

ISSUES AROUND RESEARCHING OHS OF SAMOAN MIGRANT WORKERS

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Abstract

Workers from Pacific nations constitute a substantial proportion of the labour force in NZ, particularly in Auckland, which has one of the largest concentrations of Pacific Island workers in the world. Samoans constitute the largest Pacific ethnic group in NZ, comprising 131,103 or 49% of the resident Pacific population (265,974) (Statistics NZ, 2010). However, Pacific Island workers in NZ are typically employed in low paid, precarious, hazardous work that often has little chance of advancement. There is also some evidence that Pacific Island workers are over-represented in NZ's work-related injury and illness statistics (Allen & Clarke, 2006).

While occupational health and safety (OHS) of Pacific Island migrant workers highlights a number of issues, studies often provide inadequate explanations of what exactly is occurring or fully capture the working experiences of Pacific Island migrant workers. This paper reports on the initial work undertaken as part of an international collaborative study located in Samoa and NZ, aimed at investigating the OHS experiences of Samoan migrant workers. In particular, the paper presents a multi-layered framework and a set of research principles that can be used to illuminate often inaccessible populations located in changing working and living environments. Finally, this study exemplifies the complex issues surrounding the migrant workers' health and safety, workers' compensation and rehabilitation.

Introduction

The occupational health and safety (OHS) of Pacific Island migrant workers is at the centre of a number of intersecting issues and is the focus of an international collaborative study located in both Samoa and NZ. The increasing international movement of people, the often vulnerable position in which many migrant workers find themselves and the lack of regulatory and social support mechanisms associated with migrant labour, are of international interest and concern. Research shows that migrant workers are over-represented in precarious employment compared to most non-migrant workers, and are frequently exposed to hazardous conditions (Ministry of Health and Ministry of Pacific Island Affairs, 2004; Blakely, 2009; Toh & Quinlan, 2009). While there are few details on the experiences of migrant workers from the Pacific, there is no reason to presume that their experiences will be more favourable than those identified in other migrant worker studies (Hansen and Donohoe, 2003; McCurdy et al., 2003). There is a suspicion that these workers have higher rates of injury and illness compared to non-migrant workers in

standard employment (Accident Compensation Corporation, 2008). Furthermore, these issues have a negative and compounding impact on the individual workers, their families, their communities and also have wider, adverse social and economic outcomes.

Studies on the OHS of migrant workers have often applied a one-dimensional analytical framework which often fails to take into account the many layered influences that impact on the health and safety of migrant workers. In NZ and elsewhere, making the link between injuries suffered by migrant workers and interconnected social, economic, legal and political factors has been muted and instead the emphasis has typically been on blaming and/or changing the behaviour of the individual migrant worker (see Quinlan et al, 2010 for a more in-depth discussion). In response to these short-comings, there have been recent attempts to provide a coherent framework around the experiences of migrant workers. In the ILO (2004) report *Towards a Fair Deal for Migrant Workers in the Global Economy*, the World Health Organisation (WHO) report *Employment Conditions and Health Inequalities* and the European Commission, (2007) *Health and Migration in the EU*:

Better Health for All in an inclusive society, a number of factors have been highlighted that explain the disparities in working conditions among migrant workers as well as between migrant and national workers. These include migration status, conditions of recruitment, sector of employment or occupation, employment in the informal sector, lack of freedom of association and collective bargaining rights, and discrimination and xenophobia in the workplace.

