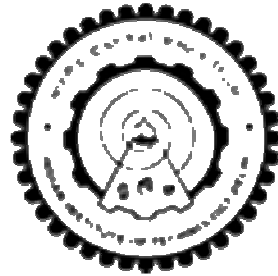




RICS COBRA 2013



COBRA 2013

10th – 12th September

New Delhi India

RICS COBRA 2013

**The Construction, Building and Real Estate Research Conference of
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The RICS COBRA Conference is held annually. The aim of COBRA is to provide a platform for the dissemination of original research and new developments within the specific disciplines, sub-disciplines or field of study of:

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Peer review process

All papers submitted to COBRA were subjected to a peer review refereeing process.

Referees were drawn from an expert panel, representing respected academics from the construction and building research community. The conference organisers wish to extend their appreciation to the following members of the panel for their work, which is invaluable to the success of COBRA.

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INVESTIGATING THE KNOWLEDGE ABOUT HEALTH AND SAFETY BY NORTH INDIAN MIGRANTS WORKING IN THE UK WEST MIDLANDS CONSTRUCTION INDUSTRY – A PILOT STUDY

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ABSTRACT

The employment of migrants in the UK construction industry is growing annually particularly in the West Midlands. A research commissioned by the Institution of Civil Engineers investigated welfare and health and safety (H&S) of migrant workers in the South East of England. This research investigates the West Midland based North-Indian migrants' awareness of issues related to health and safety on a construction site, as there seems to be no empirical evidence of any study carried out in H&S in other parts of England. A qualitative research approach was adopted with ten semi-structured interviews lasting an average of 25 minutes. Thematic analysis has been carried out on data acquired from interviews. The study revealed that migrants are employed in both skilled and unskilled jobs. They are often exploited for the fact that they have low English language skills. They have low health and safety knowledge and are paid significantly below the UK National Minimum Wage. This paper highlights to the industry and academia key aspects of safety awareness by immigrant workers in West Midlands. Further research is necessary to understand in a comprehensive way the situation faced by the migrants in order to implement specific measures.

Keywords: communication, health and safety, migrant.

INTRODUCTION

The occupational health and safety is a primary challenge for the construction industry as it employs more than 2 million workers in the UK (Office for National Statistics 2012). It is considered to be one of the most dangerous industries estimating more than 60,000 fatalities at a worldwide level (ILO 2005).

The fatality rate for all the industries is 0.6 per 100,000 workers; the rate for the construction industry is 2.4 (HSE 2012), four times the rate for all the industries. Kartam (1997) found that there are many factors that cause accidents on site, and these can be a busy site with many workers and other professionals from different companies, a site lacking in planning or the workers' behaviour; other issues that impact the health and safety on site are financial constraints, performance targets and complexity of projects.

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The use of foreign labourers in the UK economy is rising every year and the construction industry employs a substantial number of migrant workers especially in low skilled works and the West Midlands is one of the regions with a high presence of immigrants. According to a study conducted on fatalities in construction, between April 2005 and March 2008, 17% of the fatalities comprised of migrants, while they constitute only 6% of the total labour population (Ponting 2012). This implies that there is a significant disparity amongst the migratory workers. Therefore, a research question was posed “What is the awareness level of Health and Safety aspects by migrant workers from North India working in the West Midlands construction projects”. The aim of this research was to investigate workers’ awareness of health and safety and to evaluate their knowledge about this matter.

HEALTH AND SAFETY IN THE UK CONSTRUCTION INDUSTRY

According to The Office for National Statistics (2012), there are 693,000 migrants from India. In the West Midlands, there are 89,000 Indians. The number of migrant in working-age is increasing every year, from 2.9 million in 1993 to 6 million in 2011; the share of foreign-citizens in employment has doubled in 18 years, from 7.2% in 1993 to 14.4% in 2011 and the presence of migrants is growing faster in low skilled sectors (The Migration Observatory 2012). The ILO (International Labour Organisation) studied the rate of accidents at work for migrants employed in Europe and the organisation found that the rate is double than the rate for local workers (ILO 2004). Evidently, migrant workers face a high risk in fatalities on construction sites and this report is a research in this regard.

