were directly employed and only one worker had moved from being an agency worker to being taken on directly. Only a minority of those interviewed who were currently working in the sector were employed agency workers (eight workers). Those who were working through agencies, in general were being paid less than the directly employed, were unlikely to get paid holidays and felt that they were less in control, being moved from job to job, dependent on where work was available.

*'…normally the agency, you pay so much…to come here and most, most of the agencies, you work for many hours and they take, take from you much money…they don't pay food…there many problems…I have before problems with the one agency…They don't want to pay no holidays and…they take money for my rent. For the company it's more easy to, to put the people from agency because they don't have contract, don't have nothing. The one day to work because they have more jobs. Tomorrow, for example, need only one or, or two and…tomorrow you don't work. You stay at home and nobody pay nothing and these people starting to lose their job…(Portuguese Male in East of England, had worked previously in Hotels and Catering and also in Processing and Packaging)*

### A.5.8 Skills and qualifications

#### *Previous experience and employment*

There were ten workers whose previous qualifications or job experiences, either in the UK or in their home countries, were linked to the job that they were doing, with a few of these workers also having hygiene certificates for working in the catering sector. Amongst these, there were cases of professional cooks working as kitchen porters, only because their qualifications and experience were not recognised.

However, a much larger number of workers (20) had done nothing that was related to the jobs they were currently doing. Most of these workers were overqualified for their jobs. While in their home countries, these workers had been teachers, architects, managers in companies, tailors, art students, students studying marketing, IT professionals and even a mechanic in a textile factory. Here in the UK they were all working as kitchen porters, cooks, helpers or waiters and waitresses, or in small takeaways. On the other hand, there were no workers who were under qualified for these jobs.

Of those interviewed 21 had been working at their places of work for less than a year, even though only five of those interviewed had been in the UK for less than a year. None of those who had been in UK for more than five years had worked in their jobs for that length of time. With the maximum concentration of workers in jobs of under 12 months, it can be concluded that the turnover in the sector was fairly high, with workers changing jobs fairly regularly. However, cross checking the number of years that the migrant

workers had been in the country with the length of time in their job, it shows that many of the migrant workers had held stable jobs. The following table shows this.

**Table 4.8** Length of time in the country by length of time in current job

| *Length of time in current job/ years in country* | *Y1* | *Y2* | *Y3* | *Y4* | *Y5* | *Y6* |
|---|---|---|---|---|---|---|
| Less than 6 months | 4 | 2 | 2 | 1 | 0 | 1 |
| Less than a year | 1 | 3 | 4 | 1 | 1 | 1 |
| Less than two years | 0 | 1 | 3 | 0 | 0 | 1 |
| Less than five years | 0 | 0 | 1 | 2 | 2 | 2 |
| More than five years | 0 | 0 | 0 | 0 | 0 | 0 |

Lack of English language skills was considered as one of the reasons why workers were working in this sector, rather than in jobs that were more suited to their qualifications.

#### *Checks on qualifications*

For the large majority of those interviewed, there were no checks on qualifications or skills, apart from verbal screenings. Skills were checked through an initial trial period, after which the workers were either taken on or not. In only a few cases did employers check for documents, including immigration status. English language was also checked in some cases.

However, English language tests were more of a formality in most cases.

### A.5.9 Key terms and conditions

#### *Written terms*

While 16 workers said that they had been given a copy of their terms in writing, at least 25 workers (half of all those interviewed) did not. The contracts they had been offered were usually for a fixed-term initially for a period of 8-12 months and then renewable. There were also instances where the workers had worked a probationary period of between two to three months and then been given a permanent contract. Even those who were paying National Insurance and tax etc. did not necessarily have anything in writing, although they said that their UK colleagues did.

Those without any documentary evidence of their terms and conditions were primarily working in smaller restaurants and takeaways. Some of them recognised the shortcomings of not having proof of contract or having a temporary contract, both in terms of job security, as well as access to services.

*'Well, there is no guarantee in this line of job…you don't have any sort of guarantee; you don't even have a Union. There is nothing that proves you are working in this place and that you have a contract with your rights and responsibilities clearly stated. There is nothing like that.' (Middle Eastern male, London)*

*'…the people that have temporary part-time contacts are not in the same position as others. If you found your health affected, in a serious and permanent way due to work, you would not have access to the same resources as someone who is on a permanent contract.' (African female, London)*

Having written contract terms also depended on the type of employer that the workers were working for.

*'The boss thought it wasn't necessary to sign a contract with me.....to be honest, I think in the UK, almost 100 per cent of Chinese migrant workers who are working for the Chinese restaurants and takeaway shops don't have a contract with their employers. If we want to quit, we only need to give them two-weeks' notice in advance. I think contracts are only for English workers who work in English restaurants. I have a lot of friends who are working for the Chinese shops and I have never heard of anyone getting a contract from his employer. We are only migrant workers, you know... so*

*even though we don't know when we'll go back to China, we are certainly not planning to live in the UK forever. So, it is not necessary for us to have any contract with our employers.' (South East Asian Male in South West)*

Most of the employers interviewed agreed that written contract terms were normally not issued. Four employers specifically stated this to be the case and another did not provide information on the matter.

### *Hours, shifts and overtime*

Most workers in this sector worked about 35-45 hours a week, depending on the workload. However, start and finish times varied. Workers usually either did the morning or afternoon shifts. The former would start around 8am and end at around 3pm. Or they did the evening shift, starting from 4pm to midnight. But on occasions they worked double shifts. Workloads and thus the number of hours worked, during weekends, were higher, particularly in takeaways and restaurants.

*'It's very...depend of the, the work. Sometimes you have a, a week where you working only 36 or 34 hours, another week you work 56. I remember sometimes I work 14, 14 hours per day. Sometimes I don't, I working 56, 58 hours per week sometimes. It depends of the, the work.' (Portuguese Male in East of England, worked previously in Hotels and Catering and also in Processing and Packaging)*

Shift working was common but did not involve night shifts apart from in the large hotels.

*'…a kitchen porter at the restaurant…it's one of the biggest hotels in London with a big restaurant, big kitchen. People were working in three shifts, eight hours. three shifts and three people in each of them. There were many Poles. I worked through an agency and as far as I know, most of the hotels employ people in this way…. There were three shifts: from 7am to 3pm; from 3pm to 11pm; from 11pm to 7am, seven days a week, without any break and any rest. … and this is not all. I didn't have overtime counted. These were all normal hours and I worked on Saturdays and on Sundays. And sometimes I worked 12-16 hours. And I didn't get more. I simply stayed instead of somebody else. I actually got less for that because I used to get £192 per week, so £27 a day, from 7 to 15:00 and if I stayed for the second shift when there was such a need, I got £24 for this. So it's even less. So it wasn't worth staying and almost nobody wanted to stay for another shift because we didn't want to work for this money.' (East European male, London now working in Processing and Packaging)*

For some workers in the sector, there were specific peak periods of work around lunch, dinner and late night weekend openings or special occasions such as parties. However, the number of hours they actually worked were often longer than these because they covered more than one shift.

*'I am working five days a week and two days of these five days, I work double shift. Ahh - when I do the double shift I work from eleven in the morning until ten in the evening. And when I do normal shift I work from eleven o'clock until five in the evening.' (Middle Eastern male, London)*

Working hours in small takeaways were sometimes more erratic, with workers having to step in and work extra hours to cover staff that had not come for that particular day. Some of those interviewed told of working without the requisite breaks and this was especially true for workers working in small takeaways where the nature of the contract was often informal.

*'…[working in a small take away] not good. They made us constantly work, did not let us take a break or even sit for drinking tea. The toilets were also very bad. I was not very happy. They made me work like a dog, not like a human! They also took out mistakes in my work - you have cut this too thick, this too thin etc. But at [the next job, also in a take away], they did not show me on their books, so I did not like that. They were not registered…' (South Asian Male in North East)*

The problem of long hours also was an issue were workers did more than one job. This is how one 19 year-old Iraqi asylum seeker described his working day.

*'I've got TWO jobs, in [the] market and pizza shop. I work in [the] market from 6am to half 5, then go to pizza shop half 5 to 11 at night. That means one day from 6.00 to 11 to night…so...17 hours a*

*day...4 days a week…during the three remaining days…actually, I go pizza shop as well. Because one person, he's chef, he's gone for holiday, I have to go there. That are two days. Just Sunday full day I'm off. Just Sunday.'*

### *Pay, holidays and sickness*

Lack of awareness of rights often made workers accept poor terms and conditions.

*'..at the beginning, I didn't know about the minimum wage and that I was being paid less than I was supposed to. But at that time, I have money problems and I needed to work. I wanted earnings. So I was accepting any kind of job. But after I knew that I was taking less than the minimum wage, I felt low, there was lack in my motivation, especially when I realised that people from this country, in the restaurant, were taking double what I was taking.' (Middle Eastern male, London)*

Most workers got paid in cash, on a weekly basis. Pay rates were mostly at or around the minimum wage. There were also a number of cases where the workers were paid for a particular shift, for example, a lunch shift or a dinner shift, or even a set amount for the whole day or week and often this meant that their hourly rate was less than the National Minimum Wage.

*'The reason they pay you based on weeks is that they can have some flexibility in making you work longer hours without any extra payment. It is a kind of exploitation, isn't it?' (South East Asian Male in South West).*

*'…the first job I work at Chinese take-away, take-away job. They pay not for hour, like £25 for one night or, or one evening and sometime you work six hours, sometimes the longer the night…I don't like that way very much, to be honest and I really feel they take advantage from students.' (South East Asian Female in East of England, working in Cleaning and previously in Hotels and Catering and in Healthcare)*

This kind of arrangement of fixed amounts of money often meant that workers did not get paid extra for overtime or for working Sundays and bank holidays, although there were a few cases, where they got 'time and a half' for working Sundays and Bank Holidays but more generally they did not get any premium rates for overtime or weekend working. The money that workers got was sometimes supplemented through tips, especially for those working on front line jobs such as waiters or bar attendants. Those who were working without authority had particular difficulty in asserting their rights.

*'And so I had to constantly ask for my own money. There were times when we had to pay rent and we didn't have money, so we didn't pay rent for two-three weeks. And he constantly delayed the payment so we had to leave him…. it wasn't legal, we were not registered. We didn't pay National Insurance or anything. It was illegal.' (East European Male in London)*

Apart from payment of tax and National Insurance, there were only a couple of instances where the employers deducted money for transport and accommodation. In the majority of the cases, the workers arranged for their own accommodation and transport. There was one case where the employer of a takeaway provided transport to his workers, but did not deduct any money for that.

Most workers did not get any holiday pay, but only got paid for the number of hours they worked and they mostly worked a six-day week. However, there were workers who got benefits such as sick pay and holiday entitlement and even maternity leave, although the terms that they described did not always seem to match the minimum statutory requirements, for example, in relation to holidays, where some said that they got paid holidays but these were less than is provided for under the Working Time Regulations 1998 (Sub Saharan African Male in London, working in Hotels and Catering). Those working through agencies were less likely to get paid holidays. However, some agencies had a stipulated number of holidays that they gave their workers, although these could be dependent on the length of time that the workers had been with the agency or the employer and again could still be less than the statutory minimum.

*'…after working four months, you could get a one-week holiday. If you decided not to take the holiday, you would get double paid at work. Sometimes, employers preferred staff to work and take double pay rather than taking holidays, because sometimes, the restaurant could be very busy.' (South East Asian Male in London)*

Only in a few cases did workers get sick pay. A common response of those interviewed was 'I've never been sick' (East European Female in South West). The majority did not get sick pay and this led to workers going to work even when they were sick, for fear of losing their jobs, or because they needed the money. This was particularly the case for unauthorised workers.

*'…No, we didn't have any sick pay. At that moment, we didn't have any identity and we were working illegally. When you work illegally, the working terms and conditions aren't likely to be good. We worked for seven days each week. As long as you worked, you would get paid. If you didn't work, you wouldn't make any money at all. I worked for at least twelve hours each day. The situation was that if you worked more hours, you would get more money…our regular wage was only £2 per hour and we didn't get any extra payment at all.' (South East Asian Male in South West, now working in Processing and Packaging and previously in Hotels and Catering)*

### *How terms compare*

Although some interviewees said there was no difference in the terms and conditions of the UK workers, as compared to migrant workers, more than half those interviewed said that their terms and conditions were worse than those for UK workers. There were differences both in the kind of work that migrant workers did and in their workloads. Even where formal contractual arrangements were the same, UK workers were seen as being favoured, for example in the allocation of shifts (South East Asian Male in South West, now working in Processing and Packaging and previously in Hotels and Catering).

*'…just the way the migrants are treated…like you've asked for a shift, you say I'm able to work on Mondays from eight thirty to four thirty and for a period of time you're given that shift, when a…local comes in they are looking for a job you're just cut off, you know, your morning that morning shift is taken from you and you're left with something else because that morning shift is convenient for someone for a local person, so I think it's a very unfair way of treatment.' (Sub Saharan African Female in Wales)*

When asked about the terms under which other migrant workers worked, interviewees stated that they were similar to theirs. Long hours (50-60 a week) were common, as was shift working. Sometimes, particular nationalities were concentrated in one shift.

*'On one shift? About 70 people and three shifts. The morning shift is mainly Sri Lankan people, in the afternoon when I work most people are from Algeria and now Poland and the night shift is mainly black people.' (East European Male in London)*

With regards to pay, the national minimum was likely to be the highest pay rate obtained by other migrants they knew of, 'I know of workers working on £3 an hour, £2.50 an hour. It depends on the employer. The workers keep on working because it is very difficult to get jobs. Most of them are directly employed. No contracts are given.' (South Asian Male in North East) Common problems were getting pay on time or getting pay slips. In general, their overall view of migrant worker terms overall was negative.

### *Overall Assessment of Terms and Conditions*

While there were ten responses where workers judged their terms and conditions to be positive, the large majority (18) said that they were not happy with their terms, mostly because they felt they were paid very little for the work that they did. Unauthorised workers were the worst off in terms of the amount of pay and other terms and they said that employers exploited the fact that they had no other option but to work for whoever took them on at whatever wage. Long hours of work, unsocial shifts and problems in getting adequate sleep because they were working late often, without pay was also a source of dissatisfaction.

*'...I'm not very happy with working hours, because for dinner we are working, how do you say, sometimes yes ok till 12, but sometimes like this week we have party every evening so we are finishing very late and next day you have to start work from 10 o'clock and you get home at 2 or 3 o'clock in the morning, I think it's not very good, especially if I have to drive by bus more than one hour home, I can sleep only maybe five hours, it's not enough'. (East European Female in London)*

Being over-qualified for the work they had been able to get had also contributed to a negative assessment of work terms and conditions.

Those who were satisfied with their terms and conditions attributed this to good employment relations, both between workers and also between workers and their supervisors or employers.

*'I have been working for a Chinese takeaway shop for almost three years now. My employer has been good to me. I don't have too much pressure at work. We are not working as long hours as in other Chinese shops…the boss very much trusts us and he doesn't shout and swear at us. If you do something wrong, he won't swear at you.' (South East Asian Male in South West)*

For others like this 19 year old Kurdish man in London, even if they were working without authorisation and getting less than the minimum wage (in his case he was getting about £2 an hour), 'I am happy here…I like the money…when I am getting the money…I am going to go and start the…shopping…this country is better than my country…I am wearing this, expensive cloths, I am getting more money, I am eating good food…'

### A.5.10 Health and safety in the workplace

#### *Training*

Health and safety training at induction was rare in this sector and for a large group of those interviewed there had been no training, neither in terms of how work was to be carried out nor on health and safety. Where there was training it generally took the form of showing workers how to use machines ('just how to serve, how to clean, they showed me for example how to use machine' (East European Female in South West)), or showing where the fire exits were. This training was for very short periods of time, lasting for no more than an hour or two at most. Where there was more intensive training it was more likely to revolve around all of the aspects of the job, including dealing with money, greeting customers, learning about the products they served and was less likely to focus on primarily on health and safety. It was only in a few cases that visual aids were used.

*'…[gave] demonstration. But they didn't tell us how to use the ovens properly…and they play you a footage, a video, that they give us. They knew that we need to watch it. So that it explains everything.' (South Asian Male in North East)*

Workers generally supplemented this paucity of formal training by seeking out information from colleagues, by observing other people and by moving slowly from doing simple to more complex tasks.

*'Nobody told us. You simply learn from the colleagues. No training if you are asking about this. Neither from the side of the hotel nor from the side of the agency. Our colleagues worked there so they showed us step by step. If one could catch this quickly, he stayed and if not, he had to go, like in most cases, right?' (East European male, London)*

Where training was provided it was often in English, which was not understood by many workers, whose grasp of English was weak. For them visual and practical demonstrations were thus rated as more useful than verbal or written information.

*'Well, there is an instruction in the kitchen, there is also the fire extinguisher and those instructions they told me to read them and I did not understand those instructions completely, but I guess that those instructions are similar to the instructions in Poland so I just figure it out for myself.' (East European Male in North East)*

There were no instances of refresher training. Only one of those interviewed said that they had undergone a course in food hygiene. In this worker's experience, most workers had

not had any formal training in food hygiene and relied on senior staff passing on good practice. One of the reasons why workers thought they were not given any training, was because 'they are very simple jobs and the training that is given to do the job is not much…' (African female, London). However, in some cases, they recognised that they were at risk through lack of training.

*'Especially in my position of responsibility in the kitchen, I don't think I have the necessary qualification and experience that qualify me to this job. I have to be honest, I think they should have given me training….I spoken to the area manager twice. She said to me that she will arrange a training programme for me. But I am still waiting…they have signs saying, 'this fryer and can be operated only by authorised people', but…they taught no one how to use them. so we all are authorised to use, even though none of us is trained how to use it.' (Middle Eastern male, London)*

In some cases, older workers were responsible for explaining things to newer workers. Friends and co-workers also helped to translate the information for workers to understand what was being said. There was at least one case where notice of an inspection visit had led to the setting up of health and safety training.

*'…I just start to work and three weeks later, maybe one month later manager came to us…and ask 'Do you know where is fire exit?'…I said 'yes I know.' 'Show me.' I said: 'In this floor here, upstairs behind toilets.'…'Where is our meeting point?' I said; 'I don't know'. 'Why you don't know?' I said: 'Nobody told me'. Because somebody called him this morning that it can be a visit from bla bla bla I don't know. So everybody has to know where is our fire exit, where is our meeting point…so told me where is our meeting point, I will know next time…' (East European Female in London)*

Most of the employers interviewed provided minimal information on the training offered to new recruits, but one employer did have a structured training programme.

*'So anyone that joins the company they go through a training programme called the X Introductory Training Programme and that is actually made up of three and a half days of training and basically the way it works is that training is staggered through their first three months working with us so we start off with an induction, then a month later they would do a second part to the induction, a month after that they would do the third part and a month after that there the fourth part. So its kind of three and a half days of training. Then on the job, on the first day actually in the workplace, what we call a first day orientation checklist is completed which basically is introduction into the hotel, some of the basic rules for kind of like meal breaks, holidays, what to do if you are sick. A lot of it is picking up from what they have already covered on induction on the first day but just really making sure that that information has sunk in. Chains of commands, if they have got a problem who they would speak to you, disciplinary procedures and then they also do a safety checklist which really focuses on health and safety. You know, slips, trips and falls, first aid, chemicals, all the basic health and safety things that you need to cover with someone when they start a new job and then really then.' (Hotel and catering employer, London)*

Another had a system for 'shadowing' new employees for a two to three week period, to ensure that they understood the company's health and safety procedures (Hotel and catering employer, London).

### *Health and safety procedures and equipment*

Almost half the migrant interviewees said that they were not aware of any health and safety procedures in their workplaces. Many workers did not even know the fire procedures, or where first aid boxes were. Asked what they would do in case of accident or emergency, some workers said that 'I wouldn't know what to do' (African female, London). Some workers had, as a consequence, taken their own initiative to protect themselves.

*'I try to work with delicacy, with…care. …I mean my thinking is so be it if the oven breaks but not get burnt. Let things break as long as I can avoid burn. You do this because you know you are not protected by the workplace, so you have to protect yourself.' (Middle Eastern male, London)*

Where there were recognised procedures, the most commonly stated revolved around fire safety and basic first aid. Most workplaces did also display signs on stairs and slippery surfaces, though these were mostly in English. Workers rated these arrangements positively especially when they were made to understand that their safety was paramount, as the following example demonstrates.

*'…any place, big or small, the first thing is okay people I don't telling you to throw everything away, this is expensive food, this is expensive crystal and this and that, but, especially there was one place with very steep stairs, every time, doesn't matter how many days I will be working there, every morning, some of the managers will nag this. If by any chance you slip or something, throw away the tray, try to save yourself, no, I don't want broken fingers or broken legs because of food or tray because this was happening before. In the catering, it's much, much more better looked after the health. I don't know why, maybe they realise that if it's expensive…any small accident, if I claim you know, this accident help line can cost them much more than the tray of crystal. Maybe, but the fact was they was very careful, they were very careful there. In the catering fine. First it's not danger job and the smallest danger, I mean the smallest chance of accident was covered very, very well, with this notices 'mind your head' or this yellow, when they wash, the yellow signs that wet floor, just in general paying very, very much attention… It was huge difference from compared to my country.' (East European male, London who had worked in Hotels and Catering although currently in construction)*

Though the signs were mostly in English, in some cases, there were colours or signs to help workers understand. Verbal communication helped minimise risks as well.