The outcome of these reports has been the emergence of two conceptual frameworks developed by the WHO's Employment Conditions Knowledge Network (EMCONET) (2007) and Sargeant and Tucker (2009), aimed at mapping the complex web of factors that impact on the health and safety of vulnerable workers. The rationale underpinning these models is to provide a better understanding of origins and consequences of different employment relationships and relating these to key political and economic variables, working conditions, and health inequalities of vulnerable workers, including migrant labour. More importantly, both models show the interaction between key employment conditions, social mechanisms, and health inequality outcomes in multilevel contexts. While each of the models shares the same conceptual underpinnings and features, the unit of analysis is slightly different in that the focus in the EMCONET model is on the vulnerable worker while the focus in the Sargeant and Tucker (2009) model is on migrant labour, a sub-set of the vulnerable worker. In their report, EMCONET (2007:15) argue that: "how inequalities in health are understood and approached by any society is a political issue" (EMCONET, 2007:14). Moreover, they state that inequalities in health derived from employment are closely linked to other kinds of social inequalities including poverty, living conditions, political participation, and education. Thus, through regulating employment relations, main political actors cannot only redistribute resources affecting social stratification, but also have an impact on the life experiences of different social groups including opportunities for well-being, exposure to hazards leading to disease, and access to health care (*Ibid*, 2007:14).

The purpose of this paper, therefore, is to contribute to the theory of migrant, Pacific research by focusing on occupational health and safety experiences of Samoan migrant workers. It is argued that an inclusive methodological approach is needed if the many challenges associated with this research area are to be overcome. In particular, the paper presents a set of research principles that can be used to illuminate often inaccessible populations located in changing working and living environments. The study also exemplifies the complex issues surrounding the migrant workers' health and safety, workers' compensation and rehabilitation. First however, using an adapted version of the WHO's Employment Conditions Knowledge Network (EMCONET) and Sargeant and Tucker's

(2009) models, this paper sets out the multiple factors that influence the status of OHS experiences of migrant Samoan workers. In particular, the paper will examine the following factors:

- *Layer 1 – Receiving country factors:* Socio-economic conditions in receiving country, sectors in which migrant workers are employed; access to, and strength of, collective representation; access to, and strength of regulatory protection; social inclusion/ exclusion; living on employer's premises; urban/rural location; role of unions/civil society groups, eg Church and community groups.
- *Layer 2 – Migration factors:* This encompasses migration security, such as existence of legal status in receiving country, visa or non-visa status, and whether status tied to contract of employment as well as the duration and conditions of right to remain. Role of recruitment agents and employers in migration process and the treatment of migrants are also acknowledged.
- *Layer 3 – Migrant worker factors:* Reasons for migrating, such as the socio-economic conditions in home country and the need to send remittances home. The level of education, language and skill levels of the migrant are also important considerations as well as the availability and access to decent work.

Layer 1: NZ's Employment Framework

With the enactment of the Employment Relations Act 2000, there has been a swing back to the pre-Employment Contracts Act, 1991, (ECA) tripartite system with the emphasis on collective bargaining, however the ECA still casts a lingering shadow over employment relations in NZ with trade union membership and density as well as the pay and conditions of many workers, particularly those in low paid, casual work, not improving to any extent. Moreover, the current National Government has begun to roll back many of the gains workers achieved during the period 2000-2008, for example, substantially reducing OHS training for health and safety representatives.

The Employment Contracts Act, 1991 also precipitated employment reforms that included the Health and Safety in Employment Act 1992. While the Health and Safety in Employment Act 1992 rationalised the administrative and legal framework, it failed to reduce significantly the level of injuries, illness and fatalities. The number of work-related injuries and illnesses in NZ continues to be high compared to other OCED countries (Hamalainen, et al, 2007). Similar jurisdictions, such as Victoria and Queensland, have half the number of occupational fatalities compared to NZ's rate of fatalities (Victorian

WorkCover Authority, 2006; Queensland Department of Employment and Industrial Relations, 2006).

Critics blamed this on the fact that the Act deviated from the UK Robens' model of one authority administering one statute, covering all workers and including joint participation in all health and safety matters. Specifically, the NZ Health and Safety in Employment Act did not incorporate formalised, joint participation mechanisms, nor did it cover all workers. Additionally there was growing disquiet over the level of effective enforcement. As a result of these concerns, and as part of the general review of the employment legislation including health and safety, the Health and Safety in Employment Amendment Act 2003 was enacted. This enacted a number of changes, including formalising worker participation in health and safety for medium- and large-sized businesses and changing the Department of Labour's monopoly on prosecutions.