In the UK, the HSE (Health and Safety Executive) discovered in 2004 that migrants lack health and safety training due to a deficient of knowledge in English, thereafter, the HSE published health and safety books in 19 languages so that they are aware of the health and safety norms. The HSE declared that there is no statistical evidence on the higher risk for migrant workers for their health and safety but there was need for concern. Bates (2006) debated that the HSE did not undertake any major action, unless cost-effective or in case of serious risk.

Similar studies conducted by Huismann (1997), Gliber (1997) and Peeters, et al. (1982) conveyed that migrant workers face health and safety risks and even fatalities in other parts of the world. Research has also been conducted to find the causes for the same. Orrenious (2009) studied the reasons of the higher injury and fatality rate for the migrant workers and, according to results of the research; various factors contribute to the issue such as dangerous working conditions, socio-cultural, and behavioural. Compartmentments and attitudes are the main causes of accidents on construction sites, mostly human error due to limited knowledge of health and safety, interest, compartmentment and incompetence.

One of the most important studies conducted in UK has been commissioned by the HSE (2006) and covered all sectors in the UK economy; the research has highlighted that migrants prefer direct employment instead of recruitment through agencies as some of them had a negative experience with recruitment agencies, and faced severe exploitation in the form of low wages, unsafe working conditions, lack of career development to name a few. Another important step on migrants’ Health and Safety was carried out by the Institution of Civil Engineers (ICE) in 2008 when they

commissioned a research on migrants working in construction in the South East of England. The study highlighted that the numbers of migrants working in construction is underestimated, generally new migrants are young people, and they are facing further difficulties due to their limited knowledge of English. This study conducted by ICE was the first research in the construction sector at a regional level, but no other studies have been conducted in other part of the UK since then.

The Middle East region like UK also has to cope with a massive influx of foreign workers and amongst whom there are incidents of injuries and fatalities at construction sites. For instance, Kuwait had to deal with similar problems as in that country the use of migrant workers is extensive. Kartam et al. (2000) found that different cultures, traditions, personal relations, habits, communications and preoccupations can increase or create new health and safety issues on sites. Haslam et al. (2005) found that the workers' participation in the management with new ideas and a constructive collaboration can improve the level of the safety on site, obviously it is not easy with migrant workers speaking different languages and sometime with the use of interpreters the meaning is lost in the translation.

There is still a need to improve the knowledge about the situation faced by the migrants in the construction industry as there is limited literature on this matter and the available studies cannot be used to implement specific measures for these workers.

RESEARCH METHODOLOGY

A qualitative research approach has been adopted with semi-structured interviews due to the nature of this study in order to understand the difficulties faced by migrant workers in relation to the Health and Safety matters.

One of the reasons of this approach is the higher response rate and the rich and deep nature of data and with semi-structured interviews the researcher is able to correct misunderstandings as the line of the enquiry can be modified in order to follow up interesting responses (Naoum 2007).

The interviews involved workers from India due to the high presence of immigrants from this country in the West Midlands area in order to obtain the most homogeneous data from the interview as it is proved that workers from different countries have also different behaviour and attitudes (Langford 2000). The interviews were conducted and recorded in Punjabi due to the limited English knowledge by the interviewees and the familiarity with the North-Indian language by the author. Interviews lasted an average of 25 minutes and conducted during September 2012. The analysis of the data has been carried out through these phases with the help of Microsoft word and excel.

- Recordings translated and transcribed in English.
- Data coded and audited to find potential themes
- Reviewed potential themes
- Searched for coherent and distinctive themes
- Defined themes
- Analysed the themes

ANALYSIS AND DISCUSSION OF FINDINGS

The study covered mainly migrants working small construction sites (refurbishments and extensions) as Pai (2010) proved that immigrants with low language skills usually find a job in these projects where they are employed for unskilled works.