*'Yes in English, but if you don't understand in English there are also some pictures, there are explanations in pictures what you can use…I ask them [the supervisors] all the time, because it is in very big containers…generally I don't use those substances, its only the waiters who use them…they put them in other smaller containers and those containers don't have anything written on them, but they have different…colours for different purpose…there are actually two containers in one and every container has different colour on the top, like for example pink and blue and specific substance goes to specific container…there is…first aid box is quite useful, because if you burn yourself they have special plasters or for cuts as well, there is everything…in the kitchen…they [chefs] would come to me to give me some plates…so if he passes me a frying pan he would let me know if it is hot or not…and I always have some water in a sink ready for them so they can put that in there so I don't get burn, because they are using special towels for hot pans.' (East European Male in North East)*

Inadequate safety procedures could be quite dangerous. There were some workplaces with no fire exits, inadequate fire or lacking first aid equipment.

*'…after nine months, even more, I would say after ten months after I started work they put the fire alarm. Before that, they had no alarm…[exit door] there is nothing, you can die there.' (Middle Eastern male, London)*

*'Yesterday I cut my finger and I was looking for a plaster and I could not find one…he [the supervisor] said that the plasters finished and that there was not any more.' (East European Male in North East)*

In terms of reporting accidents, there were often procedures in which the supervisor would be informed first and then he/ she would take the problem to the manager. In some cases, reporting procedures were well developed, through accident books etc.

*'We have several people in the bakery who have had health and safety training and who can provide the First Aid and simply a person who has an accident goes to any of these trained persons who write everything down what happened, when and how. Because today he may not feel anything but the pain may come the following day and the leg will hurt so much that the person will not be able to go to work. If the report hasn't been written, nobody will believe that this thing happened. So if anything happens, it's immediately reported and the person is attended to.' (East European Male in London)*

In many cases, the workers were unaware of the procedures for reporting health and safety risks and accidents. Even if they reported the accident, workers were also dissatisfied with the employer's response in most cases.

We were also told of cases where health and safety records were altered.

*'…They [the employers] start worrying when something happens already at work. Then they start checking the books whether they have signed for health and safety or not. Then they tell everyone to sign for it who hasn't signed yet. But you put a signature only, but nobody explains that maybe you need to put some safety equipment on or how to use the machinery safe this way or that…there are these safety books (diaries) of several kinds even and the people have to know them. The employer or some other person on behalf of the employer has to instruct every new worker on health and safety and regularly every year to instruct the old employees. But you know when they [workers] change often, so there are not many of the old ones there. But nobody instructs there, you just get to sign when you come to work. Some people don't even know what they sign. They simply sign because this is how it should be, this is what they were told by the employer. (East European Female in London)*

In a few cases, there had been adequate provision of PPE, mainly gloves and aprons. Hats for people working in the kitchen and uniforms were less common and there were no cases of safety boots or anti-slippage boots being provided. In some cases workers had to pay for their PPE, for example aprons (East European Female in London) and gloves.

*'Sometimes I was given gloves, but mostly I had to buy them myself. My hands used to smart with the spices, so I preferred that I buy my own gloves and always use them.' (South Asian Male in North East)*

But in general there was inadequate provision of PPE and this did contribute to risk at work. There were also examples of employers denying access to protective equipment, as in one case where the worker spoke of having his hands continuously pricked when cutting and cleaning fish and crabs. Although the employer had 'some kind of medicine or plaster, but they never gave them to me. It was a very difficult job. Actually it was the most difficult job I have ever done.' (South East Asian Male in London, working in Processing and Packaging and previously in Hotels and Catering) In some cases it was not clear to the workers who was responsible for the provision of PPE, whether the employer for whom they were working or the agency and as a consequence often no provision had been made.

*'It was a problem because as it turned out, these [gloves] were supposed to be provided by the agency, as it turned out. There were gloves, too small, because of course there have to be gloves in the kitchen, but they were too small for people like me who have big hands. So I reported this to the manager, so he told me that he is not required to give any gloves at all because the agency should give them. And what we had was provided by the hotel. But nothing else. We got old shirts. I got for example a green shirt, the one worn by the whole kitchen staff, T-shirt, so it was dirty when I got it…I had to sew it, wash it. And I borrowed trousers from my friend because all of us had to have the same clothes and I had my own shoes. So nothing. But I know that I should get working clothes from the agency but since the owner was very stingy we didn't get anything. And you had to give it back because if you didn't, they deducted money for it There were gloves, but only one glove had a protecting.' (East European male, London)*

Workers complained that the poor quality of the PPE had led to them not using it.

*'Yes there are gloves, but I'm not using them very often…because they are not very clean and they smell very funny so I don't use them, I just wash my hands each time I take the rubbish out.' (East European Male in North East)*

***Perceptions of risk and types of risks***

Thirteen of those interviewed perceived that there were no risks in their work. This included those who worked in kitchens near hot surfaces and oils. These workers also considered their jobs simple and hence risk free. Training was considered to be a main factor in eliminating risks and proper procedures were also rated positively.

*'It is quite safe to work in the kitchen and there are only a few things that could be potentially dangerous. I have been working for that takeaway for almost three years and so far, there hasn't been any serious accidents. When you are at work, you need to make sure that there aren't any gas*

*leaks or electrical faults. As long as you pay enough attention and follow the right procedures, nothing serious can happen.' (South East Asian Male in South West)*

Fires were definitely at the top of the list in terms of major risks for those working in this sector, especially where cooking was involved. Navigating stairs and wet floors with heavy items such as food and working with electrical machinery, ovens and hot surfaces were also considered to be major risks.

*'We have a dangerous stairs that everybody has to climb up and not only with very heavy things and wet things like fish and vegetables, if they fell on the floor somebody can be very hurt...but for example the floor of the kitchen is like a dancing floor, because it's always wet, its were they all clean all the dishes…sometimes we have to enter in the kitchen to catch the garlic bread and so we have to pass through all the cookers and the place where is the garlic bread is just next to the door of the oven…it's very, very dangerous.' (Portuguese Female in Wales)*

*'Oven dangerous, 400 temperature, it's hot everything. And the big machine which you do BBQ. And every time I clean this freezer by water, is dangerous…still working…you can't switch off. After we clean, was very dangerous going and come back. Sometime we close it, we clean everything. The kitchen is too warm, I go and come back three times, very dangerous. My boss fell once, he slip after cleaned.' (Middle East Male in North East, now working in Processing and Packaging)*

Among what they classified as the minor risks, interviewees mentioned risks from using detergents and cleaning agents, cuts from knives and other machinery, cuts from glass and broken plates, minor burns etc. Where there was an absence of first aid kits workers felt less safe. However, in the interviews workers referred to the pace of work and lack of working space, increasing risks, leading to a higher possibility of accidents.

*'…In some aspects it is safe, but in others I think that is a lack of, I could I say, for instance there is not a first aid box. In that kind of workplace where people work with knifes, with fire, with hot things, there is nothing so in this aspect I don't think it is safe. To what concerns the cookers and all of the things they have there is no question of risk, because almost everything is new. But in the first aid aspect they are really far from safe…also the conflicts…there is many people, waiters, chefs in that same space.' (Portuguese Male in North East)*

Workers in bars and pubs also mentioned fights amongst customers as a potential risk to themselves. Slips on wet and dirty floors or on oil spills were other hazards. Lifting heavy of items such as bags of flour and potatoes etc. were mentioned only in a few cases, where the workers were working specifically as kitchen porters.

Workers pointed to proper procedures and careful managers as what helped them feel safer (Female East European, South West), while lack of proper training was associated with increased risk.

*'There are oven, there is fryers, which use boiling oil with about 70 degrees of heat and if you put your hand on it by mistake, you will certainly fry it. I mean I should have been given training in all of these.' (Middle Eastern male, London)*

Workers who recognised the risks and felt that their workplace was unsafe rated their overall conditions as being negative and not conducive to working.

*'There is not safety. You have to take care of your own self. You have to…make yourself safe. And this reduce yourself steam, it…demoralises you and it reduces your productivity and your performance….It is your instinct, because when you know you are not insured, you would want to protect yourself. And …if you know that small things are not provided by your workplace, then you don't want to spend your energy in your work, but instead you focus all your energy on yourself. And so your productivity at your work decreases.' (Middle Eastern male, London)*

In a few cases interviewees placed responsibility for health and safety on the migrant workers themselves, something that we also noted in some of the other sector reports.

*'…generally safety at workplace depends on the worker himself. Because if one is careless and doesn't pay attention so even the safest place is not safe for him and we get hurt even there. But*

*here I don't know. Of course there are many places where it can be dangerous, e.g. hot oils in the kitchen, hot pots, but generally one is careful.' (East European male, London now working in Processing and Packaging)*

The perception of risks varied according to the previous experiences of workers in their home country. While some workers rated the health and safety in their home countries as better than that in the UK, most workers thought that the system here was safer.

*'…There was no health and safety training in my home country! Even the main chef I think does not know about these things, we were still helpers! Here I have had some knowledge about health and safety. Here there is a lot of emphasis on cleanliness. We use special knives for chicken, separate knives for vegetables etc., wash our hands etc. We also use separate chopping boards for meat and vegetables. In Pakistan, there was not that much emphasis.' (South Asian Male in North East)*

However, in a minority of cases, workers viewed health and safety standards in their country of origin as higher and believed employers in the UK negated on their responsibilities for health and safety (African female, South Wales). Employers in the sector categorised the main risks to workers as arising from cuts, burns, slips and falls and accidents connected with cooking. One employer (Hotel and Catering employer in North East) also referred to recent cases of tennis elbow. Another employer commented on risks within the Hotel and Catering sector

*'I think personally and again it's a personal thing, I think the highest risk for migrant workers is things like hotels and that kind of industry is still behind the scenes it's still very hit and miss on health and safety. And what they portray at the front of house is nothing like goes on behind. And they still use and abuse staff, I'm not sure that some of the factories either sort of treat them all very well.' (Facilities employer, UK wide)*

### *Accidents*

Most workers were aware of accidents that had taken place in their workplace. There were only around ten workers who said that they did not recall any accidents. Accidents in this sector commonly arose over cuts from knives and other sharp instruments, burns from oil splashes and hot surfaces such as ovens and grills and there were occasional back pains from lifting heavy things.

*'I had an injury in my back. When I first started work, I don't know about health and safety, there was a bucket, a bucket, lifted the wrong way injuring my back.' (South Asian Male in Wales, previously working in Processing and Packaging)*

Slips on floors were also the common source for back problems. There were also examples of minor injuries becoming infected because of inadequate first aid. Lack of job security meant that agency workers were the most reluctant to report any accidents or take time off even if they were hurt as they feared losing their job. For those in that category the fact that they did not speak English was a barrier to reporting accidents or asking for first aid. Lack of training was also said to be one of the main causes of accidents. In some cases workers reported appropriate responses by employers, in terms of providing first aid such as plasters or creams for burns, or taking workers to the hospital if required, but whether or not this occurred was dependent on who the employer was and how seriously they took their health and safety responsibilities. In most cases, the response of the employer was perceived as very inadequate, with even basic first aid facilities not being available.

*'But they don't even have the first aid box…even my manager doesn't have first aid certificate. I asked for certificate [training] for first aid and one for health and safety training…no we don't have plaster, even last week I sent someone who worked with me to go and get some plasters with my own money from the supermarket.' (Middle Eastern male, London)*

We were told of one death that the person recounting the story attributed to the individual having worked 48 hours continuously, although of course it was not possible to independently verify this. But we were also given other examples of where long working

hours were seen by migrant workers to have been a contributory factor in a colleague's early death.

*'I know of someone from my hometown who was working for a Chinese restaurant. One day he suddenly died in the kitchen. What happened was that he had caught the flu or some sort of virus, but he didn't have any treatment at all. Maybe because he had such a high workload, his body couldn't cope with it and he ended up dying at work. Anyway, his employer asked his wife to come to the UK and he gave her some money as compensation. I once knew another worker who had been doing two jobs every day. He worked from 8am to 5pm in one Chinese take-away shop and then from 6pm to 11pm, he worked for another Chinese restaurant. Because of doing two jobs everyday, he didn't have enough time to sleep and eventually he got seriously ill. I heard that he went back to China and after a few months, he died.' (South East Asian Male in South West)*

Workers who had been injured complained that they often did not receive any compensation and that those who had to stay off work due to injury often did not get paid. As a consequence some continued working even when they felt they should have rested. Employers also provided information on accidents at work. In two cases at one workplace they had both occurred through slips.

*'I have two people who have slipped this year actually and broke their ankle which probably was quite bad. One was actually outside on the grass area, it was for a wedding and she completely didn't see the steps. Another lady slipped just on the marble, which again its difficult when you have areas in a hotel where you have marble they can be, we want them highly polished you can see your faces in them then also you know it makes them slippery as well but really that other than that [they were] within like two weeks of each other which was kind of and they were both ankles it was quite ironic but you know other things have been very, very small. Touch wood we have never had a death. God forbid. But they are probably the most serious things that we have had.' (Hotel and catering employer, London)*

#### *Monitoring*

A few workers had experienced external monitoring, though these cases were largely related to hygiene and food safety, rather than to worker safety.

*'…We were obliged to do...not all of us, we were picked randomly everyday of the week. Two or three of us had to do the hands hygiene test and they were watching the level of hygiene that the head of the kitchen had. So they analysed that and at the end of the week they would call the head of the kitchen in private or in the office to tell him about their results or if they had any doubts.' (Portuguese Male in North East)*

Migrant workers looked upon these external checks favourably, because it kept the standards of working to at least a certain minimum level. However, often during such visits, according to workers, employers often presented a better picture of health and safety than was the case.

*'Yes, there are health and safety officers, who inspect toilets, kitchen, skin, knives, chopping board etc. they come after every three to six months, for surprise inspections. If they don't like something in these takeaways, they give suggestions to improve. I really like them, as they are strict about getting good things done. They even have that much authority that if things are going really bad, they can close down the takeaway. In fact, on my first day, the officers came, so the employers took me away to the backyard, as I did not know anything!' (South Asian Male in North East)*

The only experience of internal monitoring came from a few instances (three) where internal officials had checked fire exits and equipment

### A.5.11 Issues of health, safety and welfare

For a majority of interviewees in this sector, there was no provision for sitting down, or get changed or for rest periods. Sanitation facilities were often shared with customers, while there were no lockers or room where the workers could keep their things. In bigger hotels and restaurants, there was a staff room that could be used for storage, although the workers often rated this negatively, due to it being cramped or dirty. There were also sinks for washing up, usually in the kitchen space. In most cases, workers were provided

with meals in the place that they were working and they were not charged for this. However, no separate space was provided for workers to have their meals, which they had to take either standing up, or in a corner of the restaurant or takeaway.

### *Breaks during working hours*

The nature and timings of breaks varied according to what kind of establishment the workers were working at. In small takeaways, there were no formal breaks, as it was more dependent on workload. Workers were allowed to take breaks for food, but still had to go back to work to serve customers if anyone came in. However, this was dependent on the employers, with some employers not permitting breaks even when there were no customers (South Asian Male in North East)

*'When I started, the chef didn't allow us to have any breaks. He didn't tell us that we could have some tea breaks. We were not allowed to sit down properly for meals…they had some spare chairs, but they never let us sit on them. (Eastern European Male in London, now working in Processing and Packaging and previously in Hotels and Catering)*

In larger establishments such as hotels or restaurants, there would usually be two breaks during an 8-10 hour shift, lasting for about 10-20 minutes and generally these breaks were unpaid. Occasionally, it was the workers who decided whether they needed the breaks or not, as they would prefer to finish the work and go home.

*'Yes at the end of the night, we have breaks in 10, in 10 minutes so if we want to go outside to rest a bit, we can. But if the workload is high, we prefer not to have breaks in order not to accumulate more work.' (Portuguese Female in North East)*

### *Temperature*

Common complaints were of the kitchens being too hot, of breathing in smoke from customers' cigarettes and, in most cases, of spaces being overcrowded, making it difficult and uncomfortable to work in them, especially during busy periods of the day.

### *Noise*

At busy periods, the kitchen area also got very noisy, but for most workers, this was not seen as a major problem.

### *Chemicals*

Except for the cleaners who used and thus were exposed to chemicals, most workers in the sector did not work with anything stronger than detergents. However, for some workers, this also posed to be a problem, as '…I had it [skin irritation] myself from those detergents, I don't know which one though. They dried my skin.' (East European Female in South West). Those who were responsible for cleaning, did experience more severe problems, where appropriate protective equipment, such as gloves, was not provided.

### *Cleanliness*

Workers in general did not think that there were major problems of hygiene, with regular cleaning being carried out by the workers themselves or by special teams of cleaners.

*'The cleanliness is ok, as everyone has to clean…sometimes he [the employer] calls me, once or twice a week and asks me to come in early for example at 4pm and says 'you get the last hour as overtime but you have to clean the whole kitchen'. But usually it's down to the chefs, who have to do it, daily at the end of their shift. And I have to clean up the area I work in, also at the end of each working day.' (East European Male in south West, previously working in Processing and Packaging)*

### *Accommodation*

In most cases employers had not provided accommodation, although in some cases they had helped to locate accommodation, or had let out a part of their house or restaurant as accommodation, but where accommodation was provided, it was commonly rated as

being very poor by the workers. One migrant worker commented on the conditions faced by undocumented Chinese migrant workers.

*'…it's not house but they let them live there and a friend of mine live up...above the kitchen. It's really oily…because they, they cook all the time…fumes from the kitchen….very bad condition. First it's no proper building…they made it by themselves. They use a piece of wood...to build a small...It's not a house, it's just something up, above the kitchen and without a building, without a door, without any, without a toilet and they use the water as, from the kitchen, everything from the kitchen…they use ladder to, to be upstairs…there's no window and no, no door. They just use the curtain and they close, close that. And…only two mattresses. They lie like, they lie on the floor.' (South East Asian Female in East of England, working in Cleaning and previously in Hotels and Catering and in Healthcare)*

### A.5.12 Impact of work on migrant health

#### *Physical Health*

There were only a few responses where workers said that their health was unaffected by their work. An overwhelming 30 workers said that work had had a negative effect on their physical health. Complaints of tiredness and back pains were the most common, associated with long hours of working, which usually involved standing. Carrying heavy weights such as flour bags or frying pans was also associated with muscle pains. Shift working was considered as being detrimental to health (Middle East Male in South Wales; working in Processing and Packaging and previously in Hotels and Catering).

*'…Sometimes I work many hours and the kitchen work is very tiring…it affects us all. Because there are many hours in the same space and basically always breathing the same air, the same atmosphere, it is not healthy for anyone…muscles pains we have, on our legs, backs. This is due to the workload and the hours.' (Portuguese Male in North East)*

Smoke in the kitchens made workers cough and this was not seen as good for their lungs. Sometimes physical pains developed into longstanding problems, for which the workers had to take time off work. Irregular eating habits had a negative effect on the stomach as well.

*'…because I felt a lot of pain in my back. And here in my leg…it is due to too much weight that we have to carry right…the plates are really heavy and we walk a lot. We are moving all the time throughout the day. And then I felt a lot of pain and I went to the doctor and he took an X-ray and gave a sick leave of two weeks. But it didn't solve anything. I went to work and everything is the same…But I tried not to show it and don't do anything. ' (Latin American Female in East of England, working in Processing and Packaging and previously in Cleaning and in Hotels and Catering)*

*'Working in the restaurant though, I had to stand for 12 to 13 hours a day. My legs always felt numb, so much so that I even couldn't move around much at the end of my shift. Sometimes, I had to go to the toilet just to sit on the toilet seat for a little while to give myself a little break…I felt exhausted all the time when I was working there. My legs suffered so much. Even now, if I stand for too long, I will feel the pain in my legs.' (South East Asian Male in London, working in Processing and Packaging and previously in Hotels and Catering)*

Some workers had also developed skin problems, because of use of chemicals for cleaning, or having their hands in water for long periods of time while washing dishes.

*'I have eczema on my hands and we have to clean tables for example in the morning for lunch and during a break for dinner, we have to clean every table with hot water and with the dry napkin and wet napkin. And how to say, tables are dirty, sometimes it's fat on it and when you are cleaning, napkins became very dirty after two or three tables and after I feel my skin is very dry and it's not good, I have always put cream on hands, it's not good at all.' (East European Female in London)*

Employers mainly stressed that workers could suffer back problems from standing and carrying. One employer provided body belts for affected workers (Hotel and catering employer, London). Another offered medical assistance to help with back problems.

