

FACTORS THAT INCREASE HEALTH AND SAFETY RISKS FOR MIGRANT CONSTRUCTION WORKERS

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ABSTRACT

The use of migrant workers in construction has become a particularly controversial topic in recent years, not least due to their exploitation and distinct lack of management, which many experts feel has created the most dangerous construction working conditions for a decade. The government's decision to open its migration gates to the Central and Eastern European accession states in 2004 has led to an influx of migrant labour of a level never previously experienced by the UK construction industry. This labour has undoubtedly helped to fill many of the skills shortages; however it has also provided fresh management challenges that the industry so far has failed to take responsibility for addressing. Factors that combine to produce increased health and safety risks for migrant workers compared to those experienced by indigenous workers are easily identified. Yet it seems the industry is taking only minuscule steps in controlling such factors and, with the London 2012 Olympic Project deadlines nearing ever closer, it would appear that an unprecedented number of migrants will be forced to deal with these health and safety issues in the coming years. The research aim was to determine whether migrant construction workers are exposed to greater health and safety risks when compared to indigenous workers, exploring possible reasons and proposing improvements in the management of migrant workers by contractors. A combination of data collection instruments was used, including interviews with migrant workers and health and safety experts, employer surveys and an analysis of classified accident records. These principally highlighted that additional health and safety risks faced by migrants are as a result of both poor site management and the nature of work that migrants predominantly undertake on site.

Keywords: Factors, Health, Migrant workers, Risks, Safety.

INTRODUCTION

Recent industry reports, including the IPPR (Institute for Public Policy Research) report *Building a New Home: Migration in the UK Construction Sector* (2008) highlighted the recent trend of A8 nationals taking up work in the UK construction industry. Evidence researched by the IPPR suggests that the numbers of migrant workers (foreign nationals who have arrived in the past 10 years) in construction increased from around 18,000 at the end of 2000 to around 93,000 at the end of 2007. The scale of migratory flows into the industry is clearly increasing rapidly. It is therefore unsurprising that the proportion of migrant workers in relation to all UK construction workers has seen a percentage increase over the same period. Although, this is a rise from a very low level - as IPPR's statistics show. In 2000, around 3 per cent of the total construction workforce comprised migrant workers and by the end of 2007, this figure had grown to 5.8 per cent (Chappell *et al*, 2008)

Recently released figures indicate the extent to which migrant construction workers will continue to play a pivotal role in the realisation of many UK construction projects in the next three years. The construction industry's low skill barrier of entry has attracted many migrant workers with no previous construction background to take up employment in what are often low-skilled, high-risk

positions. As the UK sets itself to host the 2012 Olympics in London, it has emerged that 20,000 migrant workers registered for jobs in the main 2012 borough in the past year (Beard, 2008). The IPPR compares the construction of the 2012 Games with the 2004 Athens Games, when 60 percent of the 30,000 workers who built the facilities were not from Greece. It also looks very likely that Olympic bosses will rely heavily on hiring in foreign construction workers in the final months leading up to the start of the games to ensure the facilities are built on time. This is a particularly dangerous time on construction sites as corners will inevitably be cut wherever possible to save time. With the migrant's often limited experience of the UK construction sector and temporary nature of work, this scenario will place a massive threat to their health and safety.

The UK construction industry's health and safety record continues to be the focus of critical attention. Between April 2005 and March 2006, five migrant workers were killed in the construction industry in Britain. In the following year (between April 2006 and March 2007), a further five migrants were killed (HSE 2007). A recent *Contract Journal* poll showed that 97 per cent of readers believed that immigrant construction workers were not sufficiently aware of a site's health and safety issues (Keane 2007).

October 2007 saw the release of more worrying statistics, as the Health & Safety Executive (HSE) told how fatalities for the year had already surpassed the figures from 2006/7 which, at 77 fatalities, was itself a rise of 28% and the highest construction related death toll for five years. The HSE has said that a major factor in the increase in fatalities has been the continuing rise in the number of migrant workers employed on UK construction sites who have previously used less safe working procedures (Owen 2007).