By removing the Crown monopoly on prosecutions, it is now possible for private citizens to take a case, but only once the Department of Labour has decided not to prosecute and has not issued an infringement notice or sought a compliance order for the same matter. However, critics argue that the Department of Labour is abdicating its statutory responsibility and that NZ's low rate of prosecutions will worsen. In comparable jurisdictions, the rates of prosecutions for breaches of the OHS legislation are much higher. For example, Queensland's Workplace Health and Safety inspectorate carried out 214 prosecutions in 2005, with offenders ordered to pay fines and costs totalling more than \$4.76 million compared to NZ's Department of Labour which undertook only 154 prosecutions, netting a total of \$633,300 (Queensland Department of Employment and Industrial Relations, 2006; NZ Department of Labour, 2006). Furthermore, some argue the few prosecutions in NZ is as a result of the "self-regulatory" approach that underpins the Health and Safety in Employment Act, 1992, consistent with the Robens' model (Beck & Woolfson, 2000; James, 2006). Many OHS commentators believe that successive governments have adopted self-regulation in order to reduce the number of field inspectors (Lamm and Walters, 2004; Quinlan, et al 2010). This approach requires fewer field personnel as the onus is entirely on the employer (and to a lesser extent on the worker) to ensure that they create a healthy and safe workplace.

Layer 2: NZ's Migration

The 2006 NZ census revealed that NZ's migrant population was 927,000, where over one-third of the people born overseas had been living in NZ for four years or less (Department of Labour, 2009). Applications for residency to NZ have declined in the past two years by 7.5% whereby there were 27,215

migrants granted residency between July 2009 and February 2010. In Auckland, NZ's largest city, over 60% of the population are now migrants (Auckland City Council, 2007). While most migrants to NZ have traditionally originated from Northern Europe, especially from Great Britain, the most common countries of origin of new migrants more recently are the People's Republic of China, India, and Samoa.

Workers from Pacific nations constitute a substantial proportion of the labour force in NZ with Auckland having one of the largest concentrations of Pacific Island workers in the world. Samoans constitute the largest Pacific Island ethnic group in NZ, comprising 131,103 or 49% of the resident Pacific population (265,974) (Statistics NZ, 2010). Typically Pacific Island workers are employed in low paid, precarious, hazardous positions that often have little chance of advancement in NZ (Statistics NZ, 2008). There is also some evidence that Pacific Island workers in NZ are over-represented in official work-related injury and illness statistics (Allen & Clarke, 2006). Moreover, there is anecdotal evidence that the rate of work-related injury and illness throughout the Pacific Islands is high compared to neighbouring countries, such as Australia (Kendell, 2006).

Casual migrant workers also make up a significant proportion of NZ's primary sector labour force. It is estimated that NZ has 40,000 seasonal jobs with 30,000 of these located in the forestry and horticulture sectors, and 10,000 in the sheep shearing industry, (Timmins, 2008). Much of this labour is drawn from Pacific countries, including Vanuatu, the Solomon Islands and even Vietnam with migrants typically being employed under temporary working visa schemes. Moreover, workers on overseas student visas are allowed to work for limited periods of time and provide a supplementary source of labour, with initial findings indicating that many of these workers exceed the legal limit of paid work (Anderson & Naidu, 2009).

As with other OECD countries, under NZ's immigration laws, there are different types of work visas, covering a range of stay, from temporary work visas for short periods (1 to 3 years of duration) to permanent residency visas. Specific schemes under the temporary work visas category, namely the Transitional Recognised Seasonal Employer Scheme (TRSE) scheme and the Variation of Conditions (VoC) were created in response to labour shortages in the primary sector and allow employers to employ seasonal workers for short periods of time.