*‘ We have a chiropodist that comes in once a month to look after the employees’ feet and we also work with a chiropractor in the area and we have a discounted treatment cost for employees and we get them to come in once a quarter and do a back session in the hotel and then they can sign up and have a back MOT for £20 as well with the chiropractor as well, so we try to do a range of things that kind of help people out.’ (Building industry employer, London)*

#### *Workplace stress*

Some workers thought that they were overburdened, because the owners saved money by having less staff, which put a lot of pressure on them. For some, there were disruptions in sleep patterns.

*‘…we all have stress. There are many hours standing, many hours going round and round inside a small place. It comes a time when we lose our patience, we lose everything…I actually speak to some of my co-workers; nobody can sleep well at night. Normally in the morning the body feels like sleeping, but then it is time to go back to work.’ (Portuguese Male in North East)*

*‘I always had pressure at work. When business was not busy, we were asked to clean the kitchen, even though it had been cleaned already. The boss didn't like to see us standing there without doing anything.’ (South East Asian Male in South West)*

Having to work just because they needed the money, even though the job did not match their skills and qualifications caused additional stress. Lack of support from supervisors was seen as making the situation worse. There were also references to bullying and harassment.

*‘Psychological pressure: one had to work quickly because everybody wanted to be the first, the waiter, the cook, everybody wanted to be the first and one couldn't manage to please everyone: wash me the dishes, wash cups for me, wash this and wash that. It's a psychological pressure. And the greatest psychological pressure was that for this work, hard work because you really had to work hard, I wasn't even getting the minimum pay. This was the worst. I once reminded them about this and…the response was: 'If you don't like this, you don't have to work here. There are many of those wishing to take your place.' (East European male, London now working in Processing and Packaging)*

Workers recognised that they were inevitably going to be under pressure during peak periods, for example during weekends and parties. However, where employers were viewed as understanding and supportive workers seemed better able to cope with this kind of pressure.

*‘In the catering it was mostly enjoyable although some of the places were very rushing, there was shouting and etcetera but this is, this was because of the requirements of the job, if you have to feed seven courses, meal for one hour and a half and only posh people the management supposed to be like a clocks…manager is shouting around like crazy but we know that if we do this properly one hour and a half everybody's going home and they're signing four hours…But there will be places, like they will, they, when they call for us they say five hours, for some reason the lunch started earlier, finished in three hours so they feel like we anyway have to pay you these five hours, they will start looking for something to do. So go to this room…the man will do odd jobs like porter jobs to help around, the female will start polishing something that never been done for years, just to fulfil the five hours. It's very different places.’ (East European male, London who had worked in Hotels and Catering although currently in construction)*

### A.5.13 Health and safety representation in the workplace

#### *Informal mechanisms for raising concerns*

While the number of workers who felt that they could raise their concerns with their supervisor was larger (17) than the number who felt that they were unable to do this (14), most interviewees felt that the employers did not respond positively to their concerns. Amongst those who did not feel comfortable in raising their concerns, there was an inability to communicate due to language differences. Some also expressed their reluctance as both a fear but at the same time a familiarity creating some kind of obligation to the employer – which was especially present in small takeaways and restaurants.

*'The workers do not say anything to the employers because they are scared of losing their jobs. But also, most of the workers know the owners, so they don't say anything because of the reason that they know each other, as friends or family acquaintances.' (South Asian Male in North East)*

In some cases, workers who had been given positions of responsibility found it easier to raise concerns when acting as intermediaries between the staff and the employer. Matters that made workers feel more comfortable about raising concerns with supervisors included the supervisors' personality, whether they were perceived as 'friendly', 'able to listen' and whether they 'commanded respect'.

#### *Formal mechanisms for raising concerns – with union/health and safety reps*

There were only two cases where interviewees were consulted regularly about health and safety, through either monthly meetings or employee representatives. Apart from these, there were no examples of worker involvement in health and safety procedures.

### A.5.14 Reasons for employing migrant workers

The main reasons why migrant workers thought they were employed were:

- They worked at cheaper rates than local workers;
- They were willing to do harder jobs which local workers would not do; and
- They stayed in these jobs for longer periods.

There were also instances where migrant workers realised that they did not have a choice except to work at low wages and in bad conditions, because otherwise there were others who would be willing to take these jobs. This greatly reduced the bargaining power of the workers. In only in a limited number of cases was the employment of migrant workers linked to the kind of skills that migrant workers brought with them, but overall, it was the low wages and the types of jobs that migrant workers were willing to do, that they believed made employers hire them.

## A.6 PROFILE OF MIGRANT WORKING IN PROCESSING AND PACKAGING

A quarter of all manufacturing injuries still occur in the food industry. In the ten-year period 1994/95 to 2003/04 over 106,500 workers in the food and drink industries suffered an injury reportable to the HSE and there were 44 fatal injuries (excluding contractors). The main causes of injury include manual handling/ musculoskeletal injury, slips on wet or food contaminated floors, falls from height, work place transport, being struck by something and machinery related injuries. The main causes of occupational ill health continue to include musculoskeletal injuries, dermatitis, noise, occupational asthma, rhinitis and work related stress.

Migrant workers face increased health and safety risks while working in the food processing sectors: lack of English language skills make it difficult for them to understand health and safety rules, or ask for compliance from employers. Their lack of awareness of their rights, as well as their vulnerability arising out of their sometimes undocumented status may leave them open to abuse and exploitation. Complex sub contracting arrangements and the presence of many workers who speak little English also make it difficult to identify those recruitment agencies or labour providers who are operating illegally[210]. The sector also experiences relatively high turnover rates according to cipd (2005) the rate for the Food, Drink and Tobacco section of manufacturing is 30.2 per cent, the highest within the manufacturing sector.

The main union in the sector is the Transport and General Workers' Union. Union membership levels are relatively low and just 24.6 per cent of the manufacturing sector as a whole, within which Processing and Packaging is located, is unionised. The seasonal nature of employment within the sector and the fact that workers are widely dispersed presents specific organising problems.

### A.6.1 Country of origin and nationality

We interviewed 85 workers who were either working in the sector currently or who had worked in it. In terms of origins, 22 were from the A8 countries, 16 were from the Middle East and 15 were from Portugal. All the national groups we interviewed were represented in this sample, save for those from the Philippines. However, the number of South Asian migrants interviewed was also small (three), which may not be representative of the sector in London, where large numbers South Asian workers are involved in the industry.

Migrant worker responses to the question as to what other migrant communities were present in their workplace demonstrated that there was a wide mix of nationalities working in the sector, though certain groups tended to dominate in certain factories. So there were factories employing largely South Asians from India and Sri Lanka, while there were also factories dominated by Portuguese, Polish or Russians. The main nationalities were Portuguese, Polish, Russian, Iraqi (or Kurdish), Somalian and Brazilian. There was also mention of some Chinese workers (mainly concentrated in Chinese food processing factories), other African nationalities such as Nigerian, a few Bangladeshi and Pakistani and quite a few Lithuanian, Latvian, some Czech and Slovakian, Estonian, Afghani and the occasional worker from Thailand and Malaysia.

### A.6.2 Gender

We interviewed more men (59) than women (26), who were either presently working in the Packaging and Processing sector or had been working in it at some time since coming to the UK. From the Autumn 2005 LFS quarter, 68 per cent of all workers in the food and beverage manufacturing sector were male. Although some of the migrant workers

[210] *TLWG (2004) License to operate*

interviewed were working in food packaging (located in a different sector for the purpose of the LFS data) it is reasonable to assume that the majority of workers in the sector are male and that the gender breakdown of our sample largely reflects this.

### A.6.3 Age

In terms of age groupings, the number of workers in this sector whom we interviewed were equally as likely to be in their 20s as in their 30s. Ten workers were in their 40s.

### A.6.4 Status

After the EU nationals, the largest group among those interviewed working in the sector were asylum seekers and their number, combined with that of unauthorised workers and those whose immigration status was not known, totalled 26. There were additionally seven students, most of whom were working over their allocated number of hours and technically were therefore also working without authorisation. This potentially high number of unauthorised workers in the sector has important implications for both the opportunities available to workers to do other work, as well as their bargaining power and employer responsibilities towards health and safety. Unauthorised workers in the sector were more likely to compromise their health and safety and take greater risks, or not be able to refuse to work in dangerous jobs. There were some workers (six) who had a work permit or other legal basis to work here, but none of those interviewed had been assisted by the employers to get a work permit (through special recruitment).

#### *Impact of status on employment*

Those workers who did not have permission to work, or were working outside of their permitted status were more likely to be excluded from rights to key terms and conditions.

### A.6.5 Language and supervision

#### *Linguistic knowledge of migrant workers*

The number of migrant workers with no or very limited English language skills was very high in the Processing and Packaging sector, which has health and safety implications. This also has to be balanced by the fact that many jobs in this sector were basic level manual jobs for which, according to both workers and employers, not much English was required. Additionally there was a view that some employers preferred to employ workers who were not in a position to respond.

*'…the Latvian agency really didn't want to take people who could speak perfectly in English, they need people who can speak little English but not too much because if person know English perfectly it's much to easy to find out [what's] going [on]…' (East European female, South West)*

However, while workers may not need high level English language skills to communicate as they work, the lack of a common language in the workplace does raise the risk of accident if, at a very basic level, workers cannot communicate or receive warnings of risk. It also restricts workers to the lowest graded posts, or to temporary and agency work only, as the examples below demonstrate.

*'…they don't give an opportunity. It's like saying to people, if you can speak correctly, if you know how to write and read, you have a placement here, if you don't have, if you don't know, bad luck.' (Portuguese Female in East of England, working in Hotels and Catering and previously in Processing and Packaging)*

*'Agencies send workers to factory when they need it... when factory need them… somebody who speaking English very well… factory accept them as permanent worker in the factory. But some of them unfortunately couldn't speak very good English, maybe they are very good worker, but they couldn't speak English, so that is why they didn't give them…permanent contract. (Middle East Male in South Wales)*

Additionally there were serious risks arising from lack of English language skills, as expressed by a Polish worker (East) who transports goods within a factory with the help of a forklift.

*'Do I feel safe? No. Because most of them are foreigners who don't know English, this is one thing. I don't know English much myself but I understand when they say: 'stop line' or when one says 'run away'… But Russians or Latvians, Poles too, they don't know any English and when they shout 'to line' to him, he has no idea what is going on and somebody's hand might already be in the machine or something. So how can one feel safe? Another thing is: carriages have no breaks, no hand break, can hardly go up the hill, so it's really horrible…'*

*'The first time when I came, I don't speak, I am not speaking because you don't have the language and also this kind of factory doesn't like to speak more no, because you have to put this thing here, you have to put that here, you don't need to speak a lot…But the factory, you don't need to speak…and take the boxes, you have to put here, you are working the machine, you have to press the button…you don't need to speak…that was where you are lucky because it's very simple jobs this kind of things. But if you don't, you don't know the language…if you need for to go to [good jobs] it's very very difficult. (Sub Saharan African Male in South West)*

Some employers in the sector were sponsoring initiatives revolving around translations, interpreters, visual aids, assistance from friends and so on, 'No I can't [understand the supervisor] but my friend who found this job for me can explain for me' (Middle East Male in North East). There were some good initiatives taken by the supervisors, which made communication between migrant workers and the supervisors easier, even in cases where supervision was in English.

*'Portuguese supervisor…we talk to him in English… we get along really well. They try to understand you very much, as for example us, we speak English very slowly and we have to think, so they are really patient, even though they are young, really very patient and they even encourage to talk sometimes themselves, 'Let's talk', they ask you and force you to talk.' (East European Female in East of England)*

*'Of course at first it was a bit scary, but the line manager helped a lot during first couple of weeks. And during those couple of weeks we managed to pick up the terms, even those who didn't know English at all. And even those who knew very little English, they improved it.' (East European Male in East of England)*

### *Nature of supervision – gender, nationality and language*

Despite the large number of workers who had no or little English language skills, as many as 40 workers (nearly half of all those interviewed) said that they were supervised only in English at their job, with 28 (a third) of them having serious communication problems. Only 13 workers were being supervised in their native language, with a corresponding number having no communication problems.

Within the sector the vast majority of the supervisors were male. Also, most of the supervisors were white British or 'English'. There were a few supervisors whose origin was mentioned as being from other countries, such as Sri Lanka, Italy, Portugal etc., but these were in very small numbers. In such cases, if the workers were from the same nationality the supervisors communicated in the native language. In some instances, the employers made efforts to overcome the communication barriers by recruiting sub-supervisors who could speak other languages.

*'And then a line leader would be... Mostly he would be like not English national, he would be... If most of the people were Portuguese, they would pick one of the Portuguese people to be in charge of the line. So, the command from the supervisor was going to this line leader and then line leader could speak the same language as everybody else on the line. So, it was quite easy.' (Other East European Female in East of England, working in Agriculture and previously in Processing and Packaging)*

*'…for the Kurdish people, there was a person who was the responsible....Kurdish if they do not understand something, but they do care about us, no problem. I mean, if I have a question and I don't understand then nobody will tell me. What's written, they don't understand it. All they want*

*more explanation, you know, they have to ask that person. When they do meeting or something whatever... translator…They [the employer] had someone working with them to explain...' (Middle East Male in South Wales, working previously in Hotels and Catering)*

In some cases, the employer, supervisor and the workers were all of the same nationality and hence English was not required or used at all for communications. For example, in a food processing firm in London,

*'He is from Hong Kong [the owner]…we speak Cantonese together…I spoke Mandarin and Cantonese to my supervisor and the other Chinese workers. I didn't understand English at all. (South East Asian Male in South West, working previously in Hotels and Catering)*

Some workers who found it hard to communicate also reported feeling that their supervisors did not care whether they understood or not and although training or information was given to them, it was of little use.

*'…sometimes you don't understand the English they don't care, you know…carry on just working because we here, your hand here…they never care about 'you understand' no? They spoke, okay carry on start the job…they didn't stop, okay who didn't understand, okay I didn't understand, okay I'm going to explain again. No, just one time.' (Latin American Male in South West, working previously in Hotels and Catering)*

### A.6.6 Routes into employment

In terms of the routes of employment, most of the workers interviewed had obtained access to work in this sector through word of mouth, mainly through friends or family already working in the place before hand, who had knowledge of vacancies as well as of supervisors in the workplace. Only one person reported that they had gone through newspaper advertisements. A significant number of workers had been recruited abroad, either directly, or via agencies or even factories which had links with other agencies abroad. However, the experience of most of these workers who had been recruited abroad was negative and, in particular, workers reported that they had been misled about the actual terms and conditions on offer.

*'There was an offer in a newspaper in Poland. The money wasn't bad, because of the exchange it was working out at over 5,000 zloty per month [nearly £900 a month]. And they were providing accommodation, so you could save. In theory they also were supposed to pay for your transport and other things, but it wasn't like that. At the interview in Torun this is what they said, but it wasn't like that at all. When we came over to the UK they put us in this flat with other Poles who told us to get out because there were so many people living there already.' (East European Male in South West)*

A Portuguese woman in the East of England, working in Hotels and Catering and previously in Processing and Packaging explained the cycle of recruitment and employment relations, especially in agricultural processing factories, where another layer of gangs was often present and workers were misled by false promises. The complex cycle of employment relations also meant that the workers got a raw deal.

*'…in Portugal it was told to us…in a contract where it said where we would work, in a factory of chocolates, with the rate of pay per hour, that was £4.20, with accommodation, with accommodation…everything is a lie…then it's even more difficult because of the language. To find work, a good job, that would give us the all good conditions, a contract, all those conditions that any worker should have the right to. No, because we can't be directly employed by a factory because we don't speak the language and we have to depend on agencies, of Portuguese, agencies that are managed by Portuguese, gangs and even those are already scarce…first the directly employed were called, then the agency workers and then us, that worked for agencies but through gangs. It was never a regular work. Because if there was a lot of work we went, if there wasn't we stayed at home. It's like this…there is the factory - the employer, then there is the agency and then there is the gang. So, the factory pays directly to the agency and that's to the agency that the gang provides workers and in turn, the agency provides the factory with workers. So, the factory pays directly to the agency, the agency pays directly to the gang, the gang pays directly to us. Now you see…from there to here, it's a price. From here to here, there's another price. And from here to*

*here, it's another price. Because everyone has to profit. The agency has to earn, the gang has to earn, at the expense of the worker, that's us. If we work for the agency, we can get a bit more than if we work to the gang. If we work for the gang, if we are linked to the gang, we are going to get less than if we were working for the agency or directly in the factory. In conclusion, here in England, who is not working directly in a factory, at this moment, have their days counted.'*

### A.6.7 Nature of the employment relationship

The nature of the employment relationship of those we interviewed in packaging and processing was split almost mid way between directly employed (21 responses) and agency employed (25 responses) with the remainder not indicating the form of their employment. None of the interviewees in this sector said they were working as self-employed.

Of the directly employed workers, many had been working through agencies initially and then been taken on directly. Within the sector the migrant workers we interviewed looked upon direct employment more favourably. As a male from Central and Eastern Europe (South West) expressed.

*'Well, it's a lot better working directly for the firm. They pay better because the agency used to take their commission. You can also do overtime... I expect it's always better to work for the firm than the agency.'*

One of the ways in which food processing and packaging sector obtains seasonal and casual workers is through sub contracting labour suppliers, sometimes through employment agencies and otherwise through gangmasters. There was little evidence of self-employment within the Processing and Packaging sector with only one of those interviewed having an employment relationship that could be described as self employed.

### A.6.8 Skills and qualifications

#### *Previous experience and employment*

An overwhelming majority of the interviewees working in processing and packaging were found to have no similar work experience in their home country and were likely to be over-qualified for the work they were doing in the UK. For example, a male asylum seeker, a qualified nurse from Kosovo, was working as a cleaner in a food factory in the North East; a male computer teacher from Sudan, now works in a food factory in London; a female accountant (student) in London, a businessman, an IT professional, a cinema producer and an ex-major in the Police academy from Sudan (refugee, London) were amongst other examples of migrants working in food processing factories. There were also nurses, electricians and teachers who were unable to get jobs suited to their qualifications and thus were working in food factories. None of the migrant workers interviewed were found to be under qualified for the job, which was also corroborated by the fact that they felt that this work needed very little qualifications or skills.

A large number of interviewees had worked in their current jobs for less than one year, (22 responses) and length of time in a job is a known factor leading to higher workplace risks. However, cross checking the number of years that the migrant workers had been in the country with the length of time in their job, it shows that many migrant workers had held stable jobs. The following table shows this.

**Table A6.8** Length of time in the country by length of time in current job

| *Yrs in UK/time in job* | *Y1* | *Y2* | *Y3* | *Y4* | *Y5* | *Y6* |
|---|---|---|---|---|---|---|
| Less than 6 months | 8 | 1 | 2 | 2 | 0 | 1 |
| Less than a year | 1 | 3 | 1 | 1 | 1 | 1 |
| Less than two years | 0 | 5 | 2 | 0 | 3 | 1 |
| Less than five years | 0 | 0 | 1 | 6 | 3 | 2 |
| More than five years | 0 | 0 | 0 | 0 | 0 | 0 |

Some migrant workers said that it was easier to do their job, once they had become used to it. For example, a Central and Eastern European male commented that.

*'I will see, I will see you know, I have contract for half a year, I am here only one month and everyday I am working more and more, more picks I am doing yeah and well trained everyday so I am quicker everyday, I know where the things are, I can ease about thinking what are you putting on that palette'.*

Reasons given for what had caused them to move to the UK and work in lower skilled posts included low wages in their country of origin, the opportunity to earn more money in the UK and lack of available employment at home.

Almost all the migrant workers felt that they did not need any skills for the job, with explanations like, 'this is a laborious job. I mean any person can do it as long as he is healthy and in good condition. You don't need to be a genius' (male refugee from Sudan, who had been an army major, London).

### *Checks on qualifications*

It is significant that none of the workers in the food processing industry had been asked about any of their previous qualifications. There were only a very small number of migrant workers who said that the employer had checked their skills, but these were mainly in the form of seeing their performance at work before giving them longer-term jobs.

There were some workers who had been given health checks, but those were mainly in the form of asking them whether they had any problems and to keep them on the job 'as long as we are young and healthy' (Female student from Belarus, East of England). The lack of relevance or adequacy of even these basic tests can be seen clearly from an example of a chicken processing factory, where a male migrant worker explained 'there's nothing like a thorough check-up, no, where they, they take the urine test or blood test or such things. Nothing. It's just your blood pressure and your temperature and they're asking you verbally…You are not going to say yes because if you say yes as well they suspend you!'

Checks related to English language skills were also common, but not crucial to getting the job.

## A.6.9 Key terms and conditions

### *Written terms*

There was an almost equal split between the number of migrant workers who said they had been given a document outlining their terms and conditions and those who did not. Cross tabulating these responses with the immigration status of the workers depicted that while all the unauthorised workers had no contract, as perhaps anticipated, there was almost an equal split for all the other categories, in terms of having or not having anything in writing. This shows that there was no relationship between whether workers were authorised and their being given copies of their written terms, despite perceptions of some unauthorised migrant workers. For example, an unauthorised female Kurdish worker (North East) expressed the view that 'Because I work illegally, that's why maybe

tomorrow they tell me sorry we don't need you anymore, in spite of being working there for over six months, if I had they can't sack me so easy'. Only one employer indicated that contracts were translated into the migrant workers' languages.