This alarming evidence suggests there is a strong need for measures to be introduced to the industry that will combat the additional health and safety factors faced by migrants. To this end the HSE commissioned the Working Lives Research Institute at London Metropolitan University to carry out a study that assessed migrant worker health and safety risks. The research (McKay *et al.* 2006) suggests that it is not the case that risks which naturally present themselves in a particular type of work, only present themselves to migrant workers. However, what it does reveal is that migrants are more likely to be working in sectors or occupations where health and safety concerns do exist. It also went on to identify a multitude of factors that heighten these health and safety concerns and these are detailed later in this paper.

This paper extends the work of McKay *et al.* (2006), seeking to set-out and evaluate the factors that increase health and safety risks for migrant construction workers. Research was carried out to ascertain migrant worker accident rates, identify weakness in current management practice and offer recommendations to improve levels of safety for migrants in future. The report, which drew on interviews with 27 migrant workers, 8 health and safety managers and the latest accident records throughout the UK, considered whether the position that migrant workers occupy within the UK construction industry puts their health and safety at increased risk when compared to indigenous workers.

This paper now purely focuses on the factors identified during the study that increase risks faced by migrants and later evaluates various management techniques as to their potential effectiveness in nullifying such factors. The next section discusses factors identified as a result of previous research. These factors are then evaluated in terms of their negative impact upon migrant workers' health and safety. A discussion follows that elaborates on current industry practices with regard to migrant worker health and safety, how they could be improved and the associated benefits such improvements would produce.

FACTORS COMPROMISING MIGRANT WORKER HEALTH AND SAFETY

The literature review undertaken as part of the desk study identified a large number of factors that were further proved by the study's later research. Findings from the literature review, employer survey, interviews and the statistical analysis of accident record information have been used to compile and discuss the following factors.

MIGRANT WORKERS LARGELY OPERATE WITHIN THE MOST UNSKILLED, DANGEROUS TRADES

Data from the Worker Registration Scheme suggests that between a third and a half of A8 workers registered as labourers. This suggests that migrant workers commonly undertake the so called dirty, difficult and dangerous jobs that UK workers are increasingly unwilling to do (Chappell *et al*, 2008). Interview and questionnaire responses for the HSE study also revealed how migrant workers are most often employed in more dangerous work environments and working patterns (long hours) that expose greater health and safety risks.

Chi-square tests were carried out to help identify causes of poor migrant worker health and safety behaviours. Test 1 proved that migrants have more accidents resulting from handling/carrying tasks, contact with and misuse of machinery and exposure to dangerous substances. This reflects the types of work that migrants predominantly undertake – the heavy, work intensive and largely unskilled trades. The misuse of machinery and exposure to dangerous substances also suggests a lack of training and experience. Similarly, Test 2 proved that migrants have more accidents resulting from the lower skilled, higher risk trades of groundwork, general labouring, bricklaying and carpentry. This supports the Test 1 explanation that the majority of migrants work in these trades, with few working in the higher skilled, lower risk trades such as plumbing and electrical work. Health and Safety managers didn't view these trades as more dangerous, but did state that they posed a greater danger to unskilled, inexperienced workers – a category into which many migrants fall. Most migrants also described their work as dirty, difficult and dangerous. Questionnaire responses also indicated that bricklaying and groundwork companies had the highest percentages of migrant labour and non English speaking migrant labour with most migrants employed in permanent, unskilled positions. Further, the majority of the 30 employers surveyed agreed that migrants enter the construction industry to take advantage of its unskilled nature.

MANY MIGRANT WORKERS ARE UNDOCUMENTED

Clearly the construction industry has long been involved in the employment of migrant workers, yet ConstructionSkills (2005) argue that there is a generally hazy and inaccurate set of official statistics on the construction labour market composition, in terms of migrant workers. Undocumented migrant workers (migrants working in the country illegally) are commonly employed in the construction industry. Along with sectors such as agriculture, catering, cleaning and hospitality, the construction industry has been identified as one of a number of sectors in which illegal working is a particular problem (Home Office 2002; Anderson and Rogaly 2005; Serious Organised Crime Agency 2006).