Layer 3: Samoan Migration to NZ

The research on Pacific migration highlights the fact that early Samoans made frequent voyages between

neighbouring Pacific islands, exploring the territory around them and expanding their resources. This travel continued virtually unchecked until the intensification of contact with Europeans in the 1930s (Lilomaiava-Doktor, 2009). Authors, such as Gough (2006) and Lilomaiava-Doktor, (2009), argue that Samoans have always taken advantage of moving about their islands and further afield as a way of gaining a sense of their place within Samoa and beyond. As Salesa (2003) notes, Samoans followed established pathways, or *ala*, in order to connect and reconnect themselves to places and that this internal mobility was "...not simply a means of connecting people and places, but that this circuitry had "high stakes" [and] was fundamental to the Samoan way of life and Samoan politics" (cited in Gough, 2006: 32).

The political relationship between NZ and Samoa has been close as it and other Pacific nations were former colonies of NZ. Over the past century, the relationship between NZ and Samoa, in terms of migration and labour supply, has been generally mutually symbiotic. Early Samoan migration to NZ increased substantially after the industrial expansion of the immediate post-war years (Stahl and Appleyard, 2007). However, there have been times when the relationship has become strained and tensions are often over migration issues in which the NZ Government, particularly in the 1980s, took a heavy handed approach to breaches of visa classification by Samoan migrant workers. In spite of being a former colony of NZ, the free flow of Samoan labour to NZ is restricted via a special immigration quota (Rallu, 2008). The "Samoan Quota" was formally established in 1970 and was the result of the 1962 Samoan independence treaty known as the "Treaty of Friendship between NZ and Samoa". The quota allows up to 1,100 Samoans, including their partners and dependent children, to be granted residence in NZ each year (Department of Labour, 2010). Between 2008 and 2009, 1,122 people were approved for residence through the Samoan Quota, compared with 1,202 in 2007 and 2008 and 1,106 in 2006 and 2007 (Department of Labour, 2010).

More recently, a temporary labour migration scheme, the Recognised Seasonal Employer (RSE), was launched in 2006 by the Labour Coalition Government in response to a considerable labour shortage in the horticultural and viticulture sectors. The RSE scheme gives priority access to Pacific workers, including Samoans, to seasonal employment in the horticultural and viticulture sectors and allows for up to 5,000 workers to be employed at any one time. The scheme is unique in that it involves three Government agencies, each of which shares the responsibility for delivering the programme. These are: 1) the Ministry of Social Development (which includes Work and Income NZ, the agency responsible for assessing employment outcomes and benefits); 2) the Department of Labour (which is responsible for immigration, employment and OHS); and 3) NZAID,

which manages NZ's official overseas aid programme (Bedford, 2008). Interestingly, it is NZAID and not the Department of Labour that is responsible for assisting with negotiating arrangements with Pacific governments for recruiting workers, ensuring those selected meet the requirements for a Seasonal Work Visa and also monitoring the outcomes of the scheme in the islands (Bedford, 2008).

The NZ 2006 census figures show that two-thirds of Samoan adults domiciled in NZ, participate in the labour force, a figure that comparable to the general NZ and Pacific Island populations, as seen in Table 3, and one that has remained fairly static since 1996 (Statistics NZ, 2009). The 2001 census figures also indicated that the NZ-born Samoan population had a higher rate of labour force participation (72%) than the overseas-born Samoan population (63%). Samoan men were more likely to participate in the labour force than Samoan women in 2006 (72% and 61% respectively) – a pattern repeated across all age groups except for those aged 15–19 years, where 49% of women and 47% of men were involved in the labour force (Statistics NZ, 2009). The NZ 2006 and 2010 census figures indicate that the unemployment rate for Pacific Island workers, including Samoan workers, has declined as outlined in the table below, although this trend may have changed after the recent downturn in the economy.