*'We translate quite a lot of, particularly some key things. Our contract at the moment, I'm currently rewriting for the whole company so that's not gone into translation yet because it's not actually in English. We've got an old version but it's out dated so once that's finalised and signed off, that will then be translated as well. Yeah, any bits that are major you know, have an impact on their employment rights or the way we do things around here will be translated.' (Construction employer, South West)*

### *Hours, shifts and overtime*

Of the six student workers in Packaging and Processing, only one was working less than 20 hours a week, though with provision for overtime. The others were working full-time, averaging about 35-40 hours a week. All of them were working shifts.

Of the 56 workers who shared knowledge about their hours of work, 30 were working normal hours, i.e. between 35 and 42 hours a week. However, the remaining 26 were working over 45 hours a week. Some experiences include those of individuals working in more than one job or working very long hours.

*'I'm just working eight hours sometimes ten hours if I want I can work twelve hours and that's it and there is some pay…I just tried and I know for sure I can work thirty hours without sleep …they didn't know about this, cause …I working actually in the two jobs.' (Eastern European male from Wales)*

*' …I'm starting 4 o'clock, until 3 o'clock morning, 11 hours, £20 … every time he say 'no good speak', he know I don't have insurance number, work permission, he thinks I can't I'm not working for that, but I know is not too much money.' (Iraqi asylum seeker male, North east)*

In many cases, the hours of work varied according to the demands of the work, or according to the number of overtime hours that the worker could get. For example, a Central and Eastern European female (London) said, 'In Kitchen Production it was like that, we started work at 8.30am and we finished according to how many orders they had, sometimes we finished at 8pm, sometimes about 9.30pm and we never knew how long we would work that day. This was most annoying'.

A lot of migrant workers were found to be doing shift work, which ranged from about 8-14 hours per shift per day. These long shifts had a negative effect on workers' morale, as expressed by a Portuguese male (East of England), '…people reach a point after five or six hours they get tired and the shifts last 10 hours…' The majority of the workers did early morning or night shifts, with a significant number doing rotating shifts, as 'it depends on their needs' (Refugee male from Sudan, working in London). There was also a pattern of continuous working for three to four days and then off for the next few days. For example, an Iraqi refugee was working '12 hours, four days' work, four days' off' in a food-processing factory in the North East.

Some migrant workers preferred the night shift, because 'it is the best paid from that…we are working late, so we are the best paid there, they [in chill or produce sections] are earning less…so they have to work more.' (Central and Eastern European Male, South West) However, others such as a Portuguese male (East) found it difficult to cope.

*'I work in the night shift, not good for me because I have one child you know, It's complication for me because my wife is working the day shift…it is difficult for me…don't sleep, don't eat very well'.*

Others also complained of physical health problems because of long hours. For example, a Chinese worker, who had been working in a factory in the North East said, 'Because I am not very strong physically, the maximum hours that I could work for was 24 or 36

hours. Can you imaging working for 36 hours? During that 36 hours, I only slept for four hours. The payment was very low. They only paid less than £3.00 per hour!'

While employers accepted that shift working was common in the sector they said that in general they tried to keep hours to under 48 a week.

*'We've got a limit here where we try not to go over 48 hours; we maintain that. Every manager has been told 48 hours is the limit. Anybody goes over that is actually singled off on the wage slip and then the questions are then asked why is that person doing that overtime. If it was just i.e. increased production or an order then yeah, what we would then do is we would then write back and say yeah, that's fine, that's been acknowledged. And then we will perhaps get around it by altering things. If it was an ongoing thing, if it was 50 hours every week for the next four weeks then we would seriously look at that and say no, there must be something that we're doing wrong. We either need to get more people in or perhaps look at the actual pattern, of the way we actually do stuff.' (Construction employer, South West)*

### *Pay, holidays and sickness*

Most of the migrant workers interviewed who were working in small agricultural produce processing farms were paid on what they termed as piece rate, cash in hand. However, in big food factories, the payment was less likely to be based on output and would be paid, mostly into bank accounts, on a weekly basis. A common complaint was deductions, whether for things like travel, or because of disputes regarding the number of hours worked, or 'they [agency] put expense, every week…but don't explaining for what…and other things [on the pay slip] that people don't understand'. (Portuguese Male, East of England)

The hourly rates earned by those we interviewed varied within the range of £4.85 to £6.50 per hour. There were not too many deviations above this rate, with the maximum payment going to £7.50 per hour and £9.50 for overtime work. However, quite a few of those we interviewed were earning considerably less. This was usually the case where individuals were paid by the day, with at one extreme a worker earning '£20 for 11 hours…because he know I don't have insurance number, work permission' (Iraqi refugee male, North East). Other examples were of people getting £150-£160 for a week's work (about 40-50 hours), which is the equivalent of £3 an hour take home, much below the national minimum wage levels.

Most migrant workers were getting deductions for tax and National Insurance. Other deductions made were for accommodation and travel (though this was only in small agricultural pack houses) and also for breaks and being late to work, though again, there were only very few examples of this. In very few cases, the workers also had to pay for their safety equipment, a sort of refundable deposit, for things like shoes, uniform etc., or 'you had to give it back, because if you didn't, they deducted money for it' (Central and Eastern European Male, London).

It is interesting that some workers noted an increase in their pay, from £4.85 to £5.05 per hour, while others were still getting £4.85. Given that the interviews were taking place both before and during or after 1 October 2005, when the national minimum wage rate went up to £5.05 per hour; this leads us to conclude that most employers were adhering to national minimum wage standards.

However, this does not hold true for most of the agencies, which 'paid what they wanted and felt like' (Portuguese Male, East of England) and also 'they took out transportation, accommodation, just small tax, different sorts of tax…and in the end we got you know just for bread…' (Central and Eastern European Female, South West). The workers also felt that there was a difference between 'the directly employed who might be getting about £8 per hour…and the agency worker might be getting £5' (Portuguese Female, East of England). Also, from the point of view of a refugee from Sudan (London.

*'…the agencies take their commission, because they are the middle people. The factory gives you full wage and after that you give some of it to the agency. Because the agency is work agency, so say I the factory pays you £12 an hour, the agency gives you, say about £7 and takes £5.'*

Opportunities for overtime were widely available and were taken up by most migrant workers, unless restricted by factors such as dependence on employer provided travel, or familial responsibilities. In fact, most migrant workers wanted to work overtime because of financial reasons: 'It depends on me but I have to go to work on Sunday because I get almost £12 per hour and I need the money' (Central and Eastern European Male, South West).

However, entitlement to overtime premiums was not universal. While some workers got paid the same amount of money as they would have for working normal hours, for others, the rate was graded from one and a half times, to about twice the amount paid during normal hours. The migrant worker interviews suggest that there is a link between the limited bargaining power of undocumented worker and the fact that they would get over time or not. As the example of a Middle Eastern woman (north east, unauthorised) shows.

*'I only get £4 same as usual days…for example, on Sunday of I work they pay me just £4 per hour because I work illegally but if others work they can get double, just because they have work permit'.*

Again, there seemed to be a distinction between agency and directly employed workers, regarding entitlement to overtime work and pay. A Central and Eastern European woman (East) said 'workers from the agency don't get overtime. Only those who have contracts, they do overtime'.

In only one case did a worker express working overtime as a contribution from his side '…It [the pay] is based on five working days. Any extra days I work are a kind of contribution to the company. As a worker, it is very important to do the job well.' (Chinese male supervisor, London).

In terms of holiday leave and pay, most of those interviewed got both, while only a small number of workers did not get either. There seemed to be no strong relationship between the nature of their employment (direct or agency) and whether they got a holiday allowance, although agency workers were more likely to indicate that their holidays were unpaid. Thus while most agency workers got leave, it depended on the agency and the type of contract they had, whether or not they got paid leave. This also applied to sick pay and leave.

*'It's not very good with agencies because they don't know about the holiday entitlements. They know nothing about it and they're afraid to ask. They don't know if any, like a couple of days, they don't know what to do, or if they're off sick they could just lose this job instead of, you know, really proving that they were off sick and everything. Nobody, nobody cares but it's mostly with the agencies…but if people work direct, everyone very happy.' (Other East European Female in East of England, now working in Agriculture but previously in Processing and Packaging)*

Where workers were unauthorised, entitlement to holidays depended more on personal relationships – while in large factories unauthorised workers did not get any holidays or pay, in smaller establishments workers were more likely to be allowed to take leave (although unpaid) and be reasonably secure of rejoining their job when they came back. However, many workers in this position also decided not to take any holidays, especially as some times 'if I don't take any holidays and I keep working…he [the employer] will pay me double' (South East Asian male, South West). Workers also were aware that the different treatment they experienced, in comparison to that of UK workers, related to their status.

*'In our factory, yes there are some English/UK workers they have everything because they work here legally if they sick, on holiday or maternity leave, have everything, but I'm not [legal].' (Middle East Female in North East)*

For those with a contractual entitlement to leave it was most likely to be set at 20 days a year (the statutory minimum) and in some cases the 20 days included bank and public holidays. There was one case where an employer had moved to offering paid annual leave to a 'rolled up' holiday rate, where workers were given a small addition to their hourly rate to compensate for holiday pay.

Most migrant workers were allowed to work their way around the situation of losing their jobs if they went on holiday. For example, a male refugee from Sudan said that if he had to go for holiday 'you leave the job, but you leave your name registered on the agency's list, so that when you are back, you tell them I am back. So they can call you.'

Some issues that emerged were related to the difficulties in actually taking leave at times that the workers wanted. This was especially important for those whose country of origin was geographically distant, like this male worker from South Asia (London).

*'…if we need more holidays on some of the occasion, they don't grant us. That is, you do the job and when you are coming [to take the holiday] we'll take [give] it, but it is not sure when you will come [to take leave] they will take [give] it or not. So there are so many peoples they've got their own problems…they have to go…we are travelling from UK to our own place takes several days…two weeks is not enough'.*

Around half the workers interviewed in the sector did not get any paid sick leave. Thirty of the workers did not have any entitlement to sick pay, while 28 did, (although of these four said that the amount of pay depended on the contract and matters like length of service). Four other workers were unaware as to whether or not there was an entitlement

In responding to questions about entitlement to sick pay workers often reiterated that they never fell sick and so never took sick leave. Those who had taken sick leave had often faced difficulties on return. For example, a female worker from south Asia (London) expressed that.

*'They say that you can't go on holiday because we are busy. I was sick and my G.P does not have appointment system, only drop-in, they said that they will not give you holiday. I said why will you not give me holiday I have an appointment? So I went to the GP and did not go to work and then got a letter from the GP and gave it to my manager, who said it was ok. We do not get paid for…sick pay unless there is a note from the GP.'*

Other problems included being dependent on the manager for approving the sick leave and getting a doctor's note in order to claim sick pay. Some migrant workers felt that they were being unfairly treated and absences for sickness would also be used as a disciplinary tool

*'If you go to the doctor and you are given days off, when you come back they're given a strike. We call it a strike because they give you a caution…and when you have got three strikes, that's it.' (Sub Saharan African male, South West)*

Sick pay also sometimes depended on the type and length of contract. For example, a Central and Eastern European male (South West) said that they did not get any sick pay unless working for longer than a year As a result sometimes individuals went to work when they were ill. The amount of sick pay was cited as being drastically less than the wages and in these cases the assumption is that workers were entitled only to the SSP rate, which would have been significantly less than their normal rate of pay. As a Central and Eastern European male expressed.

*'…it's worse than in Poland…in Poland we get 70-80 per cent of the salary for some days and then later 100 per cent. Here it's so small that nobody wants to get sick because it's not worth, its £30-£40 a week from what I've heard when normally you earn £180 a week.'*

As was the case with entitlement to holidays, the legal status of the worker and the nature of employment contract were also determinants of whether there was provision for sick pay or leave. Agency workers were unlikely to get holiday or sick pay and those working without authorisation sometimes felt they could not take leave.

*'No, because my job is black [illegal] just they pay to whom work legally, with work permit. If I'm ill I have to do my best to not stay at home, if so they sack me and they put another worker in my position.'*

### *How terms compare*

Nearly half of those interviewed (30) said that their terms and conditions were different to those of UK workers, while only 16 felt that these were similar or no different to those for UK workers. Not only were migrant workers doing the worst jobs, but they were also being paid less.

*'…it's extra for hanging. In theory if I hang for 4.5 hours I should get the same rate for the whole day… but in reality it's not like that. Only English working the day shift get that. They have a contract to do so much, but why would they make too much effort if the Polish come and do it cheaper… [the Polish are put] wherever the work is worse.' (East European Male in South West)*

Those who were working through agencies were more likely to be working on less favourable terms and conditions than applied to UK workers. They mentioned requirements for longer notice before taking holidays, not being allowed to leave early while UK workers could and having less favourable entitlements to breaks.

*'…First of all because examples, when you go to holiday. If ever he want to go to holiday he say alright, I want for tomorrow I want to have holiday because it's important, maybe he have got appointment or something like this. They say no you are not allowed, you must have three week before to tell us and we will give you. But it is for English if you say tomorrow, any time they will like, they get it.' (Middle East Male in East of England)*

*'The problem is respect, when the people don't respect you. You're doing more difficult job, more hard job. You're doing the job that the English people don't want to normally…the English people…finish very early and go home…because you work five hours but they pay, the company pay eight…and for me and people from the agency they only five hours and five hours you go to work and you work very fast and after you are very tired and we are, only I, I stand up 5am in the morning…' (Portuguese Male in East of England, working previously in Hotels and Catering and also in Processing and Packaging)*

*'There was a noticeable difference. They [English] had more time. Even though the break was at a specific time for everyone, they stayed more time. And sometimes people from other nationalities were warned and the English were never warned about it.' (Portuguese Female in East of England)*

When asked about the terms and conditions of other migrant workers, most responses were that they were being given similar pay and had similar hours, patterns of shift working etc. In some cases, new migrant workers faced even more problems, because of the fact that they did not know the language and the rules of the game. Language was considered to be the main source of difficulty for all migrant workers and workers were often shouted at and disrespected, particularly when they did not speak English.

*'The workers who come new are unaware of what they need to do and what they don't need to do. So they are put to more work. And also the supervisors shout at them and scold them, don't respect the workers…. the main problem with migrant workers is that they don't speak English, so they face a lot of problem.' (South African female, London)*

### *Overall Assessment of Terms and Conditions*

There was more or less an equal split between workers who found their overall terms to be positive and those who did not. Concern and friendliness from supervisors and good working conditions played an important role, for example, 'Its not much money but…people are nice, there is a good atmosphere and everybody helps each other' (East

European male in the North East), in swinging the assessment towards the positive side, in addition to adequate pay and leave.
While mostly, workers preferred to be directly employed, some also recognised the positives of working for an agency.

*'…most of them were temporary jobs because usually when you get work from the agencies they send you when they need you so when they don't need you you're finished with them. But as soon as you're finished they'll find you another job in somewhere else. As long as you're a good worker and they're interested in you they're going to send you other places. So basically it's good as a started because when you register with them you basically get a lot of experience, variety of experience, different places, different jobs, different people and you work with different people, which is gives you another experience. You're working with different people who come from different backgrounds. So it is good…' (Middle Eastern male, Wales)*

Those who were made to stay late; where the working environment was not considered friendly; and who did heavy or difficult jobs were least likely to assess their jobs positively. In addition, there were also problems with shift working, with many workers having transport difficulties when they had to travel outside normal commuting hours.

### A.6.10 Health and safety in the workplace

#### *Training*

We asked individuals to indicate whether they had ever received any training, either in their current or previous jobs. While there were a large number of responses (56) where training had been provided, one in three of those replying indicated that they had never received any training or that the training was so minimal – one or two minutes explaining how a machine operated - as to hardly count. The number of workers among the whole interview sample, who had either worked in processing factories at some point or the other, or who had taken on multiple jobs, including their work in this sector, was quite high. This reflected the transient nature of workers, which usually increases health and safety risks, it may also act as a demotivating factor for employers, who might be less open to investing in health and safety where they believe that the workforce is transient. At least one of the employers we interviewed expressed this opinion.

Where there was training it divided into three different types: training for work tasks, Fire Training and Health and safety training. The training for work tasks centred on demonstrating, for example, 'how to pack and how to do this and that' (Sub Saharan African Female in London).

While most people said that they understood their job, there were cases where this was rated negatively.

*'At the beginning when we worked for the agency during our first meeting the woman was telling us something but without an interpreter, so I didn't understand really. We had a lot of papers to sign and she was just talking a lot. We were asking what it was to sign and she just said oh, it's something you need to sign…it was to do with starting work…'*

There were a significant number of cases where fire training had been provided, mostly during induction by way of practically showing the exits etc. In a couple of cases, this had also been done through visual aids.

*'…the fire exit, where we can find the fire extinguisher and that was also shown during the health and safety training, on the video film there were some fragments of the rooms, where you can find the fire extinguisher and where are the fire exits and those signs glisten similar to the ones we have in Poland…and where you can go.' (East European Female in North East)*

Health and safety training varied from just talking about safety clothes and procedures for a couple of hours, to giving practical training and showing videos or passing leaflets on specific topics, the complete module lasting for about two to three days. In a few cases,

there had also been tests on health and safety that the workers had to pass prior to starting work. The quality and content of the training was criticised in some cases.

*'You're just being given an idea of what to do but you are not being told, this is what happens and you are not supposed to do this or this. So in terms of health and safety they are very bad…the information they give you is very little. It's not something that can…educate anybody. And the other problem is communication'.*

Mostly, health and safety training was given at induction, though in some cases, it came a few weeks after the worker had already started the job, or in one case after two years (Middle East Male in East of England, working in Processing and Packaging). In many cases, manual handling was an important part of health and safety training, as was hygiene, especially in food factories.

*'We actually had a course, health and safety course, how to pick up boxes, how to use knives and all sort of hygiene as well, you know, the highly contaminations. I forgot already what it's called but basically about what's dangerous and what you must mix and this … the factory took good care of us explaining how to lift the boxes.' (Other East European Female in East of England, now working in Agriculture but previously in Processing and Packaging)*

In general agency workers were given training by the factories that they were working in, rather than by the agency.

*'All they [agency] do is…give you an induction…then they take you to the factory…they [the factory] give you the proper practical induction…tell you all the safety rules and the safety equipment that are required…they make safety as their watch word there…made to understand that you don't have to do anything that will put you at risk at that place.' (Sub Saharan African Male in Wales)*

However, there were also cases where agency workers did not receive any training.

*'They [Polish agency workers] don't have any training...for them to get the training, it means the company have to spend the money on them and they cannot start spending money on them and yet they are agency worker…' (Sub Saharan African Male in South West)*

While the practical training and use of visual aids went down well with the workers, the leaflets or any written information was not as well received. It was only in a couple of instances workers reported that there had been interpretation facilities and care taken to ensure that the workers understood the training. There were not many instances of ongoing or repeat training (seven cases). These refreshers were either though actual training sessions being repeated, or 'the health and safety instructor goes around…he looks and sees how we work and whether we do what we were told to do' (East European Female in East of England). But where there had been refreshers, these were rated highly by the workers: 'I feel quite safe working here. The company often provides health and safety training once every two weeks or a month' (South East Asian Male in London). In this case, there had been a change in the patterns of training arising from a change in employer attitudes after consultation with the HSE.

*'…It [training] only started recently. At the beginning the employer didn't think that it was very important at work. He thought that as long as the factory kept running and earning money, the other issues were less important. Since we started co-operating with HSE, he has changed his perceptions about Health and Safety issues at work. So the factory has started providing different types of training for the workers.' (South East Asian Male in London)*

For those where no training had been provided, where for example, they had to learn by doing, they found this difficult.

*'I was working in…poultry slaughter house…in the beginning it is very difficult to engage in that work because there is no one specific to train you. They say there is…and in that factory there are Portuguese and English…but I don't know why, I was not very lucky, then you have to learn a lot by yourself. Because you don't know the language, then you learn with time….you look to your side and see how the other is doing and you go like that, it was my training.' (Latin American Female in East of England)*

*'Also, when 'there was no safety training…you were only responsible for yourself. If you got injured at work, it was your own problem.' (South East Asian Male in South West, had previously worked in Hotels and Catering)*

There were also views expressed as to differences in training, between that available to UK workers, compared to what was offered to migrant workers, with the latter losing out. In one case, a worker (East European male, London) highlighted the difference in training between native and migrant workers.