EXPOSURE TO WEAK HEALTH AND SAFETY GOVERNANCE IN MIGRANTS' COUNTRY OF ORIGIN

As a result of coming from different origins with contrasting health and safety ethics, it was also apparent that migrant construction workers had different perceptions of risk from their UK counterparts. Although most migrants claimed that they had a decent understanding of the risks and safety aspects of a UK construction site, many managers and co-workers could identify occasions when migrants worked in a dangerous manner. Sixteen employers also stated that migrants are more willing to take risks and cut corners. Perhaps this emphasises the need to stem the spread of dangerous working practices that migrants are bringing with them from their countries of origin. The majority (25) of employers agreed that migrants come from countries where health and safety standards are very relaxed.

Evidence from other European countries suggests that the lack of awareness with regards to health and safety regulations, together with the inappropriate deployment of such workers to dangerous site tasks, puts them at higher risk than their indigenous colleagues. The migrant workers had a general lack of awareness of the long-term health impacts of construction work. The study also found that many migrants are unaware of their responsibility to manage their own and others safety.

LACK OF TRAINING, TRADE-SPECIFIC SKILLS AND QUALIFICATIONS

Few employers checked migrant workers had the skills and qualifications for the work they were undertaking; with only two examples where a migrant had been asked to produce a CSCS card. Indeed, most participants stated that they were given a job after an appraisal of their own practical work. In interviews, all 8 managers said that previous experiences were not of direct interest and that as long as the migrant held an up-to-date CSCS card they would be allowed to work on their site. More than a third of the migrants interviewed had been given no health and safety training, with just a short induction afforded to the other two-thirds. Only a couple of interviewees mentioned refresher training and generally, larger contractors were better than smaller companies on safety training provision. Migrants had a very limited understanding of the UK health and safety system, specifically in terms of their health and safety rights and how to raise them.

LIMITED CONSTRUCTION EXPERIENCE

Research proved that most migrants have very limited construction experience, either in their home country or the UK. Only 30% of the migrant workers interviewed had prior construction experience from their home country and most employers cited the CSCS card as their entry filter for migrant workers (Dainty *et al* 2007).

SHORT, TEMPORARY NATURE OF WORK

It seems that it is their status as new workers that may place migrant workers at added risk, due to their relatively short periods of work in the UK.

LIMITED MEANS OF COMMUNICATION AND THE LANGUAGE BARRIER

From the employer's perspective, it was communication and language barriers that presented the most significant challenge. The research highlighted the lack of English language skills that many construction migrants have. Health and safety managers most commonly cited the language barrier as the biggest contributor to risks. Migrants themselves also agreed that it was a major problem and the majority of employers indicated that their migrants had difficulty communicating. Most employers also stated that many migrants do not understand all aspects of the site induction due to language issues, and this view was confirmed by migrants themselves.

There is no evidence of any checking mechanism used to ensure migrants do understand the training given to them. Worryingly half of the migrant workers' English language ability was not even checked by employers before commencing employment and to the health and safety manager's knowledge – no English classes had been held on their site. The most common entry filter used by employers in recruiting migrant labour was the CSCS card, which again supports the view that employers are not interested in a migrant's previous experience or language ability.

STRATEGIES AND TECHNIQUES FOR IMPROVING MIGRANT WORKER HEALTH AND SAFETY

These factors have led to measures being recommended to various industry bodies to facilitate the enhancement of migrant worker safety on UK construction sites. This section of the paper now discusses these measures. Measures were mainly concentrated around reducing risks pertinent with the language barrier; however it was also established that best practice guidance on the management of migrant workers should be distributed and enforced throughout industry. Only then will the industry be able to take a stranglehold on the spiralling number of workplace accidents involving migrant workers and in doing so, create a safer environment to the benefit of everybody.