The most common occupations for Pacific Island and Samoan workers are plant and machine operators, assemblers, clerks, service and sales workers (Statistics NZ, 2009). Samoan adults employed as technicians and associate professionals increased between 1991 and 2001 to 10% while those employed as service and sales workers only rose 3% points to 16% in 2001 and Samoan adults employed in 'blue-collar' occupation categories, such as trades workers and plant and machine operators and assemblers, declined between 1991 and 2001, a trend that has continued in 2006 (Statistics NZ, 2009). The medium hourly wage and salary earnings of Pacific Island workers equated to an average of 78% of the NZ national medium earnings from wages and salaries between 1997 and 2001 with preliminary analysis of 2006 census figures, indicating that this percentage difference has not changed (Statistics NZ, 2009).

Table 3: Work and Labour Force Status for Pacific Peoples Aged 15 years and Over, based on 2001 and 2006 NZ Census

	2001	2006
Employed full time	61,392	77,523
Employed part time	15,960	18,567
Total employed	77,352	96,087
Unemployed	14,910	11,526
Total labour force	92,262	107,613
Not in the labour force	49,389	58,017
Total	141,651	165,630

Labour force participation rate (%)	65.1	65.0
Unemployment rate (%)	16.2	10.7

Source: Statistics NZ, Census Data:

<http://www.stats.govt.nz/Census/2006CensusHomePage/QuickStats/quickstats-about-a-subject/pacific-peoples/work.aspx>

Samoan workers have historically gained trade skills and tertiary education overseas, particularly in NZ. The 1996 NZ census figures indicate that almost 60% of the NZ Samoan population aged 15 years and over held some form of educational qualification. This compared with two-thirds of the total NZ population. Over a third of Samoan adults held a secondary school qualification as their highest qualification. NZ-born Samoan adults were more likely to hold a post-school qualification than their overseas-born counterparts. Overall, the pattern of qualification attainment for the Samoan population is similar to that of all Pacific peoples (Statistics NZ, 2009).

The benefits of Samoan migration to NZ are largely extolled by both Samoan's and NZer's, yet the diaspora of workers from Samoa presents a more complex picture in that it has social and economic costs and benefits for both Samoa and NZ. NZ commerce has benefited from the regular supply of Samoan labour and Samoan workers have benefited from employment with their families in Samoa benefiting from remittances. However, the depletion of labour, mainly young men, from Samoa denies the country potential talent and puts pressure on the social cohesion of the family/aiga and village/nu'u (see Lilomaiva-Doktor, 2009). Put in context, almost a third of Samoan's domiciled population are involved in agriculture yet almost a third of the population of Samoa is a resident in NZ. Labour-sending countries, such as Samoa, are generally confronted with the dilemma between "promotion" and "protection". In the face of bleak employment prospects at home and the economic gains from foreign exchange remittances, Samoa and other Pacific nations are often left with no choice but to tacitly sanction overseas migration of national workers while at the same time acknowledging that such a policy has long-term detrimental effects on the economic, political and social sustainability of the country.

Although a growing number of Samoan workers have acquired secondary and tertiary qualifications, in reality, employment for most Samoan workers is low paid, precarious, often strenuous and hazardous. In many instances, migrant Pacific workers are in an invidious position in which labour contractors and/or employers control visas, work permits and employment of migrant workers. In a study of 120 small businesses in the Auckland region over a period between 1990 and 2000, interview data revealed that Pacific Island workers were often employed by small business operators to undertake hazardous tasks

because "...they didn't complain and asked few questions" (Lamm and Walters, 2004). The horticulture sector is particularly notorious for employing illegal or undocumented migrant labour – a sector which employs a significant number of Pacific Island workers. It also has the highest recorded level of occupational injuries and fatalities. NZ's horticultural sector has the dubious reputation of being the highest user per capita of dioxins in the world, ranging from phenoxy herbicide 2,4,5-T to pentachlorophenol (PCP) timber treatments, all of which have been linked to numerous diseases.