*'…no training…basically if you manage you manage. As far as the English were concerned, I know they had some training because I saw them being walked around the factory. They were actually treated differently. And us, we come and we have to cope ourselves and earn from the very beginning…and the English, they have time to prepare…'*

Almost all interviewees stated that any health and safety training that had been provided was in English. Though in some cases migrants had been able to understand the content of the training, the predominant experience was of having not followed what was being said. Other issues raised were of English being spoken too quickly during training, making it difficult for those who may have had rudiments of English to follow and of no checks being made by trainers to assess whether or not their message was getting across. There were also issues in relation to the use of particular vocabularies, for example, technical terms or chemical terms that even those with enough English to communicate at work, did not understand. An additional problem for employers was that in some cases the workers would not admit to not understanding the training for fear of not getting the job.

*'..in English…sometimes if they give information…me…every time say yes, yes…because if people scared if I don't understand, they sack you…when my company give information…in four years, never never have information in my language..' (Portuguese male in South West).*

There was only one case where the owner and the manager was Chinese and hence 'the manager translated English into Chinese to the workers who don't understand English very well'. (Chinese Male, London)

There were a few cases where the employers had gone to the effort of making the workers understand. This was mostly through use of other workers who understood both English and the native language of the migrant workers and in a few instances, trained translators had been used.

*'…the supervisor organises it, for example three or four migrant workers…whose English is poor, they have somebody who can speak fluently and he [the supervisor] explains for this person and this person [the bilingual worker] explains for them [the migrant workers]'.*

There were only four responses where the training itself had been given in the worker's own languages such as a Portuguese Female in the East of England, working in Processing and Packaging who said that they had 'two ladies, Portuguese ladies…they are training us…they train most of the Portuguese people'. In other cases, there were people within the factory who knew English and helped their co-workers on an informal basis. There was only one instance where gestures had been used to explain things.

There were also cases where it was suggested that employers had been falsifying their records over whether training had been given. For example, a number of workers told of having been asked to sign forms stating that they had received training when none had been offered. They also spoke of signing declarations that they had understood the training given, training when this was not the case.

*'They [the employers] are such cheaters – they make the men sign that they have received training, but actually there have been no trainings at all. So it is really bad. They sign because they only want to work and earn money. If there is any problem, then it will all come on the workers, but they don't understand this, they signed they have received training'. (South African female, London)*

*'Some people worked for five months before the training. We were just told to sign it here and there, so we did but didn't really know what we were signing…people did not know the language…she [English trainer] played a tape on how to pack etc. it was all ok, ok…I picked up a few words…so I know more or less what this is about. But there are people that just drunk coffee, as there is a free coffee machine, that's it. We are paid normal rate to do the training and didn't have to work, so you know.' (East European Male in South West)*

*'There was a film we watched…I was surprised because the woman was speaking English and asking, do you understand? And we all said yes! Then she did this ridiculous test and if you didn't know the answer, she's come up and give it to you…basically…you could say she did the test for us…this test was just an exercise to get to paper. I suspect that at most 20 per cent of people understood something of what's been said.' (East European Male in South West)*

*' When you start, because you want to just do job, it doesn't matter what it's like because you need money. But after, they have like a form they will give you, you must sign. And it does not matter you understand or not because they don't need you, you need them. So you must sign.' (Middle East Male in East of England)*

### *Health and safety procedures and equipment*

Many migrant workers were aware of the existence of first-aiders, or other specially trained people, who were sometimes demarcated by their coloured hats, or different coloured jackets. Knowledge about fire extinguishers and fire exits was widespread. Fire drills were also fairly common and in fact rated very high amongst positive safety procedures, as explained by (Portuguese female, East of England).

*'In case of fire, I had two times…the first time it was to explain to us how things would happen and the second time they did it without warning us, like a simulation. And the third time…we used the fire extinguishers, we made fires inside metal buckets, like a simulation.'*

In some cases there were occupational health departments and nurses present in the factories as well and 'they showed us everything the first day, they showed where the nurse is, where to go if anything happens...' (East European Female in East of England).

While in some places, there were signs on machinery regarding their operation, most of the safety and emergency signs were in English. However, most migrant workers expressed this as not being a problem, because if there was a sign saying 'danger hot water...also a sign of the water coming from a tap…so you can understand' (Sub Saharan African male refugee, North East). Also, there had been some efforts on the part of factories to translate these signs into different languages.

*'[signs were in] English. Because that was six months ago…now they know it's too many Polish, Lithuanian and now they translate…They're trying now it's big difference…but not all factory, only factory which are employing you know Polish and Lithuanian.'*

Amongst the positive procedures in place these included adequate provision of equipment and high standards of hygiene, although the latter was deemed to be mainly because 'they are afraid of contaminated foods' (East European Male in East of England, now working in Construction and previously in Processing and Packaging). In some factories, there was evidence of good practice, starting from 'hairnet, white coat, white gloves, when I go downstairs to factory I got to wash hand, first with water, then with alcohol…and ear protectors because it is very noise' (Central and Eastern European male, South West).

In some cases, there were recognised procedures for reporting accidents, which usually involved 'report to the team leader and the team leader takes the responsibility. He knows who to report to' (Middle East Male in South Wales, had previously also worked in Hotels and Catering). Occasionally, there were instances of good practice, such as that described by a South East Asian Male in London.

*'When I lift some heavy stuff, I shouldn't lift it by myself. I need to ask other workers for help. The manager has told us that….otherwise you might end up with a back injury. When we operate electrical machinery, we need to make sure that there aren't any electrical faults…if the floor is*

*slippery, we put a certain kind of caution sign in that area. We also have signs for dangerous machinery or electrical areas…in Chinese and English.'*

However positive this description sounds, it paints only half the picture. There were about 59 instances of good practice in the industry as described above, but the number of poor practices stood at 27 responses. Further, some of the poor practices posed real risks to the workforce. For example, there were instances where there were no safety signs, not even to the exits, let alone machines. Migrant workers in some factories had no idea about who the designated first aid officers were, or whether there were any.

Some workers were unaware of the accident reporting procedures, or fire exits and what to do in an emergency situation. There were some complaints about signs and procedures being 'only on paper and say or on the wall because at the end of the day your supervisor…will press you…so you have to work by any means. You go to the management and…they don't listen even' (South Asian Male in London, working in Processing and Packaging). There were also cases of procedures being in place and being understood, but not being followed due to the sheer pressure of work.

*'I feel that workers understand the training, but whether they follow the procedures at work or not has been a problem. Everyone is very busy the procedures at work or not has been a problem. Everyone is very busy at work. We don't have a certain person to check if they are following the procedures or not, If we don't check, some workers don't bother about it.' (South East Asian Male in London)*

The extent of the provision of personal protective equipment (PPE) was largely dependent on the factory. In many cases, adequate equipment was provided to all workers, including boots, aprons, gloves, high-vision jackets, thermal trousers (only in one case), ear plugs, masks, goggles, coat, overalls, hairnets, hardhats, safety helmets etc. although some workers said that you only got these items if you argued for them. The workers rated these PPE as very important.

*'We have the safety helmets which are very useful, because otherwise I would have smashed my head up twice. There is a production corridor and you have to bend down. I hit my head there a few times but I was wearing the safety helmet. You can see that the safety helmets are all scratched.' (East European Male in South West)*

An example of the importance of PPE in preventing accidents was provided by (Latin American Female in East of England who had also previously worked in Cleaning and in Hotels and Catering).

*'He spoke about fires, he spoke about the knives…because there was a lot of knives. We have to use the gloves at all times. Also you were in direct contact with blood, meat, then you can't be without gloves. Helmet, because there are a lot of boxes moving above our heads. Then everyone uses them all the time. Always, Always, I've never seen someone without a helmet…there was one day, an accident that, one of the boxes fell down in that space between the line, full of bones, fell right in my friend's shoulder. But my friend was wearing a helmet, so it hit her head and fell in her shoulder, but nothing happened. There was everything really safe.'*

In factories with good practice almost all these things were provided free of charge to the workers, with the exception of safety boots, for which a charge was frequently made. There seemed to be no distinction between agency workers and directly employed workers in terms of the provision of equipment, with the factory providing the equipment rather than the agency. However, there was also some evidence of equipment being made available specifically when an inspection was due.

*'Because when there was an inspection, they told us to put the masks on in order to show that we had them. And the masks were so dirty…when I put it on, I couldn't see anything, the glass protection was so dirty that it wasn't transparent anymore…and there were no chances for getting new ones. Only after I got the [eye] infection, I bought the glasses myself'. (East European male, London)*

Cases where little or no equipment was provided were also reported and both the provision and quality of PPE varied a lot. In one case, 'the supervisors pick up very heavy gloves and for other just plastic gloves and everyone need to bring personal…is really cold' (Latin American Female in South West). A Latin American male (South West) complained that, 'in factory, sometimes they didn't give any gloves or anything to help us do our job….you know everyday, I came to my house with my hands ripped…from the flowers'. In another case, 'my hands were pricked with many holes by cutting and cleaning fish and crab…they had some kind of medicine or plaster, but they never gave it to me' said an unauthorised Chinese worker (South East Asian Male in London who had previously also worked in Hotels and Catering).

Reductions in the provision of PPE were reported as a result of the pressures of having to cut costs. These changes were often made without workers being in a position to contest them, as expressed by a Portuguese woman in the East of England, who was now working in Hotels and Catering but had previously worked in Processing and Packaging and who was now working in a salmon factory.

*'The sections were very cold…it could go to -6 degrees and there was always humidity and the only thing that they gave us were rubber boots and normal clothes…they provided as well a kind of plastic shoes, in order for us not to wet our feet…but even that, they started to cut, when people from other countries started to arrive…and then, it was too expensive that equipment…then, not even that they distributed any more. And we had to work, with humidity or without it, we had to. We didn't have adequate equipment to work in that factory, but those who need it [the job or the money] have to accept it.'*

Views about the adequacy of the protective equipment provided varied. Some workers were critical of what was on offer, while others expressed satisfaction with what they had been given. However, lack of appropriate PPE was seen as contributing to an unsafe workplace.

*'It was hot, no air conditioner or anything and there were these big machines working so it was wet and hot because of the vapours and oils. We didn't have appropriate shoes because on the machine which is very big, where one puts many boxes, so it was wet around and it was possible to fall down without special shoes. Because there should be anti-slippery shoes provided but there everybody was wearing whatever they wanted, boots, shoes, trainers. I used two pairs of shoes there because it's wet and chemicals. Yes and chemicals also had influence because not everything I did with the gloves' (East European male, London)*

### *Perceptions of risk and types of risk*

There were 27 interviewees (four in ten) who perceived there being no risk in their work. The main reasons for the low level of risk included adequate training and careful supervision by managers: 'they actually don't give me any kind of work to do where I could face any danger' (Central and Eastern European woman, London); a safe working environment including adequate provision of equipment; and the nature of job, 'because my job is just packaging' (Iraqi male asylum seeker, North East).

As summed up by a male refugee worker from Sudan,

*'I mean I trust them. I mean, unless it is of your own doing, the possibilities of dangers are remote. I mean there is good safety, even the conveyer belts are a bit far from where you stand, so that even if you attempted to put your hand on it, you won't be able to, it is beyond reach. So I think there good safety…I mean it depends on as well as on the factory.'*

Despite there being significant work with machinery in the production factories, the perception of risks about these varied from being very dangerous to fully automated and hence not unsafe at all. However, the overriding perception about machines was that '…you should be very careful if you work with the machine'. (Sub Saharan African male, South West). The risk of working with machines was especially increased when the machines were not up to date or working well.

*'…60 per cent of the machines are very old…lots of machines haven't been updated for years…operating machines can be dangerous…some machines are very old. A worker's finger was cut off by a machine.' (Chinese worker, London)*

However, where these responses were probed further in the course of the interview, it more often than not led to a discussion on major or minor risks in the workplace. For example, a Central and Eastern European woman (East of England) having indicated that her workplace did not pose risks then noted, 'There's a conveyer and sometimes we work with knives but nothing else. I don't think that this is dangerous'.

There were also a few cases of migrant workers willing to take risks, even though they recognised that there were dangers inherent in the job. This was most predominant among the unauthorised workers, as is depicted in the desperation of a Chinese unauthorised worker (London).

*'As far as problems and difficulties are concerned, at this stage, I never really think about such issues. Wherever and however I can make money, I'll be there. It doesn't matter about danger. If I can make money from doing it, then I will do it.' (South East Asian Male in London, who had previously worked in Hotels and Catering)*

In terms of risks, the minor risks that workers faced in the sector included mostly slips and trips on floors, where oil or other substances had landed, as well as bending too much. As a male from sub Saharan Africa (North East) put it.

*'…at times ice cream was falling out and you had to rush with water to clean, so there were a lot of risks of falling….ice cream boxes would…fall from the conveyor belt, so there most of the time you had to bend your back to pick them up and put in refuse bins.'*

Minor burns from hot oil splashes were also mentioned. Cuts from sharp knives increased with the levels of tiredness of the workers, adding to another risk factor.

*'It depends, sometimes people when…you don't know what to do, you are tired and sometimes you cut your hand, you cut your face maybe.' (Asylum seeker male from Middle east, East)*

Pressure of work added to the risk factors.

*' …the aubergines and courgettes come, they are very hot…we use three gloves to put them on, but the belt is so fast that we are sometimes not able to put everything…then the supervisor shouts at us.' (south Asian female, London)*

Lack of adequate training was thought to be adding seriously to the risks that workers faced and migrant workers believed they were further disadvantaged by their language inabilities. Lack of adequate equipment, combined with difficult working conditions such as high heat, or freezing temperatures, crowded work spaces etc. were also cited as exacerbating the risk factors for the workers.

Some workers personalised the risk factors, seeing them as dependent on the behaviour of individual workers, rather than on the overall practice within the workplace. This attitude could contribute to increased risks, as workers saw less need for formal procedures where they perceived risk as something that was individualised in this way.

*'It depends on you…if you do all according to the rules, there is no risk…maybe somebody will break down these rules, that's why this person may have problems…' (Central and Eastern European male, East)*

*'I don't know, generally safety at work place depends on the worker himself. Because if one is careless and does not pay attention, so even the safest place is not safe for him and we get hurt even there.' (Central and Eastern European male, London)*

A few migrant workers narrated situations, which put them at major risks and these, are noted verbatim below.

*'There is lots of danger there. It is a very short space, there is no space to even move. The machines have hot meat in them, there are big bowls and the cream is also hot. If the machine does*

*not work well, the meat or the cream splashes and goes on to the faces of the people. Sometimes it also goes into the eyes or the neck, but they don't get anything done. Once I had complained, that there is no safety for the workers, we are standing so close to machines, so the meat gets on us, so there is a lot of danger in working there. Also, there are big trays filled with aubergines, these are very heavy. Only one man carries these trays, there is no space, sometimes we get hurt when they pass. But the managers don't listen. We keep on getting hurt - the table, trolley, tray, machine, everything is so close to each other.' (South Asian woman, London)*

*'…all the belts are working while you're washing…and there are the lamb line I was mentioning you to you, has at one corner, there is a shoot where the lambs are coming from…its about two three metres down so if you fall around, I mean over that you could get very easily pretty injured. There are some other few places like that yeah you have a shoot in the middle where they throw in the skin of the lamb or something so it is very easy to get in…like once I was there, I was using my gun for a cleaning and there is a long pipe with that and while I was cleaning I went to the other room with the gun and I couldn't see the back of belt and suddenly I could see something is pulling my belt, my pipe, one of the rails it stuck it was stuck, it picked up the pipe and it was like this you know, pulling and so I don't know I went straight away for that red button luckily everything stopped…' (Central and Eastern European male, Wales)*

There were migrant workers who were driving around within the factories on forklift trucks, for transporting pallets, who had to deal with slippery tracks, which made going off the track a real danger to them as well as the other people working in the factory. For example, a Slovakian worker (South West) gave the following description of his workplace.

*'There are forks, I can harm somebody on the ankles when I am going backwards or I can crash to somebody with track because it is a dangerous place because everything that falls on the floor stays there about 10 minutes of 15 and you know, like milk or waters and the tracks they have not good wheels for that, when it is dirty or sticky I can not good break, you know and I am going, driving fast and then I am step in breaks and the track goes straight up or something, I cannot steering it or driving it, it is very hard when it is something on the floor and I have to call the cleaner and cleaner comes and everything is alright but in through that time there are many tracks, you know, about 10 tracks can come through that water or something and they have problem with the tracks.' (East European Male in South West, working in Processing and Packaging)*

Different experiences of health and safety in the jobs that migrant workers did in their home countries, compared to what they were doing in the UK could have a direct bearing on their perceptions of risk. Although most of those interviewed working in this sector found that health and safety in the UK was of much higher standard than in their home countries, this has to be weighed against the fact that many of them did not have any prior experience of working in similar jobs in their home countries.

However, there were also a few cases where the workers thought that the health and safety standards in their country were much higher than those in the U.K.

*'…But here in the factory for example everybody can take a carriage; there is a sort of crane and also everybody takes it and drives it. It's unbelievable. In Poland, if you don't have a license, you don't have the right to touch the machine. Another thing, here the equipment doesn't belong to a particular worker, but it belongs to all of them.' (East European Male in East of England*

*'I don't know, for example they really check if your hands are clean because from what I know they get big fines for this in Lithuania…in Lithuania they definitely do check this. One can't compare factories in Lithuania and factories here. The Lithuanian ones are much cleaner.' (East European Female in East of England)*

### *Accidents*

A quarter of all manufacturing injuries occur in the food industry. In the ten-year period 1994/95 to 2003/04 over 106,500 workers in the food and drink industries suffered an injury reportable to the HSE and there were 44 fatal injuries. Overall, the food and drink industries have the highest injury rate of any industry (with the exception of mining/ quarrying). The injury rate is almost twice the average for manufacturing industries

generally and nearly twice that of the Construction industry. The main causes of injury include manual handling/ musculoskeletal injury, slips on wet or food contaminated floors, falls from height, work place transport, being struck by something and machinery related injuries. The main causes of occupational ill health continue to include musculoskeletal injuries, dermatitis, noise, occupational asthma, rhinitis and work related stress.

There were only a few responses where there had been no accidents, while the number of personal accidents and observed other accidents was as high as 60 (more than seven in ten of those interviewed), which implies that almost every migrant worker in the industry whom we had interviewed had either witnessed or been hurt in an accident. There was a belief expressed that there was a link between accidents and workers not being able to understand the health and safety training they had received.

*'…we've been having problems whereby people do not know how to read or they don't understand English and when it comes to anything, a lot of health and safety…Because like the, the last six months, we've, we had so many…accidents because people wouldn't, they didn't understand the language…they are not trained on handling the equipment and they are given the jobs…the rate of accidents is very high'. (Sub Saharan African Male in South West)*

From the interviews with migrant workers, the personal accidents they had experienced included cuts from knives, slips ('I stepped on a sausage and fell in the stairs from the first to the second floor' (Portuguese Male in East of England) and minor burns. Amongst the more serious injuries, there were cases of harmful substances like chillies getting into eyes (Middle East Male in South West) and allergic reactions.

*' Once, the hot meat splashed in my neck and I got burnt! The meat also got into my eyes. My supervisor sent me to the nurse, she put eye drops in my eyes, said to rest and after some time, sent me back to work!' (South African female, London)*

Workers pointed to a number of different causes of accidents including, overwork, pressure to work faster ('when you are working very quickly … you cut yourself' (East European Male in South West).

*' There are people that slip and fall, people that get injured because they increased the speed of the machines and the speed of the lines, that already work really fast, everything is fast and generally any distraction…' (Portuguese Male in East of England)*

*The floor is quite slippery. So, one of the group was carrying the, the chemical that is normally brought in the, the, the machine that portions the birds. So, it fell down and then it splashed on them, on their faces yeah and they had to be rushed to hospital because it was burning and they've got scars. Yeah. It left them with light burning scars.' (Sub Saharan African Male in South West)*

In some cases there was at least a perception that accidents occurred because individuals did not adhere to procedures (sometimes because they did not understand them) in addition to different perceptions of risk.

*'I would say some people don't care to the rules. Sometimes the factory... they don't have the enough engineers to sort out problems, you know. I saw one person like another one who try to do that thing. But it is not done …So it happened different ways you know. And some people don't care, you know, just do the job. Not care this health or safety, they just want to job' (Middle East Male in South Wales, who had previously worked in Hotels and Catering)*

Others accidents mainly involved cutting and losing fingers etc. with machines. There were some cases of slips and trips and also getting hit by stacked boxes or moving things like trolleys inside the factory etc. There was also a fear of raising issues.

*'His fingers were crushed and one of his nails was ripped off. But he was afraid. It wasn't his fault but the machine wasn't secured…when the accident happened they filled something out, but he didn't pursue it any further as he was afraid. The union would have helped him, but he said that he'd have problems and they'd fire him. You know how it ends.' (East European Male in South West)*

There was an equal split between positive and negative responses of employers to accidents. While in many cases, there were adequate procedures for reporting an accident, such as an accident book, report to supervisor etc., in other cases, the response would be only to administer first aid and send the person back to work. Sometimes, there were not even any reports made of the incident, 'There was a case when one guy had a deep injury but they wrapped the finger with bandage and put the hand into a glove and that's it. No reports, nothing' (East European male, London).