The challenge of converting health and safety systems to accommodate a multi national/cultural workforce is being addressed using initiatives such as, translation of health and safety materials, use of interpreters and an increased use of visual methods for communicating health and safety messages (Bust *et al* 2007). These methods have to be qualified so that an international visual

sign language can be developed that is meaningful and relevant to construction workers employed in multicultural contexts. Large employers saw the provision of translated health and safety information, the use of translators and the site induction process as the primary mechanisms for encouraging the safe working of migrant workers. A key problem is that no one single organisation is taking on responsibility for migrant worker issues in the industry. This is limiting the effectiveness of the array of good practice guidance that is available.

Part of the study undertaken by Bust *et al* (2007) included a telephone survey of 10 health and safety managers and directors of companies throughout the UK. The telephone survey results showed that the translation of health and safety information and the use of translators (Figure 1) are the most common methods used to manage migrant workers.

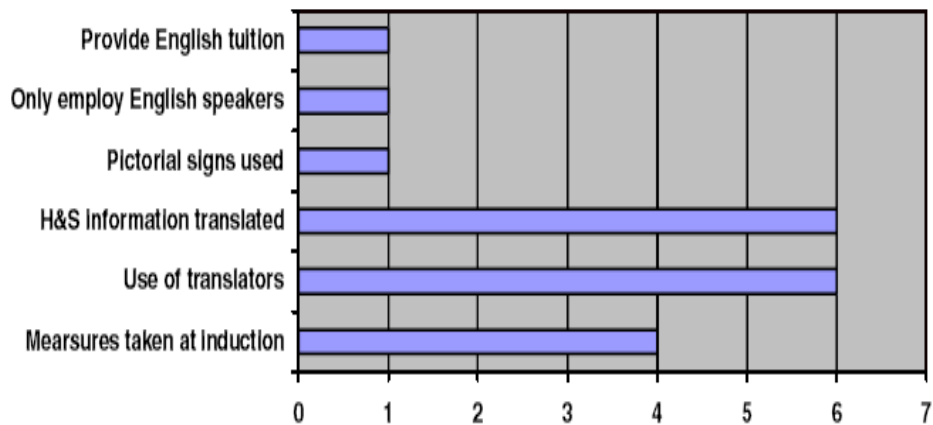


Figure 1: Means of ensuring workers understand their health and safety responsibilities

The Engineering Construction Industry Association (ECIA) produced documentation on employing and managing non-English speaking workers (ECIA, 2005 – cited in Dainty *et al.* 2007). Working with non-English speaking workers in terms of communication, supervision, training and competence certification are covered by the guidance. Companies within London have also produced similar guidance for the employment of migrant workers on the Olympic projects mentioned earlier. This includes methods for obtaining CSCS cards for migrant workers and information on how to verify foreign qualifications against UK standards (see Construction Manager 2007 – cited in Dainty *et al.* 2007). ConstructionSkills now also provides the ‘Kickstart’ site induction in multiple languages for migrant workers (Keane 2007)