The questions comprised of queries such as the country of origin, reasons of the migration, age, period of residence in the UK, experience in the construction industry, previous occupation, type of work (skilled or unskilled), nature of employment (directly employed, self-employed or agency worker), wage (higher or lower than the national minimum wage), health and safety awareness to name a few. Respondents for the interviews were found by direct contact in the West Midlands area.

Table 1: Participant profile

	Age	Work (Years) in the UK	Experience in construction in the UK (years)	Experience in construction in India	Category of work	Wage	Working hours per day	English knowledge
1	26-35	7	7	No	Skilled and unskilled	✗ ^(**)	10-12	Low
2	26-35	4	3	Yes	Skilled and unskilled	✗	10-12	Low
3	36-45	7	4	No	Skilled	✓ ^(*)	10	Good
4	36-45	6	6	No	Skilled	✓	10-16	Good
5	26-35	2	1.5	No	Unskilled	✗	9-10	Low
6	18-25	1	1	No	Unskilled	✗	10	None
7	+45	5	2	No	Unskilled	✗	10-12	Medium
8	+45	7	7	Yes	Skilled	✓	8	Good
9	26-35	4	4	No	Skilled and unskilled	✗	10-12	Low
10	26-35	5	4	Yes	Skilled and unskilled	✗	10-12	Low

· ✓ : wage higher than the UK National Minimum Wage (£6.19)

· ✗ : wage below the UK National Minimum Wage (£6.19)

The table 1 describe the profiles of the interviewees: the age category, the number of years of residence in the UK, the number of years of work in construction, previous experience in the industry in their home country, the type of work (skilled or unskilled), the wage, the number of working hours and the level of English knowledge.

Country of origin and reasons to come to the UK

All the interviewed workers declared that they are from India, precisely from the northern region Punjab and they stated that they immigrated to the UK to work here, furthermore all the interviewed workers declared that they have worked most of the time with other Indians. The second reason stated by the migrants is the earning difference between UK and India:

“They are paying me only £30 per day to work many hours... here I can make a lot more money than in India” (Interviewee 6).

This statement confirms the finding of the ICE (2008) about the higher earning as incentive.

Type of work (skilled or unskilled, dimension of projects)

The typical skilled jobs carried out by the migrants are bricklaying, plastering and concrete frameworks, some of them declared that they are working as carpet layer, roof worker and plumber; the typical unskilled jobs are general labours and handling of materials. Of the interviewees 30% are employed only in skilled jobs (see Table 1), and two of them are working on big projects such as buildings of ten floors, the other 80% of them were employed in refurbishment and extensions projects. This research confirmed the finding of the HSE (2006), ICE (2008) and The Migration Observatory (2012) that most of the migrants are employed in low skilled works.

Language skills and communication

The English skills of 60% of the interviewed migrants are overall low, the other 40% have good skills and some workers help other colleagues to understand health and safety messages and other relevant information. For instances, Interviewee 4 declared that he translates the communication received from his manager in English into Punjabi. The 80% of the interviewees did not attend an English course, only Interviewee 8 attended English classes for the English for Speakers of Other Languages (ESOL) test and he confirmed the importance of English courses and the lack of language knowledge by some migrants and most of them are not willing to start lessons at the moment. The majority of the interviewed migrants communicate with each other in Punjabi as most of them have Punjabi employers or colleagues given their lack of English knowledge. The findings of this study are similar to the research conducted by HSE (2006), Langford (2000) and Pai (2010) and these are suggesting that the majority of the migrants employed in low skilled jobs have low knowledge of English.

Bust et al. (2009) stated that it is important to identify and recognise the existing communication method used by the foreign workers in construction sites, in order to improve the communication methods and integrate them in a health and safety culture. It is recommended to determine the accurateness of these messages and to improve the quality of the guides in Punjabi and other languages spoken on construction sites.