There was general reluctance among migrant workers to report accidents, especially among agency workers, or unauthorised workers, for fear of losing their jobs or of not getting paid.

*'I twist one foot…they put me ice, everything. But day after, I work…for me, if I don't work, the [agency] don't pay me, not the factory, no problem with factory. The problem is with [agency].' (Sub Saharan African Female in East of England)*

*'Once a Kurdish worker cut his hand very seriously…They [employer] wanted to send him to a hospital but he refused…refused to go to hospital because he was just a few days before he started his job.'(Middle East Female in North East)*

Compensation was a complex issue, with most workers not getting any compensation and again agency workers were least likely to get compensation.

*'At the end of the day, it's them [agency workers] who suffer. Because if there's any accidents they'll have to follow the agency, it's not company, for compensation and everything…the other day one of them had an accident…he slipped and fell…but even to communicate to get to know what type of injury actually was a big problem. You actually had to get somebody who could understand a little bit of English to try and translate…' (Sub Saharan African Male in South West)*

#### *Monitoring*

In big food factories, there were also visits by client representatives to check the quality of food and hygiene.

*'A group of people come to the bakery and watch how we work, in what conditions, they simply have a look into different places. But our bakery is rather clean because we have people who clean the whole bakery, including walls, every week and other people keep the place tidy every day. We have inspections from shops like Marks and Spencer, Asda, Morrison. They are our main clients' (East European Male in London)*

There was a mix of responses for where the workers had been given prior information about these visits and where the visits were unannounced. One worker was a health and safety representative at his workplace and was more knowledgeable about the overall company approach to health and safety. After many incidents, the accident rate had come down due to new procedures, although he was aware of the need for further improvements. He also knew of an HSE inspection visit arising out of concerns over the accident rate, but commented that the company knew that they were coming, "so they were ready for them". The impression given by this interviewee and another with experience at this site was that the company had prepared for the inspection only rather than changing the health and safety culture in general.

### A.6.11 Issues of health, safety and welfare

The Temporary Labour Working group found routine health and safety malpractice in the fresh produce industry and packhouses, such as blocked fire exits and insufficient access to toilet and cleaning facilities, in addition to severe forms of coercion and abuse of workers[211]. These included long working hours, poor living conditions, illegal deductions from pay, failure to pay minimum wages and failure to provide health and safety training even for workers using dangerous machinery.

[211] *TWLG (November 2004) A Lies*

Among the workers interviewed, those who felt that their employers catered for their health and safety and those who had good working conditions, rated their overall conditions as positive, but the number of these responses was low, just 15 out of the 67 interviewees who responded on this question.

*'…the good aspects is the fact that…they [the employers] make provision against whatever risks you may encounter, they make adequate planning, in case of fire though I don't anticipate fire, a risk there are lots of lots of escape routes, you know the exits and the very moment you move into the place they pin point all the escape routes for you, should there be an event of fire…' (Sub Saharan African Male in Wales)*

*'I am very happy at work, I can see that they [the employers] really care about us at work and about our health and safety, I don't feel that I am not safe and I know if something happens to me they would try to help me and I don't feel that I can't ask them for help so in general I am very happy, because I enjoy myself and the job is clean…' (East European Female in North East)*

On the other hand, the number of workers who felt overburdened, or who worked in conditions, which they described as very poor and felt that their work was really hard was as high at 26 (nearly four in ten of all those interviewed).

In terms of facilities, almost all the workers had a canteen where they could take their meals, which either could be provided by the factory, or in most cases, the workers brought with them. There were facilities like fridges, microwaves, kettles in almost all the factories, although in some cases the facilities were very poor.

*'There is a canteen, with fridge, hot water for tea and coffee and microwave. But that often gets damaged and it takes them a long time to get it repaired. It is not like a canteen where you can go and buy food, so we take our own food from home… The changing room is there, but it is so small and gets very crowded. Even where we wash our hands, it is a very small passage, so sometimes we get hurt because of some trolleys that are being pushed by other workers, only because the space is so small. And the water that we wash our hands is so hot that we sometimes can't even wash our hands properly.' (South African female, London)*

Toilets and drinking water were also provided, but the main complaint was regarding the cleanliness of the toilets.

*'…we've got changing rooms, locker rooms and then the toilet facilities which are in pathetic conditions. Because they only, they're only cleaned once in a day and that is in the morning and after that, until now the, the other shift that comes in, that's when they'll be cleaned and you can imagine when you have a, a shift of around 200 people during the daytime using the same toilet...and they're only cleaned in the morning…and the locker room area. Like the other day…leaking….and it's really congested…' (Sub Saharan African Male in South West)*

### *Breaks*

Most of the workers in factories were given breaks, with an average pattern being two 15-minute breaks and one 20-30 minute break for lunch, although many workers expressed the view that the lunch break was too short to give them adequate time to take lunch. However, this pattern was not uniform and there were variations. In one case the worker worked a 12-hour shift with just a 10-minute break (East European female, South West). Also, while some factories paid for at least one of the breaks, at many places, breaks were unpaid and there were some differences between directly employed and agency staff. Payment of wages for breaks varied for agency and directly employed workers. The timing of breaks was often dependent on work-load and the progress of work.

*'…they [the employers] decided when we were having a break, for example sometimes we suppose to have a break at 12 o'clock and 4 o'clock, but sometimes we had just only one break at 4 o'clock, not at 12 o'clock, because they were short of, if they have not done enough, the managers have not done enough racks for to show, how much they done so you won't get a break till 4 o'clock.' (Middle East male in North East, now working in Hotels and Catering but previously in Construction and in Processing and Packaging)*

Rotation within the factory to do different jobs also helped in reducing stress and tiredness with one worker commenting on the positive impact of rotating jobs. In another workplace the employer had used the timing of breaks to allow for changes to work, to provide variation in the working day. This was perceived as beneficial to the workforce.

*'There was rotation each break. Each break you did one work and when you came back you had another job to do, we rotated without any problems. If the boss forgot, you just had to go to him and he would change you…without any problem.' (Latin American Female in East of England)*

Several of the employer interviewees reported that the work was organised to avoid musculoskeletal disorders and repetitive strain injuries through rotation of tasks and occupational health checks. One in particular pointed out that compensation claims in the 1990s had influenced his company to develop more stringent procedures around rotation.

Some also considered the ergonomics of the person in relation to the task, for example their height and physique, to avoid possible strains. Employers also scheduled regular occupational health checks by nurses to ensure that the work was not having a detrimental effect on physical health. Some employers commented that in cases where there was evidence of MSD or RSI, they would put the worker on lighter duties and/or change the area of work.

### *Temperature*

Problems with temperature were common, mostly because workers were handling food for which the temperatures were set at certain levels. Most workers complained of it being either too cold or too hot for them, dependent on the type of food preparation.

*'It's very cold, the place we work in there's a place close to the door where we work and they open the door and all the cold air comes in and then at the end of the line where they move the cartons the door is always closed.' (Sub Saharan African Female in London)*

*'I got meat prep so our department we got everyday the same temperature and that's four [4c]. But in our other departments it was problem in some department it was very hot in summer. So, for example when people start working it was not too hot but after three, four hours when the machine is still working it was pretty hot, some departments. But our department we got frozen food so we still the same temperature but ventilation isn't good. The canteen is hot very hot. Some people in my department ill because our department is plus 4, go to the canteen, the canteen is plus 35, they come to plus 4 and they've got problem with health.' (East European Male in South West)*

The clothes provided for the workers to work in cold temperatures were sometimes rated as not being adequate and it often led to health problems.

*'That is the problem…we have overalls but they are not warm, no. Very normal overalls…because it's very, very cold…people there are packing….they stand there ten hours, just move the hands. So, they have cold all the time.' (Portuguese Female in the East of England)*

*'…in the factory…Oh my God, it's too cold. I was always shivering and my hands, in my arm and elbow, every night they got numb. I don't know if it was because of the cold or because of the gloves that we use, we must use the gloves because we have to handle meat...and now I feel pain in my joints...' (Latin American Female in East of England, had also previously worked in Cleaning and in Hotels and Catering)*

A few workers also felt that the sudden and frequent changes in temperature (i.e. moving from hot to cold areas and vice versa) were detrimental to their health.

### *Noise*

Noise was a common problem, because of machines in the factory, but this was well catered for through provision of earplugs etc..

*'…there are things you are provide to cover the ear if you should observe the place noisy because however silent it maybe some people may still see it as noisy, so that case there's things you can use to protect your ear…at intervals you're advised if you sense that you have problem with your ear as a result of working there or whatever, you're advised to report to their first aiders and I*

*think they have nurses there and possible if one of the nurses, if something the nurses cannot handle they'll take it up with their doctors.' (Sub Saharan African Male in Wales)*

### *Chemicals*

Most workers (with the exception of the cleaners in the factories) did not use chemicals or other harmful substances. However, in some cases the workers had to work in areas where there were chemicals that were sprayed on to food and this was definitely felt to be harmful.

*'…In the factory…there was gas for products, I don't know what it's called, but it's all the time in the air…you don't feel it but it's harmful, later. It's gas that is used for packing food so that food would stay fresh. It's not harmful if you open it in the kitchen and it gets mixed up with the air, but here in the space where 60 plates are packed every minute, the machine pumps the gas and it spreads out...' (East European Male in East of England)*

*'We all call this place 'the hell'. These vegetables are washed with preservatives and people are not even protected from these preservatives, we used to come home having inhaled such an amount of these chemicals, no masks no anything. It lasted about one week until our bodies adapted. Fever everything and it looks like you are ill already, but next day you are ok and then again. It's a real shock for the body…me, the first week I couldn't even talk when I came home after work.' (East European Female in East of England)*

### *Cleanliness*

In general, most factories were rated to be clean and hygienic, though in some cases cleanliness was seen as being more related to food safety than to the general working environment.

*'…the place for making food its always clean, because the UK government…send people at interval, they call them auditors to come and inspect the place and I think for several times there have been there, they've always ranked the place as one of the top most in the whole UK so I think in terms of sanitation is very clean.' (Sub Saharan African Male in Wales)*

### *Accommodation*

Employers had provided accommodation to a fairly large proportion of interviewees in the sector (25 around a third) though for all except one, the quality of this accommodation was seen as sub-standard at best. In many cases, the workers had expected better quality accommodation because of prior promises by the employers or the agencies that they had come with, but they were seriously compromised in this regard.

*'He came…[took us to] the house and, a house where it was not hot water, just house but no water and just Latvian people…we came in this house and they were like prisons, you know; metal beds…in the kitchen and he says it's your home, it's your home, it was two floors back and there was even not any mattress, not even any bed sheets not nothing…there were beds in the corner and kitchen, it was sitting around kitchen, bedroom just everything together and even without any wall just beds in the middle of the kitchen and this room was living two another people on vacation so it was living four people. So some people were sleeping on sofas, some not. We had one saucepan and we just cook and share…it was awful. And um these girls they was working in the factory and they needed to get up at five o'clock in the morning…there was not shower just cold water, we had to make boiled water with gas, horrible…' (East European female, South West)*

There were also instances of workers losing their accommodation because it was tied to their job, for example, when illness prevented their attendance at work, for example, 'I had a severe flu and I had to stay at home. I was evicted, simply like that, because the accommodation was owned by the boss, of the agency and was evicted. Because I couldn't be sick, at home, so I was evicted.' (Portuguese Female in East of England, now working in Hotels and Catering).

The loss of work and accommodation could have serious ramifications for migrant workers. Two East European workers, recruited in their home countries to work in the Southwest, had lost their jobs and accommodation having raising concerns. They had little or no English and limited knowledge of the local area. Key respondents also had

anecdotal knowledge of recent East European migrants becoming destitute under such circumstances.

Another worker had a history of mental health problems (bipolar disorder/ manic depression) and had been unable to cope with the pressure when starting night shifts. After a breakdown the agency had also evicted him from his accommodation, resulting in homelessness.

### A.6.12 Impact of work on migrant health

#### *Physical Health*

Food processing work is physically demanding and the repetitive nature of the work causes a range of health problems, including severe back pain. A high proportion of workers (59 responses) said that their work in the factories had a negative effect on their health. Tiredness and pain in legs from standing in one place for long hours were common complaints. So too were problems related to working in low temperatures.

*'Recently I've had three or four nose bleeds. I went to the doctor and he told me that it's due to the temperature change…I told him I worked in the cold room…sometimes it's [the temperature] is -5 even…' (East European Male in South West)*

Shift working was considered as the main cause of disturbed sleep patterns and general tiredness. But often workers felt that they had no alternative but to put up with these conditions, as they needed to work to survive. Some felt that their options for better work were limited due to their lack of English. These working conditions also contributed to long-term health problems. One woman who had been working in a food factory had been unable to work for a year because 'her feet are swollen and she can't walk properly' (South African female, London)

*'They have been in that cold environment for so many years and they're doing the same thing that... So, the fingers are like this: They're bent…So like she had to go for an operation to have them straightened…and back problems. So many of them have left the company with back problems. And now the worst part of it is most probably they don't know their rights. They don't know what to do.' (Sub Saharan African Male in South West)*

Pain in the hands and legs, wrists and other joints such as knees and body pains because of carrying heavy things, especially back pain, affected many workers and their colleagues. Several workers complained of repetitive strain injuries such as sore arms, wrists, hands or joints, due to their work. At the most serious level, one worker had had to take long-term sick leave and another had lost her job due to her being unable to work with debilitating pain in the wrist and hands. Both had been assigned repeatedly to jobs involving difficult movements on fast production poultry lines.

*'The next day my hand was swollen, but they weren't interested because if they machine is broken we can't get a break. So we worked for 4.5 hours and temperature was about 30 degrees, it was so hot we were sweating. But the hooks on the machine can't be empty, in the morning it was broken and then there were only a few people to do the work. So I was off sick for over a month. My hand was very swollen and I was getting physiotherapy. I feel it till this day. Most of the people in this firm wear bandages.' (East European Male in South West)*

And then 'people reach a point that they can't work anymore and they end up to turn their back and go to Portugal. They don't have opportunity to grow professionally in other areas' (Portuguese Male in East of England)

*'…when they are being hung [the chickens]… they shit themselves. So you get covered in it. After that you go and shower. It's not good because you need to shower but after washing in hot water to have to go back to the cold production hall. You get a cold straight away. I have a cold at the moment and I think it's because of that. You get one every so often…I used to get blisters after hanging the chickens…I basically had open wounds on my hands…so it stings…Also, when you are hanging the chickens the dust from the feathers gets into your eyes.... the protective glasses we have are not tight enough around your eyes… My eyes were very red… the doctor gave me drops…*

*I felt like I had something in my eye all the time and it was hurting me. I didn't take time off, just got the drops that helped. (East European Male in South West)*

### *Workplace stress*

Stress was particularly a problem with 36 interviewees indicating that they suffered from stress, often this was as a result of production being speeded up. Some workers in a large-scale warehouse for food and other goods' distribution were paid a variable "pick rate" in relation to how many orders they managed to deliver in an hour. The work was directed using a wristwatch computer/scanner and, as some recent migrants from Slovakia commented, they had never actually had any contact with a supervisor during their night shifts. One half-jokingly commented that the watch was "heavy" (East European Female in South West).

Although the variable pick rate meant that the workers could potentially earn a higher rate than the minimum wage, it also put considerable pressure on the pace of work and meant that workers would sometimes not take breaks. As a more experienced Portuguese worker commented.

*'Everyday people have this stress because sometimes have bad day… have a lot of stress because if you don't have pick rate, next day you have one-to-one with your manager… Sometimes you have dinner 30 minutes and sometimes you get just 20 because your pick rate is down, you need to work extra for cover these pick rate.' (Portuguese male in South West)*

This worker, who had already been working in the UK for a few years, could foresee serious long-term health problems if working in this way over many years. Indeed, for many working in this sector, it is the long-term health problems that arise from this kind of repetitive and stressful work that are more difficult to measure. Recently arrived migrants may not be able to assess the longer-term effects of the work they are required to do.

Below are some examples of the effect of current working conditions on mental health.

*'They make us work a lot. Initially, we could manage to complete the work. But now they have increased the speed of the belt, so in the same time, we have to finish everything - same time, faster speed and more order to be finished! Earlier, they had part-time workers, who used to finish our orders, but now these part-time workers have been removed and we have to finish all the orders. So it is very pressurised. Especially since six months ago. Since some weeks, I can't even sleep at night; I am worried about what will happen at work tomorrow. I keep thinking why I was being scolded.' (South African female, London)*

*'Basically you can't just stand there, it's all 'faster, faster, faster' all the time. The machines are working on full speed and they can't even cope. If anything breaks we've got to do it by hand. They are trying to do as much as possible with as few people as possible.'(East European Male in South West)*

Night shift worked exacerbated both physical and mental health problems. Several Portuguese workers who had been working in food processing and packaging factories for over three years complained about the impact on their health. Two complained of kidney and stomach problems requiring medication and sick leave, which had seemingly been exacerbated by their work. In both cases they had not felt that their employer or agency had shown any concern for their problems and not shifted them to lighter duties or on to day shifts.

Two other Portuguese workers also spoke of depression that they and co-workers faced as a result of the work conditions and struggle to survive in the UK. However, there were 12 responses where workers were satisfied with their jobs and this was mainly attributed to a positive working environment with friendly people, as well as positive relationship with the supervisor or employers.

*'…he [the employer] works as well in downstairs and in up here, that is why he didn't any different to any other workers as an owner…so very nice person, I am working happy in here…I don't - ahh - have any problem in here, so I am really happy. They given me risen…pay, basic pay and everything. Sometimes if I am doing late he dropped me home, so I am very happy to working here.' (South Asian Female in London)*

Directly employed workers also attributed their satisfaction to the job stability that agency workers did not have.

*'What's most important is that I know that the job is permanent, I know what to do when I come to work, I know that they can't sack me like this: there is work today but no more tomorrow. They have to provide work for me and I work permanently. So this permanent feeling means a lot…' (East European Female in East of England)*

*'In the agency the thing is that one is never sure whether one will get work on that day. You work one day, the following day you go to the agency. I often used to go to the agency at 7am, people sitting there and waiting from 7am to 10am because people from the agency are also waiting for a call: a company calls them and says whether they need people. If they need, they tell them how many. And then if they get this call, they send those people to work and if they don't get this call, people wait till 11-12 and then go home. And that's that. Uncertainty when working for an agency: you never know whether you will be working or not. It happened many times that I worked only three days a week and had money only for rent and food, nothing else. And here in this work, on a contract, I know that I will work tomorrow and in a week and in a month and if I want even in 0.5 year or a year. So it's psychological comfort, a great psychological comfort because in the agency one lives with uncertainty all the time…and this is a great difference' (East European Male in London)*

### A.6.13 Health and safety representation in the workplace

#### *Informal mechanisms for raising concerns*

There were more workers (33) who said that they were able to discuss any concerns they had, with their supervisors, as compared those who could not (27). Two of the workers interviewed were union representatives, who also took other workers' problems to the supervisors or the managers.

*'…I always talk to them [the supervisors]. When something is wrong, I have a problem with this I can't do this and people who are the managers…they understand. They send...always give me another job, another job to doing. Or give me something, give another people to help, so there is no problem with this.' (East European Male in South West)*

However, among those who were not able to raise concerns this was due to fear of losing their jobs or not being able to communicate in English with their supervisor. Additionally, a number of workers expressed the view that there was little point in raising concerns with supervisors because these would not be acted upon.

*'…no, I never thought about it because it don't change anything. Because the supervisor is an employment, you know, he's the same, or she's the same as me so is up, just up, they earn is a little more. He doesn't do anything to change it you know, 'ah, you are not feeling well, okay we're going to change you for other side' you know. Stay there work your hard job. (Latin American Male in South West, had also previously worked in Hotels and Catering)*

#### *Formal mechanisms for raising concerns – with union/health and safety reps*

There were two cases of worker involvement in health and safety, one in the form of a workplace committee and the other in terms of an internal union structure. However, both these initiatives were rated to be ineffective by the workers.

*'…we report to the health and safety rep…we asked all the reps from each department to give out the problems they've been experiencing…every day we present all the problems they're experiencing and the [H & S rep] presented to the manager and nothing has been done so far.' (Sub Saharan African Male in South West)*

### A.6.14 Reasons for employing migrant workers

We asked those whom we had interviewed what they perceived as the main reasons why migrant workers were being hired in their sector. Their main responses suggested:

- Pay and conditions unattractive to local labour;
- Local labour shortages; and
- A greater willingness to work hard.

For the majority of the workers interviewed, the most common reason they gave for why they had been employed was that they were cheaper workers and willing to do the hardest jobs. The type of work on offer in process and packaging was more likely to be on shifts and sometimes of a temporary nature and migrants believed that they were seen as more likely to agree to do this type of work. But they also felt that they had been placed in this position, due to their lack of knowledge and thus more limited bargaining power.