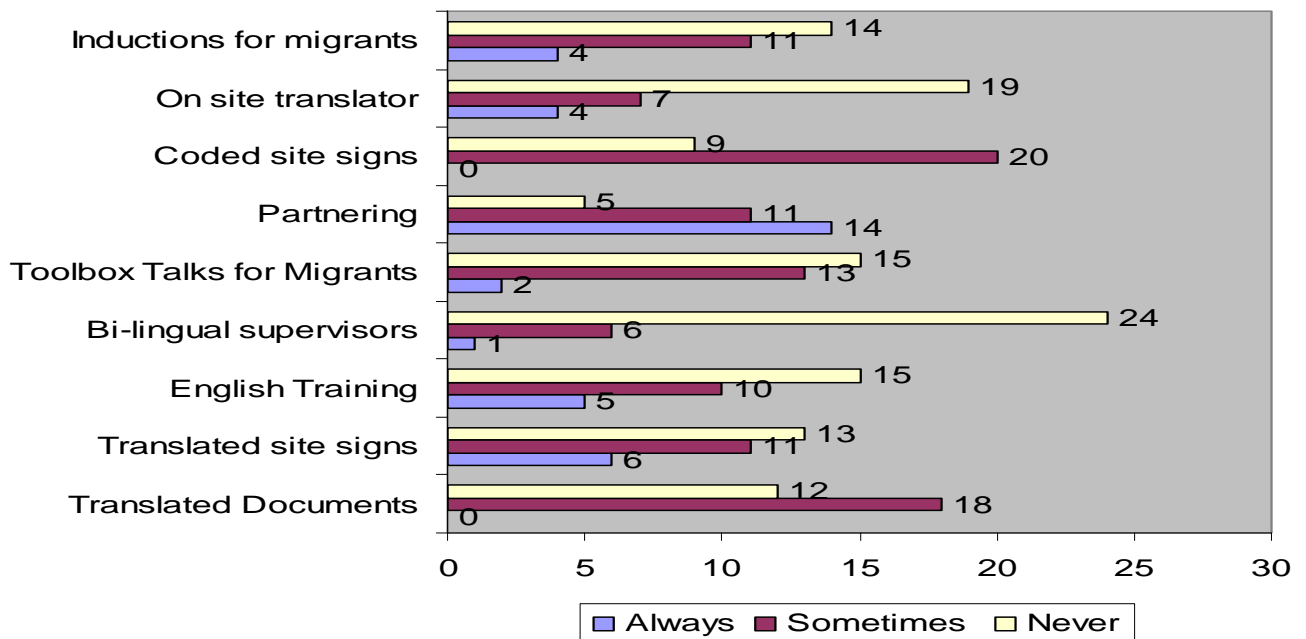


Figure 2: Management techniques frequency of use

Employers were asked to indicate how often they used a variety of good practice management tools to improve the health and safety for their migrant workers. The results are shown in Figure 2 and it is clear that the technique of partnering migrant workers with UK workers is considered to be the most effective.

Employer respondents were also asked to rank what they felt were the top three most effective management techniques from those presented in Figure 2. To arrive at an overall rank, a points system was used whereby 3 points would be awarded when a technique was ranked 1st, 2 points awarded when a technique was ranked 2nd and 1 point given for a third place ranking. Using this system facilitated a 'league table' (Table 1) to be constructed that shows how effective employers regarded the various techniques.

Table 1: Management technique league table

Rank	Technique	Points
1	Partnering	28
2	Bi-lingual supervisors	23
3	Inductions for migrants	19
4	Toolbox talks for migrants	17
5	Translated Documents	15
6	On site translator	13
7	English Training	8
8	Translated Site Signage	7
9	Coded Site Signs	1

It is interesting that some of the most highly ranked techniques (e.g. bi-lingual supervisors) are very rarely used by employers. This suggests that employers view the costs as outweighing the related health and safety benefits.

IMPROVE ACCIDENT REPORTING PROCESS AND ESTABLISH EXTENT OF UNDOCUMENTED MIGRANT WORKERS

As researched literature highlighted; it is not yet routine practice to record the accident victim's country of birth and if not from the UK, how long they have been here. This information would be very helpful in causal analysis studies. As stated earlier, migrants are also particularly poor at reporting accidents. It seems that the whole accident reporting process needs re-evaluating to facilitate accuracy of future investigations. The literature research also indicated that there are large numbers of undocumented workers in construction. This makes any analysis of data for migrant workers unrealistic and so findings have to be treated with caution. The industry needs to establish the extent of these undocumented workers to enable future research to be as accurate as possible.

EDUCATE EMPLOYERS ON EFFECTIVE MIGRANT MANAGEMENT TECHNIQUES

Partnering migrant workers with UK workers is the most popular measure among employers and they also feel it is the most effective. Migrant workers also liked the idea, but health and safety managers pointed out that they had no control over how employers deploy their workers. Bi-lingual supervisors were also richly viewed; however they are rarely used in industry, when it seems they should be. Employers need to be educated on the health and safety pitfalls of employing migrant workers with little industry experience and limited English language skills. Employers should also be encouraged to increase levels of migrant monitoring on-site and to keep regular contact in order to review working conditions.