Since 2007, the Department of Labour has conducted investigations into 28 contractors or employers in the horticultural sector and as a consequence, 18 people were prosecuted. Although many migrant workers are employed in hazardous working environments, including horticulture, it is anticipated that such vulnerable workers are unlikely to make a complaint to the Department of Labour or receive workers' compensation for a number of reasons. First, there is general ignorance over the regulations covering occupational health and safety and workers' rights. Second, the language, cultural, economic barriers make lodging a complaint difficult for migrant workers. For example, research documented by the World Health Organisation (WHO) shows that migrant workers cannot afford to be ill or injured since their time abroad is typically contingent upon their work to earn more money than they would have in their own country (Ivanov & Kim, 2007:147). Third, there is reluctance to report breaches of employment law as the Department of Labour is not only responsible for enforcing the occupational health and safety regulations but it is also responsible for issuing and enforcing their working visa. In addition, given that there are only approximately 150 OHS inspectors covering more than 500,000 businesses, the chance of a workplace being randomly visited by an inspector is highly unlikely (see Quinlan, et al, 2010). Finally, as stated above, it is difficult for casual workers in precarious employment who will probably have multiple jobs in a year, to establish a causal link between a non-acute injury or disease and exposure to a specific work hazard that occurred at a particular time and location. If a link cannot be made between the injury or illness and work, then obtaining compensation is problematic. In short, it is essential for migrant workers to remain well in order to be able to work, but given the type of work they are often relegated to, and the poor working conditions, this is often not possible.

Layer 4: OHS of NZ's Migrant Population

In examining the literature on the OHS of NZ's migrant population and, in particular, NZ's Samoan migrant population, it is evident that there are a number of issues. The first concerns the health status

of Pacific peoples both in NZ and in other Pacific nations. Compared to the total NZ population, Pacific peoples have poorer health status, are more exposed to risk factors for poor health, and experience barriers to accessing health services (Tiatia, 2008). The Ministry of Health's *Pacific Health Chart Book 2004* (Ministry of Health and Ministry of Pacific Island Affairs, 2004) suggests that interrelated risk factors and socioeconomic determinants of health contribute to the poor health status of Pacific peoples in NZ. In particular, their lifestyle and cultural factors such as beliefs, values and preferences that influence how Pacific peoples view health care; underutilisation of primary and preventive health care services by Pacific peoples, and lower rates of selected secondary care interventions (Tiatia, 2008). The *Chart Book* also notes that Pacific people die younger and have higher rates of chronic disease such as cardiovascular disease (coronary heart disease and stroke), obesity, diabetes and respiratory diseases (chronic bronchitis/emphysema and asthma) in comparison to other NZers. It also suggests that Pacific men have higher rates of lung cancer and primary liver cancer, and Pacific women have higher rates of breast and cervical cancer than other NZ women. Infectious disease rates are also higher among Pacific peoples in comparison to other NZers (Ministry of Health and Ministry of Pacific Island Affairs, 2004). Further, NZ workers' compensation claims for 2008 show that Pacific peoples had the highest incidence rate of 143 injury claims per 1,000 FTEs, compared with 112 injury claims for Māori, and 105 injury claims for Europeans (Accident Compensation Corporation, 2009).

NZ studies linking poor working conditions and wages and health of migrant workers are consistent with international literature and as suggested above, overlaps with research on the link between workers (many of whom are migrant workers) in precarious employment and poor health and safety outcomes (see for example, Ivanov & Kim, 2007; Toh & Quinlan, 2009; Quinlan & Sokas, 2009). Moreover, Ivanov and Kim (2007) make a distinction between being a "documented" or "undocumented" migrant worker in terms of access to different systems for social and health protection, noting that undocumented workers are more likely to take up jobs and tasks that present greater risk to their health and safety adding:

Studies ...demonstrate that migrant workers suffer from a number of occupational health problems: accidents, pesticide-related illnesses, musculoskeletal and soft tissue problems, dermatitis, non-infectious respiratory diseases, reproductive health problems, climate-related illnesses, communicable diseases, urinary tract infections and disorders as well as eye and ear problems. In addition, general health problems such as malnutrition, poor dental

health, cardiovascular disease, diabetes mellitus, anaemia and mental disorders, exacerbate the risk of work-related diseases among migrant workers (Ivanov and Kim, 2007:147).