*'The work there is very hard, the migrant workers are working here because we have no knowledge about anything, like government rules, they can't read the contract paper. So they are just working. The UK people work for one or two days or a week, then leave the job as they don't want to do such work.' (South African female, London)*

There were a few cases where the migrant workers perceived themselves to be more hardworking than the UK workers and reckoned that UK workers did not have to do the 'dirty work' because they had more options for alternative employment.

*'I'm sorry to tell you about that but it's my opinion. I think...we work very good, you know. We, we do our best. We work very hard in the... We, we arrive to work to do the best…some of English people, they, they don't care about that…if they are not working there, they'll work another place because they are English…and people from other, from other countries, they need the job, you know. They need work, they need job to, to, to have a better life, to, you know one day to go back to our country with some money to do, to have a better life. I think it's sad. We work very good. People from other places work better than English people.' (Portuguese Female in the East of England)*

In one case, a worker mentioned that maybe there were not enough UK workers to do the job, while in another case, it was because of specialist skills, such as cooking Chinese food, that workers thought they were taken on for. There was also a suggestion that some employers and agencies had colluded to take on migrant workers in preference to local workers because they were aware of their status as unauthorised workers and believed that they were more able to get away with offering poor terms and conditions.

# APPENDIX B: PROJECT ADVISORY BOARD

A Project Advisory Board was organised to provide an external, impartial body for advice, support and monitoring of the direction of the research. Members were invited from across a range of government departments, industry bodies, trade unions, community organisations and universities to ensure a wide input. Three meetings were held over the course of the project on 9 May 2005, 11 July 2005 and 18 January 2006. An interim report encompassing the literature review and scoping phase of the research was received at the start of July 2005 and a progress report on the completion fieldwork was circulated at the start of December 2005. The members of the Project Advisory Board included:

| Name | Organisation |
|---|---|
| **Government Departments/Agencies** | |
| James Noble, Jeremy Bevan, Graeme Walker | Health and Safety Executive |
| Rachel Prime | Home Office |
| Nick Clack | Local Authority Coordinators of Regulatory Services |
| Nicola Scoon | DEFRA |
| John Thorpe | Department for Trade and Industry |
| Nicola Gilpin, Matthew Henty, Simon French | Department for Work and Pensions |
| **Industry Bodies** | |
| Gerry Lean | Construction Confederation |
| Richard Ash | Engineering Construction Industry Association |
| Lucy Strahan, Anne Fairweather | Recruitment and Employment Confederation |
| Francesca Baggati, Rosina Robson | Federation of Small Businesses |
| Mark Boleat | Association of Labour Providers |
| **Trade Unions** | |
| Matt Dykes | Trade Unions Congress |
| Susan Murray | Transport and General Workers Union |
| Simon Reed | GMB |
| Jonathan Green | UCATT |
| Jennifer Mitchell, Hope Daley | UNISON |
| **Community Associations** | |
| Derek Beoku-Betts | Joint Council for the Welfare of Immigrants |
| Richard Dunstan | Citizens Advice Bureau |
| Dr. Jan Makrycki | Federation of Poles |
| Antonio Durarte Choca | Norfolk Council; Portuguese Association |
| Natasha David | The Migrant and Communities Refugee Forum |
| Maria Gonzalez | Centre for Filipinos |
| **University Academics** | |
| Jill Rutter | London Metropolitan University |
| Mary Hickman | London Metropolitan University |
| Bridget Anderson | Oxford University |
| Ben Rogaly | University of Sussex |
| Lydia Morris | University of Essex |
| **Project Staff** | |
| Sonia McKay | Senior Research Fellow, WLRI, LMU |
| Deepta Chopra | Research Fellow, WLRI, LMU |
| Marc Craw | Research Fellow, WLRI, LMU |

# APPENDIX C: EMPLOYER SURVEY

«Address_Name»
«Company_Name»
«Address_Line_1»
«Address_Line_2»
«Post_Town» «Postcode»

1 June 2005

Dear «Contact_Name»

**Re: Migrant Workers in England & Wales: An Assessment of Migrant Worker Health and Safety Risks – Survey of Employers**

We need your help for a research project focusing on migrant workers health and safety. This is an important topic due to the growing number of migrant workers coming to the UK to work in various sectors and occupations. To date there has been no robust research on how migrant workers are being recruited and employed and how health and safety issues are being addressed.

The Health and Safety Executive (HSE) is funding the Working Lives Research Institute at the London Metropolitan University to undertake research in this area over 2005. A Project Advisory Board, including several representatives of employer and agency federations, is advising the project. As part of the research, we are conducting a postal survey of 2000 businesses in key industrial sectors in five regions: London, The East of England, South West England, South Wales and North East England. We have randomly selected your business from a database drawing on the Yellow Pages.

Please find enclosed a short survey for you to complete and return to us in the pre-paid reply envelope. If required, could you pass it on to the relevant person in your business who could address these questions. It is crucial that we receive as many responses from businesses as possible so that we gain an accurate picture of the issues. We would also like to hear about any examples of good health and safety practice with migrant workers. **We assure you that the information you provide will be treated with the strictest confidentiality and anonymity. No individual information will be shared with the HSE or any other third party.**

We would be grateful if you could return the completed form back to us by **Monday, 27 JUNE.** All respondents will be entered into a prize draw for a bottle of champagne with a 1 in 20 chance of winning. Please feel free to contact us if you have any query regarding this research. Thank you for your time and participation.

Yours sincerely,

Deepta Chopra and Marc Craw
Research Fellows
Working Lives Research Institute, London Metropolitan University
Tel: 020 7320 3573; 0207320 3577
email: M.Craw@londonmet.ac.uk ; D.Chopra@londonmet.ac.uk

# EMPLOYER SURVEY ON MIGRANT WORKERS HEALTH AND SAFETY

*Please complete the survey to the best of your knowledge and return it to us in the pre-paid envelope by **FRIDAY 17 JUNE**. If your business is one that covers different areas or has multiple branches/sites, please give answers for the area or branch/site that you have responsibility for. For most questions, please tick as many of the multiple choices that apply except where the question specifies otherwise. If you have any query, please contact the project researchers on 020 7320 3573/3577.*

*The questions ask about the migrant workers in your business. **Note that migrant workers are defined as those people who have come to the UK within the last five years, specifically to find or take up work, whether intending to remain permanently or temporarily and regardless of whether documented or undocumented.** This group includes all workers from outside the UK, including people from the European Union.*

## A. WORKFORCE DETAILS

1. How many people currently work in your business, and how many of them are migrant workers? *Please estimate the total numbers of workers and numbers of migrant workers by the following categories.*

| | Total | Migrant |
|---|---|---|
| ▪ Employed directly by your business | _____ | |
| ▪ Engaged through recruitment agencies/labour providers/subcontractors | | |
| ▪ Self employed | _____ | |

2. What are the total numbers of male and female *migrant* workers?

Male _____ Female _____

3. How do you usually recruit UK-resident workers and migrant workers? *Please tick up to the three most common methods for each group.*

| | Resident workers | Migrant workers |
|---|---|---|
| ▪ Job Centres | ☐ | ☐ |
| ▪ Newspaper Advertisements | ☐ | ☐ |
| ▪ Word of Mouth | ☐ | ☐ |
| ▪ Recruitment Agencies | ☐ | ☐ |
| ▪ Recruitment Agencies overseas | ☐ | ☐ |
| ▪ Labour Providers | ☐ | ☐ |
| ▪ Other *(please specify)* | ☐ | ☐ |

4. Where do most of the migrant workers in your business come from? *Please list major countries of origin (e.g. Poland, Portugal, China, Philippines, Bangladesh etc).*

_____

_____

5a. How are migrant workers most commonly engaged within your business?

*Please select ONE option*

Casual work ☐
Seasonal work ☐
Fixed term work ☐
Permanent work ☐

5b. What are the usual working hours of migrant workers?

Full-time ☐
Part-time ☐

5c. Do the migrant workers do shift work?

Yes, night shifts usually ☐
Yes, day shifts usually ☐
Yes, mixture of shifts ☐
No shift work ☐

6. Why does your business engage migrant workers?

They are available ☐
They are hardworking ☐
They are cheaper to employ ☐
They are more careful and have less accidents ☐
They are more skilled ☐
They are the only people willing to do the work ☐
They are the best applicants for the jobs ☐
Other reasons, please specify below ☐

_____

7. Do you have any concerns about engaging migrant workers?

No concerns ☐
The length of time they will stay ☐
Their immigration status ☐
They have more accidents ☐
They have less skills ☐
They need more investment in training ☐
They have difficulties communicating ☐
Others concerns, please specify below ☐

_____

**B. HEALTH AND SAFETY RISKS**

8. What are the major health and safety risks in your business?

Trips/ slips ☐
Contact with moving machinery ☐
Falls from heights ☐
Exposure to dangerous substances ☐
Contact with electricity ☐
Exposure to fire ☐

Handling/ lifting/ carrying injuries ☐
Repetitive strain injuries ☐
Dermatitis/ skin inflammations ☐
Work related stress ☐
Work related ill health ☐
Other risks, please specify ☐

_____

9. In general, do you think that the health and safety risks faced by migrant workers are greater than, same as or less than the risks faced by the general non-migrant workforce?

| Greater Risk | Same Risk | Less Risk |
|---|---|---|
| ☐ | ☐ | ☐ |

10. Do you believe that any of the following factors may contribute to the health and safety risks that migrant workers face?
*Migrant workers…*

Have language difficulties with other workers ☐
Have language difficulties with business management/supervision ☐
Lack understanding of health and safety norms in the UK ☐
Have less experience of the type of work they are doing ☐
Tend to be engaged in more risky occupations ☐
Are willing to take risks ☐
Are careless ☐
Are often younger workers ☐
Are often older workers ☐
Are often working long hours or continuous shifts ☐
Have different health and safety standards in their home country ☐

Please specify any other factors that you think are relevant:

_____

11a. From what you can recall, have there been any accidents or work-related ill health involving migrant workers in your business?

| Yes | No |
|---|---|
| ☐ | ☐ |

11b. If yes, were any specific actions taken?
Raised awareness of health and safety issues ☐
Provided language training for migrant workers ☐
Involved a union ☐
Involved HSE or local council ☐
Engaged worker safety representatives ☐
Engaged health and safety consultants ☐
No specific action taken ☐
Other actions (please specify) ☐

_____

**C. HEALTH AND SAFETY PRACTICE**

12a. How is health and safety information and training provided to workers in general in your business?
Written induction package ☐
Videos/ presentations/ visual guides ☐

Provided by recruitment agency/labour provider ☐
On-site training ☐
Outsourced training (for example to colleges, consultants) ☐
No health and safety information/ training provided ☐
Other methods (please specify) ☐

_____

12b. Is this health and safety information and training tailored for migrant workers who do not speak English well by any of the following methods?

Translated documents ☐
English language training provided ☐
Communicated through bilingual manager/supervisors ☐
Communicated through bilingual workers ☐
No translation or interpretation required ☐
Other (please specify) ☐

_____

13. Can you describe any good practice that your business has developed for addressing health and safety issues with migrant workers? *Please write in details below.*

_____

_____

_____

_____

_____

Thank you for completing this questionnaire. If you would like to add anything more, please use the space below:

_____

_____

_____

_____

_____

_____

**D. RESPONDENT DETAILS**

*Note that it is optional whether you provide these details. They are only requested so that we can keep a record of replies and enter respondents into the prize draw. These details will be treated with the strictest confidence. They will not be shared with any third party or disclosed in any report.*

Name of your organisation/business:

_____

Sector of business (e.g. agriculture, manufacturing etc):

_____

Your name: _____ Your position:

_____

Postal address: _____ Post Code: _____

Phone number: _____ E-mail address: _____

*We may wish to contact you to follow up the issues raised in this survey.*

Please tick here if you are willing for us to contact you further about this research ☐

**THANK YOU FOR YOUR TIME AND PARTICIPATION**

# Appendix D: Union Survey

«Name»
«Position»
«Union»
«Address_1»
«Address_2»
«Town» «Postcode»

31 May 2005

Dear «Name»

*RE: Migrant Workers in England & Wales: An Assessment of Migrant Worker Health and Safety Risks – Survey of Union Officers*

We need your help for a research project focusing on migrant workers health and safety. This is important topic due to the growing number of migrants coming to the UK to work in various sectors and occupations. Research studies and work by unions have shown that migrants may be more vulnerable to poor working conditions. However, there is currently little strategic response to this trend, and in particular there is no robust research on their health and safety risks.

The Health and Safety Executive (HSE) is funding the Working Lives Research Institute at the London Metropolitan University to undertake this research over 2005. A Project Advisory Board, including several union members, is advising the project. As part of the first phase, we are conducting a postal survey of union officers in five regions: London, East of England, South West England, South Wales and North East England.

It is crucial that we receive as many responses from union officers as possible to inform this research. Can you please answer the short survey enclosed and return it in the reply paid envelop. We would be grateful if you could return the completed form back to us by **FRIDAY 17 JUNE**.

**Several additional copies of the survey and the pre-paid envelopes are enclosed together with generic cover letters. We would appreciate it if you could forward them to district or branch officers in your region who could have an insight into the issues faced by migrant workers.** Alternately, please get in touch with us with their details if you prefer that we send the survey to them directly.

The information you provide will be treated with the strictest confidentiality and anonymity. It will not be shared with any third party. All respondents will be entered into a prize draw for a bottle of champagne. Please feel free to contact us if you have any query regarding this research. Thanks for your time and participation.

Yours sincerely,

Marc Craw and Deepta Chopra
Research Fellows
Working Lives Research Institute, London Metropolitan University
Tel: 020 7320 3573; 020 7320 3577
Email: M.Craw@londonmet.ac.uk ; D.Chopra@londonmet.ac.uk

# UNION OFFICER SURVEY ON MIGRANT WORKERS HEALTH AND SAFETY

*Please complete the survey to the best of your knowledge and return it to us in the pre-paid envelope. Please give answers for the regional area or branch that you are responsible for. For most questions, tick as many of the multiple choices as you think applies. If you have any query or wish to receive an electronic copy of the form, please contact the project researchers on 020 7320 3573/3577.*

*Note that migrant workers are defined as those people who have come to the UK within the last five years, specifically to find or take up work, whether intending to remain permanently or temporarily and regardless of whether documented or undocumented. This group includes all workers from outside the UK, including EU nationals and other parts of the world.*

## A. UNION MEMBERSHIP AND PROGRAMMES

1. In which sectors do you represent workers? *Please tick applicable sectors based on the Standard Industry Classification.*

| | | | |
|---|---|---|---|
| Agriculture, hunting and forestry | | Business activities | ☐ |
| Crops; Horticulture | ☐ | Cleaning | ☐ |
| Farming of Animals | ☐ | Labour recruitment & personnel | ☐ |
| Other | ☐ | Other | |
| Fishing | ☐ | Financial Intermediation | ☐ |
| Mining and Quarrying | ☐ | Transport, Storage and Communication | ☐ |
| | | Health and Social Work | |
| | | Public Sector | |
| Manufacturing | | Hospital Activities | ☐ |
| Food Products and Beverages | ☐ | Private Sector | ☐ |
| Chemicals | ☐ | Hospital Activities | ☐ |
| Electrical Equipment | ☐ | Medical Practice Activities | ☐ |
| Other Manufacturing | ☐ | Social Work Activities | |
| Electricity, Gas and Water Supply | ☐ | Education | ☐ |

| | | | |
|---|---|---|---|
| Construction | ☐ | Public Administration and Defence | ☐ |
| Wholesale and Retail trade; repair | ☐ | Other Community, Social and Personal Service Activities | ☐ |
| Wholesale/Packaging of Food & Beverages | | | |
| Other | ☐ | Sewage and Refuse Disposal | ☐ |
| | | Other | |
| Hotels and Restaurants | ☐ | Private Household Work/Production | ☐ |
| Other (please specify) _____ _____ | ☐ | | |

2a. Approximately what percentage of the union membership in the region or branch that you cover are migrant workers?_____ % migrant workers

2b. Of the union members who are migrant workers, what is the gender breakdown?
_____ % male migrants _____ % female migrants

3. What are the main groups of migrant workers who are union members? *(please tick what countries/ regions apply)*

| | | | |
|---|---|---|---|
| South Asia | | East Asia | |
| - India | ☐ | - China | ☐ |
| - Pakistan | ☐ | - Vietnam | ☐ |
| - Bangladesh | ☐ | - Philippines | ☐ |
| - Other | ☐ | - Other | ☐ |
| (please specify) | | (please specify) | ___ |
| Americas & Caribbean | | Sub-Saharan Africa | |
| - Brazil | ☐ | - Nigeria | ☐ |
| - Jamaica | ☐ | - South Africa | ☐ |
| - Other | ☐ | - Other | ☐ |
| (please specify) | ___ | (please specify) | ___ _ |
| Eastern Europe | | West Europe | |
| - Poland | ☐ | - Portugal | ☐ |
| - Russia | ☐ | - Spain | ☐ |
| - Romania | ☐ | - Italy | ☐ |
| - Ukraine | ☐ | - Ireland | ☐ |
| - Latvia | ☐ | - Other | ___ |
| - Lithuania | ☐ | (please specify) | |
| - Greece | ☐ | | |
| - Turkey | ☐ | Middle East and North Africa | |
| - Kosovo | ☐ | - Iraq | ☐ |
| - Czech Republic | ☐ | - Iran | ☐ |
| - Croatia | ☐ | - Morocco | ☐ |
| - Serbia | ☐ | | |

- Other ☐ - Other __
(please specify) ___ (please specify)

Australasia
- Australia ☐
- New Zealand ☐
- Other ☐
(please specify) ___

4a. Has your union carried out any targeted programmes with migrant workers?
Yes ☐ No ☐

4b. If yes, what types of programmes?
Recruitment days ☐
Health and safety awareness at workplace ☐
Rights campaigns ☐
Worker training ☐
English language classes ☐
Written/visual information dissemination ☐
Other ☐
Please specify _____

4c. Please give details about the programmes below (e.g. what groups were targeted, take-up, follow up work)

_____
_____
_____

**B. MIGRANT WORKERS IN OVERALL WORKFORCE**

*For these questions, please respond to the best of your knowledge and experience on the presence of migrant workers in the region/branch area and sectors you cover (i.e. considering not just those workers who are members of your union but all workers).*

5. In each of the different sectors that you work with, what proportion of the workforce would you estimate are migrant workers and what are their main countries or regions of origin?

| Name of sector (you could use the categories in question 1) | % migrant workers of total workforce | Main groups (you could use the categories in question 4) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

6. In what geographical areas are you aware of migrant workers being employed? *Please note places/towns where particular migrant worker groups are based.*

| Place/town/area | Main groups (you could use the categories in question 4) |
|---|---|
| | |
| | |
| | |
| | |

7. Please identify up to 5 businesses (or more if possible) in the region that engage large numbers of migrant workers that you are aware of? *Please note that we will treat all responses with the strictest confidence.*

_____

_____

8. How do businesses that you are aware of generally recruit migrant workers?

Job Centres ☐
Newspaper Advertisements ☐
Recruitment Agencies in UK ☐
Recruitment Agencies overseas ☐

Labour Providers ☐
Word of mouth ☐
Other methods (please specify) ☐

_____

**C. HEALTH AND SAFETY ISSUES**

9a. In general, do you think that the health and safety risks faced by migrant workers are greater than, the same as, or less than the risks faced by the non-migrant workforce?

Greater Risk ☐ Same Risk ☐ Less Risk ☐

*10. From your knowledge, which of the following factors relating to migrant workers may contribute to the health and safety risks that they face?*
*Migrant workers…*

Have language difficulties with other workers ☐
Have language difficulties with business management/supervision ☐
Lack understanding of health and safety norms in the UK ☐
Have less experience of the type of work they are doing ☐
Tend to be engaged in more risky occupations ☐
Are willing to take risks ☐
Are careless ☐
Are often younger workers ☐
Are often older workers ☐
Are often working long hours or continuous shifts ☐
Have different health and safety standards in their home country ☐
Accept risk due to their need for work ☐
Receive inadequate health and safety information and training ☐
Please specify any other factors that you think are relevant:

_____

11a. Do you think that migrant workers are able to report health and safety concerns?
Yes ☐ No ☐ Don't Know ☐

11b. If yes, who are they able to report them to?
To employers ☐
To unions ☐
To non-union worker representatives ☐
To community organisations ☐
To recruitment agencies/ labour providers ☐
To the HSE and local authorities ☐
To others (please specify) ☐ _____

11c. If they report health and safety concerns, are they generally addressed adequately by the health and safety system?
Yes ☐ No ☐ Don't Know ☐

11d. Have you ever had to deal with any specific health and safety issues related to migrant workers that were reported to you?