TAKE STEPS TO REDUCE THE LANGUAGE BARRIER

An 'English only' language culture has to be the aim for UK construction sites. Achieving this will take time, but through good use of the following techniques it is certainly achievable. Rules should be introduced that require employers who employ in excess of a certain percentage of migrant workers to have to provide free of charge English language sessions to their migrant workers. This would see a reduction in the number of non-English speaking migrants on construction sites. The use of the CSCS card should also be reviewed. It should not be purely accepted as a sign of competence, especially as the test can be taken in the individual's own language. The literature review also revealed that Construction Skills now provides the 'kickstart' site induction in multiple languages for migrant workers and it is these types of mediums that need to be introduced to the industry to improve migrant worker safety on site. Literature also suggested that an international visual sign language should be developed. This view is echoed by migrant workers, who want to see more "symbol signs" on construction sites.

INCREASE LEVELS AND QUALITY OF HEALTH AND SAFETY TRAINING

Health and safety training also needs to improve for migrants, in terms of its intensity and its delivery. This research has yielded strong evidence that migrant workers have received little training in their lives, yet health and safety managers have said they are very responsive and willing to learn. Migrants should be encouraged to expand their skills base to ensure more migrants work in skilled, less hazardous trades. "Conversion courses", as suggested by one health and safety manager, could be just what the industry needs to ensure a safer, happier construction workforce for years to come.

CONCLUSIONS

This paper has discussed the use of migrant labour on UK construction projects, setting out the issues such workers face, the factors that exacerbate their health and safety on site and making industry wide proposals that would help cut the migrant worker accident rate.

Unofficial employment and a lack of consistency in the accident reporting process have combined to cloud the real extent of migrant worker employment. From the accident data, there appeared to be no difference in accident rates between indigenous and migrant workers. However what was

clear was the increasing percentage of total accidents that migrants are contributing year on year. This seems to be as a result of, mainly, the type of trades that migrants are being forced into due to their unskilled backgrounds. These trade's, typically work-intensive and dynamic natures combine to provide the most challenging work conditions to invariably, what are, the most vulnerable groups of people on site. Another contributing factor is the large amount of migrants coming to the UK with limited or no construction experience and little health and safety knowledge. With limited exposure to quality health and safety training, it seems that migrants' bad working habits are all too evident in today's construction environment.

Further to the types of unskilled work they mostly carry out, an underlying factor that compromises migrant's health and safety is that of language barriers and the inability of the industry to work with migrants to break them down. In the long term effort must be directed toward migrant's English language development if the root of the language barrier problem is to be removed. Many migrant workers are walking onto construction sites without needing to speak a word of English to either their employer or the principal contractor. At present, health and safety training opportunities specifically tailored for migrant workers are minimal. Even health and safety training in the form of the pre-start induction is not being understood by many migrants, who continue to work as if operating in their home countries.

Overall, migrant workers were happy with their work and working conditions and many of the health and safety managers and employers could list good techniques they had used to improve their migrant's health and safety. Some techniques such as partnering migrants with UK workers are highly used and respected by employers and migrants alike. However scope remains for the site-wide integration of techniques such as bi-lingual supervisors and inductions specific for migrants as well physical improvements to the work environment such as coded site signage – an international language that everyone can understand. The concern remains that there seems to be no standard best practice mechanism in the industry to ensure migrant's safety on site is accounted for. Any safety initiatives need to be tailored towards the trades that migrants are most commonly found operating in, namely the groundwork, brickwork and RC trades. Any good practice guidance directed here is likely to have more impact on the industry as a whole. It remains for institutions such as the HSE and the Government to decide on a best practice approach for managing migrant workers and to ensure its policies and initiatives are dispersed to every construction site, big or small, in the UK. Only then will migrant workers' safety needs begin to be accounted for and their lack of health and safety awareness be improved to the benefit of all.

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