In spite of the growing evidence that suggests a poorer level of health among Pacific Island labour in NZ compared to non-migrant groups (with the exception of Māori), it is still difficult to gauge the extent of the problem as government databases are not only incompatible but data surveillance systems rarely capture injury and illness data of precariously employed, migrant workers. The two sources of work-related injury data in NZ are the Accident Compensation Corporation and the Department of Labour. The former only generates workers' compensation data while the latter compiles occupational injury datasets based only on *reported* incidences. Thus, it is safe to say that government indices on occupational injury and illness rates in NZ are considerably underestimated and present an inaccurate picture. The pitfalls of using government injury and illness statistics as a basis for definitive conclusions is clearly illustrated in Mayhew and Quinlan's (1998) study of workers in the clothing, textile and footwear industry. Their study shows that workers in industries with a high incidence of precarious employment are likely to be under represented in the workers' compensation claims and injury or illness data, even though they may be experiencing similarly high levels of injury and illness as so-called 'high-risk' industries.

Not only is it difficult to estimate the extent of the level of injury among migrant workers, there is also a tendency to sidestep the issues around cultural diversity and instead, focus on other OHS explanations, such as individual behaviour or miscommunication. Given that the concept of "cultural diversity" is complex and value laden, it is not surprising that the research on the role culture attributes in OHS is mixed. On one hand, there is some evidence that the junction between the migrant and the non-migrant can expose differences in attitudes, perceptions and beliefs regarding safety (Fiske, 2002). On the other hand, based on a review of published literature on the topic, Mearns and Yule (2009) conclude that there are no consistent predictors of risk-taking behaviour and safety performance across cultures. They point to Spangenberg et al. (2003)'s study as being significant as it provided a unique opportunity to study workers of similar (yet distinct) national backgrounds involved in exactly the same tasks on the same project over the same time period. They add that although basic national values were not measured in this study, data from the cultural dimension research by Hofstede and others (see <http://www.geert-hofstede.com/>), would seem to indicate that Norway and Sweden share similar dimensions, in terms of power-distance, masculinity

and individualism, yet the safety performance of the two national groups was significantly different. Spangenberg et al (2003) attribute this to varying levels of planning and education between the two countries and also differences in the work compensation systems thus revealing an intersection between national and organisational environmental/cultural factors (Mearns and Yule, 2009). It is clear, therefore, that comparing OHS differences across distinct cultures is a complicated task.

Conclusion

The aim of this paper has been to profile and document the health and safety issues facing vulnerable Samoan workers in NZ. In so doing, we must consider four distinct layers, each of which contributes to the vulnerability of these workers. These layers include receiving country factors; migration factors; migrant worker factors; and OHS factors. Uncovering these layers of complexity related to this subject has required that we clarify the macro-level changes that have occurred recently in NZ's labour and employment law and legislation and also the larger trends and patterns related to migration into NZ. More specifically, we have been able to turn to national data sources to uncover the extent of Samoan migration into NZ, the occupational and demographic characteristics of this population, and perhaps most critically, the health and safety concerns that migrant Samoan workers face, particularly when compared with non-migrant groups.

Our efforts to uncover the layers of influence on health and safety of Samoan workers in NZ have also made us aware of a number of concerns regarding previous research, in terms of both the available data and with the methodologies used to study the topic. The data sources available to document this group, especially regarding the health and safety issues facing these workers, are not particularly thorough or uniform. There is considerable evidence to suggest that the extent of injury and illness amongst precarious and vulnerable migrant workers (of which Samoans make up a large portion) is underreported to a substantial extent. This makes drawing assured conclusions on the matter quite difficult, although even with the underreported data on the matter, we can firmly establish that Samoan migrant workers face tremendous difficulties in terms of wage rates, health hazards, and other measures of fair workplace standards, particularly in comparison to other groups.

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