Health and safety issues

Within the interviewees only 50% of the migrants attended a Health and Safety course; they have a red Construction Skills Certificate Scheme (CSCS) card except one with a blue CSCS card. All the interviewed migrants use small machineries on site and most of them did not receive a proper training, they learned how to use the tools from other colleagues. From the answers it is clear that the majority of the migrants do not have an appropriate training for the use of site machinery, the consequences of this situation can be avoidable injuries. The findings are suggesting that there is a need to inform the migrants about their rights as the law is clearly saying that the employer has to provide appropriate training for his employees.

From the answers it is clear that the majority of the migrants have a basic knowledge about health issues and others are relying on colleagues with a comprehensive

knowledge about hazardous substances. The authorities must work to ensure that the migrants are well aware about their rights and health and safety issues.

The 60% of the interviewees declared that they do not know who is appointed for the first aid, but they know the numbers to call in case of emergency. Three migrants were aware about the actions to be implemented in these cases; the Interviewee 4 who attended the first aid course is the only one with knowledge on the procedures. Most of the interviewed migrants (60%) do not know where the first aid kit is; at least they know that they have to call the 999. The two workers employed in big projects (interviewee 3 and 4) have witnessed major and fatal injuries. All the other migrants declared that they did not witness or hear about major accidents, only minor bruises and small cuts and the majority of these accidents have not been reported. This implies that there is a under estimation by the authorities on the number of accidents.

Half of the migrants do not know what to in case of fire on site, the other half has only a basic knowledge on the procedures, and 3 workers stated that fire extinguishers or water can be used for any kind of fire. This is an issue where the majority of the migrants lack in knowledge; most of them do not know that water extinguishers can be used only for wood and paper, dry powder or foam extinguisher for flammable liquids and carbon dioxide extinguisher for electrical devices.

The 70% of the interviewees are aware of the importance of health and safety on site and they seek advices from experienced colleagues and managers or employers. Only two workers are not conscious about these issues and one other worker is not aware about the consequences of carrying heavy loads on his health. Skilled workers are aware about the good practice for health and safety onsite, they are also keen to help their colleagues less skilled with advices.

The HSE website is a reliable source of information and migrant workers can find guides in twenty-five languages about their rights and duties and the recommendation for the employer is to performing his duties and informing the workers on the importance of the cooperation in this industry. The recommendations for the migrant worker are to attend a health and safety course, to inform the employer about hazard and to stop the work in case of danger.

CONCLUSIONS AND RECOMMENDATIONS

This research confirmed most of the findings of the literature review such as the high presence of Indians in the West Midlands region in the UK, the interviewed migrants declared that they are here to work, they are young (60% aged between 18 and 35) and recent migrants (see Table 1) with no or limited experience in construction in the home country, but they started working in the industry almost immediately after the arrival in the UK, they are employed in low skilled jobs and typical projects are extensions and refurbishments they have low language skills and low health and safety knowledge with no appropriate training on site and the majority of the workers declared that they are directly employed.

The situation identified by the responses from the interviews indicate that the condition of the interviewed workers is worse than the one obtained from the literature review: 70% of them are paid below the national minimum wage, they are working long hours, they are not paid for the overtime and most of them are working also

during weekends, the majority of the migrants are not aware about basic health issues such as first aid procedures, accident reporting and personal protective equipment.

The primary recommendations are for further study on migrants employed in the UK construction industry to understand the situation in a comprehensive way with a focus on the exact number of migrants employed in the construction industry with details on nationality, age and period of stay in the UK and the social integration of migrants in the industry.

The recommendations for the authorities are addressed to key stakeholders such as the HSE and local and national government, the HSE should collect information about the nationality of the injured migrant, new guides need to be developed for the health and safety inspectors, to train them on approaches specific for particular areas in the UK where there is a high presence of migrant workers, a safe working culture needs to be promoted in the industry and migrant workers need to be encouraged to report accidents and health and safety issues in a confidential way and informed about the health and safety issues related to long hours and carrying heavy loads (fatigue and musculoskeletal disorders).

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