Yes ☐ No ☐

11e. If yes, please give details below about the case (e.g. what caused health and safety issue, what response was taken). *Note that we will treat all responses with the strictest confidence.*

_____

_____

12. What health and safety initiatives do you think are necessary to address health and safety risks of migrant workers?

- Language training classes ☐
- Health and safety training ☐
- Health and safety equipment provision ☐
- Information in own languages (written/visual) ☐
- Training on rights ☐
- Health and safety inspection and enforcement ☐
- Employer awareness programmes ☐
- Changes in health and safety legislation/regulations ☐
- Other (please specify) ☐

_____

*If you would like to add anything further about migrant workers and health and safety based on your experience, please use the space below:*

_____

_____

**D. RESPONDENT DETAILS**

Note that it is optional whether you provide these details. They are only requested so that we can keep a record of replies and enter respondents into the prize draw. These details will be treated with the strictest confidence. They will not be shared with any third party or disclosed in any report.

Name of your union: _____ Your region/branch:

Your name: _____ Your position:

Postal address: _____ Post Code:

Phone number: _____ E-mail address:

*We may wish to contact you to follow up the issues raised in this survey. As part of this research we are also planning to interview migrant workers directly about their experiences.*

Please tick here if you are willing for us to contact you about this research ☐
Please tick here if you are willing to help us contact migrant workers ☐

**THANK YOU FOR YOUR TIME AND PARTICIPATION**

**APPENDIX E:** **FLYER**

# Research on Migrant Workers: Can We Talk To You?

The Working Lives Research Institute at London Metropolitan University is carrying out research on the employment of migrant workers in England and Wales. The research focuses on health and safety at work and is looking at ways to make sure that migrant workers are protected.

If the following questions apply to you;

1. Have you come into the U.K. within the last 5 years?

AND

2. Are you working or have you worked in any of the following areas?
   a) Construction
   b) Agriculture
   c) Food and Drink Processing and/or packaging
   d) Hotels and Restaurants
   e) Nursing, Health and/ or Social care
   f) Cleaning
   g) Transport work

Then we would like to hear from you and arrange an interview. This will be completely confidential, which means that no one else will know about the interview. The interview will last around an hour and a half, and will be held at the time and place that is most convenient for you. **You will be paid £30 in vouchers if you are interviewed.**

If this research applies to you, or you know anyone else who may be interested, please contact us as soon as possible at:

MARC CRAW
m.craw@londonmet.ac.uk
020 7320 3573

DEEPTA CHOPRA
d.chopra@londonmet.ac.uk
020 7320 3577

This notice is valid only until the end of October 2005.

# APPENDIX F: MIGRANT WORKER INTERVIEW – TOPIC GUIDE

## ASSESSMENT OF MIGRANT WORKERS HEALTH AND SAFETY RISKS

### Migrant Worker Interview – Topic Guide

***Introduction***

*Introduce yourself and outline what the research entails as set out in the Interview Guidelines for the start of the interview. Give the person the Letter of Introduction (translated into their language if applicable). Using the contact sheet, take a note of the date, time and place of interview and name of interviewee. Recheck if it is acceptable to tape the interview and then start the tape.*

*The topic guide is set out as major topics and points to probe. All of the major topics should be covered if possible. The probes are suggested points to explore the topic – whether they are asked about depends on what the interviewee has already addressed and what time is available.*

**A. WORK/EMPLOYMENT**

*Tell the person that you would like to ask them a few questions about their current and previous work to give us an overview of his or her recruitment and employment. Note that it is not necessary to check every aspect of their terms and conditions –* ***overall this part of the interview should only take 15-20 minutes.***

1. Could you tell me about the work that you do? How did you get this job (or these jobs)? How long have you worked in this job (or these jobs)?

*a. Occupation and duties in current job*
*b. Qualifications, skills and training related to job; whether employer checked these*
*c. Means of looking for work used*

2. What type of employer(s) or agency do you work for?

*a. Whether directly employed, agency worker or self-employed*

3. What are the terms and conditions under which you currently work (separate out for agency and direct employment)?

*a. If work for agency, explore the kind of workplaces that this agency put workers in*
*b. Length of time of contract*
*c. Shift working/ hours of work/ overtime: paid extra? total hours per week on average; whether opt-out of the 48 hour working time directive*
*d. Temporary/ seasonal work*
*e. Payment: minimum wages, sick pay, holiday pay, maternity leave, deductions from pay*
*f. Supervisor: gender and language*

4. What is your workplace like for other migrant workers? Are your working conditions the same as the conditions for UK workers?

*a. Other migrant workers at workplace: nationalities/ main languages: gender division*
*b. Their average length of time of contracts*
*c. Shift working/ hours of work*
*d. Temporary/ seasonal work*

*e. Payment: minimum wages, sick pay, holiday pay, maternity leave*
*f. Reasons why migrant workers are employed instead of locals*

5. When did you first come to the UK? Why? What jobs have you previously done in the UK?
*a. Length of stay in UK, frequency of visits*
*b. Previous jobs – how recruited, what terms and conditions*
*c. Include informal sector jobs*

6. What work did you do in your home country? What relevant qualifications did you achieve there?
*a. Experience: include working as students, doing household work etc.*
*b. Relevance to current work*
*c. Trade union membership at workplace in home country*
*d. Health and safety experiences in home country*

**B. HEALTH AND SAFETY AT WORK**

*Tell the person that you would like to ask them some questions about their health and safety at work. Ask mainly about their current work unless you have ascertained from the previous questions that their prior work experience is of particular interest (as it relates to the sectors being focused on in this research for instance).*

7. How safe do you feel your workplace is? What risks are there?
*a. Dangerous aspects: chemicals, machines, heavy loads, sharp edges, hot surfaces etc.*
*b. Good aspects of the work place regarding safety*
*c. Safety risks faced by you on a daily basis*
*d. Factors that lead to accidents*
e. *Ability to raise concerns with employer*

8. What are the safety procedures at your work place? What safety equipment is provided?
*a. Safety signs in different languages*
*b. Day to day procedures/ practice to ensure health and safety – knowledge of designated fire/emergency and first aid officers?*
*c. Safety Equipment/ clothing: who provides these*
*d. Who pays for safety equipment/ clothing*

9. What information and training on health and safety at work have you received?
*a. Training provided at time of induction or later*
*b. Emergency procedures/ first aid*
*c. In which language – did you understand? Assess level of functional literacy*
*d. Who provided this training? How long was training for? How was it given? (video/written/practical)*
*e. Training to operate machinery?*

10. What accidents have there been at your work place that you can recall? What was your response? What actions did your employer take as a result?
*a. How did these accidents happen? Why did they happen? Who was responsible?*
*b. Reporting – to whom? Procedures of reporting*
*c. Actions by employers: any role of unions or safety representatives*
d. *Ability to raise issues with supervisor (language or fear)*

11. Have you been involved in any Health and Safety Monitoring or checks at your work places? If yes, please describe what, where and when?

**C. HEALTH AND WELFARE**

12. What are the conditions like at your work place? How does your employer or agency provide for your welfare?

*a. Adequate breaks and facilities (for meals and clothes changing)*
*b. Sanitation facilities*
*c. Facilities for hygiene: washing up at end of shift*
*d. Space/ Light/ Water/ Ventilation*
*e. Temperature: Hot or Cold*
*f. Exposure to noise*
*g. Harmful substances (chemicals etc.)*
*h. Dusty or dirty conditions*
*i. Is accommodation tied to your job?*

13. Are you happy in your work? Do you feel you have too much to do in the given time?

*a. Pressure at work*
*b. Long hours, tiredness or fatigue*
*c. Stress, lack of control over workload or tasks*
*d. Level of engagement with work*

14. Does your work affect your health in any way? Have you received any health checks? When? How often?

*a. Any physical problems (back pains, other musculoskeletal problems, dermatitis)*
*b. Time taken off work – pay deducted*
*c. Effect on long term health*
*d. Indications of stress such as irritability, anxiety, disrupted sleep patterns etc.*

*Whether feel that have spare time/ time to relax?*

**D. RIGHTS AND RESPONSIBILITIES**

15. What do you think are the responsibilities of your employer/ agency for your health and safety?

*a. Knowledge of health and safety system in the UK; how compare with home country*

16. Do you know what rights you have? What are they?

*a. In relation to health and safety*
*b. In relation to overall conditions of work*
*c. Suggestions for how workplace health, safety and welfare could be improved?*

17. How are workers represented at your work place? Do you feel migrant workers are represented at your work place?

*a. Unions: are you a member of a union? If yes, explore roles etc.*
*b. Health and safety representatives*
*c. Employee representatives (non union)*
d. *Community representatives*

**E. EXPLOITATION/ DISCRIMINATION**

18. What concerns do you have about working at your work place? Why?

*a. Issues of discrimination/ bullying/ harassment from employers or co workers*

*b. Communications with supervisors or co-workers*
*c. Opportunities/promotion at work*
*d. Problems in finding other work*
*e. Women treated differently than men (especially if they are pregnant)*
*f. Comfort levels of telling employer about pregnancy or child care responsibilities*

19. Do you think you have something in common with other migrant workers? How do you find working with people from different nationalities?
*a. Specific problems with certain groups*

**F. ACCESS TO MEDICAL SERVICES AND SOCIAL NETWORKS**

*Tell the person that you are interested in learning a bit more about what support they have been able to access.*

20. Who do you go to if you feel there is a problem?
*a. Who pays*
*b. Who goes with you*

21. Have you accessed any form of health care? Who would you go to when you are sick?
*a. Alternative sources of health care, for example, through community networks etc.*

22. What organizations or initiatives are there for supporting workers as a whole? Are there any ones that are specific to migrant workers? Are you part of any?
*a. What are the advantages of being a part of such groups*
*b. Do you access any benefits?*
*c. Services accessed (immigration/ legal advice, health care, safety information, housing, child care etc.)*

23. What access have you had to English Language classes?
*a. Who provides classes?*
*b. Who pays for them?*

***Close of interview***

*See the Interview Guidelines. Remember to:-*
- *Check that you have all the details required for the contact sheet*
- *Give the person the HSE/TUC Handout on Health and Safety at Work, in particular if you have any concerns about the persons well-being*
- *Ask if the person knows anyone else who would be willing to participate in this research and give him or her flyer/notice to pass on inviting them to contact us*

# APPENDIX G: EMPLOYER INTERVIEW – TOPIC GUIDE

**Work/ Employment**

1. What is the nature of the organization or business that you run?
a) Type of operations; clients
b) Length of operation and history (changes over the last 5 years)
c) What the employer did in home country (if they are an immigrant)?

2. What kind of management structures do you have in your organization?
a) Languages and gender of supervisors etc.
b) Responsibilities of supervisors (training, provision of equipment etc.)
c) Safety representatives/ Union members: time off and support (cover) for duties
d) Methods of communicating key information to staff (Flyers, team meetings, notices etc.)

3. What is the kind of workforce that you employ in general? How do you recruit them?
a) Numbers in peak season and Off peak time
b) Qualifications and skills training
c) Use of agencies/ other means of recruitment (eg word of mouth, SAWS in agriculture, direct recruitment)
d) Through supervisors/ other migrant workers
e) Length of employment

4. What are the characteristics of the migrant workforce that you employ?
a) Numbers and nationalities; main languages spoken at your workplace
b) Age, gender mix, educational profile, skill sets etc.
c) Since when you have been employing migrant workers for? Change of nationalities over time?
d) Links of migrant workers to their home countries
e) Importance of Language skills and functional literacy
f) Levels of English – checks? Access to Language classes?
g) Levels of functional literacy: checks?

5. What is the nature of employment contracts for migrant workers? How does that compare to the local UK workers?
a) Written or informal contract: translation
b) Length of their employment – different for different jobs
c) Shift working
d) Hours of work – overtime
e) Wages/ payment: amount and frequency (weekly/ daily/ fortnightly/ monthly)
f) Sick pay/ holiday pay/ maternity leave/ overtime pay
g) Accommodation, Food, Transport provided and deductions

6. Why do you employ migrant workers? What are the advantages and disadvantages of employing migrant workers?
a) Immigration status
b) Provision of services such as – accommodation, travel, food, medical care: payment?
c) Concerns about employing migrant workers
d) Social contributions
*e)* Filling of skill shortages

**Health and Safety**

7. What are the major risks connected with your workplace?
a) Causal factors
b) Factors linked to migrant workers e.g. language, norms etc

8. What health and safety information and training have you provided to your work force?
a) Training provided at time of induction or later:
b) Language of training
c) Who provided this training?
d) Training to operate machinery?
e) Good practice on making the workplace safer?
f) If there is a union, do safety reps attend trade union training

9. What are the health and safety procedures in your organization?
a) Safety signs in different languages
b) Day to day procedures/ practice to ensure health and safety
c) Safety Equipment/ clothing: who provides these

10. Have there been any accidents that have taken place at your work place that you can recall?
a) Factors causing accidents
b) Incidents of any accidents that have happened – what and how
c) Response to accidents
d) Reporting mechanisms

11. What can you tell about bad practices in the industry? What good practice examples regarding H&S and migrant workers are you aware of?

12. What are conditions of the workplace like? How do you provide for the welfare of your workers?
a) Adequate breaks and facilities (for meals and clothes changing)
b) Sanitation facilities and washing up after shifts
c) Space/ Light/ Water/ Ventilation
d) Temperature: Hot or Cold
e) Exposure to noise
f) Harmful substances (chemicals etc.)
g) Dusty or dirty conditions
h) Quality of accommodation and transport provided as part of job (directly or through agencies)

13. What health issues faced by your workers has come to your notice?
a) Workers complaints about stress and pressure
b) Physical problems (back pains, musculoskeletal problems, dermatitis)
c) Time taken off for any illnesses: pay deductions
d) Long term health problems

**Rights and Responsibilities**

14. What do you see as your responsibilities as an employer? How are these different from the responsibilities of an agency if you engage one?
a) Health and safety system in the UK: adequacy in regulating employers and protecting employee rights

b) Role of HSE: Investigation, Information, Inspection, Promotion. Suggestions for improvement
c) Relative importance of health and safety issues as compared to other working conditions.

15. What are the rights of your employees? If they have any concerns, how can they raise them?
a) In relation to health and safety
b) Overall work conditions

16. How are workers represented at your work place?
a) Unions: how many migrant workers are members of unions?
b) Health and safety representatives
c) Community representatives

17. What consultation procedures do you have with workers regarding health and safety?
a) Formal or informal appraisal systems
b) Dialogue between managers and staff

**Exploitation/ Discrimination**

18. How is the relationship between different groups of workers? What concerns have you had? What is the relationship like between supervisors/managers and workers?
a) Issues of discrimination/ bullying/ harassment from supervisors or between co workers
b) Communications with supervisors or co-workers: problems/ issues
c) Any complaints raised about unfair treatment – were these complaints justified?
d) Women treated differently than men

**Access to medical services and Social networks**

19. Who do your workers go to if they feel there is a health problem, or when they are sick?
a) Who pays and who accompanies them

20. Do you make any provisions for health and social care for your workers and their families/ dependants? (Time off or payment)
a) Language training
b) Personal protective equipment
c) Health care
d) Housing/ child care etc.
e) Change of shifts/ work for workers who become pregnant

21. What organizations or initiatives are there for migrant workers, and are your workers part of any?
a) What are the advantages of being a part of such groups
b) Services accessed by your workers (immigration/ legal advice, safety information, housing, language skills, child care etc.)
c) Do your workers access any benefits?
d) Specific activities by unions or local authorities for migrant workers

**End of interview**

*Check whether know of any other employer who would be willing to participate in this research – ask to pass on our contact details and ask them to get in touch with us.*

*Check whether migrants working for them could be interviewed or if can suggest any other contacts for migrant workers.*

# APPENDIX H: KEY RESPONDENT INTERVIEWS – TOPIC GUIDE

**GENERAL INFORMATION ABOUT MIGRANT WORKERS**

1. What is the overall profile of migrant workers in the region?
a) Nationality and numbers
b) Location
c) Period of stay in the region, and mobility/ stable presence
d) Immigration Status (work permits, HSMP, skill-shortage industries, worker registration scheme, SAWS etc.)

2. What is the demographic profile of migrant workers in the region? What are their English language skills like?
a) Typical age composition
b) Gender mix
c) Educational profile and skill sets
d) Family compositions here?
e) Links with family back home
f) Caring responsibilities at home and here
g) Language skills

**RECRUITMENT AND EMPLOYMENT OF MIGRANT WORKERS**

3. What kind of industries/ professions do migrant workers work in?
a) Major employers (contact details)
b) Specific jobs done by migrant workers more than UK employees
c) Gender divisions between jobs

4. How are migrant workers generally finding jobs? What are their employment arrangements? How does recruitment and employment differ from UK workers?
a) Routes of recruitment
b) Factors affecting their employment (including previous jobs held here or in home country)
c) Seasonal/ Permanent
d) Full time/ part time/ Casual
e) Hours worked: shifts

5. How are migrant workers usually being paid? How do these arrangements compare to those of UK workers?
a) Rates for same occupations/ posts
b) Frequency of payment (daily/weekly/monthly/end of contract
c) Regularity of payment
d) Method of payment (Cash in hand, in kind, bank payments etc.)
e) Deductions made (for accommodation, travel, food, sickness, medical care etc.)

6. Why do you think employers are employing migrant workers?
a) Skill shortages
b) Pay rates
c) Motivation
d) Supply factors (pressure from supermarkets, demand from customers etc.)

7. What are generally the levels of English of different groups of migrants?

a) Access to English classes?
b) Links with employability

**HEALTH, SAFETY and WELFARE ISSUES**

8. What kind of health and safety risks do you think migrant workers face? How does the level of risks compare with those of UK workers?
a) Factors that increase these risks (language, familiarity, different conditions in home country, willingness to take risks, no other choice)
b) Reasons behind different levels and types of risks
c) Issues of workplace related illnesses
d) Specific risks faced by women
e) Age

9. What health and safety information and training do migrant workers usually receive? How is this information and training generally delivered? What limits migrant workers' access to H&S information and training?
a) Through employers
b) Through trade unions
c) Through employee representatives
d) Training materials
e) Language barriers
f) Any special support to women

10. What safety procedures do employers normally have? How are they communicated to migrant workers?
e) Safety signs in different languages
f) Day to day procedures/ practice to ensure health and safety
g) Safety Equipment/ clothing: who provides and pays for these

11. What are workplace conditions like for migrant workers? How do you think employers (or agencies) provide for the welfare of migrant workers? How does this differ from UK workers?
i) Adequate breaks and facilities (for meals and clothes changing)
j) Sanitation facilities
k) Space/ Light/ Water/ Ventilation
l) Temperature: Hot or Cold
m) Exposure to noise
n) Harmful substances (chemicals etc.)
o) Dusty or dirty conditions
p) Accommodation and transport provided as part of job (directly or through agencies)

12. Do you think migrant workers are able to report concerns about health and safety at work? If yes, to whom?
a) Employers/ supervisors/ unions/ community organizations; and their responses
b) Factors influencing ability to report concerns – fear, language, isolation etc.

13. What kind of non-work factors may affect the health and safety of migrant workers?
a) Poor accommodation
b) Lack of health services
c) Lack of community support
d) Isolation from home and family
e) Insufficient income

14. What can you tell us about the bad practices in the industry? What good practice examples regarding H&S and migrant workers are you aware of?

**RIGHTS AND RESPONSIBILITIES**

15. How well do you think the existing health and safety system (i.e. HSE/LA roles and responsibilities) is protecting migrant workers?
a) Relative importance of health and safety issues as compared to other working conditions.
b) Role of HSE: Investigation, Information, Inspection, Promotion. Gaps in the system
c) Suggestions for improvement (changes to legislation, regulation, inspection and enforcement)

**DISCRIMINATION ISSUES**

16. Are you aware of any examples of discrimination faced by migrant workers (at work/ in the community)? What are the support mechanisms to counter this?
a) Race or group based
b) Gender based
c) Trade union organisation
d) Issues of harassment and bullying at work place

17. What barriers to employment do migrant workers face?

18. What are the advantages and disadvantages of having migrant workers in the UK
a) Contributions to local economy/ workplaces
b) Provision of services such as – accommodation, travel, food, medical care: payment?
c) Concerns of employers about employing migrant workers
d) Social contributions

**SUPPORT FOR MIGRANT WORKERS**

19. What services or support do employers or agencies provide to migrant workers? How is this paid for?
a) Health care
b) Accommodation; transport
c) Assistance with documentation and banking arrangements
d) Childcare
e) Language training

20. What other organizations are supporting migrant workers in the region – both in relation to their employment and in the community?
a) Kinds of services (immigration/ legal advice, health care, safety, housing, child care etc)
b) Ability to access main stream or directed services
c) Specific programs, case studies that could be explored further

21. What access do you think migrant workers have to health care? What access do they have to local authority services and benefits?
a) Knowledge of services/benefits
b) Barriers to accessing

22. What access do migrant workers have to English classes? What about other training to develop skills?

a) Knowledge of colleges, services
b) Barriers to accessing

23. What links do you think migrant workers have to trade unions?
a) Membership/support
b) Initiatives

24. What are the gaps in meeting the needs of migrant workers? Are there any initiatives being planned for them?
a) Health and Safety
b) Working conditions

**End of interview**

*Check for contacts with key respondents, employers and workers*

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